



“Development of End-of-life and Palliative Care in Hong Kong”

Centre for Bioethics Seminar on Euthanasia

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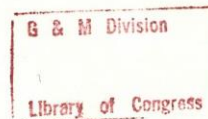
The Chinese University of Hong Kong

Feb 8, 2023

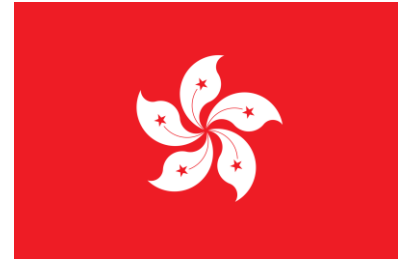
Hong Kong and Vicinity



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Hong Kong SAR (China)



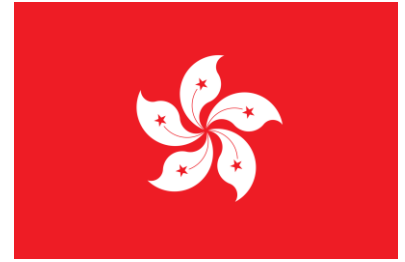
Demographics & Geography

- 7.413 million (2021)
- Ethnically homogeneous (~92% Chinese)
- Area: 1,106 km² (428.64 sq mi)

East meets West

- A former British colony (since 1841)
- A special administrative region of China (since 1997)

Hong Kong SAR (China)



Socioeconomically developed metropolitan area

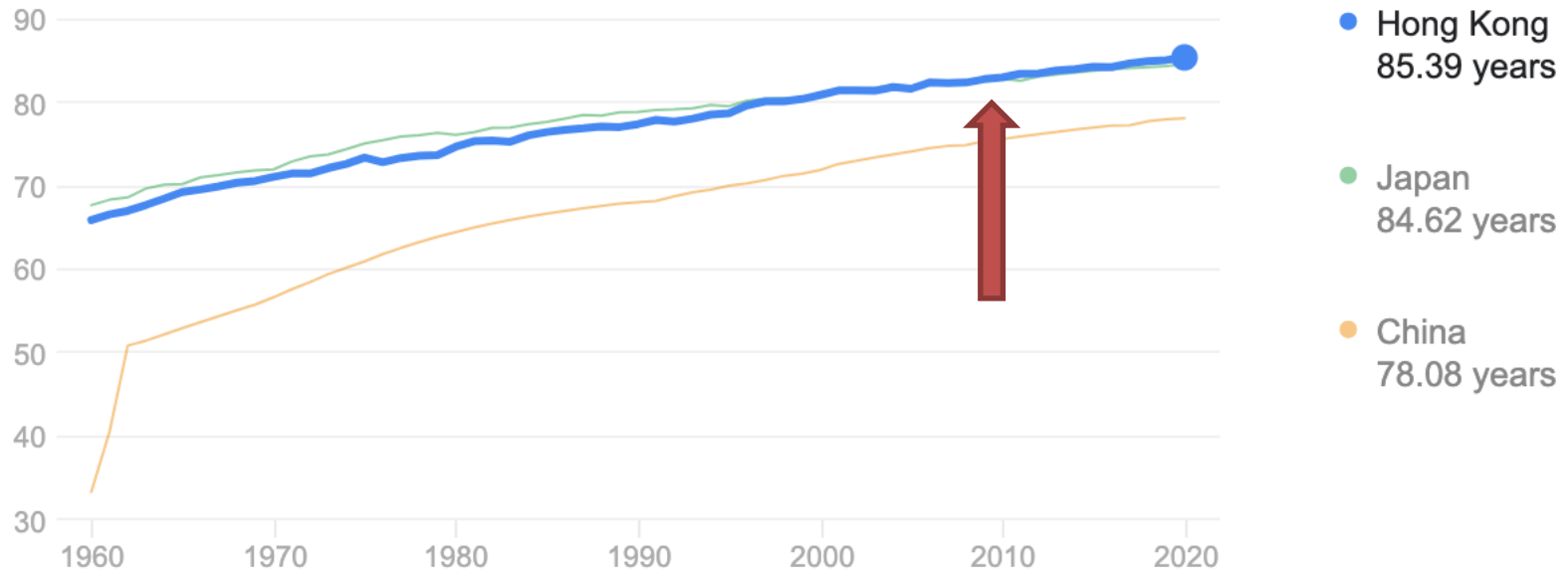
- GDP (USD) per capita: \$46,611 (2020)
 - #25 in the world
 - #4 in Asia

“Dual track” Healthcare system

- Public sector modeled after the UK National Health Service (lacking however a robust primary care arm): predominantly inpatient care
 - Hospital Authority since 1990
- Private sector: predominantly outpatient care



Hong Kong has the longest life expectancy in the world



Hong Kong – An Ageing Population

In 2014, adults 65 years and older accounted for 15% of the population in Hong Kong and in 2064 this is expected to more than double (33%).

The median population age in Hong Kong will also rise from 42.8 years in 2014 to 51.0 in 2064.

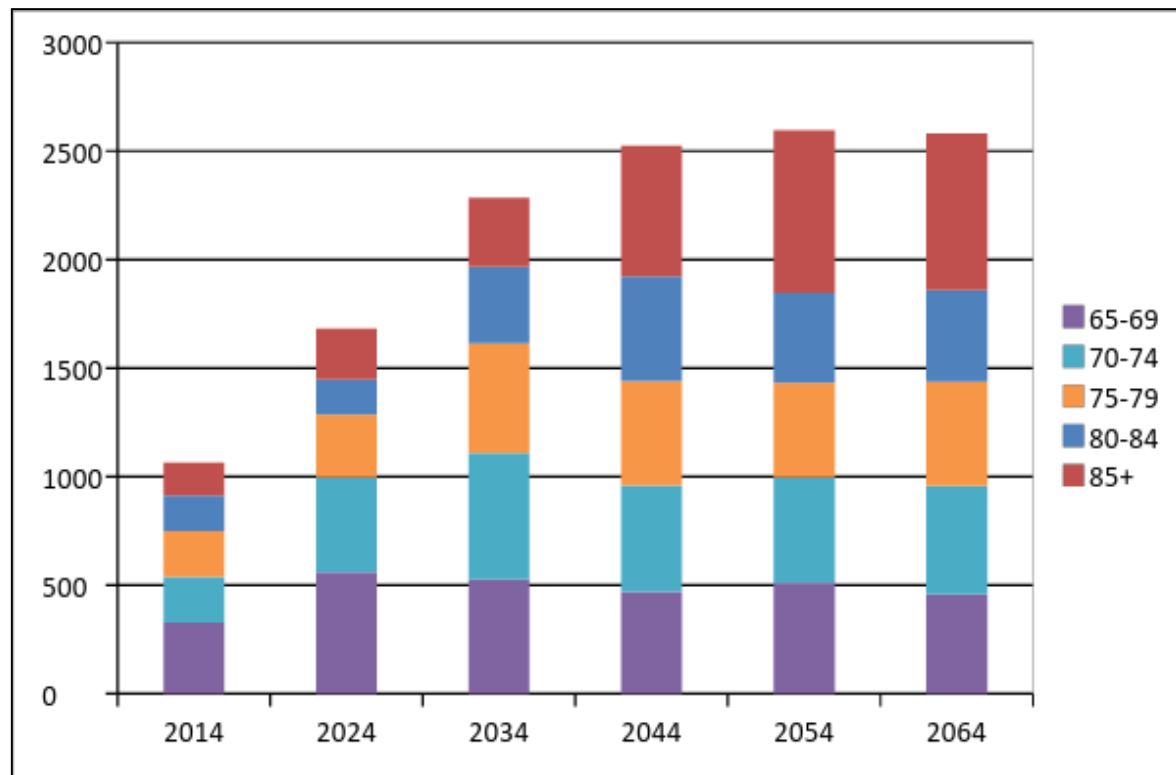
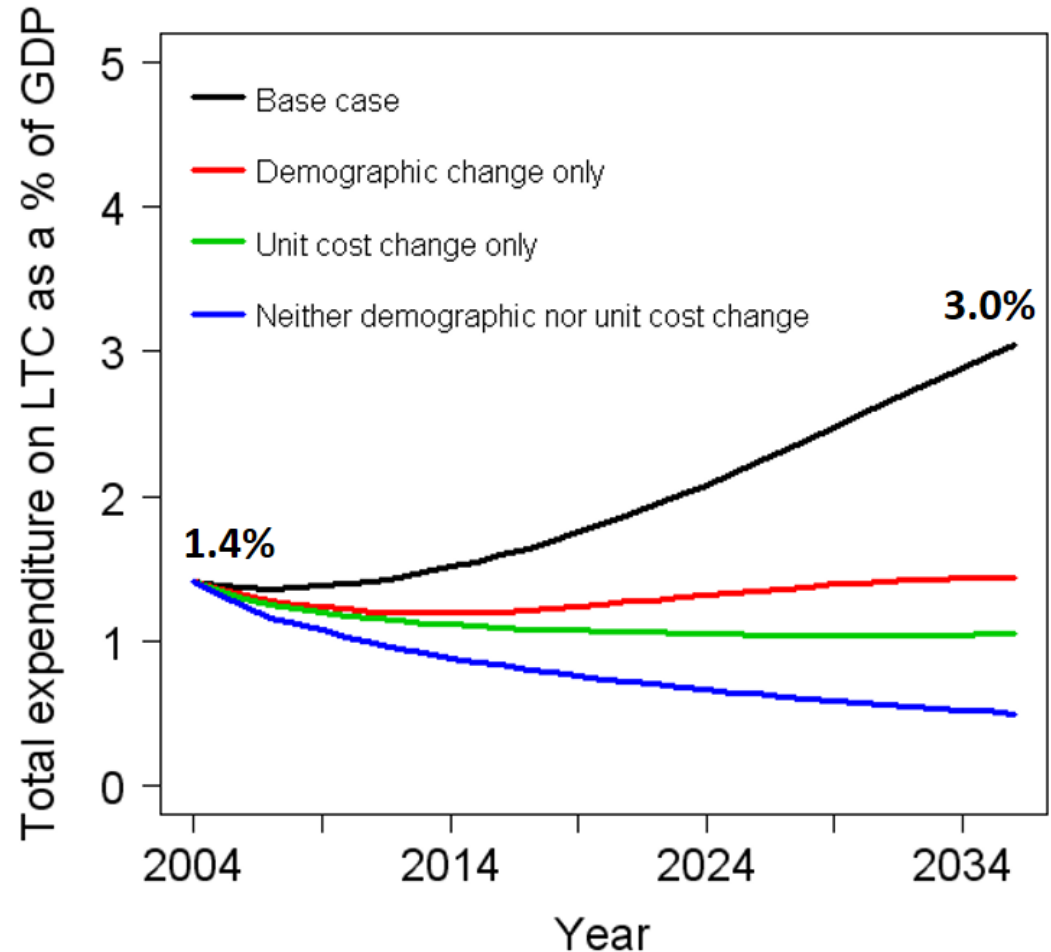


Figure. Projected population (1,000s) in 65+ year population groups in Hong Kong.

Projection of Long-term Care Expenditure in Hong Kong

An increase of **long-term care expenditure** among older persons in Hong Kong was projected to increase from 1.4% in 2004 to 3.0% of GDP by 2036 in Hong Kong, which could crowd out other competing demands for public resources.



World's Quality of Death By Ranking

The Economist Intelligence Unit

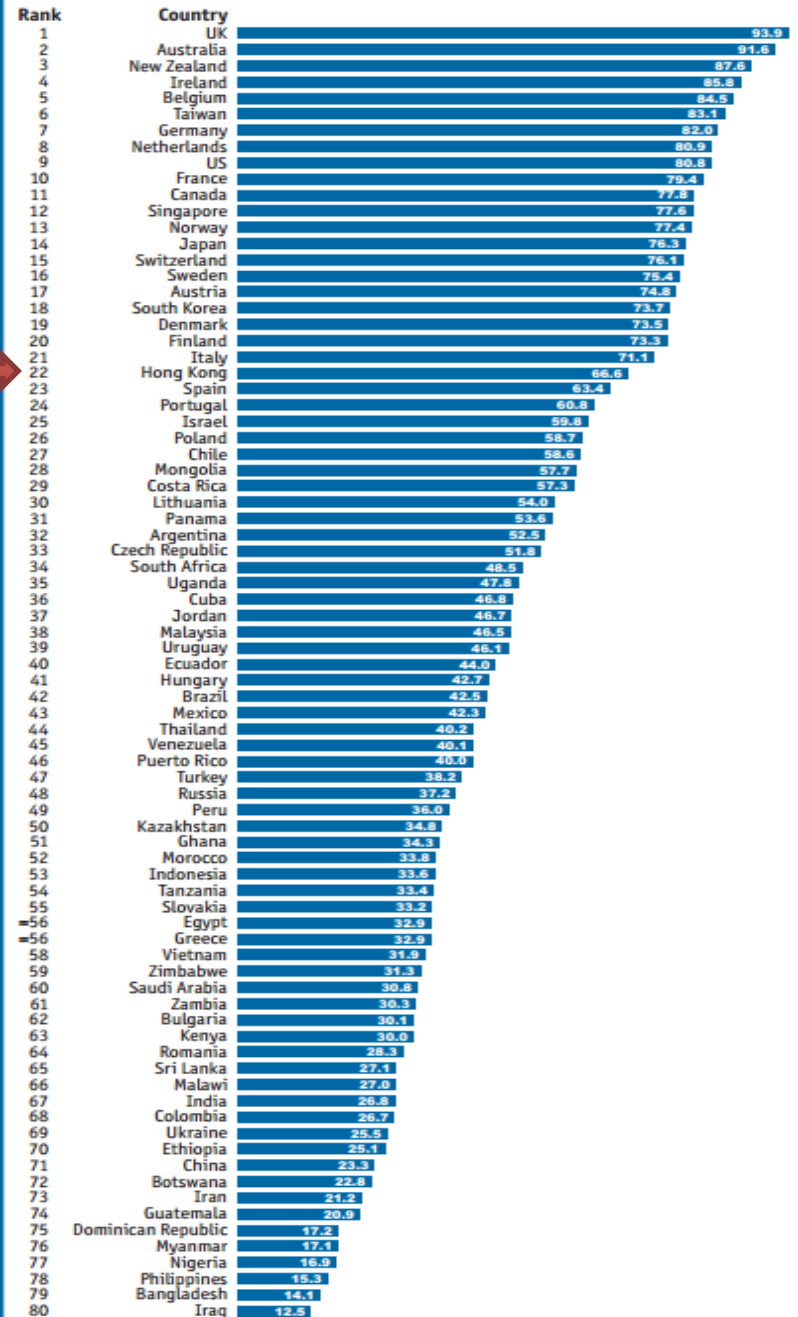
An Economist Intelligence Unit study, commissioned by the Lien Foundation

THE 2015 QUALITY OF DEATH INDEX RANKING PALLIATIVE CARE ACROSS THE WORLD KEY FINDINGS INFOGRAPHIC

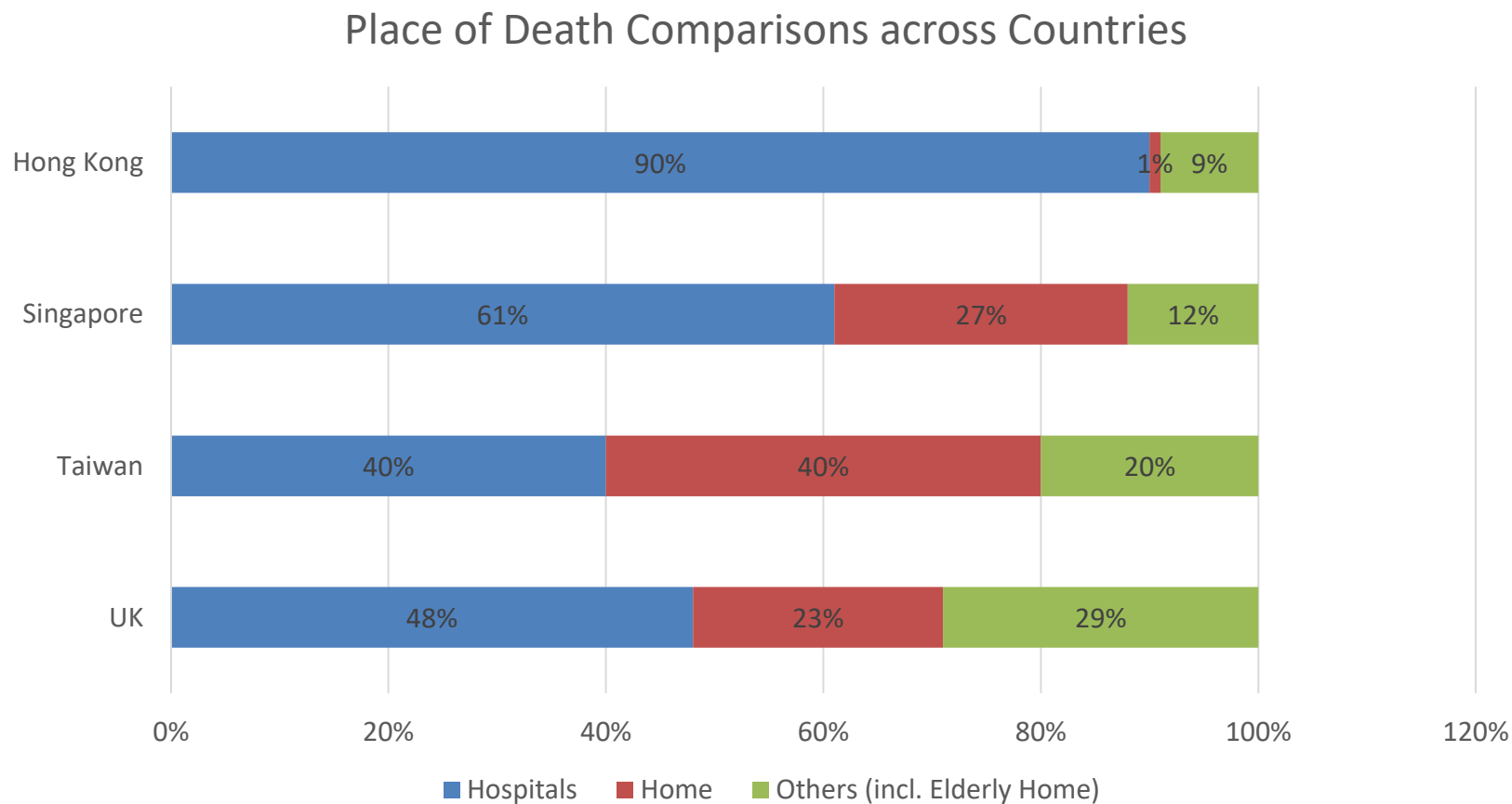


Figure 1.2

2015 Quality of Death Index—Overall scores

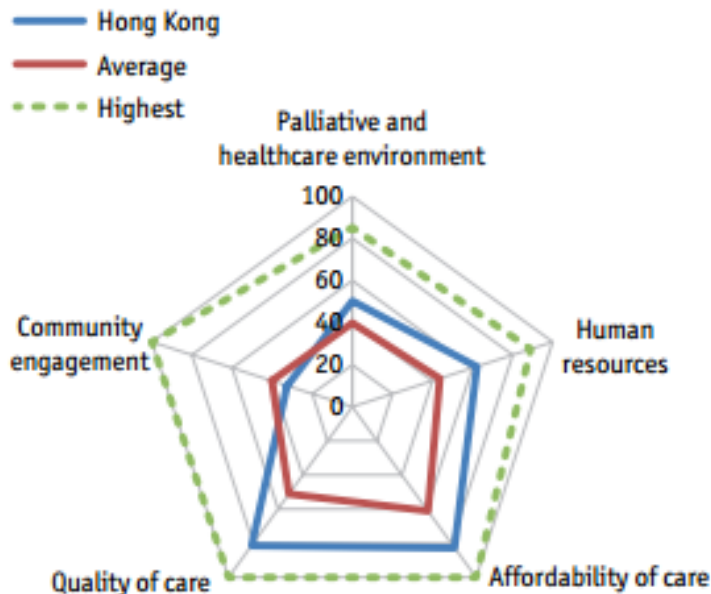


Comparisons across Countries – Place of Death



Hong Kong Ranked 22 in the world!

| | Rank/80 | Score/100 |
|---|---------|-----------|
| Quality of Death overall score (supply) | 22 | 66.6 |
| Palliative and healthcare environment | 28 | 50.4 |
| Human resources | 20 | 62.1 |
| Affordability of care | =18 | 82.5 |
| Quality of care | =20 | 81.3 |
| Community engagement | =38 | 32.5 |



- Highlights from the Report:
 - Palliative care moderately developed
 - Medical curriculum exposes students to the subject, but courses are not compulsory
 - Accreditation is given for physicians but not for nurses
 - DNR has no legal standing
 - Most people have limited understanding about palliative care

FHB Commissioned Report on EOL care (2015)

Final Report

**Prepared for Health and Medical Research Fund,
Food and Health Bureau**

**Part B: Recommendations for end-of-life care for
terminal illness and life-limiting conditions in older
persons in Hong Kong**

Prepared by

**JC School of Public Health and Primary Care
Faculty of Medicine
The Chinese University of Hong Kong**






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Article

Examining the Gaps and Issues of End-of-Life Care among Older Population through the Lens of Socioecological Model—A Multi-Method Qualitative Study of Hong Kong

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Gaps and issues of end-of-life (EOL) for terminal illness and life-limiting conditions among older persons in HK

Table 1. Gaps and issues of end-of-life (EOL) for terminal illness and life-limiting conditions among older persons in Hong Kong.

Policy- and Legal-Level Gaps and Issues:

- A lack of overarching policy framework for EOL care
 - Ambiguity in the legal basis for mental incapacity and the legislative barriers for ADs (including potential conflicts of DNACPR or AD decisions with the duty to resuscitate required by the Fire Services Ordinance, 'best interest' principle, and appointed attorney decisions if it were to be extended beyond financial arrangements to include personal care on life-sustaining treatments);
 - Limited power of guardians in EOL treatment decisions; and
 - Inadequate capacity of residential care homes for the elderly to care for EOL patients due to limited legal requirements.
-

Community-Level Gaps and Issues:

- A lack of consistent, patient-centered approach that avoids gaps and overlaps of services and oversees the delivery of care to each individual;
 - Insufficient resources and equipment to facilitate EOL care in the community; and
 - Insufficient support for caregivers of home-dwelling patients.
-

Institutional-Level Gaps and Issues:

- Inadequate knowledge, training, and resources of EOL and palliative care in the healthcare sector;
 - Inadequate and inappropriate transportation for EOL care patients to extended care or sub-acute care facilities;
 - Inadequate knowledge, training, and resources of EOL care in the social care sector;
 - Inadequate medical-social interface and coordination;
 - Inadequate awareness of ACP and AD in the public healthcare and social care systems; and
 - Inadequate and inappropriate emphasis, coverage, and provision of bereavement and decedent care.
-

Intrapersonal- and Interpersonal-Level Gaps and Issues:

- General reluctance and fear of the topics of death and dying; and
 - Interpretation of filial piety to resemble the practice of "doing everything possible" for dying family members
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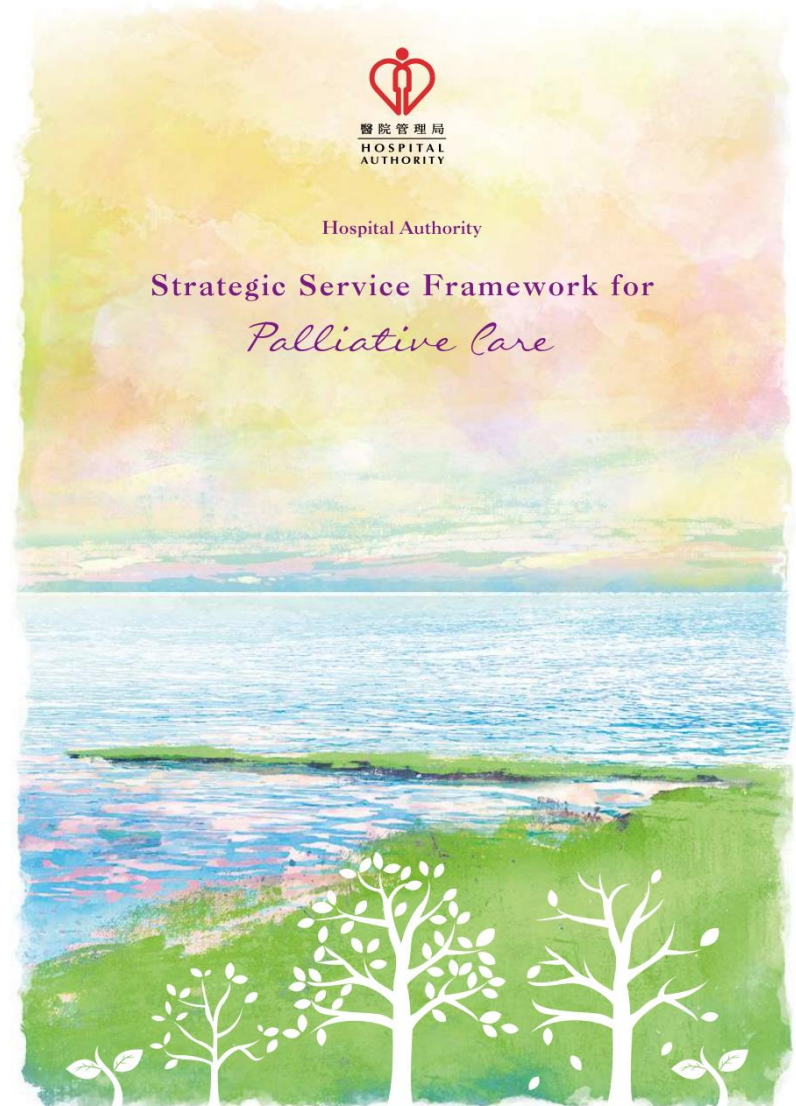
ACP—advance care planning; AD—advance directive.

***Latest developments of
EOL care in HK***

Latest developments of EOL care

Strategic Service Framework for Palliative Care in the public healthcare sector (2017)

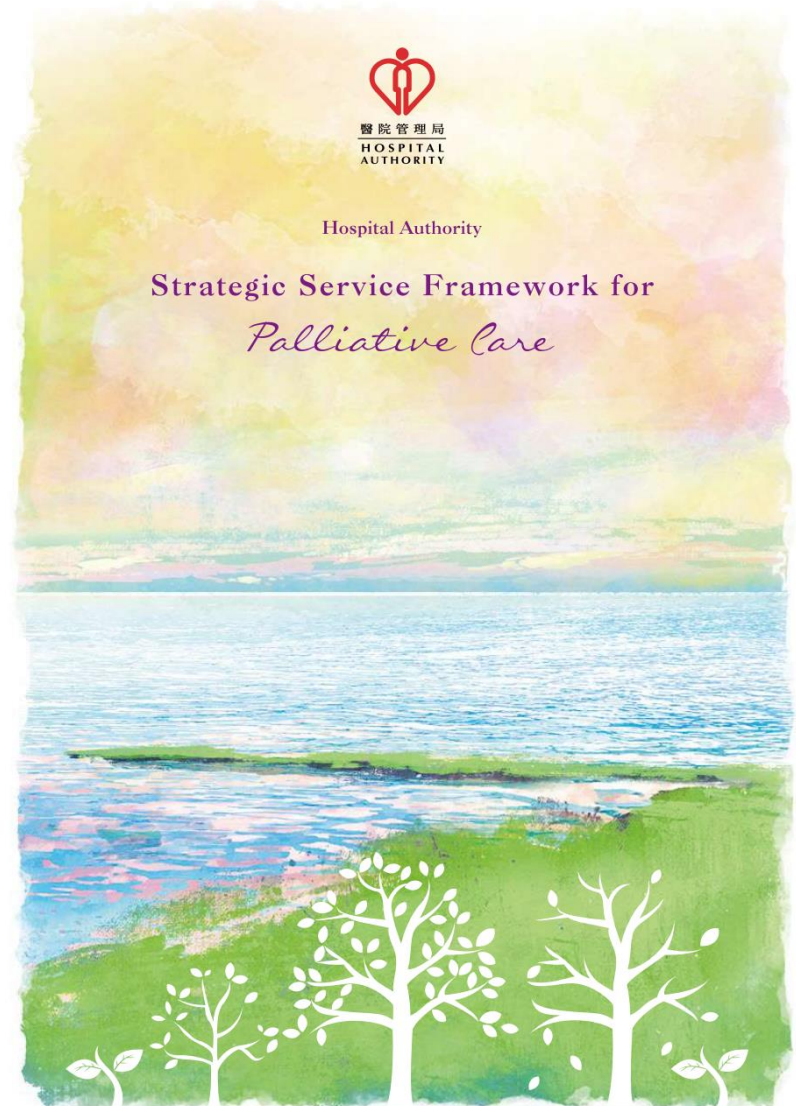
- Overall goals: to address existing issues so that all patients with life-threatening and life-limiting conditions and their families/carers could
 - Receive timely, coordinated, and holistic palliative care for their physical, psychosocial, and spiritual needs
 - Be given opportunities to participate in the planning of their care so as to improve, enhance, or slow down the deterioration of their quality of life till the end of their life journey



Latest developments of EOL care

Strategic Service Framework for Palliative Care in the public healthcare sector (2017)

- Perceived Impact and significance
 - Highlights the future service models that HA aspires to deliver
 - Calls for a fundamental shift in our care culture by advocating the type of care that goes beyond “saving lives” per se, but helps patients live with comfort, dignity, and peace till the end



Latest developments of EOL care

Public consultation of legislation on continuing powers of attorney (2017 – 2018)

- 2011: report on “*Enduring Powers of Attorney: Personal Care*” by the Law Reform Commission of Hong Kong
- 2017-2018: the Government’s Department of Justice convened an inter-departmental working group, and launched a public consultation on the *Continuing Powers of Attorney (CPA) Bill* in December 2017
 - Recommended extending the scope of an **enduring powers of attorney (EPA)** to cover not only decisions on the financial and property affairs of the donor of such power, but also decisions on his/her **personal care** matters, when he/she becomes mentally incapacitated



香港法律改革委員會

THE LAW REFORM COMMISSION OF HONG KONG



律政司

香港特別行政區政府


Department of Justice

The Government of the Hong Kong
Special Administrative Region

Latest developments of EOL care

New and updated guidelines related to EOL care in the public healthcare sector (2019 – 2020)

- *HA Guidelines on Advance Care Planning (2019)*

| | | | |
|---|--|--------------|--------------|
|  醫院管理局 HOSPITAL AUTHORITY | Patient Safety & Risk Management Department / Quality & Safety Division | Document No. | CEC-GE-9 |
| | | Issue Date | 10 June 2019 |
| | HA Guidelines on Advance Care Planning | Review Date | 10 June 2022 |
| | | Approved By | HA CEC |
| | | Page | Page 1 of 13 |

HA Guidelines on Advance Care Planning


| Version | Effective Date |
|---------|----------------|
| 1 | 10 June 2019 |
| | |
| | |

| | |
|-----------------|---|
| Document Number | CEC-GE-9 |
| Author | Working Group on ACP Guidelines with Standardised ACP Template |
| Custodian | Patient Safety & Risk Management Department |
| Approved By | HA Clinical Ethics Committee |
| Approval Date | 16 January 2019 |

Latest developments of EOL care

New and updated guidelines related to EOL care in the public healthcare sector (2019 – 2020)

- *HA Guidelines on DNACPR (2020)*

| | | | |
|---|--|--------------|--------------|
|  醫院管理局 HOSPITAL AUTHORITY | Patient Safety & Risk Management Department / Quality & Safety Division | Document No. | CEC-GE-6 |
| | | Issue Date | 2 July 2020 |
| | HA Guidelines on Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) | Review Date | 2 July 2023 |
| | | Approved By | HA CEC |
| | | Page | Page 1 of 31 |

HA Guidelines on Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR)

| Version | Effective Date |
|---------|------------------|
| 1 | 6 October 2014 |
| 2 | 20 January 2016 |
| 3 | 1 September 2020 |

| | |
|-----------------|--|
| Document Number | CEC-GE-6 |
| Author | Working Group on DNACPR Guidelines (June 2014) Working Group on review of HACEC guidelines related to EOL decision-making (September 2019) |
| Custodian | Patient Safety & Risk Management Department |
| Approved By | HA Clinical Ethics Committee |
| Approval Date | 20 January 2020 |

Latest developments of EOL care

***Public consultation of
legislation on advance
directives and dying in
place (2019 – 2020)***

END-OF-LIFE CARE

Legislative Proposals on Advance Directives
and Dying in Place - Consultation Document



Latest developments of EOL care

Public consultation of legislation on advance directives and dying in place (2019 – 2020)

- *End-of-life Care: Moving Forward. Legislative Proposals on Advance Directives and Dying in Place (2020)* with its final legislative proposals



Where do we stand?

The future of EOL care in HK

- Several major relevant developments since the 2017 government commissioned report
 - **Institutional level:** Strategic service framework and guidelines in HA
 - **Legal level:** legislation proposal and law reform
- Still gaps...
 - More resources and capacity, e.g. primary care doctors, healthcare professionals trained in palliative care, and training for informal caregivers, accessibility to medical resources, are needed in the community
 - **Intrapersonal and interpersonal level** efforts to address socio-cultural gaps

Concerted efforts needed! Can't work in silos!

Conclusion

- The government can't work alone on EOL care
- Must **co-opt** and **collaborate** with various stakeholders in the community
- **Multi-disciplinary effort** due to the multi-level and **interconnected nature** of the problems
- Capitalize on the current momentum to develop a EOL care system that is, ethical, fair, sustainable, and of international standard in Hong Kong

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Thank you!

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