

Advance Care Planning, Advance Directives and End-of-life Care in Hong Kong



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Chinese pictogram of the word 'Death'

(Ho and Tsui, 2002)



Background



How Many Deaths Per Year in Hong Kong and Worldwide?



Number of Deaths in 2022

- **67.1 million** around the world
(Ritchie & Mathieu, 2023)

(2.13 deaths per second)

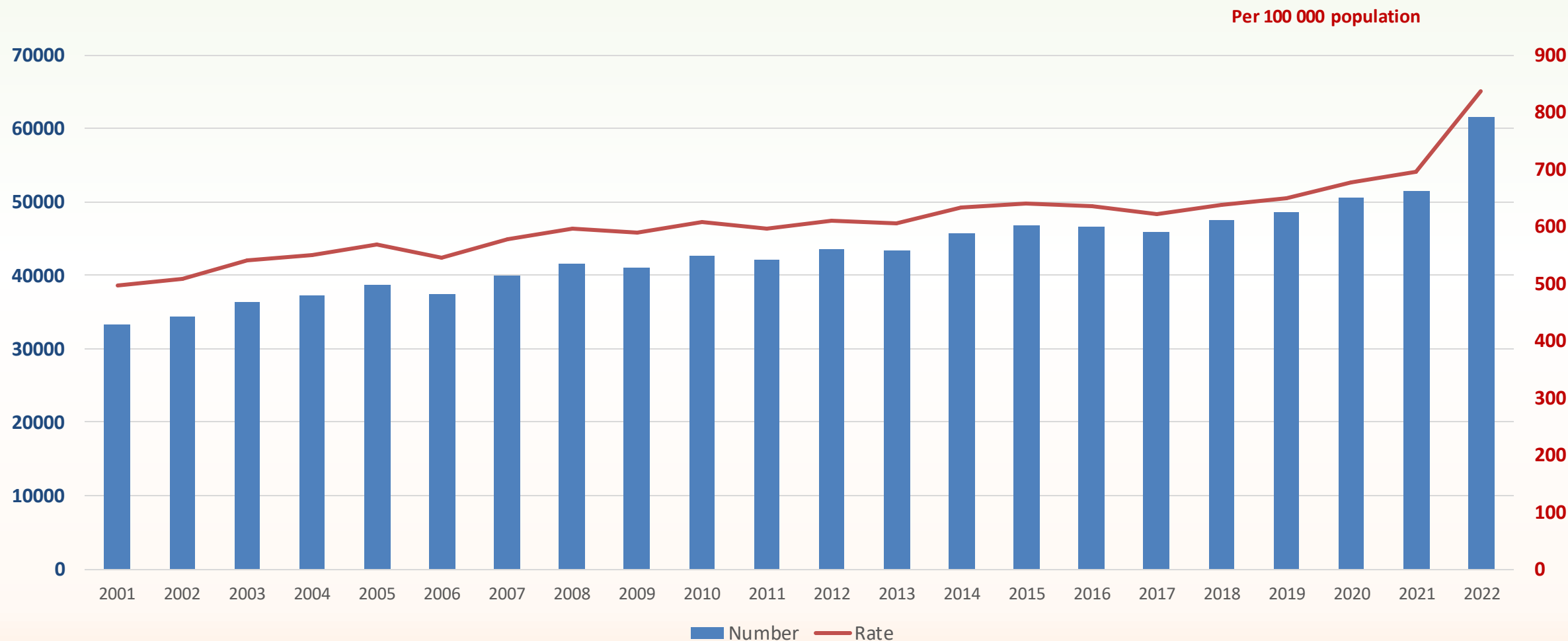
- **61 557** in Hong Kong (Centre for
Health Protection, 2023)

(7.03 deaths per hour)



https://cdn.pixabay.com/photo/2012/04/14/14/24/stopwatch-34108_640.png

Increasing number of deaths and death rates



- 2017 (HK Gov, 2017, p. 55)

The Chief Executive's 2017 Policy Address

**We Connect for
Hope and Happiness**

163. In addition, the HA has formulated a strategic service framework on palliative care to set out specific guidelines on its service model and system infrastructure. Measures will be introduced to provide palliative care and end-of-life care services for an increased number of terminally ill patients within hospital settings and in the community. Such measures include home palliative care, increasing the frequency of home visits by nurses each year and training for the staff of residential care homes for the elderly. Meanwhile, the Government will consider amending the relevant legislation to give patients the choice of “dying in place”.

- **2018 (HK Gov, 2018, p.63)**

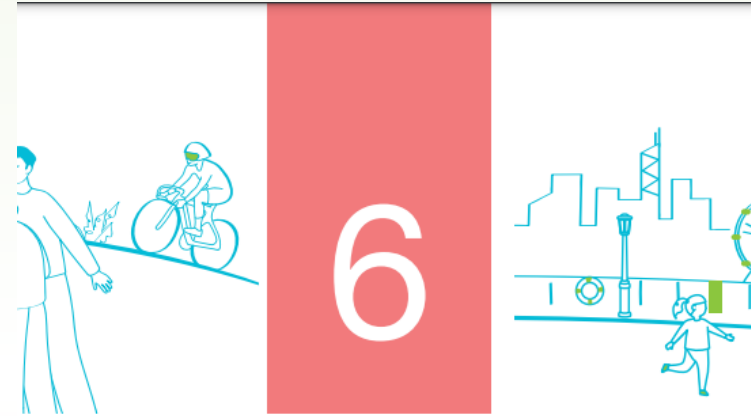
The Chief Executive's 2018 Policy Address

**Striving Ahead
Rekindling Hope**

195. To allow terminally-ill patients more options of their own treatment and care arrangements, the Government will consult the public in 2019 on arrangements of advance directives and the relevant end-of-life care.

- **2023 (HK Gov, 2022, p.52 – 53)**

- Introduce a bill on related matters in 2023 in accordance with the earlier public consultation result of Legislative Proposals on Advance Directives and Dying in Place. (HHB)



**Work Together to Safeguarding
Harmony and Stability**

- Continue to provide palliative care services to terminal patients and their families through palliative care teams, and strengthen the psychological and emotional support provided to them. (HHB)

Strategic Service Framework for Palliative Care

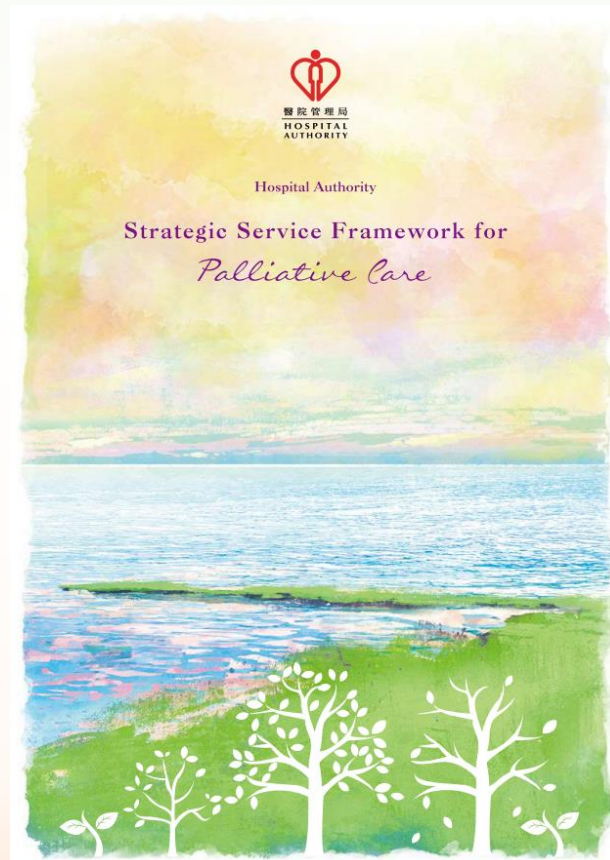
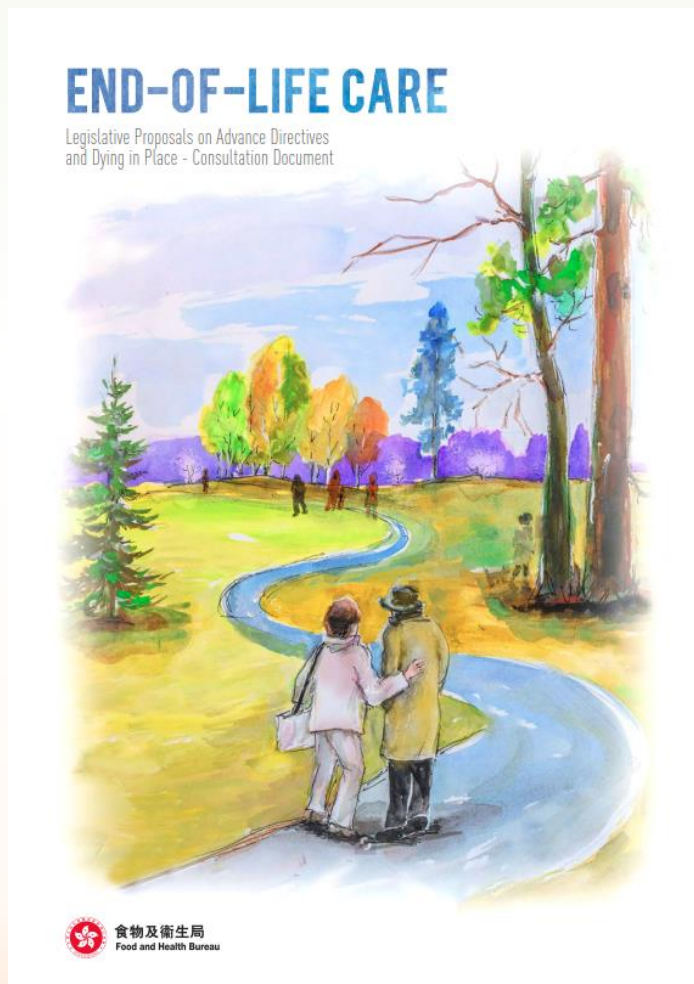


Figure 1. Future Service Model of Adult Palliative Care in HA

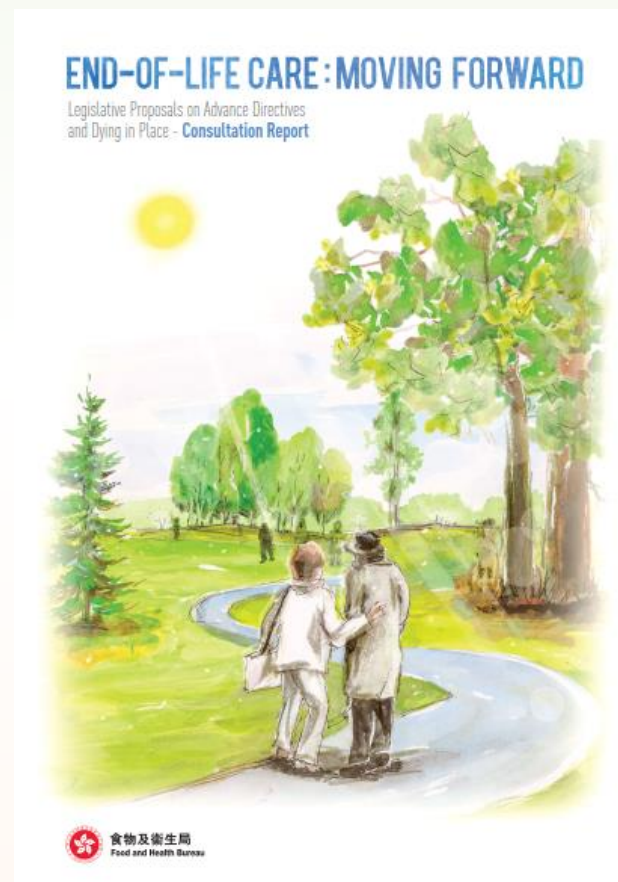


(HA, 2017, p.12)

Consultation Paper and Report

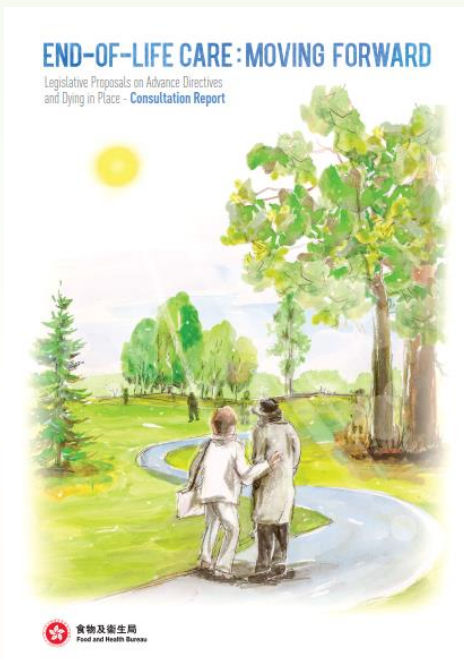


Sept, 2019



July, 2020

www.fhb.gov.hk



Conclusion

5.1 The public consultation shows that Hong Kong is in need of legislative changes to improve end-of-life care in respect of advance directives and dying in place. We are under no illusion that legislative changes *per se* are the panacea to solving our ageing population problem but recognise that concurrent efforts are required to improve end-of-life care service planning, delivery and quality. Unlike the previous public consultations in 2004 and 2009⁵, we now have a clear consensus to embark on the legislative route on advance directives and on dying in place, having benefitted from non-legislative experience gained in the past decade or so.

Legislative Work

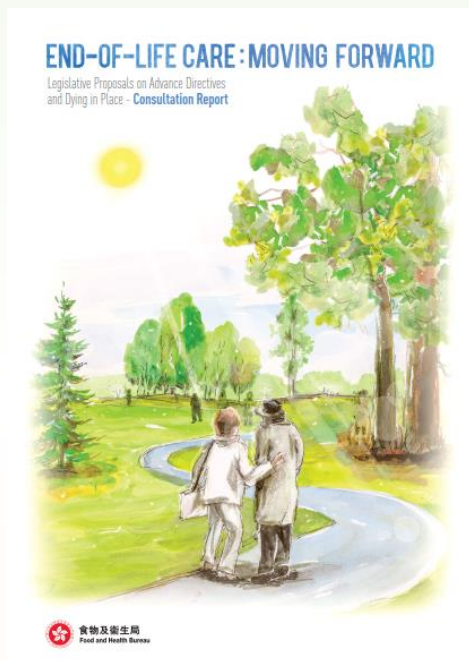
5.4 We are taking steps to iron out details of the legislation in collaboration with various government bureaux and departments and stakeholders. As drafting of legislation of comparable complexity takes about a year after finalisation of the drafting instructions, we will strive to finalise a draft bill for introduction in the next Legislative Council term.



Public Education

5.5 Gaining experience from this consultation, we reckon that the receptive level of the general public to end-of-life care publicity and public education varies. General messages may be of limited value for sectors of the public that are not ready for discussion of end-of-life issues. Rather, we consider that the objective of improving end-of-life care will be best accomplished if the promotion effort is directed at a target audience. Elderly and patients with chronic diseases and onset of terminal illness, their family members and carers are the targets of promotion in respect of advance directives and the concept of ACP.

Consultation Report



Training and Development

5.7 Besides better hardware, a well-trained and resourced healthcare, elderly care and emergency rescue workforce is essential to improving end-of-life care. We will take steps to ensure that the relevant workforce is suitably educated and supplemented with operational and professional guidance and protocols. Initial approaches has been made to contemplate enhanced undergraduate and postgraduate training to familiarise the professionals and others with modern end-of-life care standards and practices. For instance, we advocate that the communication skills to initiate ACP discussions with patients and families should form part of the essential training for doctors and nurses of most specialties, not restricted to oncology or palliative medicine specialists. These efforts will be continued.

Consultation Report

END-OF-LIFE CARE: MOVING FORWARD

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



5.9 As foreshadowed in Annex A of the Consultation Document, besides legislative changes, the Government has already embarked on a wide range of initiatives, from promotion of ACP, improvements in hospital and RCHE hardware and services, public education on ageing, end-of-life and death to after-death arrangements, etc. These will continue to enable Hong Kong to serve our growing ageing population with a view to improving the quality of life of patients up to the last moments and the wellbeing of their families even beyond the patients' departure.

Gazettal of Advance Decision on Life-sustaining Treatment Bill (Nov 24, 2023)

File Ref: HHB CR 2/581/23

LEGISLATIVE COUNCIL BRIEF

Coroners Ordinance
(Chapter 504)

Births and Deaths Registration Ordinance
(Chapter 174)

ADVANCE DECISION ON LIFE-SUSTAINING TREATMENT BILL

CORONERS ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2023

BIRTHS AND DEATHS REGISTRATION ORDINANCE (AMENDMENT OF SECOND SCHEDULE) NOTICE 2023

INTRODUCTION

At the meeting of the Executive Council on 21 November 2023, the Council **ADVISED** and the Chief Executive **ORDERED** that –

A (a) the Advance Decision on Life-sustaining Treatment Bill (Bill) at Annex A, should be introduced into the Legislative Council (LegCo); and

B (b) the Coroners Ordinance (Amendment of Schedule 1) Notice 2023 (Cap. 504 Notice) at Annex B and the Births and Deaths Registration Ordinance (Amendment of Second Schedule) Notice 2023 (Cap. 174 Notice) at Annex C, should be made.

JUSTIFICATIONS

2. Currently, Hong Kong has no legislation that provides for the legal status of advance medical directives (AMDs)¹ and do-not-attempt

Advance Decision on Life-sustaining Treatment Bill

C3259

Advance Decision on Life-sustaining Treatment Bill

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Bill Committee Meeting (Jan 12, 2024)



《維持生命治療的預作決定條例草案》委員會會議

Press Conference (Jan 16, 2024)

BASTILLE POST 巴士的報

黎智英案 政事 社會事 錢財事 地產 大視野 兩岸 體育 HotTV 博客榜 10周年 權威資



社會事

賽馬會推「安寧頌」計劃助改善晚期護理服務質素 調查發現逾6成受訪者支持家人設「預設醫療指示」

2024年01月16日 18:49 最後更新: 19:08

老齡健康司

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通告公告

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国家卫生健康委办公厅关于开展第三批安宁疗护试点工作的通知

发布时间: 2023-07-12 来源: 老齡健康司



国卫办老齡函〔2023〕128号

各省、自治区、直辖市及新疆生产建设兵团卫生健康委：

根据《中共中央 国务院关于加强新时代老齡工作的意见》关于“稳步扩大安宁疗护试点”的要求，在前两批安宁疗护试点工作的基础上，我委决定继续扩大试点范围，自本通知印发之日起在全国开展第三批安宁疗护试点工作。现将有关事项通知如下。

一、试点地区

在各地推荐的基础上，确定北京市、浙江省、湖南省为第三批国家安宁疗护试点省（市），天津市南开区等61个市（区）为第三批国家安宁疗护试点市（区），试点名单见附件。鼓励各省（区、市）结合实际，自行选定试点地区和试点机构开展省级安宁疗护试点工作。

Tasks for the Pilot Sites (Elderly Health Bureau, 2023)

1. Building Service System

(一) 建设服务体系。

根据医疗卫生机构的功能和定位，推动相应医疗卫生机构开设安宁疗护（临终关怀）科（病区）或床位，有条件的可设置独立的安宁疗护中心。要求到2025年，在每个国家安宁疗护试点市（区），每个县（市、区）至少设立1个安宁疗护病区，在有条件的社区卫生服务中心和乡镇卫生院设立安宁疗护病床，建立覆盖试点地区全域、城乡兼顾的安宁疗护服务体系。

1.在二级及以下医院开设安宁疗护科（病区）。可发挥三级医院或安宁疗护中心在安宁疗护标准制定、人才培养、技术指导、远程服务、质量控制等方面作用。

2.在医疗机构老年医学科、肿瘤科、疼痛科等科室开展安宁疗护服务，有条件的可增设安宁疗护病区。

3.在医养结合机构、社区卫生服务中心（乡镇卫生院）开展安宁疗护服务，鼓励发展居家安宁疗护服务。

2. Perfecting Supportive Policies

(二) 完善支持政策。

1.构建价格体系。营利性医疗机构可自行确定安宁疗护服务内容和收费标准。非营利性医疗机构提供的安宁疗护服务，属于治疗、护理、检查检验等医疗服务且已有收费项目的，按现有项目收费；完善精神心理评估及干预、医患共同决策（家庭会议）、医务社工服务等安宁疗护必要医疗服务的收费项目和标准；属于关怀慰藉、生活照料等非医疗服务的，不作为医疗服务价格项目管理，收费标准由医疗机构自主确定。

2.探索支付制度。推动将机构和居家安宁疗护服务费用逐步纳入基本医疗保险、长期护理保险以及其他补充医疗保险范畴。探索实施安宁疗护按床日付费制度。探索以政府购买服务形式，为患者提供支持。支付制度实施前，做好成本测算；支付制度实施后，加强效果评估。

3.加大资金支持。积极争取财政资金支持建设安宁疗护机构、设置安宁疗护床位等。探索建立对安宁疗护机构或床位的建设补贴和运营补贴制度。

4.建立转诊机制。鼓励将安宁疗护机构纳入医联体管理，形成机构间、机构与居家间通畅合理的转诊机制，为区域内老年人提供覆盖机构和居家的安宁疗护服务。

5.制定标准规范。参照《安宁疗护中心基本标准（试行）》《安宁疗护中心管理规范（试行）》和《安宁疗护实践指南（试行）》，开展安宁疗护进入标准研究，制定安宁疗护工作规范，建立安宁疗护监督评估和质量评价体系。

6.保障药物配备。对开展安宁疗护服务所需的毒麻精神药品使用给予政策支持，尤其要保障基层医疗卫生机构相应用药需求。建立科学合理的药物配送流程，加强药品使用监管。

3. Expanding taskforce

(三) 壮大服务队伍。

1.汇聚专家资源。建立安宁疗护专家库或成立安宁疗护专家组，发挥专家的参谋、指导、宣传作用，加强专业机构和专家团队间的交流和合作。

2.组建多学科团队。配齐安宁疗护服务团队，组建包括医学、护理、心理、营养、社会工作在内的多学科专业人才团队。鼓励社会组织和志愿者共同参与安宁疗护服务。

3.加强教育培训。结合本地实际，遴选有相关工作基础的地市级及以上医院、符合条件的行业组织、医学院校等设立安宁疗护教育培训基地，面向安宁疗护科及相关科室医护人员开展安宁疗护专业培训，着重提高医护人员在症状控制、心理支持、预后判断、法律知识、医学伦理、家属沟通等方面的能力，提高安宁疗护服务专业化、规范化水平。

4.完善激励机制。鼓励公立医疗机构建立安宁疗护服务人员待遇激励机制，在绩效考核、职称晋升、评先评优等方面予以倾斜。

4. Promoting Public Education

(四) 开展宣传教育。

1.加强对领导干部的宣传倡导。将生命教育作为人口老龄化国情教育的重要内容，采取适当方式加大宣传力度，提高试点地区领导干部、公务员等群体对安宁疗护服务的认识水平。

2.加强对医疗行业人员的宣传教育。面向医学生和医务人员开展安宁疗护理念和基本知识教育，鼓励医学生和医务人员以多种形式参与安宁疗护服务。

3.加强对在校师生的宣传教育。将生命教育纳入中小学校健康课程，纳入高等院校、职业院校的选修课程，向在校师生普及安宁疗护理念，引导师生认识、热爱、尊重生命。

4.开展对社会公众的宣传教育。充分利用各种媒体媒介，开展对社会公众尤其是老年人、重症疾病患者及其家属的生命教育，推动社会公众树立正确的疾病观和生死观，为提高疾病终末期患者的生命质量创造良好的社会氛围。

關於推進2020年本市安甯療護試點工作的通知

(2020-06-01)



索引号	發布時間	發布機構	文件编号	備注
076478684q/2020-00130		上海市衛生健康委員會	滬衛基層(2020)008号	

各區衛生健康委，申康醫院發展中心、有關大學、中福會，市社區衛生協會：

根據《國家衛生健康委辦公廳關於開展第二批安甯療護試點工作的通知》《關於印發〈上海市安甯療護試點實施方案〉的通知》《2020年本市基層衛生健康工作要點》等要求，現就推進本市2020年安甯療護試點工作通知如下：

一、工作目标

全面推進安甯療護試點，年內實現所有社區衛生服務中心均提供安甯療護服務。各區推進建設安甯療護中心，安甯療護理念與服務向綜合性醫院、專科醫院、護理院、社會辦醫療機構等延伸。

制訂安甯療護服務規範，完善安甯療護質控制度，促進建立社區衛生服務機構與其他從事安甯療護服務機構間分工明確、協作緊密、流程清晰、轉介順暢的運行機制。

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加強安甯療護支撐體系建設，研究建立與安甯療護特點相匹配的補償、價格、薪酬制度。廣泛傳播安甯療護服務理念，營造全社會廣泛關注和支持安甯療護服務的氛圍。

《关于开展第三批安宁疗护试点工作的通知》解读

发布时间: 2023-07-14 来源: 老龄健康司



近日，国家卫生健康委办公厅印发《关于开展第三批安宁疗护试点工作的通知》（以下简称《通知》）。现解读如下：

一、印发《通知》的背景

为提高疾病终末期患者的生命质量，自2017年起，国家卫生健康委先后启动两批安宁疗护试点工作。多年来，国家安宁疗护试点地区建立完善政策措施，不断深入宣传倡导，持续扩大服务供给，试点工作取得积极进展。根据《中共中央国务院关于加强新时代老龄工作的意见》关于“稳步扩大安宁疗护试点”的要求，为进一步推动安宁疗护发展，在前两批安宁疗护试点工作的基础上，国家卫生健康委继续扩大试点范围，开展第三批安宁疗护试点工作。

二、《通知》的主要内容

一是确定试点地区。在各地推荐的基础上，确定北京市、浙江省、湖南省为第三批国家安宁疗护试点省（市），天津市南开区等61个市（区）为第三批国家安宁疗护试点市（区）。

二是明确试点任务。《通知》提出四项任务，第一，**建设服务体系**。要求到2025年，在每个国家安宁疗护试点市（区），每个县（市、区）至少设立1个安宁疗护病区，在有条件的社区卫生服务中心和乡镇卫生院设立安宁疗护病床，建立覆盖试点地区全域、城乡兼顾的安宁疗护服务体系。第二，**完善支持政策**。要求构建价格体系、探索支付制度、加大资金支持、建立转诊机制、制定标准规范、保障药物配备。第三，**壮大服务队伍**。要求汇聚专家资源、组建多学科团队、加强教育培训、完善激励机制。第四，**开展宣传教育**。要求加强对领导干部、医疗行业人员、在校师生和社会公众的宣传教育。

Case Study



Mini-movie (JCECC, 2017)



賽馬會安寧頌計劃「媽媽和我的小事」微電影

<https://www.facebook.com/watch/?v=872065419638826>

愛的表達



錯的方法，真的愛

她愛女兒
嗎？

她愛媽媽
嗎？



世界係咪無咗我唔得?



無得揀定係唔想揀?



錯的溝通，真的愛



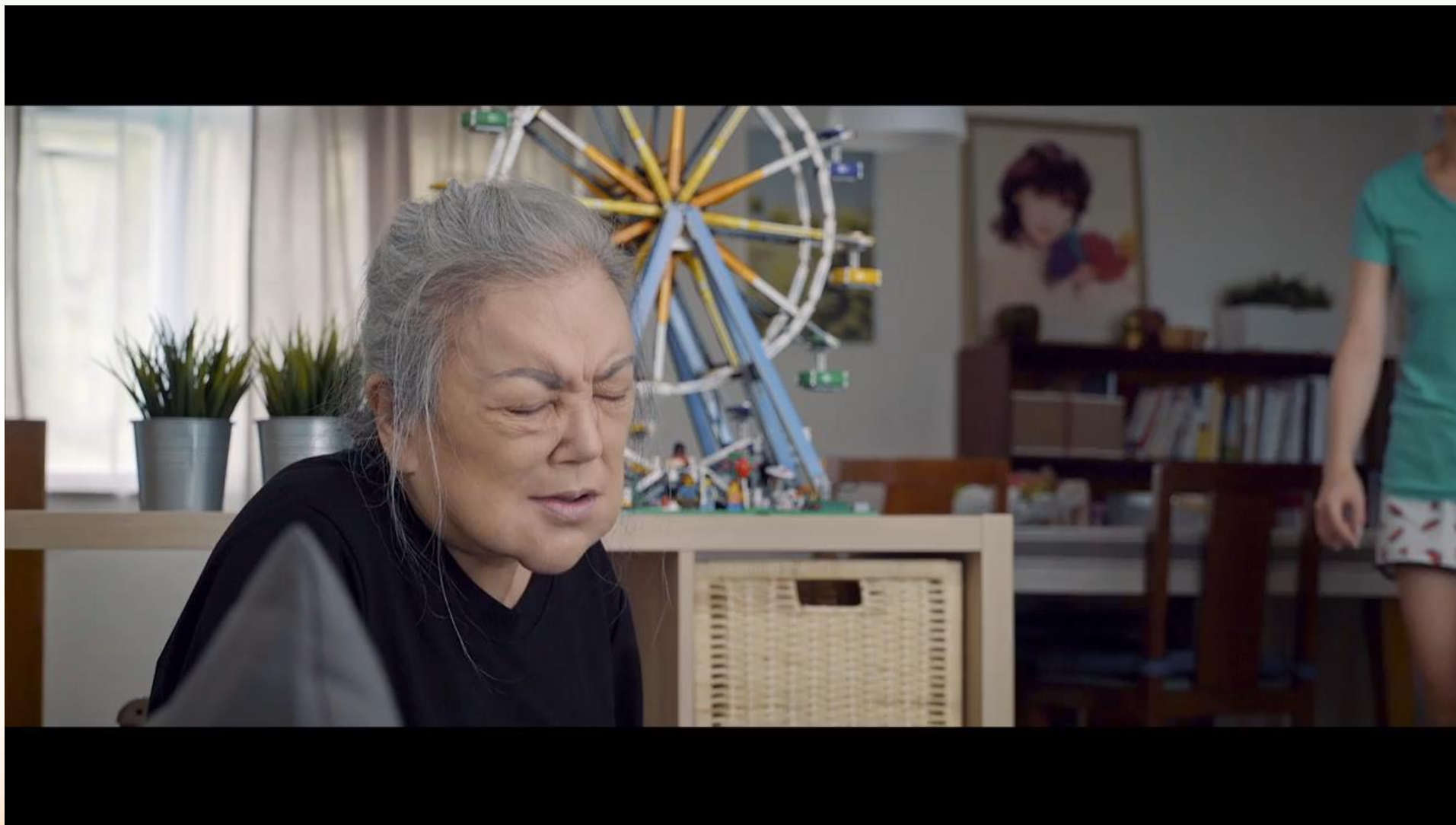
真的情緒，假訊息

她有甚麼感受？
她有甚麼想法？

她有甚麼感受？
她有甚麼想法？



愛的表達



愛的表達

- 活在當下



愛的表達

- 傳授秘笈



留下美好回憶



人之將死，
拍照好嗎？

美好回憶填充隙



美好回憶填充隙



死者長已矣，
生者常戚戚？

愛是永不止息



Terminologies



1. Have you ever heard of ...

- Advance (Medical) Directives 預設醫療指示 (AD/AMD)?
- Advance Care Planning 預設照顧計劃 (ACP)?
- End-of-Life Care 晚期照顧 (EoLC)?
- Do-Not-Attempt Cardio-Pulmonary Resuscitation 不作心肺復甦術(DNA CPR)?

Please scan and indicated your choices....

- Join at [menti.com](https://www.menti.com) Use code 41 86 84 9
- Scan



Your choices

Join at menti.com | use code 4186 849

Mentimeter

1. Have you heard of



Advance (Medical) Directives 預設醫療指示 (AD/AMD)

Advance Care Planning 預設照顧計劃 (ACP)

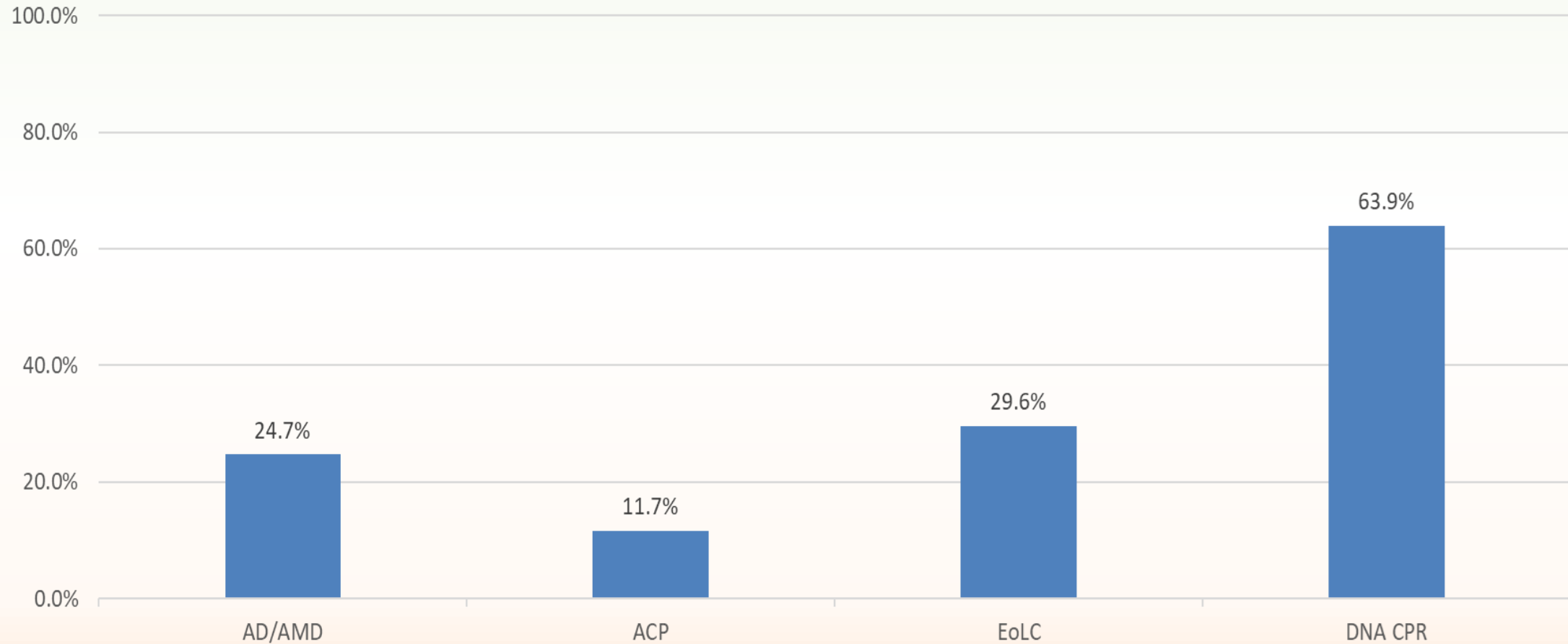
End-of-Life Care 晚期照顧 (EoLC)

Do-Not-Attempt Cardio-Pulmonary Resuscitation
不作心肺復甦術 (DNA CPR)

JCECC 2023 public survey

- Heard of AD, ACP, DNACPR and EoLC?

Have Heard (N = 1506)



2. Do you know ...

- Advance (Medical) Directives 預設醫療指示 (AD/AMD)?
- Advance Care Planning 預設照顧計劃 (ACP)?
- End-of-Life Care 晚期照顧 (EoLC)?
- Do-Not-Attempt Cardio-Pulmonary Resuscitation 不作心肺復甦術(DNA CPR)?

Please scan and indicated your choices....

- Join at [menti.com](https://www.menti.com) Use code 41 86 84 9
- Scan



Your choices

Join at menti.com | use code 4186 849

Mentimeter

2. Do you know the following?



Advance (Medical) Directives 預設醫療指示 (AD/AMD)

Advance Care Planning 預設照顧計劃 (ACP)

End-of-Life Care 晚期照顧 (EoLC)

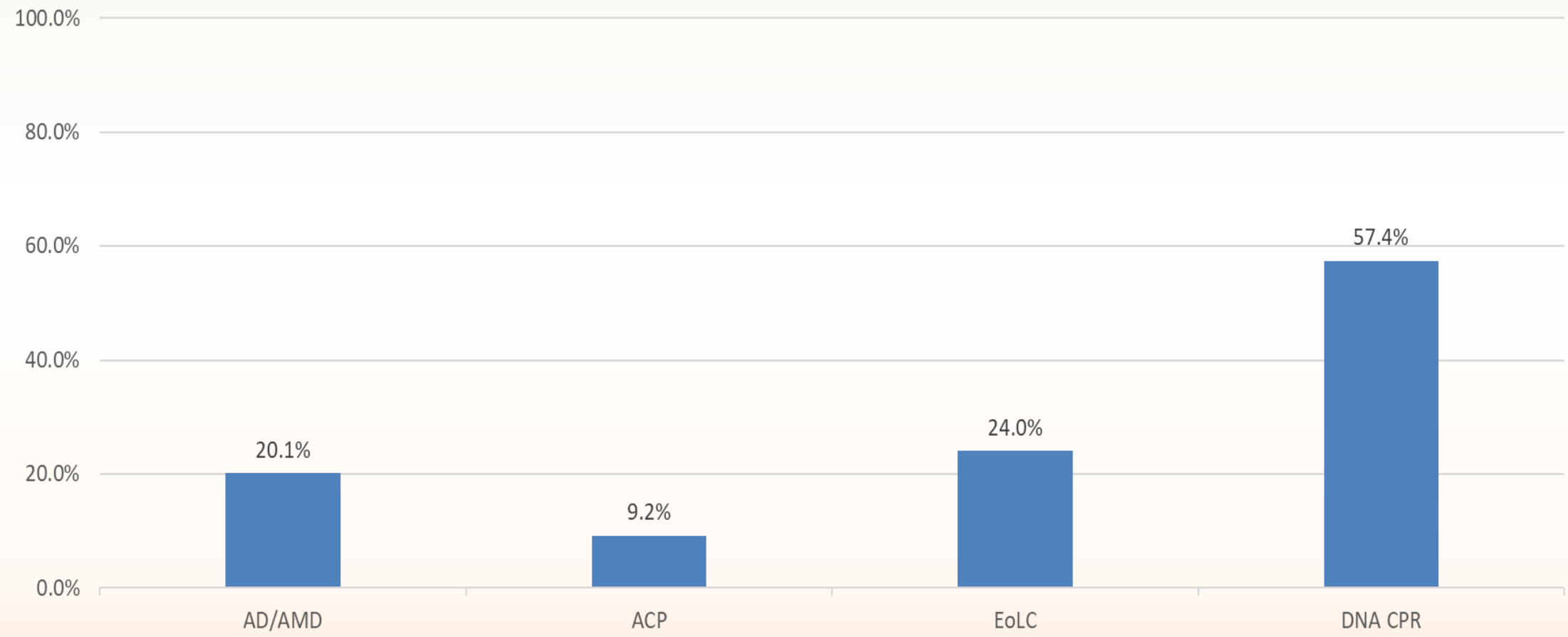
Do-Not-Attempt Cardio-Pulmonary Resuscitation
不作心肺復甦術 (DNA CPR)

JCECC 2023 public survey

- Had knowledge of AD, ACP, DNACPR and EoLC?




Had Knowledge (N = 1506)



Advance Directives (AD)

- a legally binding document which the patient can specify the treatment(s) that he/she is going to refuse in case he/she becomes mentally incapacitated to make decisions with disease progression

	Patient Safety & Risk Management Department / Quality & Safety Division	Document No.	CEC-GE-8
	HA Guidelines on Advance Care Planning	Issue Date	10 June 2019
		Review Date	10 June 2021
		Approved By	HIA 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

Advance Care Planning (ACP)

- is an overarching process of proactive communication regarding end-of life care
- for expressing preferences for medical and personal care, which in turn will shape the care for the patients thereafter and at the end-of-life

Advance Decision on Life-sustaining Treatment Bill

C3259

Advance Decision on Life-sustaining Treatment Bill

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• Advance Medical Director (AMD) (預設醫療指示)

- means an instrument made by a person that contains one or more instructions that if the person is **mentally incapable of deciding on a life-sustaining treatment and the specified precondition of the instruction is met, the person is not to be subjected to any life-sustaining treatment specified in the instruction;**

Advance Decision on Life-sustaining Treatment Bill

C3259

Advance Decision on Life-sustaining Treatment Bill


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Do-Not-Attempt Cardio-Pulmonary Resuscitation (DNACPR) order (不作心肺復甦術命令)

- an instrument that has a continuing effect and directs not to perform CPR on a person-in-arrest;

Cardiopulmonary resuscitation (CPR) (HA, 2020a)

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

- Cardiopulmonary resuscitation (CPR) is a relatively invasive medical therapy to support ventilation and circulation when cardiac arrest occurs.
- CPR buys time for the vital organs to be supported, and for the cardiac function to be restored if possible.
- CPR includes chest compression and assisted breathing.
- Attempted defibrillation with electric shocks, injection of drugs and artificial ventilation of the lungs.

Cardiopulmonary resuscitation (CPR) (HA, 2020a)

- CPR may represent the opportunity for life when cardiac arrest occurs.
- The benefits of CPR must be weighed against the potential burdens to the patient.
- This benefits-versus-burdens consideration of CPR is not solely a clinical decision and must involve consideration of the patient's best interests including their known or likely wishes.

CPR Outcome (HA, 2020a)

- Immediate survival (referring to a successful CPR with post-CPR survival lasting for an hour or more)
- Survival to hospital discharge,
- The degree of neurological impairment in long-term survivors

CPR Outcome (HA, 2020a)

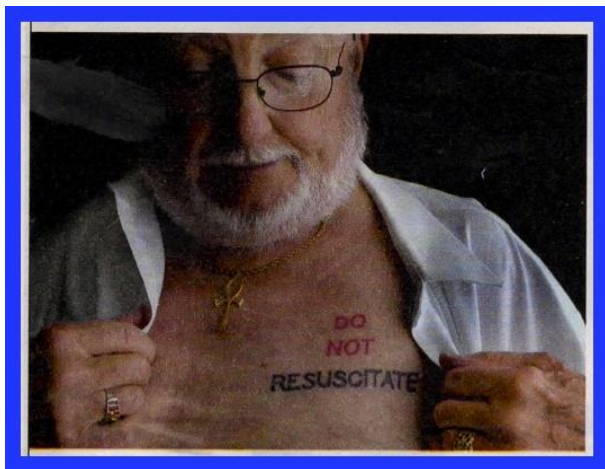
Table 1: CPR immediate survival and survival to discharge

	Immediate survival (%)	Survival to discharge (%)
In-hospital CPR	41-44%	13-17%
Out-of hospital CPR	23.8%	7.6%
VF/Pulseless VT Arrest	-	34%
Asystole/PEA	-	10%

Table 2: CPR outcome in patients with medical comorbidities

	CPR outcome
Cancer patient [8]	Survival to discharge
Overall	6.7%
General ward patients	10.1%
ICU patients	2.2%
Localized disease	9.1%
Metastatic disease	7.8%
Dialysis patient [9]	
Survival to discharge	14%
6-month survival	3%
Others conditions [5, 9]	Odds ratio for failure to Survive to discharge
Sepsis on the day prior to CPR	31.3 [6]
Metastatic cancer	3.9
Dementia	3.1
Impaired renal function (Serum creatinine > 1.5)	2.2
Dependency on ADL	3.2 – 7.0 [10]
Altered mental status	2.2
Age > 70, 75, 80 yrs	1.5, 2.8, 2.7

Documentation



<http://www.livesneedsaving.org/wp-content/uploads/2012/06/different-kind-of-medical-alert-Blog-2.jpg>



<http://www.shortlist.com/home/grannys-do-not-resuscitate-tattoo>



<http://www.bioethics.net/2017/03/legalizin-g-polst-dnr-by-tattoo/>

Legal Status of Tattooed DNR Order

- -Decided not to honor the tattoo, but suggested by the ethics consultants to follow
- Found a paper DNR form
- (Holt et al., 2017, p.2192)
-

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE



An Unconscious Patient with a DNR Tattoo

TO THE EDITOR: We present the case of a person whose presumed code-status preference led him to tattoo “Do Not Resuscitate” on his chest. Paramedics brought an unconscious 70-year-old man with a history of chronic obstructive pulmonary disease, diabetes mellitus, and atrial fibrillation to the emergency department, where he was found to have an elevated blood alcohol level. The staff of the medical intensive care unit evaluated him several hours later when hypotension and an anion-gap metabolic acidosis with a pH of 6.81 developed. His anterior chest had a tattoo that read “Do Not Resuscitate,” accompanied by his presumed signature (Fig. 1). Because he presented without identification or family, the social work department was called to assist in contacting next of kin. All efforts at treating reversible causes of his decreased level of consciousness failed to produce a mental status adequate for discussing goals of care.

We initially decided not to honor the tattoo, invoking the principle of not choosing an irreversible path when faced with uncertainty. This decision left us conflicted owing to the patient’s extraordinary effort to make his presumed advance directive known; therefore, an ethics consultation was requested. He was placed on empirical antibiotics, received intravenous fluid resuscitation and

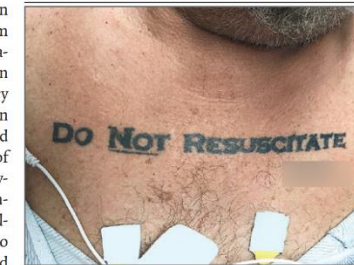


Figure 1. Photograph of the Patient’s Tattoo Entered into the Medical Record to Document His Perceived End-of-Life Wishes.

This patient’s presumed signature has been masked.

vasopressors, and was treated with bilevel positive airway pressure.

After reviewing the patient’s case, the ethics consultants advised us to honor the patient’s do not resuscitate (DNR) tattoo. They suggested that it was most reasonable to infer that the tattoo expressed an authentic preference, that what might be seen as caution could also be seen as standing on ceremony, and that the law is sometimes not nimble enough to support patient-centered care and respect for patients’ best interests. A DNR order was written. Subsequently, the social work department obtained a copy of his Florida Department of Health “out-of-hospital” DNR order, which was consistent with the tattoo. The patient’s clinical status deteriorated throughout the night, and he died without undergoing cardiopulmonary respiration or advanced airway management.

This patient’s tattooed DNR request produced more confusion than clarity, given concerns about its legality and likely unfounded beliefs¹ that tattoos might represent permanent reminders of

THIS WEEK’S LETTERS

- 2192 An Unconscious Patient with a DNR Tattoo
- 2193 Efficacy of Prophylaxis in Hemophilia A with Inhibitors
- 2195 Liraglutide and Renal Outcomes in Type 2 Diabetes
- 2199 Cost-Effectiveness of Intensive versus Standard Blood-Pressure Control
- 2200 Recent Developments in Radiotherapy

Legal Status of Tattooed DNR Order

- Tattoos and medallions, as non-standard DNR order are not universally accepted
- Ironic point: the use of Tattoos as DNR order is a show of mistrust towards the paper DNR order
- Legal concern: no signature
- Tattoo as a permanent regrettable decision? (Revocability)?
 - (Holt et al., 2019)
-

Advance Directives and Advance Care Planning

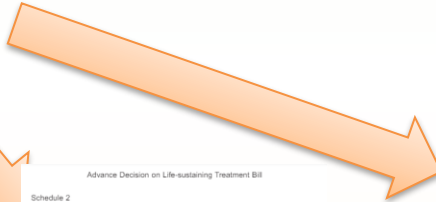
Advance Care Planning (ACP)



Proactive Process of Communications



Document of Preferences



Apply instruction stated in the documents

Do-not-attempt CPR (DNACPR)

Do-not-attempt specific treatment

Place of Care or Place of Death



Advance Decision on Life-sustaining Treatment Bill
 Schedule 1 C3389

Schedule 1
 [ss. 7, 54 & 58]

Model Forms of Advance Medical Directive
 Form 1

Advance Medical Directive
 (Made under the Advance Decision on Life-sustaining Treatment Ordinance)

Part 1: Personal Particulars of this Maker
 (Please tick the appropriate boxes in this Part.)

Name in English (Please use capital letters):
 Name in English (Please use capital letters): _____
 First Name: _____ Family Name: _____

Name in Chinese (Optional):
 Name in Chinese (Optional): _____

Details of Identity Document (Please choose one):
 Hong Kong Identity Card No.: _____
 Passport (Please state the issuing region and number): _____
 Other Identity Document (Please state the type, issuing region and number): _____

Sex: Male Female
 Date of Birth: ____/____/____
 (Day) (Month) (Year)
 Home Address: _____
 Contact Tel. No.: _____

Advance Decision on Life-sustaining Treatment Bill
 Schedule 1 C3407

Schedule 1
 Form 2

Advance Medical Directive
 (For Refusal of Cardiopulmonary Resuscitation Only)
 (Made under the Advance Decision on Life-sustaining Treatment Ordinance)

Part 1: Personal Particulars of Maker
 (Please tick the appropriate boxes in this Part.)

Name in English (Please use capital letters):
 First Name: _____ Family Name: _____

Name in Chinese (Optional):
 Name in Chinese (Optional): _____

Details of Identity Document (Please choose one):
 Hong Kong Identity Card No.: _____
 Passport (Please state the issuing region and number): _____
 Other Identity Document (Please state the type, issuing region and number): _____

Sex: Male Female
 Date of Birth: ____/____/____
 (Day) (Month) (Year)
 Home Address: _____
 Contact Tel. No.: _____

Advance Care Planning (ACP) For Mentally Competent Adult
 (Original copy to be kept by the patient)

Please affix your label with address

Name: _____ Sex: _____
 ID No.: _____ Ward/Dept: _____
 H/o: _____ Dept: _____

Purposes to note:

- This document is a record of my wishes and preferences. It helps the health care team understand what matters most to me and guide the doctor medical care and treatment. It is not a record of my advance decision and is not legally binding.
- If I wish to document an advance decision for refusal of any specific treatment, I have to sign an Advance Directive (AD) or other AD form or AD form, which will be a legally binding document.
- The health care team is not obliged to provide medical health or suspension treatment irrespective of my preferences.
- I must choose NOT to complete any particular items within sections 3 to 5.
- If I change my preferences, I should discuss with my health care team and sign a new ACP form.

(1) Medical condition

Diagnosis

Progress has been explained to the patient
 Remarks (if any): _____

Treatment plan has been explained to the patient
 Remarks (if any): _____

(2) Doctor involved in ACP

Signature of doctor: _____ Date: _____
 Name: _____ Hospital/Department: _____

(3) Other healthcare professionals involved in ACP

Name	Department/Hospital	Discipline

As at 30 Jan 2020 Page 1 of 4

Advance Decision on Life-sustaining Treatment Bill
 Schedule 2 C3445

Form 3

Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order (With Continuing Effect) (Not AMD-Based) (For Minor)
 (Made under the Advance Decision on Life-sustaining Treatment Ordinance)

Part 1: Personal Particulars of Subject Person
 (Please tick the appropriate boxes in this Part.)

This Order, which has a continuing effect, is made under the Advance Decision on Life-sustaining Treatment Ordinance (Ordinance) for (Name): _____ (subject person), whose personal particulars are set out below—

Details of Identity Document (Please choose one):
 Hong Kong Identity Card No.: _____
 Passport (Please state the issuing region and number): _____
 Other Identity Document (Please state the type, issuing region and number): _____

Sex: Male Female
 Date of Birth: ____/____/____
 (Day) (Month) (Year)
 18th birthday is on ____/____/____
 (Day) (Month) (Year)
 (Optional) Emergency Contact of Subject Person
 Name: _____ Contact Tel. No.: _____

[ss. 27, 33, 54 & 58]

Forms of DNACPR Order and Continuation Sheets
 Form 1

Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order (With Continuing Effect) (AMD-Based)
 (Made under the Advance Decision on Life-sustaining Treatment Ordinance)

Part 1: Personal Particulars of Subject Person
 (Please tick the appropriate boxes in this Part.)

This Order, which has a continuing effect, is made under the Advance Decision on Life-sustaining Treatment Ordinance (Ordinance) for (Name): _____ (subject person), whose personal particulars are set out below—

Details of Identity Document (Please choose one):
 Hong Kong Identity Card No.: _____
 Passport (Please state the issuing region and number): _____
 Other Identity Document (Please state the type, issuing region and number): _____

Sex: Male Female

DNACPR Order (Non-AMD based)

DNACPR Order (AMD based)

Mentally incapable of deciding on a life-sustaining treatment & specified pre-condition of the instruction (e.g. terminal illness)

Advance Medical Directives (AMDs)

Record of ACP

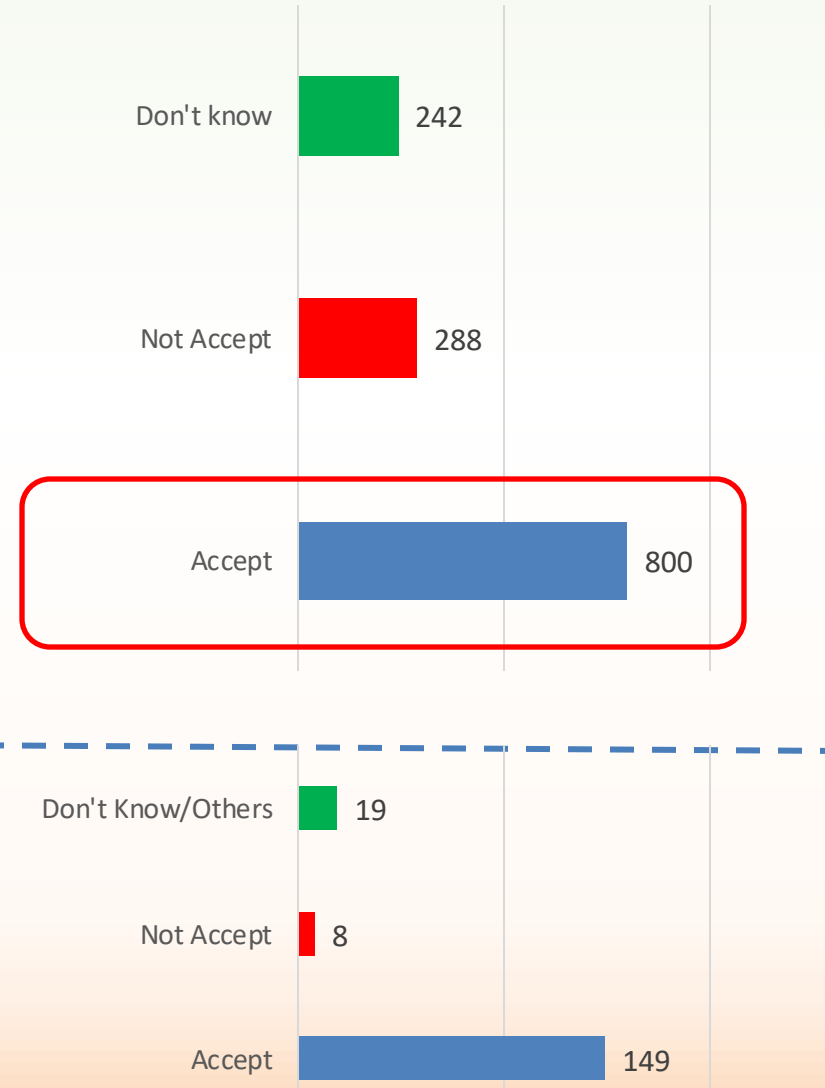
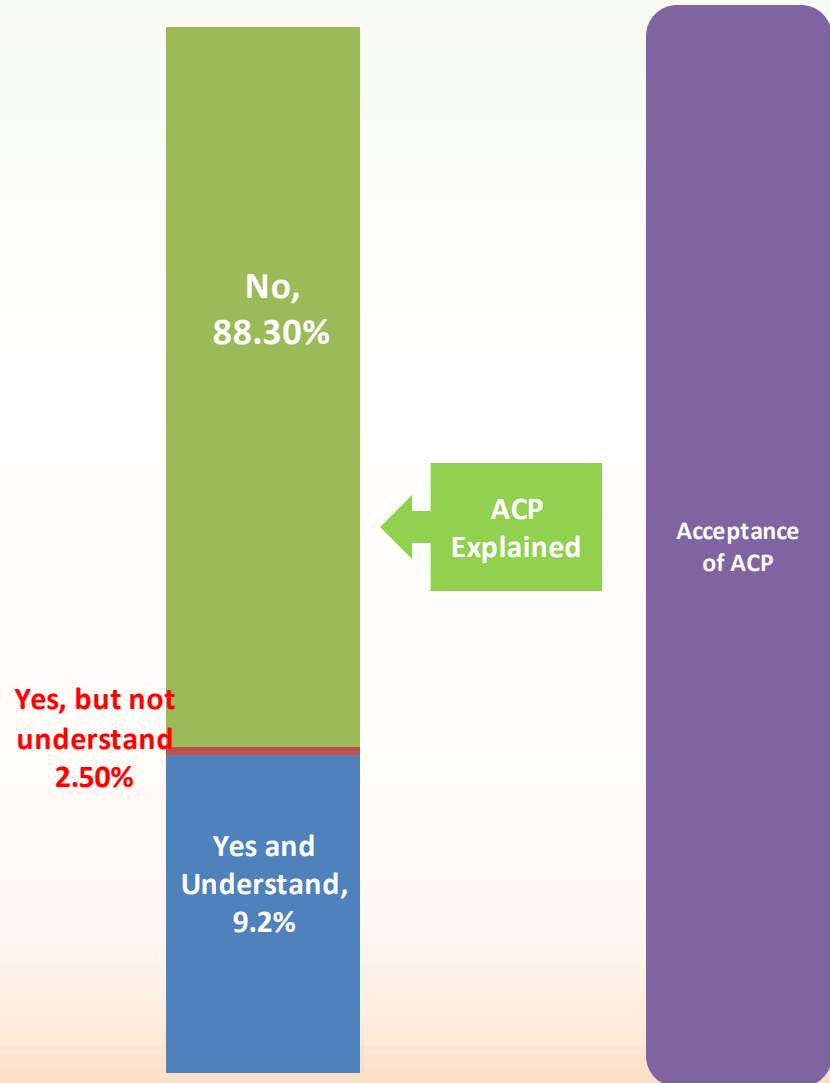
3. Do you intend to have Advance Care Planning 預設照顧計劃 (ACP)?
4. Do you support your family to have ACP?
5. When will be the best timing for having ACP?

Please scan and indicated your choices....

- **Join at [menti.com](https://www.menti.com) Use code XXXX XXXX**
- **Or Scan**

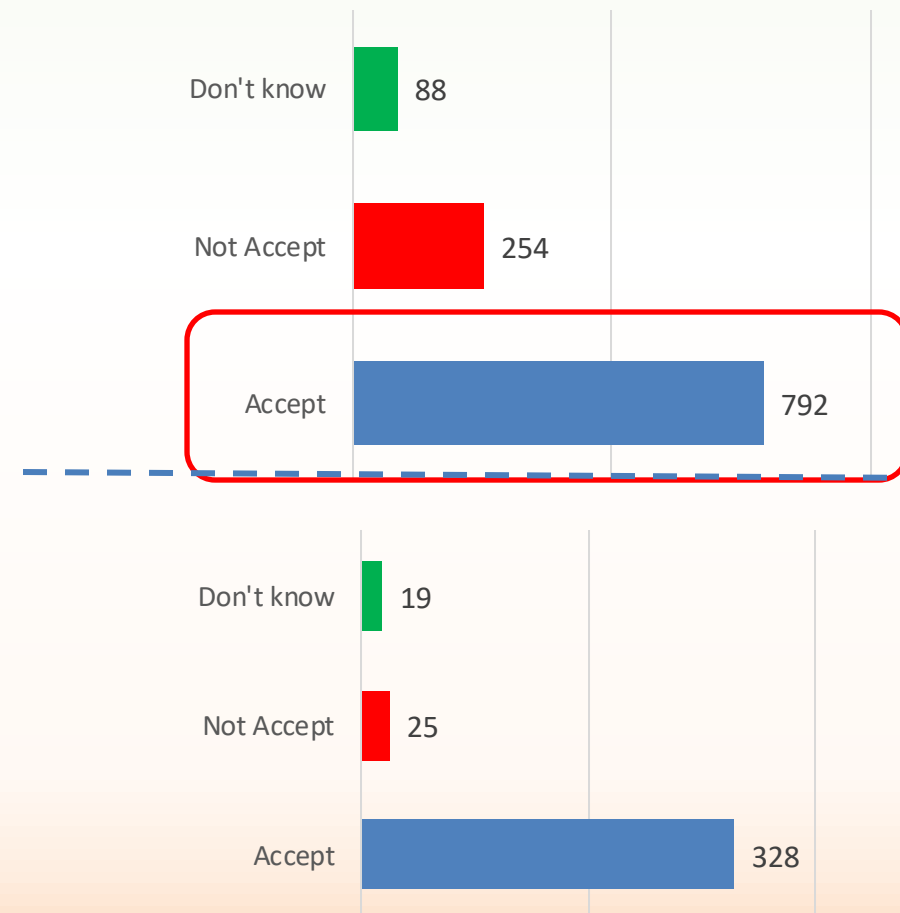
Heard of ACP and Acceptance (N = 1506)

Heard of ACP



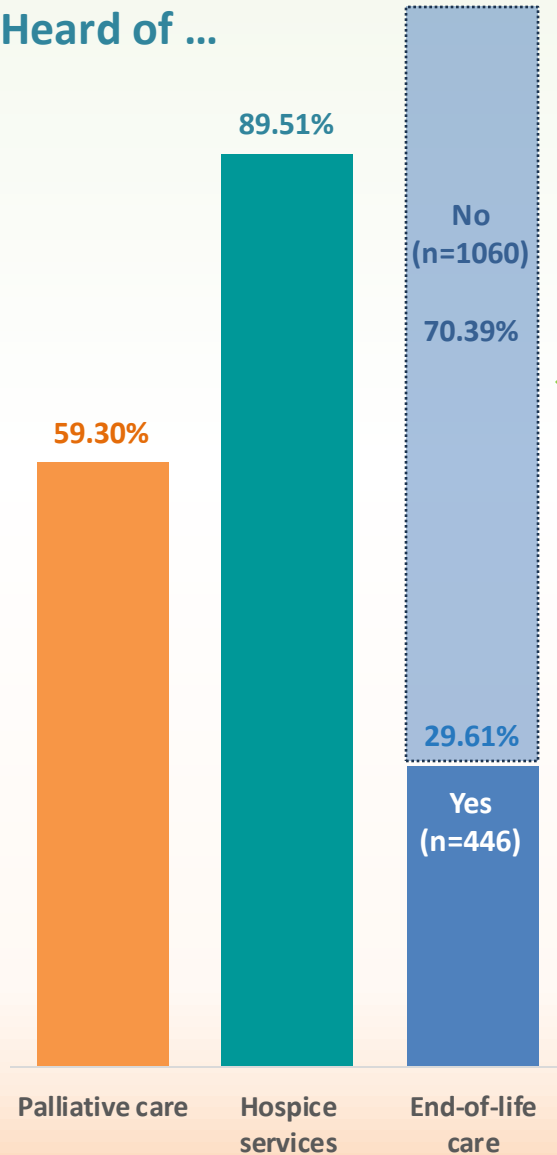
Heard of AMD and Acceptance (N = 1506)

Heard of AMD



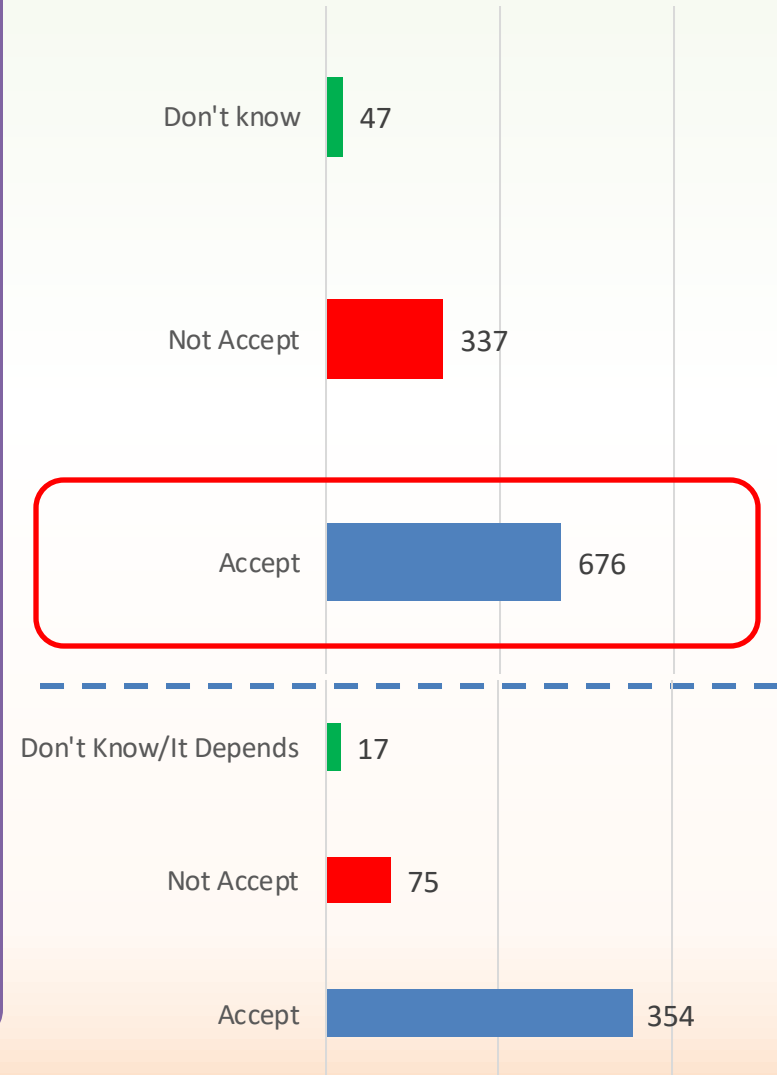
Heard of EoLC-related Terms and Acceptance of EoLC (N = 1506)

Heard of ...

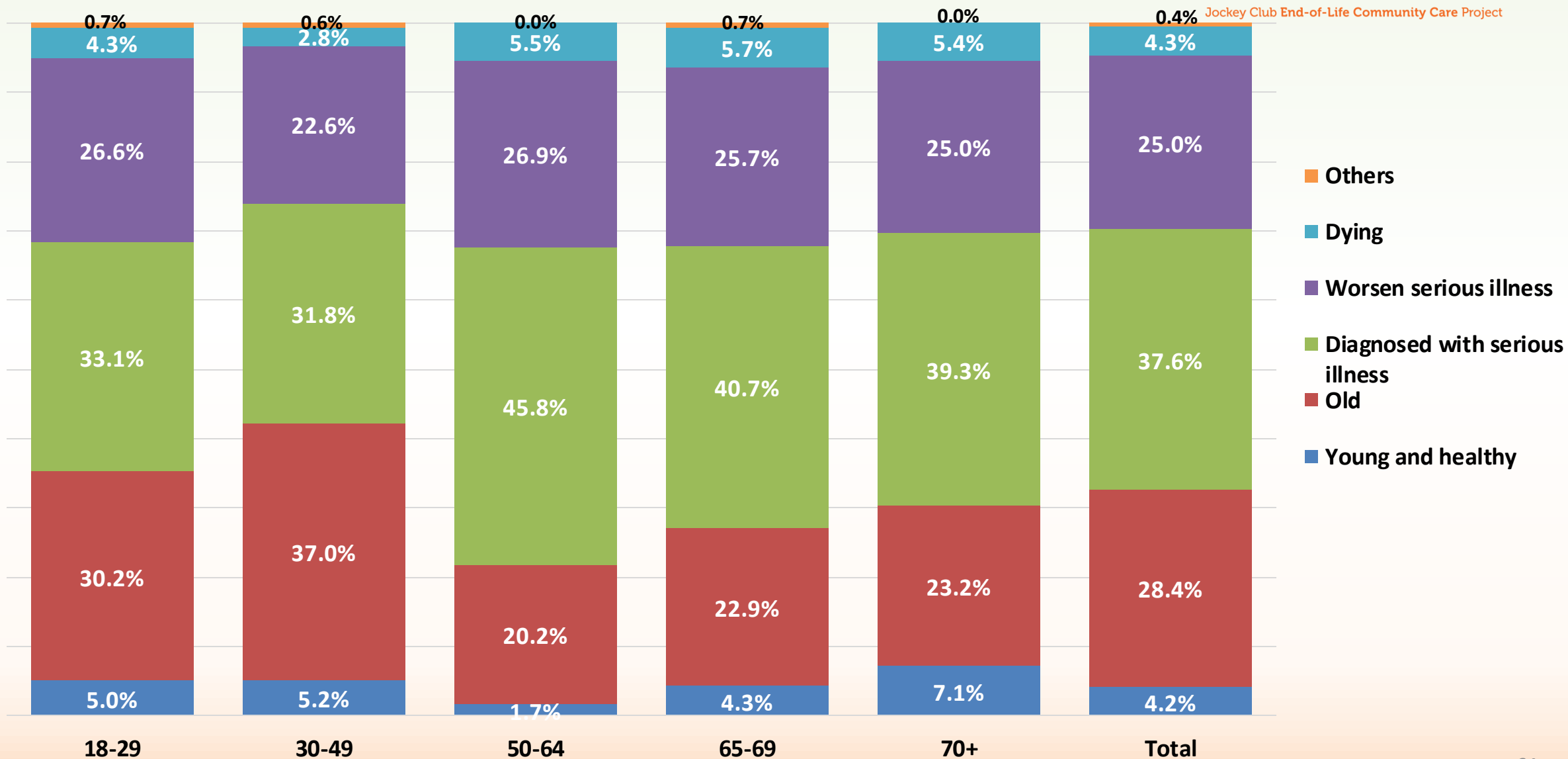


EoLC Explained

Acceptance of EoLC if prognosis is < 6 months



Best Timing for ACP (n = 900)



Only for those who did not have ACP before and intended to do it after explanation (n=900)

AMD ≠ Euthanasia and Assisted Dying



Euthanasia

- is killing on request and is defined as a doctor intentionally killing a person by the administration of drugs, at that person's voluntary and competent request. (Masterstvedt et al., 2003)

- **Physician-assisted suicide (PAS)**
 - a physician intentionally helps a patients hasten his/her death by providing lethal drugs or other interventions at the patient's explicit request (LRC, July, 2004)
 - a doctor intentionally helping a person to commit suicide by providing drugs for self-administration, at that person's voluntary and competent request (Masterstvedt et al., 2003)

Recent Legislation



Advance Decision on Life-Sustaining Treatment Bill

Legislative Council Brief (November 22, 2023)

File Ref: HHB CR 2/581/23

LEGISLATIVE COUNCIL BRIEF

Coroners Ordinance
(Chapter 504)

Births and Deaths Registration Ordinance
(Chapter 174)

ADVANCE DECISION ON LIFE-SUSTAINING TREATMENT BILL

CORONERS ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2023

BIRTHS AND DEATHS REGISTRATION ORDINANCE (AMENDMENT OF SECOND SCHEDULE) NOTICE 2023

INTRODUCTION

At the meeting of the Executive Council on 21 November 2023, the Council **ADVISED** and the Chief Executive **ORDERED** that –

- A (a) the Advance Decision on Life-sustaining Treatment Bill (Bill) at Annex A, should be introduced into the Legislative Council (LegCo); and
- B (b) the Coroners Ordinance (Amendment of Schedule 1) Notice 2023 (Cap. 504 Notice) at Annex B and the Births and Deaths Registration Ordinance (Amendment of Second Schedule) Notice 2023 (Cap. 174 Notice) at Annex C, should be made.

Bill Gazetted (November 24, 2023)

Advance Decision on Life-sustaining Treatment Bill

C3259

Advance Decision on Life-sustaining Treatment Bill

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8. Condition 3: signature etc.	C3297
9. Condition 4: witnesses	C3297
Subdivision 2—Revocation of Directive	
10. Revocation of advance medical directive	C3299

The Bill

- **Advance Medical Directive**
 - Making and revocation
 - Operation of Instructions
 - Protection of treatment providers
 - Model forms
- **DNACPR order**
 - Making and revocation
 - Operation
 - Validity
 - Forms of DNACPR Order and Continuation Sheets

AMD: Who can make it?

Part 2: Declarations of Maker

(Please tick the appropriate box in this Part.)

I declare as follows—

1. I have attained 18 years of age.
2. I make this Directive out of my own free will, having had—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on myself,explained to me by Dr. _____, the First Witness of my signature on this Directive.
3. I—
 - (a) have not made any advance medical directive before; or
 - (b) have made an advance medical directive before, which I now revoke by this Directive.
4. I understand that I can revoke this Directive at any time when I am mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Advance Decision on Life-sustaining Treatment Ordinance (*Ordinance*)) by completing Part 5 or by any other means prescribed in the Ordinance.
5. I understand that this Directive applies in relation to my medical treatment only when I am mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).

Part 4: Witnesses

(Please tick the appropriate box in this Part.)

Declarations, Signature and Personal Particulars of First Witness

I declare as follows—

1. I have attained 18 years of age and am a registered medical
2. To the best of my knowledge, I am not an interested person (within the meaning stated in Note 5 in Part 6) of the Maker.
3. Before the Maker signed this Directive, I explained to him/her—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on him/her.
4. I am satisfied that the Maker was mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) at the time when he/she signed this Directive.
5. The Maker signed this Directive in the presence of the Second Witness named below and myself.

Declarations, Signature and Personal Particulars of Second Witness

I declare as follows—

1. I have attained 18 years of age.
2. To the best of my knowledge, I am not an interested person (within the meaning stated in Note 5 in Part 6) of the Maker.
3. The Maker signed this Directive in the presence of the First Witness named above and myself.

- Adult
- Mentally capable of deciding on a life-sustaining treatment
- With witnesses: an adult who is not an interested person of the maker and a registered medical practitioner (explain the nature and instruction of the directive)

AMD: When and what can it applied

Part 3: Instructions of Maker

(Please tick the appropriate boxes in this Part.)

(The Maker may give one or more of the following instructions.)

Instruction in the case of Terminal Illness

If I become terminally ill within the meaning stated in Note 1 in Part 6, my instruction is as follows—

I am not to be subjected to—

cardiopulmonary resuscitation;

others (please state): _____.

OR

I am not to be subjected to any form of life-sustaining treatment within the meaning stated in Note 2 in Part 6.

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

Instruction in the case of falling into Persistent Vegetative State or State of Irreversible Coma

If I fall into a persistent vegetative state, or a state of irreversible coma, within the meaning stated in Note 3 in Part 6, my instruction is as follows—

I am not to be subjected to—

cardiopulmonary resuscitation;

others (please state): _____.

OR

I am not to be subjected to any form of life-sustaining treatment within the meaning stated in Note 2 in Part 6.

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

C.5.592

Instruction in the case of being in Other End-stage, Irreversible, Life-limiting Condition

If I am in an other end-stage, irreversible, life-limiting condition within the meaning stated in Note 4 in Part 6, namely _____,

_____, my instruction is as follows—

I am not to be subjected to—

cardiopulmonary resuscitation;

others (please state): _____.

OR

I am not to be subjected to any form of life-sustaining treatment within the meaning stated in Note 2 in Part 6.

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

I make the declarations in Part 2 and give the instruction or instructions in this Part.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)

Date of Signing

- Mentally incapable of deciding on a life-sustaining treatment
- The specific pre-condition of the instruction is met

AMD: How to revoke?

- **Revokes in writing**
- **The maker, or an adult in the maker's presence and by the maker decision:**
 - Burns, tears or otherwise destroy the directives
 - Crosses out the content of and signs
 - Revokes verbally
 - By any means expresses the intention to revoke
- **Makes another new one**

Principle

- “cautious making, easy revoking”
- 慎入易出

DNACPR: Who can make it

- **AMD-based:**
 - **Adult with one of the following conditions:**
 - Terminally ill
 - Persistent vegetative state or a state of irreversible coma
 - In an other end-stage, irreversible, life-limiting condition
 - **With two registered medical practitioners as witness**

DNACPR: Who can make it

- **Non AMD-based (for mentally incapable adult or Minor)**
 - Responsible person of the subject person,
 - The cardiopulmonary arrest is not arises from an unnatural cause, self- or other-inflected injury
 - With two registered medical practitioners as witness

DNACPR: Time

Forms of DNACPR Order and Continuation Sheets

Form 1

**Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order
(With Continuing Effect)
(AMD-Based)**

(Made under the Advance Decision on Life-sustaining Treatment Ordinance)

Part 1: Personal Particulars of Subject Person

(Please tick the appropriate boxes in this Part.)

This Order, which has a continuing effect, is made under the Advance Decision on Life-sustaining Treatment Ordinance (*Ordinance*) for (Name): _____ (*subject person*), whose personal particulars are set out below—

Details of Identity Document (*Please choose one*):

Hong Kong Identity Card No.: _____

Passport (*Please state the issuing region and number*): _____

Other Identity Document (*Please state the type, issuing region and number*): _____

Sex: Male Female

Part 3: Effective Period

(Note: The effective period of this Order stated in this Part is not to exceed 1 year.)

The effective period of this Order begins on ____/____/____,
(Day) (Month) (Year)

the date on which this Order is made, and ends at 24:00 hours on
____/____/____.
(Day) (Month) (Year)

Part 4: 1st Extension of Effective Period (Note: An extension is not to exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I EXTEND the effective period of this Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 2).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

- With continuing effect
- Effective period for a year, subjected to review

Amendments to facilitate Dying in Place

- **Coroners Ordinance (Cap. 504)**
- **Births and Deaths Registration Ordinance (Cap. 174)**
 - if a resident who passed away in an RCH was diagnosed as having a terminal illness when he or she was alive and was attended to by an RMP within 14 days before passing away, and his or her certificate of cause of death states that he or she died of a natural cause, such a death case will no longer be considered as a reportable death to the Coroners Court.

Introduction of JCECC



Jockey Club End-of-life Community Care Project (JCECC)



In 2016, the Jockey Club Charities Trust initiated the Jockey Club End-of-Life Community Care Project (“JCECC”), aimed at enhancing the end-of-life (EoL) care in Hong Kong to improve the quality of life of older people with terminal illness by developing viable community-based service models to complement the existing service provisions in a coordinated manner



2016



2019



2022

10-year project of donation of HK\$519 Millions



Achievements

* Data from 1 January 2016 to 30 June 2023

End-of-Life Care Services



~16,500
patients and family
members served



65 subvented RCHEs
joined the Project to-
date

A total of 96 subvented or contract RCHEs will join by project end in Dec 2025, which accounts for over

Over **50%** of all subvented or contract RCHEs in Hong Kong will join the project by Dec 2025.

Capacity Building and Public Education



42,000+
professionals and
practitioners trained



5,100+ volunteers
engaged and trained



242,000+ general
public attended **1,889**
community education
programmes and events

End-of-Life Care Ecosystem



Hong Kong has risen from 22nd in 2015 to **9th place** in the **latest Quality of Death and Dying Index 2021**



9 out of 81
Global Ranking



4 out of 15
Regional Ranking



Saved public medical resources by reducing patient's hospitalisation, use of emergency and intensive care medical services

The ICESTs

[About Us](#) [Innovative Service](#) [Specialised Training](#) [Knowledge and Skill Transfer](#) [Impact](#) [Resources](#)

The Integrated Community End-of-Life Care Support Teams (ICESTs)

JCECC > INNOVATIVE SERVICE > THE INTEGRATED COMMUNITY END-OF-LIFE CARE SUPPORT TEAMS (ICESTs)

What is ICESTs?

The ICEST is a community-based service team specialised in providing whole-person care to community-dwelling patients with end-of-life issues and their family members. Through partnership with public hospitals, the ICEST aims to strengthen the community support for patients, promote the quality of life of patients and their family members, and allow patients to spend quality time with their loved ones in a familiar place. ICEST also represents a unified and empirically tested service model derived from the findings on JCECC community-based EoLC models in the first three years of the Project.

Target service users of ICESTs

Patients who are diagnosed with terminal diseases, preferably aged 60 or above, as well as their family members.

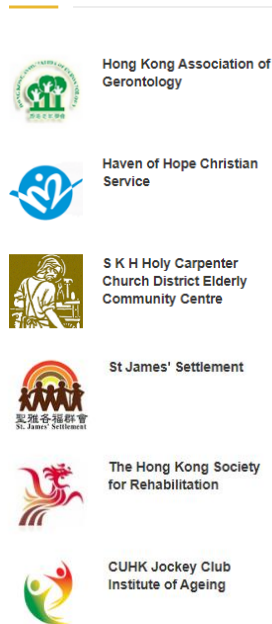
Services provided by ICESTs

The ICEST is comprised of social workers, nurse, program/care workers, and volunteers, who collaborate to provide three types of care to patients and families in the community, including physical care, psychosocial care, and practical support. The level of care will be tailored to meet the identified needs of patients and caregivers following standardised and holistic assessments conducted by the ICEST.



Contacting ICESTs

Four NGO partners in the JCECC Project, namely St James' Settlement (SJS), Haven of Hope Christian Service (HOH), Hong Kong Society for Rehabilitation (HKS), and S.K.H. Holy Carpenter Church District Elderly Community Centre (HCCDECC), are providing ICEST services in various districts.



- Holistic Care – Multi-disciplinary
- Need-based – Assessment
- Tiered intervention – Volunteers
- Evidence-based – Literature review and systematic evaluation

The ICEST Manuals

GUIDEBOOK ON INTEGRATED COMMUNITY END-OF-LIFE CARE SUPPORT TEAM (ICEST)



Volume 1

Theoretical Background,
Holistic Assessment & Care Planning

First edition

PARTNERS:



GUIDEBOOK ON INTEGRATED COMMUNITY END-OF-LIFE CARE SUPPORT TEAM (ICEST)



Volume 2

Evidence- and
Need-based Intervention

First edition

PARTNERS:



Volume one can be downloaded from
http://www.socsc.hku.hk/JCECC/1A_ICEST_professional_guidebook_Volume_One.pdf

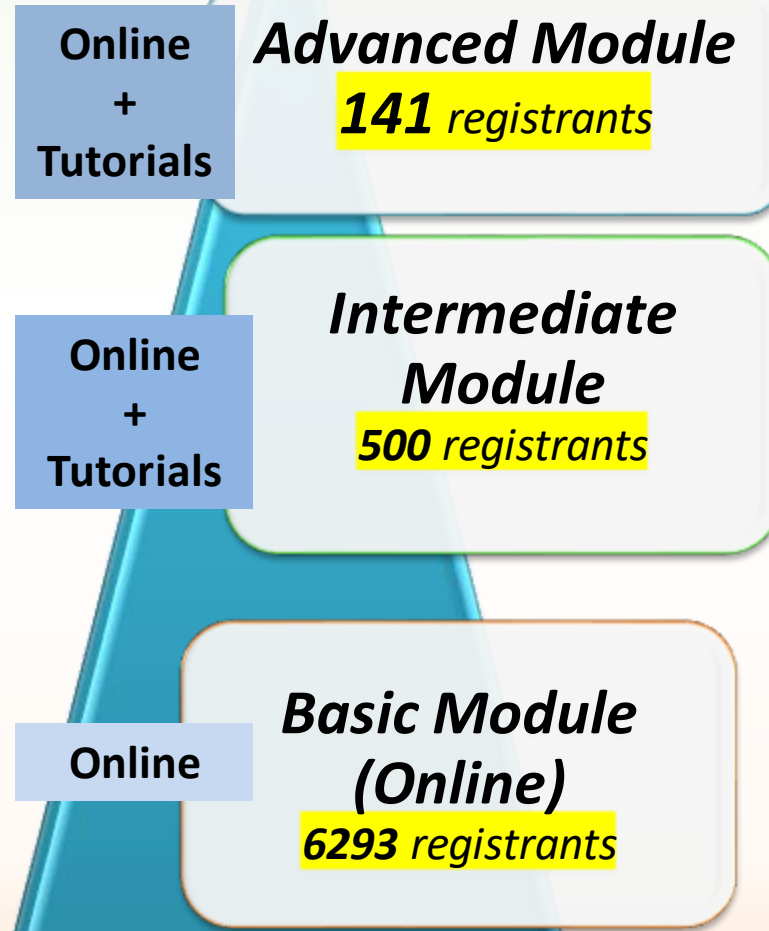
3-Tier course (2019 onwards)

<https://foss.hku.hk/jcecc/online/learning/index>



簡介

「賽馬會安寧頌」社區安寧全人照顧課程旨在為從事醫療、護理、專職醫療及社會服務的專業人員提供有關安寧照顧(End-of-life care)的培訓，讓參加者全面認識晚期病患者、家屬、甚至服務者本身在身、心、社、靈等各方面的需要和照顧技巧。整個課程分為三個漸進式學習單元，基礎單元為網上自學課程，完成後，符合資格的學員可報讀隨後的「進階」和「高階」單元。



社區安寧全人照顧課程
Community Psychosocial End-of-Life Care Course

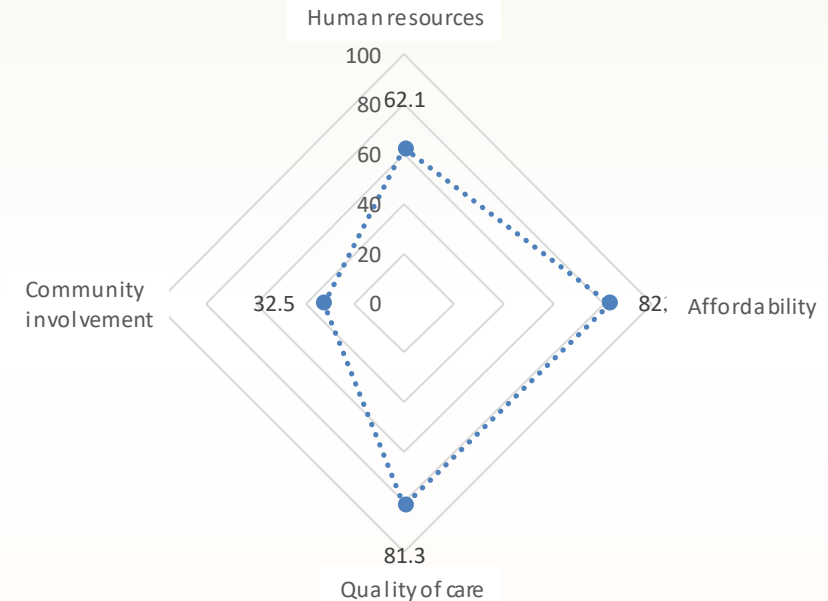
End-of-Life Care Volunteer Training Program

- 1 Why we need EoLC volunteers?
- 2 What is EoLC volunteers?
- 3 How to train EoLC volunteers?
- 4 Impact of EoLC volunteer training & service
- 5 Who we are looking for?
- 6 Take action & make difference!

The necessity of EoLC volunteer involvement

Hong Kong Quality of Death Index 2015

Hong Kong	Total score (100)	Top 80
Score	66.6	22
Palliative care environment	50.4	28
Human resources	62.1	20
Affordability	82.5	18
Quality of care	81.3	20
Community involvement	32.5	38



Summary: Community involvement is low. We believe that community participation can be strengthened by promoting **volunteer action, and establish a sustainable, caring and friendly community.**




Why Volunteers?

☹️ **Rapid Aging society**

☹️ **Limited medical resources**



End-of-life care is not the sole responsibility of professionals, but it matters to everyone

 Pressing need to engage the community to build a caring environment to support the growing number of patients who are facing terminal illnesses

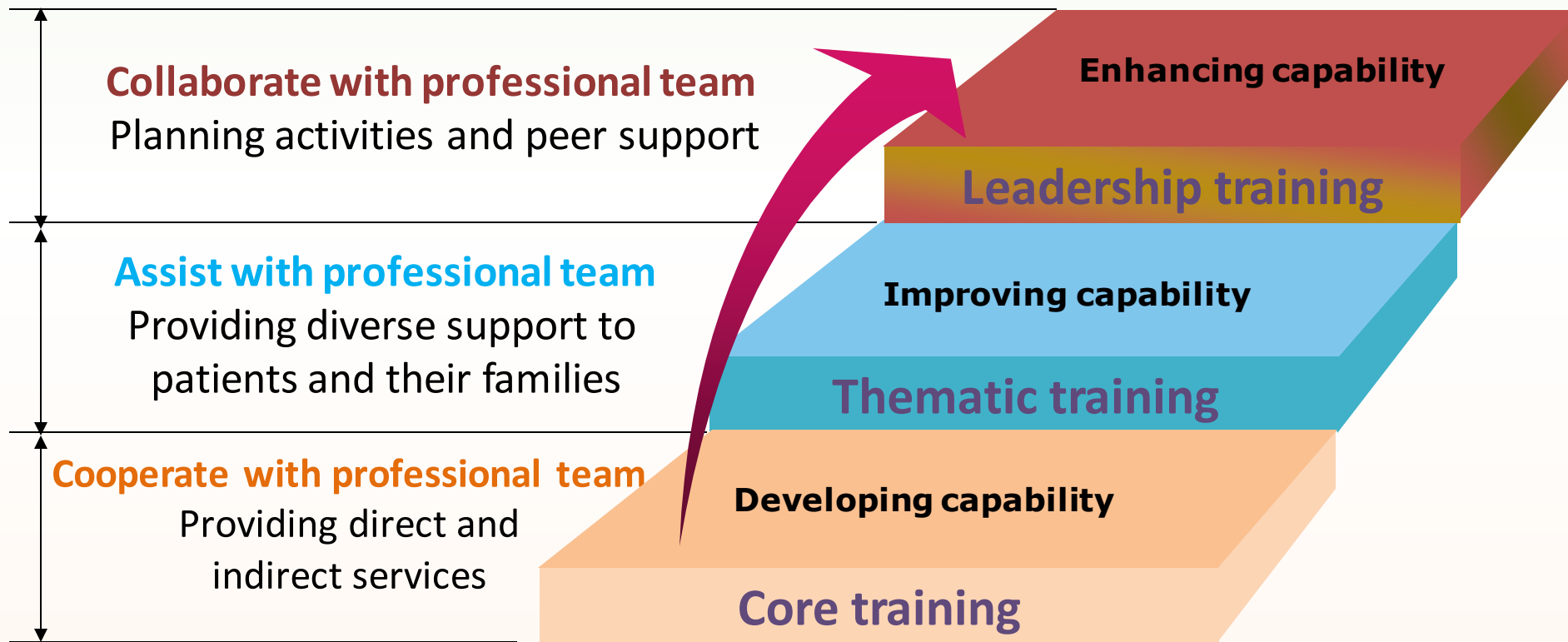
Volunteer participation can:

- Provide more individualized services to patients and families
- Facilitate person-centered psychosocial and spiritual care
- Engage the community stakeholders in providing end-of-life care services
- Help create a caring atmosphere in the community for supporting end-of-life patients and their families.

What can EoLC volunteers do?



Three stages of development for EoLC volunteers

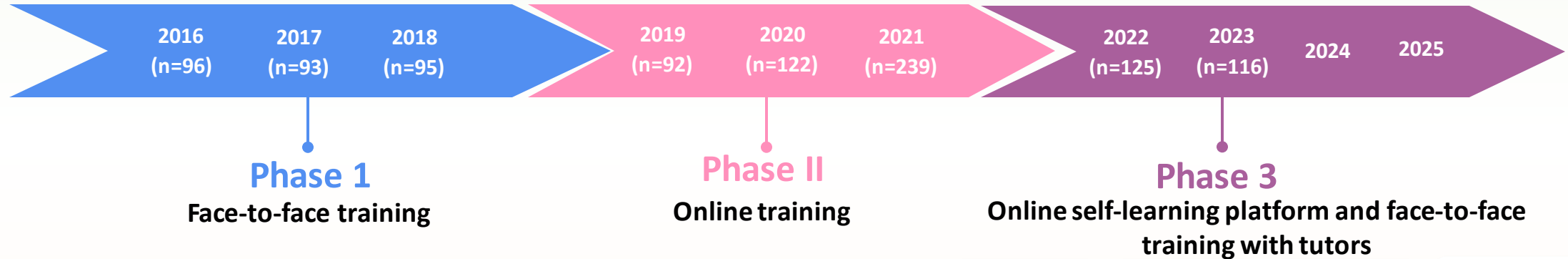


Research has proven that EoLC volunteer training can effectively enhance and sustain volunteers' competencies.

EoLC volunteer training and service effectiveness

978

Total number of trained volunteers (2016 – 2023)



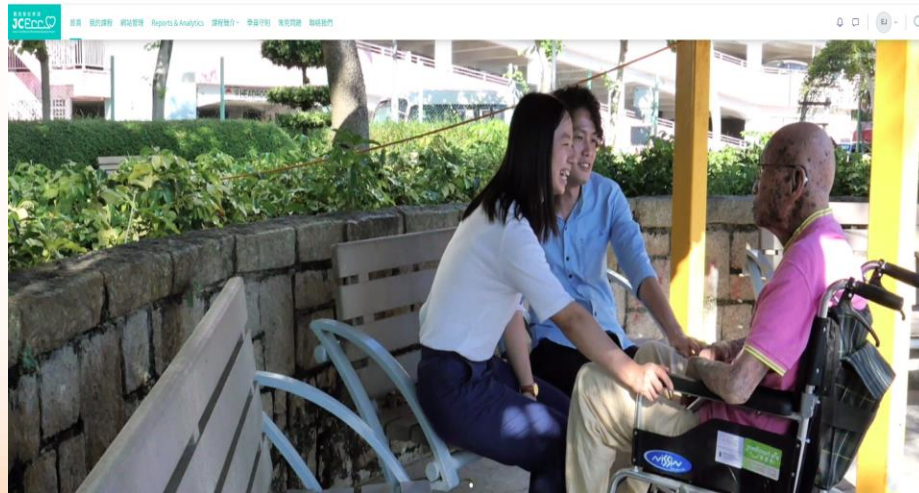
Phase 1
Face-to-face training

Phase II
Online training

Phase 3
Online self-learning platform and face-to-face training with tutors

- Video for self-learning
- Quiz
- Interactive activities
- Reference articles


It's ready now!



JCECC Volunteer Online Self-learning Platform
(newly launched)
<https://volunteer.jcecc.hk/>

1130 registrants
since 2023

EoLC volunteer training and service effectiveness

Total service hours of EoLC volunteers

2019: 245.7 hours

2020: 1,274.8 hours

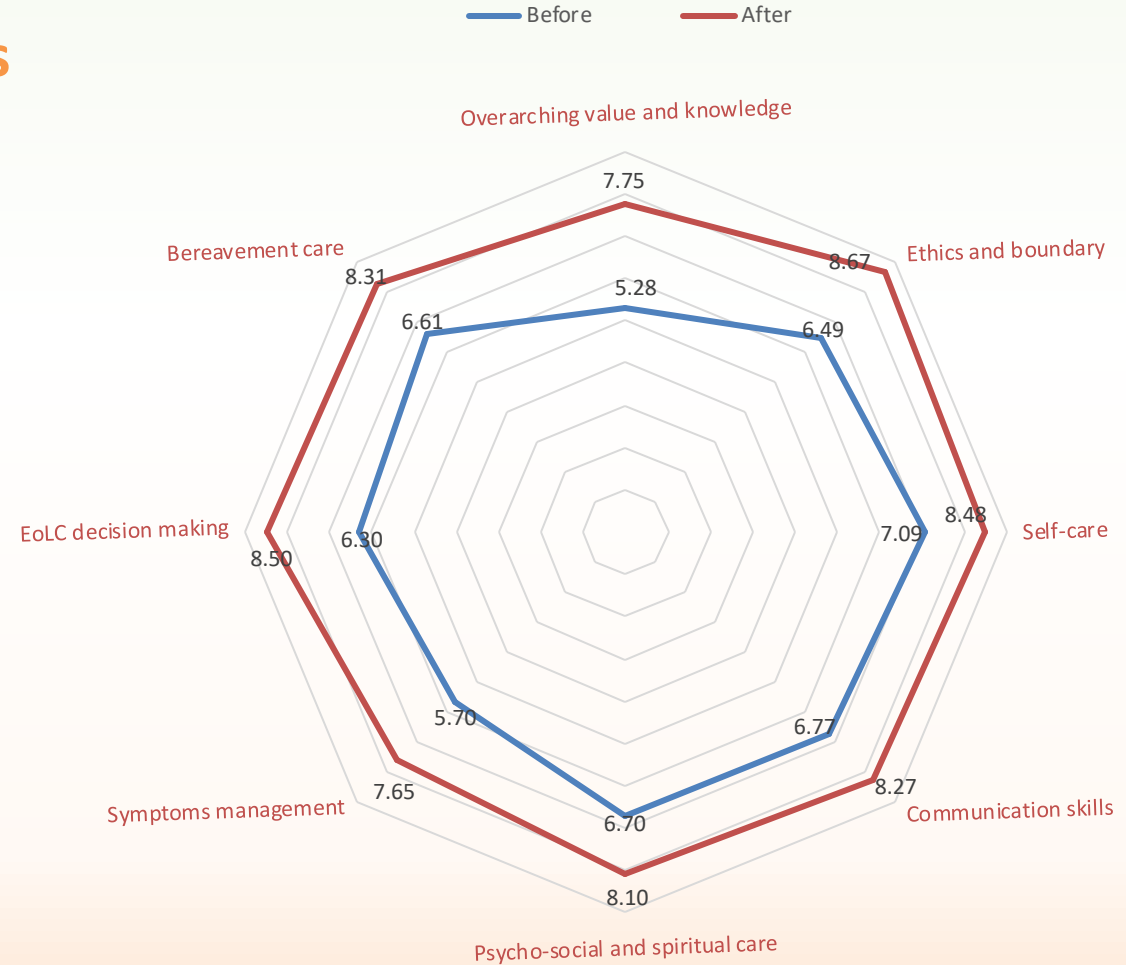
2021: 2,774.5 hours

2022: **1397.91** hours

2023: **3019.43** hours

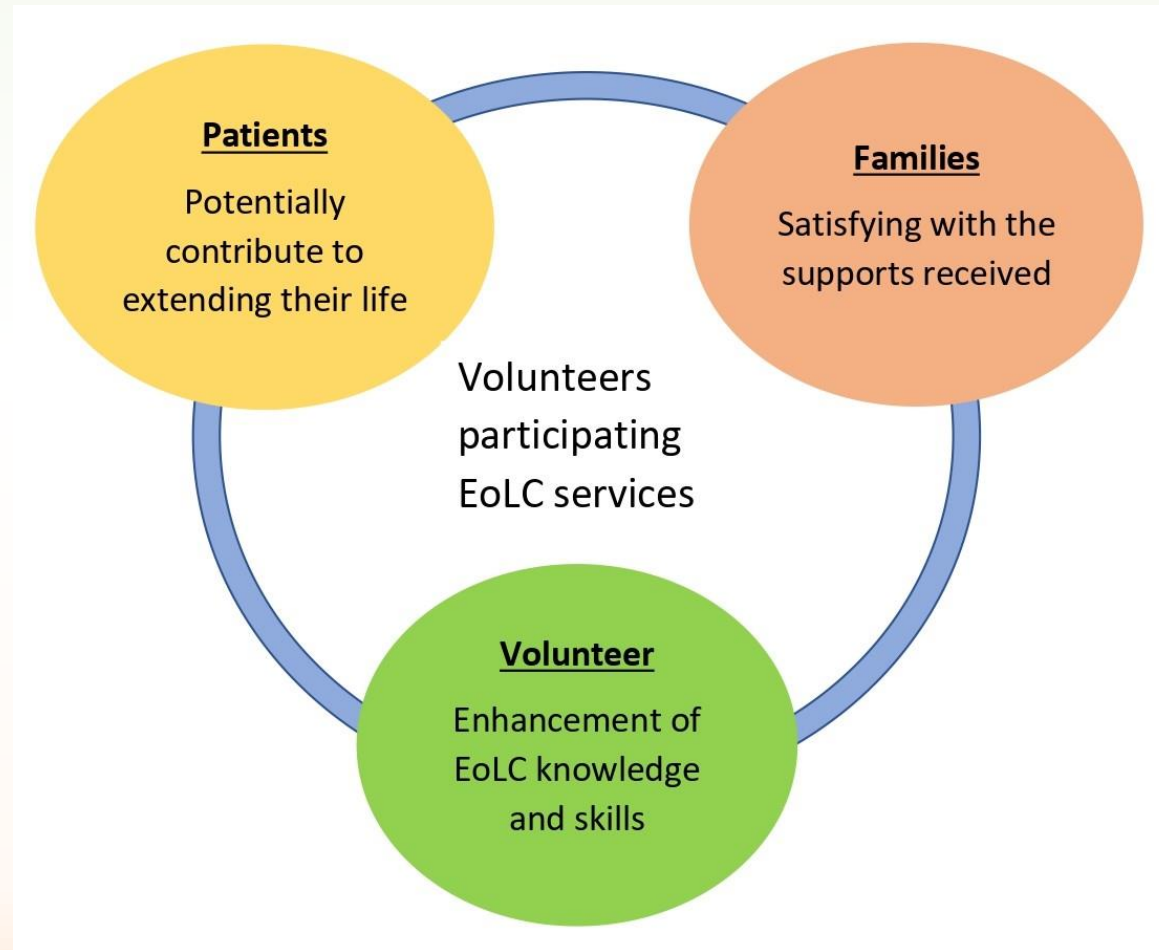


Changes of EoLC volunteer capacities (N=157; 2023)



Researches show:

- ✓ Patients who received volunteer services lived longer than those who did not
- ✓ Families of patients who have received volunteer services are significantly more satisfied with the services than those who have not



JCECC Partners



The Hong Kong Society
for Rehabilitation



S.K.H. Holy Carpenter Church
District Elderly Community Centre



St. James' Settlement



Haven of Hope
Christian Service

Partners in previous years

Tsuen Wan West Neighbourhood Elderly
Centre, Yuen Yuen Institute

Kowloon Chamber of Commerce Centre for
the Elderly, Mongkok Kai-Fong Association
Limited

Society of Pastoral Cares-Chaplaincy
Services

Tsz Shan Monastery Buddhist
Spiritual Counselling Centre

Ho Ping Neighbourhood Centre for
Senior Citizens, Sik Sik Yuen

Diocesan Commission for Hospital
Pastoral Care

Hong Kong Buddhist
Association

Cancer Fund

The Centre for Spiritual Progress
to Great Awakening

Comfort Care Concern Group

Tung Wah Hospital Patient
Resource Centre

Tung Wah Group of Hospitals
Fung Yiu King Hospital

Queen Mary Hospital

Pok Oi Hospital

Tung Wah Group of
Hospitals

Provide the following resources to our partners:

Professional training and resources related to EoLC services

Enable your volunteers to provide quality care for terminally ill patients and their families.



EoLC volunteers who have been trained

Expanding your volunteer pool

Let's Go !

As an organization with social responsibility, supporting EoLC service can:

- ✓ Help people (Patients in peace, family members can relief, staff can have personal growth)
- ✓ Help the teams (Nurturing organizations with social responsibility)
- ✓ Help the community (Building a caring and compassionate community)



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<http://www.JCECC.hk>

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Thank You



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