For information
on 24 June 2014

LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES
PANEL ON HEALTH SERVICES

JOINT SUBCOMMITEE ON LONG-TERM CARE POLICY

Hospice Care Services

PURPOSE

This paper briefs Members on the hospice care services provided by the Government.

BACKGROUND

2. Facing terminal illnesses such as cancer and organ failure, patients and their families may suffer from discomfort from the illness, as well as the stress and fear of death. Through a multi-disciplinary approach, the Food and Health Bureau, the Labour and Welfare Bureau, the Hospital Authority (HA), the Social Welfare Department (SWD) and other relevant parties are providing various hospice care services in medical and welfare settings.

PALLIATIVE CARE SERVICES OF HOPSITAL AUTHORITY

3. With the aim to provide holistic care to patients, HA has been providing palliative care services with a comprehensive service model for terminally-ill patients and their families through a multidisciplinary team of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc. Currently, there are 16 hospitals under HA providing palliative care services.

4. Palliative care services provided by HA include in-patient, outpatient, day care and home care services and bereavement services, etc. Palliative care inpatient services are mainly for terminally-ill patients with severe or complex symptoms and needs. As at end-March 2014, HA has over 360 palliative care beds. If necessary, HA will follow-up the condition of discharged patients by arranging palliative care outpatient services.

5. To enhance care for terminally-ill patients, HA has set up a number of Palliative Day Care Centres to provide day care services to strengthen different modalities of physical and psychosocial support for patients and their families. Besides, these Palliative Day Care Centres also organise a wide array of activities and provide volunteering services to suit different needs of patients and their families.

6. Palliative care home service is particularly important to supporting patients in the community and reduce unnecessary hospitalisation. Palliative care home care teams collaborate closely with in-patient units of hospitals to provide symptom management and monitoring, psychosocial and spiritual care, advance care planning, care coordination, counselling and bereavement support in order to provide continuing care for discharged patients.

7. When approaching the end of life, apart from physical symptoms, it is common for patients and their caregivers to experience emotional and psychosocial distress, especially around the time of death. HA has been enhancing palliative care psychosocial services by introducing a stepped-care service model and strengthening services provided by medical social workers and clinical psychologists, in order to identify and provide early intervention as well as professional psychological and emotional support to high-risk patients and family members.

8. In recent years, HA has been expanding palliative care service from mainly serving advanced cancer patients, to patients with end-stage organ failure, such as end-stage renal disease. Through

cooperation of a team of multi-disciplinary professionals, palliative care services can alleviate the physical and emotional distress of patients, and improve their quality of life at the end-of-life stage.

COOPERATION WITH THE COMMUNITY

9. In Hong Kong, various non-governmental organisations and community organisations have been actively promoting life and death education, providing various training workshops, as well as providing terminally-ill patients and their families in the community with community support and bereavement care. HA treasures cooperation with community partners and will refer suitable patients to use community services. HA will continue to work closely with community partners to facilitate patients integrating into the community.

10. Volunteers are indispensable to palliative care teams. With appropriate training, volunteers can provide terminally-ill patients and their families with social and emotional support such as experience sharing, visits to ward or home, etc. HA regularly organises training programmes for volunteers so as to improve their knowledge and skills in supporting terminally-ill patients.

11. HA regularly meets and communicates with patient self-help groups to understand their needs. HA will continue to develop partnership with patient groups for continuous service improvement.

LONG-TERM CARE SERVICES FOR THE ELDERLY

12. The mission of elderly services is to enable our elderly citizens to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of

worthiness. For frail elderly persons with long-term care (LTC) needs, we strive to provide quality and cost-effective LTC services in line with the policy of promoting "ageing in place as the core, institutional care as back-up". While most elderly persons prefer ageing in the community, we understand that some of them would need institutional care for health and family reasons.

13. One of the important principles of our LTC policy is to promote a continuum of care (COC) in subsidised residential care services, which enable elderly residents to stay in the same residential care home for the elderly (RCHE) even when their health conditions deteriorate. To this end, SWD has launched the conversion exercise since 2005-06 to upgrade self-care hostel and home for the aged places into care and attention (C&A) places providing COC. In 2013-14, we allocated additional resources to increase subvention for about 7 000 residential care places with COC and upgrade some 7 800 C&A places in subvented RCHEs to places providing COC so that these RCHEs may enhance their manpower to meet the care needs of the elderly residents whose health conditions have deteriorated. Starting from 2014-15, we will extend the COC concept to subsidised nursing home (NH) places through the upgrading of more than 1 570 subvented NH places to provide enhanced care services to frail elderly persons. .

14. In recent years, a number of RCHEs have been practising various forms of end-of-life care programmes on their own initiatives. Drawing on these experiences, we have secured additional resources to provide end-of-life care services for elderly residents and support to their carers in five new contract RCHEs which will commence service from 2015-16 to 2016-17. With the additional resources, these contract RCHEs may adopt a coordinated and multi-disciplinary approach to rendering holistic care to elderly residents who are suffering from life-threatening illness and approaching the end of life. Support services to their carers would also be provided. Such services aim at alleviating the discomfort of elderly residents, relieving their stress and that of their carers, as well as supporting both the elderly persons and their carers to face death in a dignified and peaceful way. The scope of care includes

medical and nursing care, psychological and bereavement care, social and family support, and spiritual care and death preparation.

ADVICE SOUGHT

15. Members are invited to note the content of this paper.

Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department

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