



The Chairman and Secretary to Panel on Health Services  
Panel on Health Services  
Legislative Council

Dear Honorable Members,

### Comments on the Private Healthcare Facilities Bill

Thank you to the Panel on Health Services for your invitation to comment on the Private Healthcare Facilities Bill (“the Bill”).

#### Palliative and Hospice Care Service of Hospitals Standards

1. Established by the Society for the Promotion of Hospice Care (SPHC), The Jockey Club Home for Hospice (“JCHH”) is licensed under the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* (Cap. 165). JCHH have been committed to provide palliative and hospice care service since December 2016. The design and planning of JCHH, including clinical staffing and provision of equipment, are on par with the standards specified under Cap. 165. Unlike the current existing hospitals which focus on radical curing and acute resuscitation, JCHH emphasizes on the quality of life of terminally ill patients, in terms of their physical and psychosocial needs. JCHH provides individualized palliative and hospice care by offering training and support to patient’s family to empower the family to love and care for patients. We aim to include family in the team of care to allow patients to live under the minimum level of pain, and offer patients a choice to live with dignity in their remaining days.

#### Full Compliance as a Healthcare Facility

2. JCHH is in full compliance with the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (“Code of Practice”). Through a multi-professional and multi-disciplinary team of physicians, nurses, therapists, pharmacists, clinical psychologists and social workers, we provide pain alleviation, counseling and hospice care to fulfill patient’s physical, psychosocial, spiritual and cultural needs. From a holistic approach, we guide patients and their families to design their unique Advance Care Plan, which is also an essential part of work the SPHC has been devoted to, so that patients and families are prepared to spend the rest of the time together with an attitude of affirmation and positivity.



3. JCHH offers patients of 18 or above a close and continuous monitoring of the progression and changes in pain and symptoms control with a holistic approach by a team of multi-disciplines, so that appropriate medical procedures and palliative treatments could be promptly provided. JCHH supports patients through diverse service models, including palliative and hospice in-patient service, respite service to relieve family members' caring stress, home care on-site support service, day care service, grief counseling, community support and other substantial support services.
4. Our Clinical Governance Committee assures that JCHH has a robust and highly effective framework for the management of clinical systems and processes in JCHH. Our Clinical Governance Committee includes a Palliative Medicine Fellow and a Palliative Nurse Consultant.
5. JCHH has its own 24-hour home care support team led by our resident medical practitioners and palliative care nurses, offering year-round palliative and hospice care services.

#### Resuscitation Policy

6. The Code of Practice on resuscitation as stipulated in the Bill however, is not applicable to palliative and hospice care service provided by JCHH. In fact, resuscitation policies contradict the philosophy of palliative care as defined by the World Health Organization — to respect life by regarding death as a natural process of life. The medical approach to terminally ill dying patients, taken by current existing hospitals is to postpone death through various resuscitation procedures, which contravene the idea specified by WHO. The goal of palliative and hospice care is to provide 'holistic care', in terms of the physical, psychosocial and spiritual needs, to patients and their families to get through with peace and ease. Palliative care shall not hasten death or change the length of patients' life span. Resuscitation is to ensure the functioning of vital organs, so to increase the chance of rescue, while endeavor to lower the risk of complications and side-effects caused by the process of resuscitation and aim at healing the patient. Hence, when none of the existing medical treatments have proven the patient is under an irreversible illness which could not be healed, and is entering dying stage, resuscitation policy would find inapplicable. On the contrary, palliative and hospice care comes into play to ensure patient's quality of life. Therefore, palliative and hospice care shall be regarded as part of medical care, only with a focus different from that for other medical conditions. To sum up, resuscitation policies in the Code of Practice shall not be applicable to all medical facilities.



### Role of Hospice Care Services Amid the Aging Population

7. As Hong Kong's population ages, it is foreseeable that the need for palliative and hospice care would increase exponentially with the annual number of deaths projected double to 92,000 by 2046. Palliative and hospice care play a vital role in assisting patients with life-limiting illnesses or irreversible health conditions to spend their last months or days in the community, and where necessary be admitted to palliative and hospice care healthcare facilities for symptom management, respite care and hospice care during the dying phase. This will allow terminally ill patients to choose a healthcare facility whose services suit their needs and help save public resources in medical services and facilitate the allocation of resources to address the rising needs of palliative and hospice care in the face of an aging population.

The Jockey Club of Home for Hospice  
The Society for the Promotion of Hospice Care

25 September 2017