

**立法會**  
***Legislative Council***

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**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Background brief prepared by the Legislative Council Secretariat for  
the meeting on 12 December 2017**

**Hospice services**

**Purpose**

This paper provides a brief account of the past discussions at the Council and its relevant committees on hospice services.

**Background**

2. According to the Administration, with the aim to provide holistic care to patients, the Hospital Authority ("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. Palliative care services provided by HA include inpatient, 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 December 2016, HA has over 360 palliative care beds.

3. Through the social workers of Integrated Family Service Centres, Integrated Service Centres, District Elderly Community Centres, Neighbourhood Elderly Centres, Medical Social Services Units stationed in hospitals, etc. under the Social Welfare Department ("SWD") or subvented non-governmental organizations ("NGOs"), the Administration has all along been providing a variety of support services for elderly persons and their

family members, which include counselling, referral, emotional support, crisis intervention and financial assistance, etc. Moreover, the Administration supports NGOs to organize end-of-life ("EOL") support services for elderly persons and their family members through various charitable trust funds. Such services include encouraging elderly persons to plan ahead their EOL plan, providing care and support for elderly persons and their family members near end of life and free funeral services, etc.

## **Deliberations by Members**

### Enhancing hospice services

4. Some Members took the view that the Administration should consider allocating more resources to extend the hospice care services to further implement the policy of ageing in place. They called on the Administration to extend palliative care and treatment services to all public healthcare institutions in Hong Kong to make them part of the regular services.

5. According to the Administration, HA had allocated in recent years additional resources to improve the service model and strengthen multidisciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives. HA had enhanced its palliative care service coverage from 2010-2011 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. The additional resources involved were around \$34 million per year. In 2012-2013, HA had strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counselling, crisis management, etc., to terminally-ill patients and their carers. The additional resources involved were around \$12 million per year. Since 2015-2016, HA had strengthened the Community Geriatric Assessment Team ("CGAT") service in phases to enhance EOL care for elderly patients living in residential care homes for the elderly ("RCHEs") facing terminal illness. HA had deployed additional resources of around \$12 million on the enhancement. CGATs were working in partnership with palliative care teams and RCHEs to improve medical and nursing care for those terminally-ill patients in RCHEs, and to provide training for RCHE staff. In 2017-2018, HA planned to further strengthen EOL care for elderly patients in RCHEs and the additional recurrent expenditure was estimated to be around \$4.5 million.

6. Members expressed concern about limitations of the service scope and service places (e.g. palliative care beds) of the existing hospice care services.

They suggested that the Administration should increase the number of palliative care beds with reference to the number of patients with chronic or terminal diseases who had passed away in hospitals.

7. The Administration advised that the number of palliative care beds in Hong Kong was not small when compared with overseas countries. Palliative care services were not restricted to inpatient services but covered outpatient, day care and home care services, as well as bereavement services. Besides, the number of palliative care beds did not reflect the whole picture of palliative care services since doctors specialized in palliative care would visit chronically- or terminally-ill patients in their wards, and home visits would be arranged for discharged patients if necessary.

8. In response to Members' concerns about the palliative care services provided by the Administration in support of the passing away of elderly persons at home or residential care homes, the Administration advised that under the Lump Sum Grant Subvention System, operators of subvented RCHEs had the flexibility to deploy the subventions and arrange suitable staffing to provide EOL care services in their RCHEs. Starting from 2015-2016, all new contract RCHEs and existing contract RCHEs under new contracts provided EOL care services for elderly residents and their carers. By utilizing the additional resources provided by SWD, contract RCHEs adopted a coordinated and multidisciplinary approach to render professional and systematic holistic care to elderly residents suffering from life-threatening or chronic illnesses and approaching the end of life, as well as support to carers. The services aimed at alleviating the pain and discomfort of the elderly residents, relieving the stress of elderly persons and the carers, as well as helping elderly persons face death in a dignified and peaceful manner. The scope of care included medical and nursing care, psychological and bereavement care, social and family support, spiritual care and death preparation.

#### Review of hospice services

9. Members held the view that Hong Kong lacked a hospice care policy and the existing legal system should be reviewed in terms of respecting the choice of the elderly concerning their death arrangement. They urged the Administration to review the provision of hospice care services as soon as possible in view of the ageing population.

10. The Administration advised that the Food and Health Bureau commissioned the Chinese University of Hong Kong in 2015 to conduct a three-year research study on the quality of healthcare services for the ageing. As part of the study, the research team would review the healthcare services supporting elderly people with chronic diseases, recommend service models

to, among other things, enable elderly to receive care and age in place, as well as recommend changes including legislation if required and measures to foster a community culture to facilitate the implementation of the recommended service models. HA would regularly review the demand for various medical services, including support for elderly patients facing terminal illness, plan for the development of its services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

### **Relevant papers**

11. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
Legislative Council Secretariat  
6 December 2017

Relevant papers on hospice services

Committee	Date of meeting	Paper
Joint Subcommittee on Long-term Care Policy	24 June 2014 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">LC Paper No. CB(2)2037/13-14(01)</a> <a href="#">LC Paper No. CB(2)2084/13-14(01)</a>
Legislative Council	16 March 2016	<a href="#">Official Record of Proceedings</a> (Pages 137 – 140)
Finance Committee	6 April 2017	<a href="#">Administration's replies to members' written questions in examining the Estimates of Expenditure 2017-2018</a> Pages 386-388 and 609-611
Legislative Council	12 April 2017	<a href="#">Official Record of Proceedings</a> (Pages 58 – 65)

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