



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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11 December 2019

Ms Maisie Lam
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms Lam,

**Meeting on 8 November 2019 at Panel on Health Services
Item III: End-of-life care: Legislative proposals on advance directives
and dying in place**

At the meeting of the Legislative Council Panel on Health Services held on 8 November 2019, Members requested the Government to provide supplementary information on the captioned subject. Our response in consultation with the Hospital Authority (“HA”) is set out in the ensuing paragraphs.

Palliative care services

2. To plan and further improve the quality and sustainability of HA’s palliative care service as well as to cope with increasing demand, HA developed in 2017 the “Strategic Service Framework for Palliative Care” to guide the development of palliative care service in the coming five to

ten years. Strategic directions for improving adult and paediatric palliative care were formulated.

3. HA adopts a collaborative approach in the provision of palliative care service for terminally-ill patients and their families. The spectrum of services includes inpatient service, outpatient service, day care service, home care service, bereavement counselling to terminally-ill patients and families, etc. In view of the disease trajectories of terminally-ill patients, HA clinical teams will arrange appropriate palliative care services to the patients according to their clinical needs.

4. Palliative care inpatient services are mainly for terminally-ill patients with severe or complex symptoms and needs. As at 31 December 2018, HA has over 360 palliative care beds. When terminally-ill patients admitted to other specialties develop severe or complex symptoms and face medico-psycho-social needs, cross-specialty palliative care consultative service will be provided by palliative care teams. Since 2018-19, HA has further enhanced palliative care by strengthening palliative care consultative service in hospitals by phases; enhancing palliative care home care service through nurse visits; and strengthening the competency of nursing staff supporting terminally-ill patients beyond palliative care setting through training. Utilisation statistics of HA's palliative care services in the past five years are set out at **Annex I**.

5. Currently, palliative care services are provided by HA in all seven clusters to support terminally-ill patients and their families. At present, more than 40 doctors, 300 nurses and 60 allied health professionals (calculated on a full-time equivalent basis) provide the relevant services.

6. HA will regularly review the demand for various medical services, including palliative care services, 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.

Advance directives signed at HA

7. HA does not have the breakdown by type of diseases of patients who had signed advance directives in 2018. The breakdown by specialties is set out at **Annex II**.

8. The top three specialties with patients that had signed AD are Hospice, Oncology and Medicine. The breakdown by specialties serve as a proxy; as these specialties are providing care for patients with advanced irreversible diseases such as late stage cancer or other end stage diseases (e.g. renal failure, motor neuron disease or chronic obstructive pulmonary disease.).

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Wong Yuen Yue', written in a cursive style.

(Miss Wong Yuen Yue Christina)
for Secretary for Food and Health

Annex I

**Statistics on Utilisation of HA's Palliative Care Services
in the Past Five Years**

	2014-15	2015-16	2016-17	2017-18	2018-19
Number of palliative care inpatient and day inpatient discharges and deaths ^{Note 1}	8 254	7 970	7 968	8 176	8 487
Number of palliative care specialist outpatient (clinical) attendances ^{Note 1,2}	9 449	12 499	13 364	13 372	12 645
Number of palliative care home visits by staff ^{Note 3}	33 199	34 311	40 121	37 925	44 082
Number of palliative care day attendances	12 275	12 231	12 519	12 631	12 201
Number of palliative care bereavement interviews by staff	3 034	3 436	4 192	3 918	3 610

Note:

1. The above figures only include palliative care inpatient and outpatient services that are captured by the designated coding in the computer system.
2. Since 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting.
3. Data definition has been refined since April 2016 to better reflect the workload. Therefore, the statistics before and after April 2016 are not directly comparable.

Annex II

**HA's patients who had signed advance directives (with a refusal to cardiopulmonary resuscitation) in 2018
(Break down by Referral Specialty)**

Specialty	Number of AD signed (by specialty)
Hospice	704
Oncology	435
Medicine	389
Surgery	15
Ear, Nose, Throat	5
Orthopaedics	2
Rehabilitation	2
Gynaecology	2
High Dependence Unit	1
Others ^{Note}	2
Total number of AD signed in HA	1 557

Note:

Other specialties include Anaesthesiology, Skin (managed by Department of Health), Accident and Emergency observation beds, custodial ward and private/special accommodation ward that are not under any individual specialties, etc.