Aligning Efforts and Bridging Gaps: Building Capacity for End-of-Life Care

Report Highlights

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Jockey Club End-of-Life Community Care Project
Capacity Building and Education Programmes on End-of-Life Care

Major Components

- Capacity building for healthcare professionals
- Public education

- Development of resources
- Academic research

Timeline and Coverage

- Phase I (2016-2018): NTEC
- Phase II (2019-2021): NTEC
- Phase III (2022-2025): NTEC + HKWC + HKEC
- Phase IV (2026-2027): All HA clusters

Project Deliverables

Doctors
5,135
participants
(124 sessions)

Nurses
10,470
participants
(274 sessions)

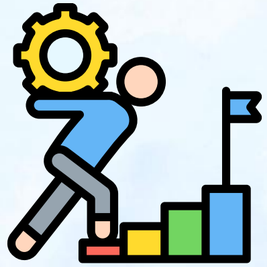
Allied health professionals
5,625
participants
(148 sessions)

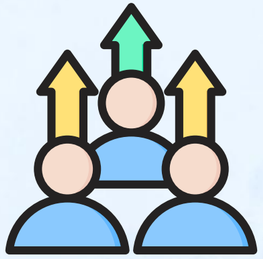
Public
>30,000
participants
(>240 sessions)

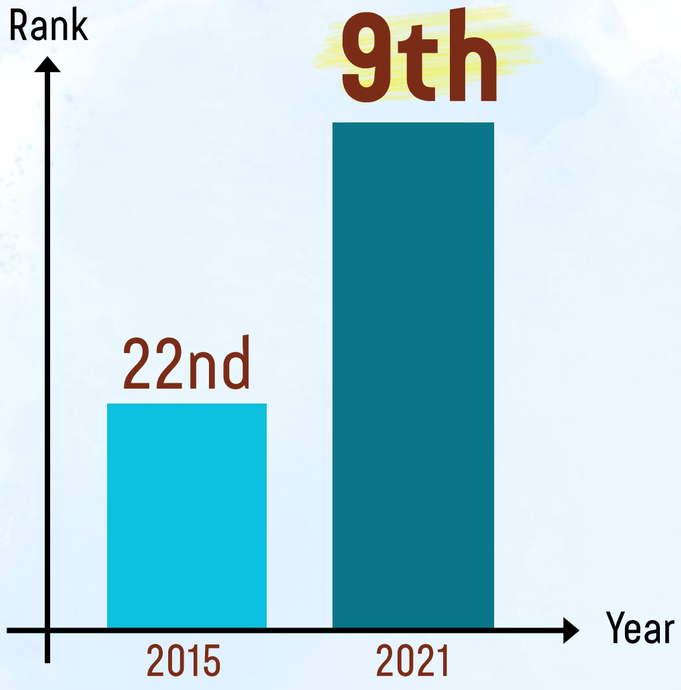
Publications
>60,000
printed copies distributed

Videos
>600,000
views

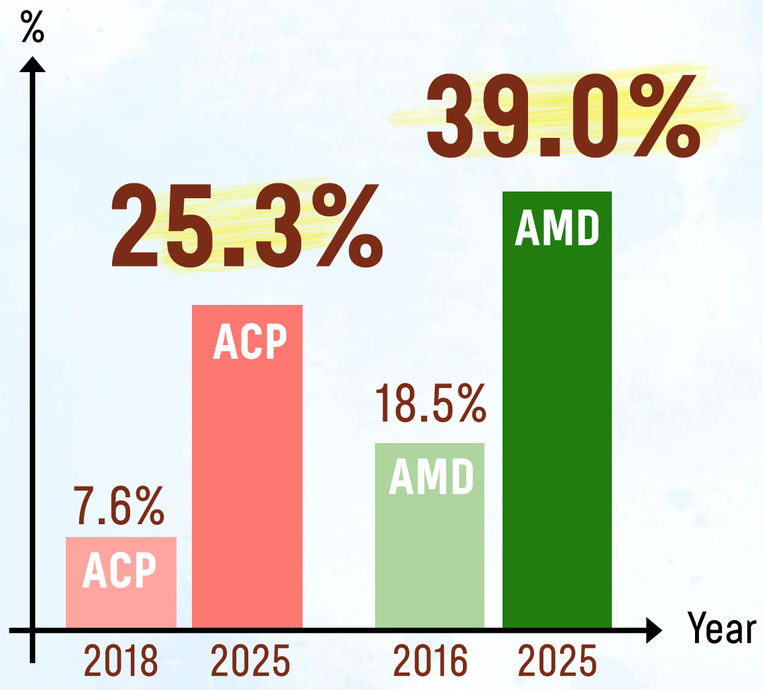
Project Impact



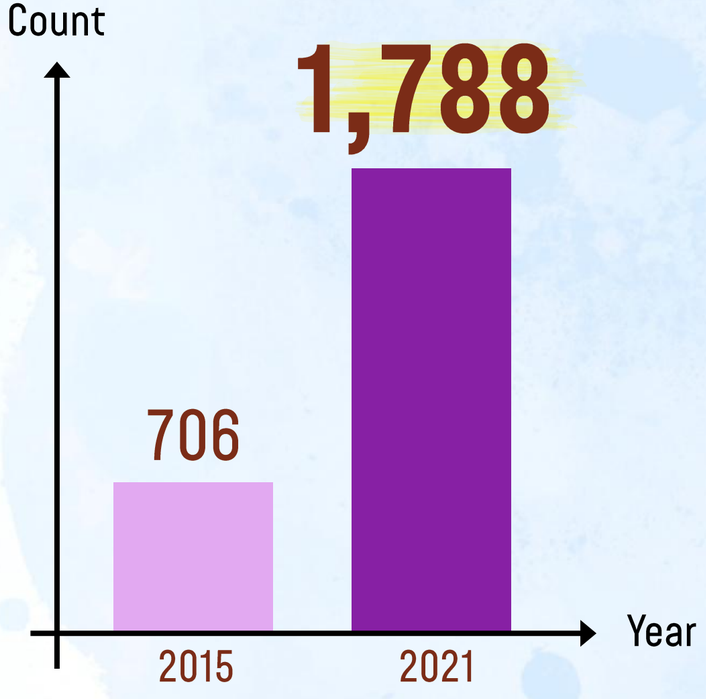




The quality of death index



People who have heard of ACP and AMD



Number of ADs completed in HA

End-of-Life Care in Hong Kong: The Past Era

- Palliative care was primarily provided to only cancer patients. (CADENZA, 2010; Lam, 2019)
- The ranking in the quality of death index was poor, i.e., 20th in 2010 and 22nd in 2015. (The Economist, 2010, 2015)
- Discussion and planning on EOL issues were rare in Hong Kong. (Chan, Tin, Chan, Chan, & Tang, 2010)
- People were not interested in receiving information related to EOL care. (Mjelde-Mossey & Chan, 2007)
- People relied on the authorities to make decisions for them. (Chan & Pang, 2007)
- People had not heard of AD, and the AD completion rate was low. (Chung et al., 2017; Chan et al., 2019)

End-of-Life Care in Hong Kong: The Current Landscape

- Provision of EOL care has now been extended to non-cancer patients. (GovHK, 2016)
- The ranking in the quality of death index has been improved, i.e., 9th in 2021. (Finkelstein et al., 2022)
- Death is no longer a taboo topic. (JCECC, 2023)
- Public acceptance of ACP and AD is high. (JCECC, 2023)
- The number of ADs completed in HA has increased more than tenfold. (JCECC, 2025)
- People become willing and motivated to discuss EOL issues. (IOA, 2018, 2021, 2025)
- The statutory framework for LSTs (i.e., AMD and DNACPR) has been established in 2024. (GovHK, 2024)

Overview of the Programme

- The CUHK IOA commenced the Capacity Building and Education Programmes on End-of-Life Care (the Programme) in 2016 as part of the JCECC project.
- The 10-year Programme was structured into three phases, which was implemented and continuously refined following the plan-do-study-act quality improvement cycle. (Woo, 2019)
- The Programme contributed to the advancement of EOL care in Hong Kong by:
  - Advocating critical yet often overlooked values in EOL care
  - Building capacity for healthcare professionals
  - Raising public knowledge and awareness
  - Documenting practical insights as generated by research, evaluations, and observations

Core Values and Philosophy

- EOL care is an integral part of medical care, which cannot be compromised regardless of operational constraints.
- EOL care should be delivered using a team approach. Healthcare professionals from different backgrounds (i.e., not limited to palliative medicine or geriatrics specialists) should get involved.
- People should not only plan for EOL care in advance, but also document and articulate their preferences.
- ACP represents a holistic communication process, which should not be mixed up with AMD or simply treated as a tick-box exercise.

Capacity Building Efforts

- Target: doctors, nurses, allied health professionals, social workers, NGO staffs, prospective professionals (e.g., medical and social work students), etc.
- Key objectives:
  - Provide training on practical skills, especially communication skills
  - Nurture a cure-oriented and patient-centred mindset
  - Enhance confidence and motivation in conducting ACP and EOL conversations
- Modality: role-play simulation exercises, interactive workshops, lectures and seminars, symposia, online courses, self-learning resources, etc.
- Programme outputs:
  - >500 training sessions delivered to >20,000 participants
  - Establishment of a sustainable online learning platform

Public Education Efforts

- Target: general public, caregivers and family members of patients, community-dwelling older people and RCHE residents
- Key objectives:
  - Raise knowledge and awareness in EOL care, especially the concept of ACP
  - Encourage and enable early EOL planning
  - Facilitate the documentation and communication of EOL preferences
- Modality: interactive workshops, experiential activities, multimedia campaign, talks and information sessions, self-learning resources, etc.
- Programme outputs:
  - >240 promotional and educational sessions delivered to >30,000 individuals
  - Social media outreach (e.g., >350,000 views on YouTube)

Highlighted Public Education Activity: ACP Family Session

- Originated from a collaboration with TPH in 2020
- Adapted to SH as a regularized activity in 2021 (held approximately bimonthly)
- Target: caregivers or family members of patients in the infirmary or M&G ward of SH
- Modality: small-group discussion sessions that last for 2.5 hours
- Special features:
  - Participants were provided with more in-depth explanations about LSTs.
  - Participants were encouraged to share their feelings and experiences, as well as to provide mutual support.
  - Therapeutic benefits were obtained by allowing participants to channel their emotions.
  - Practical tips and recommendations were given according to the obstacles faced by participants.
  - Individual follow-up meetings were arranged, if appropriate, to facilitate EOL conversations and ACP.
- Serve as a reference service model in the public hospital setting

Educational Resources

- A great variety of publications and videos were produced and disseminated to complement the capacity building and public education activities.
- All resources can serve as valuable references and self-learning materials, especially for healthcare professionals who do not have sufficient time to attend training.
- Featured publications:
  - The “ACP Handbook” (>17,000 printed copies) guides the public to document their EOL preferences and helps healthcare professionals initiate EOL conversations with their clients.
  - The “Ethics Casebook” (>7,000 printed copies) compiles expert commentaries to help healthcare professionals understand how to resolve ethical dilemmas commonly encountered in EOL care.

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ACP handbook

Ethics Casebook

List of major publications and educational videos

IOA website and other resources

Synthesis of Insights and Wisdom

- Pragmatic studies were conducted to explore the following themes:
  - Barriers and enablers of ACP (Cheung et al., 2020)
  - Service gaps in EOL care (Chan, Lee, & Woo, 2020)
  - Readiness and competencies of healthcare professionals (Cheung et al., 2018)
  - Socioeconomic determinants of EOL care (Chung et al., 2024)
  - Effectiveness and user experiences of the CGAT initiative at AHNH (Chan, Lee, et al., 2025)
  - Effectiveness and user experiences of the ACP service model at SH (Chan, Lam, et al., 2025)
  - ACP for demented patients (Chan & Woo, 2025)
- All studies were published in academic journals. Some were also presented in various international conferences for global outreach.
- Numerous real-life case scenarios, which are of significant reference value for future practice, were documented throughout the Programme. Some of them were converted into educational videos, whereas some others were used as the source material for the “Ethics Casebook.”

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List of selected academic publications

Synthesis of Insights and Wisdom

- The values and philosophy, historical origin and development, implementation details, and evaluation results of the Programme were documented in a series of summary reports. (IOA, 2018, 2021, 2025)
- The summary reports offer critical insights into what has been done, and what remains to be done, regarding the advancement of EOL care in Hong Kong. This effort aspires to provide a reference for service planning, keep future development on the right track, and help avoid "reinventing the wheel."
- In addition to reporting key metrics and deliverables, the summary reports also contain invaluable observations recorded during the Programme activities, as well as through interactions with frontline practitioners and end users of EOL care services.

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Summary reports

Synthesis of Insights and Wisdom

- Key learnings from these observations include:
  - The public is starting to recognize the benefits of early EOL planning. Even among the younger and healthier cohorts, many are eager to sign an AMD or document their EOL preferences.
  - The public has significant concerns about the criteria for the validity of AMD. For instance, it remains unclear how to handle an unverifiable verbal revocation.
  - Incorporating ACP and EOL conversations into routine clinical practice can help prevent last-minute decision-making and reduce complaints from patients and family members, which are sometimes reported in death audits and departmental meetings.
- Healthcare professionals are uncertain about how to identify prioritized targets for ACP and when to initiate EOL conversations. The HARRPE score, which is a readily available metric, presents a viable and potential solution to this issue.

Thank you very much!