

From a doctor's perspective, Professor Jean Woo believes that communication is of utmost importance in end-of-life care

When we are young and healthy, we have control over our lives. We can choose our jobs, partners, and where we live, creating an ideal life for ourselves. But when we reach old age and experience physical and mental decline, can we still make the best decisions for our own lives, especially at the end of life? Professor Jean Woo, the Director of The CUHK Jockey Club Institute of Ageing, shared the practical situation of discussions on end-of-life care among healthcare professionals and patients.

Professor Woo graduated from the University of Cambridge in the UK and is a pioneer in the field of geriatrics. She has been involved in the development of geriatric services at the New Territories East Cluster of Hospitals, establishing a day hospital for the elderly in 1985. Additionally, she served as the Chief of Service of the Department of Medicine and Geriatrics at the Shatin Hospital from 1993 to 2012. Over the past forty years, she has gained extensive practical experience in healthcare and witnessed the needs of many patients and their families.

Healthcare professionals' avoidance becomes a barrier to discussing "Advance Care Planning"

Professor Woo pointed out that in reality, there are still healthcare professionals in hospitals who avoid discussing end-of-life care. Due to their heavy workload, they lack the time and space to have conversations with patients and their families, making it difficult to initiate discussions on Advance Care Planning (ACP). She shared an example of a patient's complaint, saying, "I know that my condition is not curable, but why do doctors not even look at me during their rounds and just focus on my medical records?" Professor Woo emphasized that the public is highly receptive to ACP discussions and has a good understanding of it. However, doctors are occupied with urgent surgeries and daily consultations, rarely proactively discussing the prognosis and explaining end-stage treatment options to patients. Nurses also hesitate to cross the line and directly initiate complex conversations with patients.

In addition to public hospitals, nursing homes also face similar challenges. According to a [2023 study by the Faculty of Medicine, The Chinese University of Hong Kong](#), approximately 70% of elderly residents in nursing homes have dementia. As residents gradually lose their ability to communicate, discussing ACP becomes a significant challenge, and staff in nursing homes often do not participate in their medical decisions.

Effective communication is crucial, but how do we start?

Since 2016, Professor Woo has been leading the "Jockey Club End-of-Life Community Care Project – Capacity Building and Education Programmes on End-of-Life Care" in collaboration with the Hospital Authority. Over 20,000 healthcare professionals and social workers have received training to deepen their understanding of end-of-life care and enhance their abilities in this area. The project focuses on role-playing and group discussions to help participants grasp effective communication techniques with patients

and their families. The project team has also produced a series of instructional videos, such as [“Breaking Bad News with Patients’ Family Members,”](#) [“How to Start EOL Conversations with Patients and Relatives,”](#) and [“Disagreements over Timing for Advance Care Planning.”](#) These videos provide different perspectives on the communication process in end-of-life care and serve as a reference for healthcare professionals. Additionally, the project aims to educate patients, families, and the general public on how to confront death, thereby fostering a more supportive environment for end-of-life care services in Hong Kong.

In 2021, the institute published a report titled [“LIVE FREE DIE WELL: Building Capacity for End-of-Life Care in Hong Kong,”](#) which summarizes the achievements and outcomes of the project. Through making observations in the public education activities regularly conducted in hospitals, it was found that the general public is generally receptive to discussing end-of-life care. They not only express a willingness to deepen their understanding but also believe that ACP should be initiated with their families at an earlier stage. However, they may not necessarily be able to find suitable healthcare professionals to have these discussions, and they sometimes feel confused due to differing terminologies and opinions among doctors from different departments. Healthcare professionals need to improve their communication skills, ensure that patients and their families receive adequate support, and initiate discussions with them early on instead of waiting until the last moment.

Professor Woo emphasized, “You cannot set the instructions at the last moment of your life! You need to prepare for it as soon as possible.” Furthermore, healthcare professionals should understand that initiating discussions on end-of-life care is not solely the responsibility of geriatric or palliative care specialists. On the contrary, members from different disciplines within the healthcare team should be able to discuss this topic.

The law on “Advance Medical Directive” will be enacted, requiring cooperation from various parties

Regarding the promotion of Advance Medical Directive (AMD), Professor Woo believes that capacity building for healthcare professionals is essential. “It’s not just a tick box exercise where everyone fills out a form. It should be a patient-centred discussion,” she said.

The government recently published the “Advance Decision on Life-sustaining Treatment Bill” in the Gazette, providing a legal framework for AMD and exploring the use of electronic systems for signing and recording AMDs. While legislative work is in progress, there are still doubts and questions from patients and their families. Many are seeking information from relevant service units. Professor Woo reminded us that besides the mindset change of healthcare professionals, coordination from hospital administration and the service delivery framework is equally important. Only through these measures can the quality of life for end-stage patients be improved.

安寧 照顧

的重要性

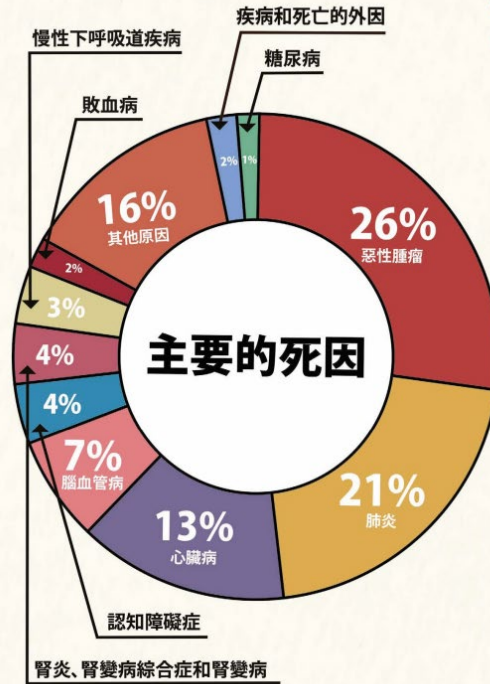
根據衛生署衛生防護中心的統計數字¹，超過47,000人於2018年死亡，其中65歲及以上人士佔多於80%。

>主要的死因包括：

惡性腫瘤	26%	腎炎、腎變病 綜合症和腎變病	4%
肺炎	21%	認知障礙症	4%
心臟病	13%	慢性下呼吸道疾病	3%
其他原因	16%	敗血病	2%
腦血管病	7%	疾病和死亡的外因	2%
		糖尿病	1%

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*由於四捨五入關係，以上百分比總和不等於100



準備人生最後一程

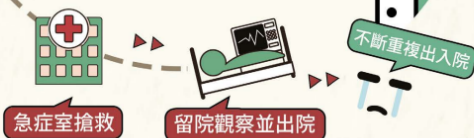
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壽命延長 不等於 享有 生活質素



根據衛生署衛生防護中心2018年的統計數字，香港女性的平均預期壽命為87.7歲，男性則為82.3歲²。然而，雖然香港人普遍長壽，但卻不代表其晚期生活質素必定良好。根據過往數據，病人在臨終前半年平均須入院3次，住院約28日。住在安老院舍的長者，更常因肺炎、發燒及進食不足等狀況，須要經常進出醫院³。

居於家中或安老院的重病者，如身體出現危急狀況，通常會經由救護車送往急症室，當中可能須要接受心肺復甦術、喉管餵飼及靜脈注射等較為令人感到不適的急性治療。病者或許須要折騰一段時間，待情況穩定後才可送往醫院病房³。



End-of-Life Care

當病人被診斷患有不能治癒的疾病，而且只餘下數月的預期壽命時，便代表其病情已經步入晚期。安寧照顧泛指對此類病人直至生命終結前的照料和護理。當中，病人會接受紓緩治療和寧養照顧等不同的安寧服務。

世界各地不同的護理專業，對於安寧服務性質的定義皆略有不同，因此亦衍生了各式各樣的醫學名詞，容易令人產生混淆。一般而言，安寧照顧(End-of-Life Care)、紓緩治療(Palliative Care)⁴和寧養照顧(Hospice Care)⁴是這個範疇較常見的名稱，但三者各自的涵蓋範圍與側重點並非完全相同。





紓緩治療

Palliative Care

紓緩治療指由專業團隊為病人提供症狀紓緩，以及結合了身、心、社、靈的全人照顧，同時亦延伸至對病人家屬的喪親支援。紓緩治療旨在紓緩病人的痛楚及不適，因此適用於不同疾病的種類和階段，亦可配合治療性療法。相關服務包括住院服務、門診和日間寧養服務、家居寧養及哀傷輔導。

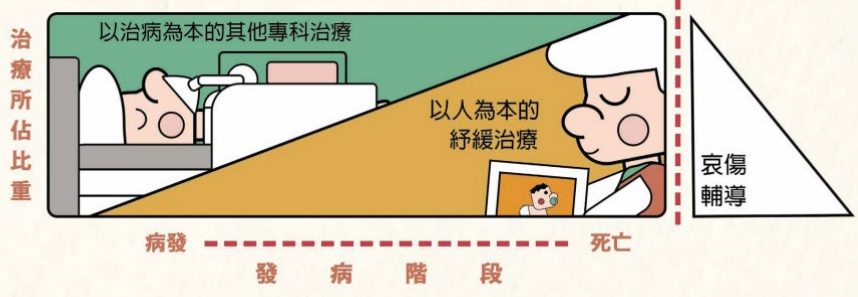


寧養照顧

Hospice Care

寧養照顧相等於臨終關懷，主要針對的對象為臨終病人，因此其定義較為狹隘。寧養照顧旨在提升病人於臨終前的生活質素，專注於疼痛控制與心靈上的照顧，並常與紓緩治療配合進行。香港現時有隸屬政府、志願團體和私營醫療機構的寧養中心。

紓緩治療在病人的應用⁵



預早計劃



五福臨門

相信大部分人都聽說過「五福臨門」，但不少人卻往往忽略了當中的第五福——「善終」。

「善終」指的是人們在生命將要完結時，心裏沒有牽掛、煩惱和遺憾，能安詳而且自在地離開這世界。



趁精神能力許可時，應儘早認識晚期照顧和治療的選擇，表達自己的意願，讓自己能舒適無憾地渡過人生末段，達致「善終」。

人生的最後一程，在我們仍然健康時已可以開始準備。我們可與家人一起討論以下話題，循序漸進，並因應自己的心理狀況和認為重要的事項，來調整內容的深入程度和討論的先後次序。

