

LCQ6: Terminally ill patients

Following is a question by Dr the Hon Fernando Cheung and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 29):

Question:

Regarding the provision of palliative care to terminally ill patients, as well as their giving advance directives and seeking euthanasia, will the Government inform this Council if it knows:

(1) the details of the palliative care provided by public hospitals in each of the past five years, including the number of hospital beds, the attendance of the service, the manpower of healthcare workers and social workers involved, as well as the support received by the patients and their family members; whether the Hospital Authority conducted last year any study on improving this type of service;

(2) the number of public hospital patients making enquiries about advance directives in each of the past five years; whether the Government has drawn up a legislative timetable in respect of advance directives; and

(3) the number of public hospital patients seeking euthanasia in each of the past five years, with a breakdown by the disease suffered by the patients and the age group to which they belonged; whether the Government will study enacting legislation to permit the administration of euthanasia?

Reply:

President,

Hong Kong is facing an ageing population and rising prevalence of chronic and complicated diseases. A holistic approach in the provision of healthcare services, therefore, should become more and more important. Such an approach gives terminally ill patients a greater degree of autonomy to manage their own health as well as the full respect they deserve. In this context, the Government recognises the need to promote the development of services for the elderly, particularly to strengthen palliative care services for persons facing terminal illness.

Currently, palliative care services in Hong Kong are mainly provided by the Hospital Authority (HA) led by palliative care specialists, under the specialties of Medicine and Oncology. In the past, palliative care services of the HA focused mainly on the care of advanced cancer patients. In the last decade, palliative care services have been gradually extended to cover patients with other diseases, such as patients suffering from end-stage organ failure.

To allow terminally ill patients more options of their own treatment and care arrangements, the Government will consult the public in the second half of 2019 on arrangements of advance directives (ADs) and relevant end-of-life care.

My reply to the various parts of the question raised by Dr the Hon Fernando Cheung is as follows:

(1) With the aim to provide holistic care for patients, the HA has been providing palliative care services with a comprehensive service model for terminally ill patients and their families through a multi-disciplinary team of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists and occupational therapists, etc. Palliative care services provided by the HA include inpatient, outpatient, day care and home care services and bereavement services, etc.

Currently, palliative care services are provided by the 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.

Palliative care inpatient services are mainly for terminally ill patients with severe or complex symptoms and needs. As at December 31, 2018, the HA has over 360 palliative care beds. Besides, if necessary, some terminally ill patients admitted to other specialties who are in need of palliative care services can also receive treatment from the palliative care teams.

Statistics on utilisation of palliative care services in the past five years are at Annex.

To plan and further improve the quality and sustainability of HA's palliative care services as well as to cope with increasing demand, the HA has developed the "Strategic Service Framework for Palliative Care" in 2017 to guide the development of palliative care services in the coming five to 10 years and formulate strategic directions for improving adult and paediatric palliative care.

In fact, since 2018-19, the HA has further enhanced palliative care services provided by the multi-disciplinary team, including strengthening palliative care consultative service in hospitals, enhancing palliative care home care service and strengthening end-of-life care for elderly patients in residential care homes for the elderly as well as strengthening the competency of nursing staff supporting terminally ill patients beyond palliative care setting through training. The HA will regularly review the demand for various medical services (including palliative care services) and plan for the development of its services according 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.

(2) The Government consulted the public on matters relating to the

introduction of the concept of ADs in Hong Kong in 2009. Most of the submissions showed no objection to introducing the concept of ADs by non-legislative means in Hong Kong. The HA formulated a guideline together with standardised form on ADs in July 2010. Since August 2012, the Clinical Management System has marked the ADs witnessed by HA's doctors as a reminder to assist clinical communication. A total of 5 561 ADs have been signed by HA's patients since August 2012. However, the HA does not maintain statistics regarding patients making enquiries on ADs in public hospital.

As mentioned above, the Government will consult the public in the second half of 2019 on arrangements of ADs and relevant end-of-life care. We will study the way forward for ADs in accordance with the results of the consultation.

(3) ADs and euthanasia are not the same. The purpose of ADs is to state explicitly the specific situation where patients can refuse life-sustaining treatment when they are no longer capable to make decision during end-of-life, whereas under the Code of Professional Conduct of the Medical Council of Hong Kong, euthanasia is defined as "direct intentional killing of a person as part of the medical care being offered".

Euthanasia involves a third party's acts of intentional killing, manslaughter, or aiding, abetting, counselling or procuring the suicide of another, or an attempt by another to commit suicide, which are unlawful acts according to the laws of Hong Kong, possibly liable to criminal offence(s) under Offences against the Person Ordinance (Cap. 212).

Euthanasia is a highly complex and controversial issue involving implications on various dimensions, such as medical, social, moral, ethical and legal aspects. Any subject matters concerning life must be treated with care and caution. The Code has made it clear that euthanasia is "illegal and unethical". The Government currently has no plans to carry out any studies or consultations on the issue of legalising euthanasia. The HA also does not maintain statistics regarding patients in public hospital wishing for euthanasia.