

# Gazettal of Advance Decision on Life-sustaining Treatment Bill, Coroners Ordinance (Amendment of Schedule 1) Notice 2023 and Births and Deaths Registration Ordinance (Amendment of Second Schedule) Notice 2023

The Government published in the Gazette today (November 24) the Advance Decision on Life-sustaining Treatment Bill, and will gazette the Coroners Ordinance (Amendment of Schedule 1) Notice 2023 (Cap. 504 Notice) and the Births and Deaths Registration Ordinance (Amendment of Second Schedule) Notice 2023 (Cap. 174 Notice) on December 1.

Advance medical directives (AMDs), do-not-attempt cardiopulmonary resuscitation (DNACPR) orders and dying in place are all important policy measures to honour patients' decisions and enhance patients' quality of life during their final days. The Bill and the relevant legislative amendments seek to set the relevant legislative framework for safeguarding the patients, medical professionals and rescuers, as well as facilitating the choice of dying in place for terminally ill patients in residential care homes (RCHs).

## Advance medical directives

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The Bill will specify that any person aged 18 or above and who is mentally capable of deciding on a life-sustaining treatment may make an AMD. Upon meeting the specified precondition of the instruction stated in the AMD, no medical professionals can perform any life-sustaining treatment specified in the instructions at the time the person concerned is mentally incapable of deciding on a life-sustaining treatment.

The making of an AMD will adhere to the principle of "cautious making, easy revoking". No less than two witnesses who must satisfy certain conditions (including, to the best of his/her knowledge, not being a beneficiary of the maker's estate, etc) should be in attendance when an AMD is made, with one of the witnesses being a registered medical practitioner (RMP). That RMP should be satisfied that the maker, when signing on the AMD, is mentally capable of deciding on a life-sustaining treatment and has been informed of the nature of the AMD and the effect on oneself upon following each of the instructions therein. The AMD must be made in writing. A scanned and digitalised copy of the paper form AMD can be stored in a designated electronic system as a proof of validity of instructions in the AMD. The Health Bureau (HHB) is also exploring the feasibility of enabling the making of AMD direct in digital form. With regard to revocation, as long as an AMD

maker is mentally capable of deciding on a life-sustaining treatment, he or she can revoke the AMD at any time by verbal/written means or destroying the AMD.

A spokesman for the HHB emphasised, "AMDs and euthanasia are two distinct concepts. An AMD allows withdrawal or withholding of life-sustaining treatment for terminally ill patients in specified situations. Nevertheless, AMD makers cannot refuse basic/palliative care or request the administration or prescription of a substance to end their life through an AMD."

#### Do-not-attempt cardiopulmonary resuscitation orders

As defined in the Bill, a DNACPR order is an instrument that directs not to perform cardiopulmonary resuscitation (CPR) on a person suffering from cardiopulmonary arrest (person-in-arrest). That order must be made by two RMPs (one of whom must be a specialist) in writing by using a physical statutory form as specified in the legislation. Similar to the proposed arrangements for AMDs, a DNACPR order can be revoked upon certain acts of the maker (such as destroying the order) when he or she is mentally capable of deciding on a life-sustaining treatment.

Having considered that medical professionals and rescuers may often need to make split-second decisions especially during rescue operations, and under the principle of "if in doubt, save life first", the Bill will safeguard the medical professionals and rescuers (including lay rescuers), such that they will be protected from any legal liability for whether they have subjected a patient to a life-sustaining treatment or not when specified conditions are met.

The spokesman said, "Upon the passage of the Bill, adequate time will be allowed for medical institutions, relevant policy bureaux and departments and other related organisations to update protocols, records and systems, and provide training to their staff before the Bill takes effect. We will at the same time enhance education to the general public, and engage the healthcare profession and community CPR training organisations to promote the new legislation."

#### Dying in Place

Furthermore, to facilitate the choice of dying in place for terminally ill patients in RCHs, the Government suggests amending the relevant provisions in the Coroners Ordinance (Cap. 504) and the Births and Deaths Registration Ordinance (Cap. 174). Upon amendment, if a resident who passed away in an RCH was diagnosed as having a terminal illness when he or she was alive and was attended to by an RMP within 14 days before passing away, and his or her certificate of cause of death states that he or she died of a natural cause, such a death case will no longer be considered as a reportable death to the Coroners Court.

The Bill will be introduced into the Legislative Council (LegCo) for first reading and second reading on December 6, whereas the Cap. 504 Notice and the Cap. 174 Notice will be introduced into the LegCo for negative vetting on the same day.

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## Grading of beach water quality released

The Environmental Protection Department (EPD) today (November 24) released the latest grading of water quality for nine gazetted beaches that are open for swimming in November.

Six beaches were rated as Good (Grade 1) and three as Fair (Grade 2).

Grade 1 beaches are:

|                              |                    |
|------------------------------|--------------------|
| Big Wave Bay Beach           | Middle Bay Beach   |
| Clear Water Bay Second Beach | Repulse Bay Beach  |
| Golden Beach                 | St Stephen's Beach |

Grade 2 beaches are:

|                       |                    |
|-----------------------|--------------------|
| Deep Water Bay Beach  | Silverstrand Beach |
| Silver Mine Bay Beach |                    |

Compared with the grading released last week, Big Wave Bay Beach has been upgraded from Grade 2 to Grade 1.

Under the present grading system, beaches are classified into four grades, namely Good (Grade 1), Fair (Grade 2), Poor (Grade 3) and Very Poor (Grade 4), according to the level of E. coli in the water. Grades are calculated on the basis of the geometric mean of the E. coli counts on the five most recent sampling occasions.

While the ratings represent the general water quality at the beaches, an EPD spokesman reminded members of the public that water quality could be temporarily affected during and after periods of heavy rain. Bathers should avoid swimming at beaches for up to three days after a tropical cyclone or heavy rainfall.

A summary of beach grades is published weekly before the weekend. The latest beach grades based on the most current data may be obtained from the

EPD's website on Beach Water Quality ([www.epd.gov.hk/epd/beach](http://www.epd.gov.hk/epd/beach)) or the beach hotline, 2511 6666. Members of the public can also obtain the latest daily water quality forecast information for all beaches that are open for swimming through the Beach Water Quality Forecast mobile application (available for download from: [www.epd.gov.hk/en/BWQApp](http://www.epd.gov.hk/en/BWQApp)) or the dedicated beach water quality forecast page ([www.epd.gov.hk/en/BWQForecast](http://www.epd.gov.hk/en/BWQForecast)) on the EPD's beach thematic website.

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## **Hospital Authority releases Medication Safety Bulletin**

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) published the biannual issue of Medication Safety Bulletin (MSB) today (November 24). This issue highlights the updated HA guidelines regarding medication safety in 2023 and new measures to enhance the safe use of allopurinol. It also introduces the potential adverse effects caused by psychiatric drug Clozapine and suggests a future direction for enhancing medication safety.

In addition, this latest issue shares the New Territories East Cluster's experience in designing a mobile application that functions as a portable reference for Total Parenteral Nutrition drug orders for patients with swallowing difficulties and helps reduce the risks associated with calculations.

The publication has already been posted on the HA homepage for sharing with healthcare staff. Members of the public are also welcome to browse its content at the following link: [www.ha.org.hk/msb](http://www.ha.org.hk/msb). MSB is published every six months, in the last week of May and November. The next issue will be published on May 31, 2024.

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## **Inspection of aquatic products imported from Japan**

In response to the Japanese Government's plan to discharge nuclear-contaminated water at the Fukushima Nuclear Power Station, the Director of Food and Environmental Hygiene issued a Food Safety Order which prohibits all aquatic products, sea salt and seaweeds originating from the 10

metropolis/prefectures, namely Tokyo, Fukushima, Ibaraki, Miyagi, Chiba, Gunma, Tochigi, Niigata, Nagano and Saitama, from being imported into and supplied in Hong Kong.

For other Japanese aquatic products, sea salt, and seaweeds that are not prohibited from being imported into Hong Kong, the Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department will conduct comprehensive radiological tests to verify that the radiation levels of these products do not exceed the guideline levels before they are allowed to be supplied in the market.

As the discharge of nuclear-contaminated water is unprecedented and will continue for 30 years or more, the Government will closely monitor and step up the testing arrangements. Should anomalies be detected, the Government does not preclude further tightening the scope of the import ban.

From noon on November 23 to noon today (November 24), the CFS conducted tests on the radiological levels of 123 food samples imported from Japan, which were of the "aquatic and related products, seaweeds and sea salt" category. No sample was found to have exceeded the safety limit. Details can be found on the CFS's thematic website titled "Control Measures on Foods Imported from Japan"

([www.cfs.gov.hk/english/programme/programme\\_rafs/programme\\_rafs\\_fc\\_01\\_30\\_Nuclear\\_Event\\_and\\_Food\\_Safety.html](http://www.cfs.gov.hk/english/programme/programme_rafs/programme_rafs_fc_01_30_Nuclear_Event_and_Food_Safety.html)).

In parallel, the Agriculture, Fisheries and Conservation Department (AFCD) has also tested 50 samples of local catch for radiological levels. All the samples passed the tests. Details can be found on the AFCD's website ([www.afcd.gov.hk/english/fisheries/Radiological\\_testing/Radiological\\_Test.html](http://www.afcd.gov.hk/english/fisheries/Radiological_testing/Radiological_Test.html)).

The Hong Kong Observatory (HKO) has also enhanced the environmental monitoring of the local waters. No anomaly has been detected so far. For details, please refer to the HKO's website ([www.hko.gov.hk/en/radiation/monitoring/seawater.html](http://www.hko.gov.hk/en/radiation/monitoring/seawater.html)).

From August 24 to noon today, the CFS and the AFCD have conducted tests on the radiological levels of 16 195 samples of food imported from Japan (including 10 755 samples of aquatic and related products, seaweeds and sea salt) and 4 562 samples of local catch respectively. All the samples passed the tests.

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## **Cluster of Rhinovirus/Enterovirus cases in Pamela Youde Nethersole**

# Eastern Hospital

The following is issued on behalf of the Hospital Authority.

The spokesperson for Pamela Youde Nethersole Eastern Hospital made the following announcement today (November 24):

Three male patients (aged 19 to 65) in a psychiatry ward have been presenting with fever or respiratory symptoms since November 18. Appropriate viral tests had been arranged for the patients and their test results were positive for Rhinovirus/Enterovirus. The three patients are currently being treated in isolation and are in stable condition.

Enhanced infection control measures have already been adopted according to prevailing guidelines. Droplet and contact precautions, hand hygiene, cleaning and disinfection of the environment and equipment have also been strengthened.

The hospital will continue to closely monitor the situation in the ward concerned. The cases have been reported to the Hospital Authority Head Office and the Centre for Health Protection for follow-up.