Asia Pacific Regional Conference in End-of-Life and Palliative Care in Long Term Care Settings

Feasibility of Implementing Advance Directive in Hong Kong Chinese Elderly People

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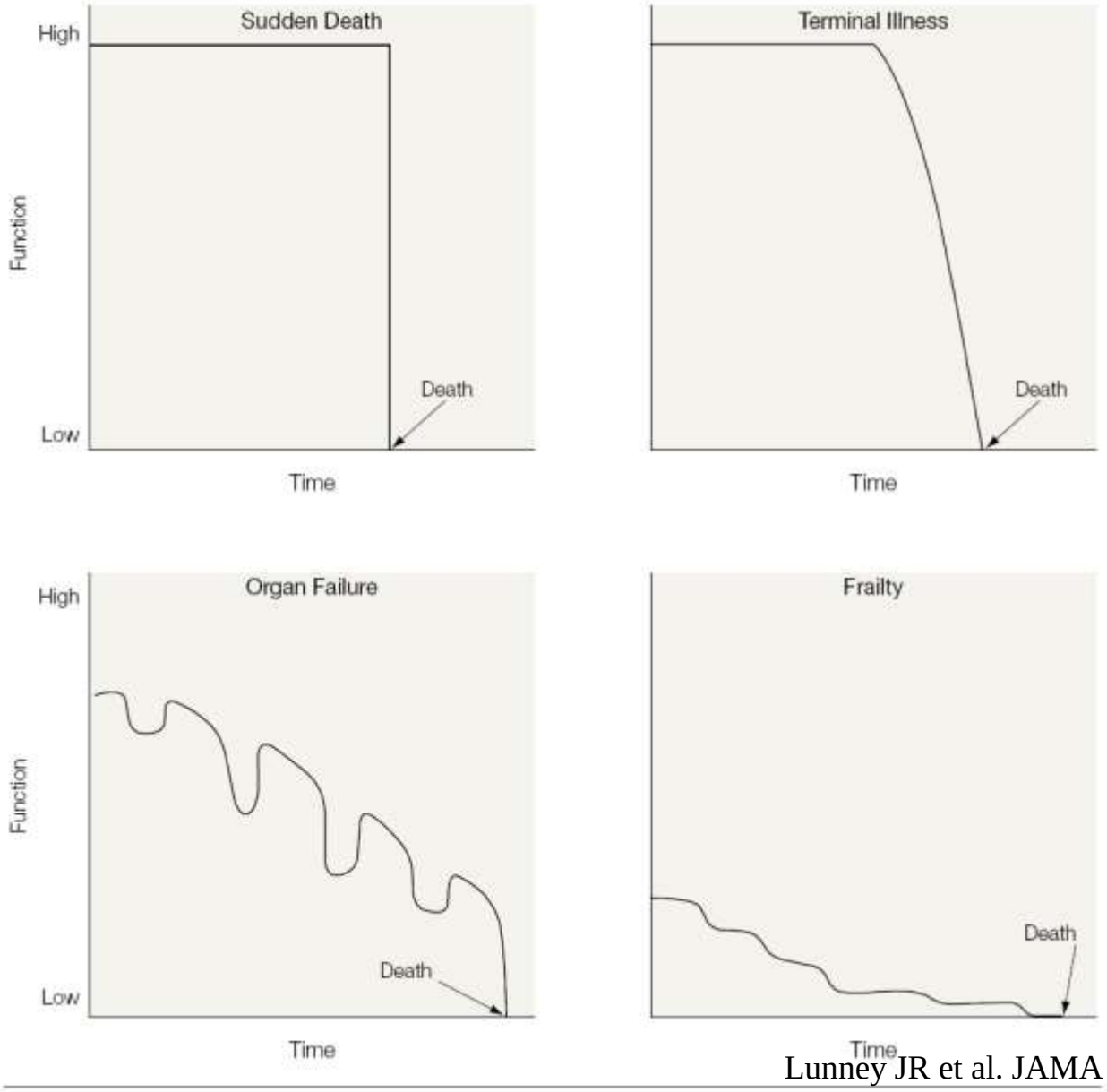
Introduction

- AD is commonly used in selected patients as part of ACP in advanced incurable illnesses.
- AD/ ACP is part of the full spectrum of palliative care for patients with terminal illnesses.
- Geriatric patients belong a group of frail elderly with multiple comorbidities. Though they may not have “terminal illnesses”, they are at risk of sudden deterioration and becoming mentally incompetent.

Theoretical Trajectories of Dying

Figure 1. Theoretical Trajectories of Dying



Lunney JR et al. JAMA 2003; 289:2387-2392

Advance Directive: Advance refusal of life sustaining treatment

To Patient

- Avoid prolongation of suffering & dying
- Human dignity & autonomy respected

To Family

- Feel less burdened by decision making
- Less anxiety, depression, and post-traumatic stress [1]

To Health care team/ service

- Fewer aggressive medical interventions at the end of life [2]
- Less health care expenditures [3]

(1) Karen M Detering et al. BMJ 2010;340:c1345.
(2) Wright JAMA 2008;300:1665;
(3) Nicholas LH et al. JAMA 2011;306:1447-53.

Is it feasible to implement AD in geriatric patients?

Knowledge (Understand)

Preference (Agree)

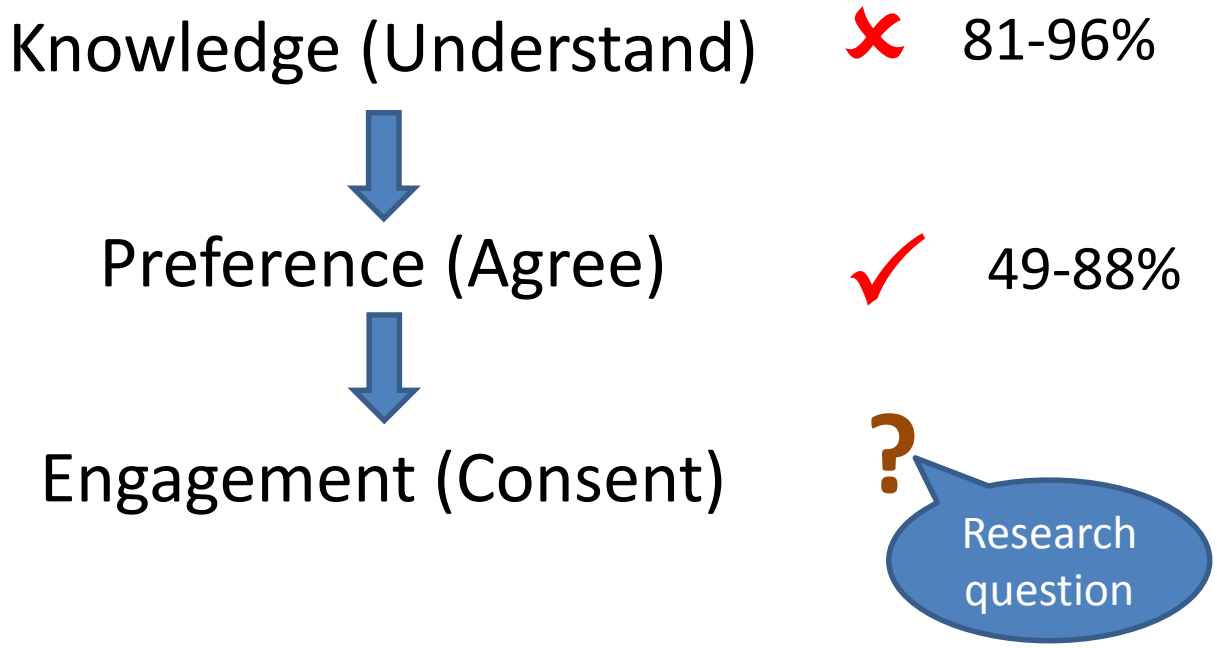
Engagement (Consent)

Knowledge and preference of AD in HK elderly population

	Study pop	Setting	Age	Knowledge of AD	Preference of AD	LST if terminally ill	Tube feeding
Chu et al[1] 2011	Age > 65; n=1600	RCHEs	82.3	**96%** - nil	**88%**	**61.4%** refuse LST	**74%** refuse
Ting et al[2] 2011	Age > 60; n= 219	Med ward, Queen Mary Hospital	73	**81%** - never heard	**49%**	**80-81%** refuse CPR/ Artificial Vent.; **48%** refuse blood product transfusion; **43%** refuse antibiotics	**69%** refuse
Tsang et al[3]2013	Age >65;	Outpt Clinic & Geri Day Hospital	n/a	n/a	**77.1%**	**60.9%** refuse CPR; **63.3%** refuse Artificial Vent. **49.2%** refuse antibiotics	**73.5%** refuse

1. Chu LW et al. Advance Directive and End-of-Life Care Preferences Among Chinese Nursing Home Residents in Hong Kong. J Am Med Dir Assoc 2011; 12:143–152.
2. Fion H Ting, Esther Mok. Advance directives and life-sustaining treatment: attitudes of Hong Kong Chinese elders with chronic Disease. Hong Kong Med J 2011;17:105-11.
3. BMJ Support Palliat Care 2013; 3: 258-259. 10.1136/bmjspcare-2013-000491.86

Feasibility of implementing AD among HK Chinese elderly



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Feasibility of implementing AD in HK Chinese Elderly People

Dr Chiu KCP, Dr Chan Fei, Prof. Chu LW

Objective:

To assess the feasibility of AD engagement among elderly people and to explore contributing factors achieving this

Methods

Subjects

Geriatric ward in Grantham Hospital in Hong Kong

- 38-bed
- Patients receiving subacute, rehabilitative & convalescence care
- ~1000 patients admission / yr
- Length of stay ~ 12 days

Methods

Subjects

Period — Aug 2012 to June 2013

Inclusions

Exclusions

Data

Analysis

Methods

Subjects

Period

Inclusions

- Age >=65
- MMSE >= 20
- Physically fit
- With consent

Exclusions

Data

Analysis

Methods

Subjects

Period

Inclusions

Exclusions

Data

Analysis

- Dementia, delirium, depressive mood
- Suffering from severe illness/ medically unfit

Methods

Subjects

Period

Inclusions

Exclusions

Data

Analysis

- Demographic data
- Social history
- Functional status
- Comorbid diseases

  (Charlson Comorbidity Index)
- Dementia, cancer

Methods

Subjects

Period

Inclusions

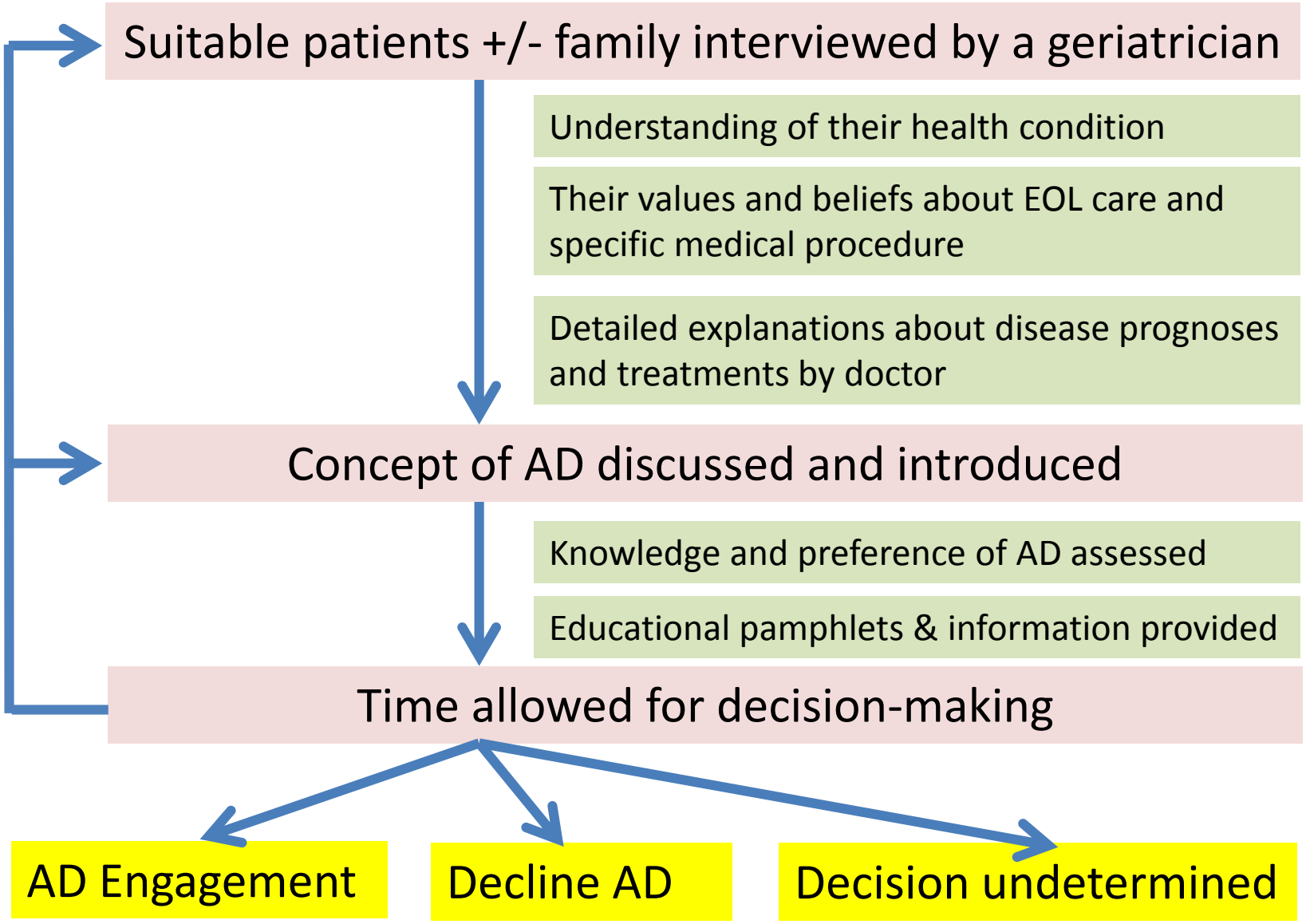
Exclusions

Data

Analysis

- Those engaged in AD is compared to those declined AD
- Rationale for engagement or decline is explored

Process


Suitable patients +/- family interviewed by a geriatrician
Understanding of their health condition
Their values and beliefs about EOL care and specific medical procedure
Detailed explanations about disease prognoses and treatments by doctor
Concept of AD discussed and introduced
Knowledge and preference of AD assessed
Educational pamphlets & information provided
Time allowed for decision-making
AD Engagement
Decline AD
Decision undetermined

(A) **Case 1 - Terminal ill**

- Suffer from *advanced, progressive, and irreversible* disease
- *Fail to respond* to curative therapy
- Have a *short life* expectancy (days, weeks or a few months)
- LST only serve to *postpone* the moment of death

(A) **Case 2 - Persistent vegetative state** or a state of **irreversible coma**

醫院管理局
HOSPITAL AUTHORITY

ADVANCE DIRECTIVE[1]

Please Use Block Letter or Affix Label

SOPD / Hospital No. : .....

Name : .....

I.D. No : .....Sex .....Age.....

Dept : .....Team :.....Ward/Bed :.../.....

☐ **I do not want to be given the following life-sustaining treatment(s):**

☐ **Cardiopulmonary resuscitation (CPR)**

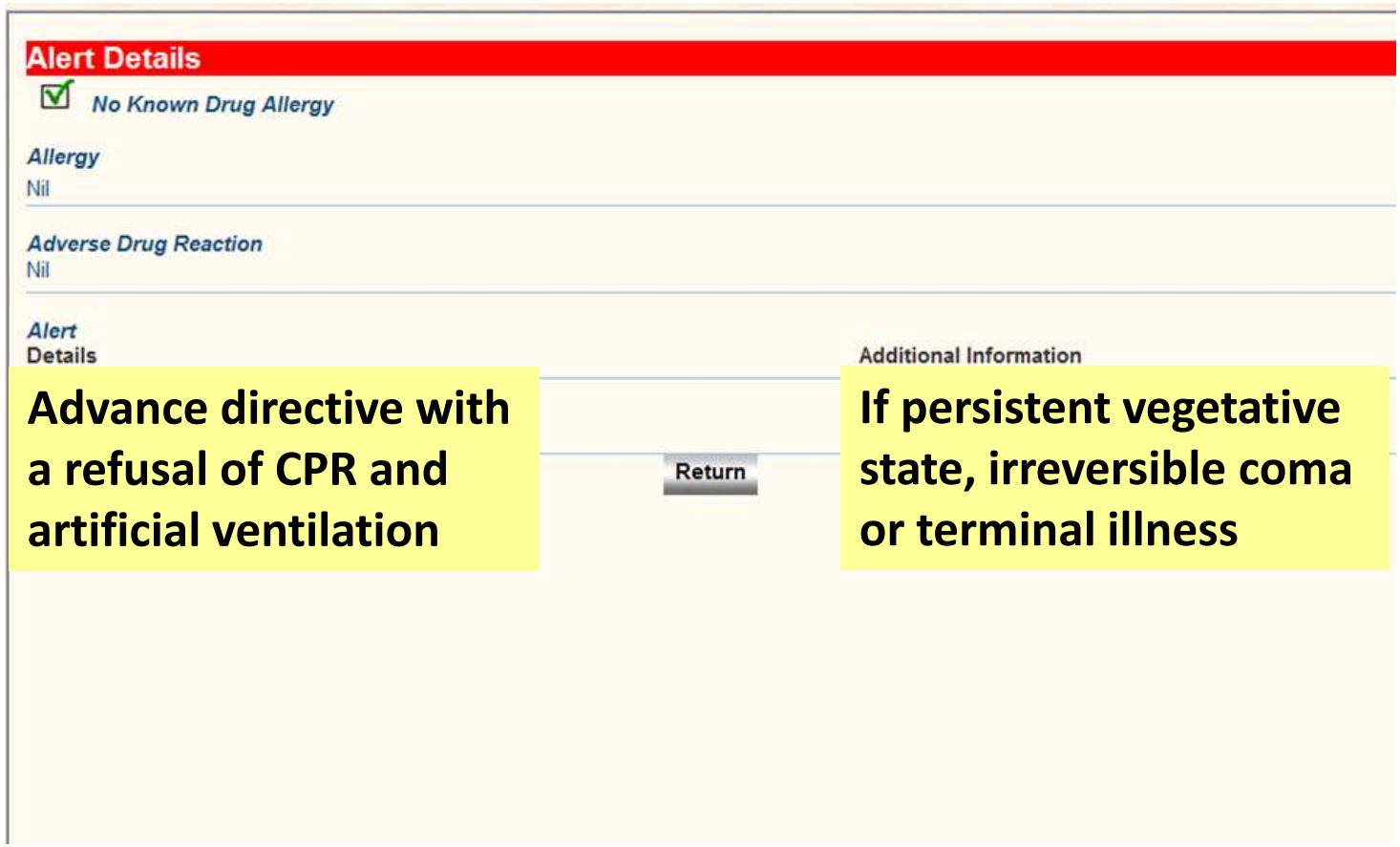
☐ **Others:** Artificial ventilation, Blood products, Pacemakers, Vasopressors, Treatments such as chemotherapy or dialysis, Antibiotics for a potentially life-threatening infection, tube feeding*

☐ **Save for basic and palliative care, I do not consent to receive any life-sustaining treatment[2]. Non-artificial nutrition and hydration shall, for the purposes of this form, form part of basic care.**

☐ **However, I want to continue to receive artificial nutrition and hydration, if clinically indicated, until death is imminent and inevitable.**

* HA Guidelines on Life-sustaining Treatment in the Terminally Ill 2002

Alert made known to hospital staff (HA)



Results

- 33 patients had made a decision

- 12 engaged (36%) in AD
- 21 declined (64%)

- Others with information pamphlet provided /need further discussion among family/ relatives

Patients who engage in and who decline AD

Characteristics	AD engaged (n=12)	AD declined (n=21)	p
Mean age (years)	83.7	81.6	0.362
Gender (Female)	58.3%	38.1%	0.261
Education level - illiterate	33.3%	33.3%	1.000
MMSE	23.8	24.9	0.286
Religious belief - Yes	33.3%	33.3%	1.000
Ambulatory - unaided	25.0%	42.9%	0.457
BADL - Independent	75.0%	90.5%	0.328
Charlson Comorbidity Score	2.33	2.86	0.347
No. of co-morbidities	3.58	3.86	0.561
Known active cancer	8.3%	9.5%	1.000

Patients who engage in and who decline AD

Characteristics	AD engaged (n=12)	AD declined (n=21)	p
Live alone	**83.3%**	38.1%	0.027
Single or widowed or divorced	**91.7%**	38.1%	0.004
Children - Yes	41.7%	**85.7%**	0.016
Social support – Good or very good	16.7%	**85.7%**	0.000
Spouse or children as main carer	8.3%	**42.8%**	0.054
Self-perceived health status – Poor or very poor	**33.3%**	0%	0.012

Rationale of patients who engage in and who decline AD

Rationale for engaging in advance directive * (n=12)		Rationale for declining advance directive * (n=21)	
66.7%	**To avoid suffering**	71.4%	**Family will decide for me**
33.3%	To avoid burden to my family members	28.6%	Not ready to discuss it
25%	Quality of life is important than length of life	23.8%	Let nature decide for me
25%	Past experience of friends or others	9.5%	Not familiar with the concept
8.3%	Ensure my wishes will be respected	9.5%	Religious belief
0%	Religious belief	0%	Doctor will decide for me

* May choose more than one

Conclusions

- It is feasible to engage our Chinese elderly people in advance directive if properly introduced.

- Important factors in determining engagement of AD include living alone, inadequate social support and a perception of poor health state.

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- It is feasible to engage our Chinese elderly people in advance directive if properly introduced.

- Important factors in determining engagement of AD include living alone, inadequate social support and a perception of poor health state.

- *Decision would be influenced by the presence of supportive family members. Important to involve family in the ACP/ AD planning*

ORIGINAL ARTICLE

Is it feasible to discuss an advance directive with a Chinese patient with advanced malignancy? A prospective cohort study

Whenever patients show **insight** about their poor prognosis and there is **no family objection,** it may be a prime time for considering AD engagement.

Wong SY et al . Hong Kong Med J 2012;18:178-85

Acknowledgement

- Dr Chan Fei (Fellow in Geriatric Medicine)
- Prof CHU Leung Wing (Consultant i/c)
- Nursing staff of Geriatric unit in Grantham Hospital

THANK YOU

Strength

- New information about AD engagement among elderly with non-cancer diseases

Limitations

- Subjects
- small number,
- inpatients,
- a small proportion with unknown decision

Further research

- Larger sample size of Chinese elderly living in the community including those in residential care homes
- Long term follow-up of these subjects (engaged in AD) to look into
  - whether their wishes are followed,
  - impact of AD engagement on the family.

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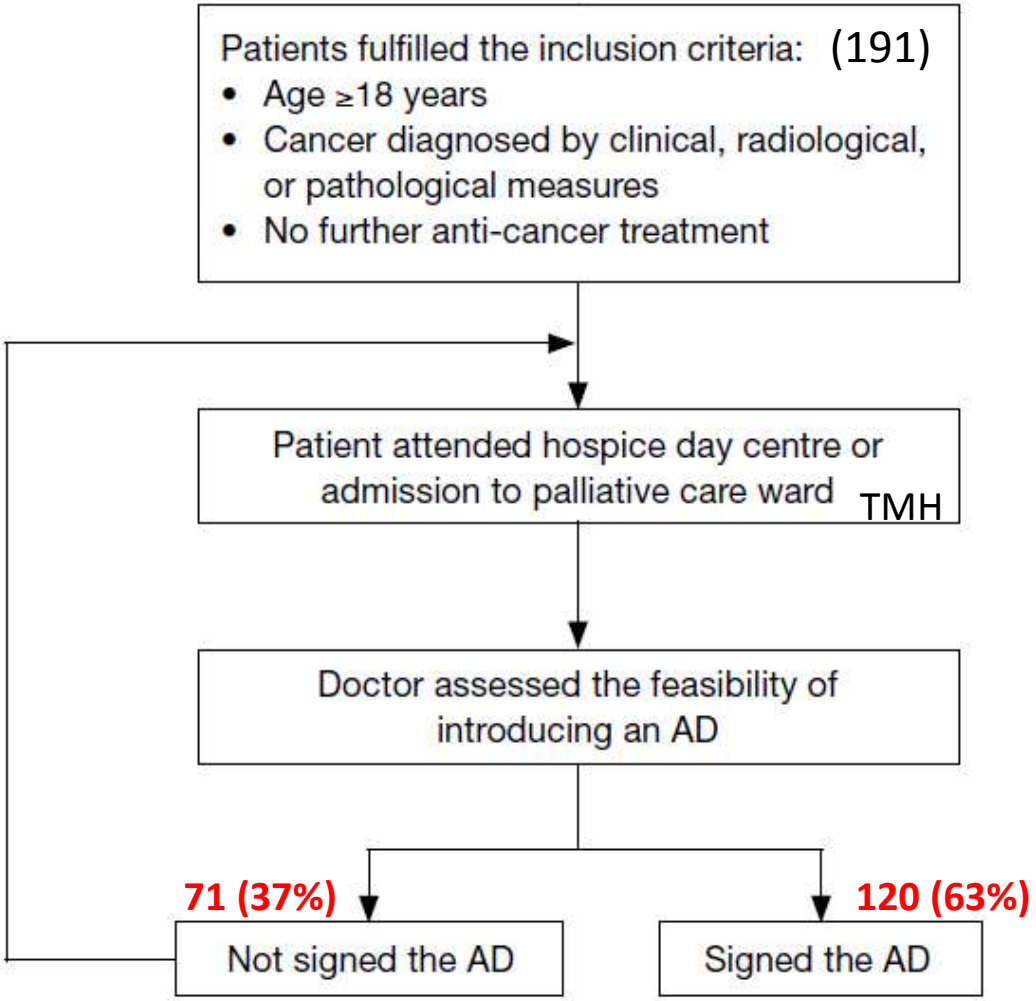
SY Wong 王韶如
SH Lo 魯勝雄
CH Chan 陳珍紅
HS Chui 崔康常
WK Sze 施永健
Y Tung 董 煜



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Introduction

- Under the common law framework, a valid and applicable AD refusing LST is legally binding in HK.

Barriers to Advance directive in Chinese HK

- Patient
  - Chinese adults viewed overt reference to death as taboo → it brings bad luck → not willing to talk about death.
  - Prefer to consult family before making health decisions.
- Health care staff
  - May not have time, competence & confidence to discuss ACP with patients
- Organizational commitment and policy
  - Lack of wide promotion and education → lack of knowledge & awareness in the public