



食物及衛生局
Food and Health Bureau



END-OF-LIFE CARE

Legislative Proposals on Advance Directives and
Dying in Place - Consultation Document



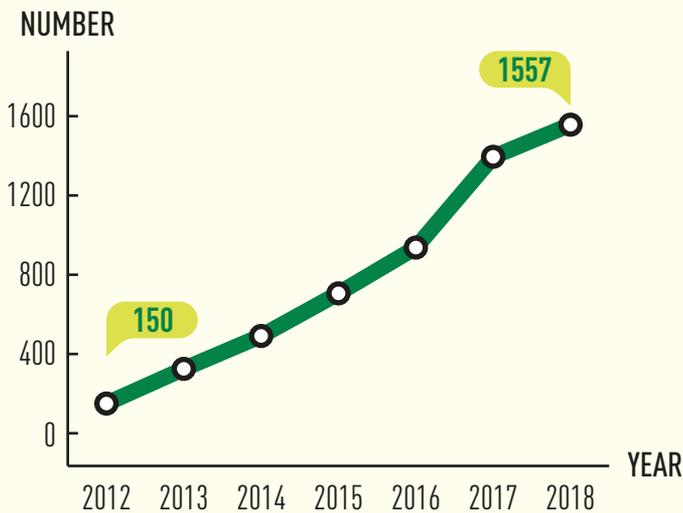
Government is committed to providing quality and holistic end-of-life care to persons and families to meet their preferences and needs.

Key proposals

- To have a clear and consistent legal framework for ADs
- To remove or amend conflicting laws and policies
- To remove legal barriers to dying in place
- To afford suitable protection to treatment providers acting in good faith and with reasonable care

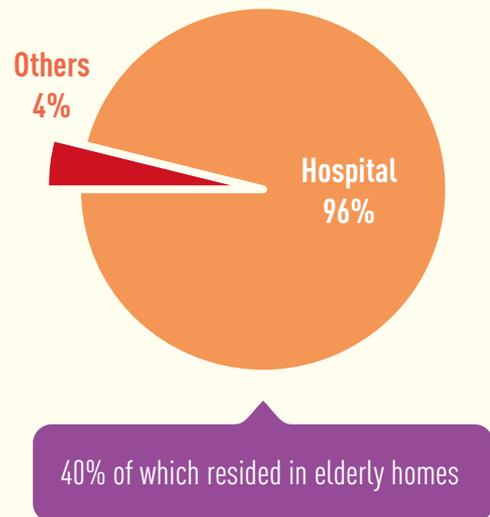


Number of advance directives made in HA



21 AUG - 31 DEC

Place of death of elderly aged 65 or above (2017)



What is an advance directive (“AD”)?

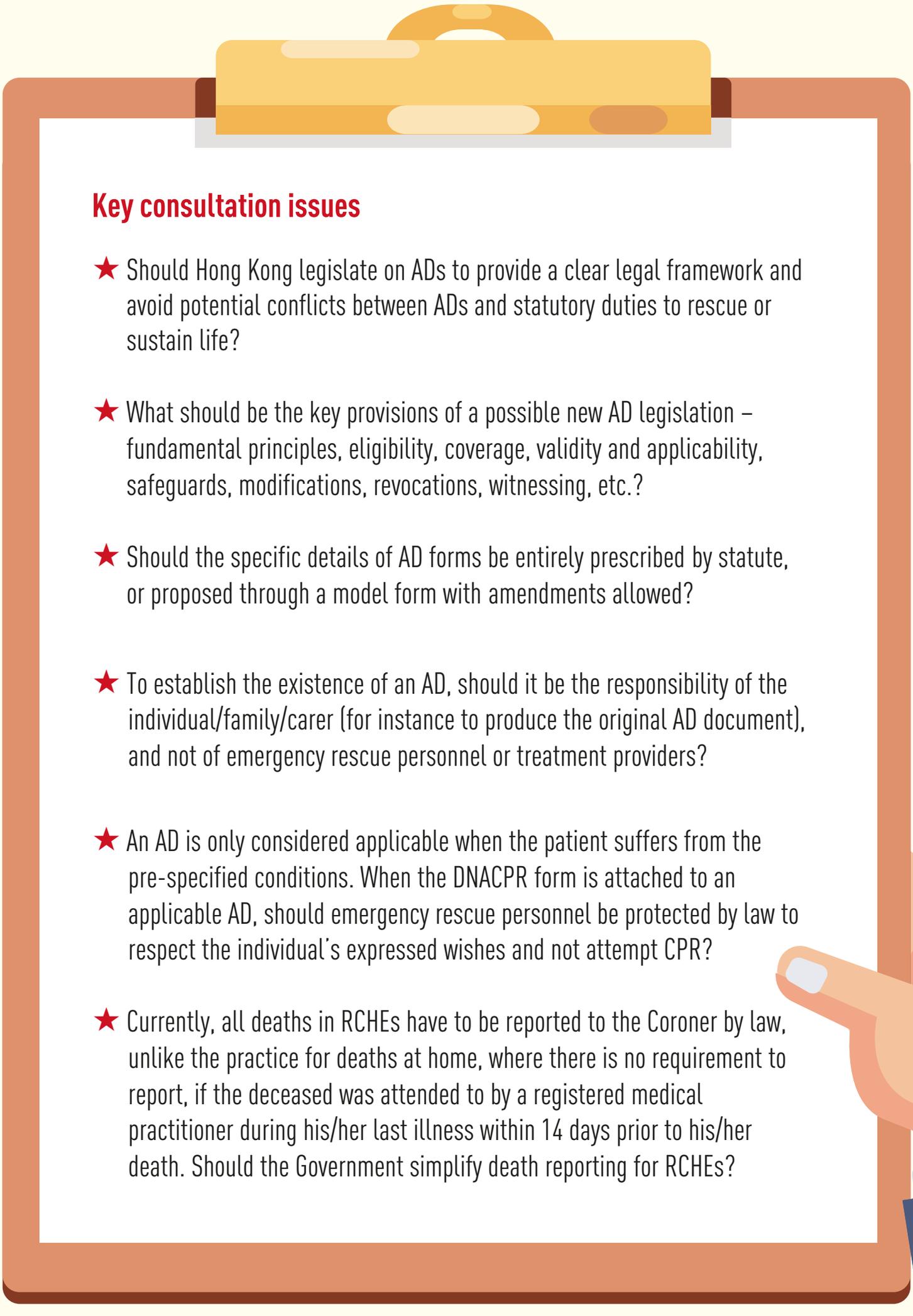
A statement, usually in writing, in which a person indicates when mentally competent what medical treatment he or she would refuse at a future time when he or she is no longer mentally competent.

What is dying in place?

Usually means spending the final days at the place of choice of the patient, be it at home, in a residential care home for the elderly (“RCHE”) and not necessarily in the hospital.

What is Do-Not-Attempt Cardiopulmonary Resuscitation (“DNACPR”)?

Usually means an elective decision, signed by doctors, made in advance not to perform CPR when cardiac arrest is anticipated and CPR is against the wish of the patient or otherwise not in the best interests of the patient.



Key consultation issues

- ★ Should Hong Kong legislate on ADs to provide a clear legal framework and avoid potential conflicts between ADs and statutory duties to rescue or sustain life?
- ★ What should be the key provisions of a possible new AD legislation – fundamental principles, eligibility, coverage, validity and applicability, safeguards, modifications, revocations, witnessing, etc.?
- ★ Should the specific details of AD forms be entirely prescribed by statute, or proposed through a model form with amendments allowed?
- ★ To establish the existence of an AD, should it be the responsibility of the individual/family/carer (for instance to produce the original AD document), and not of emergency rescue personnel or treatment providers?
- ★ An AD is only considered applicable when the patient suffers from the pre-specified conditions. When the DNACPR form is attached to an applicable AD, should emergency rescue personnel be protected by law to respect the individual's expressed wishes and not attempt CPR?
- ★ Currently, all deaths in RCHes have to be reported to the Coroner by law, unlike the practice for deaths at home, where there is no requirement to report, if the deceased was attended to by a registered medical practitioner during his/her last illness within 14 days prior to his/her death. Should the Government simplify death reporting for RCHes?

Do you agree to the following possible consequential legislative amendments –

Mental Health Ordinance:

to clarify that doctors, dentists or guardians cannot override a validly made AD?

Coroners Ordinance:

to remove certain deaths at RCHE from the list of “reportable deaths”, subject to the proposed safeguard?

Fire Services Ordinance:

to specify that the duty of emergency rescue personnel to resuscitate patients or not is subject to a valid and applicable AD with a refusal to CPR, DNACPR form or any valid instrument certified by a doctor that CPR should not be performed?

SHARE YOUR VIEWS



A copy of the consultation document can be found in https://www.fhb.gov.hk/en/press_and_publications/consultation/190900_eolcare/index.html. You are welcome to submit your views to the Food and Health Bureau on or before 16 December 2019 by email, fax or post.



Post

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(Re: End-of-life Care: Legislative Proposals on Advance Directives and Dying in Place)



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