DIVISION OF CLINICAL PSYCHOLOGY

The Hong Kong Psychological Society

香港心理學會臨床心理學組

www.dcp.hkps.org.hk

Food and Health Bureau
19/F, Murray Building
Garden Road
Central, Hong Kong
E-mail: advancedirective@fhb.gov.hk

Dear Sir/ Madam,

Consultation Paper on "Introduction of the Concept of Advance Directives in Hong Kong"

In response to the Consultation Paper, Division of Clinical Psychology, The Hong Kong Psychological Society has established an ad hoc working group to study the issue. Please find the responses and suggestions in the attached document.

We look forward to future participation and contribution in the issue. Please direct your mail to our Honorary Secretary at dcp@hkps.org.hk for future contact.

Yours sincerely,

Francis L.Y. Ip
Chairperson
Division of Clinical Psychology
The Hong Kong Psychological Society

Division of Clinical Psychology
The Hong Kong Psychological Society Ltd.

香港心理學會 臨床心理學組

Response to the Consultation Paper on "Introduction of the Concept of Advance Directives in Hong Kong"

Submitted by the Division of Clinical Psychology
Hong Kong Psychological Society
22 March 2010

The Division of Clinical Psychology of the Hong Kong Psychological Society (DCP) is founded in 1982. It is a professional body representing the specialty of Clinical Psychology in Hong Kong. All DCP members are qualified Clinical Psychologists (CPs) who have completed a recognized master or doctorate training programme in clinical psychology. CPs apply their knowledge and skills in the study, diagnosis, treatment and prevention of psychological problems. They provide direct services, including assessment of intellectual, cognitive and neuropsychological functioning, personality and emotions, as well as treatment for people suffering from psychological problems, such as anxiety, depression, and adjustment to chronic or life-threatening illnesses, etc. A substantial portion of DCP members work in hospitals/clinics/health care sectors.

One of the missions of DCP is to disseminate psychological knowledge for enhancing the well-being of the public. We consider the introduction of Advance Directives (AD) and Advance Care Planning (ADP) to the public meaningful in the following aspects:

1. Promote the autonomy and self-mastery of patients in deciding their End-of-Life (EOL) care;

2. Enhance communication between doctors, patients and their families for promoting the participation of patients and their families in EOL care;

3. Facilitate communication between patients and their families, and relieve family members' burden to decide for EOL care for patients;

4. Achieve the above three aspects when patients still possess the necessary mental capacity to make their own healthcare decision.

In response to the Consultation Paper, DCP would like to present our views in the paragraphs that follow.

In response to the Consultation Paper in general,

1. We welcome the deliberation of the concept on AD and ACP as stipulated in the consultation paper and Annex A;

2. As CPs have expertise in conducting assessment of intellectual, cognitive and neuropsychological functioning which are part and parcel of the mental capacity of patient as elaborated in Annex B, we recommend the inclusion of clinical psychologists as one of the professionals, besides psychiatrists and lawyers, who may offer assistance in the determination of the mental competence of the individual in the Guidance on Making, Altering, Revoking and Activating Advance Directives (Annex B).

In response to the views specifically asked for in the consultation paper,

For general public

(a) Do you agree that the concept of advance directives should be introduced in Hong Kong and whether the concept and its use should be more widely promoted as part of end-of-life care? Do you agree that the concept of ACP should also be introduced in Hong Kong?

Response: We acknowledge the sensitive nature of AD and ACP in the local community which may regard topics related to death and dying a taboo in the past. However, with the apparent increase in educational level and open-mindedness of the newer generations, we agree that the concept of AD and ACP should be introduced and more widely promoted in Hong Kong. To minimize the possible misconceptions which may lead to worries related to abandonment by doctors and reduced allocation of public resources for caring of the terminally ill, we would like to highlight the important role of health care and legal professional bodies and non-government organizations (NGOs) in the public promotion of AD and ACP. As CPs work closely with patients, their families and doctors in enhancing the psychological well-being of patients and may play a role in determining the mental capacity of patients, DCP would like to be included among other professional bodies in Recommendation 5 of Annex A as one of the supporting organizations in the information campaign about the use and effect of advance directives.

(b) Do you consider that the information provided in ***Annex C*** *sufficient for the purpose of informing you about advance directives, and allowing you to make an informed decision should you wish to make one? If not, what aspects of information you find missing?*

Response: From the view of the general public, we found the information provided in Annex C clear and informative. We further opine that more information and elaboration with examples on the possible form of life-sustaining treatment would surely be helpful and needed for people who are interested in utilizing the AD form and ACP.

(c) Do you have other suggestions on how the concept of advance directives and advance care planning may be further promoted in Hong Kong? What specific aspects relating to advance directives and ACP do you consider deserving promotion?

Response: As stated in (a) above, we would like to highlight the important role of health care and legal professional bodies and non-government organizations (NGOs) in the public promotion of AD and ACP. For the general public, the use of AD and ACP for promoting self-mastery, autonomy and family communication/support which are essential elements of one's psychological well-being deserve special attention in the promotion. For the medical profession, the use of AD and ACP for enhancing communication and co-operation between patients, their families and doctors deserve special attention in the promotion made by health professional bodies.

For the medical profession

(We would also like to respond to this part of the consultation as CPs are usually included in the health care team for EOL care in general hospitals, especially palliative care settings).

(a) Do you find the general guidance on advance directives as set out in ***Annex B*** *on the making, altering and revoking advance directives useful? Do you think they should be promulgated for general use by the medical profession, and if so, how?*

Response: The general guidance in Annex B is in general useful. However, the general public may have difficulties in understanding and choosing among the different options (i.e., checking the appropriate box(es) available in Enclosure 1 to Annex B). Doctors may also encounter practical difficulties when they assist patients and their families in making their choices.

For example, the first option, *"Save for basic and palliative care, I do not consent to receive any life-sustaining treatment. Non-artificial nutrition and hydration shall, for the purposes of this form, form part of basic care"*, is clear and understandable. But the second option, *"However, I want to continue to receive artificial nutrition and hydration, if clinically indicated, until death is imminent and inevitable"* could be confusing. The first option is an advanced refusal of specific treatment which is the core concept of AD, but the second one is an advanced acceptance of specific treatment. More consistent use of either the concept of refusal or acceptance, or elaboration on the list of treatment involved has to be considered to reduce confusion.

The open-ended checkbox(es) for *"I do not want to be given the following treatment"* may bring about practical difficulties for the general public and doctors. People in general have

limited knowledge about possible treatment available. They could by no means fill in the options in an unambiguous manner without adequate assistance. Any ambiguity found in such written account will likely result in dispute in the execution of the AD. Further specification in the list of treatment should, therefore, be considered.

(b) Do you consider that guidelines are needed on procedural matters in handling advance directives, e.g. the witnessing the making of advance directives, assessing the validity of advance directives, assessing the mental competency of a person, treatment of persons in a vegetative or comatose state, criteria of basic care, etc.?

To ensure the standard of clinical practice and the protection of public, the provision of procedural guidelines should be available. This is of utmost importance, in particular, for difficult situations where there are disputes or ambiguity. We also recommend the inclusion of clinical psychologists as one of the professionals, besides psychiatrists and lawyers, who may offer assistance in the determination of the mental competence of the individual in the Guidance on Making, Altering, Revoking and Activating Advance Directives (Annex B).

(c) Do you consider the concept of advance directive and ACP relevant to your field of work, and if so, what specific aspects relating to advance directives and ACP do you consider requiring attention for promotion on a wider basis?

The concept of AD and ACP are relevant to the field of our work as CPs. We would like to highlight that AD and ACP should not be limited to the completion of a legal document, but the discussion of the preferences and values of the patient is also of paramount importance. With our strong background in psychotherapy and communication skills, CPs are well placed

in the discussion of AD and ACP to highlight the processes involved in the decision-making, especially in cases where difficulties in the communication process are anticipated or encountered.

Apart from the ideas stated in (a) and (c) from the view of general public above, we would also like to emphasize the following:

i) "Life and death education" to the general public is an essential element to reduce people's resistance to touch on the topic of death and dying, and to enhance their readiness to discuss about issues related to AD and ACP well before they are confronted with life-threatening situation.

ii) Promotion of end-of-life care as an integral part of medical care, and enhancement of skills in communication with and breaking bad news to patients are essential for the medical profession as a whole.

~ End of Response ~

Prepared by:

Dr. Kitty Wu, FHKPS, Member of DCP (HKPS)

Ms Esther Ng, FHKPS, Member of DCP (HKPS)

Ms Damaris Hung, AFHKPS, Member of DCP (HKPS)

Ms Gloria Chan, Member of DCP (HKPS)

Ms Valda Cho, Member of DCP (HKPS)

Ms Eva Leung, Member of DCP (HKPS)

Endorsed by:

The Executive Committee of the Division of Clinical Psychology, Hong Kong Psychological Society