

# One step forward for advance directives in Hong Kong

In the context of end-of-life clinical care decisions, it is true that all mentally competent patients can make these decisions for themselves. However, patients' conditions may decline so that they become mentally incompetent in their terminal illnesses. The latter scenario is fairly common. For example, Silveira et al<sup>1</sup> found 30% of the older adults who required decision making at the end of life lacked decision-making capacity.

An advance directive is a statement, usually in writing, in which a person indicates when mentally competent the form of health care he or she would like to have in the future when he/she may no longer be competent.<sup>2</sup> The development of the advance directive concept is based on the principle of informed consent and a belief in the autonomy of health care decisions. Advance directives facilitate the exercise of autonomy in health care decisions, even at a time when the health condition of patients results in mental incompetency. Advance directives entail clearly specified written instructions on common end-of-life care decisions, including resuscitation, life-sustaining treatment or devices, artificial nutrition, and palliative treatments. When available, the patient's advance directive can help both the clinician and family members know about the subject's preferences on end-of-life care, and can therefore act in accordance with such directives.

Advance directives embrace living wills and enduring powers of attorney for health care. Most western and some Asian countries have enacted laws regarding advance directives. In the US, the Patient Self-Determination Act specifies that all hospitals reimbursed by Medicare should have a policy on living wills, and that all hospitals, nursing homes, and home health agencies should advise patients of their rights to execute an advance directive.<sup>3,4</sup> In Hong Kong, the Law Reform Commission, after consultation and feedback from the public, health care organisations and medical societies, released their final report on "Substitute Decision-making and Advance Directives in Relation to Medical Treatment" in 2006. In this report, the promotion of advance directives but not legislation was recommended.<sup>5</sup> Since then, there has been no systematic effort to promote relevant knowledge or to implement such directives. Among the health care professionals, there appear to have been doubts about the feasibility of implementing advance directives among our Chinese patients in Hong Kong.

In Hong Kong, most Chinese patients and the lay public are not familiar with advance directives. In a recent local study involving 1600 Chinese elderly persons living in old-age homes, Chu et al<sup>6</sup> reported that 96% of them had no knowledge about advance directives. However, after explanation of the meaning and value of an advance directive, 88% of them wanted to have their own advance directives.<sup>6</sup> Most of them also agreed that advance directives can help express their preferences regarding future medical treatments and end-of-life care decisions, in case they go on to become mentally incompetent.<sup>6</sup> In another study of mostly healthy community-living Chinese adults, Pang et al<sup>7</sup> also reported that 77% of the subjects wanted to have their own advance directives. In a third local survey on elderly patients with chronic medical illnesses, 49% of them would use advance directives if there was suitable legislation in Hong Kong.<sup>8</sup> These local studies show a general acceptance of the advance directive concept among our local Chinese population, and imply that it is time to implement their use in Hong Kong.

In this issue of the Journal, Wong et al<sup>9</sup> have successfully demonstrated the feasibility of implementing advance directives in their patients. In their prospective study of 191 patients with advanced cancers, 63% of the subjects opted to engage advance directives, which was in accord with the finding of 68% having advance directives in a recent US study.<sup>1</sup> The most important factor associated with having a decision was insight about their end-stage malignancy illness.<sup>9</sup> In line with this finding, Chu et al<sup>6</sup> had previously reported that the strongest predictor associated with a preference for advance directives among Chinese elderly old-age home residents was the wish to be informed of a terminal illness. Therefore, the most important factor influencing engagement of an advance directive seems to be the patient's knowledge and insight about his or her terminal illness.

Another borderline factor is the attitude of the family members towards an advance directive. In this regard, the Chinese culture may affect the decision-making process in end-of-life care decisions. The Chinese often view overt reference to death as a taboo and would not like to talk about death.<sup>10</sup> In relation to most end-of-life care decisions, Chinese family members often play a very influential role. Very often, patients prefer consulting their relatives before making health-care decisions.<sup>6,10</sup> In Wong et

al's study,<sup>9</sup> objection by the family was a borderline factor, showing a trend against engaging in advance directives. However, this occurred uncommonly, as only 6% of those not engaging in advance directives did so because of family objections.<sup>9</sup>

Taking the message of this study forward, it is time to further promulgate the advance directive concept in patients with terminal cancer and other end-stage diseases in all Hong Kong hospitals. To ensure a high success rate in helping patients to enact their advance directives, clinicians should provide detailed explanations about disease prognoses and palliative treatments to both the patients and their family. This could improve patient insights about their illnesses and reduce objections from family members. As there is a paucity of Hong Kong research data on advance directive, more local studies on their implementation in different patient groups and at different end-stage illnesses are necessary. Apart from studying the uptake and associated contributory factors for advance directives, they should investigate the effectiveness of advance directive implementation strategies and their impact on hospitalisations and

medical expenditure. Overseas studies showed that persons who had assigned a durable power of attorney for health care were less likely to die in a hospital or receive all care possible.<sup>1</sup> Moreover, the use of advance directives resulted in a reduction in health care expenditures, when the directives specified the limits to end-of-life care.<sup>11</sup> However, this cannot be taken for granted. Hong Kong has a very different public health care financing system to the US, for which reason they may not be the same. Nonetheless, when future studies are designed on advance directives in Hong Kong, assessment of these outcomes should also be incorporated.

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## References

1. Silveira MJ, Kim SY, Langa KM. Advance directives and outcomes of surrogate decision making before death. *N Engl J Med* 2010;362:1211-8.
2. Robertson GS. Making an advance directive. *BMJ* 1995;310:236-8.
3. Brown BA. The history of advance directives. A literature review. *J Gerontol Nurs* 2003;29:4-14.
4. Nolan MT, Bruder M. Patients' attitudes toward advance directives and end-of-life treatment decisions. *Nurs Outlook* 1997;45:204-8.
5. Substitute decision-making and advance directives in relation to medical treatment (HKLRC Report). The Law Reform Commission of Hong Kong website: <http://www.hkreform.gov.hk/en/publications/rdecision.htm>. Accessed 1 Apr 2012.
6. Chu LW, Luk JK, Hui E, et al. Advance directive and end-of-life care preferences among Chinese nursing home residents in Hong Kong. *J Am Med Dir Assoc* 2011;12:143-52.
7. Pang M, Wong KS, Dai LK, Chan KL, Chan MF. A comparative analysis of Hong Kong general public and professional nurses' attitudes toward advance directives and the use of life-sustaining treatment in end-of-life care. *Chinese Medical Ethics* 2006;3:11-5.
8. Ting FH, Mok E. Advance directives and life-sustaining treatment: attitudes of Hong Kong Chinese elders with chronic disease. *Hong Kong Med J* 2011;17:105-11.
9. Wong SY, Lo SH, Chan CH, Chui HS, Sze WK, Tung Y. Is it feasible to discuss an advance directive to a Chinese patient with advanced malignancy? A prospective cohort study. *Hong Kong Med J* 2012;18:178-85.
10. Kwak J, Haley WE. Current research findings on end-of-life decision making among racially or ethnically diverse groups. *Gerontologist* 2005;45:634-41.
11. Nicholas LH, Langa KM, Iwashyna TJ, Weir DR. Regional variation in the association between advance directives and end-of-life Medicare expenditures. *JAMA* 2011;306:1447-53.