

Elderly Commission
Minutes of the 101st Meeting

Conference Room 7, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
10:45 a.m., 15 November 2019 (Friday)

Present:

Chairman

Dr LAM Ching-choi, SBS, JP

Members

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHEUNG Leong

Mr CHUA Hoi-wai, JP

Ms LI Fai, Grace

Ms LO Dak-wai, Alexandra, JP

Dr PANG Fei-chau

Mrs SO CHAN Wai-hang, Susan, BBS

Dr TSE Man-wah, Doris

Mr WONG Kit-loong

Dr YEUNG Ka-ching

Ms TSE Man-yee, Elizabeth, JP

Mr WONG Chung-yan, Johann, JP

Mr TAN Tick-yee

Dr FUNG Yu-kei, Anne

Mrs LAU CHU Wai-ha, Harriet

Dr HA King-hang, Tony

Permanent Secretary for Food and Health (Health)

Deputy Secretary for Labour and Welfare

Assistant Director of Social Welfare (Elderly)

Assistant Director of Health (Elderly Health)

Chief Manager/Management (Support Services 2), Housing Department

Chief Manager (Primary and Community Services), Hospital Authority

In attendance:

Ms LAW Lai-tan, Linda

Principal Assistant Secretary for Labour and Welfare

Mr LAM Kai-chung, Albert

Consultant (Health), Food and Health Bureau

Ms FUNG Shuk-man, Wendy

Chief Social Work Officer, Social Welfare Department

Mr WU Chia-chun, Desmond	Assistant Secretary for Labour and Welfare
Mr LEUNG Sing-lung, Edric	Assistant Secretary for Labour and Welfare
Ms MAK Ka-ying, Carren	Assistant Secretary for Labour and Welfare
Mr CHAN Pak-lam, Ashley	Assistant Secretary for Labour and Welfare
Miss LEUNG Pui-yin, Sam	Executive Officer, Labour and Welfare Bureau
Mr LEUNG Fuk-ling, David	Executive Officer, Labour and Welfare Bureau

Absent with apologies:

Ms CHUNG Wai-yee, Diana
 Prof LEE Tze-fan, Diana, JP
 Dr LOU Wei-qun, Vivian
 Mr WONG Tai-lun, Kenneth
 Ms YU Chui-yee, BBS, MH

Secretary

Ms LEE Ngan-chau, Martina	Chief Executive Officer, Labour and Welfare Bureau
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Dr LAM Ching-choi, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to Dr FUNG Yu-kei, Anne, the new Assistant Director of Health (Elderly Health).

2. The Chairman reminded Members to make a declaration when there was a potential conflict between their own interests and the matters to be discussed.

Agenda item 1: Confirmation of the minutes of the 100th meeting

3. As Members had not proposed any amendments to the Chinese (revised) and English (revised) versions of the draft minutes issued by the Secretariat on 1 November 2019, the minutes were confirmed

Agenda item 2: Matters arising

4. There were no matters arising from the minutes of the 100th meeting.

Agenda item 3: Briefing on the relevant initiatives in the Chief Executive's 2019 Policy

Address

5. Mr Johann WONG Chung-yan, Deputy Secretary for Labour and Welfare, briefed Members on the policy initiatives relating to elderly services under the purview of the Labour and Welfare Bureau (LWB) in the 2019 Policy Address with the aid of PowerPoint presentation. Mr WONG said that the Government's objective in elderly services was to enable senior citizens to live with dignity and provide suitable support to develop their sense of belonging, sense of security and sense of worthiness. The Government would continue to offer hardware and policy support to promote "active ageing" while taking care of the service needs of frail elderly persons. It would strive to provide quality and cost-effective long-term care services for elderly persons in need under the policy of "ageing in place as the core, institutional care as back-up". In this connection, the Government would introduce two measures to support ageing in place for the elderly, including providing an additional 1 000 service vouchers, bringing the total to 8 000, under the Pilot Scheme on Community Care Service Voucher for the Elderly, and providing an additional 3 000 service quota under the Integrated Home Care Services (Frail Cases), to provide service to more elderly persons in need. It would continue to implement the recommendations set out in the Elderly Services Programme Plan (ESPP). Recurrent expenditure on elderly services for the financial year of 2019-20 was estimated to be \$10.6 billion, involving an increase of about 55% over the financial year of 2015-16. Using the ESPP as a blueprint, the Government would continue to plan and provide suitable elderly services through strengthening collaboration with the Commission.

6. Ms TSE Man-ye, Elizabeth, Permanent Secretary for Food and Health (Health), continued by saying that there was also a continuous increase in the recurrent government expenditure on public healthcare services, which was estimated to be \$80.6 billion for the financial year of 2019-20, an increase of about 29% over the financial year of 2017-18. On primary healthcare, the first District Health Centre (DHC) in Kwai Tsing District commenced operation in September 2019. Through medical-social collaboration and public-private partnership, the DHC provided district-based primary healthcare services with the aim of enhancing the public's capability in self-management of health and providing support for the chronically ill. It was expected that DHCs would be set up in six more districts within the

term of the current Government. For the remaining 11 districts where full-fledged DHCs would yet to be set up within the current term, the Government proposed to fund non-governmental organisations to set up smaller interim “DHC Express” over a three-year period. “DHC Express” would provide essential primary healthcare services, including health promotion, health assessment and chronic disease management, with a view to establish a prevention-focused primary healthcare system in the long term.

7. The Commission noted the policy initiatives relating to elderly services under the purview of the LWB and the Food and Welfare Bureau (FHB) in the 2019 Policy Address.

Agenda item 4: End-of-life care legislative proposals – public consultation

8. Mr LAM Kai-chung, Albert, Consultant (Health) of the FHB, said that as the Hong Kong population was ageing rapidly, the Government, the Hospital Authority (HA) and non-government organisations had been committed to providing quality and holistic end-of-life care for patients and families to meet their preferences and needs. On 6 September 2019, the FHB had launched a public consultation on end-of-life care legislative proposals on advance directives (ADs) and dying in place, seeking to gauge views on the proposals to:

- codify the current common law position in respect of ADs and increase the safeguards attached to them;
- remove legislative impediments to implementation of ADs by emergency rescue personnel; and
- amend the relevant provisions of the Coroners Ordinance (Cap. 504) to facilitate dying in place for the terminally ill in residential care homes for the elderly (RCHEs).

9. With the aid of PowerPoint presentation, Mr LAM briefed Members on the background, current common law framework and the Government’s position and proposals regarding the end-of-life care legislative proposals on ADs and dying in place. Mr LAM said that the public consultation would close on 16 December 2019. The Government would decide on the way forward after consolidating and analysing the views received. He invited Members to express their views and suggestions on the legislative proposals set out in the consultation document.

10. Members supported the arrangements for ADs and the measures to facilitate dying in place for the terminally ill in RCHEs, and raised the following views and questions:

- (a) Clinical experience showed that some patients might wish their attorneys to make decisions relating to medical issues on their behalf when they were no longer mentally capable. A Member enquired about the inter-relation between an AD and the Continuing Powers of Attorney Bill (CPA Bill), and opined that consideration could be given to allowing patients the flexibility to prioritise between an AD and the Continuing Powers of Attorney (CPA) for medical and healthcare treatments according to their wishes.
- (b) Members supported the Government's proposal on revocation of ADs and agreed that unnecessary hurdles should not be imposed on a person who wished to cancel an AD. However, in view of the Government's proposal that both verbal and written revocations should be considered valid and a witness would not be required for written revocations, it was suggested that clear and specific guidelines on related procedures and arrangements should be developed to enhance legal protection for medical professionals and avoid disputes.
- (c) A Member enquired how reasonable legal protection could be provided for treatment providers under the current proposal.
- (d) It was agreed that there was no need to set up a central registry of ADs. As a patient's wish might change over time or with his/her physical conditions, there might be a time lag between the latest status of ADs and the records kept in the central registry.
- (e) If the original AD document was not available but it was indicated in the Electronic Health Record Sharing System that a patient had made an AD and his/her family also agreed that the AD was valid and applicable, how should the treatment provider proceed?
- (f) It was considered that the legislative proposals would help remove or amend conflicting laws and policies, enhance legal protection for medical professionals working in hospitals and RCHEs, and improve the quality of life of the terminally ill elderly residents by reducing the frequency of hospital attendances.
- (g) Patients may not choose to receive end-of-life care and pass away in the same place, and their preferences might also change over time. "Dying in place" should therefore not be set as a rigid target.
- (h) Apart from making relevant legislative amendments to remove legal barriers, it was also necessary for the Government to provide complementary hardware and

supporting services to ensure the “dying in place” initiative could be taken forward.

- (i) It was suggested that the Government should also strengthen the promotion of advance care planning to encourage joint participation by patients and their families, so that in the course of communication, healthcare teams and patients’ families could establish a consensus and make decisions in the best interests of the patients regarding their future medical or personal care.
- (j) It was expected that the public consultation exercise would raise social awareness and bring about public discussions on the issue, which in turn would drive a gradual change in the social culture of considering death as a taboo and promote the development of advance care planning.

11. In response to Members’ views and questions, Ms TSE Man-yeet, Elizabeth, Permanent Secretary for Food and Health (Health), Mr LAM and Mr TAN Tick-yeet, Assistant Director of Social Welfare (Elderly), replied as follows:

- (a) The Department of Justice (DoJ) had conducted a public consultation between 2017 and 2018 on the proposed CPA legislation in Hong Kong. The CPA Bill aimed to provide a statutory framework for the creation of CPAs, under which the donor conferred on the attorney authority to act for him/her on any matters relating to his/her personal care and property or financial affairs. According to the draft CPA Bill, “personal care matters” included matters relating to the donor’s healthcare, but excluded any decisions to give, refuse or withdraw life-sustaining treatment for the donor. In the light of the responses received from the public consultation, the DoJ might consider modifying the proposal concerning life-sustaining treatment to provide flexibility, such as allowing the donor to expressly empower the attorney to make such a decision for him/her in the prescribed CPA form. Based on the fundamental principle of respecting a person’s right to self-determination, the Government had proposed that an AD should take precedence over a CPA. In the case where the donor had made an AD and signed a CPA, his/her decision made in the former would override that of the attorney. In the case where the donor had not made an AD but had signed a CPA, the Government proposed that the attorney should not be empowered to make an AD on behalf of the donor.
- (b) On providing reasonable legal protection for treatment providers to encourage them to initiate discussions on advance care planning with individuals and their families, the Government proposed that if a treatment provider reasonably

believed that a valid and applicable AD had not been made at the time when he/she was carrying out or continuing a treatment for a patient, he/she would not incur any civil or criminal liability for doing so. On the other hand, if a treatment provider reasonably believed that a valid and applicable AD had been made at the time when he/she was withholding or withdrawing a treatment from a patient, he/she would also not incur any civil or criminal liability for doing so.

- (c) The Government proposed that the AD should be sufficiently clear. If an AD was challenged at the scene, or it was claimed by the patient's family that a valid AD existed but its original copy was not readily available, the validity of the AD should be regarded as in doubt and the treatment provider should continue to provide clinically indicated emergency life-sustaining treatment while waiting for clarifications. However, if the treatment provider (such as the clinical team) knew very well that a valid and applicable AD existed and the family of the patient also agreed that the AD was valid and applicable, the advance refusal of the patient should be duly respected.
- (d) The Government's policy to promote "dying in place" was aimed at removing barriers to make it more feasible, rather than setting rigid targets to reduce the number or ratio of patients dying in hospitals. The Government acknowledged that a number of factors might render it difficult to achieve "dying in place", including social taboo, concern about property value which might depreciate should someone die in the property, inadequate medical support to take care of dying persons at home/RCHes, etc. Nonetheless, the Government believed that revising the relevant legal provisions was a prerequisite for providing more options for the place of care for an ageing population.
- (e) On the palliative and end-of-life care services currently provided by the public sector, the HA had enhanced its palliative care service in 2018-19 by expanding palliative care consultative service in hospitals, improving palliative care home care service through nurse visits and enhancing the competence of nursing staff through training to better support the terminally ill beyond palliative care settings. On another front, the HA had been strengthening the Community Geriatric Assessment Team (CGAT) service in phases since 2015-16 to enhance end-of-life care and support for terminally ill elderly patients living in RCHes. Working in partnership with the palliative care teams and RCHes, the CGATs sought to improve medical and nursing care and support service for the terminally ill in RCHes and provide training for RCHE staff.
- (f) In addition, starting from 2015-16, the Social Welfare Department (SWD) had

allocated additional resources, including manpower, to all new contract RCHEs already in operation for providing end-of-life care service for elderly residents in need. For existing contract RCHEs, resources would also be allocated for providing end-of-life care service upon contract extension or re-tendering. Currently, end-of-life care service for residents were provided in all of the 32 contract RCHEs in Hong Kong. Besides, the SWD had completed a review of the Schedule of Accommodation for RCHEs with a view to strengthening premises planning. Since September 2017, an end-of-life care room for the use of the severely sick or terminally ill residents and their families had been included as a standard provision in the Schedule of Accommodation for subvented and contract RCHEs under planning.

- (g) Regarding the promotion of advance care planning, the HA had introduced the Guidelines on Advance Care Planning in June 2019 with an aim to provide practical guidance and standardised HA forms to facilitate advance care planning in clinical operation.

Agenda Item 5: Progress reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan

12. The Chairman said that the Working Group on Elderly Services Programme Plan would hold its 16th meeting on 28 November 2019 to report on the progress of follow-up work on various recommendations in the ESPP.

Agenda Item 6: Any other business

Community support to elderly persons with dementia and their carers

13. The Chairman said that the Working Group on Ageing in Place of the Commission would coordinate support services for elderly persons with dementia and their carers, with advice of the Advisory Committee on Mental Health be sought on health-related issues (e.g. DCSS service items related to patient's cognitive and physical functions) so that the views of members of the Advisory Committee on Mental Health would continue to be heard. Members who were interested in the subject but not yet a member of the Working Group could sign up to join. The next meeting of the Working Group would be held around March next year.

Latest enhancement measures of the Continuing Education Fund

14. The Chairman said that the Secretariat had issued Information Paper No. EC/I/02-19 entitled “Latest Enhancement Measures of Continuing Education Fund” on 6 November 2019 to brief Members on a series of enhancement measures of Continuing Education Fund (CEF) implemented from April 2019. The measures included doubling the subsidy ceiling to \$20,000 per applicant and raising the upper age limit for applicants from 65 to 70, etc. The enhancement measures simultaneously expanded the scope of CEF courses to all eligible courses registered in Qualifications Register. The scope had been very extensive, including a number of courses related to elderly services and skills for elderly care as well as those suitable for the elderly persons. It was expected that the scope of CEF courses would cover eligible online courses after the first half of 2020. The Chairman invited Members to encourage elderly persons and family carers to make good use of CEF to pursue continuing learning and self-enhancement.

Time of adjournment

15. The meeting was adjourned at 12:15 p.m.

Date of next meeting

16. The date of the next meeting would be announced in due course.
(Post-meeting note: The next meeting was tentatively scheduled for 13 March 2020.)

February 2020