

Dying for Care

A rapidly ageing population and long waiting lists are putting pressure on Hong Kong's ability to provide quality end-of-life care.

– By James Kelly

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Death is not usually a laughing matter, but it seems the reason why so many people in Hong Kong prefer to die in hospital, rather than at home, inspires black humour.

“When I am presenting at international conferences most of the people laugh when I say that a lot of people are actually concerned about property prices”, says Dr Roger Chung, Assistant Professor, Jockey Club School of Public Health and Primary Care at the Chinese University of Hong Kong. “This is very uniquely Hong Kong”.

Chung is leading a team on a three-year study commissioned by the Food and Health Bureau on the quality of healthcare for the elderly and possible end-of-life care models. The report is due this October.

Home and away

In a survey of 1,067 adults aged 30 or older, 80% of respondents said they did not want to trouble their family by dying at home or “in place”. Another 10.7% of people said they would rather die in the hospital than risk damaging the value of their property by choosing to die at home.

“Space is a very important factor; it kind of creates a barrier to facilitate dying in place (at home) in Hong Kong to such an extent it can get ridiculous”.

This preference for death in a public hospital is putting pressure on Hong Kong’s healthcare system and compromising the quality of life during what is referred to as the “last journey”.

“If you look at the system in Hong Kong now, about 90% of people have their place of death as a hospital; in the UK it’s about 50%”, says Thalia Georgiou, Founder of boutique healthcare advisory firm Asia Care Group. Given Hong Kong’s rapidly ageing population, this is of grave concern to health and social care professionals. “It’s a very hospitalised-based system with nothing in between. It’s a very, very sad situation”.

Last year it was reported that Hong Kong overtook Japan to become the longest-living population on earth, with women now on average expecting a lifespan of 87.3 years and men 82.2. By 2043, close to two in five (36%) of the population are expected to be 65 or above, and 10% will be 85 or older. At present almost a third of Hong Kong’s elderly live below the poverty line.



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In Hong Kong, there are 16 hospitals under the Hospital Authority (HA) that provide palliative care services for terminally-ill patients through multi-disciplinary services to ease physical pain, provide counselling and support to patients and their families. The Hong Kong Jockey Club supports hospice and palliative care centres. There are also privately or NGO run hospices, nursing homes, and residential care homes for the elderly (RCHE), many of which operate 30% understaffed due to the lack of trained care professionals in Hong Kong.

Community care

Healthcare experts agree that more emphasis and resources need to be put on community-based care and home support to alleviate the long waiting lists for residential care and ease the pressure on public hospitals.

“Ageing in place as the core, institutional care as back-up” is the Hong Kong government’s fundamental eldercare policy. Its estimated expenditure for subsidised community care and support services for the elderly in 2017-18 is about HK\$2.3 billion.

Professional services firm PwC has been looking into the future of elderly care in Hong Kong and says there needs to be greater focus on community care and the potential of technology like big data to coordinate and share information between patients, families, caregivers and healthcare professionals.

“Because of the ageing population, Hong Kong should really strengthen the community base for the elderly in terms of providing better support, especially on the medical side, and screening to be able to identify the frail elderly earlier and provide more at home support so that they can stay with

the families and relatives”, says Catherine Tsui, Consulting Director with PwC.

“People don’t really have a choice, they don’t have the support they need if they stay at home in the community. That’s why there is such a long waiting list for residential care and it’s also very expensive for the government in terms of costs”, she says.

According to Hong Kong government statistics, residential care may be as much as six times more expensive than home or community care.

It is estimated that about 6,000 elderly die each year while waiting for residential care.

“Anywhere else it would be a front page scandal”, says Georgiou. “We’re a rich city and we’ve got all these people who have been assessed as having a need but are dying before they get the right care that they need. And what a horrible way to spend your last few years, probably bed bound, probably stuck in a flat, ill-equipped for your needs”.

UK experience

According to the 2015 Quality of Death Index, conducted by the Economist Intelligence Unit, Hong Kong ranks 22nd in terms of palliative care across the world. The UK is ranked number one. Last year a delegation of UK care service providers and universities visited Hong Kong to look at the provision of integrated end-of-life care.

“What became apparent from that visit is that there are a lot of solutions to these issues in other markets which aren’t being adopted here”, says Georgiou.

“Age UK is a fantastic exemplar of that; it’s a really patient-centred model. It keeps people happy, healthy, living their lives as free as they can be of hospital admissions and so forth so that last journey is as enjoyable as it can be. There are huge economic benefits for the overall system”.

Age UK is Britain’s largest charity working with older people. It is staffed by care professionals and volunteers, providing a range of support services such as doing the shopping, picking

up a prescription, arranging transportation for appointments, assisting with paperwork or giving the social care professional a break, as well as providing advice and support in advanced care planning.

“The health and social care professionals think this service is invaluable”, says Linsey Lambeth, Age UK’s Strategic Programme Manager. “Where support for older people falls down is often not medical. It’s usually because something basic didn’t happen”.

Age UK is working with the Royal College of General Practitioners and the National Health Service (NHS) to develop a programme to more accurately identify those people who should be included on a GP’s end-of-life register.

“Our priority is helping GPs identify people with 12 months or less and then supporting those people through their journey. If people have enough time they can plan a good end of life”, says Lambeth.


We need to talk about...

Closer to home, Hong Kong could also look at the delivery of palliative care in Taiwan, which was

ranked sixth in the Quality of Death Index, the highest-placed Asian country. Chung says this is due to Taiwan’s investment in end-of-life care over the past 20 years.

Unlike the culture in Hong Kong, where talk of death is regarded as taboo, Taiwan has a more open approach, says Chung. “They have life and death education in Taiwan even for primary school students, they have to talk about these things.

“In Hong Kong the medical curriculum does expose students to the subject but a lot of these courses are not compulsory. Even for doctors in Hong Kong they say death is not our business, we are here only to treat and cure. I’ve heard these kind of comments”.

Taiwan has also legally recognised advanced directives as part of advanced care planning which allow patients to have a say in their medical care at the end of life. From Chung’s survey, more than 60% of people in Hong Kong said they would sign an advanced directive document that gives them more control on how they spend their final moments when they are terminally ill, if it was backed up by legislation. 



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