



賽馬會安寧頌



Jockey Club End-of-Life Community Care Project

International Conference on
Community End-of-Life Care
Sustainable Development and New Frontier

June 17-18, 2021 (Hong Kong Time, GMT+8) | Virtual Conference

Initiated and Funded by:



The Hong Kong Jockey Club Charities Trust

Partner Institution:



Faculty of
Social Sciences
The University of Hong Kong
香港大學社會科學學院

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Welcoming Messages from the Officiating Guests



Welcoming Remark



Mr. Matthew Cheung Kin-chung, GBM, GBS, JP

Chief Secretary for Administration

The Government of the Hong Kong Special Administrative Region



Welcoming Remark



Mr. Leong Cheung

Executive Director, Charities and Community

The Hong Kong Jockey Club



Welcoming Remark



Professor Max Shen

Vice-President and Pro-Vice-Chancellor (Research)

The University of Hong Kong

Welcoming Message from the Conference Co-Chairs

On behalf of the Organising Committee, we warmly welcome all of you for participating in the Jockey Club End-of-Life Community Care Project (JCECC) International Conference 2021.

The JCECC Project was initiated by The Hong Kong Jockey Club Charities Trust in 2016 with an aim to strengthen the end-of-life care (EoLC) in Hong Kong and improve the quality of life of the elderly suffering from terminal illnesses. This is the third conference of the project, but the first ever virtual one. While we regret that the pandemic prevented us from holding a face-to-face conference in Hong Kong, we are excited to meet more participants through the innovative virtual platform.

The pandemic affects not only the conference, but the experiences of families touched by terminal illnesses. With the restriction of visitations in hospitals, more families are opened to dying-in-place. The JCECC project thus provided community-based end-of-life care as a timely and feasible model of care.

In the past five years, collaborators in the JCECC project have made tremendous contributions in service provision and development, as well as knowledge and capacity building in EoLC. Approaching the end of the sixth year of this Project, we hope to consolidate, reflect and share what we have learnt and achieved. Titled Community End-of-Life Care: Sustainable Development and New Frontier, this conference brings leaders in EoLC, practitioners, policy-makers, academia, and researchers from different geographic localities and different disciplines to share cutting-edge development in EoLC, and engage in thought-provoking discussions. Together, we envision and generate future directions for the development in community end-of-life care.

As of June 1, 2021, we have over 1,000 registrants from 19 countries signed up for this conference. We would like to express our appreciation to our keynote speakers, Professor Xavier Gomez-Batiste, Professor Kathy Eagar, and Dr. Heather Richardson. We owe our gratitude to all invited speakers, presenters, and members of organizing committee who contribute to make this high-quality and attractive conference. Last but not least, we are grateful to The Hong Kong Jockey Club Charities Trust for supporting this conference and initiating the project.

We hope that you will find this conference inspiring, rewarding and meaningful. Let's celebrate the past accomplishments, renew friendships, and expand networks in building the community end-of-life care with innovation and sustainability!



Professor Amy Chow Yin-Man

Conference Co-Chair
Project Director, JCECC and
Professor, Department of Social Work and Social
Administration, The University of Hong Kong



Dr Edward Leung Man-fuk

Conference Co-Chair
President, Hong Kong Association of
Gerontology

About the Jockey Club End-of-Life Community Care Project (JCECC)

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Jockey Club End-of-Life Community Care Project

Hong Kong is facing a rapidly ageing population, and the number of elderly suffering from terminal illnesses has also escalated correspondingly. In view of the growing demand for end-of-life care services in the community, The Hong Kong Jockey Club Charities Trust approved a total of HK\$255 million to initiate the "Jockey Club End-of-Life Community Care Project" (JCECC). Launched in 2016, the six-year project aims at improving the quality of end-of-life care, enhancing the capacity of service providers, as well as raising public awareness.

JCECC is a multi-disciplinary, multi-institutional and cross-sectoral collaboration to help enhance end-of-life care in Hong Kong with special emphasis on the interface between social and medical systems. Service models are being developed and shaped to provide holistic support to terminally-ill elders in the community and elderly homes. The goal is to enable the city's older people to have informed choices of care and have an improved quality of life.

The Trust's partners in JCECC are The University of Hong Kong Faculty of Social Sciences, The Chinese University of Hong Kong Jockey Club Institute of Ageing, Hong Kong Association of Gerontology, Haven of Hope Christian Service, The Hong Kong Society for Rehabilitation, St James' Settlement, and S.K.H. Holy Carpenter Church District Elderly Community Centre.



Please visit <http://www.JCECC.hk/>

Initiated and Funded by:



The Hong Kong Jockey Club Charities Trust

Partners:



香港中文大學
賽馬會老年學研究所
CUHK Jockey Club Institute of Ageing



Faculty of
Social Sciences
The University of Hong Kong
香港大學社會科學學院

社
科
人
Scientist



基督教
靈恩堂
協會
HAVEN OF HOPE
Christian Service

香港工作・改變生命



HONG KONG ASSOCIATION OF GERONTOLOGY
香港老年學會



香港復康會
The Hong Kong Society
for Rehabilitation



聖公會聖匠堂長者地區中心
S. K. H. HOLY CARPENTER CHURCH
DISTRICT ELDERLY COMMUNITY CENTRE
(由香港聖公會聖匠堂區牧區牧區)



聖雅各福群會

About the Conference



In 2016, The Hong Kong Jockey Club Charities Trust initiated the Jockey Club End-of-Life Community Care Project (JCECC), aimed at enhancing the end-of-life care in Hong Kong to improve the quality of life of older people with terminal illness. The project involves multi-level of intervention through capacity building for the public, patients and family members, social care professionals and health care professionals, direct service delivery of care in viable community-based service models and rigorous evaluation of the outcomes and impacts of the capacity building and direct care.

The JCECC International Conference 2021 aims to bring together practitioners, researchers, scholars and policy makers worldwide to discuss the future directions of end-of-life service development from public health perspectives, and share best practices and innovations in promoting sustainability and quality of care at the end of life. The conference also provides an opportunity to review the achievements of the concerted efforts of JCECC and our partners in the past six years.

Due to the COVID-19 pandemic, the JCECC International Conference 2021 will be held in virtual format.

Organising cum Scientific Committee

Co-Chairs:

Professor Amy Chow

Project Director, Jockey Club End-of-Life Community Care Project (JCECC)

Dr. Edward Leung

President, Hong Kong Association of Gerontology

Members (In alphabetical order by surname):

Dr. Alvin Chan

Chairman, Board of Education, the Hong Kong College of Family Physicians

Professor Cecilia Chan

Project Advisor, Jockey Club End-of-Life Community Care Project (JCECC)

Ms. Imelda Chan

Head of Charities (Special Projects), The Hong Kong Jockey Club

Dr. Lam Ching-choi

Chairman, Elderly Commission

Ms. Vivian Lee

Senior Charities Manager, The Hong Kong Jockey Club

Mr. Arnold Leung

Senior Service Manager, S.K.H. Holy Carpenter Church District Elderly Community Centre

Ms. Irene Leung

Head of Charities (Trust-Initiated Projects Management), The Hong Kong Jockey Club

Professor Lin Chia-Chin

Head of School, School of Nursing, LKS Faculty of Medicine, HKU

Ms. Liu Kit-han

Director (Rehabilitation), The Hong Kong Society for Rehabilitation

Dr. Susanna Lo

Consultant, CUHK Jockey Club Institute of Ageing

Ms. Yvonne Lo

Senior Manager, St James' Settlement

Dr. Jeffrey Ng

Chairman, Hong Kong Society of Palliative Medicine

Dr. Vincent Tse

Founding Chairman, Society for Life and Death Education

Dr. Paul Wong


Deputy Medical Superintendent, Haven of Hope Sister Annie Skau Holistic Care Centre

Programme Rundown

Pre-conference Seminars (Wednesday, June 16, 2021)	
TIME (HK, GMT+8)	PROGRAMME
9:00am – 10:15am	<p><u><i>Pre-conference Seminar 1: Strategies for Improving Patient Experience in Community End of Life Care</i></u></p> <p>Dr. Ednin Hamzah Chief Executive Officer of Hospis Malaysia, Malaysia</p>  <p>Moderator: Professor Amy Chow Project Director, JCECC Professor, Department of Social Work and Social Administration, HKU, Hong Kong</p>
10:30am – 12:00pm	<p><u><i>Pre-conference Seminar 2: Quality of Death and Dying Index 2021</i></u></p> <p>Dr. Eric Andrew Finkelstein Executive Director, Lien Centre for Palliative Care Professor, Health Services and Systems Research Program, Duke-NUS Medical School, Singapore</p>  <p>Moderator: Professor Amy Chow Project Director, JCECC Professor, Department of Social Work and Social Administration, HKU, Hong Kong</p>
Conference Day 1 (Thursday, June 17, 2021)	
TIME (HK, GMT+8)	PROGRAMME
2:00pm	<p><u><i>Opening and Welcoming Remarks</i></u></p> <p>Mr. Matthew Cheung Kin-chung, GBM, GBS, JP Chief Secretary for Administration, The Government of Hong Kong Special Administrative Region</p> <p>Mr. Leong Cheung Executive Director, Charities and Community, The Hong Kong Jockey Club</p> <p>Professor Max Shen Vice-President and Pro-Vice-Chancellor (Research), The University of Hong Kong</p>
2:30pm	<p><u><i>Keynote Presentation 1: Integrating Palliative Care in the Health and Social Systems: Our Experiences</i></u></p> <p>Professor Xavier Gomez-Batiste Director of the Quality Observatory of the ICO Chair of Palliative Care at the University of Vic, Spain</p>  <p>Moderator: Dr. Edward Leung President, The Hong Kong Association of Gerontology, Hong Kong</p>
3:15pm	<p><u><i>Panel discussion 1: Adaption of Public Health Approach in End-of-Life Care: The Feasible Practice</i></u></p> <p>Discussants:</p> <p>Professor Xavier Gomez-Batiste Director of the Quality Observatory of the ICO Chair of Palliative Care at the University of Vic, Spain</p> <p>Professor Yeoh Eng Kiong Professor of Public Health and Director of the Centre for Health Systems and Policy Research, CUHK, Hong Kong</p> <p>Dr. Tony Ha Chief Manager (Primary & Community Services) Hospital Authority, Hong Kong</p> <p>Dr. Alvin Chan Chairman, Board of Education The Hong Kong College of Family Physician, Hong Kong</p> <p>Moderator: Professor Cecilia Chan Professor Emeritus Department of Social Work and Social Administration, HKU, Hong Kong</p>
4:15pm	Break

4:30pm – 5:45pm	Breakout Session 1				
	Free Paper Parallel Sessions			Invited Seminar 1:	Invited Symposium 1:
	Session 1 (P1): Psychosocial and Family Support Moderator : Dr. Esther Chow	Session 2 (P2): Spiritual care at the End of Life from a Variety of Perspectives Moderator: Dr. Pauline Wan	Session 3 (P3): Grief and Bereavement Care Moderator: Ms. Faye Chan	End-of-Life Care Support to Diverse Populations Dr. Kenny Chui Chi Man Chief Training Consultant, Jockey Club Centre for Positive Ageing, Hong Kong <i>"Listen to Our Voice" – Subjective Views of People with Dementia and their Caregivers for Implementation of Advance Care Planning in Hong Kong</i> Ms. Lin Kwok Yin Molin Professional Services Manager, Children' s Palliative Care Foundation, Hong Kong <i>End-of-life care for children with life-threatening and medical complex condition in Hong Kong</i> Mr. Joseph Lo Yiu Man Training Officer, Jockey Club Academy for Community Rehabilitation, Tung Wah Group of Hospitals, Hong Kong <i>MORE THAN CARE - "End-of-life care for people with intellectual disability"</i> Moderator: Dr. Denise Cheung	Enabling Die at Home Dr. Tracy Chen Palliative Medicine Specialist, Associate Consultant, Haven of Hope Sister Annie Skau Holistic Care Centre, Hong Kong <i>Die at Home for People with Advanced illness – The Facilitators and Barriers</i> Ms. Lai Kit Man Advanced Practice Nurse, Ruttonjee Hospital, Hong Kong <i>Die at Home from Nursing Perspectives</i> Dr. Philip Beh Swan Lip Principal Clinical Practitioner, Department of Pathology, LKS Faculty of Medicine, HKU, Hong Kong <i>Dealing with Death Investigation – Can We Not Be More Holistic in Our Approach?</i> Moderator: Dr. Wallace Chan
					Invited Symposium 2: Enhancing experience of End-of-Life Care and Die at Residential Care Homes for Elderly Dr. Edward Leung President, The Hong Kong Association of Gerontology, Hong Kong <i>The Development of End of Life Care in RCHes in Hong Kong – Issues of Capacity Building</i> Mr. Albert Lam Consultant (Health)5A, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region <i>Government Policy Development on Care and Die at RCHes</i> Dr. Michal Boyd School of Nursing & Department of Geriatric Medicine, University of Auckland, New Zealand <i>Dying Well in Old Age: Integration of Gerontology and Palliative Care in Residential Aged Care</i> Moderator: Dr. Vivian Lou

Conference Day 2 (Friday, June 18, 2021)

TIME (HK, GMT+8)	PROGRAMME					
9:00am	Keynote Presentation 2: Improving the Quality of Palliative Care through Patient Outcome Measurement Professor Kathy Eagar Professor, Health Services Research, University of Wollongong, Australia Director, Australian Health Services Research Institute (AHSRI), University of Wollongong, Australia Moderator: Professor Lin Chia-Chin Head, HKU School of Nursing, HKU, Hong Kong					
9:45am	Breakout Session 2					
	Free Paper Parallel Sessions			Invited Seminar 2: Role of Social Workers in End-of-Life Care	Invited Symposium 3: Building Evidence-based community End-of-Life Care Model	
	Session 4 (P4): Best Paper of Practice Adjudicators: Dr. Ednin Hamzah Chief Executive Officer, Hospis Malaysia, Malaysia Dr. Cecilia Kwan Nurse Consultant, Palliative Unit, Bradbury Hospice, Hong Kong Dr. William Wong Clinical Associate Professor & Chief of Research, Department of Family Medicine and Primary Care, HKU, Hong Kong Moderator: Ms. Chow Sau Fong	Session 5 (P5): End-of-Life Care Capacity Building for Professionals Moderator: Ms. Lucy Lee	Session 6 (P6): Improving Quality of End-of-Life Care in Diverse Settings Moderator : Dr. Cheryl Chui	Session 7 (P7): Communication and Decision-Making in the End of Life Moderator: Dr. Alina Ng	Professor Ellen Csikai Professor, The University of Alabama, School of Social Work, United States of America <i><u>The Role of Social Work in End-of-Life and Palliative Care: Future Challenges and Opportunities</u></i> Ms. Margaret Suen Honorary Lecturer (PT), Department of Social Work & Social Administration, HKU, Hong Kong <i><u>Hong Kong Palliative Care Social Worker: From the Lens of Stakeholders</u></i> Professor Susan Blacker Senior Director, Cancer and Palliative Program Planning and Performance, Sinai Health System, Toronto, Canada <i><u>Preparing Social Workers for the Future of Palliative Care</u></i> Moderator: Prof. Rainbow Ho	Ms. Ha Shuk Wan Carrie Social Worker, The Hong Kong Society for Rehabilitation, Hong Kong <i><u>Care at Home: Empowerment Approach in End of Life Care Service for Non-cancer Patients and Their Family Members</u></i> Mr. Yu Lok Tin Eric Project Manager, St. James' Settlement, Hong Kong <i><u>Cheer-up Activities in the End of Life: Creating Meaningful Moments in Families to Heal Grief</u></i> Ms. Chan Kwan Ning Iris Associate Project Director, The Jockey Club End-of-Life Community Care Project, Faculty of Social Sciences, HKU, Hong Kong <i><u>Evaluation of a Manualized Need-based Community End-of-Life Care Service Model</u></i> Moderator: Dr. Celia Chan

11:00am	Break					
11:15am	Breakout Session 3					
	Free Paper Parallel Session			Invited seminar 3: Facilitating ACP Communication in Community: Practices in Different Countries	Invited seminar 4: Interdisciplinary Education in Palliative Care	Invited Symposium 4: Engaging the Community in Supporting End-of-Life Care
	Session 8 (P8): Best Paper of Research Adjudicators: Dr. Helen Chan Associate Professor The Nethersole School of Nursing Faculty of Medicine, CUHK, Hong Kong Professor Kathy Eagar Professor, Health Services Research; Director, Australian Health Services Research Institute (AHSRI), University of Wollongong, Australia Dr. Jeffrey Ng Chairman, Hong Kong Society of Palliative Medicine, Hong Kong Moderator: Ms. Iris Chan	Session 9 (P9): End-of-Life Care Capacity Building for the Public and Individuals Moderator: Ms. Ellen Ku	Session 10 (P10): Filling the Gaps in Community End-of-Life Care Moderator: Dr. Roger Chung	Ms. Linda Nolte Program Director, Advance Care Planning Australia, Australia Advance Care Planning in Australia: Transforming Advance Care Planning Awareness to Understanding and Action with National Communications, Advice and Support, Volunteers and Education Mr. Andy Sim Principal Medical Social Worker, Medical Social Services, Singapore General Hospital SingHealth Duke-NUS Supportive and Palliative Care Centre, Singapore Expanding advance care planning (ACP) outreach from hospital to community – The Singapore General Hospital Experience Ms. Lin Yi-Yin Vanessa Chief Executive Officer, Hospice Foundation of Taiwan, Taiwan The Strategies and Experiences of the Hospice Foundation of Taiwan (HFT) in Promoting Advance Care Planning (ACP) Moderator: Dr. Angela Leung	Professor Wang Ying Wei Professor, Department of Medical Humanities, Tzuchi University Director, Center for Palliative Care, Hualien Tzuchi Hospital, Taiwan Applying Online/onsite Team-based Learning for Interdisciplinary Education in Palliative Care Dr. Yoshiyuki Kizawa Designated Professor, Department of Palliative Medicine, Kobe University School of Medicine Director, Department of Palliative Medicine, Kobe University Hospital, Japan Promoting Patient-Centred Palliative and End-of-Life Care in Japan: Experiences from Organising Two Nationwide Projects Moderator: Dr. Paul Wong	Dr. Vivian Lou Director, Sau Po Centre on Ageing, Department of Social Work & Social Administration, HKU, Hong Kong Volunteer-partnered End-of-Life Care in the Community – From Capacity Building to Sustainable Development Mr. Arnold Leung Senior Service Manager, Hospice & Bereavement Service Division, S.K.H Holy Carpenter Church District Elderly Community Centre, Hong Kong The Sustainability, Challenges and Opportunities of Volunteering in End-of-Life Care Community Service under COVID-19 Dr. Devyani Chandran Director, Palliative Care Institute, Western Washington University, USA Dr. Marie Eaton Community Champion, Palliative Care Institute, Western Washington University, USA Completing the Palliative Care Puzzle: Involving Community Partners in the Development of Palliative Care Initiatives Moderator: Dr. Ben Law
12:30pm	Lunch Break					
1:15pm	Keynote Presentation 3: Improving End of Life through Community Participation					
	Professor Heather Richardson Joint Chief Executive St Christopher's Hospice, United Kingdom Moderator: Professor Amy Chow Project Director, JCECC Professor, Department of Social Work and Social Administration, HKU, Hong Kong					
2:00pm	Panel discussion 2: Capacity Building: What, When and How?					
	Discussants: Professor Heather Richardson Joint Chief Executive St Christopher's Hospice, United Kingdom Professor Jean Woo Director, CUHK Jockey Club Institute of Ageing, Hong Kong Professor Amy Chow Project Director, JCECC Professor, Department of Social Work and Social Administration, HKU, Hong Kong Dr Helen Chan Associate Professor, The Nethersole School of Nursing, Faculty of Medicine, CUHK, Hong Kong Moderator: Dr. Jeffrey Ng Chairman, Hong Kong Society of Palliative Medicine, Hong Kong					

3:00pm	Break
3:15pm	<p><i>Closing Panel Discussion: Envisioning the End-of-Life Care in 2030</i></p> <p>Discussants:</p> <p>Professor Xavier Gomez-Batiste Director of the Quality Observatory of the ICO Chair of Palliative Care at the University of Vic, Spain</p> <p>Professor Heather Richardson Joint Chief Executive St Christopher's Hospice, United Kingdom</p> <p>Professor Kathy Eagar Professor, Health Services Research, University of Wollongong, Australia; Director, Australian Health Services Research Institute (AHSRI), University of Wollongong, Australia</p> <p>Dr. Lam Ching Choi Chairman of Elderly Commission, Hong Kong</p> <p>Miss Amy Yuen Deputy Secretary for Food and Health (Health) 2, The Food and Health Bureau, The Government of Hong Kong Special Administrative Region</p> <p>Moderator: Dr. Edward Leung President, The Hong Kong Association of Gerontology, Hong Kong</p>
4:15pm-4:45pm	<p>Announcement of best abstract award and closing remark</p> <p>Announcement of best abstracts Dr. Ednin Hamzah Professor Kathy Eagar</p> <p>Closing remarks Professor Amy Chow Dr. Edward Leung</p>

Post-conference Workshops (Saturday June 19, 2021)	
TIME (HK, GMT+8)	PROGRAMME
1:00pm – 3:00pm	<p><i>Post-conference Workshop 1: What We Measure Matters: Improving Palliative Care Through Outcome Measures</i></p> <p>Professor Kathy Eagar Professor, Health Services Research, University of Wollongong, Australia Director, Australian Health Services Research Institute (AHSRI), University of Wollongong, Australia</p> <p>Moderator: Dr. Vivian Lou Director, Sau Po Centre on Ageing, Department of Social Work & Social Administration, HKU, Hong Kong</p>
3:00pm – 5:00pm	<p><i>Post-conference Workshop 2: Integrating Palliative Care in the Health and Social Systems</i></p> <p>Professor Xavier Gomez-Batiste Director of the Quality Observatory of the ICO Chair of Palliative Care at the University of Vic, Spain</p> <p>Moderator: Professor Cecilia Chan Professor Emeritus Department of Social Work and Social Administration, HKU, Hong Kong</p>

Keynote Speakers



Professor Xavier Gomez-Batiste

Director of the Qualy Observatory of the ICO
Chair of Palliative Care
University of Vic, Spain

Keynote Presentation 1: Integrating Palliative Care in the Health and Social Systems: Our Experiences

Biography

- Professor / Chair of Palliative Care. Faculty Medicine. University of Vic – Barcelona (2011 - ...)
- Scientific Director, the La Caixa Program for the psychosocial care of advanced patients and their families (2008-....)
- Director of the WHO Collaborating Centre for Public Health Palliative Care Programmes (WHOCC-ICO) / 'Qualy' Observatory for Palliative Care -. Catalan Institute of Oncology / Catalan Department of Health, Barcelona (2007 – 2020)
- Director of the Master of Palliative Care. University of Barcelona / University of Vic (1999 - ...)
- Medical Officer for Palliative and Long-Term Care, SDS/WHO Int, Geneva (November 2014-May 2015)

Abstract

- Epidemiology of palliative care needs
- Conceptual transitions and challenges of palliative care XXI century
- How to identify and care palliative care patients and their families in health and social services
- How to implement palliative care actions in health and social services
- How to adapt palliative care services and programs to new needs
- How to involve society
- Palliative care as human right

Moderator: Dr. Edward Leung, President, Hong Kong Association of Gerontology, Hong Kong



Professor Kathy Eagar

Professor, Health Services Research,
University of Wollongong, Australia

Director, Australian Health Services Research Institute
(AHSRI), University of Wollongong, Australia

Keynote Presentation 2: Improving the Quality of Palliative Care through Patient Outcome Measurement

Biography

Professor Kathy Eagar is Professor of Health Services Research, Director of the Australian Health Services Research Institute (AHSRI) and Executive Director of the Australian Palliative Care Outcomes Collaboration (PCOC). Now in its 16th year, PCOC is funded by the Australian government as a national program that is fundamental to the delivery of palliative care in Australia. In addition to PCOC, Kathy is also executive director of two other Australasian outcome centres - the Australasian Rehabilitation Outcomes Centre (AROC) and the electronic Persistent Pain Outcomes Collaboration (ePPOC). She has authored over 500 papers on management, quality, outcomes, information systems and funding of health and community care systems.

Abstract

Background: This paper presents a case study from Australia. The Australian Palliative Care Outcomes Collaboration (PCOC) is a 16-year national collaboration that has embedded five standardised clinical assessments and point-of-care outcome measures into daily palliative care clinical practice.

Objectives: PCOC aims to improve outcomes for patients and families by changing clinical practice and by driving quality and outcome improvement.

Practices: Almost 200 palliative care services in Australia routinely collect patient and clinician reported outcome measures. In the home setting, the PCOC measures are collected at every visit. In the hospital setting, the PCOC measures are collected at least once a day.

PCOC uses the data to drive improvements in patient outcomes and service effectiveness. Each service receives a feedback report each six months. Services received their July-December 2020 report in the first week of March 2021. Timely feedback is critical.

PCOC has a national network of Improvement Facilitators who work with each service to identify improvement opportunities and PCOC facilitates service to service benchmarking.

Implications: PCOC now reports each year on about 50% of all predictable deaths in Australia and about 90% of all patients treated by specialist palliative care services.

Moderator: Professor Lin Chia-Chin, Head, School of Nursing, The University of Hong Kong, Hong Kong



Professor Heather Richardson

Joint Chief Executive

St Christopher's Hospice, United Kingdom

Keynote Presentation 3: Improving End of Life through Community Participation

Biography

Heather Richardson works as one of the Joint CEOs of St Christopher's Hospice, London. She has previously held the role of National Clinical Lead for Hospice UK, and worked as Clinical Director, then Strategy Advisor to St. Joseph's Hospice in East London prior to her move at St Christopher's. She has also worked as an associate with the Innovation Unit based in London.

Heather is a registered general and mental health nurse and has worked in hospice/palliative care since 1988. She has a PhD, her research concerned with users' experience of day hospice. More recently she has developed a research interest around public health and end of life care. She currently serves as an honorary professor in palliative care at Lancaster University. In the past she has received the International Palliative Nurse of the Year award issued by the International Journal of Palliative Nursing and other awards related to her role in innovation in healthcare.

Abstract

Background: Care for people who are dying or bereaved has become increasingly professionalised in recent years. Whilst that has benefits in terms of health outcomes and experience, it has also led to care that is shaped primarily by professional interests and skills rather than the goals, aspirations and assets of people directly affected by a terminal condition or loss. As importantly the public feel uncertain about what role they can adopt in caring for someone who is dying or bereaved and increasingly withdraw from action at the very time they could make a real difference to someone's life.

Objectives: Current experience and impact of death, dying and loss could be improved through the involvement of local people, households, groups and communities alongside professionals.

Practices: A more integrated approach to care for people who are dying or bereaved is called for – bringing together the kindness, time and skills of families, friends, neighbours and others with expert professional support. Drawing on a new public health approach to palliative care, a more inclusive and collaborative approach to end of life care is proposed.

Implications: This has implications for professional and lay practice and roles. It calls for an amended and co-produced model of care, new approaches to risk, development of skills and a commitment to partnership. Opportunities exist to learn from the UK and other parts of the world where this approach is already underway as means of identifying opportunities to avoid pitfalls or support replication.

Moderator: Professor Amy Chow, Project Director, JCECC; Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Breakout Sessions 1 (June 17, 2021 | 4:30-5:45pm HK Time, GMT +8)

Session 1 (P1) (Free Paper Parallel Sessions)

Theme: *Psychosocial and Family Support*

From Artmaking to Changemaking: Exploring the Development of the PATCH (Palliative Care Patient-led Change) Program

Amanda ROBERTS

University of Hertfordshire, United Kingdom

Background: The PATCH (Palliative care patient-led change) is an online, artmaking program that supports individuals with a life-limiting illness. This program sought to fill a gap caused by the temporary closure of face-to-face UK hospice-based day therapy programs during the COVID-19 pandemic. Participant reflection underlined the importance of being part of a community which understood the reality of living with a terminal illness and the difficult shifts in self-image such a diagnosis brings. The need to be agential, to continue to have an impact on one's own life and that of others, was also strongly voiced.

Objectives: Individuals with a terminal illness are invited to join the PATCH, to identify an individual issue they wish to address and to take action which leads to change.

Practice: The program's development was informed by a conceptual framework, offering a tentative theory of the relationship between identity, moral purpose, agency and changemaking activity. The PATCH group facilitator supports participants' changemaking activity, working through the steps of a new patient-led change model. Participants offer mutual support and critique, leading to an end product which can be shared with others, for example, a leaflet exploring how one might structure difficult conversations with loved ones.

Implications: This presentation details a proposed practice, the PATCH program, which challenges stereotypical views of palliative care patients. It offers a new community-based approach to end-of-life care provision which, in enabling participants to change things around them, gives the potential for personal, positive identity change.

Community-based Group Creative Arts Therapy for Cancer Patients Under Palliative Care

Nga Chee Tristan CHAN

Hong Kong Cancer Fund, Hong Kong

Background: Addressing death issues with patients receiving palliative service is an early work in end-of-life care. Non-verbal creative means support the process of discussing good death in a non-threatening environment.

Objectives: To pilot a 6-session theme-based creative intervention designed to address good death with patients referred to palliative service in a community setting, and to evaluate the role of arts in relation to therapeutic goals on stress release, connection with spiritual self and promotion of self-acceptance.

Practices: Participants created art and music work with themes adopted from recent good death research, including spiritual needs, death anxiety, afterlife, and open and honest communication with family and loved ones. Participants in irreversible conditions were openly recruited. The therapeutic effects and the role of creative means were reflected in thematic structure by participants and creative arts therapists. The evaluation adopted a pre-post test design using patient satisfaction forms, the Distress Thermometer (DT), the Chinese Version of Short Warwick and Edinburgh Mental Wellness Scale, and the Chinese Death Anxiety Inventory. The group with the same themes were repeated 5 times in 3 years.

Implications: Participants reflected that they felt safe to address dying issues with creative means and felt at ease and empowered. The imaginative space and relaxing nature of arts should be further applied and researched. The mean DT reduced from 5 to 3.86 (n=16); the overall score of C-SWEMWBS increased from 23.1 to 25.9 (n=16), suggesting that the key therapeutic goals were achieved.

Effective Implementation of Electronic Cognitive Behavior Therapy (eCBT) for Depressed Patients in Palliative Care

Yat Fung NG

The University of Hong Kong, Hong Kong

Background: Psychological intervention is indispensable to bereavement care. According to the Stepped-Care model, psychologists will perform conventional face-to-face therapies on palliative patients with mild to moderate Major Depressive Disorder.

Objectives: During Covid-19 pandemic, psychological therapies were computerized. Practically, therapists deliver electronic Cognitive Behavior Therapy (eCBT) through 10-20 pre-recorded videos and video calls to patients. By delivering techniques such as cognitive restructuring and role-playing, these videos help patients to identify flawed thinking patterns and correct their negative thoughts into positive beliefs.

Practices: Multiple literature reviews demonstrate that both face-to-face CBT and eCBT are highly effective in coping with depressions. Furthermore, eCBT is more cost-effective as videos are rewatchable and reusable for various patients. It breaks the temporal and spatial barriers. Patients' well-being can be maintained even when lacking manpower or in extreme time during natural disaster or pandemic. Patients can be benefitted by cutting the expenses and commuting time to meet the therapist. These expenses and time can be re-utilized to complete their end-of-life wishes. By using computerized therapy, more patients can be treated with the same amount of personnel. Thus, palliative service can widely adopt this significantly cost-effective and feasible psychotherapy.

Implications: Despite advantages are shown in eCBT, patient compliance is a challenge. Patients with decreased cognitive ability or without computers such as dementia patients and older adults are not capable of receiving eCBT. Children and younger adults are proposed to be the main targets of eCBT. To practice mental care effectively, therapists should consider patients' capability in receiving eCBT.

Caregiving Experiences of Family Caregivers of Cancer Patients in China: A Qualitative Meta-synthesis

Long Tao HE, Han WU

Southwestern University of Finance and Economics, China

Background: The care of cancer patients can have a variety of effects on family caregivers.

Objectives: To systematically integrate and evaluate the caregiving experience of family caregivers of Chinese cancer patients.

Methods: All qualitative studies in relation to caregiving experience of family caregivers of cancer patients in China was systematically retrieved from Web of Science and CNKI. Databases were searched from inception to December 31, 2020. Eligible studies were chosen after careful selections. We chose the 2016 Australian JBI (Joanna Briggs Institute) Evidence-based Health Care Center's Qualitative Research Quality Evaluation Standard for quality evaluation.

Results: 16 studies (6 Chinese studies and 10 English studies) were included in the final selection. Three primary themes could be summarized, namely: Patient-centered caregiving skills and care needs, Care burden and Care gains. Each overarching theme was then broken down into relevant sub-themes. Patient-centered caregiving skills and care needs consisted of the following sub-themes: care skills, medical information, spiritual support, economic support, and social support. The theme of care burden comprised the physical, psychological and emotional, economic and work-related, social, and communication dimensions of burden. The theme of care gains included sub-themes of improved intimacy, personal growth, spiritual gain, enhanced reputation, and improved understanding of love.

Conclusions: By utilizing a qualitative meta-synthesis method, we gain a deeper understanding of the caregiving experience of family caregivers of cancer patients in China, which can offer directions on developing a targeted service for family caregivers among relevant health sectors.

A Qualitative Meta-synthesis of the Caregiving Experiences of Family Caregivers of Children with Terminal Illness

Long Tao HE, Meng Hua LI

Southwestern University of Finance and Economics, China

Background: Family caregivers, specially parents, are significantly important in the care for children at the end of life. However, family caregivers face a variety of challenges in providing care. Therefore, a comprehensive understanding of parents' experience in caring for children can help health professionals, such as social workers, better understand and provide efficient support to family caregivers.

Objectives: By systematically analyzing the chosen qualitative studies, we aim to understand the caregiving experiences of parents of children with terminal illness.

Methods: All qualitative studies were retrieved from Web of Science and CNKI. The searches were conducted from inception to February 21, 2021. The Australian JBI Evidence-based Health Care Center of Systematic Reviews Checklist for Qualitative Research was adopted for quality evaluation.

Results: 11 studies were included in the final selection. Parents' caregiving experience were divided into three treatment stages, namely the pre-treatment, middle treatment and post-treatment stages. Each treatment stage included four primary topics: 1) care challenges, 2) care incentives, 3) experience in negotiation, and 4) parents' coping strategies. Each primary topic contained multiple sub-topics including emotions and feelings, care burden, learning of care skills, experience of negotiating with others, sense of self-responsibility, hope for life, and farewell.

Conclusions: By utilizing a qualitative meta-synthesis method, a comprehensive understanding of the caregiving experience of patients of dying children is obtained, thereby provides essential information for health social workers to provide counseling and support problem-solving of parents, and thus improve professional services for parents of children in the end of life.

Moderator: **Dr. Esther Chow**, Associate Professor, Department of Social and Behavioural Sciences, City University of Hong Kong, Hong Kong

Session 2 (P2) (Free Paper Parallel Sessions)

Theme: *Spiritual Care at the End of Life from a Variety of Perspectives*

Buddhist Principles and Practices Applicable to Palliative Care Settings

Jon REID

Centre of Buddhist Counselling, The University of Hong Kong, Hong Kong

Background: Buddhism and Buddhist practice have been inextricably linked to suffering, dying, and death since the Buddha, Sidhartha Gautama, experienced enlightenment to the true nature of reality and delivered his first sermon on the Four Noble Truths and the dependently arisen nature of existence. However, rather than being a morbid religious practice, the outcome of Buddhist practice is to live life fully every day with the resulting gratitude and happiness as outcomes. These outcomes apply to the person who is dying as well as family members. **Objectives:** This presentation will identify specific principles from the Buddha's teaching as well as modern interpretations from Buddhist-inspired practice in working with the dying. Specific principles include the nature and causes of suffering, wisdom, compassion, causes and conditions, nonattachment, principles of interdependence, and impermanence. Examples include the story of Kisa Gotami, the imagery of the Lotus flower, and the story of the Two Arrows.

Practices: addressed will include preparing oneself to work with the dying and their families, attitudes essential to working with the dying, and how to take care of oneself as a caregiver, whether professional or a family caregiver. Examples include types of meditation, controlling the breath, and mindfulness practice. Chanting of Buddhist scriptures has also been shown to provide comfort for those who are grieving.

Implications: Buddhist principles for caregiving have immediate applicability for intervention at home or institutional settings. Personal applicability for professional caregivers has the potential for life-long benefit.

An Intercultural Interpretation of Integral Human Development and Chinese Wisdom Traditions: Implications to End-of-Life Care

Christine LAI

Holy Spirit Seminary College of Theology & Philosophy, Cambridge Margaret Beaufort Institute of Theology, HK Bioethics Resource Centre, Hong Kong

Background: Hong Kong is moving to an ageing population and people aged 65 and above is projected to rise to 32 percent by 2041. Ageing especially the end-of-life stage is always being perceived as despair and frailty. However, end-of-life can also be dynamic with growth and wisdom when tapping into our intercultural resources.

Objectives: The present article shares the implications to end-of-life care by adopting the concept of “integral human development” from Catholic social teaching and its interpretation of Chinese wisdom traditions in an intercultural context of Hong Kong.

Practices: By operationalizing the concept of integral human development and Chinese wisdom traditions of Confucianism and Buddhism, a qualitative study of interviews of the cross-disciplinary service providers and caretakers for end-of-life like professionals in health care, social care, non-profit organization as well as family and elderly. The focus will be on the intercultural elements like quality of life, connectedness and intergenerational relationship in empowering the end-of-life care. Under this intercultural interpretative framework, a new perspective may enrich the understanding and practice to end-of-life care.

Implications: Through an intercultural lens of Chinese wisdom tradition, the understanding of integral human development is broadened and its implications in the intercultural context of Hong Kong. The traditional Confucian and Buddhist values of individual and familial support together with an integral perspective borrowed from integral human development may empower end-of-life care. By tapping into the intercultural dimension, its significance and implications may help capacity building and future direction of end-of-life care.

Giving Voice to the Voiceless: The PRIME Model for Preparing a Eulogy

Tommy LIANG

Hong Kong Cancer Fund, Hong Kong

Background: One of the most perplexing challenges faced by end-of-life care providers is helping homebound patients achieve a sense of mastery, dignity and completion. Dialogue among the dying patient and the social worker throughout the helping process under social distancing measures deserves greater attention. Hong Kong Cancer Fund is committed to providing innovative, holistic care to cancer patients; especially palliative interventions that reach beyond the domain of pain and symptom management, to facilitate a beautiful closure for dying persons.

Objectives: To (1) underscore the existential role of social worker in palliative care, (2) address the needs of the dying, and (3) introduce workable steps of preparing a eulogy with dignity themes.

Practices: A social worker offered his patient a combination of office interviews, hospital visits and tele-interventions between May 2017 and December 2020. He adopted the PRIME model, which focuses on the social worker's Philosophy, Readiness for end-of-life dialogue, patient's Inclination, information Management, and Elicitation of the message, in preparing a eulogy, a mini life review, for a young adult with nasal cavity cancer. The eulogy was delivered at the funeral and released on social media in January 2021. The patient's beloved ones were deeply touched and perceived it as a completion goodbye ritual.

Implications: Steps on how the PRIME model is used in facilitating a meaning-discovery process with the patient throughout the illness trajectory shall be shared. This case study clearly demonstrated that both competencies and creativity of the social worker are essential to end-of-life care.

Fulfilling Personalized Wishes of Older Adults in Hong Kong: A Review on Wish Fulfillment Programme in Residential Care Homes for the Elderly

Ho Kong CHAN, T.Y. Nicole SHAM, K.W. Shirley WONG

The Salvation Army Palliative Care in Residential Care Homes for the Elderly, Hong Kong

Background: Developmental challenges faced by older adults are complex, especially in existential level such as contemplating life's meaning and purpose. To address their existential needs, The Salvation Army Palliative Care in Residential Care Homes for the Elderly (RCHEs) launched a "Wish Fulfillment Programme" to serve nearly 150 elderlies in residential care homes and make their wishes come true.

Objectives: This paper aims at reviewing the "Wish Fulfillment Programme" through summarizing the demographic data, type of wishes implemented and participants' feedback. The findings will shed light on quality service provision, identifying unique outcomes in the Chinese context and suggesting broader choices given to older adults in service delivery.

Practices: Characteristics of participants and the wishes implemented would be analyzed and discussed. Feedback of older adults and their relatives involved in the Programme would be collected through questionnaire. Practitioners' self-reflection on the experiences in identifying older adults' wishes and implementing the Programme would also be examined.

Implications: This study affirms the significance and sustainability of wish fulfillment programme for older adults and provides insights for enhancing end-of-life care services in RCHEs. First, the individuality and personalized wishes of older adults should be recognized as essential elements in holistic care. Second, wish fulfillment is effective to resolve past regrets, cherish living the present and plan for the future, promote positive emotions with greater self-autonomy and better preparation for death. Third, family engagement plays an essential role in Chinese societies, which strengthens family connection and acts as a family legacy for better bereavement adaptation.

Moderator: Dr. Pauline Wan, Lecturer, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Session 3 (P3) (Free Paper Parallel Sessions)

Theme: *Grief and Bereavement Care*

Personalized Funeral Services Could Provide 'Good Grief' in Hong Kong and Should be a Benchmark of Funeral Service

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¹ Forget Thee Not, Hong Kong, ² Health in Action, Hong Kong

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Background: Literature suggested that adequate emotional expression, re-constructing life significance after loss and establishing a continued and transcendent bond with the deceased are important functions of a funeral which could provide coping and healing effects. Personalized funeral service with life celebration is recognized for such functions but yet to be a normative practice in Hong Kong.

Objectives: This study aims to evaluate whether 'good grief' could be fulfilled by such service and identify essential therapeutic elements.

Methods: Forget Thee Not (FTN) is an NGO practicing personalized funerals with life celebration. Through qualitative research methodology, personalized funerals for more than 40 families provided by FTN (2018-2019) were reviewed. 52.6% of funerals were non-religious. Face-to-face interviews, followed by thematic analysis, were applied.

Results: Results showed that families construed their funerals as an occasion to emotionally process their loved ones' deaths, celebrate the unique and colorful lives of the deceased, and reflect on the meaning of life. They could actively involve in the decision-making from initial engagement to service delivery. Critical factors identified were: (1) preserve dignity of the deceased, (2) attentive to the psycho-social-spiritual needs of the grieving members, (3) fulfill the idiosyncratic demands on tailor-making the ceremonies according to the personality and life stories of the deceased, (4) empathetic companionship during after-funeral periods and (5) warm and peaceful context. There was no difference between religious or non-religious funerals.

Conclusions: This study provides a new standard and guidance on how to fulfil 'good grief', as 70% of Hong Kong Chinese are non-religious.

Insights into the Psychological and Emotional Experiences of Parentally Bereaved Young People: A Grounded Theory Study of Premature Grief and Bereavement

Shelley GILBERT

Grief Encounter, United Kingdom

Background: There has been a tendency to overlook children, young people and their family in our models, theories and studies of grief and hence to acknowledge the significance of premature deaths as a cause of pain and psychological problems.

Objectives: The research aimed to explore the under-researched area of the lived psychological and emotional experiences of parentally bereaved young people and the challenging and helpful aspects of support, from the young people themselves.

Methods: Eleven parentally bereaved young people, principally identified by a secondary school in North London, participated in the study. Semi-structured interviews, CORE-YP and a creative activity were used to elicit the responses of the participants. Grounded theory based on Charmaz's social constructivist approach was used to analyze the findings.

Results: The five superordinate themes of "Losses", "Disrupted Identities", "Struggling to make sense of grief", "Role of others", and "Finding a new kind of normal", were captured in all 11 participants. Underlying core processes identified were: the traumatic impact of premature death including fear and safety issues, identity challenges, isolation and reconnecting and existential challenges to meaning and beliefs. Time and ambivalence were identified as the overarching themes.

Conclusions: Bridging research and practice, recommendations are made using a multisystem approach. This includes improved trauma and counselling support for bereaved family support programs, new information guides

for bereaved young people, revised model of grief and bereavement training programs for professionals. Recommendations and opportunities are also made for further research and dissemination of information on best practice.

Mental Accommodation and Grief of the Migrant Care Workers in Taking Care of Patients with Terminal Illness

Jyh-Gang HSIEH, Ying-Wei WANG

Department of Family Medicine, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Taiwan

Background: Most migrant care workers in Taiwan take care of household's senior or sick members. They may face cultural differences and have to deal with personal and spiritual matters while caring for patients in their end-of-life.

Objectives: To explore the bereavement reactions of migrant care workers of dying patients in Taiwan. **Methods:** Indonesian care workers who took care of patients under palliative care for at least six months were invited to join the study. Individual in-depth interviews were conducted with these care workers together with an Indonesian-born Chinese consecutive interpreter. The interviews' verbatim transcriptions were converted to digital form, translated to Chinese and analyzed with the qualitative analytic software.

Results: Ten married female Indonesian care workers aged between 25 and 45 were interviewed. They regarded the care recipients as their parents or grandparents, so they felt sad witnessing the patients suffer from various symptoms. They even felt guilty after the patients passed away and blamed themselves for doing or not doing something. They expressed needs for families or doctors to help them understand that the patient was dying, so they would not feel shocked when the patient passed away. They usually cope with grief by praying, listening to Islamic music, watching interesting videos on YouTube, talking to other Indonesian care workers, or making a phone call to their family.

Conclusions: More social support and teaching of coping strategies towards death and dying are needed among migrant care workers, which currently receive insufficient attention from the Taiwanese government.

Survivor and Bereavement Care Are Following Biocide Disaster and the Role of Social Work

Seunghoon OH

Durham University, United Kingdom

Background: The Korea Centre for Disease Control reported in 16th, 4, 2021 that the total number of deaths was 1,653, with a further 5,766 people suffering from lung damage and a wide range of rare diseases that were directly related to the use of Humidifier Disinfectant. Moreover, according to Supporters for Health and Rights of People in the Semiconductor Industry, the number of workers' illnesses is 368 and the death toll hits 134 within the electronic industry.

Objectives: To identify the social worker's role in coping with enhanced survivorship and bereavement care. Based on critical ethnography (observations, in-depth interviews and reading patients' medical files), a total of 120 interviews took place.

Practices: The emerging themes were elaborated in the following areas: (1) The role of social workers should require the alleviation of not only disaster-related grief but also the oppression found at local, national, and international levels. (2) Focusing on the patient and their family members can help to eradicate their oppression, helping to deal with their guilty feelings in securing bereavement care and embracing the concepts of participation, partnership and empowerment which offers the potential for the service user's voice to be heard and acted upon. (3) Their role suggests a reframing health care transition in community care by using anti-oppressive practice.

Implications: An anti-oppressive practice implemented in South Korea exemplifies addressing the concealed information for social justice. When identifying the forms of oppression, it implies a model of anti-oppressive practice from the effects of the biocide disaster.

You Are Not Alone (YANA): Community-based Holistic Care for Underprivileged Widows and Dependent Children

Tsz Leung WONG, Ka Lee Grace WONG, Yan Christina LI

Heart-to-Heart Life Education Foundation, Hong Kong

Background: YANA is a community and family-based intervention program launched in 2018 for deprived widows and their children during their grieving journey. Funded by Family Trust, a comprehensive community network including NGOs, schools, and professionals was developed in YANA to advocate social capital and resources.

Objectives: To strengthen the parent role of newly widowed mothers with family-oriented service, interdisciplinary collaboration and community engagement.

Practices: The project adopted a holistic care model aimed at addressing the various needs of bereaved families. Widowed parents may be at heightened risk for complicated grief. Unprepared widowhood shock is particularly stressful for sudden altered parenting roles. Reinforcing widowed parenting could enhance protective factors against traumatic grief or mental health problems. The holistic care was achieved through the interdisciplinary collaboration including social workers, teachers, music, art and speech therapists, with close collaboration with community women, religious and educational organizations, while strengthening the neighbourhood support network simultaneously. The holistic care was provided in three perspectives: 1) Physical: navigating life transition, financial and career advice by professionals; 2) Psychological: family grief counselling dealing with complex grief emotions by interdisciplinary therapists; 3) Social: gaining concurrent mutual support from spousal-bereaved groups and engaging neighbourhood local community networks.

Implications: Majority of service users have demonstrated reduced grief and stress level, renewed hope of the future, increased confidence to cope with life-changing loss, and a community support network was developed. Mutual enhancing impact was manifested that many service users had become potential volunteers in end-of-life hospice services and bereavement groups.

Moderator: Dr. Faye Chan, Nursing Officer, CUHK Jockey Club Institute of Ageing, Hong Kong

Invited Seminar 1: End-of-Life Care Support to Diverse Populations



Dr. Kenny Chui Chi Man

Chief Training Consultant, Jockey Club Centre for Positive Ageing, Hong Kong

Dr. Chui is the Chief Training Consultant of the Jockey Club Centre for Positive Ageing. He is the co-director of Advanced Diploma Programme in Dementia Care in the Chinese University of Hong Kong (CUHK) and received his PhD in Social Welfare from CUHK. He got three Masters degrees in Clinical Gerontology from CUHK, Dementia Studies from the University of Stirling and Social Service Management from CUHK respectively. He was the former lecturer of Faculty of Medicine, CUHK and was awarded Teacher of the Year in 2016. He was the 28th Outstanding Social Worker in Hong Kong and international advisor of Dementia Alliance International. As a member of World Young Leader of Dementia and a dementia care advocator, he is dedicated to promote the voice of people with dementia and their families. His expertise covers the areas of academic research, programme curriculum, consultative training, public education, project development and management and advocacy. He collaborates with various overseas organizations and actively promote the dementia inclusive languages in Hong Kong.

“Listen to Our Voice” – Subjective Views of People with Dementia and their Caregivers for Implementation of Advance Care Planning in Hong Kong

Background: According to the 2015 Quality of Death Index: Ranking of Palliative Care Across the World, Hong Kong was ranked at 22nd of 80 countries which should be improved in the coming decades. Implementation of advance care planning in dementia care and listening more to the subjective views of people with dementia became vital for a person-centred care approach in Hong Kong. In reviewing the barriers of local practitioners to promote advance care planning, it is necessary for people with dementia and family members to be involved.

Objectives: To examine the subjective views of people with dementia and their caregivers in experiencing the implementation of advance care planning.

Practices: People with dementia were interviewed regarding their perception of advance care planning. Interpretivism and thematic analysis were partly adopted. The preliminary findings from our practices were (1) Good and trustful relationship between stakeholders; (2) Clear and easy-to-understand information with professional advice; (3) Special communication skills and preparation of visual materials; (4) Systematic records and ongoing documentation; (5) Relaxed places and dementia friendly environment.

Implications: Advance care planning is a 'process' rather than a 'result' in the experience of people with dementia which professionals have to aware of and uphold the quality of dementia care in Hong Kong. The case management model facilitates the discussion of the expectation of care and supports mood variation during the journey of dementia. Hence, there is an urge to highlight advance care planning as one of the critical elements in designing the post-diagnostic support dementia care services.



Ms. Lin Kwok Yin Molin

Professional Services Manager, Children's Palliative Care Foundation, Hong Kong

Lin Kwok Yin, Molin is working as the Professional Services Manager in Children's Palliative Care Foundation (CPCF). CPCF is an entity of Children's Cancer Foundation (CCF) has been established in 2018. Molin joined CCF to set up the Palliative and Home Care Service for children suffering from advanced cancer in 1999. CCF is a non-government organization. Since 2011, CCF started a pilot project to provide services to non-cancer patients who need palliative care and their families. CPCF established after 7 years since the pilot project showed the demands of children's palliative care services for both cancer and non-cancer patients who are suffering from life-threatening and medical condition.

In the past 21 years, Molin was leading the development of CPC services that is the main community-based children's palliative care services in Hong Kong. From serving cancer patients to non-cancer patients and their families, this service model fills in the health care services gap in Hong Kong.

End-of-Life Care for Children with Life-threatening and Medical Complex Condition in Hong Kong

Background: Every year nearly 2.5 million children die needing palliative care and pain relief and more than 98% of these children are from developing countries. More than 5.3 million children aged 15 years or younger experience serious health related suffering each year worldwide. In Hong Kong, number of registered deaths under age 18 was 256 and half of the deaths occurred before the age of one.

Objectives: Children and their families have specific and intensive palliative care needs that can easily be overlooked because the absolute number of paediatric patients is low compared with adults (Knaul FM, et al. 2017). This service gap occurs in Hong Kong that need to be filled in. The goal of children's palliative care service is to enhance children's and their families' quality of life.

Practices: The first leading service related to children's palliative care was the Palliative and Home Care Services set up by Children's Cancer Foundation in November 1999. Though the services have been developed for two decades but the progress was slow until a paediatric palliative care service has been set up in Hong Kong Children's Hospital in 2019.

Implications: Because of the limited resources and not well-known concepts amongst health care professionals working in paediatric field, there are many challenges face the families, and teams who are supporting them, in caring for children with life-threatening illness and medical complex condition, particularly at end-of-life stage that raises many issues relating to communication and decision making such as advance care planning and DNACPR discussion.



Mr. Joseph Lo Yiu Man

Training Officer, Jockey Club Academy for Community Rehabilitation, Tung Wah Group of Hospitals, Hong Kong

Joseph Lo provides training programs related to rehabilitation services to staff, care-givers and general public in Hong Kong, Macau and Mainland China, with an aim to promote understanding to the needs of persons with disabilities, at the same time, to provide needed emotional and psychological support to care-givers. He is also the project leader of the “Embracing the setting sun” since 2008, it set up to provide holistic comfort care to persons with disabilities including aged person with visually impairment, persons with intellectual disabilities and persons with seriously physically handicapped who suffer from terminal illness, supporting them to walk through their life path with dignity.

MORE THAN CARE - “End-of-Life Care for People with Intellectual Disability”

Background: With the increased life expectancy in Hong Kong, people with intellectual disabilities (PwIDs) have become more likely to be exposed to the death and dying issues of their family members. Contradictory to popular belief, research suggested that PwIDs could understand the concept of death and dying. This arouses attention of the society to the needs of end-of-life care (EoLC) services among PwIDs.

Objectives: To rethink end-of-life care (EoLC) for PwIDs and consolidate the practice wisdoms

Practices: Communication barrier is a key concern in the care for PwIDs who face death and dying. However, this barrier might not solely because of communication deficits, but also the preconceptions of caregivers that “PwIDs cannot understand death”. Indeed, based on the abilities of the PwID, drawing, story-telling, the presence of a familiar caregiver, and extra attention to non-verbal cues can help PwIDs understand and express their thoughts towards life and death. This process allows PwIDs to be heard and understood. Moreover, the understanding that life and all relationship have a limit may facilitate PwIDs’ adaptive responses not only to death issues, but also to their existing relationship with people around.

Implications: EoL care for PwIDs is more than just a “care” during EoL, but a mean that allow PwIDs to be seen, listened, and understood, which eventually would lead to enhanced understanding on life, changes in life, and enhanced quality of life.

Moderator: Dr. Denise Cheung, Assistant Professor, School of Nursing, The University of Hong Kong, Hong Kong

Invited Symposium 1: Enabling Die at Home



Dr. Tracy Chen

Palliative Medicine Specialist, Associate Consultant, Haven of Hope Sister Annie Skau Holistic Care Centre, Hong Kong

Dr Chen obtained her undergraduate Medical qualification at HKU and her Palliative Medicine Specialist qualification in 1997 and 2005 respectively. She is currently the associate consultant at Haven of Hope Sister Annie Skau Holistic Care Centre, Hong Kong. The Centre is offering a wide spectrum of care ranging from Geriatric Rehabilitation, Quality-infirmarary Care to Palliative Care. In the community, Dr Chen is also the team leader of the JCECC "Hospice at Home" program. The team is providing holistic care to elderlies with advanced illness since 2016, aiming to reduce unnecessary hospital admissions.

Die at Home for People with Advanced illness – The Facilitators and Barriers

Background: Home death is uncommon in Hong Kong. The infection control and visitation restrictions at hospitals during COVID-19 pandemic has induced a surge in demand for healthcare support to enable die-at-home. However, factors affecting the success of die at home in Hong Kong remains under-researched.

Objectives: To explore the facilitators and barriers in home death in the Hong Kong context.

Methods: Retrospective clinical record review was conducted on patients with advanced illnesses who received palliative home care service from the Haven of Hope Christian Service under the Jockey Club End-of-life Community Care (JCECC) between Mar 2020 and February 2021.

Results: A total of 34 patients requested for support on home death during the period. Fourteen (41.18%) passed away peacefully at home, 13 (38.24%) passed away on arrival to Accident & Emergency Department or within 24 hours after admission to hospitals, 7 (20.59%) failed to continue the plan and opted for in-patient care for further management. Identified facilitating factors included: clear expression of the wish to die at home by the patients (62.96%), having committed caregivers (37.04%), poor experience of hospitalization (14.81%) and appropriate home environment (11.11%). Among those who failed to continue to stay at home, the identified barriers were: the need for intensive medical care (57.14%), difficult symptom control (28.57%), caregiver stress (28.57%), and families' anxiety regarding the home death process (14.29%).

Conclusions: Public education promoting advance care planning, adequate support to caregivers, and sharing of successful home death experiences are essential in enabling dying in place.



Ms. Lai Kit Man

Advanced Practice Nurse, Ruttonjee Hospital, Hong Kong

Ms LAI Kit Man is a nurse consultant of palliative care in Hong Kong East Cluster, Hong Kong Hospital Authority. She has all-round hospice and palliative experience including in-patient care, home care, ambulatory care, in-patient consultative and bereavement care. Ms Lai is currently the honorary secretary and editorial board member of Hong Kong Palliative Nursing Association. She is also a member of Training Subcommittee of Central Committee on Palliative Care, Hospital Authority.

Die at Home from Nursing Perspectives

Nowadays, Hong Kong rapid ageing population means there is a growing demand for end-of-life care in the community. According to the Hong Kong Census and Statistics Department and Hospital Authority Statistics, in 2019, over 90% of people died in hospital. The number of deceased included terminal cancer and various advanced disease. Most Hong Kong people have barriers of the die at home include social taboo, lack of death education and lack of community support, although palliative care service facilitates to patient die at home as needed. In addition, change is in the air recently. Since the increasing trend of patients with advanced disease expressing their wish to prefer to die at home instead of hospitalization during end-of-life. They wish to stay with familiar face or family of their final days, without any restriction of accompanying the patient, die in dignity and comfort. In this presentation, the experience of nursing support and further interventions to facilitate palliative care patient who wishes to die at home will be shared.



Dr. Philip Beh Swan Lip

Principal Clinical Practitioner, Department of Pathology, Li Ka Shing Faculty of Medicine, HKU The University of Hong Kong, Hong Kong

Dr. Philip Beh worked as a forensic pathologist since 1982 and has personally interviewed next-of-kin of individuals whose death have been reported to the Coroner. Dr. Beh is also a Foundation Fellow of The Hong Kong College of Pathologist, The Hong Kong Academy of Medicine and the Faculty of Forensic and Legal Medicine of the Royal College of Physicians, UK. He is currently the Co-Director of Centre for Medical Ethics and Law at HKU, since its inception.

Dealing with Death Investigation – Can We Not Be More Holistic in Our Approach?

Worked as a forensic pathologist since 1982 and have interviewed next-of-kin of individuals whose deaths have been reported to the Coroner both in the context of sudden unexpected, unnatural deaths but also in the context of deaths following hospital stay. Even now with widely available information online, bereaved family members struggle with the many “legal procedures” required in dealing with a death. Officialdom needs to review antiquated practices and introduce procedures that respect cultures without compromising legitimate needs for investigation.

Moderator: Dr. Wallace Chan, Associate Professor, Department of Social Work, The Chinese University of Hong Kong, Hong Kong

Invited Symposium 2: Enhancing Experience of End-of-Life Care and Die at Residential Care Homes for Elderly



Dr. Edward Leung

President, The Hong Kong Association of Gerontology, Hong Kong

Dr. Leung is currently Hon Consultant Geriatrician and Director of Geriatric Medicine Centre (Healthy Ageing) Of Hong Kong Sanatorium and Hospital., Hon Associate Professor of Department of Medicine, Chinese University of Hong Kong, Hon Associate Professor of Department of Medicine and Department of Social Work and Social Administration of University of Hong Kong. He is also President of Hong Kong Association of Gerontology.

Dr. Leung is council member of International Association of Gerontology and the Asia/Oceania Region of IAGG. He also serves as convenor of the Scientific Subcommittee of Clinical Medicine of the Asia/Oceania Region of IAGG.

Dr. Leung's major research interests are epidemiology in old age, health promotion, end-of-life care, osteoporosis, fall, stroke, incontinence, long term care and public policy in old age. He is a major advocate in promoting End of Life Care for Older People in Community and Residential Care since 2007. He has been leading the development of the JCECC End of Life Care in RCHES since 2016.

The Development of End of Life Care in RCHES in Hong Kong – Issues of Capacity Building

Background: With a rapidly ageing population, there is a growing number of older people admitted to residential care home for the elderly (RCHES) in Hong Kong. Preferably, residents should be taken care in their institutions at the final days, but in reality many RCHE residents suffered from frequent hospital admission and spent most of their final days in hospital. To enable RCHES to provide End of Life (EoL) care, the Jockey Club End-of-Life Community Care (JCECC) Project has implemented EoLC capacity building program in 48 RCHES since 2016.

Objectives: To discuss the JCECC Capacity Building for RCHES in Hong Kong and its impacts on EoL care in RCHES.

Practices: Manpower shortage, the lack of knowledge and skills and medical support, physical and legal limitations are the barriers to EoL care provision in RCHES. On the hardware side, RCHES were supported to set up a special EoL care room and a standardized service protocol to guide the delivery of EoL care. On the software side, a district-based EoL care team provided systematic training, regular clinical coaching and consultation to RCHE staff, and offered education on advance directives in RCHES to promote EoL choices in residents. Medical-social collaboration with hospitals was also fostered for coordinated care. Evaluation showed that RCHE staff were more prepared to provide EoL care in RCHES, while residents showed reduced number of hospitalization.

Implications: The District based EoL care support model, continuous staff training, and medical-social collaboration are effective components in promoting quality EoL care in RCHES.



Mr. Albert Lam

Consultant (Health)5A, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region

In his role as a consultant to the Food and Health Bureau, Mr Lam's current work covers the formulation of legislative proposals to facilitate the further development of end-of-life care services in Hong Kong. He has vast experience in public administration, including policy formulation and overseeing drafting and enactment of legislation.

Government Policy Development on Care and Die at RCHes

While Hong Kong arguably tops life expectancy rankings in the world, the quality of our end-of-life care services has much room for improvement in various aspects. Against the backdrop of an ageing population, the Government and non-governmental organizations have been joining hands to improve end-of-life care in Hong Kong.

A key facet of a quality end-of-life care is support for dying in place. In the Hong Kong context, home or home-like environment, such as residential care homes for the elderly (RCHes), where the elderly patients used to reside before they succumb to terminal illnesses are often the natural choice for dying in place. However, it is the usual practice of RCHes to send elderly residents with terminal illnesses to hospitals whenever they are unwell, often resulting in repeated admissions and discharges. It is also common that elderly residents living in RCHes ultimately die in hospitals.

While there are different factors rendering dying in place difficult, including social taboo and inadequate medical and other support to take care of dying persons at RCHes, etc., the fact that deaths in RCHes are subject to reporting requirements under the Coroners Ordinance is often cited as a serious disincentive.

Having gained widespread support from the public consultation, relevant legislative amendments are being prepared to remove the prevailing legal hurdles to adopt dying in place in RCHes which will ultimately enhance the quality of end-of-life care in Hong Kong.



Dr. Michal Boyd

Associate Professor & Nurse Practitioner, School of Nursing, University of Auckland, New Zealand

In his role as a consultant to the Food and Health Bureau, Mr Lam's current work covers the formulation of legislative proposals to facilitate the further development of end-of-life care services in Hong Kong. He has vast experience in public administration, including policy formulation and overseeing drafting and enactment of legislation.

Dying Well in Old Age: Integration of Gerontology and Palliative Care in Residential Aged Care

As the population ages, so has the number of deaths that occur in old age. In New Zealand, the highest proportion of deaths now occur for people living in residential aged care. However, little is known about the quality of end of life care and interventions that can support geriatric end of life care in this environment. This presentation will discuss the results of the "End of life with dementia research (ELDER)" that explored the quality of end of life care for those living in residential aged care. Dr Boyd will also discuss the "Supportive Hospice and Residential Age Care Exchange (SHARE)" programme that integrates gerontology expertise and specialist palliative care in caring for older people dying in residential aged care. This presentation highlights the complex nature of end-of-life care in old age and the need for an integrated gerontology/palliative care approach.

Moderator: Dr. Vivian Lou, Associate Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Breakout Sessions 2 (June 18, 2021 | 9:45-11:00am HK Time, GMT +8)

Session 4 (P4) (Best Paper of Practice)

Experiential Learning of End-of-Life Care through Immersive Virtual Reality

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² CUHK Centre for Bioethics, The Chinese University of Hong Kong, Hong Kong

³ Department of Anesthesia and Intensive Care, Prince of Wales Hospital, Hong Kong

Background: Preserving the quality of life is usually being regarded by patients as more important than its length in the end of life (EOL) care. However, teaching humanistic and compassionate care is challenging, especially for students of healthcare disciplines who lacks clinical experiences.

Objectives: The purpose of this project is to develop courseware about EOL care by integrating the technology of immersive virtual reality (IVR). The objective of the courseware is to heighten students' ethical sensitivity towards situations commonly noted in EOL care and awareness towards their ethical roles and responsibilities.

Practices: Four IVR simulation videos are developed to illustrate scenarios of nondisclosure of diagnosis, feeding difficulties and use of life-sustaining treatments in ward setting from a seriously ill patient's angle. Students watched these videos using Head Mounted Display with auditory support to gain a more realistic sense. We then engage students in examining how the care practices may affect patients' dignity, autonomy, wellbeing and quality of life through reflexive questions and group discussion.

Implications: Cure-oriented attitude remains dominant in health care and this may result in the phenomenon of "medicalization of death". The novelty of the current project is to facilitate experiential learning through an embodied experience of being a patient and thus acknowledge the possible fear, sense of uncertainty and powerless as care recipients. These materials can also be applied in general education to enhance public awareness towards the essence of EOL care. This project is supported by Teaching Development and Language Enhancement Grant for the 2019-22 Triennium.

Medical Social Collaboration Approach in End-of-Life Care: Experience from a Multidisciplinary Program

Ying Ying HO,¹ P. L. Carolyn KNG,² C. K. WONG,² H. P. Bobo LAU,³ K. H. LIU,¹ M.C. LAW,¹ S.W. Carrie HA,¹ K.Y. Viann WONG¹

¹ The Hong Kong Society for Rehabilitation, Hong Kong

² Department of Medicine and Geriatrics, Ruttonjee & Tang Shiu Kin Hospitals, Hong Kong

³ Department of Counselling and Psychology, Hong Kong Shue Yan University, Hong Kong

Background: At present, patients and families are often required to navigate among fragmented medical and social care services that lack communication and a common understanding of the case. Seamless medical-social collaboration is proposed as a solution and a multidisciplinary team with an effective communication infrastructure is essential. At the second half of 2019, a new medical-social dynamic was established between the Geriatric Department of Ruttonjee Hospital and the Jockey Club End-of-life Community Care Project: 'Life Rainbow' End-of-life Care Service (organized by the Hong Kong Society for Rehabilitation).

Objectives: To enhance families' quality of life by providing personalized and holistic end-of-life care services through advance care planning.

Practices: Using a 3 "S" model, namely 1) Shared information and documentation 2) Shared communication 3) Shared Practice, this medical social collaboration model ensures seamless communication for effective and consistent execution of comprehensive and individualized care plans, from the hospital to the community and back. In the talk, we will illustrate the 3'S' models with two cases and elaboration.

Implications: The collaboration was a breakthrough for both the medical and social care sectors. Shared goals for a holistic and humanistic service as well as competency in disease management are identified as vital for the success of the model and service delivery.

Use of Telemedicine to Provide Patient Centered Care for Dying at Home Received Overwhelming Acceptance by Hong Kong Families

Kin Nin Kenneth LEUNG,¹ Ning FAN^{1,2}

¹ Forget Thee Not, Hong Kong

² Hong Kong Telemedicine Association, Hong Kong

Background: Telemedicine in Hong Kong has boomed since the COVID-19 pandemic. Telemedicine could be used for telecommunication between doctors and other healthcare professions, tele-treatment of patients, monitoring of patients and providing timely advices. Forget Thee Not (FTN) has started using telemedicine in dying at home services since 2018. 37 out of 45 eligible service users (77.7%) had received telemedicine in the process.

Objectives: This review assesses patients' and families' acceptance toward and effectiveness of telemedicine for dying at home.

Practices: FTN Dying at Home team is composed of a group of private practitioners, voluntary doctors, nurse, social worker and end-of-life (EOL) worker. Initial face-to-face eligibility assessment was performed by nurse and EOL worker followed by doctor's assessment. Management plan was customized by doctor according to patients' needs. Telemedicine was provided where appropriate according to Hong-Kong-Medical-Council guidelines. Among 8 doctors, usage rate ranged from 5% to 80%. Telecommunication and monitoring use (WhatsApp video, iPad, phone call) was 100%, 91.4% on triage of emergency setting, timely advice and recommendations accounted for 65.7% and tele-treatment only accounted for 28.6%. All family members were highly satisfied with the use of telemedicine as it could provide timely support to them, while 50% of them mentioned it saved money and time. In contrast, 1 to 2 doctors encountered difficulties in engagement using telemedicine due to connection or technical problems faced by families.

Implications: Overall, telemedicine is an effective patient and family care-centered tool on dying at home services.

Rejuvenating Personhood in End-of-Life Care During COVID-19: The Application of CORE-UPHOLD Model for Piecing Together Older Adults' Life in Residential Care Homes

Ho Kong CHAN,¹ Sui-ting Shirley KONG,² H. M. Cynthia NG,¹ K. W. Shirley WONG¹

¹ The Salvation Army Palliative Care in Residential Care Homes for the Elderly, Hong Kong

² Department of Sociology, Durham University, United Kingdom

Background: The COVID-19 pandemic has posed new challenges for end-of-life care, especially in residential care homes for elderly (RCHes) where infection control and family visits appear to be in tension with each other. The absence of family interactions has resulted in a sense of loss among dying older adults and their families. CORE-UPHOLD model, developed by The Salvation Army and The University of Hong Kong Sau Po Centre on Ageing in 2016-2020, was utilized to sustain and enhance the personhood of dying older adults.

Objectives: To describe the initiation of new care practices through sensory-based intervention and reminiscing techniques to enable the proxy to perform usual family practices and create the moment of togetherness and companionship even though the dying older adults and their families were living in two separated "worlds" amid COVID-19.

Practices: This paper will illustrate the implementation of the CORE-UPHOLD Model with two case studies, to understand the "Person-in-Relationship" and "Person-in-Time" of the dying older adults. To overcome challenges during COVID-19, innovative care practices were developed to recollect the past of the dying older adults and expand family capacity for resuming social connectedness in the digital era.

Implications: A shift in focus to "Relational Personhood" is important to achieve personalized care and sustain sense of self for dying older adults in RCHes through connecting their past and their families. The innovative practices developed during COVID-19 highlighted the importance of family involvement in end-of-life care, which enable better handling of grief and have wider application beyond pandemic.

Much More Than a Place to Store Dead Bodies – The Role of a Hospital Mortuary for Experiential Learning on “Good Death” in Medical Education

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⁶ Division of Anatomical Pathology, Department of Pathology, Queen Mary Hospital, Hong Kong

Background: At times, use of euphemisms and depersonalized language in the ward might inadvertently lead physicians into thinking that patients, once “boxed”, have ‘exited’ the healthcare system.¹ As a result, medical students may be dissuaded from appreciating the vital roles that doctors play in post-mortem care.

Objectives: By experiencing a mortuary attachment, medical students would be able to (i) describe the roles a hospital mortuary plays in continuity of care from cradle to grave, (ii) identify the life-affirming values of mortuary, and (iii) reflect upon death and dying as a normal process in the human lifespan.

Practices: As part of a core medical humanities curriculum, every cohort of third-year MBBS students from 2014-18 participated in a structured small group attachment to a hospital mortuary. Each session comprised a 30-min guided tour (e.g. to autopsy room, body storage area, funeral room) and a 30-min on-site clinician sharing on real-life incidents where the mortuary could bring forth humanistic care and enable ‘good death’.

Implications: A total of 81 students responded to evaluation surveys after randomly selected attachments in 2017-18. Results have been overwhelming positive, with all respondents agreeing that intended learning outcomes were achieved. Students also found relevance to their development as a doctor (mean score of 2.77 out of 3, on a 4-point Likert scale). Exposure to the real-life setting and atmosphere of the mortuary has a strong impact on future doctors to recognize the responsibilities of healthcare practitioners even after the Medical Certificate of the Cause of Death is signed-off.

[1] Schulman-Green, D. (2003). *Coping mechanisms of physicians who routinely work with dying patients. OMEGA – Journal of Death and Dying*, 47(3), 253-26

Moderator: Ms. Chow Sau Fong, Lecturer, JCECC Project, Hong Kong

Session 5 (P5) (Free Paper Parallel Sessions)

Theme: *End-of-Life Care Capacity Building for Professionals*

The Psychological Impact of COVID-19 Pandemic on the Palliative Care Professionals Working in the Public Sector – a Cross Sectional Survey

Man-Hon Lawrence CHIU,¹ Chi-Ho Wallace CHAN,¹ Ka-Shaw Denis KWOK,¹ Kam-Wing Raymond WOO²

¹ Department of Social Work, The Chinese University of Hong Kong, Hong Kong

² Palliative Care Unit, Department of Medicine & Geriatrics, Caritas Medical Centre, Hong Kong

Background: Under COVID-19, number of deaths increased while resources were diverted from palliative care to serve the primary goal of saving lives. The psychological impact of the pandemic on palliative care professionals was understudied.

Objectives: To explore the psychological impact of COVID-19 on the palliative care professionals working in public hospitals during the initial phase of pandemic.

Methods: Palliative care professionals in public settings were invited through snowball sampling to participate in this cross-sectional online survey, conducted from 03-Apr to 01-May 2020. Psychological health was assessed by Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7). Pandemic-related traumatic stress was measured by Impact of Event Scale – revised (IES-R), with 33 as the cut-off of at least moderate distress secondary to the pandemic. Descriptive statistics and Mann-Whitney U test were used to describe the epidemiology and to compare the psychological distress between respondents reported at least moderate distress or not.

Results: There were 142 participants, 83.1% were female and the mean age was 43.6 years old. Nurses were the most frequent participants (n= 56, 39.4%). Among 125 patients who completed IES-R, 35 (28%) reported at least moderate distress in relation to the pandemic, and they reported higher level of depression and anxiety ($p < 0.001$). The stress level was not related with respondents' age, professions, years served in healthcare professions.

Conclusions: Significant number of palliative care providers experienced traumatic stress secondary to the pandemic, and were at risk of depression and anxiety. Its impact on end-of-life care is to be determined.

Evaluating the Effectiveness of the Palliative Care Course for Social Workers (PCCSW) in Singapore

Andy SIM

Singapore General Hospital, Singapore

Background: Palliative Care Course for Social Workers (PCCSW) is a post-graduate certificate course designed for social workers in Singapore.

Objectives: This study aims to evaluate the effectiveness of PCCSW in developing social workers' self-perceived competency to provide basic palliative and end-of-life care (PELC) services across care settings.

Methods: This is a mixed method study with a comparison group identified through participant-initiated "matched-pairs". Data were collected through (1) weekly pre-and-post-tests multiple-choice questionnaire (MCQ), (2) a pre-post-follow-up course survey using the Self-Competence in Death Work Scale (SC-DWS), (3) open-ended questions embedded in the course surveys and module evaluation surveys, and (4) focus group discussions at the end of the program.

Results: Out of 27 enrolled participants, 26 course participants (CP) and 26 matched-pair (MP) respondents were recruited and provided the baseline data. Analysis of the weekly pre-and-post-MCQ test indicated an increase in CP's knowledge base in PELC, but analysis of SC-DWS between CP and MP suggested that PCCSW did not have an effect on the self-perceived competency on death work. Nevertheless, the average rating given by CP on the perceived "helpfulness" of coursework was 4.24 out of a 5-point scale. Qualitative data identified elements of (1) experiential learning, (2) reflective practices, (3) use of tools, and (4) quality of trainers to have facilitated participants' learning.

Conclusions: Findings suggest the need to incorporate more experiential learning and reflective processes in the PCCSW curriculum. Future research should consider a minimum sample size and time period of data collection to facilitate meaningful data collection.

Care Ourselves with (He)art - Using Art as Reflective Practice to Prevent Compassion Fatigue of Volunteers and Professionals at End-of-Life Care

Nga Chee Tristan CHAN

Water Be Art Psychotherapy Practice, Hong Kong

Background: Professionals and volunteers working in end-of-life care settings are exposed to losses and dying repeatedly, and intensively witness people who are traumatized or in crisis. Promoting self-care and self-awareness of volunteers and professionals in end-of-life care settings is essential to maintain the quality of care. Using art among professionals in end-of-life care could reduce risk of burnout and exhaustion and promote self-awareness.

Objectives: To facilitate professionals and volunteers in end-of-life care to address challenges, express feelings, inspire reflections, and make meanings with symbolic relations through the use of art, so as to strengthen self-awareness and develop systematic self-reflective practice among them.

Practices: Two art-as-reflective-practice programs were offered during the COVID-19 pandemic to 68 professionals and volunteers in end-of-life care. Four ways of using art were introduced during the programs entailing object-relating, sensory-based orientation, projecting internal images, and symbols and metaphors. All participants with or without art experiences were able to practice and reflect on the art. Professional Quality of Life Scale (Pro-QOL) and personal art reflective plans were discussed and applied.

Implications: Participants showed improved awareness of self-care and increased competency in reflective practice. While the compounded effect of compassion fatigue could exhaust one's capacity in occupation and cause personal distress, one should apply different approaches to protect staff members. Further implementation of using art with professionals could promote sustainable service in end-of-life care.

Effectiveness of an Online End-of-Life Care Training Program on Health and Social Care Professionals

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¹The Jockey Club End-of-Life Community Care Project, The University of Hong Kong, Hong Kong

²Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Background: End-of-life care (EoLC) training curriculum targeting non-specialists is lacking. To fill this gap, the Jockey Club End-of-Life Community Care Project (JCECC) Community Psychosocial End-of-Life Care (EoLC) Program was developed. This is a 3-tier training program which was conducted through online learning for the Basic Module, while in a flipped-classroom format for the Intermediate and Advanced Modules. Organized around a EoLC competency framework with 7 domains, the Basic Module offered essential knowledge and skills of EoLC to health and social care professionals through seven discrete 1-hour online course corresponding to the 7 EoLC competencies. The 7 EoLC competencies encompass overarching knowledge and values, self-care, communication skills, optimizing physical comfort, psychosocial-spiritual care, EoL decision making, and bereavement care.

Objectives: To evaluate the effectiveness of the Basic Module of the Program in enhancing EoLC competencies of health and social care professionals.

Methods: Course participants were invited to complete online per-post assessment on their EoLC competencies using the 37-item Interdisciplinary EoLC competence Scale (IEoLCC). The scale has seven subscales correspond to the JCECC EoLC Competency Framework.

Results: 692 participants in the Basic Module completed the pretest. Among them, between 151 and 330 completed individual domains of the Basic Module and the respective post-test. Paired t-tests showed significant increases in EoLC competence in all seven domains with large effect sizes ranging from 0.94 to 1.23, implying that the Basic Online Module is highly efficacious in improving professionals' EoLC competency.

Conclusions: Short e-learning materials on EoLC can enhance health and social care professionals' EoLC competencies.

Globally Oriented: The Handbook of Thanatology, 3rd Edition

Helen CHAPPLE

Creighton University, United States of America

The 3rd edition of the Handbook of Thanatology is hot off the press, and it is the first to use the 2015 Outline for the Body of Knowledge as its base. In this presentation the editors will describe their process for global author selection and how they organized the content. Some authors had never worked together before. Attendees will learn how the volume maps to the Body of Knowledge Outline, its uses in the field of death, dying, loss and grief, and its overall scope (e.g., primer for those new to the field, resource for those who seek to remain broadly informed). The editors will review its expected formats and related study materials that may apply to credentialing with the Association for Death Education and Counseling.

Moderator: Ms. Lucy Lee, Lecturer, JCECC Project, Hong Kong

Session 6 (P6) (Free Paper Parallel Sessions)

Theme: *Improving Quality of End-of-Life Care in Diverse Settings*

Validation of Psychological Screening Measures for Palliative Care in Hong Kong Public Hospital Settings

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⁵ Department of Clinical Psychology, TWGHs Wong Tai Sin Hospital, Hong Kong

Background: Psychological screening could assist early identification of service needs.

Objectives: Psychometric properties of psychological screening measures for patients and family caregivers in Palliative Care Units (PCUs) in Hong Kong were examined.

Methods: The sample consisted of 121 patients and 104 family caregivers from PCUs of different districts. In Phase I, patients completed the Psychological Wellbeing Scale-Patient (PWS-P), Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Distress Thermometer (DT), and Death and Dying Distress Scale (DADDS). Family caregivers completed the PWS-Caregiver (PWS-C), PHQ-9, GAD-7, DT and Depression Anxiety Stress Scale (DASS). In Phase II, clinical psychologists (CP) conducted interviews within a week after the screening to determine need for psychological follow-up.

Results: PHQ-9, GAD-7 and DADDS had high internal consistency (Cronbach's $\alpha = .82$ to $.93$). Most screening measures were significantly correlated with each other, $r = -.20$ to $.84$, $p < .05$ to $.001$. Patients required CP follow-up had significantly higher scores on GAD-7, PHQ-9, PWS-P-Emotional Distress (ED) subscale and DT than patients who did not require CP follow-up, $t = 2.11$ to 3.56 , $p < .05$ to $.005$. Caregivers required CP follow-up had significantly higher scores on GAD-7, PHQ-9, PWS-C-ED, PWS-C-Life Meaning subscales, DASS and DT than caregivers who did not require CP follow-up, $t = -2.23$ to 4.12 , $p < .05$ to $.001$. PHQ-9 and GAD-7 had the highest accuracy rates for identifying patients (69.3% and 67.8%) and caregivers (67.3% and 64.4%) who required CP follow-up, respectively.

Conclusions: Standardized screening measures contribute to early intervention and outcome-based service.

Increasing Need and Acceptance of Dying-at-home Is Not Due to COVID-19 Pandemic but Creation of a Social-Medical Collaboration System in Community

Ning FAN ^{1,2}

¹ Forget Thee Not, Hong Kong

² Health in Action, Hong Kong

Background: Quality of death & dying in Hong Kong could be raised by provision of more dying-at-home service.

Objectives: To describe the dying-at-home services provided by Forget Thee Not (FTN) since 2017. Service users increased over years thanks to the strong community partnership created through social-medical collaboration which FTN maintained the case management role.

Practices: The program started with building a mutually supported platform in community followed by bridging two critical links: 1) availability of family doctors who could certify death at home, 2) coordination and support of home care with more than 20 different social service entities. FTN had worked with NGOs, community pharmacy, family doctors, legal entities, private home care teams and hospice homes to tailor-made services according to different needs and challenges faced by families. Telemedicine was applied to facilitate communication and collaboration. Continuous workshops and coaching related to EOL education, advance directive, certifying death at home were provided. Up to March 2021, 47 Dying-at-Home services were accomplished. Clients' age ranged from 2-99 (mean 75, median 82). 25 were certified at home, 10 were supported till dying in hospice home, 12 were supported till certified in acute hospital. Respect for clients' personal wish, commitment to care and accompaniment by family, timely support and provision of advices by service team were keys for success.

Implications: Dying-at-Home should be established as a normative service in community with socio-medical collaboration model as it raises quality of death & dying in Hong Kong and could fit in Ageing-in-place policy.

Characteristics and Outcomes of Patients Referred to an Emergency Department-Based End-of-Life Care Service in Hong Kong: A Retrospective Cohort Study

Yat Chun CHAN

Accident & Emergency Department, Queen Elizabeth Hospital, Hospital Authority, Hong Kong

Background: This study describes the characteristics and outcomes of patients referred to an emergency department (ED)-based end-of-life (EOL) service in a tertiary acute hospital in Hong Kong.

Objectives: To examine how emergency physicians (EPs) performed in recognizing and managing dying patients.

Practices: From September 2010 to April 2018, patients referred to the EOL service in this hospital were included. A group of 5 EPs assessed whether a referred patient would die within a few days. Dying patients (EOL group) were admitted to ED-based EOL service whereas those not likely dying within a few days (non-EOL group) would continue management in respective specialty wards. Baseline characteristics, the mean time from assessment to death (time-to-death), and the use of opioids and anticholinergics of these two groups were compared. In total, 783 of 830 patients assessed were recognized as being in dying phase, with 688 admitted under ED-based EOL care. Their demographics and characteristics were described. The time-to-death was significantly less in EOL group (38.93 hours) than in non-EOL group (250.36 hours; $p = .004$). No significant difference was found on mean time-to-death between those under ED-based and non-ED-based EOL service. The ED-based EOL care had significantly more patients receiving symptomatic treatment.

Implications: The characteristics of patients under an ED-based EOL service are described. Emergency physicians are capable of recognizing dying patients. ED-based EOL service does not alter the dying process and offers adequate palliation of symptoms. Emergency physicians should assume a more active role in providing adequate EOL care to suitable patients.

Patient Journeys in the End of Life Room in Residential Care Homes in Hong Kong – Reflection on 'Die in Place' Practice

Yudo WONG, Faith LIU

Hong Kong Association of Gerontology, Hong Kong

Background: As Hong Kong is facing a rapidly ageing population, it must set out to improve the end-of-life care for elderlies across the city. Many patients and their families do not know they have the autonomy to decide how they want their final days to pass. It is vital that they receive the support they need to make informed decisions on their end-of-life care, and to have their last wishes respected and acknowledged by the medical team.

Objectives: Using case studies as examples, we aim to elicit the impact that The Jockey Club End-of-Life Community Care Project (JCECC) has made on patients' end-of-life care, especially through the use of end-of life (EOL) rooms in residential care homes.

Practices: To gather the necessary material, we interviewed project nurses and social workers for their first-hand experience involving the care of patients in the EOL Room. It is concluded that capacity building in terms of environmental preparation and staff training; collaborating with RCHes to facilitate resident's and family's decision making on end-of-life care; communicating and coordinating with related stakeholders, such as the medical parent team; additional medical and nursing support; and emotional and practical support to families are important factors that contribute to a resident's peaceful death in the EOL Room.

Implications: There are over 20 compiled cases studies detailing patient journeys in care homes. It is concluded that future protocols should include the best practices we have identified from this study.

A Pilot Program on Early Psychosocial Care Service (EPCS) for Incurable Cancer Patients in Queen Mary Hospital

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³ Department of Clinical Oncology, The University of Hong Kong, Hong Kong

Background & Objectives: The service was implemented in the Department of Clinical Oncology from 2018 to 2020 to provide early psychosocial care for incurable cancer patients who were not receiving palliative care service.

Methods:

- Time series single group design
- Inclusion: incurable cancer patients undergoing palliative oncology treatment
- Exclusion: unable to communicate
- Patient stratification & Intervention:
 1. Screening by MSW: *GAD-7, PHQ-9 +/- MCSI to stratify patients into different risk groups;
 2. Risk-based stratification (based on stepped-care model) and holistic support:
 - o #Low risk group: Need assessment, information giving, spiritual care, psychosocial group intervention;
 - o #Moderate risk group: Counseling, bridging community resources, family and child support; Multi-disciplinary/Medical-social collaboration in empowering patients to adjust the illness; therapeutic group on self-awareness building & effective coping strategies;
 - o #High risk group: Co-work with Clinical Psychologist/Psychiatrist.

Results:

1. 230 families served;
2. GAD-7 and PHQ-9(cases screened:192); moderate-severe degree of anxiety: 22.4%; moderate-severe degree of depression: 32.8%; some patients intentionally hide their depressive mood by rating low score in scale and had incongruent facial expression & behavior, MSW's professional judgment was significant in identifying patients with genuine needs;
3. MCSI (cases screened:145): 29.7% of carers had moderate-high stress level in caring role;
4. Group sessions: 45; participants: 200+; satisfaction: 35.3% satisfied and 64.3 % very satisfied.

Conclusions: The EPCS service provides a model of holistic early psychosocial care to support incurable cancer patients and families through multi-dimensional social work interventions and collaboration with clinical teams as well as community partners.

Moderator: Dr. Cheryl Chui, Assistant Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Session 7 (P7) (Free Paper Parallel Sessions)

Theme: *Communication and Decision Making in the End of Life*

End-of-life Communication Experiences between Patients with Advanced Cancer and Their Family Members in China: A Qualitative Study

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Background: Effective communication between advanced cancer patients and their family members on end-of-life issues have a profound impact on meeting needs and improving quality of life of both sides. Despite the importance, patient-family end-of-life communication has often been shown to be inadequate and suboptimal.

Objectives: The aim of this study was to explore the experience of end-of-life communication between advanced cancer patients and their family members in China.

Methods: The qualitative descriptive research method using semi-structured interviews was conducted. Purposive sampling was employed to select participants from July 2018 to October 2019. 11 advanced cancer patients and 14 family members were finally included. The data were analyzed using a content analysis approach.

Results: Five themes and associated categories were identified. After meeting the basic conditions of end-of-life communication, which are basic conditions affecting the occurrence of communication, namely family relationship, physical and mental conditions, physical distance and knowledge levels, communication between advanced cancer patients and their family members can happen. According to the degree of openness of communication on end-of-life issues, communication was divided into silence without intention, silence with intention, silence-breaking, and openness without restraint, with different essential characteristics. The four states of end-of-life communication could change under the influence of the awareness of disease diagnosis, awareness and fear of incurable disease, and fear of impending death.

Conclusions: Professionals can deepen their understanding of the end-of-life communication between advanced cancer patients and their family members, so as to provide basis for the construction of acceptable and feasible communication intervention.

Requested Withdrawal of Mechanical Ventilator in Three Patients with Terminal Illness

Lu BAI

Beijing Haidian Hospital, Beijing, China

Background: Due to requests of patient and family or the recognition of futility of continued treatment, the need of withdrawal of mechanical ventilator (MV) is increasing, especially in critical care of terminally ill patients. It involves a complex balance of medical, legal and ethical considerations. While, in China very few physicians have been specifically trained to withdraw mechanical ventilator for terminally ill patients, and no guidelines to help clinicians deliver the highest quality of care to patients and families.

Objectives: MV is commonly used to improve survival and quality of life in respiratory failure. However, there may come a point when MV is no longer felt appropriate. In this paper, we discuss the management of withdrawal process and related ethical issues in three ventilator-dependent patients with terminal illness, who had requested the withdrawal of MV as part of their end-of-life care.

Practices: As a hospice care pilot, we usually receive consultation calls of requests for discontinued MV, but it is hard to realize in majority of hospitals. We provide them emotional support and admit them to our care center after they were withdrawn from the ventilator. More importantly, we try to minimize the symptoms of patients and distress of family members.

Implications: Withdrawal of MV in terminally ill patients at patient's or family's request is challenging but is also an important responsibility of healthcare providers. We discuss the experiences we have learnt which will influence our practice and help other teams in the future.

Healing Beyond Cure: An Online Narrative Medicine Platform on Palliative Care

Margaret Kay HO, Alina Ashok BHARWANI

The University of Hong Kong, Hong Kong

Background: In Hong Kong, there is a lack of understanding towards the goals and applications of palliative care. With the rise of telehealth, web-based initiatives can build knowledge and enhance relationships between patients and healthcare workers in palliative care.

Objectives: As an online platform, Healing Beyond Cure (HBC) aims to generate discourse on palliative care using a narrative medicine approach. Specific objectives arise for each target group: for the public, to reduce stigma on related topics; for patients and caregivers, to create a supportive community for engaging with other patients and healthcare professionals; for healthcare professionals and students, to strengthen knowledge and empathy.

Practices: HBC will feature narratives from interviews with patients, highlighting aspects of their disease course and experiences with palliative care, to emphasize the diverse forms of care that exist. Various media types will be used to optimize accessibility. Experts from different disciplines will share their insights and answer users' questions, underscoring the interdisciplinary nature of palliative care. Interactive forums and the use of social media will allow for discussions on relevant themes.

Implications: For patients and the public, HBC encourages dialogue on topics that may be a taboo. Healthcare professionals, who may face challenges in decision-making on patient management, can gain knowledge and confidence regarding early integration of palliative care. On medical education, students can better understand their roles as healthcare professionals beyond curing disease. Ultimately, HBC supports palliative care delivery for patients early on in the disease course, to improve their and caregivers' quality of life.

Assessing Older Adults' Knowledge, Attitudes and Practices (KAP) on Advance Directives in Macao

Yuen Ling Ray CHOY,¹ S. Y. YEAP²

¹ Department of Innovative Social Work, City University of Macau, Macao

² Pou Tai Integrated Service Centre, Macao

Background: The total population of Macao, a Special Administrative Region of China, in 2020 is 683,100, and 12.9% of its population is at the age of 65 or above. Macao is already an ageing society. Currently, there is no official policy and legislation on Advance Directives (AD) in Macao.

Objectives: This study aims at assessing older adults' knowledge, attitudes and practices on AD in Macao.

Methods: A community survey drawn from a convenient sample was conducted during October 2020 in Macao. 209 older adults participated in the survey, 98% of whom were aged 60 and above. Statistical analysis including Chi-Square, t-test and ANOVA was employed.

Results: Amongst the 209 respondents, 89% and 11 % were female and male respectively. Socio-demographic characteristics, health status, educational background, religious affiliation related to AD were assessed. Although only 13% of the respondents have heard and 11% were aware of AD, the response was predominantly positive as 74% agreed with the objective of AD; 70% expressed that new legislation on AD should be introduced; 72% agreed that only individuals aged 18 or above, and with mental capacity are eligible to complete AD. It was of statistical significance that community education on AD should be promoted to older adults 80 years of age or above, male, and those with only elementary school education.

Conclusions: The findings show that the majority of respondents' positive attitude towards AD despite minimal knowledge and information urges for more community education and active promotion of AD to older adults in Macao.

Moderator: Dr. Alina Ng, Research Assistant Professor, School of Nursing, The University of Hong Kong, Hong Kong

Invited Seminar 2: Role of Social Workers in End of-Life Care



Professor Ellen Csikai

Professor, The University of Alabama, School of Social Work, United States of America

Ellen L. Csikai, LCSW, MPH, PhD is Professor in the School of Social Work at the University of Alabama. She has over 17 years of direct social work practice experience, a majority of which was in the hospital and hospice settings. Areas of teaching are: social work practice in health care, end-of-life and palliative care, gerontology, crisis intervention and research methods. Her ongoing research addresses communication and decision making about end-of-life and palliative care with the primary aim of improving quality of life for those with serious and life-limiting illnesses (oncology) as well as social work practice and education. She partners in research with international colleagues in Hungary, Romania, Cuba, and Mexico. Dr. Csikai is the founding and continuing editor of the *Journal of Social Work in End-of-Life & Palliative Care*.

The Role of Social Work in End-of-Life and Palliative Care: Future Challenges and Opportunities

Background: The role of social work in end-of-life and palliative care has grown tremendously in the past 20 years and is multi-faceted and dynamic. Palliative social workers respond to daily problems faced by individuals nearing the end of life as well as 'think on their feet' when new challenges arise.

Objectives: This presentation will address current and future challenges and opportunities for social workers. Challenges emerge on multiple levels, (individual, family, group, and community) and must also be addressed on multiple levels. Opportunities emerge, as well, based on these challenges. Social workers must be ready to accept responsibility to address challenges and be creative in designing interventions.

Practices: Opportunities exist to intervene in securing the value of the profession, take advantage of educational opportunities, embrace technology/telemedicine, provide leadership within agencies and professional and inter-professional organizations, develop partnerships for research and outreach and to bring focus on equity and access to quality end-of-life care. Response to timely challenges are essential. For example, with the Covid-19 pandemic, hospice social workers have needed to find new ways to support individuals and their caregivers. They also needed to advocate for themselves as professionals; as 'essential', and needed to have interpersonal contact with those who were struggling with complicated grief whether nearing end of life was due to Covid infection or other medical conditions.

Implications: Social workers must work to ensure maximum quality of life near the end of life in many ways with inter-professional colleagues according to the challenges and opportunities that are presented.



Ms. Margaret Suen

Honorary Lecturer (PT), Department of Social Work & Social Administration, The University of Hong Kong, Hong Kong

Ms. Suen received her social work training in the University of Windsor in Canada and the post graduate training in health administration in the University of New South Wales in Australia. She had been working in the Hospital Authority as medical social worker for 30 years and she was the cluster coordinator of medical social service before she retired in 2020. Ms. Suen is an awardee of Hong Kong Outstanding Social Worker in 2011 and a accredited mediator in Hong Kong. With her commitment to serve patients and families facing death and dying, she underwent palliative training in the University of Cardiff in UK when there was no structured palliative training in Hong Kong and has been the Fellow in Thanatology since 2012.

Ms. Suen is now working as part time honorary lecturer in the Hong Kong University and she is also a full time PhD student with her research interest in advance care planning.

Hong Kong Palliative Care Social Worker: From the Lens of Stakeholders

The first palliative care service in Hong Kong was pioneered in Our Lady of Maryknoll Hospital in 1982. However, it was until 1994, a major milestone of palliative care development, that palliative care service became fully funded and coordinated by the Hospital Authority that hospital social worker as one of the core team members in palliative care was recognized in the service and workforce planning.

The second milestone for palliative care social work in hospital settings took place in 2011 with the development of the psychosocial stepped care model in palliative care. With the joint inputs of the palliative care team, the model elaborates the focus of care of palliative social workers in collaboration with the team and successfully solicits a significant injection of workforce in social work. With this critical mass of staff resources, palliative care social workers no longer work alone in individual hospitals but join to work on the aspects of training, service development and service audit for the betterment of care through a specialty workgroup with participation of all service units. Currently, two representatives from the specialty workgroup would serve and contribute as members in the Central Committee in Palliative Care.



Professor Susan Blacker

Senior Director, Cancer and Palliative Program Planning and Performance,
Sinai Health System, Toronto, Canada

Susan Blacker, MSW, RSW is the Senior Director, Cancer and Palliative Program Planning and Performance at Sinai Health System. She brings to this role more than 20 years of experience as a clinical social worker, educator and program leader in the field of cancer and palliative care. Susan is also the Provincial Clinical Co-Lead for the Ontario Palliative Care Network.

Susan holds an academic appointment at the University of Toronto: Adjunct Professor in the Factor-Inwentash Faculty of Social Work and Lecturer (status only) as well as Quality Co-Lead for the Division of Palliative Care, Department of Family and Community Medicine in the Faculty of Medicine.

Preparing Social Workers for the Future of Palliative Care

Background: Over the past twenty years, the unique role of social work in hospice palliative care has become more clearly defined in Canada, including through the establishment of practice competencies. The need for more social workers across care settings – residential hospice, acute and long-term care facilities, cancer centres and community care -will continue to increase with the aging of the Canadian population over the next two decades.

Objectives: Education and training opportunities will be key to meeting this demand yet the availability of dedicated courses and training programs to prepare current and future social workers remains limited. This presentation will examine possibilities for closing this gap, with a focus on preparing social workers entering the profession.

Practices: A continuum of approaches for training will be discussed. The experience of designing and teaching a social work practice in palliative care course in a Masters of Social Work program over the past decade will be reviewed as an example.

Implications: This presentation will review suggested educational objectives, areas of content focus, strategies for incorporating interprofessional practice perspectives and learning activities for social workers at both a generalist and specialist level.

Moderator: Professor Rainbow Ho, Professor, Department of Social Work and Social Administration, HKU

Invited Symposium 3: Building Evidence-based Community End-of-Life Care Model



Ms. Ha Shuk Wan Carrie

Social Worker, The Hong Kong Society for Rehabilitation, Hong Kong

Ms. Carrie Ha has been working in Community Rehabilitation Network of The Hong Kong Society for Rehabilitation as registered social worker for over eight years. Carrie has extensive experience in developing community based rehabilitation services model for stroke survivors and persons with Parkinson disease by establishing seamless collaboration with stakeholders. She is expert in designing evidence-based self-management activities, educational seminars and organizing the mutual support groups for neurological clients and their caregivers in order to promote their lifestyle modification.

Carrie also moves on and to work in the JCECC: 'Life Rainbow' End-of-life Care Project over the past few years. She is specialized to provide end-of-life care support service to the late stage chronic illness patients and their caregivers for empowering them in managing the symptoms and the challenges that encountered to improving their quality of life.

With an advanced training in behavioral health, Carrie is keen on integrating the body-mind-spirit techniques in psychosocial services, especially in promoting death preparation and life meaning reconstruction for facilitating holistic care for chronic illness patients and their family members.

Care at Home: Empowerment Approach in End of Life Care Service for Non-cancer Patients and Their Family Members

Background: In Hong Kong, palliative care coverage for patients with non-malignant chronic disease is lower than cancer patients. Many non-cancer patients and their family members are still left alone to face the physical and mental obstacles created by the advanced illness. Patient empowerment approach might help these families to cope with the helplessness and perceived lack of control over their illness which are commonly seen among this group.

Objectives: This paper aims to describe the use of empowerment approach with late-stage non-cancer patients and their families.

Practices: "The Life Rainbow – End of life Care Service" is a holistic end-of-life care service that incorporates self-management and case management delivered by a transdisciplinary team in the community setting. A transdisciplinary team that involves different disciplines worked together to enhance physical well-being of patients through caregiver coaching and symptom self-management psycho-education to both patients and family caregivers. Patients and family caregivers were engaged in sharing their preferences on care plan and wishes through advance care planning, followed by wish fulfillment and death preparation activities. All these activities aimed to empower patients to gain a better sense of control over their illness and life on one hand, and enhance family caregivers' capacity in performing their caregiving role on the other hand. Evaluation results showed that both patients and family caregivers in our service experienced improved quality of life.

Implications: Empowerment is a viable and effective approach in supporting the quality of life of patients and families affected by advanced non-cancer chronic diseases.



Mr. Yu Lok Tin Eric

Project Manager, St. James' Settlement, Hong Kong

Mr Yu is a registered social worker and work in elderly field for over 20 years. Mr Yu has extensive experience in providing psychosocial support and developing cheer up activities for patients suffering from life-threatening illnesses as well as for their families. He is currently the Project Manager of the JCECC: Cheering@Home End-of-life Care Services at St. James' Settlement. The team has provided end-of-life care to more than 500 patients and their families.

Cheer-up Activities in the End of Life: Creating Meaningful Moments in Families to Heal Grief

Background: Psychological and spiritual distresses are common in patients in the end of life. According to Fredrickson's Broaden-and-Build Theory, positive emotions, such as joy, contentment, interest and sense of love, broaden an individual's thought-action repertoire. These positive emotions would urge one to engage in adaptive activities, thus enhance an individual's internal resources to cope with various adversities in face of imminent death.

Objectives: To describe the application of the Broaden-and-Built Theory in end-of-life care in the form of Cheer-up activities

Practices: The "Cheering @ Home End of Life Care Service" is a holistic community end-of-life care (EoLC) service that integrates "Cheer-up activities" developed based on the Broaden-and-Built Theory. Cheer-up activities aim to promote positive emotions among patients to prevent the downward spiral of negativity associated with advanced illness. They come in a variety of formats such as life reviews, family appreciation sessions, singing, outdoor activities, to name but a few. Patients offered the Cheer-up activities assumed a sick role to a lesser extent and came to "live their lives" rather than just waited for death to come. Caregivers, on the other hand, could have a break from the depressing atmosphere. Notably, Cheer-up activities brought families together to create meaningful moments and quality time that strengthened family bonding, reduced regrets in life, and ultimately relieved the separation distress of both patients and families.

Implications: Cheer-up activities that aim to engender positive emotions and meaningful moments in families helped relieve grief and reduce regrets in both patients and family members.



Ms. Chan Kwan Ning Iris

Associate Project Director, The Jockey Club End-of-Life Community Care Project,
Faculty of Social Sciences, The University of Hong Kong, Hong Kong

Miss Iris Chan is the Associate Project Director of the JCECC Project. She is a registered social worker. In the past 10 years, she has actively participated in various research studies related to elder care, death and dying, and bereavement care. She also has experience in evaluative research on services for elderly with dementia, family carers, the bereaved family members, and life and death educational programmes. In recent years, she focused on evaluative studies on community end of life care, and the development and evaluation of end-of-life care capacity building programmes for health and social care professionals.

Evaluation of a Manualized Need-based Community End-of Life Care Service Model

Background: To optimize individualized care based on needs of patients and their family through a unified care model, a protocol-based community end-of-life care (EoLC) model named Integrated Community End-of-Life Care Support Teams (ICESTs) was developed under the Jockey Club End-of-Life Community Care (JCECC) Project. The model was built upon an assessment on holistic needs, stepped care model, and manualized interventions.

Objectives: To evaluate the outcomes and economic impacts of the ICESTs.

Methods: Using standardized tools including the Integrated Palliative Care Outcome Scale, Caregiver Strain Index, Patient Health Questionnaire-2, and Inventory of Complicated Grief, pre-post-follow-up assessments were conducted on patients with advanced illnesses and their family caregivers. Satisfaction survey was also conducted. The framework of Social Return on Investment (SROI) was adopted for cost-benefit analysis.

Results: Between Jan 2019 and Dec 2020, a total of 221 patients and 175 family caregivers were assessed. Patients showed significant reduction in physical symptoms ($t=-7.879$, $p<.001$), anxiety ($t=-8.047$, $p<.001$), depression ($t=-8.269$, $p<.001$), and practical problems ($t=-9.999$, $p<.001$); Family caregivers reported significant alleviation in caregiving strain ($t=-7.894$, $p<.001$) and depressive symptoms ($t=-5.579$, $p<.001$). 94% of the assessed bereaved family caregivers ($n=168$) reported low level of grief. Satisfaction survey revealed that 89.7% surveyed patients perceived their preferences of care were respected. Cost-benefit analysis suggested that the social and financial benefits generated from the model exceeded its input, lending support to the cost-effectiveness of the model.

Conclusions: The ICEST is a viable and cost-effective community EoLC model that has high potential for scaling-up and replication.

Moderator: Dr. Celia Chan, Associate Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Breakout Sessions 3 (June 18, 2021 | 11:15am-12:30pm HK Time, GMT +8)

Session 8 (P8) (Best Paper of Research)

The Effectiveness of Initiating Advance Care Planning through Serious Illness Conversation Guide - the Experience of Medical Social Worker in Hong Kong

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¹ Medical Social Services (Hospital Authority), Queen Mary Hospital, Hong Kong

² Department of Medicine and Therapeutics, Chinese University of Hong Kong, Hospice and Palliative Care, New Territories East Cluster, Hospital Authority, Hong Kong

³ Department of Clinical Oncology, Queen Mary Hospital, Hong Kong

Background: Handling family emotions and communication barriers are the key challenges in Advance Care Planning (ACP) discussion. The Serious Illness Conversation Guide (SICG) provides a structural guidance to initiate ACP discussion and explore patients' care preference in end-of-life care issues.

Objectives: To facilitate quality family discussion of ACP through SICG by Medical Social Worker (MSW).

Methods: 30 cancer patients and their core family members were recruited to join the quasi-experiment from Oct 2020 to Mar 2021. They firstly received general education on ACP. 20 families which were willing to initiate the discussion of ACP right after the general education class were grouped as intervention group whereas the other 10 families which received conventional service were grouped as control group.

Results: Although 80% of all recruited families reported not knowing ACP beforehand, 20 (67%) of them were ready to discuss ACP after general ACP education. MSW adopted SICG while initiating the ACP discussion in the intervention group in which 10 families (50%) documented Advance Directive (AD) eventually. Nevertheless, none from control group signed AD in three consecutive months. Through guided discussion on care concerns, goals and fears, views on trade-offs and wishes for family involvement in end-of-life care, communication barriers and family conflict were minimized.

Conclusions: SICG is an effective tool for MSW to initiate ACP discussion with patients and their families. Family harmony can be ensured through guided discussion on care preference, respecting personal core values and maximizing patient's self-autonomy.

Home or Hospital as the Preferred Place of End of Life Care and Death: A Survey Amongst Chinese Residents of Macao

Kuai In TAM, Sok Man LEONG, Sok Leng CHE, Mingxia ZHU

Kiang Wu Nursing College of Macau, Macao

Background: Whilst the growing prevalence of chronic comorbidity and ageing population, evidence on preferred place of care at the end of life and death amongst Chinese population is scarce.

Objectives: This study is the first to explore Chinese residents' preferred place of care at the end of life, and preferred place of death in Macao.

Methods: A cross-sectional survey was conducted. Macao residents aged 18 and above were recruited between July and September 2020. The study was funded by Macao Higher Education Foundation.

Results: Among 737 valid responses, 65% were female, aged between 19 and 101. 43.4% of respondents preferred to be cared for at home in the last 6 months, however, less than one-fifth preferred to die at home. A third of respondents chose to die in the hospice, and over a quarter preferred to die in hospitals. Respondents who valued the importance of palliative care were more willing to choose home as their preferred place of care in the last 6 months, and more willing to die at home. People with better understanding about palliative care were more willing to die at home.

Conclusions: Results of our study suggest that there is a need for palliative home care in Macao. The government should consider addressing the current gap by developing such service, and reviewing current laws and regulations in supporting the service. Public education on palliative care, and education for healthcare professionals are equally important, enabling them to support palliative care development in the community.

The Role of Perceived Competence in Motivation of End-of-Life Care Practices, Job Stress and Job Satisfaction among Healthcare and Social Care Professionals

Tsz Ching Kelly WONG,¹ Yin Man Amy CHOW^{1,2}

¹ The Jockey Club End-of-Life Community Care Project, The University of Hong Kong, Hong Kong

² Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Background. In end-of-life care (EoLC), perceived competence has been widely used as an instrument to evaluate the needs of a range of disciplines to adapt occupational functions. Despite Harter's (1978) competence motivation theory proposes that individuals' motivation to engage and persist in a context increases while they perceive themselves as mastery in the field, the relationship between perceived competence and motivation in EoLC practices has been understudied.

Objectives. The present study aims to evaluate if perceived competence affect motivation in EoLC among healthcare and social care professionals in Hong Kong. Meanwhile, its relation with job stress and job satisfaction would also be assessed as previous studies highlighted.

Method. 321 healthcare and social care professionals (physicians, nurses, social workers and allied health practitioners) completed revised multi-dimensional EoLC competence inventory and questions assessing job stress, job satisfaction, and motivation in carrying out EoLC-related practices.

Results. Respondents scored an average of 17.41 (out of 28) on motivations in EoLC practices. In linear regression models, greater perceived competence in providing EoLC was significantly associated with higher motivation and job satisfaction. Multiple linear regression analysis further discovered that competence on values and knowledge, symptom management and self-care significantly predicted motivation, whereas communication skills was the only significant predictor of job satisfaction.

Conclusions. Healthcare and social care professionals are attracted to engage in EoLC practices when they view themselves as more competent on deliver EoLC to patients and caregivers. Increasing perceived competences may be a potential way to enhance professionals' motivation to engage in EoLC-related practices.

Launching the Spiritual Care Training Project for Medical Professionals in Taiwan

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¹ Taipei Medical University Hospital, Taiwan

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³ Cancer Control and Prevention Section Chief, Health Promotion Administration, Ministry of Health and Welfare, Taiwan

⁴ Taiwan Baptist Christian Seminary, Taiwan

⁵ Schweitzer Christian Missionary Alliance, Taiwan

⁶ Department of Education, Taipei Medical University Hospital, Taipei, Taiwan

Background: Spiritual care is one of the essential keys to elevate the quality of holistic care. However, it is rarely applied structurally in healthcare. A 28-hour national-level training project in spiritual care has been launched in two stages for medical professionals in Taiwan since 2017.

Objectives: To evaluate the effectiveness of spiritual care training in enhancing the spiritual care competence of medical professionals in Taiwan.

Methods: A sample of front-line medical professionals from hospitals in Taiwan was recruited in the training project. Two evaluations were taken using the Spiritual Care Competence Scale (SSCC) with three domains: spiritual care knowledge (SCK), spiritual care awareness (SCA), and spiritual care practice (SCP) before (T1) and after (T2) the training. The learning outcomes were analyzed through one-way ANOVA and Hattie's effect size techniques.

Results: Ninety-eight medical professionals participated in the training project, and 196 questionnaires were received. The results showed that the training was effective in enhancing the overall spiritual care competence with the statistical reports of MD +6.92, SE 1.04, [F(1,194) = 29.51, p = .000] and Hattie's effect size= .78. Overall, an exceeding effect of learning in three dimensions of spiritual care competence were achieved: SCK (.79), SCA (.57), and SCP (.80).

Conclusions: The training for medical professionals in Taiwan has successfully enhanced their spiritual care competence. This study is the first evidence-based empirical report on this topic and has opened up opportunities for cross-disciplinary conversations and further studies between the medical and humanistic aspects in holistic care in Taiwan.

How Acculturation Influences Attitudes about Advance Care Planning and End-of-Life Care among Chinese Living in Taiwan, Hong Kong, Singapore, and Australia

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²Department of Family Medicine, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Hualien, Taiwan

³Department of Medical Humanities, School of Medicine, Tzu Chi University, Hualien, Taiwan

Background: Understanding attitudes towards life and death issues in different cultures are critical in end-of-life (EoL) care and the promotion of advance care planning (ACP). However, existing research suffers from a lack of cross-cultural comparisons among countries.

Objective: By conducting this comparative study, we hope to achieve a better understanding of the cultures of EoL in different Chinese societies, which may serve as a reference for promoting ACP by considering cultural influences.

Methods: We recruited Chinese adults who could communicate in Mandarin/Cantonese and lived in metropolitan areas in Taiwan, Hong Kong, Singapore, and Australia. Focus group interviews were conducted, and the interview contents were subjected to thematic analysis.

Results: Between June and July 2017, 14 focus groups were conducted with 111 participants in four regions. Many participants felt that it would be challenging to discuss ACP with elderly family members. Although participants in the four regions shared a similar Chinese cultural context, significant regional differences were found in regard of engaging in end-of-life discussions and selecting places for end-of-life care. Participants from Singapore and Australia showed more open attitudes. Most participants from Taiwan and Hong Kong showed a preference for end-of-life care in a hospital setting.

Conclusions: The development of ACP in Western countries, which places a strong emphasis on individual autonomy, cannot be directly applied to family-centric Asian communities. Healthcare professionals in Asian societies should make continuous efforts to communicate with patients and their family members to ensure family involvement in decision-making processes.

Moderator: Miss Iris Chan, Associate Project Director, JCECC Project, Hong Kong

Session 9 (P9) (Free Paper Parallel Sessions)

Theme: *End-of-Life Care Capacity Building for the Public and Individuals*

Walk in the Valley of Life: Motivations of Hospice Volunteers in Mainland China

Jian Nan WANG

Renmin University of China, China

Background: In mainland China, little is known about hospice volunteers though they play important roles in the end-of-life care team.

Objectives: Exploring motivations of hospice volunteers and deepening the understanding of hospice volunteer service in the Chinese social context.

Methods: In this study, motivations of hospice volunteers from a hospice ward of a hospital in Beijing were analyzed. Data were collected through in-depth interviews and fieldwork. A total of 15 volunteers were interviewed during a one-year fieldwork.

Results: Comparing with research done in western countries such as Canada, UK, France and German, apparently volunteer motivation revealed in this study were somehow different, and cultures might play a role in such differences. The researcher found that most hospice volunteers came across this field after an important life event and they were usually driven by religion or the philosophy of hospice. A few volunteers were motivated by their organizations or work. Four kinds of motivations fell into a quadrant namely: Practice, Support, Mission and Learn. Volunteers in the first and the second quadrants were more likely influenced by internal reasons and the others were affected by external needs. The second and the third quadrants were related to religions and the other two quadrants were not. Nearly all volunteers had their strategies to face the challenges during the service.

Conclusions: Volunteer organizations should deliver training and support programs for hospice volunteers based on different motivations. Opportunities to share and emotional support are as important as practice skills for volunteers.

"Let's talk.": An Intergenerational Program of End-of-life Care in a Senior High School in Kaohsiung, Taiwan

Yi-Yuan CHENG,¹ Ching-Min CHEN²

¹ Centers for Disease Control, Ministry of Health and Welfare, Taiwan

² Department of Nursing, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Background: Known as Chinese taboo, death is something Taiwanese people always avoid discussing even when families are terminally ill. As a result, families often make health care choices on behalf of the patients without decision-making capacity until their death. In order to raise public awareness of end-of-life care planning, an intergenerational program was designed and conducted in one senior high school in Kaohsiung, Taiwan.

Objectives: The purpose of this study was to evaluate the influence of the intergenerational program on the senior high school students.

Practices: Worksheets, news, videos and table games were introduced in this 13-week intergenerational program to start conversations among students. The themes covered included the meaning of death, value of life, knowledge of aging, end-of-life care, Hospice Palliative Care and Patient Right to Autonomy Act. Students were empowered to open dialogues with their grandparents or other elders through lectures, group discussion and role-playing. 16 volunteering eleventh graders were divided into 3 groups to brainstorm ways to collect life stories and end-of-life wishes from the elderly through table games with the aim of making life story books for the elderly. The program was evaluated using pre- and post-tests, feedback sheets, semi-structured interviews and researcher's reflective notes.

Implications: The students got higher scores in the posttest than in the pretest in their knowledge of end-of-life care and aging. They were willing to discuss relevant topics and support their families to make advanced directives. One student even became interested in elderly care and this new interest affected her choice of her college major. This well-designed program helps engage people in end-of-life issues, and is worth further developing in future.

Mainland China is Facing a Huge Regional Disparity in the Number of Academic Publications of Hospice and Palliative Care

Shuang JIN, Shuo LIU, Jiao Jiao LI, Xiao Hong NING, Xiao Hong LIU

Peking Union Medical College Hospital, China

Background: There is an increasing demand for hospice and palliative care (HPC) in Mainland China. Research and publications are fundamental elements for sustaining the development of HPC. However, whether there is a regional disparity in HPC-related publications is unknown.

Objectives: To investigate the regional differences in HPC-related publications in Mainland China.

Methods: We searched the China National Knowledge Infrastructure, Web of Science, Scopus, PubMed, CINAHL, and OVID for publications from 2010 to 2020 that contained “Chinese” or “China” in the address and “palliative care,” or “hospice,” or “end-of-life care,” or “terminal care” as the topic. We analyzed the year and region of the publications, as well as the association between publication number and regional economy.

Results: We identified 3682 HPC-related publications between 2010–2020. There was an overall growth during the years. The most productive regions were Beijing (444 articles, 12.1% of total publications) and Shanghai (388, 10.5%) which comprised 2.6% of the total population of Mainland China but produced 22.6% of the publications. The provinces with the fewest publications, such as Tibet (0. 0%), Hainan (10, 0.3%), and Ningxia (17, 0.5%), are home to many ethnic minorities. There was a strong correlation between publication number and regional economy. Besides, Beijing and Shanghai have more leading universities.

Conclusions: The regional disparity in HPC-related publications was huge. The wealthier regions with more resources had more publications, while provinces in the northwest with many ethnic minorities had far fewer. Policies should be made to encourage research and publications in the latter regions.

The Death Literacy and Training for Foreign Care Workers Working in Long-term Care Facilities in Taiwan

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Background: Taiwan is facing an increasing need for palliative care in long-term care (LTC) settings. Foreign care workers are often employed as caregivers for older adults in LTC facilities. Cultural differences and perceptions of aged care could affect service delivery and create significant communication challenges. However, little is known about foreign care workers’ attitudes to “death” and training needs when caring for the dying resident.

Objectives: To understand the perceptions of “death” and training needs of foreign workers who take care of dying residents in LTC facilities in Taiwan.

Methods: Convenient sampling was used to recruit volunteer Vietnamese foreign care workers from five LTC facilities in Eastern Taiwan in March 2021. Participants were asked to fill out a questionnaire about their perceptions of death, and barriers and needs when taking care of terminally ill patients. A translator was provided to resolve any language issues.

Results: Twenty-nine foreign care workers completed the questionnaire. 74% had heard of palliative care, but only 33% understood the importance of psychological and spiritual aspects in palliative care. 84% of the respondents recognized the signs of dying, and 77.4% responded that they were not afraid of the patients’ death. Participants shared a need for further education and face-to-face training in their own language to further enhance their knowledge and skills.

Conclusions: Foreign care workers put more focus on their patients’ physical needs than psychological and spiritual needs. It is important to be aware of cultural differences in aged care and to provide further training as necessary.

Moderator: Ms. Ellen Ku, Clinical Associate, School of Nursing, The University of Hong Kong, Hong Kong

Session 10 (P10) (Free Paper Parallel Sessions)

Theme: *Filling the Gaps in Community End-of-Life Care*

End-of-Life Care Services Should Be a Pillar of District Health Centers in Hong Kong as Future Primary Care Development in order to Raise Quality of Death and Dying

Ning FAN,^{1,2} Y. C. Josephine LEE³

¹ Forget Thee Not, Hong Kong

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³ St. James' Settlement, Hong Kong

Background: The PATCH (Palliative care patient-led change) is an online, artmaking program that supports individuals with a life-limiting illness. This program sought to fill a gap caused by the temporary closure of face-to-face UK hospice-based day therapy programs during the COVID-19 pandemic. Participant reflection underlined the importance of being part of a community which understood the reality of living with a terminal illness and the difficult shifts in self-image such a diagnosis brings. The need to be agential, to continue to have an impact on one's own life and that of others, was also strongly voiced.

Objectives: Individuals with a terminal illness are invited to join the PATCH, to identify an individual issue they wish to address and to take action which leads to change.

Practice: The program's development was informed by a conceptual framework, offering a tentative theory of the relationship between identity, moral purpose, agency and changemaking activity. The PATCH group facilitator supports participants' changemaking activity, working through the steps of a new patient-led change model. Participants offer mutual support and critique, leading to an end product which can be shared with others, for example, a leaflet exploring how one might structure difficult conversations with loved ones.

Implications: This presentation details a proposed practice, the PATCH program, which challenges stereotypical views of palliative care patients. It offers a new community-based approach to end-of-life care provision which, in enabling participants to change things around them, gives the potential for personal, positive identity change.

Providing Holistic Community-based End of Life Care for Patients with Chronic Obstructive Pulmonary Disease and their Family Could Improve their Quality of Life

Kam Yee Viann WONG,¹ Ying Ying HO,¹ H. P. Bobo LAU,² P. L. Flora MIU,³ M. C. CHOW,³ T. L. CHOI,³ K. M. Kimmy Chan,³ K. H. LIU,¹ M. C. LAW,¹ S. W. Carrie HA¹

¹ The Hong Kong Society for Rehabilitation, Hong Kong

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³ Department of Medicine, Pamela Youde Nethersole Eastern Hospital, Hong Kong

Background: Chronic obstructive pulmonary disease (COPD) is the 8th leading cause of death in Hong Kong. COPD patients suffer from dyspnoea and death anxiety while their caregivers encounter multi-dimensional challenges. However, community-based end of life care (EoLC) in Hong Kong for late-stage COPD patients is limited. The Hong Kong Jockey Club "Life Rainbow" EoLC service was organized by The Hong Kong Society for Rehabilitation in collaboration with Hong Kong East Cluster, Hospital Authority under medical-social collaboration. The program aims to improve the quality of life of late-stage COPD patients and reduce caregivers' strain by symptom management, ACP discussion, practical support, and psychosocial-spiritual care.

Objectives: To evaluate the program effectiveness in enhancing quality of life of patients and their caregivers.

Methods: The program has been evaluated by comparing patients' quality of life and caregivers' strain across a three-month period (Patient: baseline, 1- & 3-month follow-up; Caregiver: baseline & 3-month follow-up) using repeated samples ANOVAs and t-test.

Results: 66 patients (75.6% male, age = 79.3 ± 8.7) and 31 caregivers (87.1% female; age = 60 ± 14.0) completed the follow-up questionnaires. Patients reported significant reduction in physical (6.63 vs 5.10 vs 5.15, F(2, 64)=3.60, p=.033) and psychological-communication symptoms (8.88 vs 6.58 vs 5.31, F(2, 63)=16.27, p<.001). The reduction in caregiver strain was non-significant (10.03 vs 8.51, t(30)=1.33, p=.194).

Conclusions: The program reveals that providing holistic EoLC could improve patient's quality of life and may counteract the increasing caregivers' strain in caregiving journey. Multidimensional support for the increasing care needs and burdens in late-stage COPD cases is effective.

What do Patients and Family Caregivers Value in Afterhours Palliative Care Services in the Community? A Review of the Research Literature

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²School of Nursing, University of Tasmania, Australia

Background: Integrating patients' and family caregivers' perspectives can contribute to the key direction of afterhours palliative care service provision. From a research perspective, little is known about what patients and family caregivers value in afterhours palliative care services, as well as their preferences and expectations.

Objectives: This study aims to review and identify internationally, what patients and family caregivers value in afterhours palliative care services in the community setting.

Methods: A systematic search of seven databases was conducted in MEDLINE, PsycINFO, Embase, Emcare, PubMed, CINAHL and Web of Science, for research papers published from January 2010 to July 2020. Two reviewers independently screened the title, abstract and full-text of papers based on pre-determined eligibility criteria. Disagreements were resolved through discussions with a third reviewer. Reference list searches of included papers were undertaken. A manifest content analysis was adopted to synthesize the data and results were reported in a descriptive way.

Results: Out of 692 articles, 7 studies were included. Data were generated from 411 patients and family caregivers. Patients' and family caregivers' values were categorized into 9 categories, namely symptom management, fulfilling care wishes, interpersonal skills, expert consultation, continuity of care (management and information), availability and accessibility to medication and resources, minimizing futile treatment, knowledge of services (knowing who and when) and safety.

Conclusions: It is crucial that patients' and family caregivers' care expectations toward afterhours services are identified and met. Outcome measures should be applied to assess the extent to which these expectations are being met.

Moving Mountain: Suggestions of General Practitioners Contributing to the Concerted Effort of Health and Social Integration to Providing End-of Life Care Service in the Community of Hong Kong

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⁷Counseling psychologist in private practice, Hong Kong

Background: Quality end-of-life care (EOLC) in community is of paramount importance to Hong Kong population which are ageing with multiple chronic illnesses. Studies found that substantial portion of the population preferred to die at their own homes. Indeed, the government policy stated the direction of aging in place through medical and social care. General Practitioners (GPs), who are the first point of contact with patients, have close relationship with and understanding of the patients and the families, thus facilitating their special role in accomplishing this humanistic duty in EOLC. This echoes with the WHO suggestion that GPs with basic palliative care training are needed in the community and in patients' homes.

Objectives: We suggest a planned contribution by GPs, academic, professional bodies and non-governmental organizations for a good EOLC provision in the community through a government-led service platform.

Practices: In this presentation, we suggest an innovative approach to the newly established platform, with a collaboration between District Health Centres (DHCs) led by Food and Health Bureau, Jockey Club End-of-Life Community Care Project (JCECC) and their community partners, and primary care doctors. The new approach facilitates a medical-social integrated and sustainable EOLC provision in the community. Skills transfer, direct service, and empowerment can be fostered from community centers to patient homes.

Implications: It is expected that there will be improvement in patients' and families' physical and emotional states with reduction in hospital admission. Ageing in place, or even the wish for home-death, can be respected through this concerted accomplishment.

Mindful Reflections of a Small Working Group in Attempting to Overcome the Barriers of End-of-Life Care (EOLC) at Home

K. C. Jonathan LAU

Omega International Health Service, Hong Kong

Background: End-of-Life Care (EOLC) is inherently a complex issue and difficult to address. With reference to complexity science, the team realized that the slow progress of EOLC at home in Hong Kong is not a unique phenomenon.

Objectives: To identify the stumbling blocks that the group has encountered in implementing EOLC at home in Hong Kong, and to reflect on best practices around the world.

Practices: The two innovative models of care with mounting evidence of public benefits are De Hogeweyk (the 'Dementia Village' of the Netherlands) and the Frome Model - Compassionate Communities UK. Two of the key factors of their success are a good Primary Care base and better social relationships. The group reflected on what it has done right to effect changes: (1) people - centric and community based; (2) medical and social integration leading to a diversified team; (3) starting with small grassroots changes and delivering services in the frontline; and (4) evolving organically plus ongoing learning and adaptation towards the sustainable development of EOLC at home. The journey is accepted to be challenging as the venture outcome is often unpredictable and not proportional to the efforts involved.

Implications: Finally, in this presentation, a simple communication tool titled 'Time + 5 E' will be shared as a possible and practical solution to overcome some of the barriers.

Moderator: Dr. Roger Chung, Assistant Professor, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong

Invited Seminar 3: Facilitating ACP Communication in Community: Practices in Different Countries



Ms. Linda Nolte

Program Director, Advance Care Planning Australia, Australia

Linda Nolte is the Program Director of Advance Care Planning Australia, a national Australian Government funded program. Linda trained as an allied health professional and has post graduate qualifications in health and medical law, as well as health services management. She has 25 years of experience working in national and state government programs, providing advice to governments and programs, clinical governance, oncology, aged care, and community health. She has research interests in advance care planning, cancer survivorship, and cancer malnutrition.

Over the last five years, she has transformed Advance Care Planning Australia, delivered it's first strategic plan, implemented a national Advance Care Planning Week campaign, and many other projects.

Advance Care Planning in Australia: Transforming Advance Care Planning Awareness to Understanding and Action with National Communications, Advice and Support, Volunteers and Education

Background: Advance care planning (ACP) improves palliative care outcomes for individuals, families, the workforce, and the healthcare system. Uptake remains low in Australia with only 14% of older Australians having an advance care directive. Studies indicate about half of the community have an awareness of ACP and fewer an understanding of its utility.

Objectives: To increase reach and engagement of individuals, families, the health and aged care workforce, and service providers in ACP activities. Secondly, to improve ACP understanding, practice, and uptake.

Practices: National implementation and monitoring of a strategic ACP communications program, ACP Week campaign, advice and support service, volunteer community education, and online learning, during a 3-year period. In 2019-20, Advance Care Planning Australia's (ACPA) website received 158,709 unique users, an 83% increase in 3-years. ACPA's Facebook followers (n=2892), increased by 89%. Over the 3-year period, 2.7M social media users were reached. In 2019-20, the ACP Week campaign reached 3.25M, an 117% in 3-years. Over 3-years, there were 602 media mentions and 127,800 dedicated website page views. In 2019-20, trained volunteers provided advice to 1682 callers and delivered 62 community presentations; over 3-years there were 4,516 enquiries addressed. In 2019-20, there were 136 volunteer module completions. Over 3-years, 17,829 ACP education modules were completed.

Implications: ACPA, with government funding, was able to achieve increased reach and engagement in ACP activities for individuals, families, the workforce, and service providers. Further longitudinal research of ACP awareness, understanding, and document prevalence is required to assess improvement in understanding, practice and uptake.



Mr. Andy Sim

Principal Medical Social Worker, Medical Social Services, Singapore General Hospital SingHealth Duke-NUS Supportive and Palliative Care Centre, Singapore

Andy is a Principal Medical Social Worker with the Department of Medical Social Services (MSS) in Singapore General Hospital (SGH). He oversees a team of advance care planning (ACP) coordinators to spearhead ACP implementation in SGH, and is appointed Education Co-lead in the SingHealth Cluster ACP Workgroup. He has served in several workgroups in the Agency of Integrated Care (AIC) National ACP Office and is a founding member of the National ACP Community of Practice (CoP).

Andy is also the Co-Director, Education for SingHealth Duke-NUS Supportive and Palliative Care Centre (SDSPCC), and faculty of the Lien Centre for Palliative Care (LCPC), Palliative Care Course for Social Workers (PCCSW). Clinically, Andy is part of the inter-professional care teams in the Internal Medicine Supportive and Palliative Care Services (IM SPCS), as well as Isolation Intensive Care Unit.

Andy also holds a Master of Social Work degree from New York University, USA, and is also certified thanatologist (ADEC, USA). He is a Fellow of the Zelda Foster Studies Program in Palliative and End-of-Life Care, and Zelda Foster Leadership Programme in NYU. His professional interest lies in palliative and end-of-life care, healthcare communication, clinical ethics, person-centred care, and ACP.

Expanding Advance Care Planning (ACP) Outreach from Hospital to Community – The Singapore General Hospital Experience

Background: In 2011, the national advance care planning (ACP) program, also known as Living Matters ACP, was rolled out in the Regional Health Systems (RHS) in Singapore. Although ACP is suitable for healthy adults as well as persons with progressive or terminal illness, it was started as healthcare professional-led conversations for patients within local hospitals. An approximate 27 000 ACP conversations have been completed and published through the National ACP database till date.

Objectives: In recent years, efforts have also been made to increase the spread of ACP in the community. This paper highlights a collaborative outreach strategy developed by Singapore General Hospital (SGH) to expand ACP outreach from hospital to community.

Practices: Firstly, key partnerships were established with SGH community nurses, regional community agencies, faith-based groups and tertiary institutions to outreach the community. Secondly, art-based and narrative-focused activities were created to introduce ACP, promote personal reflections and encourage ACP uptake. Endorsement from hospital leadership, medical board, nursing council as well as collaboration with SGH communication department were key enablers to aid the spread of ACP from hospital to community.

Implications: Since 2016, SGH has organized 42 in-house and 23 external ACP roadshows, art-based workshops and talks. Our efforts have outreached to 3876 care providers and 2117 community residents. While we have achieved significant spread of ACP awareness, more can be done to increase ACP uptake and completion. Challenges and barriers to ACP outreach, as well as the impact of COVID-19 on ACP services will also be discussed.



Ms. Lin Yi-Yin Vanessa

Chief Executive Officer, Hospice Foundation of Taiwan, Taiwan

Ms. Vanessa Lin is the Chief Executive Officer, Hospice Foundation of Taiwan. She is also the Vice Director, International Medical Center, MacKay Memorial Hospital, Taiwan and the Director, Superintendent Office of MacKay Memorial Hospital, Taiwan.

The Strategies and Experiences of the Hospice Foundation of Taiwan (HFT) in Promoting Advance Care Planning (ACP)

Background: Hospice Foundation of Taiwan (HFT) is the first institution in Taiwan to promote hospice and palliative care. Since its establishment 30 years ago, death literacy of the general public has improved significantly and relevant legislation has become more comprehensive. In the past decade, public awareness of hospice and palliative care has increased from 46% to 77.4%. Nevertheless, in practice, the number of referrals for hospice and palliative care remains low; effective promotion remains a challenging task.

Objectives: HFT designs promotional literature, and utilizes publicity measures appropriate to different target groups at different stages. Surveys are used to evaluate the effectiveness of these measures.

Practices: We find that celebrity endorsements and sharing life stories have always been effective. When sharing in-person at promotional events, different language and means are used for different target groups. For example, when speaking to the elderly, we begin the dialogue with current events rather than starting directly on the topic of death. With students, we employ animation and other media that appeal to them. We develop various teaching tools to engage the general public in thinking about the value of life.

Implications: In the past decade, various promotional programs offered by HFT and other related organizations have been warmly received; the public is open and eager to learn. It is also our hopes that in educating the public about hospice and palliative care, medical professionals would in turn be urged to be more proactive in offering hospice and palliative services.

Moderator: Dr. Angela Leung, Associate Professor, School of Nursing, The Hong Kong Polytechnic University, Hong Kong

Invited Seminar 4: Interdisciplinary Collaboration



Professor Wang Ying-Wei

Professor, Department of Medical Humanities, Tzuchi University; Director, Center for Palliative Care, Hualien Tzuchi Hospital, Taiwan

Professor Wang Ying Wei is the director of the Center for Palliative Care and medical consultant in Hualien Tzuchi Hospital. He is also the council member of APHN and the chair of the education subcommittee of APHN. He received his MD degree from National Taiwan University and PhD from Tulane University in US. He completed his residency training in Family Medicine in Taiwan University Hospital. He was the former Director General in Health Promotion Administration MOHW, the chief in Heart Lotus Hospice in Tzuchi General Hospital, and director in the Department of Medical Humanities, Tzuchi University. He started the first Buddhist hospice programme in East Taiwan since 1996. He developed many innovative programs for hospice palliative care and medical humanities in Taiwan in the past few years. His specialty included palliative care, medical education and health promotion.

Applying Online/Onsite Team-based Learning for Interdisciplinary Education in Palliative Care

World Health Organization and the Institute of Medicine stated that students of the various healthcare specialties need to learn to practice in teams, collaborate and communicate effectively and deliver patient-centered, holistic healthcare. Interprofessional education is necessary to prepare students to practice together and deliver team-based care when they enter the healthcare workforce. Palliative care is by its very nature interprofessional care. Interdisciplinary education in palliative care is a collaborative approach to teaching and learning that brings together all the disciplines involved in the care of palliative patients and their families. Team-based learning (TBL) uses sound pedagogical principles to encourage debate and dissent between small teams related to complex and ambiguous areas of knowledge. Students are demonstrating evidence of increased critical thinking, more effective teamwork, evolving listening skills, and satisfaction at learning in a way which they perceive to be much more akin to clinical practice than didactic lectures and seminars. During Covid-19, online training is a trend to replace onsite workshop to decrease the chance of personal contact. Online TBL is a useful teaching method to deliver interdisciplinary palliative care education.



Dr. Yoshiyuki Kizawa

Designated Professor, Department of Palliative Medicine, Kobe University School of Medicine / Director, Department of Palliative Medicine, Kobe University Hospital, Japan

Yoshi (Yoshiyuki Kizawa) is a Designated Professor of Palliative Medicine at Kobe University Graduate School of Medicine. Since 2018, He has served as the president of the Japanese Society for Palliative Medicine. Yoshi has led the national primary palliative care education program so-called the PEACE project since 2007. Until January 2021, more than 140,000 physicians finished the 2-day education course that contributes a lot to improve the integration of palliative care in oncology. He also has a strong interest in teaching and practicing advance care planning. Yoshi leads a National Advance Care Planning Education Project, funded by the Japanese government, namely E-FIELD (Education for Implementing End-of-life Discussion).

Promoting Patient Centred Palliative and End-of-Life Care in Japan: Experiences from Organising Two Nation-wide Projects

Background: Palliative care in Japan began in the 1980s with the establishment of hospice / inpatient palliative care units on a volunteer basis. A major role in the early development of palliative care was played by Professor Tetsuo Kashiwagi, the first President of APHN, and Yodogawa Christian Hospital. Since then, inpatient hospice / palliative care units have been covered by the public health insurance system and have developed significantly, especially in cancer care.

Objectives: To analyze the current situation of palliative care in Japan with reference to the experience acquired through the management of the two nation-wide palliative care projects.

Practices: Considering how best to provide palliative care whenever and wherever needed, we took the decision to include palliative care in the basic education of medical doctors and launched the PEACE project, a basic palliative care education program, in 2008. As of March 2021, more than 130,000 doctors had completed the PEACE project (a 12-hour learning course).

While palliative care for cancer was developing, a major challenge was that non-cancer palliative and end-of-life care was not being adequately implemented. In 2015, we developed the multidisciplinary education program E-Field, focusing on decision-making in accordance with the patient's wishes in end-of-life care and advance care planning. To date, approximately 6,000 multidisciplinary health care professionals have completed the E-Field.

Implications: We consider the future direction of the development of palliative care in Japan and Asia through these two nation-wide education projects in palliative care.

Moderator: Dr. Paul Wong, Medical Superintendent & Deputy Medical Superintendent, Haven of Hope Sister Annie Skau Holistic Care Centre, Hong Kong

Invited Symposium 4: Engaging the Community in Supporting End-of-Life Care



Dr. Vivian Lou

Director, Sau Po Centre on Ageing, Department of Social Work & Social Administration, The University of Hong Kong

Dr. Lou Vivian W. Q. is the Director of Sau Po Centre on Ageing, and Associate Professor at Department of Social Work & Social Administration at The University of Hong Kong. Her research interests focus on family gerontology, in particular family caregiving for dementia, stroke, end-of-life older adults, and social adaptation and mental health of Chinese older adults and family caregivers. She also has a keen interest in building evidence-based models to empower older adults and their families. Dr. Lou is assistant editor of Ageing and Mental Health and editor of Asian Journal of Gerontology & Geriatrics. Dr. Lou has been appointed as a member of the Elderly Commission, Statistics Advisory Board, Community Investment and Inclusion Fund, Senior Police Call Central Advisory Board, and Elderly Academy Development Foundation of the HKSAR Government. She is a fellow of the Gerontological Society of America, and a Council member of Hong Kong Association of Gerontology.

Volunteer-partnered End-of-Life Care in the Community – From Capacity Building to Sustainable Development

Background: Volunteers play a significant role in supporting patients and family caregivers during their end stage of life. Under Jockey Club End-of-life Community Care (JCECC) Project, a volunteer-partnered end-of-life care framework has been developed.

Objectives: This paper aims to describe the development of the model and its impacts.

Methods: The volunteer-partnered end-of-life care framework development started from a critical review on volunteers' contribution to end-of-life care worldwide, followed by a revisit on the development of JCECC volunteer model in Hong Kong, partnered with four non-government organizations. The qualitative and quantitative research methods were adopted to develop the framework.

Results: Over the five years, more than three hundred volunteers were equipped with EoL knowledge and skills to serve families in the community. A volunteer-partnered model has been developed based on a mixed, which comprises four key components: risk-managed recruitment, experiential-learning oriented capacity building, reflected roles and responsibilities of volunteers, and multi-layers of infrastructure establishment.

Conclusions: Effectiveness on volunteers, patients and family caregivers were supported based on stakeholder focus groups and follow up survey among trained volunteers. Volunteer-partnered end-of-life care in the community could be achieved through our capacity building model under JCECC.



Mr. Arnold Leung

Senior Service Manager, Hospice & Bereavement Service Division, S.K.H Holy Carpenter Church District Elderly Community Centre, Hong Kong

Mr. Arnold Leung is a registered social worker (Hong Kong), an advanced certified hospice and palliative social worker (USA), and a fellow in Thanatology (USA). He has started his work on volunteer training, life and death education, community palliative care, paediatric palliative care, and bereavement counseling since 2007. For the past thirteen years, he has served more than 800 bereaved families and dying patients, conducted more than 500 sessions of public talks as well as professional training, and provided at least 2,000 hours of clinical supervision to social workers as well as counselors of the service team. He is the founder of DEATHFEST and guest host of several life and death education radio programmes. He was the recipient of the Outstanding Social Workers Award in 2016.

The Sustainability, Challenges and Opportunities of Volunteering in End-of-Life Care Community Service under COVID-19

Background: Home hospice care volunteer service has faced significant challenges during the COVID-19 pandemic in the past year. The pandemic has stopped some face-to-face support services and limited the variety of service modes. The opportunity of volunteer service has drastically reduced at the beginning but rebounded with the use of new modality of service delivery.

Objectives: To draw implications on future development of home hospice volunteer service in the “new normal” under the pandemic.

Practices: Apart from a switch from face-to-face training to online training for volunteers, online platform has provided a sustainable channel for connecting end-stage patients, family carers, and volunteers in a new way. Virtual volunteer service opportunity has also given rise to an increased diversity of volunteers. Without the constraints of place and time, volunteers can contribute to the service at home or any venue, as well as in their free time, even in lunch break at work. Moreover, the flexibility of service arrangement has encouraged volunteers to give full play to their talents, such as graphic design, publishing and editing of life story book.

Implications: Whenever there are new challenges, there are also new opportunities to develop creative service modes. Through adapting to the difficulties in service provision during the pandemic, we learned to expand the service possibilities and cultivated valuable practice wisdom. The success in virtual mode of volunteer service would serve as a reference for future service development.



Dr. Devyani Chandran

Director, Palliative Care Institute, Western Washington University, United States of America

Dr. Devyani Chandran is an Associate Professor in the Human Services Program housed in the Department of Health and Community Studies in Western Washington University and the Director of the Palliative Care Institute. Dr. Chandran received her PhD in Social Welfare from the University of Kansas. Her doctoral dissertation explored the experiences of older adults living with HIV/AIDS. She currently teaches courses on Aging and health, interpersonal and small group systems and diversity and social justice dynamics. Dr. Chandran's research focuses on community based approaches to chronic illness, aging, end of life and palliative care. Her research findings have been published in "Social Work and Health Care"; Journal of Palliative and End of Life Care, Social Work Education, and AIDS and Behavior.



Dr. Marie Eaton

Community Champion, Palliative Care Institute, Western Washington University, United States of America

Marie Eaton was the founding Director and is currently the Community Champion for Western Washington University's Palliative Care Institute. The Institute seeks to improve care for those with serious or terminal illness - mounting projects with other partners focused on provider training and community education and activation to demonstrate how 'palliative care' can improve quality of life, both physically and also in mind and spirit, helping patients live as actively as possible until death and ease their dying process when that time arrives.

During her 40 years at Western Washington University, Dr. Eaton served in a number of faculty, leadership and administrative roles. As a faculty member at Fairhaven College she taught courses on Death and Dying, which provided some of the grounding for her current work at the Palliative Care Institute.

Completing the Palliative Care Puzzle: Involving Community Partners in the Development of Palliative Care Initiatives

This presentation reports on the role of the Palliative Care Institute, (an ongoing partnership with Western Washington University and community partners in educational and non-profit organizations in North Western Washington, USA) in supporting the development of community based palliative care initiatives. Presenters will discuss three projects developed to support the improvement of community based palliative care initiatives. 1) The first initiative engaged multiple stakeholders in the development of a Blueprint for Creating a Community of Care and Support for People with Serious Illness which guides the Institute's community work. 2) In the Touch of Grace project, researchers and community partners supported by government grants collaborated to develop educational modules on end-of-life care for staff of nursing homes. 3) A collaborative team of researchers conducted zoom based focus groups to gather data on the challenges of community-based service providers in the midst of the COVID 19 pandemic as well as providing a venue for support for the same providers.

Attendees of this session will learn about 1) strategies for development of a community wide response to a community's palliative care needs, 2) techniques used in conducting collaborative research in the community, 3) and strategies for leading community conversations and developing educational programs about palliative care. Implications for the inclusion of community based stakeholders not just as recipients of care but as active partners in the development of palliative care initiatives will be discussed.

Moderator: Dr. Ben Law, Senior Lecturer, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Poster Presentations

Poster 1: Pattern of Access to Community Palliative Care Services in Hong Kong: A Retrospective Cohort Analysis

Lai-Yi Eliza WONG, Y. Crystal CHAN, T. T. Francisco LAI, Y.S. Samuel WONG, E. K. YEOH

University of Hertfordshire, United Kingdom

Background: The PATCH (Palliative care patient-led change) is an online, artmaking program that supports individuals with a life-limiting illness. This program sought to fill a gap caused by the temporary closure of face-to-face UK hospice-based day therapy programs during the COVID-19 pandemic. Participant reflection underlined the importance of being part of a community which understood the reality of living with a terminal illness and the difficult shifts in self-image such a diagnosis brings. The need to be agential, to continue to have an impact on one's own life and that of others, was also strongly voiced.

Objectives: Individuals with a terminal illness are invited to join the PATCH, to identify an individual issue they wish to address and to take action which leads to change.

Practice: The program's development was informed by a conceptual framework, offering a tentative theory of the relationship between identity, moral purpose, agency and changemaking activity. The PATCH group facilitator supports participants' changemaking activity, working through the steps of a new patient-led change model. Participants offer mutual support and critique, leading to an end product which can be shared with others, for example, a leaflet exploring how one might structure difficult conversations with loved ones.

Implications: This presentation details a proposed practice, the PATCH program, which challenges stereotypical views of palliative care patients. It offers a new community-based approach to end-of-life care provision which, in enabling participants to change things around them, gives the potential for personal, positive identity change.

Poster 2: Hospice Care in Long-Term Care Center: An Integrated Care System and Prospective Discussion in Eastern Taiwan

Lai-Yi Eliza WONG, Y. Crystal CHAN, T. T. Francisco LAI, Y.S. Samuel WONG, E. K. YEOH

University of Hertfordshire, United Kingdom

Background: The PATCH (Palliative care patient-led change) is an online, artmaking program that supports individuals with a life-limiting illness. This program sought to fill a gap caused by the temporary closure of face-to-face UK hospice-based day therapy programs during the COVID-19 pandemic. Participant reflection underlined the importance of being part of a community which understood the reality of living with a terminal illness and the difficult shifts in self-image such a diagnosis brings. The need to be agential, to continue to have an impact on one's own life and that of others, was also strongly voiced.

Objectives: Individuals with a terminal illness are invited to join the PATCH, to identify an individual issue they wish to address and to take action which leads to change.

Practice: The program's development was informed by a conceptual framework, offering a tentative theory of the relationship between identity, moral purpose, agency and changemaking activity. The PATCH group facilitator supports participants' changemaking activity, working through the steps of a new patient-led change model. Participants offer mutual support and critique, leading to an end product which can be shared with others, for example, a leaflet exploring how one might structure difficult conversations with loved ones.

Implications: This presentation details a proposed practice, the PATCH program, which challenges stereotypical views of palliative care patients. It offers a new community-based approach to end-of-life care provision which, in enabling participants to change things around them, gives the potential for personal, positive identity change.

Poster 3: Quality of Death at Home Palliative Care – Analysis of Cases of One Hospital in North-East Taiwan

Ya Ling CHANG, Y. M. CHANG

Lo-Hsu Medical Foundation, Lotung Poh-Ai Hospital, Taiwan

Background: The quality of life of end-stage patients is an important indicator of the quality of medical care.

Objective: To investigate the satisfaction of end-stage patients with home hospice service and its related influencing factors.

Methods: This is a retrospective study on the hospice service evaluation records of 93 end-stage patients admitted to the Lotung Poh-Ai Hospital from 2016 to 2018. The items being analyzed included the hospice evaluation index (out of 0-3 points) and hospice service evaluation (score 1-5 points).

Results: The average age of patients was 75.3 ± 13.3 years old; 63 patients (67.8%) died at home, 86.0% discussed the decision with families, and 37.6% had adult child(ren) as their primary caregivers. The average score on the index of good death was 2.98 ± 17 (out of 5). 94.6% of these patients accepted the reality of end of life, and 92.5% were able to remain calm when facing their condition. 94.6% of deceased patients had arranged for their after-death matters, and 89.2% had been very peaceful in the last three days of life. 93.5% of patients and primary caregivers perceived the timing of death as appropriate. The mean satisfaction for the care given was 4.08 ± 0.28 . The expected patient's autonomy was scored the highest (4.35 ± 0.52), while relieving anxiety and depression were the lowest (3.88 ± 0.35 ; 3.81 ± 0.44 , respectively). Those with higher scores tended to have a positive attitude towards the past and with their wishes fulfilled ($p < 0.01$).

Conclusions: This study can be used as a reference for improving the quality of care provided by palliative care units.

Poster 4: Could Outpatient Hospice Care Services Reduce Healthcare Service Utilization of Multi-Morbid Dementia Patients in their Last Years? A Retrospective Analysis of 10-years Inpatient Records

Y. Crystal CHAN, T. T. Francisco LAI, K. K. Gary CHUNG, Y. K. Patsy CHAU, E. K. YEOH, Y. S. Samuel WONG, L. Y. Eliza WONG

Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong

Background: Palliative care is essential in maintaining patients' quality-of-life in life-limiting conditions including dementia. Little is known about the impact of outpatient hospice care (OHC) on multi-morbid people with dementia.

Objectives: Investigate the impact of OHC on healthcare service utilization among people with dementia and different case-mix.

Methods: A retrospective cohort was established with people with dementia died in Hong Kong public hospitals between 2004 and 2014. Specialist outpatient clinics for hospice care attendance was used to predict acute bed-days in the last year of their lives and unplanned readmissions in 30 days with regressions. Interaction between OHC and co-morbidities in Charlson Comorbidities Index was tested.

Results: Of the 19,202 participants in this analysis, 91% had co-morbidity with dementia at baseline, and only 6.3% used OHC. OHC utilization is significantly associated with less acute bed-days for people with peptic ulcer disease (Mean difference = -7.98), and reduced odds in unplanned readmission in people with mild liver disease (Odds ratio (OR) = 0.87), renal disease (OR = 0.87), congestive heart failure (OR = 0.90), chronic obstructive pulmonary disease (OR = 0.92), and peripheral vascular disease (OR = 0.94).

Conclusions: This study highlights the limited portion of people with dementia accessing to OHC may be related to the capacity of service provision; and identifies the distinctive impacts of OHC on healthcare utilization in people with dementia and different case-mix. Strengthening our capacity in providing community-based hospice service is vital in reducing unnecessary hospital attendance in the later-lives of people with dementia.

Poster 5: Enhanced Palliative Care Service for Patients with Advanced Chronic Obstructive Pulmonary Disease – The 2-year Experience in Hong Kong West Cluster – a Retrospective Study

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Background: Patients with advanced chronic obstructive pulmonary disease (COPD) have substantial symptom and psychosocial burdens but their access to palliative care remains limited.

Objectives: To investigate the impact of the Integrated Palliative Care (IPC) program on clinical outcomes. IPC program includes: 1) breathlessness package 2) psychosocial care and, 3) early advance care planning discussions.

Methods and Results: 155 patients were included for analysis during the period of January 2019 to December 2020. Both IPC and control groups had similar age and sex ratio. 69% and 75% had significant dyspnoea and anxiety respectively of the IPC program at the baseline. The proportion of patients with significant dyspnoea and anxiety level decreased by 28% and 32% respectively after initiation of the IPC program. 61% and 43% IPC patients had received home care community partner support respectively. The acute admission rates were reduced in the IPC group when compared with control group insignificantly. [3.9 (1.8) vs 4.1(1.3), $p>0.05$].

Conclusions: Our IPC program can relieve significant symptoms reduce healthcare costs in advanced COPD patients.

Poster 6: '3L: Love, Live, Legacy' – Latest Psychosocial-spiritual Intervention Model on Palliative Care Support Service

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² King's College London, United Kingdom

³The Society for the Promotion of Hospice Care, Hong Kong

Background: Patients with advanced chronic obstructive pulmonary disease (COPD) have substantial symptom and psychosocial burdens but their access to palliative care remains limited.

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Conclusions: Our IPC program can relieve significant symptoms reduce healthcare costs in advanced COPD patients.

Poster 7: Policy Implementation Framework in End-of-Life and Palliative Care: Lessons from Mainland China

Ze-Wei LIU

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Background: End-of-life and palliative care (EOLPC) has become a significant issue in the policy agenda-setting with the increase of health ageing demand and the limited service supply in mainland China. However, policy perspectives and frameworks got insufficient attention in the relevant research.

Objectives: The study aimed to fill the knowledge gap and provide implications for policy and service practice to promote the social value.

Method: The study constructed a new framework based on policy implementation process, welfare pluralism & triangle, health governance, etc. The framework has 5 domains, which is policy system, implementer, governance participation, target group, environment and culture, and several components. Data was collected by sorting out

policy documents in recent 27 years (1988-2020), processed by content analysis and critical thinking, and interpreted according to the new framework.

Results: The barriers of EOLPC policy implementation in China's mainland were found to have following possible explanations. First, complex health and ageing problems, unbalanced policy instrument system, and being excluded from the social welfare system led EOLPC policy development to a slow progress comparing with other countries. Second, interests conflicts resulted in the inefficient cooperation among government departments, scarce cooperation among government, social and market sectors. Moreover, negative impact showed in the bureaucracy structure, ambiguous participation rules, insufficient incentives. Third, there's a gap between service model, patients' meticulous needs and families' neglected needs. Fourth, the health paradox in filial piety culture, difficulties in death education, and urban-rural disparities in population and medical contexts played comprehensive roles in environment challenges of EOLPC policy.

Conclusion: The new health policy implementation and governance process framework can explain current policy development and barriers of EOLPC in mainland China. The study also put forward some suggestions for EOLPC policy implementation, service delivery and further research, and advocated for social work's advocator role and its mission.

Poster 8: Constructing a Christian "Caring and Friendly Community" – A Probe into Taiwan Model

Ta-Jen CHANG

Catholic Mercy Hospital, Catholic Mercy Medical Foundation, Taiwan

Background: The concept of "compassion and care" is the long-term core value of the Christian faith, thus The Bishops' Conference of Catholic Church of Taiwan has already advocated the promotion of palliative and hospice treatment for years.

Objectives: Encouraging the community to prepare for end-of-life care and grievous education, and building a care network that supports each other in the vast community.

Practices:

1. Organizing large-scale briefing sessions to recruit 22 experienced and enthusiastic community groups, of which 13 community groups have founded their operation support models and written 51 stories.
2. During the COVID-19 epidemic, the use of online web or physical parallel discussions effectively advocated the concept of spiritual care in the community, and united the operation of contact model contributed by the National Health Agency.
3. Through the 7 sessions of different education and training activities including community liaison and care strategies, community resource inventory, story writing skills, etc., the project indeed enhanced the ability of community groups to care on the front line.
4. Assisting 13 key community groups to establish 13 community liaisons, 13 medical liaisons, and 24 alley liaisons. All communities achieved totally 95 caring community initiatives with 3,223 person-times.

Implications: The awareness of the "life literacy" of the non-governmental organizations indeed was advocated in the past year, and we further hope to raise the community's understanding of death, dying and grief, and construct a compassionate and caring community model which achieves the good end life of the elderly in the house.

Poster 9: From Despair to Hope at End-of-Life: A Model of Midlife Spiritual Transformation to End-of-Life Spiritual Care

Christine LAI

Holy Spirit Seminary College of Theology & Philosophy, Cambridge Margaret Beaufort Institute of Theology, HK Bioethics Resource Centre, Hong Kong

Background: Spirituality is a fundamental element to the human experience of health, illness and dying. Spiritual care is an essential component of end-of-life care provision and is the responsibility of all caretakers. Many family caretakers in Hong Kong especially at the midlife stage of life are going through ageing themselves while facing

with challenges of despair and mortality of the aged parents at end-of-life. Spiritual practice can provide a way to empower end-of-life care.

Objectives: A model of spiritual care might help, both the midlife caretakers and those they care for, search for transformation at end-of-life from despair to hope.

Practices: A spiritual practice model for midlife spiritual transformation has been designed and practiced in a professional doctorate research of practical theology. The rich qualitative research results have shown the transformation of the midlife professionals after the meditation and mindfulness practice. It provides the potential for the midlife spiritual transformation model to be adopted for the end-of-life care. The finding of the themes of connectedness, discernment and transformation through spiritual practice to serve as an enabling force for the midlife caretakers and end-of-life spiritual care.

Implications: Through the finding of spiritual practice model and believing in spirituality as a unifying force that enables one to be at peace when connecting with oneself, the past history, others and the world; listening and allowing sacred time and space to discuss and explore the fears and anxieties of the aged parents, discerning and revealing of life meaning might help transforming despair to hope.

Poster 10: Research on the Localization of Children's Hospice Care Service: A Chinese Model

Qu Hai SHI, Yu Nan YI, Kai Yan SHU

Chongqing Technology and Business University, China

Background: Children's hospice care services in Mainland China have started relatively late, and domestic children's hospice care is still in its infancy in both academic and practical aspects.

Objectives: By combing and comparing the western children's hospice care service model, content and effect, a sociological analysis of the Chinese children's hospice care problem was conducted. Based on this, the path and working model of children's hospice care for Chinese are established and proposed.

Methods: Qualitative research method was adopted to investigate the local service needs of children's hospice care. In collaboration with Chongqing Children's Hospital and the Children's Hospice Ward of Southwest Hospital, case data of 3 pediatric dying patients were collected. In addition, clinical data was also collected from medical social workers, who conducted support groups for the families of dying children, in the above-mentioned hospitals. Through cultural analysis, descriptive interpretation and contextual analysis of these data, a service model suitable for the Chinese children with end-of-life problems was established.

Results: From the perspective of service demand and coordination, there are many myths surrounding children's hospice care services in Mainland China. The development of China's children's hospice care service model should focus on dispelling these myths and misunderstandings.

Conclusions: In order to improve the status quo of children's hospice care in China, there is a pressing need to formulate and implement work paths and service models with considerations of Chinese cultural and psychological characteristics.

Poster 11: "Free Feed" – A Practical Application of Ethical Guidelines for Managing Complex Feeding Issues in Patients with End-stage Dementia through a Multidisciplinary Team Care Pathway

Shuk Kuen Sabrina HO,¹ C. NGAN,² C. K. WONG,¹ H. LI,³ W. CHU,¹ M. Y. SIN,¹ Y. K. CHAN,¹ P. Y. LI,¹ P. LUI,¹ Y. S. TSOI,¹ W. M. YUEN,¹ P. K. F. MAK,¹ P. L. Carolyn KNG¹

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Background: Almost 85% of persons with advanced dementia experience feeding problems in last stage of life which commonly result in tube feeding. Careful hand feeding (CHF), based on the guidelines of the Hospital Authority (HA) provides an alternative to tube feeding. However, widespread adoption of CHF is impeded by practical or medico-legal concerns.

Objectives: To overcome the challenges in CHF, this paper will describe a multi-disciplinary team care pathway that aims to enhance comfort feeding and pleasure in eating in patient at the end stage of life through empowerment of caregivers on ethical principles and safe CHF practice.

Practices: A multi-disciplinary "Free Feed team" was formed with ethical principles based on HA's Guidelines and scope of CHF. A clinical guideline and care algorithm pathway were established with key elements: prognosis assessment, decision-making capacity; communication based on patient's best interests; documentation in Advance Care Plan, CHF informed consent and individualized feeding plan. Other enablers were nurse training, flexible visitation by families, food choices, use of condiment and follow up plans in community. We witnessed a tremendous rise from 14.3% (2016) to 100% (2020) patient support for CHF. Nurses' willingness to facilitate CHF increased from 33.3% to 92.3%. Duration of "nil by mouth" in ward reduced from 3.6 to 2.9 days.

Implications: A multidisciplinary co-produced care pathway is fundamental to complex feeding interventions. Frontline staff engagement, practical feeding plan, staff training, patient/carer education and care continuity in the community, are enablers contribute to the enjoyment of "Free feed" of our patient.

Poster 12: Effects of Care Coordination on End-of-Life Care Among Patients with ESRD: A Nationwide Population-Based Study

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²Division of Nephrology, Department of Internal Medicine, Shin Kong Wu Ho-Su Memorial Hospital, Taipei, Taiwan

Background: Little is known about the effects of care coordination on quality of end-of-life care in patients with ESRD.

Methods: A retrospective cohort study was conducted using data retrieved from the National Health Insurance Research Database and the death registry databases. Adult patients who initiated long-term dialysis in 2010 to 2013 and died before the end of 2017 were recruited. We measured care coordination using an indicator called "Care Density", a metric of patient sharing among physicians, which may reflect how frequently a patient's providers collaborate. Outcomes included the use of acute care, invasive treatments in the last month of life, and the use of palliative care before death. Cochran-Armitage trend tests and multivariate logistic regression were applied.

Results: A total of 9,230 patients were enrolled. The trend analysis revealed that the proportion of receiving resuscitation, mechanical ventilation, and endotracheal intubation decreased (27.4-22.5%, 37.4-30.7%, 36.2-28.7%, respectively; $p < 0.001$), and the use of palliative care increased from 14.4% to 26.5% over years ($p < 0.001$). Patients with higher care coordination were less likely to receive care in the ICU (OR=0.86, 95% CI: 0.78-0.96) and ER (OR=0.90, 95% CI: 0.80-0.99) in the last month before death; however, no significant association of care coordination and palliative care use was observed. The effects of care coordination on the intensive treatment was especially prominent among those who were male, aged 65 years and older, and underwent hemodialysis.

Conclusions: Our findings highlight the priority of facilitating the coordination of end-of-life care for patients with ESRD.

Poster 13: The Effectiveness of Abdominal Acupressure on End-of-Life Constipation

Yi Min CHEN, S. J. CHANG

Department of Nursing, Changhua Christian Hospital, Taiwan

Background: Constipation is a very common condition at the end of life. Having no bowel movement in the last few days of life will result in abdominal bloating and distension, constipation, and even vomiting among patients. In addition to stool softeners, nurses also perform abdominal massage on them. It is worth noting that acupressure is a type of traditional Chinese medicine believed to be beneficial for the digestive system and be able to ease gastrointestinal symptoms.

Objectives: To examine the effects of abdominal massage with acupressure on constipation in end-of-life patients.

Methods: A convenience sample of 72 patients were chosen and allocated to the experimental and control group. In the experimental group, we practiced the acupressure points for 3 minutes on Heaven's Pivot (ST25) and Middle

Epigastrium (Ren12) and then start 10-minute abdominal massage, twice a day, 1 hour after breakfast and dinner. In the control group, the only difference is no acupressure. All data were collected through the PCOC symptom assessment scale (SAS) and the record of daily defecation frequency and timing.

Results: The study showed that patients rated their distress of abdominal bloating on SAS rating scale dropped from 7.8 to 3.6. The incidence of constipation decreased from 85.5% to 52.7%, the number of defecation days decreased from 4.7 days to 3.1 days, and the incidence of a fecalith decreased.

Conclusions: There is good evidence that abdominal massage with acupressure is a non-harmful complementary therapy that helps end-of-life patients feel at ease and improve their quality of life.

Poster 14: The Fine Line between Helpful and Unhelpful Support: An Interpretative Phenomenological Analysis of Family Caregivers' Support Needs for Persons with Comorbid Dementia and Cancer

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Background: Passing away with comorbid dementia and cancer is an increasingly growing phenomenon. Family caregivers are associated with significant caregiving burden in the end-of-life; however, the unique experience of family caregivers of persons with comorbid dementia and cancer (PwDnC) is comparatively under-explored. Owing to the ambiguity of the comorbidity and the immediacy of death, family caregivers of PwDnC may have particular needs and require specific supports.

Objectives: This study explores the end-of-life caregiving challenges and support needs as experienced by the family caregivers of PwDnC.

Methods: Eighteen semi-structured interviews were conducted with a purposive sample of twenty-one bereaved family caregivers recruited from a palliative care unit in Hong Kong. The recorded interviews were transcribed and analyzed using interpretative phenomenological analysis.

Results: Family caregivers were struggling between acquiring support for themselves and providing pain relief to their loved ones. Findings revealed three themes that capture family caregivers' struggles and perceptions towards the mismatched supports provided by the professional caregivers, their loved ones and other family members: (1) Unrecognized caregiving needs, (2) Unnecessarily complicated distress and (3) Unappreciated helping hands. These mismatched supports might increase the ambiguity of the situation and was not perceived as helpful by family caregivers.

Conclusions: Professional caregivers play an essential role in providing practical and psychosocial support for family caregivers during their transition to managing a comorbid condition. Understanding this intricate and complex experience may inform future development of supportive interventions to match family caregivers' needs.

Poster 15: The Healing through Arts (HeARTS) Program for Children Bereaved by Cancer: Pilot Study Findings from Singapore

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²Lien Centre for Palliative Care, Duke-NUS Medical School Singapore, Singapore

Objective: Losing a parent to cancer can be a traumatic experience that may impact the emotional, social and psychological wellbeing of a child. This pilot study investigates the feasibility, acceptability and initial efficacy of a short term 3-day art therapy group, HeARTS which means healing arts, for children who lost their parent(s) to cancer.

Methods: A non-randomized, pre- to post-test design was utilized and bereaved children were recruited in a cancer centre in Singapore. The survey data were pooled across three runs of the art therapy groups (N=20). Child- and living parent/guardian-reported outcomes were assessed at pre-intervention, post-intervention 1 (after group sessions ended), and post-intervention 2 (3 months later).

Results: The 3-day short term art therapy group was found to be feasible with high recruitment rate (80%) and session adherence (100%). Acceptability assessed using satisfaction questionnaires showed that all the participants found the group helpful. Improvement in both psychosocial and physical health functioning were reported by the children. Parent-reported Total Difficulties Score showed decrease in mean score. Prosocial Behaviour score showed increase. Both scores were maintained at 3-month follow up.

Conclusions: This study found that running a 3-day art therapy group to assist children bereaved by cancer is feasible and acceptable by participants. Initial outcome data indicate improvement in child-reported psychosocial quality of life and in parent-reported child emotion/ behaviour that was maintained three months after the intervention. Based on this study findings, we believe group art therapy to merit further investigation in ameliorating the difficulties associated with parental loss.

Poster 16: Approach to Healthcare Decision-Making in an Individual with Intellectual Disability

Lee Yen LIM

Ng Teng Fong Hospital, National University Health System, Singapore

Background: Individuals with intellectual disability (ID) are vulnerable and possibly have healthcare decisions made for them merely due to the presence of limited cognitive and communication abilities. They may not be given sufficient time to comprehend information to make decisions or be evaluated for decision making capacity.

Objectives: This case presentation reviews the concepts of decision-making capacity and the principles underlying healthcare decision-making for adults who have cognitive impairments with a focus on persons with ID. The provision of palliative and end-of-life care for persons with ID are also reviewed.

Practices: A case study is used to discuss the decision-making process for curative treatment and end-of-life care. K had cancer on a background of ID with poor social setup. She had no proxy to help her. K's doctors applied the 'best-interests' principle through consultations with other healthcare professionals and the interdisciplinary ethics committee. Jonsen's 4-box tool kit was used to analyze the ethical issues involved. Her feelings as well as physical and psychological copings during the course of treatment were monitored and addressed by the multidisciplinary team. After treatment, she was discharged home with home hospice support. Care was eventually transferred to an inpatient hospice when her symptom burden increased and she passed on peacefully there.

Implications: The 'best interests' principle should always apply when making decision for individuals with ID, which encompasses broader considerations such as their previously expressed wishes, views of their significant others, and the 'least restrictive' action. Increasing their participation in decision-making is imperative to deliver quality care for them.

Poster 17: Effects of a Home-Based Renal Palliative Program on Quality of Life, Symptom Intensity, and Health Services Utilization among Patients with End-Stage Kidney Disease: A Randomized Controlled Trial

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Background: Palliative care was increasingly adopted for end-stage kidney disease (ESKD) in the recent decade. A nurse-led transitional palliative renal program (TPRP) and 4Cs approach namely continuity, coordination, collaboration and comprehensiveness were adopted.

Objectives: To examine the effects of home-based renal program intervention between the intervention and control groups.

Method: A convenient sampling of in-patients who referred for palliative care and met the specified criteria were recruited from 2014 August to 2016 October. All participants received customarily palliative care, and the intervention group received additional post-discharge follow-up and support through the home visit and telephone call. The primary outcomes included health services utilization. The secondary outcomes incorporated physical symptoms, psychological stress and patient satisfaction.

Results: The intervention group (n=38) had lower readmission rate than the control group (n=36) at sixth month (control 51.65% vs intervention 20%, $\chi^2 = 5.42$, $p = 0.03$), less median days between the index discharge and the first readmission (intervention 40.55 days vs control 30.58 days, $U=22.0$, $p<0.01$); shorter mean number of hospital days (intervention 10.34 days vs control 31.31 days); better scores on Kidney Disease Quality of Life ($p<0.01$), better patient satisfaction ($p<0.01$), and less symptom intensity ($p=0.05$) and less caregiver burden ($p<0.01$).

Conclusion: ESKD patients benefited from the post-discharge TPRP with reduced health services utilization and improved quality of life. TRPC could be a positive option for ESKD patients and the healthcare system. There is a need to integrate transitional palliative care into customary renal care.

Poster 18: The Attitudes towards Euthanasia among Hong Kong Nursing Students

Shuk Yu Maria HUNG, P. O. KIU

Tung Wah College, Hong Kong

Background: End-of-life topic has always been a taboo in traditional Chinese culture. Euthanasia is one of the most morally controversial concerns in end-of-life care. As future primary healthcare professionals providing holistic care for dying persons and their families, nursing students may encounter euthanasia situations. Thus, examining their attitudes towards euthanasia is of paramount significance.

Objectives: To examine the Hong Kong nursing students' attitudes towards euthanasia.

Methods: This is a cross-sectional survey study. A well-validated Euthanasia Attitude Scale, which comprises ethical considerations, practical considerations, treasuring life, and naturalistic belief, was used to collect data.

Results: A total of 385 out of 450 nursing students (response rate of 87.7%) participated in the study in 2018. Among them, 270 were female. Result demonstrates 53.3%, 32.5%, and 14.2% of students reported a positive, neutral and negative attitude towards passive euthanasia. And 52.5%, 34.8%, and 12.7% reported a positive, neutral, and negative attitude towards active euthanasia. Multiple regression supports that passive euthanasia is predicted by ethical consideration and naturalistic belief. Active euthanasia is predicted by ethical consideration, practical consideration, and naturalistic belief. Besides, male students have higher preferences in passive euthanasia.

Conclusions: This study reflects invaluable data and insight on euthanasia with a certain degree of acceptance among students toward various euthanasia. A discussion forum to enhance different stakeholders, e.g., the general public, caregivers, terminally ill patients, healthcare professionals, legal and religious sectors, understanding of ethical, medical, and legal aspects are suggested. More focused and in-depth studies of patients' and caregivers' attitudes are also recommended.

Poster 19: Effectiveness of the Use of Expressive Arts Therapy in Pain Management for the Elderly in Hong Kong

Sze Wan Peggy CHAN

Expressoul Expressive Arts Therapy Service Centre, Hong Kong

Background: Pain limits function and impacts one's psychological well-being. Old age is one of the major risk factors for chronic pain as pain is commonly found in most age-related diseases and illnesses. Clinically, medication prescription is the most common practice for relieving pain. It addresses the physical pain but leaves the psychological and spiritual needs unattended. The effectiveness of expressive arts therapy in treating pain is unclear as there is limited research looking at how expressive arts therapy improve pain and other psychological domains in elderly population with self-reported pain.

Objectives: To examine the effectiveness of expressive arts group therapy intervention on elderly in relieving pain and pain interference, improving quality of life, life satisfaction, mood and spiritual well-being.

Methods: Sixteen Chinese adults aged 60 or above with self-reported pain were recruited in an elderly home. This research is an experimental pilot study with pre-test and post-test measurements compared with wait-list control group.

Results and Conclusions: Quantitative analyses showed that significant difference were found for depression total score $t(5)=6.02$, $p = .002$. between Pre- and Post-test Assessment of the Intervention Group. Mood and life satisfaction were significantly improved when comparing the changes in pre- and post- test score between

intervention and control groups using ANCOVA analysis. In qualitative analyses, five out of six participants from experiment group reported less pain and identified benefits of expressive arts therapy group such as group support, new experience, hope, distract from pain, sense of peacefulness, life satisfaction, mood change and increase in faith.

Poster 20: Promote Public Engagement on Life and Death Education Through City-scale Sport and Cultural Event

Tsz Leung WONG, Yan Christina LI

Heart-to-Heart Life Education Foundation, Hong Kong

Background: "YuLan Run and Mindful Walk" is an innovative community program to raise social awareness and cultivate change of society perception on life and death. With the integration of popular sport, traditional Chinese culture (YuLan ghost festival) and local cultural elements, the event has been organized in Hong Kong since 2016 to encourage public engagement and breakthrough the death taboo.

Objectives: The program initiated mortality salience (derived from the Terror Management Theory), which engaged participants encountering existential anxiety with the meaning of life, social significance and cultural context. While participants were exposed to death related routes, they were motivated to reflect life importance and developed symbolic immortality with reference to the social and cultural values.

Practices: The route includes hospital, nursing home, shroud store, coffin home and cemetery, which symbolizes the four particular life cycles (Birth, Aging, Illness and Death), and participants were assigned with specific roles: elderly, terminal patient and caregiver. Docent and debriefing were provided to assist in reflecting on their own experiences and assigned roles, aligned with the inspiration and cultural stories from the site visited.

Implications: The event was awarded the Hong Kong Public Relations Awards (2016) which has reached >700 participants and with >100,000 headcounts of media coverage. >85% of participants have indicated positive changes from perspectives of knowledge, attitude and behaviour in related to life and death issues, e.g. promoted understanding of funeral and death culture, increased readiness to communicate death issues with family and openness in facing and preparing death.

Poster 21: Different Motivations and Service Performance between Experienced End-of-Life Volunteers from Non-Governmental Organizations and College Associations

Xin Yuan CHEN, H. J. LU

Fudan University, China

Background: Currently in mainland China, volunteers play an important role in palliative and end-of-life care, and the volunteer groups are mainly organized by Non-Governmental Organizations (NGOs) and College Associations (CAs).

Objectives: To investigate difference in motivations, training and service performance between volunteers from NGOs and CAs.

Methods: Semi-structural interview was conducted with 18 volunteers from Shanghai Pudong hand-to-hand life care development center and 18 volunteers from Fudan University Life Care Association. All of them had volunteer experience for over half a year. Their places of practice were all in community health centers.

Results: The motivation between volunteers from NGO and CAs were different. NGO volunteers were more likely than CA volunteers to participate in voluntary service due to their interest in the conception of death. NGO volunteers also had longer training time and learned more practical skills. Moreover, NGO volunteers showed higher performance in service quality, team consciousness and empathy for patients. On the other hand, CA volunteers were more likely to participate in voluntary service because of their interest in the conception of palliative and clinical end-of-life care. The training they received was more theoretical. They performed better in innovation of service, theoretical accumulation and self-actualization.

Conclusions: Volunteers from NGOs and CAs had different motivations, received different training programs and had different strengths. Both NGOs and CAs should learn from each other's mode to improve the overall service quality of their voluntary project.

Pre-Conference Seminars

Pre-conference Seminar 1: Strategies for Improving Patient Experience in Community End of Life Care

June 16, 2021 | 9:00-10:15am (HK Time, GMT +8)

Dr. Ednin Hamzah

Chief Executive Officer of Hospis Malaysia, Malaysia

Background: Patients and families face many challenging situations in dealing with end of life care in the community. For palliative care services, assisting them involves being able to identify issues that are important that contribute to their suffering and resources that may alleviate them and improve quality of life.

Objectives: The identification of goals of care and the decision making framework are important but challenging discussions to be had with patients and families. Developing patient and caregiver outcomes allows a discussion of the requirements needed in order to meet these objectives.

Practices: The ability to alleviate both physical and psycho social as well as existential distress requires not just access to essential medicines, but also psychosocial care which includes grief and bereavement support. Practical support such as teaching caregiving skills, volunteers support and out of hours access are key to ensuring patients and caregivers feel supported. Ensuring continuous education and training as well as ongoing research and audit activities are useful practices in order to create a learning environment.

Implications: Development of standards of care and relevant patient outcomes would be useful to monitor and improve palliative care services. These would be important elements as palliative care is seen as part of primary and universal health care.

Pre-conference Seminar 2: Quality of Death and Dying Index 2021

June 16, 2021 | 10:30am-12:00pm (HK Time, GMT +8)

Dr. Eric Andrew Finkelstein

Executive Director, Lien Centre for Palliative Care / Professor, Health Services and Systems Research Program, Duke-NUS Medical School, Singapore

Background: The-end-of-life (EOL) period is a critical, but often overlooked, component of the care continuum. Living in a country with, or even receiving specialized palliative care, does not guarantee a high-quality end of life experience. Yet, few efforts have focussed on systematically measuring how well health systems deliver EOL care from the patient perspective.

Objective: This presentation will discuss the development and preliminary results from the 2021 Quality of Death and Dying Index (QODDI).

Methods: The index was created in a three-step process. First, a scoping review was conducted to identify attributes important for high quality EOL care. Second, the relative importance of key attributes identified was quantified by administering a discrete choice experiment (DCE) survey to 250 bereaved caregivers across 5 countries (1,250 total). Results from the DCE were used to generate preference-based weights for each level of each attribute, thus allowing for weighting the attributes and levels that matter most to patients. Third, two experts qualified to comment on EOL care from each of 169 countries were presented a survey to score their country's performance on the key attributes identified from the scoping review. Their scores, weighted by the preference-weights, were used to rank and grade each country on their ability to deliver high quality EOL care.

Results/Conclusion: Forthcoming in May 2021. This study will conclude with a discussion of next steps and future research initiatives for healthcare professionals and policymakers working on improving EOL care.

Moderator: Professor Amy Chow, Project Director, JCECC Project; Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Post-Conference Workshops

Post-conference Workshop 1: What We Measure Matters: Improving Palliative Care through Outcome Measures

June 19, 2021 | 1:00-3:00pm (HK Time, GMT +8)

Professor Kathy Eagar

Professor, Health Services Research; Director, Australian Health Services Research Institute (AHSRI), University of Wollongong, Australia

This workshop will focus on the 'why' and the 'how' of collecting and using patient outcome measures. It will build on the conference keynote speech, giving participants the opportunity to explore ideas and ask questions in more detail. It will begin with an overview of four possible reasons to collect data. (1) To describe patients using measures such as sociodemographic items and diagnoses (2) To report on process measures and/or service utilisation including patient experience and satisfaction (3) To measure patient and carer outcomes, including palliative care phase, physical symptoms, psychosocial & family distress (4) To adjust or standardize outcome measures to allow for valid comparisons between palliative care services (comparing like with like). The workshop will describe each of these uses and give participants an opportunity to reflect on what is already being collected, what is already been used for different purposes and where the gaps are. The final part of the workshop will invite participants to work together to answer key questions: (1). What do decision makers, clinicians and patients already know about palliative care patient and carer outcomes in Hong Kong? (2) What should decision makers, clinicians and patients ideally know about palliative care patient and carer outcomes in Hong Kong? (3) What practical steps can Hong Kong take to improve the evidence on patient and carer outcomes in Hong Kong?

Moderator: Dr. Vivian Lou, Associate Professor, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong

Post-conference Workshop 2: Integrating Palliative Care in the Health and Social Systems

June 16, 2021 | 3:00-5:00pm (HK Time, GMT +8)

Professor Xavier Gomez-Batiste

Director of the Quality Observatory of the ICO
Chair of Palliative Care at the University of Vic, Spain

Outline:

- Epidemiology of palliative care needs
- Conceptual transitions of palliative care XXI century
- How to identify and care palliative care patients and their families in health and social services
- Ethical challenges of timely identification
- How to implement palliative care actions in health and social services
- How to adapt palliative care services and programs to new needs
- How to involve society

Moderator: Professor Cecilia Chan, Project Advisor, JCECC; Professor Emeritus, Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong



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