Parallel Session 1: Oral Presentation (Best Practice of Social-medical Care Model: Multidisciplinary Collaboration in End-of-Life Care)

Wednesday, October 15, 2025 **|** *11:20am – 12:50pm* **|** *MWT4, 1/F, Meng Wah Complex, HKU*

ORS1-1 Narrative Palliative Care: from Concept to Clinical Practice

Fei LI[1], Zhong HE[1], Jiaxin ZHOU[1], Xiaohong NING[2]
[1] School of Humanities and Social Sciences, Peking Union Medical College, PR China
[2] Center of Palliative Medicine, PUMC Hospital, PUMC

Background and Objectives:
This paper describes the development experience of narrative medicine at Peking Union Medical College (PUMC), proposes the concept of “narrative palliative care”, which is not only an exchange between narrative medicine and palliative care, but also originates from the anthropological perspective of researchers. This paper advocates for the practice of “narrative medical records” and "narrative morning shift handover", etc, in order to contribute to the theorization of narrative medicine in mainland China and the practice of implementation in clinical settings.

Methods:
Firstly, we proposed the concept of “narrative palliative care”, which refers to the practice of palliative care based on narrative medicine principles and tools. This new concept originated from field research on palliative care physicians, guided by anthropological theory and methods, and has been continuously developed and refined through eight years of collaborative research between anthropologists and clinicians. Secondly, We used this concept to demonstrate the compatibility between two disciplinary fields. This includes the unique value of narrative medicine in achieving palliative care goals, the theoretical foundations and logic of narrative medical education, as well as the tools and pathways for implementing narrative palliative care. Thirdly, in the narrative medicine courses we developed at PUMC, we integrated palliative care faculty and cases into the curriculum, and provided students with palliative care volunteering opportunities. Lastly, we explored narrative medicine in clinical practice and then advocated for the integration of narrative content into the current medical records, which we refer to as the 'narrative medical records.'

Results:
By incorporating a case study of a palliative care consultation, we offers a diverse interpretation of the narrative palliative care concept. We have outlined the practice elements of narrative medicine and provided a specific pathway for its application in clinical practice: narrative palliative care, which combines narrative medicine with palliative medicine. “Narrative medical records” and “narrative morning shift handover” are the practices that realize this pathway. “Narrative medical records” refer to medical records that incorporate narrative language (non-technical language). “Narrative morning shift handover” refers to the morning handover process that

embodies the three elements of narrative medicine: “attention, representation, and affiliation.” That is, medical staff sensitively “pay attention” to the physical and mental suffering and needs of patients and their families; after understanding the patient’s pain and condition, they recount it during the handover—“representing” it; in the medical staff’s narrative, the close relationship built among the medical team, patients, and colleagues constitutes “affiliation.” These two practices enable the value of narrative medicine to be realized.

Implications and Conclusion:
The experience of narrative medicine development at PUMC is intended to serve as a model for colleagues in the medical field. The utilization of “narrative medical records” and "narrative morning shift handover" in the field of palliative care represents a significant methodological advancement for medical practice. This approach provides a viable means for narrative medicine to adapt to the medical context in mainland China, thereby promoting its localization process. Other path research include Narrative medical practice in outpatient consultation, narrative medical writing practice of care community (doctor, nurse, social worker) etc. We reviewed the narrative practical path and believed that this approach allows for the institutionalization of narrative medicine in clinical settings in mainland China. In the ongoing research process, there is even more reason to expect that narrative palliative care may serve as a potential pathway and demonstration of humanistic medical practice.

ORS1-2 Virtual Ward Rounds as a Modality for Sustained Clinical Presence in Palliative Care: An Ethnographic Case

Jiaxin ZHOU[1], Fei LI[1], Zhong HE[1], Xiaohong NING[2]
[1] School of Humanities and Social Sciences, Peking Union Medical College, PR China
[2] Center of Palliative Medicine, PUMC Hospital, PUMC

Background and Objectives:
Renowned medical anthropologist Arthur Kleinman conceptualizes "presence" as "a calling forward or a stepping toward the other" – a practice wherein clinicians demonstrate profound concern for patients through attentive listening. Building upon ethnographic fieldwork conducted at the Palliative Medicine Center (PMC) of Peking Union Medical College Hospital (PUMCH), this study identifies the clinician’s "sustained presence throughout the patient's palliative care journey" as a core characteristic of its practice.

The objective is to investigate whether virtual ward rounds can serve as a modality for PMC physicians to continue providing care and thereby achieve this "sustained presence" for patients transferred to community hospitals.

Methods:
An anthropological approach guided fieldwork at the PMC. Primary data collection involved participant observation of routine activities conducted by PMC healthcare professionals (physicians, nurses, and social workers). Observations were audio-recorded and supplemented with detailed field notes. Content analysis was applied to the audio transcripts and field notes.

Results:
A case emerging from the fieldwork illustrates the potential of virtual ward rounds to facilitate sustained clinician presence. The patient, initially admitted through the PUMCH Emergency Department (ED) and subsequently transferred to a community hospital, was identified by their ED attending physician as requiring palliative care support. Consequently, the PMC was contacted and initiated a virtual ward round involving the community hospital. During this session, the PMC physician actively attended to the patient's self-reported discomfort, expressed emotions, respiratory distress, and treatment expectations. Based on this assessment and the patient's preferences, the PMC physician collaborated with the community hospital physician to adjust the treatment plan.

Implications and Conclusion:
This case demonstrates that PMC physicians successfully achieved "sustained presence" for the patient through virtual engagement, despite the absence of physical proximity. This form of presence embodies the healthcare team's continuous and proactive engagement, ensuring the uninterrupted continuity of palliative care support following the patient's transfer to the community setting, while also providing support to the community hospital team. Crucially, the study finds that virtual ward rounds can effectively overcome geographical barriers, reconceptualize the meaning of "presence" (shifting focus from physical proximity to the practice of sustained care),

and foster collaboration across distinct healthcare institutions. These findings underscore the considerable potential of telehealth in enhancing the accessibility and continuity of palliative care.

ORS1-3 The Serenity Journey: A Collaborative Approach to End-of-Life Care in the Intensive Care Unit

Samantha Sze Man HO[1], Katy LI[2], Emmanuel CHEUNG[3], Irene Wai Yi YEUNG [1], Sui Yee LO[1], Pui Yi TANG[1], Nga Lam CHEUNG[4]
[1] North District Hospital Intensive Care Unit
[2] Prince of Wales Hospital Intensive Care Unit
[3] University of Hong Kong
[4] The Salvation Army, Hong Kong

Background:
The transition from life-sustaining treatment to palliative care or end-of-life care for critically ill patients in the intensive care unit (ICU) is a difficult and complex journey for both patients and their families. In addition, the process extends past the death of the patient for their carers and loved ones, and existing medical and nursing protocols are insufficient to cover all the needs during this time.

Objectives:
The purpose of the Serenity Journey is to help patients families and carers to process the transition into palliative care or end-of-life care, and to offer services which can be continued in the community even after discharge from ICU or after the death of the patient.

Practices:
The Serenity Journey was implemented at North District Hospital ICU in collaboration with the Salvation Army Senior Citizen Service Palliative Care Unit, for all patients aged over 55 years, or carers aged over 55 years, who fulfilled criteria of entering the end-of-life, or had limitations of therapy in-line with a palliative approach to treatment.

There are several components of the Serenity Journey:

1. Serenity Care Package to empower patients’ friends, family, and carers to physically care for the patient
2. Personalised Memory Gift Wishlist to allow memories to be made
3. Bereavement Service and Support from the Salvation Army
4. Family support and referral to community services

Conclusion:
This model uses a multidisciplinary approach to provide more holistic care to patients and families navigating through the end of life. The collaboration with community-based social care bridges the gap between the acute hospital journey and subsequent post-discharge care.

Parallel Session 2: Oral Presentation (Research and Evidence-based Practice)

Wednesday, October 15, 2025 **|** *11:20am – 12:50pm* **|** *MWT5, 1/F, Meng Wah Complex, HKU*

ORS2-1 Research on the Application of Clinical Treatment Based on malnutrition Classification in Palliative Care

Zhi ZHOU, Tong GU
Palliative Medicine Department, Nanjing BenQ Medical Center, Nanjing, Jiangsu Province, China

Background:
Malnutrition has an incidence rate as high as 60%-80% among patients in palliative care, seriously affecting the quality of life and increasing the risk of complications. The current nutritional intervention lacks a precise grading strategy, and there is an urgent need to explore individualized treatment plans based on the severity of malnutrition.

Objective:
To establish a classification standard for malnutrition (mild, moderate, and severe), and evaluate the impact of stepwise nutritional therapy on the symptoms and quality of life of patients in the terminal stage.

Methods:
A prospective cohort study was conducted, involving 80 maltrophic patients in palliative care (NRS2002≥3 points). Graded intervention was implemented according to the ESPEN five-step therapy: mild (diet + nutrition education), moderate (oral nutritional supplementation + protein forcation), and severe (enteral/parenteral nutrition support). The nutritional indicators (PG-SGA), quality of life (QLQ-C15-PAL) and the incidence of complications before and after the intervention were compared.

Result:
The rate of reaching the nutritional standard in the graded treatment group was significantly increased (82% vs 58% in the control group, $P<0.01$), and the incidence of pressure ulcers in moderate to severe patients was reduced by 40%. The most significant improvement in the quality of life score was in the moderate group (QLQ-C15-PAL increased by 21 points, $P<0.05$).

Conclusion:
Stepwise treatment based on malnutrition classification can optimize the efficiency of nutritional support and improve the quality of life of patients in the end-stage. It is suggested that nutritional screening be incorporated into the routine assessment system of palliative care.

ORS2-4 Secured Design for Home End-of-Life Care: Smart Monitoring, Ethics, and Policy

Junling GAO[1], Paul PL CHAN[1], Cecilia TT WONG[2], Jingxin ZHANG[3], Ziwei GAO[4], Sijie Ding[5]
[1]The University of Hong Kong
[2]Hong Kong Baptist University
[3]Health Assessment Technology
[4]Huazhong University of Science and Technology
[5]Imperial College London

Background and Objectives:
Remote end of life care is expanding with wearable technology and artificial intelligence. These tools enable a digital vigil that detects subtle changes at home. Without an ethical frame, privacy breaches, cognitive manipulation, and distrust may dehumanize care. Objectives are to specify an ethics led secure by design architecture, translate policy concerns about addictive artificial intelligence and cognitive outsourcing into practical mitigations, and demonstrate feasibility with wrist PPG and motion telemetry.

Methods:
We describe a stack that uses wrist PPG for vital monitoring with ambient sensing. To limit data exposure we prioritize on device inference and federated updates. Governance operationalizes autonomy, dignity, justice, and non maleficence through consent renewal, role based access, data minimization, short retention, and audit trails. Policy guardrails address manipulative messages, dark patterns, and over reliance.

Results:
Clinicians, engineers, and social workers codesigned a traffic light alert dashboard that triggers human follow up rather than automation. Tabletop policy drills showed the governance playbook for consent, audit, and incident response to be workable in homes and Residential Care Homes for the Elderly. Prototype on device analysis reduced shareable data while preserving clinical escalation signals.

Conclusion:
Ethics and policy can guide humane and safe artificial intelligence for end of life care. A secure by design stack that combines wrist PPG, on device and federated analytics, and strong governance can mitigate privacy harms and enable earlier human led support. The blueprint is ready for pragmatic trials on alert precision, caregiver burden, and avoided transfers.

Parallel Session 3: Oral Presentation (Transforming Care Practices: Capacity Building)

Wednesday, October 15, 2025 **|** *11:20am – 12:50pm* **|** *MWT6, 1/F, Meng Wah Complex, HKU*

ORS3-1 Medical Social Worker (MSW) - Led Music Therapy Program for Patients Receiving Palliative Care: A Preliminary Report

Oi Man CHAN[1], Hoi Wai Benjamin CHENG[1], King Man CHUNG[2], Lok Man Jasmine HO[2], Kwan Wa KAM[3], Sze Man CHEUNG[3], Shu Wen ZHANG[3]
[1] Department of Medicine & Geriatrics, Tuen Mun Hospital, Hong Kong
[2] Music Flow, Hong Kong
[3] Patient Resources Centre, Tuen Mun Hospital, Hong Kong

Background and objective:
Palliative care provides holistic support for people living with life-limiting conditions, and enable patients to live with dignity as actively as possible. In tandem with WHO, Music therapy (MT) works as a complementary, creative, and supportive modality in palliative care in terms of psycho-social, spiritual, and physical aspects of life. It complements the management of symptoms of each individual, through areas of improving effective communication and emotional regulation. MT has been found useful not only with those needing palliative care, but also their caregivers.

Objectives:
To share the preliminary six-months results of a Medical Social Worker (MSW)-led MT intervention for patients receiving in-patient palliative care.

Methods:
Workflow and service statistics of the MSW-led MT from November 2024 to May 2025 were presented. Results of patients who have completed the pre- and post-service interview by February 2025, including their diagnoses, reasons of music therapy referral, ratings on HowRU ("How Are You") and PHQ-9 questionnaires, and qualitative feedbacks from healthcare workers and family caregivers were analyzed.

Results:
There were 39 patients recruited and 37 of them underwent MT. 54.1% were male with a mean age of 79 (78.56) The top 3 diagnoses were end-stage renal failure (37.8%), respiratory failure (16.2%) and hematological diseases (13.5%). Of the seven patients who completed the pre- and post- service interview, their mean HowRU score improved from 5.86 to 8.43, while the PHQ-9 improved from 8.86 to 4.43. There was improved pain control, physical comfort and relaxation from healthcare workers' observation. No major adverse event was observed, and qualitative feedback from patients, family caregivers and healthcare workers remained positive.

Conclusion:

Our preliminary six-months result shows that MSW-led MT remains feasible and effective as an adjuvant therapy in our palliative care patients, with improvement in mood, symptoms management and quality of life observed.

ORS3-2 The Impact of the Spiritual End-of-Life Care Training Programme Staff in Nursing Home: An Evaluative Study

Vennus Yuen-wai HO, Peony YUEN
The Hong Kong Chinese Christian Churches Union Kwong Yum Care Home (Integrated Aged Care Service), Spiritual End-of-Life Care Centre, Hong Kong

This study examines the effects of a comprehensive spiritual end-of-life care training program incorporating the Namaste Care™ approach on staff at the Vera Ruttonjee Desai Spiritual End-of-Life Care Centre (VRDSEOLCC) within the cultural context of Hong Kong.
Using a mixed-method design, the research assesses changes in staff perceived competence, professional quality of life, and overall life satisfaction through pre-, post-, and follow-up evaluations. Additionally, in-depth interviews with spiritual care team members provide qualitative insights into their experiences.

Quantitative results demonstrate significant improvements across all measured domains, indicating enhanced staff capability in providing spiritual care, increased professional well-being, and greater life satisfaction after training. Thematic analysis of interview data reveals six positive themes: (1) increased knowledge in delivering spiritual care; (2) increased competence in delivering spiritual care (3) heightened awareness and compassion towards the needs of terminally ill patients; (4) stronger belief in the positive impact of spiritual care; (5) increased self-awareness and reflective practice; and (6) more active initiation of death-related discussions with patients and families through end-of-life processes. The findings suggest that integrating a structured spiritual end-of-life care training model, featuring the Namaste Care™ approach, effectively empowers staff to deliver holistic, compassionate support to older adults and their families.

The study highlights the importance of such care training in enhancing end-of-life care quality and advocates for further research to explore long-term impacts and wider applicability in Hong Kong’s healthcare settings.

ORS3-4 Golden Adventures: Empowering the 50+ Generation through a Train-the-Trainer Model for Life Planning and End-of-Life Advocacy

Nga-lam CHEUNG, Ka-lee CHENG, Kin-wai WONG
The Salvation Army, Hong Kong

Background:
With the growing population of adults aged 50 and above, this demographic represents a vibrant and engaged segment of society, eager to pursue personal development and meaningful contribution. Despite their enthusiasm for volunteerism, many remain unaware of the importance of early life and death planning. In response, The Salvation Army launched the Four Forces of Life Adventures programme in 2024 to cultivate a compassionate community by equipping the 50+ population to lead life and death education. The programme integrates four pillars—Fun, Finance, Fitness, and Future—within a peer-led, experiential learning framework.

Objectives:
This presentation shares practice-based insights from the training and community engagement of 121 participants aged 50+, who became certified “Life Planners” through a retirement-focused curriculum featuring expert talks, interactive workshops, and community visits. These Life Planners facilitated group sessions and public education activities, promoting Advance Care Planning (ACP) and sharing personal reflections to foster open dialogue around end-of-life issues.

Outcomes and Impact:
The Life Planners reached over 600 elderly individuals through ACP-related activities, encouraging proactive planning and awareness. Pre- and post-training surveys, along with qualitative feedback, revealed increased understanding of life and death topics, enhanced volunteer confidence, and strengthened community bonds. Notably, participants shifted from a self-focused interest in financial and health planning toward a broader commitment to life education and end-of-life advocacy. Many reported personal growth and a renewed sense of purpose through their volunteer engagement.

Conclusion:
The Golden Adventures initiative highlights the transformative potential of the 50+ community in leading compassionate conversations around life and death. By empowering volunteers through tailored retirement preparation and peer-led engagement, the programme fosters inclusive networks that promote “better living, better leaving.” This model offers a scalable and culturally relevant framework for communities seeking to mobilize aging populations in end-of-life education and planning.

Parallel Session 4: Oral Presentation (End-of-Life Care in Diverse Population)

Wednesday, October 15, 2025 | *4:20pm – 5:50pm* | *MWT4, 1/F, Meng Wah Complex, HKU*

ORS4-1 End-of-Life Care in Islam: A Scoping Review on Death and the Dying

Intan Sabrina MOHAMAD
Ministry of Health, Malaysia

Background:
Muslims believe that life on earth is transitionary and death as an inevitable yet necessary event prior to the afterlife. Illness, pain and suffering before death are believed to be a test from Allah and a means to absolve one's sins and pathway to heaven. Although end-of-life care is not mentioned explicitly in the Quran, many Quranic verses describe death experiences, care for the elderly, sick and poor.

Objectives:
To review published articles on end-of-life (EOL) care for Muslims and Quranic verses on death and the dying.

Methods:
A scoping review was conducted using PubMed and Google Search using keywords like "death" AND/OR "dying" AND "quran" OR "al-quran" OR "end-of-life care" AND "Islam" or "Muslim" from 2015 to 2025. Google search using keywords such as "death" OR "dying" OR "soul" were used to search the English translation of the Quran. Verses or articles unrelated to death or palliative care were excluded from the review.

Results:
A total of 729 articles were identified and 242 screened for eligibility. Six articles fulfilled the criteria while 15 Quranic verses were included in the scoping review. Islam does not forbid the use of advanced medical directives in their EOL care, so long as the patient's cognition is intact. Involvement of family members in decision-making is implied based on verse 42:38. Suicide, even if assisted by medical professionals is prohibited in the Quran.

Conclusion:
EOL care in Islam requires tactful measures involving all stakeholders. Clinicians have to adhere to local and religious laws when providing EOL care

ORS4-2 Supporting Motor Neurone Disease Patients Living in the Community at End of Life: The Role of Occupational Therapy

Oi Yan CHENG, Raymond Kam Wing WOO, Florence Wai Yu LEUNG, Hei Tung LEUNG, Annie Oi Ling KWOK, Winnie Wing Yin WONG
Hospital Authority

Background and Objectives:
Motor neurone disease (MND) is a progressive neurodegenerative condition associated with functional decline and increasing care needs, particularly in advanced and end-of-life stages. Occupational therapy (OT) helps patients and carers manage this decline and ensure safe and meaningful living at home. This study reviews OT interventions for MND patients receiving palliative care, and observe their functional changes and duration of home-based care.

Methods:
A retrospective review included all MND patients referred to OT through palliative care day services or neuropalliative outpatient clinics at Caritas Medical Centre between October 2021 and May 2025. Data included demographics, functional scores (Modified Barthel Index and ALS Functional Rating Scale–Revised), types and frequency of OT interventions, and outcomes. Descriptive statistics summarised functional changes and duration of home care.

Results or Practices:
Eleven patients were included. 6 died within the study period, 4 remained at home, and 1 transitioned to residential care. Despite a median decline of 9 points in the Modified Barthel Index and ALSFRS-R scores showing a median decline of 21.5 among the 4 patients who experienced deterioration, OT supported continued care at home through end-of-life. The median duration of home care was 339 days (IQR: 281–584). Patients received a median of 5 types of OT interventions and 3 follow-up sessions. Therapists maintained regular follow-up, which facilitated rapid adjustment to interventions in response to functional decline. Interventions included onsite carer education and training, respiratory or assistive equipment prescription and adaptation.

Implications and Conclusion:
This review shows that continuity of care by OT in community-based palliative settings enabled MND patients to live in community at end-of-life through ongoing support and rapid adjustment to interventions in response to disease progression. These findings underscore OT’s essential role in maintaining function and supporting sustained care in home-based environments.

ORS4-3 Invisible Needs, Unspoken Fears: Reimagining Inclusive End-of-Life Care for LGBTQ+ Communities in Hong Kong

Jensen H. C. Yiu[1,2], Randolph C. H. Chan[3], Eddie S. K. Chong[4]
[1] Alongside, Hong Kong
[2] Society of True Light, Hong Kong
[3] Department of Social Work, The Chinese University of Hong Kong
[4] Department of Social Work and Social Administration, The University of Hong Kong

Background and Objectives:
LGBTQ+ individuals in Hong Kong face systemic legal and social exclusion, creating significant challenges in end-of-life planning, funeral arrangements, and bereavement care. This study examines their end-of-life concerns, attitudes toward death, and perceived support to inform more inclusive and affirming care practices.

Methods:
An online survey was conducted from May to July 2024 with 509 LGBTQ+ respondents residing in Hong Kong that were recruited via NGOs and social media. The survey assessed end-of-life values and expectations, LGBTQ+ minority stressors, existential anxiety, and awareness and uptake of advance planning.

Results or Practices:
Participants identified four key elements of a “good death”: no physical suffering (99%), autonomy (96%), well-being of loved ones (88%), and acceptance of LGBTQ+ identity and partners (63%). Yet 39% did not believe their partners would have inheritance rights, and 47% feared exclusion from funerals.

Discrimination was frequently reported, 43% from healthcare workers and 37% from social workers. Over 80% perceived insufficient support across major end-of-life domains. Hierarchical regression showed LGBTQ+ identity-related stressors significantly predicted existential anxiety, while engagement in advance planning (e.g. will, advance medical directive, enduring power of attorney) was associated with lower distress. Despite 81% awareness, only 8% had completed advance planning.

Implications and Conclusion:
Findings highlight urgent gaps in LGBTQ+ end-of-life care driven by legal, social, and institutional barriers. Affirmative training and expanded access to inclusive advance planning and bereavement support are essential to ensure everyone can die with respect and dignity and have their loved ones protected.

Parallel Session 5: Oral Presentation (Communication and End-of-Life Decision Making)

Wednesday, October 15, 2025 **|** *4:20pm – 5:50pm* **|** *MWT5, 1/F, Meng Wah Complex, HKU*

ORS5-1 Knowledge, Attitude and Confidence in End-of-Life Care for Elderly and Caregivers

Kurt NAN, Yuk Kit LAI
Hong Kong Young Women's Christian Association (HKYWCA)

We have conducted a cross-sectional study involving 348 elderly individuals and 370 caregivers, focusing on their knowledge and attitudes regarding legal and advance care planning matters related to end-of-life care. The findings indicate that both groups possess a limited understanding of these issues, particularly concerning legal aspects. The research also highlighted a passive stance among both the elderly and caregivers regarding ACP. Specifically, 70.4% of the elderly and 54.2% of caregivers had never considered signing an advance medical directive.

The study further examined the attitudes of the elderly and caregivers toward such directives. A proactive approach was observed in 45.9% of elderly and 61.7% of caregivers, who preferred to make their own decisions. In contrast, only 32.3% of elderly participants and 24.7% of caregivers favored a collaborative decision-making process involving family members and healthcare professionals. Notably, caregivers' perceptions of the elderly's views were closely aligned with the elderly's own perspectives.

Confidence levels regarding discussions about end-of-life arrangements were generally low among the elderly. When engaging with family members, 27.0% reported feeling completely unconfident, while 31.7% expressed slight confidence. This lack of confidence further diminished when discussing these issues with healthcare professionals, with 40.1% indicating a total lack of confidence and 27.0% showing slight confidence.

In summary, the study emphasizes the necessity for increased awareness and proactive engagement among elderly individuals and caregivers in legal and medical planning for end-of-life care.

ORS5-2 Facilitating Proper Decision-Making Through Effective Communication and Coaching

Elsie Yuen-Yee WAN
Agency for Volunteer Service

End-of-life care is generally well received, yet there are barriers to development and promotion due to miscommunication—either from improper information or misconceptions/misinterpretations not properly addressed. Decision-making, the critical stage of adopting end-of-life care, is then affected.

Besides providing complete and accurate information, it is crucial to ensure the decision made is most suitable and aligns with the wills/preferences of parties concerned.

An End-of-life Care Coaching Program could effectively facilitate proper decision-making. It can be tailor-made for one-to-one coaching, as well as group coaching for parties concerned, including family members and medical team.

The tailor-made Coaching Program is designed with full background information of the parties concerned to help them in：--

1) Understanding the specific focuses, functions, services, and treatments of different end-of-life care programs
2) Clarifying misunderstandings and misconceptions about end-of-life care programs
3) Discovering their own strengths, weaknesses, and concerns
4) Identifying their own preferences and wills
5) Analyzing situations, comparing and evaluating options according to their own needs/wishes
6) Establishing confidence and courage in making the most suitable decision
7) Accepting, respecting, and supporting the patient's decision with proper care

The End-of-Life-Care Coaching Program projects no pressure for decision-making; it is actually a comprehensive process facilitating/encouraging Advance Care Planning and Advance Medical Directives.

ORS5-3 Adult-Child Caregivers' Experiences with End-of-Life Care for their Parents with Advanced Cancer

Amanda KASTRINOS[1], Anny T.H.R. FENTON[2], Meghan MCDARBY[3]
[1] Medical University of South Carolina, USA
[2] Dana-Farber Cancer Institute
[3] Memorial Sloan Kettering Cancer Center

Background & Objectives:
Adult-child caregivers (ACGs)—those caring for a parent— account for approximately half of caregivers in the United States. ACGs participate in their parents' end-of-life (EOL) care, but little is known about their experiences or how their attitudes and understanding of EOL care inform their caregiving experiences. We examine ACGs' experiences of their parents' EOL to identify their unique support and communication needs.

Methods:
In this secondary qualitative analysis, bereaved ACGs (n = 41) completed semi-structured interviews about their caregiving experiences. We thematically analyzed interview transcripts using the constant comparative method.

Results:
ACGs reported varied levels of involvement in parents' EOL care decisions, ranging from sole decision-maker to complete exclusion from the decision-making process. Participants reported challenges communicating with their diagnosed parent, the care team, and other family members, including their siblings, their own children, and their parent's spouse. Communication challenges were shaped by a variety of factors including an ACG's level of involvement in their parent's EOL care, their preparedness for and knowledge of EOL, other family member's involvement (or lack thereof), their age, and the historical quality of the ACG's relationship with their parent and family members.

Implications & Conclusions:
The United States population of ACGs is growing. Our findings will inform education and training initiatives for clinicians about common ACG experiences while caring for a parent with advanced cancer at EOL. Future research should address ACGs' unique experiences across the disease trajectory.

ORS5-4 Bringing patients and family onboard: Validation of Advance Care Planning Communication Assessment Tool (ACP-CAT) with Patient and Family Perspectives

Steven Tsun Wai CHU[1], Jacqueline Kwan Yuk YUEN[2]
[1] Hospital Authority
[2] School of Clinical Medicine, The University of Hong Kong

Background:
The effectiveness of advance care planning depends on clinician communication quality. However, ACP-CAT, the only validated observer-rated communication tool, remains untested in real clinical encounters and non-Western contexts.

Aim:
To validate ACP-CAT in assessing communication quality between clinicians and patients with advanced cancer and chronic kidney disease in Hong Kong, comparing against patient and family ratings of clinical communication.

Design:
Cross-sectional study recruiting adult patients with advanced cancer and chronic kidney disease from five hospitals and one hospice service. Two independent raters evaluated audiotaped advance care planning conversations using ACP-CAT, while patients and family members assessed communication quality using the Chinese Quality of Communication Questionnaire (C-QOC). We assessed psychometric properties of the ACP-CAT including interrater reliability, convergent and discriminant validity.

Setting/participants:
137 advance care planning conversations involving 84 cancer patients, 53 renal patients, 107 family members, and 20 clinicians.

Results:
ACP-CAT demonstrated high interrater reliability (mean Gwet's AC1=0.81; 88.6% agreement). Convergent validity was confirmed through significant correlations between ACP-CAT total score and patient-rated C-QOC End-of-life planning subscale ($r=0.29$, $p<0.01$), family-rated C-QOC summary score ($r=0.27$, $p<0.05$), and C-QOC End-of-life planning subscale ($r=0.34$, $p<0.01$). Discriminant validity was established through lack of correlations between patients' self-rated health status and information or decision-making preferences (all $p>0.05$). While clinicians frequently explored patients' fears and general health goals, they rarely discussed nonmedical priorities, valued activities, or surrogate decision makers across both patient groups.

Conclusions:
ACP-CAT demonstrates strong concurrent validity with patient- and family-rated measures and ecological validity in real clinical settings in Hong Kong. Our findings support its use as a reliable tool for assessing advance care planning communication quality across cultural contexts.

ORS6-1 Challenges Hindering Elderly Residents from Dying in Place

Chi Kit CHEUNG[1], Connie S.M. AU[1], Queenie S.T. WONG[1], Patrick P.K. LEE[1], Jimmy S.H. LIE[1], S.P. LI[1], Sabrina S.L. LEUNG[1], Cindy S.M. IP[1], Molly M.N. CHAN[2], Esther C.Y. WONG[2]
[1] Hong Kong Sheung Kung Hui Holy Carpenter Church Hospice and Bereavement Service, Hong Kong Sheung Kung Hui Welfare Council Limited (SKHWC), Hong Kong
[2] Hong Kong Sheung Kung Hui Welfare Council Limited (SKHWC), Hong Kong

Background and Objectives:
Dying in place is important for end-of-life care in critically ill patients. It allows them to die with dignity and privacy. In June 2024, the Government passed legislation facilitating Dying in place in the residential care home for the elderly (RCHE). However, a few RCHE residents opted for dying in place.

Methods:
Among the 298 residents in RCHE participating in the Jockey Club End-of-Life Community Care (JCECC) project, 54 residents (18.1%) wished to die at RCHE. 165 residents (55%) preferred to be sent to hospital. Residents wished to die at hospital in the last 1 to 2 days during March 2023 to May 2025 were recruited to participate in an open-ended survey to find out the reasons behind not choosing the dying in place option.

Results:
40 subjects completed the survey. Among these, they opted for dying in place at RCHE but perceived a few barriers and finally opted for dying in hospitals. 29 respondents (72.5%) reported that if barriers were solved, they would choose dying at RCHE. The common barriers were mainly procedural barriers, such as transportation of deceased body (n=17), extra financial cost (n=16) and death certificate application (n=11).

Implications and Conclusion:
The study showed procedural barriers must be solved. A well-planned deceased body logistic procedure should be introduced, for example, a public mortuary handling cases of patients dying at home. A larger-scale study is now being designed, focusing on procedure-orientated assistance.

ORS6-2 End-of-life Spirituality Needs

Ka Lun LEE
Phoenix Life Education Foundation Limited

End-of-life spirituality encompasses the search for meaning, purpose, and connection during the final stages of life, addressing the holistic needs of individuals and their families. Core elements include relationships with self, others, and a higher power; hope; belief systems; and a sense of closure. Spiritual well-being is closely linked to reduced anxiety, improved quality of life, and the attainment of a "good death," characterised by dignity, resolved relationships, and honoured values. While patients often grapple with existential questions, caregivers face stress tied to unresolved conflicts, lack of support, and the emotional toll of caregiving. This study conducted a quantitative survey with 172 participants to invite them to imagine their end-of-life and share their perspectives on spirituality needs. Results indicates familial burden, separation, and regrets are three main concerns. Participants tended to rely on their spouse to provide spiritual, psychological, and emotional support. This imply a necessity on empowering patients' spouses about spiritual care.

ORS6-3 Decision-making of Artificial Nutrition and Hydration in Hospice Care: A Qualitative Study of Chinese Patients and Family Caregivers

Yunrong LI
The Affiliated Cancer Hospital of Nanjing Medical University

Background and Objectives:
Decision-making of artificial nutrition and hydration (ANH) is a complex ethical and emotional decision in hospice care, significantly impacting patients' comfort and quality of life at the end of life. This study explored behaviors about decision-making of ANH in hospice patients and their family caregivers, aiming to identify the trajectory and influencing factors of the decision.

Methods:
This study employed constructivist grounded theory. Using purposive and theoretical sampling methods, in-depth interviews were conducted with 21 hospice patients and family caregivers in China. Thematic analysis involved initial coding, focused coding, and theoretical coding to develop main categories and core categories.

Results:
This study identified a core category, alongside two main categories. A framework titled “The decision-making process of ANH for hospice patients and family caregivers” was developed. This decision-making began with the detection of malnutrition and progressed through five core stages, including “symptom shock”, “risk trade-offs”, “goal formation”, “final decision”, and “moral distress”. Multiple individual, medical, and social factors influenced the final decision-making process of ANH.

Implications and Conclusion:
Through the framework, this study can enhance healthcare providers' understanding of the decision-making process. Further, this study can aid in tailoring support to align treatment choices with patients' preferences. The study highlights the interplay between emotional and rational aspects in decision-making of ANH and emphasizes the need for healthcare providers to recognize individual, medical, and social factors. These findings can enhance the decision-making experience of hospice patients and family caregivers, ultimately improving the quality of hospice care.

ORS6-4 Interventions to Promote Advance Care Planning Engagement: A Systematic Review

Xiaohang LIU, Mu-Hsing HO, Denise Shuk Ting CHEUNG, Pui Hing CHAU, Chia-Chin LIN
School of Nursing, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong

Background:
Advance care planning is one of important elements of high-quality end-of-life care. However, the uptake rate remains low. Yet, few evidence summarized interventions to promote advance care planning engagement.
Aims:
(1) To identify the different elements of intervention to promote advance care planning engagement with focus on intervention nature, context for use and targeting barriers to engage; (2) To evaluate the overall effects of these interventions on advance care planning engagement.

Method:
We searched PubMed, EMBASE, Cochrane Databases of Systematic Reviews, CINAHL Plus, PsychInfo from January 1995, through January 2025 and identified additional studies from reference lists and other systematic reviews. Randomized clinical trials were included if they tested interventions to promote advance care planning engagement. We extracted data on the study population, design, results and risk of bias using the Grading of Recommendations Assessment, Development, and Evaluation criteria. Each intervention was evaluated for its effect on advance care planning engagement.

Results:
In total, 46 studies evaluating 44 interventions with 100957 patients, 760 surrogates/ caregivers, 726 clinicians were enrolled. Of these interventions, 35 were conducted in the Americas, 5 in Europe and 4 in Asia-pacific. To address patient, clinician and system barriers, 4 types of intervention components were identified, including navigator-led counseling (n=15, 34.09%), system change (n=11, 26%), self-administered tools (n=10, 22.73%), and multi-level intervention (n=8, 18.18%). Improvement in advance care planning communication (21/30) and documentation (26/29) was reported, whereas the impacts on end-of-life outcomes, including quality of communication, surrogate outcomes, healthcare utilization and costs, were less often evaluated.

Discussions:
Engagement in advance care planning is a complex and multifaceted process. Interventions to promote advance care planning engagement were mainly developed and evaluated in the Americas, containing one or more elements with facilitated discussion, tools and system change. Existing interventions demonstrated significant improvement in advance care planning communication and documentation, whereas the long-term impact is yet understudied. Studies with high-quality study designs are warranted to further establish the optimal combination of intervention contents across different local cultural and legal contexts.

Unique contribution:
This study makes a novel contribution to provides an overview of interventions to engage patients, surrogates, clinicians, healthcare systems, and communities with

advance care planning, including intervention nature, context for use, targeting barriers and effectiveness. Key elements of interventions included facilitated discussion, tools, and system change. Future research is needed to compare the optimal combination of intervention contents, with longer follow-up periods.

Implications for policy and practice:
To successfully implement advance care planning, a system-wide, holistic approach are required to empower all stakeholders. Integrating proven interventions in routine clinical workflow or embedding those tools in electronic health record systems would be appropriate first steps.

ORS7-1 Development of an Occupational Therapy Pain Management Program for Palliative Day Patients in Grantham Hospital

Tin Ching LUI, Chloe KK CHEE, Angel PT MAK, Joyce YP WONG, WK LAM, Toni HY AU
Grantham Hospital, Hospital Authority

Background and Objectives:
At least 66% of patients with advanced progressive disease suffer from pain that is not adequately managed [1]. A pilot Occupational Therapy (OT) Pain Management Program for Palliative Care (PC) patients was launched in August 2024. The objective of this program is to facilitate self-management in pain by utilizing various OT's non-pharmacological interventions, with different coping strategies, to reduce pain and promote quality of life.

Methods:
Patients who attended PC Day center were screened and referred by nurses. The inclusion criteria: 1) Visual Analogue Scale pain (VAS)score(1-7 out of 10); 2)Age 18 or above; 3) Abbreviated Mental Test (AMT) ≥7; 4)Sitting tolerance ≥ 1 hour; and 5)Cantonese speaker, is recruited to the program.

Results or Practices:
A total of 7 patients were screened and recruited to the pilot program (Male/Female: 4/3, Age: 52-87, Median=85) from August 2024 to February 2025. A Wilcoxon Signed-Rank Test was conducted for data analysis. The results indicated a statistically significant reduction in severity of pain with BPI-SF, (p=0.026) and VAS (p=0.039). For pain self-management, the PSEQ (p = 0.028), and with the Confidence in Managing Pain NRS score (p = 0.038), showed statistically significant improvement on increase in self-efficacy and confidence related to pain management. In respect of psychological well-being, DASS-21 showed a statistically significant reduction in negative emotional states (p = 0.042). (4) Implications and

Conclusion:
The pilot OT Pain Management Program showed effectiveness in enhancing patients' pain self-management skills, emotional resilience, and alleviating the impact of pain in ADL. These findings suggest that the pilot program plays an essential role in contributing to holistic improvement with PC patients, in conjunction with the collaborative efforts from the multidisciplinary team, offering heartfelt support to our palliative patients' journeys.

ORS7-2 End-of-Life Care at Yee Hong Heights, Shenzhen

Shuk Yin LAU, Si-jie MO
The Hong Kong Society for Rehabilitation

Background:
Yee Hong Heights (YHH) is a non-profit cross-border elderly care home in Yiantian, Shenzhen, operated by the Hong Kong Society for Rehabilitation since 2006. Serving seniors from both Hong Kong and Mainland China, YHH offers over 300 beds with the current occupancy rate over 90%. Since 2012, YHH has provided end-of-life care (EoL C), allowing seniors to choose to spend their final days in a compassionate environment.

Objectives:
The EoL C program at YHH aims to deliver holistic care that enhances the quality of life for seniors nearing the end of their lives.

Practices:
Our facility features a spacious EoL C room situated adjacent to the exit, providing a peaceful environment that respects the dignity of seniors. This room is also available for family members wishing to stay overnight.

Our dedicated EoL C team, comprised of trained doctors, nurses and social workers, is equipped to provide effective pain relief, symptom management, family communication and emotional support.

We facilitate life education groups that encourage seniors to express their views on life and prepare for end-of-life decisions, including advance medical directives, funeral arrangements, and organ donation. For families unable to travel to Shenzhen for posthumous arrangements, our social workers coordinate with funeral parlors to manage cremation procedures. We also organize farewell parties and memorial services.
In 2024, YHH had served 10 EoL C cases.

Implications:
Effective EoL C rely on a supportive institutional culture and service mission. YHH follows a continuum of care model, catering to seniors from independent to dependent levels, ensuring that staff are committed to supporting residents through their final journey.
Looking ahead, we plan to continue enhancing our services while placing greater emphasis on the physical and mental well-being of our colleagues. If given the opportunity, we hope to conduct project evaluations and share our experiences with counterparts in the Greater Bay Areas.

ORS7-3 Building Compassionate Community: Training the Compassionate Connectors with Namaste Care™ in Hong Kong

Peony Hau Yi YUEN, Vennus Yuen-wai HO, Andrew On-chun LAU, Conny Hoi-ying LUI, Alice Kin-yi Au, Eva Kiy-ying Lam
The Hong Kong Chinese Christian Churches Union Kwong Yum Care Home (Integrated Aged Care Service), Hong Kong

The LastPage program, Hong Kong's first spiritually based Compassionate Connectors initiative, integrates Namaste Care™ into community palliative care, emphasizing dignity, empathy, and connection at the end of life. Central to the model are Spiritual Care Assistants (SCAs)—a diverse group of women, retirees, and caregivers trained in spiritual end-of-life care, communication, and grief support. Through compassionate presence, using scents, music, gentle touch, and companionship, they help older adults find peace and meaning in their final chapter.

This mixed-methods pilot evaluated Namaste Care™ delivery by 60 trained SCAs to 65 elders in residential and community settings. Phase 1 involved a 30-hour training and 15-hour supervised clinical practice for 70 SCAs. In Phase 2, these trained SCAs were matched with older adults from 15 NGOs to provide care in homes, Day Care Centers, and Care Homes. Pre- and post-intervention assessments employed validated instruments, while in-depth interviews with 10 SCAs were thematically analysed to explore their experiences and impact.

Over 4,500 service hours reached 568 elders with terminal illnesses. SCAs demonstrated significant improvements in palliative care knowledge, empathy, and relational skills. Interviews revealed moments of healing—where touch bridged silence, food sparked joy, and rituals restored dignity.

The LastPage program transforms palliative care from a clinical task into a shared human journey. Through collaborations with NGOs, churches, and social enterprises, it fosters a culture of compassionate, love-driven care rooted in connection and continuity. As Compassionate Connectors, SCAs exemplify grassroots empowerment that redefines end-of-life experiences—making life's last page deeply meaningful and tenderly human.