Poster Presentation

Wednesday, October 15, 2025 **|** *1pm –2pm* **|** *Rayson Huang Theatre, HKU*

PO-1 Implementation of an Integrated Referral-Continuity Care Mechanism in Hospice Patients

Pianpian HUANG, Huiqing LI
Nanjing BenQ Medical Center

Objective:
This study examines the effects of implementing an integrated referral-continuity care model in hospice patients, with the objectives of enhancing quality of life, improving healthcare resource allocation, and ensuring seamless care transitions.

Methods:
A total of 176 hospice care patients admitted to our hospital from March to December 2024 were enrolled as study subjects and randomly divided into two groups: an intervention group (integrated referral-continuity care mechanism, n=88) and a control group (routine care, n=88). The intervention group received multidisciplinary team collaboration to establish a hospital-community-family referral pathway, implementing personalized care plans combined with continuity care measures including regular follow-ups, symptom management, psychological support, and family caregiver training. Treatment outcomes were assessed using the Quality of Life Scale [Short Form Health Survey (SF-36)] and family satisfaction scores.

Results:
Patients in the intervention group demonstrated significantly better outcomes than the control group in symptom relief (e.g., pain and dyspnea), psychological stability (reduced anxiety/depression scores), and family caregiver competence (all $P<0.05$). Additionally, family satisfaction scores showed greater improvement in the intervention group ($P<0.01$).

Conclusion:
The integrated referral-continuity care model effectively enhances the overall quality of hospice care, facilitates optimal healthcare resource coordination, and provides more patient-centered comprehensive support for terminally ill patients.

PO-2 Hospice care practice of 1 patient with end-stage tongue cancer complicated with refractory cancer pain

Lanzhu XIE, Huiqing LI, Pianpian HUANG, Xia SONG, Minghui PAN
Nanjing BenQ Medical Center

Objective:
To summarize the practice of hospice care in a patient with end-stage tongue cancer and refractory cancer pain, and to provide experience for future clinical nursing of hospice care

Methods:
The patients ' physical, psychological, social, mental and other related symptoms caused by cancer pain were fully evaluated. A multidisciplinary team of hospice care was established. Based on the multidisciplinary collaboration model of humanistic care, nursing countermeasures were formulated. Multidimensional intervention programs, including minimally invasive intervention, drug intervention, non-drug intervention and family participation, were used to control the symptoms of patients and improve the comfort of patients. At the same time, psychological, social support and humanistic care were given to patients and their families, and all-round and individualized hospice care services centered on patients and their families were provided to reduce the pain of patients, the negative emotions of their families and the burden of care. Improve the quality of life of patients and their families.

Results:
During the patient 's hospice care service in our hospital, the patient 's pain was actively and effectively controlled, and the negative physiological and psychological emotions of the family members were alleviated.

Conclusion:
Multidisciplinary collaborative hospice care based on humanistic care can effectively relieve the pain of patients, improve the psychological distress of patients and their families, meet the diverse needs of patients and their families, and improve the quality of life and satisfaction.

PO-4 Jockey Club End-of-Life Community Care Project: Capacity Building and Education Programmes on End-of-Life Care — Practices and Learnings

Derek LAI, Christopher LUM, Faye CHAN, Connie TONG, Jean WOO
Jockey Club Institute of Ageing, The Chinese University of Hong Kong

Background:
Despite advancements in end-of-life (EOL) care services and the legislation of Advance Medical Directive (AMD), Hong Kong remains unprepared for the full-fledged implementation of advance care planning (ACP). For instance, patients and relatives have misunderstanding regarding life-sustaining treatments, healthcare professionals are hesitant to initiate ACP, and the healthcare system lacks structure to identify high-priority patients for EOL conversations. Some may mistake ACP for tick-box exercises whose responsibility rests entirely with certain medical specialists.

Objectives:
The programme aimed to (1) promote patient-centered EOL care grounded in effective communication; (2) facilitate the implementation and uptake of ACP; (3) advocate a multidisciplinary approach in EOL care; and (4) equip healthcare professionals with generalist skills in EOL care.

Practices:
First, training was delivered to healthcare professionals. Emphasis was placed on ACP and EOL conversations, with role-play simulation exercises incorporated to enhance communication skills. Multidisciplinary seminars and symposia were held to bring different professions together to stimulate reflections. Second, educational activities were organized for the public. One featured activity was the ACP family session for patients and relatives, which explained in detail the concepts of ACP and treatment approaches. Follow-up meetings were arranged, where appropriate, to facilitate the ACP process. Third, various educational resources, including publications and videos, were produced and disseminated. One notable example is the Ethics Casebook, which contains real-life case scenarios depicting common ethical dilemmas in EOL care, alongside expert commentary that elucidates the resolution techniques.

Implications:
The role-play simulation exercises and ACP family sessions have proven to be effective strategies that can be implemented in future initiatives. Observations documented throughout the programme indicate that many people are inclined to discuss issues in EOL care, but significant gaps remain between public expectations and actual practices. This highlights the need for continuing efforts to establish a wider workforce that is well-prepared for EOL conversations and ACP.

PO-5 Research on the Role Conflicts and Coping Strategies of Medical Staff in the Transfer of Medical Decision-making for Young Patients in Palliative Care

Tong GU, Zhi ZHOU
Nanjing BenQ Medical Center

Background:
With the advancement of medical technology, the survival period of young patients (aged 18-45) with major diseases such as cancer has been prolonged, but the particularity of end-stage medical decisions has become increasingly prominent. The group of young patients faces unique decision-making predicaments in palliative care.

Objective:
This study explores the role conflicts among medical staff caused by the transfer of medical decision-making in young patients aged 18-45 in palliative care and the corresponding coping strategies. The research background indicates that the decision-making transfer of young patients presents a "dual intergenerational conflict" feature, involving special ethical considerations such as unfinished life issues (e.g., fertility, career).

Method:
Through a mixed approach combining qualitative and quantitative research, the specific decision transfer patterns of the young patient group, the special types of conflicts faced by medical staff, and the effective coping strategies were systematically explored.

Result:
The research found that the decision transfer of young patients presents the characteristic of "dual intergenerational conflict", involving not only the conflict of professional judgment between doctors and patients, but also the conflict of values within the patients' families.

Conclusion:
It is necessary to establish an age-sensitive decision support system for palliative care, with a focus on intergenerational mediation and the application of digital communication tools, in order to improve the realization of medical autonomy for young patients in the terminal stage.

PO-6 Essential components for fostering ACP discussion among patients with chronic illness

Wing Yan CHU, Man LUI, Kajian ZHOU, Ying Ying HO, Tsz Hei LAM, Yi Ning LAU, Hiu Yee KWOK, Chuen Yung Catherine CHAN, Choi Wui MAN
The Hong Kong Society for Rehabilitation

Background:
Advance Care Planning (ACP) empowers adults with chronic illnesses to align future medical care with their values, but discussions are often hindered by cultural taboos, particularly in Asia. Our volunteer-led ACP education program addresses this challenge.
This abstract outlines the structural pedagogy framework that underpins our program's success. This framework provides a standardized methodology for training volunteers to navigate sensitive conversations with empathy and consistency. It equips them with specific tools and stages to guide participants effectively. By formalizing our approach, the framework ensures high-quality, replicable ACP facilitation, enhancing the capacity for these crucial conversations within the community while respecting cultural contexts.

Practice:
A volunteer-led Advance Care Planning (ACP) program was guided by a structural pedagogical framework ensuring culturally sensitive, experiential learning. This framework comprises three key components:

> Pre-engagement: Close collaboration with partners is established to tailor program content for specific audiences.
>
> Volunteer Capacity-Building: A multi-phase program equips volunteers with comprehensive facilitation skills through structured training and supervised practical application.
>
> Workshop Implementation: A non-judgmental atmosphere is fostered using culturally adapted materials or gamification, such as an interactive board game in small groups. Volunteer microskills ensure responsive facilitation.

From November 2022 to April 2025, 16 trained volunteers delivered 10 workshops to 178 participants. Post-program reflections revealed deepened consideration for further ACP/AMD action among both volunteers and participants.

Impact:
The structural, volunteer-led program fostered strong engagement and deeper personalization of ACP, moving beyond didactic education. This capacity building increases volunteers' self-efficacy and enhances ACP program effectiveness, implying a scalable model for widespread community ACP education. Recognizing that ACP inherently involves family, the framework can extend to improving communication and sharing skills among family members. Future trials should launch parallel or joint ACP educational programs, encouraging after-session focus groups for families to further discuss ACP.

PO-7 Barriers to Living Will Completion in Hospital-Based Palliative Care: Findings from a Thai Tertiary Hospital

Thawalrat RATANASIRI, Tanachon UTHAIBUTRA, Chanchanok ARAMRAT, Nisachol DEJKRIENGKRAIKUL, Nutcha VIMOLSUTJARIT, Tichakorn CHANGSANTIE, Achita BUARIN
Faculty of Medicine, Chiang Mai University

Abstract:
Background and objectives:
The use of living wills remains uncommon in Thailand, and limited data exist on their completion following palliative care consultations. This study aimed to assess the rate of living will completion and explore associated factors in a hospital setting.

Methods:
This retrospective observational study included patients who received their first consultation with the palliative care unit at Maharaj Nakorn Chiang Mai Hospital between November 1, 2021, and April 30, 2022. Data were extracted from medical records and analyzed using descriptive statistics and logistic regression.

Results:
A total of 389 patients received first-time palliative consultations during the study period. Of these, 205 (52.7%) were female, the median age was 68 years (IQR 59–79). The majority had cancer (67.6%), reduced performance status (PPS 0-30: 69.9%), and impaired consciousness at consultation (54.5%). A living will was offered to 83 patients (21.3%), and only 26 (6.7%) completed one during admission. The most commonly reported reason physicians cited for not offering a living will was poor symptom control. Among patients offered a living will, no significant associations were found between completion and socioeconomic or clinical factors.

Implications and Conclusion:
Most patients presented to palliative care with advanced disease, emphasizing the need for earlier referral. Strengthening physicians’ skills in symptom management may support more frequent and appropriate offering of living wills, potentially improving completion rates.

PO-8 Innovative Application of Ostomy Pouches in Palliative Care

Xiao LIU, Zhi ZHOU
Nanjing BenQ Medical Center

Background:
Patients in palliative care often face challenges such as exudate from cancerous wounds, leakage from drainage tubes/wounds, and fecal incontinence. Traditional nursing methods tend to lead to frequent dressing changes, odor diffusion, skin damage, and loss of dignity, thereby exacerbating the suffering of patients.

Objective:
To effectively manage complex exudation and excretion issues through the innovative application of ostomy pouch technology and improve the quality of life for patients.

Practice:
Cancerous Wounds: The base plate of the ostomy pouch is tailored to fit the wound, continuously collecting exudate, controlling odor effectively, and extending the interval between changes.
Leakage Management: The area around drainage tubes or wound leakage points is wrapped with the ostomy pouch to collect exudate and assist in securing the tubes.

Fecal Incontinence: The base plate is fitted around the anus to isolate feces, prevent incontinence-associated dermatitis, and reduce skin damage from cleaning.

Impact:
Patient Benefits: Reduced odor and leakage issues, protected skin, decreased frequency of nursing care, and maintained dignity.
Core Value: Achieving comfortable care at a low cost, practicing the "holistic care" concept of palliative care, and making the end of life more dignified and peaceful for patients.

PO-9 Ultrasonographic Assessment of Sigmoid-Rectal Fecal Load: Optimizing Enema Decision-Making

Xiao LIU, Zhi ZHOU
Nanjing BenQ Medical Center

Background:
Traditional digital rectal examination (DRE) for assessing fecal load is highly subjective, leading to imprecise determination of enema necessity and potential over- or under-intervention.

Objective:
To apply non-invasive transabdominal color Doppler ultrasonography for objective quantification of sigmoid-rectal fecal load, establishing evidence-based enema indications and reducing unnecessary procedures.

Practice:
Standardized Measurement: Ultrasound assessment of maximum transverse diameter and fecal echogenicity in sigmoid colon and rectum.

Load Stratification: Quantitative grading criteria based on bowel dilatation (e.g., rectal diameter > 3cm) and fecal volume.

Decision Protocol: Immediate enema for high-load (Grade III); oral laxatives/observation prioritized for low-moderate load (Grade I-II).

Impact:
Precision Intervention: Significantly reduced unnecessary enema rates, decreasing patient discomfort and complication risks.

Resource Optimization: Saved nursing time and material costs, enhancing clinical efficiency.

Objective Reliability: Provided visualizable, reproducible assessment supporting clinical decisions.

Conclusion:
Ultrasonographic quantification provides an objective tool for enema decision-making, advancing precision rectal management.

PO-10 Breaking the Silence in the Community: From Dementia Awareness to Readiness

Li-Ting KO, Tzu-Ting HUANG
National Yang Ming Chiao Tung University

Background:
Taiwan faces rapid population aging and increasing dementia prevalence. However, dementia literacy remains low (T-DKAS avg. 60.82), with limited understanding, limited awareness, and unpreparedness for end-of-life care.

Objectives:
To improve dementia literacy, promote friendly attitudes and behaviors, and build community readiness for palliative and end-of-life care through partnerships and volunteer empowerment.

Practices:
Guided by the KAP model, the program conducted health assessments, trained volunteers, and partnered with healthcare, NGOs, and government sectors. Six two-hour sessions combined dual-task cognitive exercises with dementia education (awareness, prevention, ACP). Media outreach and business collaboration extended community reach. Knowledge improved from 57.81% to 81.75%, and friendly attitudes rose from 71% to 81.44%. Although 65% had considered ACP, barriers such as cost and communication persisted.

Implications:
The initiative strengthened community capacity and fostered sustainable support systems. A 15% increase in willingness to engage in friendly actions was observed. Volunteers enabled early dementia identification and referral to Public Health Nurse. Empathy and readiness for end-of-life care are now becoming embedded in daily community life.

PO-11 Building a Compassionate Community: Cultural-Based Health Promotion Through Taiwanese Eating Approach (TEA) for Hyperlipidemia Management in Community-Dwelling Older Adults

Jyun-Ting CHEN, Cheng-pei LIN
National Yang Ming Chiao Tung University

Background and Objectives:
Taiwan ranks fourth among Asia’s aged societies, with 19.18% of the population aged ≥65. Chronic diseases cause 70% of national mortality. In a northern community, hyperlipidemia prevalence (43.75%) exceeds the national average (26%). Although Taiwanese Eating Approach (TEA) improves hyperlipidemia, daily oil intake averages 4.8 servings—exceeding healthy limits. With low acceptance of Western dietary approaches, this project aimed to develop and evaluate a culturally-appropriate health promotion program to reduce cholesterol levels.

Methods:
Following one-year fieldwork, an 8-week TEA program was co-designed with older adults and community leaders, and implemented at a community center. Led by a nurse, nutritionists, targeted community-dwelling adults aged ≥65 with chronic diseases (excluding cognitive impairment) who participated voluntarily. Components included community meals, posters, nutrition education, and TEA-themed songs. Guided by the Logic Model, outcomes included total cholesterol, TEA behavior frequency, and participant feedback.

Practices:
Fifteen residents (mean age: 75.6 years; M:F ratio = 1:14) completed ≥6 weeks. Total cholesterol decreased by 7.43% (April-May 2025, $p = 0.29$); weekly TEA adherence rose from 27.2% to 85.7% ($p = 0.013$). Satisfaction reached 92.9%, with 100% willing to rejoin. Cultural resonance enhanced program acceptability, as reflected in participants' feedback: "The Taiwanese flavors are very appealing".

Conclusion:
The program showed high acceptance, despite the non-significant cholesterol reduction. Health behavior frequency increased significantly, with enhanced community engagement. Future implementations could expand reach to more participants and extend program duration to enhance lipid control effects, providing a replicable model for similar initiatives.

PO-12 Integrating Humanistic Care with Hospice Nursing in the Palliative Care of a Patient with Advanced Pancreatic Cancer: A Nursing Practice Study

Minghui PAN, Huiqing LI, Lanzhu XIE, Guili LI
Nanjing BenQ Medical Center

This study examines the implementation and outcomes of integrating humanistic care into hospice nursing through the case of a patient with advanced pancreatic cancer. By analyzing this individual case, we illustrate the practical application of humanistic care in palliative nursing and highlight its significance in end-of-life care. Furthermore, we propose specific measures for combining humanistic care with hospice nursing and evaluate their effects. The findings provide a foundation for promoting and applying humanistic care in future palliative care practices.

The results demonstrate that incorporating humanistic care improves the patient’s psychological well-being, enhances quality of life, and reinforces a sense of dignity and self-worth. Additionally, it alleviates family members’ psychological distress and fosters a more harmonious physician-patient relationship. This approach proves essential in addressing the physical, psychological, social, and spiritual needs of terminally ill patients.

PO-13 Preliminary Evaluation of a Health Literacy and Water Bottle Dumbbell Exercise Intervention for Hyperglycemia in Community Older Adults

Huai-En MA, Cheng-pei LIN
National Yang Ming Chiao Tung University

Background and Objectives:
The worldwide prevalence rate of diabetes in adults was 11.1%, with an increasing proportion of people above the age of 60. Resistance exercise can improve hyperglycemia, as suggested by the American Diabetes Association. However, the community evaluation in Taiwan revealed a lack of resistance exercise.

Methods:
A pre- and post-intervention design, with the intervention consisting of 8 weeks of water bottle dumbbell resistance exercise, four lectures on hyperglycemia prevention and nutrition, and online resistance exercise videos. We recruited community residents aged ≥ 55 and excluded people with cognitive impairment or exercise contraindications. The main outcomes were changes in cognitive behavior and variations in fasting plasma glucose levels. The Logic Model was adopted to inform the structure, process, and outcome evaluation.

Results:
We recruited 20 participants, and 14 completed the whole intervention (2 males and 12 females, mean age=74). The correct cognition of diabetes symptoms increased from 5 to 9 individuals ($p=0.082$). The proportion of residents engaging in 60 minutes of resistance exercise per week increased from 6 to 12 individuals ($p=0.040$). In addition, 7 individuals experienced a decrease in their fasting plasma glucose level (average decreasing 11.5mg/dL, $p=0.428$). Self-developed resistance exercise videos obtained 2,064 views.

Conclusion:
Our preliminary evaluation shows that the health promotion can improve community residents' resistance exercise participation rate, but there is no significant change in knowledge and fasting blood glucose levels. Larger samples with long-term follow-up to measure blood glucose level (e.g., HbA1c) are warranted for more accurate outcomes and broader implications.

PO-14 Applying theory to practice: Methodological approaches to implementing and evaluating compassionate communities in population health contexts

Jason MILLS
Flinders University Centre for Palliative Care, Death and Dying

Background
While global interest in compassionate communities has grown significantly, their implementation and evaluation have been subject to critique regarding theoretical and methodological paucity.

Objectives
To highlight key theoretical underpinnings and explore methodological approaches utilized in the compassionate communities movement.

Practices
Drawing from contemporary practice project exemplars focused on population health and settings-based health promotion in palliative and end-of-life care, the practice of asset based community development will be examined in a compassionate communities context, incorporating key considerations of intersectionality and theory of change.

Implications
Given the ongoing critique of compassionate communities interventions and evaluation, further discussion and transparency of their implementation and evaluation methodologies is imperative.

PO-15 Governance Models for Sustaining Compassionate Communities: Balancing Top-Down and Bottom-Up Approaches

Pooja SHUKLA
Hong Kong Metropolitan University

Compassionate Communities places a strong emphasis on community involvement, social network mobilization, and collaboration between local communities and hospital institutions.
Maintaining these communities depends on effective governance, but finding the ideal balance between institutional leadership at the top and grassroots involvement at the bottom is still a difficult task. In order to create compassionate, resilient, and responsive communities, this paper investigates governance models that combine these two strategies.

The study looks at how formal health and social care organizations can offer resources, regulatory frameworks, and strategic direction while enabling community people to actively participate in caregiving, volunteering, and social support. It does this by drawing on governance theory and international case studies.

Top-down governance mechanisms, such as policy integration, funding allocation, and quality assurance, establish essential structures and accountability. On the other hand, by involving volunteers, unpaid carers, and community organizations as equal partners, bottom-up governance promotes local ownership, cultural relevance, and creativity.

Key governance concepts including shared leadership, openness, inclusivity, and flexibility are highlighted in the report. The paper also analyses challenges such as managing diverse stakeholder interests, ensuring equitable participation, and maintaining sustainable funding.
The paper also emphasizes how crucial legal and ethical frameworks are to preserving community trust, protecting volunteers and carers, and protecting patient confidentiality. It also looks at how data governance and digital tools may improve cross-sector collaboration and communication.

PO-16 Palliative Care Needs and Hospice Resource Integration Pathways for Gynecological Cancer Patients

Ling LI, Huaying LIU, Yan JIANG, Min ZENG
First Affiliated Hospital of Army Medical University

Objective:
This study aimed to systematically analyze the physiological, psychological, and social dimensions of palliative care needs among gynecological cancer patients, explore the key deficiencies in matching these needs with existing hospice resources, and construct a scientific, scalable integration pathway based on a multidisciplinary collaboration and policy support framework to enhance patient quality of life and healthcare resource utilization efficiency.

Methods:
A mixed-methods approach was employed:

Needs Assessment: Palliative needs screening for 368 gynecological cancer patients using the SPICT™ tool, combined with the SCNS scale to evaluate unmet needs (e.g., pain management, psychological support, sexual health issues).

Qualitative Study: Semi-structured interviews (n=25) and focus groups (n=5 groups) explored the experiences and barriers of patients, families, and healthcare providers.

Pathway Construction: Drawing on the European Integrated Palliative Care Network experience and China's three-tier linkage model, a "Hospital-Community-Home" integration model was developed using the Delphi method (20 experts over two rounds, authority coefficient 0.93). Service nodes were optimized using pathway graph algorithms.

Empirical Validation: A pilot study with 30 advanced-stage patients assessed the pathway's impact on symptom control (FACT-G scale), psychological status (SCL-90 scale), and healthcare costs.

Results: Need Characteristics: 68% of patients had unmet palliative needs, primarily pain (46%), anxiety (52%), sexual dysfunction concerns (38%), and financial burden (29%). Ovarian cancer patients exhibited significantly higher needs than other subtypes ($P<0.05$).

Integrated Pathway Model:
Included 7 primary indicators (e.g., multidisciplinary teamcollaboration, tiered resource allocation, information platform) and 24 secondary indicators (e.g., ≥15% community hospice beds, cross-institution referral response time <24 hours).

Empirical Findings: Pilot results showed a 32% improvement in pain relief rate and an 18% reduction in hospitalization costs.

Key Barriers: Ambiguous roles among healthcare providers (45%), insufficient community resources (63%), and inadequate policy coordination (e.g., lack of insurance coverage) were identified as major limiting factors.

Conclusion: This study innovatively proposes an integrated pathway characterized by "patient needs orientation, multidisciplinary network as the hub, and policy synergy as the safeguard." By utilizing standardized assessment tools (e.g., SPICT™ integrated with electronic medical records), regional resource coordination, and digital platforms, service accessibility was significantly enhanced. It is recommended to incorporate palliative care into gynecological oncology clinical guidelines and promote a three-tier ("National-Regional-Institutional") policy support system to achieve comprehensive, whole-cycle care. This pathway demonstrates both scientific rigor and practical applicability, providing a theoretical and practical basis for optimizing the palliative care system for cancer patients.

PO-18 A pilot study on a carer’s needs-oriented intervention on the caregiving self-efficacy of informal carers of community-dwelling older people with life-limiting illnesses

Chun Miu LAI, Sze Wing TONG, Tan Ming WU
Yang Memorial Methodist Social Service

As demand for palliative home care grows, more older adults with life-limiting illnesses are cared for at home by informal carers, who often face significant physical and emotional burdens. Current services focus primarily on patients, with limited support for carers. The Carer Support Needs Assessment Tool (CSNAT) is a validated instrument designed to identify carers’ needs and guide holistic, person-centred care. Yang Memorial Methodist Social Service in Hong Kong implemented a CSNAT-guided integrated palliative home care model (CSNAT-I) for older adults and their carers.

A quasi-experimental study recruited 67 informal carers from two centres in Kowloon. The experimental group (n=28) received CSNAT-I and usual care; the control group (n=39) received usual care only. Outcomes were measured pre- and post-intervention. The primary outcome was caregiving self-efficacy, assessed using the Chinese Caregiver Inventory. Secondary outcomes included caring skills acquired and hospital stay duration. Data were analysed using a generalized estimating equation (GEE). Focus groups with carers and staff evaluated the process.

GEE analysis showed no significant difference in self-efficacy between groups. However, over 60% of carers in the experimental group reported improved self-efficacy, and 74.1% acquired two or more new skills. Care recipients had a 0.94-day reduction in hospital stay. Focus groups highlighted the need for multidisciplinary team capacity building, regular reassessment, and respite care services.

CSNAT-I is a feasible model for supporting carers and patients in the community. Further research with larger samples and rigorous design is needed to confirm its effectiveness.

PO-20 安宁疗护在妇科肿瘤临终期患者护理中的应用效果探讨

Huaying LIU
The Southwest Hospital of AMU

摘要：目的 本研究旨在评估妇科肿瘤末期患者护理过程中，安宁疗护对其护理效果的影响。方法 在 2023 年 10 月至 2024 年 12 月期间，共纳入 60 名肿瘤末期患者，并使用随机数字表法将他们均等地分配到观察组以及对照组，每组各 30 例。对照组接受的是传统的护理方法，而观察组则实施了安宁疗护。对两组患者的心理压力、生活质量、疼痛感知水平、整体舒适度以及对护理服务的满意度进行了比较分析。结果 在功能评分的五个维度以及整体健康评分方面，观察组的得分显著高于对照组（P<0.05）。而在评估的三项症状评分中，观察组的得分则显著低于对照组（P<0.05）。对于 RSS 评分，两组在护理后的得分都比护理前有所下降，但是观察组的下降幅度更大，得分更低（P<0.05）。VAS 疼痛评分在两组护理后均有所降低，观察组的降低更为显著，得分也低于对照组（P<0.05）。 在面部舒适度的五个评分项上，观察组的得分同样高于对照组（P<0.05）。此外，观察组在五个护理评价指标上的评分也全面高于对照组（P<0.05）。结论 安宁疗护改善了肿瘤临终期患者的生存质量，患者心理应激水平更高，疼痛感减少，舒适度与护理评价更高，值得推广应用。

PO-21 One hospice care practice for a lung cancer patient

Guili LI
Nanjing BenQ Medical Center

Introduction:
To summarize palliative care and palliative care measures.

Methods:
For a case of lung cancer patient admitted to our department on June 13,2024, through using the concept of hospice care and narrative care, the palliative care passport care program was formulated: actively controlling physical symptoms, providing psychological and mental care, providing support for the main caregivers, and giving corresponding nursing measures.

Results:
the patient used the hospice therapy passport care program to actively control the physical and psychological symptoms, making the patient comfortable, painless, serene and dignified in the last stage of life. The patients family expressed sincere thanks to us with high satisfaction.

Conclusion:
Nurse for end-stage patients narrative nursing, by listening to the patient story, can help patients found the bright spots in life, alleviate psychological pain, enhance the meaning of life, achieve the goal of peace, hospice care can improve the quality of life end-stage patients, help patients comfortable, serene, dignified, but also can help patients families through the bereavement stage of sadness, worthy of clinical promotion.

PO-22 When Unity Makes Strength: A Ten-year Retrospective Review of a Multidisciplinary Neuro-palliative Care Model for Patients with Motor Neuron Disease

Wai Kei CHUNG[1], Hon Wai Benjamin CHENG[1], Ka Po CHAN[1], Young Dany HSU[1], Oi Man CHAN[1], Ruby CHUI[1], Mo Ning Molly CHAN[2], Winsome FUNG[2], Chun Hung Red CHAN[3], Elaine HWANG[3]
[1]Department of Medicine and Geriatrics, Tuen Mun Hospital
[2]S.K.H. Holy Carpenter Church District Elderly Community Center
[3]Palliative Home Care Team, New Territories West Cluster

Background:
Motor neuron disease (MND) is a progressive neurodegenerative disease that creates debilitating impact to patients and their caregivers. Multidisciplinary neuro-palliative care is recommended to better address their multi-facet needs. However, the best model of practice has not been well-defined. This study is to evaluate outcomes of a structured multidisciplinary neuro-palliative care model (MNM) developed in New Territories West Cluster (NTWC) hospitals in Hong Kong.

Methods:
This is a retrospective review of MND patients under care in NTWC hospitals between JAN 2013 and DEC 2022. Data of patients under MNM care and those who were not were collected from medical records and analyzed.

Results:
140 MND patients were included. There were fewer patients with bulbar onset disease in MNM group. Patients in MNM group received more healthcare intervention and palliative care services, including occupational therapist, dietician and speech therapist services, community support by non-governmental organization and formal bereavement support. Significantly more patients in MNM group had signed their own Advance Medical Directive (AMD) than non-MNM group (46.94% vs 4.76%, $p = 0.000$). Patients under MNM care were also observed to have longer survival compared to non-MNM group (HR 0.539, 95% CI 0.372 – 0.782, $p = 0.001$), which remained significant after adjusting for factors affecting survival.

Conclusions:
This study demonstrated benefits of multidisciplinary neuro-palliative care in MND patients, in terms of better coordination of care and service delivery, higher rate of AMD completion, and better survival. Future prospective studies to assess the impact on patient-centered outcomes will be valuable.

PO-23 'Hidden Patients under Double Guardianship ' A family hospice care practice for a lung cancer patient helps me translate

Xia SONG, Huiqing LI, Lanzhu XIE
Nanjing BenQ Medical Center

Objective:
The purpose of this study was to explore the effect of palliative care on symptom control in patients with advanced lung cancer under the multidisciplinary collaboration model, and to evaluate its intervention effect on the psychological burden of primary caregivers.

Methods : A prospective case study was conducted to implement standardized hospice care intervention for an 84-year-old patient with stage IV lung adenocarcinoma. The symptoms of the patients were evaluated by the Palliative Function Scale (PPS), the Brief Pain Inventory (BPI) and the Edmonton Symptom Assessment Scale (ESAS). Psychological distress thermometer (DT) and self-rating anxiety scale (SAS) were used to evaluate the psychological status of primary caregivers. Interventions include : 1) standardized pain management (PCA pump administration) ; 2) Individualized nutritional support program ; 3) Comprehensive symptom control ; 4) Structured psychological support for caregivers. .

Result:
After the intervention, the patient 's symptom control was significantly improved : the pain score was reduced from 6-8 points to < 3 points ($p < 0.01$), and the nutritional status was stable (BMI was maintained at 20.5 ± 0.3).

PO-24 Social Participation, Faith and Education as Modifiable Predictors of Survival in Breast Cancer: Evidence from the UK Biobank Cohort

Yan YU[1], Olivia NGAN[2], Varut VARDHANABHUTI[3], XinYuan GUAN[4], Fraide A. GANOTICE[1]
[1] Bau Institute of Medical & Health Sciences Education, Li Ka Shing Faculty of Medicine
The University of Hong Kong
[2] School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong
[3] Department of Diagnostic Radiology, Li Ka Shing Faculty of Medicine, The University of Hong Kong
[4] Department of Clinical Oncology, Li Ka Shing Faculty of Medicine, The University of Hong Kong,

Background and Objectives:
While advances in oncological treatment have improved breast cancer outcomes, psychosocial and lifestyle factors remain underexplored in survival analysis. This study examines the relationship between social participation, emotional support, faith and education with mortality risk in breast cancer patients, drawing implications for cancer care models.

Methods:
Using the UK Biobank cohort, we analysed data from 17,556 women diagnosed with breast cancer (aged 40–70 at recruitment). Cox proportional hazards models were used to assess associations between survival and variables including smoking status, alcohol use, frequency of confiding relationships, and group-based social participation. Models adjusted for age and deprivation index.

Results:
Adult education participation conferred the greatest reduction in mortality risk (HR = 0.78, 95% CI: 0.68–0.89, $p < 0.005$), followed by sports or gym groups (HR = 0.82, 95% CI: 0.74–0.90, $p < 0.005$), religious group involvement (HR = 0.90, 95% CI: 0.82–1.00, $p = 0.05$), and regular confiding relationships (HR = 0.86, 95% CI: 0.76–0.98, $p = 0.02$). In contrast, pub or general social club attendance showed no significant survival association. Smoking was associated with increased mortality in both current (HR = 1.94, 95% CI: 1.71–2.19) and former smokers (HR = 1.09, 95% CI: 1.00–1.19). Alcohol intake had no significant effect.

Implications and Conclusion:
Participation in social, educational, and spiritual activities, along with emotional support and healthy behaviours, independently predicts improved survival. These findings offer actionable targets for integrative survivorship and palliative care planning in breast cancer populations.

PO-25 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.

PO-26 Observation on the Effect of Acupoint Application Combined with Knee-Chest Position Glycerin Enema and Abdominal Massage in Treating Constipation in Palliative Care Patients

Pianpian HUANG, Lanzhu XIE
Nanjing BenQ Medical Center

Objective:
To explore the application effect of raw rhubarb acupoint application combined with high enema of glycerin enema and abdominal massage in the management of constipation in patients receiving palliative care for advanced cancer.

Methods:
A total of 120 patients with constipation in palliative care from June 2024 to December 2024 were selected as the study subjects. They were randomly divided into an experimental group (n=60) and a control group (n=60) using a random number table. The control group received raw rhubarb acupoint application alone, while the experimental group received raw rhubarb acupoint application combined with high enema of glycerin enema and abdominal massage therapy.

Results:
The defecation rate in the experimental group was significantly better than that in the control group, and the difference was statistically significant ($P<0.01$).

Conclusion:
The combination of raw rhubarb acupoint application, high enema of glycerin enema, and abdominal massage can effectively and promptly relieve patients' suffering, making it worthy of clinical promotion.

PO-27 Enhancing Caregiver Knowledge and Skills in Careful Hand-Feeding for End-of-Life Patients: A Training Program in private, contract and self-financing Residential Care Homes

Eddie Hau Kit LEE, Kingsley King Hei YEUNG, Christine Choi Yee LIU
Hong Kong Sheng Kung Hui Welfare Council

Background and Objectives:
Local studies indicate that nasogastric tube feeding offers no survival advantage for advanced dementia patients compared to careful hand-feeding and may increase pneumonia risk (Luk et al., 2017; Yuen et al., 2022). Despite this, nasogastric tube feeding remains prevalent in Hong Kong's residential care homes for the elderly (RCHEs) for end-of-life (EOL) patients. Targeted education and training for frontline caregivers are essential to adopt careful hand-feeding practices. This study developed a tailored training program to enhance caregivers' ability to feed EOL residents safely and compassionately.

Methods:
A training program was designed for private, contract and self-financing RCHE staff and family caregivers, comprising a 30-minute lecture on safe feeding principles and a 30-minute hands-on session on individualized careful hand-feeding techniques. Sixteen private, contract and self-financing RCHE residents with moderate to severe oropharyngeal dysphagia, assessed by speech therapists and under EOL care, were included, along with 88 associated staff and family caregivers. Pre- and post-training evaluations measured caregivers' knowledge, skills, and attitudes toward careful hand-feeding.

Results:
Caregivers' knowledge scores improved significantly from 31% pre-training to 90% post-training ($p < 0.01$). Additionally, 98.6% of participants reported enhanced skills and confidence in safe feeding practices, and 98.1% expressed willingness to adopt careful hand-feeding. No adverse events were reported among participants during or three months post-training.

Implications and Conclusion:
This program highlights the value of capacity building in transforming private, contract and self-financing RCHE care practices. Tailored training equips caregivers with skills for safe and compassionate EOL feeding, improving care quality and patient outcomes. Standardized training programs show potential for expansion to private RCHEs, enhancing feeding safety and strengthening community-based EOL care.

PO-28 Mitigating Death Anxiety Through Self-Concept Intervention: An Experimental Study on the Efficacy of a Buddhist Philosophy Approach

Koni Wing-Tung LAU, Winnie Wing-Sze MAK
The Chinese University of Hong Kong

Objectives:
The paradoxical conflict between our innate drive for self-preservation and the awareness of death as the inevitable finitude of life has long caused mortality anxiety among human beings. Since how an individual views and understands the self has been identified as a crucial factor in alleviating death anxiety, this study aimed to examine the effect of intervening in individuals' self-concept on the mitigation of death anxiety. Additionally, it investigated the effect of cultivating attitudinal non-attachment to the self after death reminders on the production of positive psychological outcomes.

Methods:
An experiment involving 255 participants was conducted. Participants were first induced with death anxiety through a fire-scene imagination exercise. They were then randomly assigned to one of three conditions (Buddhist non-self approach, positive self-concept approach, and active control condition). Respondents in all conditions were instructed to complete pre-manipulation and post-manipulation questionnaires, and their scores were recorded and analyzed to compare the efficacy of the approaches.

Results:
Results of repeated measures ANOVA revealed that the Buddhist non-self approach significantly reduced individuals' death anxiety while simultaneously increasing their levels of self-transcendence, symbolic immortality, and self-esteem. However, the positive self-concept condition did not successfully enhance participants' self-esteem, and hence comparisons could only be made between the Buddhist non-self condition and the control condition. Mediation analysis showed that the Buddhist non-self condition led to higher post-experimental scores of impermanence, interconnectedness, and nonattachment to the self, which in turn predicted lower post-experimental scores of death anxiety and higher post-experimental scores of symbolic immortality and self-transcendence, compared to the active control condition.

Conclusions:
The present study suggests that Buddhist philosophy learning can serve as a novel psychological intervention for mitigating mortality anxiety.

PO-29 Examining Timing and Factors of Palliative Care Initiation in Lung Cancer: A Population-Based Study in Hong Kong

Yuchen WEI, Eman LEUNG, Eng-Kiong YEOH, Yushan WU
Centre for Health Systems & Policy Research, The Chinese University of Hong Kong

Background:
Lung cancer is a leading cause of cancer-related mortality globally. Early palliative care (PC) initiation, integrated with curative treatments, enhances quality of life, symptom management, and reduces healthcare utilization. However, limited research exists on factors influencing PC timing, particularly across survival outcomes.

Methods:
Using a Hong Kong Hospital Authority cohort, we analyzed data from 72,814 lung cancer patients diagnosed before December 31, 2015, and deceased by December 31, 2019. PC initiation was defined as the first ICD-10 diagnosis of "palliative care" (Z51.5). Patients were categorized into early (≥90% survival time covered by PC), middle (10–90%), and late (<10%). Multinomial logistic regression identified factors influencing PC timing.

Results:
Among 56.1% of patients receiving PC, median initiation-to-death durations ranged from 16.2 days (survival <1 year) to 80.3 days (survival ≥5 years). Late PC initiation occurred in 64.9% of patients, while early initiation was observed in 21.5%. Older age (AOR: 1.77), female sex (AOR: 0.72), baseline metastasis (AOR: 1.12), and residence in elderly homes (AOR: 3.42) were linked to earlier PC initiation. Subgroup analysis showed stronger associations between metastasis and early PC among elderly home residents.

Conclusion:
This study highlights disparities in PC timing among lung cancer patients in Hong Kong and identifies factors influencing early initiation, emphasizing the need for strategies to improve timely and equitable PC access.

PO-30 Benchmarking the Quality of Palliative and End-of-Life Care in Contract Residential Care Homes for the Elderly in Hong Kong

Pui Lin LAU[1], Helen YL CHAN[2]
[1] Hong Kong Association of Gerontology
[2] The Chinese University of Hong Kong

Background:
Since September 2017, all newly planned contract residential care homes for the elderly (including nursing homes and care-and-attention homes providing continuum of care) have been required to include an end-of-life care room, allowing residents to face death with dignity and peace in familiar surroundings. A knowledge transfer program was adopted in the JCECC in RCHE project to develop a systematic approach and enhance the capacity of staff in these homes to deliver end-of-life care. This study aims to evaluate the level of palliative and end-of-life care in contract residential care homes for the elderly in Hong Kong under the support from JCECC in RCHE project.

Methods:
The survey was conducted between March 2024 and May 2025. A benchmarking tool developed based on a literature review and Delphi study (Chan et al., 2022), was used.

Results:
The survey covered 31 homes. None of the residents had died in the care homes at the time of the survey. Most institutions had both guidelines and records in place. In contrast, infrastructure-related items and culturally sensitive care demonstrated lower levels of implementation. Communication and family support practices were moderately implemented, and a service gap in the handling of deceased bodies was noted.

Conclusion:
The findings reveal both a sense of commitment from the RCHEs and areas requiring improvement in the provision of palliative and end-of-life (EOL) care. These findings underscore the need for targeted enhancements, particularly in environmental support and holistic communication, to ensure that all residents receive dignified and comprehensive end-of-life care.

PO-31 Between Ethics and Practices: A Qualitative Study of Hong Kong Healthcare Professionals' Perceptions on Medically-Assisted Death & Euthanasia

Kristie C.K. CHOW[1], Roger Y. CHUNG[1], Dong DONG[1], EK YEOH[1], Eliza Lai-yi WONG[1], Emily Jackson[2], Jean H. Kim[1]
[1] The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
[2] School of Law, London School of Economics and Political Science

Background:
Hong Kong's end-of-life healthcare immense challenges is evident by repeated mercy killings case and a very high elderly suicide rate. Recent local advance directive legislation and the UK's legislative shifts have intensified the advocacy for medically-assisted death (MAD). This study investigates healthcare professionals' perspectives on implementing MAD within Hong Kong's unique socio-cultural context.

Methods:
Qualitative interviews are conducted between March to August 2025 with 20 medical specialists managing terminal patients (including oncologists, palliative specialists, neurologists, and geriatricians). We employ thematic analysis to explore 1) MAD necessity and feasibility; 2) anticipated consequences; 3) implementation barriers; 4) policy recommendations.

Results:
Participants unanimously agreed Hong Kong lacks readiness for MAD. Three critical barriers are identified. First, Cultural and Educational Gaps. Public misconception about MAD and limited understanding of palliative options. Second, Systemic Deficiencies. Insufficient palliative care coverage and doctor communication issues with patients' prognosis and advance care plans, which compromising patient autonomy and informed decision-making. Third, Psychosocial Failures. The risk that MAD could be sought for untreated mental illness or perceived hopelessness rather than terminal suffering. While recognizing potential benefits for conscious immobilized patients, the overwhelming opinion was to prioritize and solidifies advance directive implementation in end-of-life care sector. This necessitates popularizing advance directives and fundamentally improving integrated palliative and psychological care to ensure a dignified, natural death free from dying in discomfort.

Conclusion:
This research provides empirical evidence that MAD consideration requires foundational strengthening. Findings emphasize the necessity of addressing communication gaps, expanding palliative services, and public education. These in-depth insights offer recommendation for jurisdictions considering end-of-life healthcare policy reforms.