

Appendix 1

The results of the questionnaire from consultation document “Public Consultation on End-of-life Care: Legislative Proposals on Advance Directives and Dying in Place”.

Food and Health Bureau. End-of-life Care: Legislative proposals on Advance Directives and Dying in Place [Internet]. 2019 [cited 2021 Nov 5]. Available from https://www.fhb.gov.hk/download/press_and_publications/consultation/190900_colcare/e_EOL_care_legislative_proposals.pdf.

Questions	Yes	No
(1) Do you think that the public at large is ready to accept the concept of advance directives?	43	13
(2) Do you think that there should be clear legal provisions for advance directives, or Hong Kong should continue to rely on the common law framework?	45	10
(3) Do you agree with the above fundamental principles (respecting a person's right to self-determination; a valid and applicable advance directive; a person should have the primary responsibility of keeping an advance directive; sufficient safeguards should be provided to preserve lives)?	57	1
(4) Do you agree that an advance directive must be made by a mentally competent person who is aged 18 or above to be legally valid?	49	7
(5) Do you agree that artificial nutrition and hydration should be covered under an advance directive and can be withheld or withdrawn according to the patient's wish?	45	13
(6) Do you agree that the primary objective of an advance directive should be for advance refusal of life-sustaining treatments to minimise distress or indignity when the patient faces a serious irreversible illness?	53	5
(7) Legally, there is no limitation for healthy individuals signing an advance directive. Do you agree that the public is sufficiently aware of the pros and cons of making an advance directive when healthy?	22	36
(8) Do you agree that a person may revoke or modify an advance directive at any time?	54	4
(9) Do you agree that an advance directive must be made or modified in writing?	34	21
(10) Do you agree that both verbal and written revocation of an advance directive should be accepted?	42	11
(11) Do you agree that a legally-valid advance directive must be witnessed as safeguard?	55	3
(12) Do you agree to the proposed arrangement to require two witnesses for making and modifying an advance directive, one of whom must be a medical practitioner, and both witnesses should not have an interest in the estate of the person making the advance directive?	47	10
(13) Do you agree that written revocation of advance directive need not be witnessed to avoid imposing unnecessary hurdles?	17	41
(14) Do you agree that, when a single family member/carer reports that the patient has verbally revoked his/her advance directive before becoming mentally incapable, a second witness is not required before the treatment provider considers the advance directive is no longer valid?	21	37
(15) Do you agree to the use of a model form for making advance directives, rather than a statutory prescribed form, to be legally valid?	29	28
(16) Do you think that the proposed safeguards (The original copy of the advance directive should be presented under normal circumstances; The advance directive should be sufficiently clear and is not being challenged; The advance directive must not have been withdrawn; The person has not done something that clearly goes against the advance directive which suggests that he/she has changed his/her mind) to ensure validity of an advance directive are sufficient?	25	32
(17) Do you think that the “pre-specified conditions” in the proposed non-statutory advance directive model form should cover (a) terminal illness, (b) persistent vegetative state or a state of irreversible coma and (c) other end-stage irreversible life-limiting condition, or any conditions as pre-specified by the person?	52	6
(18) Do you think that the proposed safeguards (not be applicable if the patient has the capacity to make the decision when the treatment concerned is proposed; not be applicable to treatments or conditions not specified in the advance directive; not be applicable if there are reasonable grounds for believing that the current circumstances were not anticipated by the patient and, if they had been anticipated by him/her, would have affected his/her decision) to ensure the applicability of advance directives are sufficient?	23	33
(19) Do you agree to allow emergency rescue personnel to accept advance directives with signed DNACPR forms attached and not attempt CPR?	34	21
(20) Do you agree to the use of a model DNACPR form, rather than a statutory prescribed form?	24	33
(21) Do you agree to allow emergency rescue personnel to accept DNACPR form without an advance directive and not attempt CPR for the reason that there is consensus between the healthcare team and family members that this is in the best interests of the patient who is unable to make an advance directive?	30	28
(22) Do you agree that the advance directive document may be recorded in eHRSS?	49	6
(23) Given the possibility of a time lag between the latest status of advance directives and records in eHRSS, eHRSS may not contain the most up-to-date and accurate records. Do you agree to the proposal that storage of advance directive records in eHRSS should be voluntary?	46	12
(24) Do you agree that the original advance directive document should still be required as proof of a valid advance directive, even when an advance directive record could be found in eHRSS?	42	16
(25) Do you agree that it is the responsibility of the individual/family to draw the attention of emergency rescue personnel to the existence of an advance directive?	45	13
(26) Do you agree with the proposed arrangements on liability (a treatment provider does not incur any civil or criminal liability for carrying out or continuing a treatment if, at the time, he/she reasonably believes that a valid and applicable advance directive does not exist; a treatment provider does not incur any civil or criminal liability for the consequences of withholding or withdrawing a treatment from individuals if, at the time, he/she reasonably believes that a valid and applicable advance directive exists; a treatment provider does not incur any civil or criminal liability for carrying out or continuing CPR if, at the time, he/she reasonably believes that a valid and applicable DNACPR form does not exist)?	47	10
(27) Do you think that medical professionals should also be exempted from disciplinary proceedings for professional misconduct for a decision made by him/her in good faith and with reasonable care?	49	8
(28) Do you agree with the proposed consequential change to the Mental Health Ordinance to remove the potential conflict?	52	6
(29) Do you agree that, as a prerequisite to promote dying in place, the relevant provisions of the Coroners Ordinance should be amended to exempt certain deaths in RCHEs from reportable deaths?	29	28
(30) Do you think that the proposed safeguard for RCHE residents is sufficient if deaths in RCHEs may be exempted from reportable deaths?	12	44

CPR, cardiopulmonary resuscitation; DNACPR, do not attempt cardiopulmonary resuscitation; eHRSS, Electronic Health Record Sharing System; RCHE, residential care homes of elderly.