

## **A Good End of Life**

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The recently released ranking of 2015 Quality of Death Index<sup>1</sup>, which reflects the quality of palliative care worldwide, shall help heighten public awareness of the importance of quality end-of-life care (EoLC). Especially with Hong Kong ranking 22<sup>nd</sup> among the other 79 countries, despite being an international metropolitan. Accompanied by the inevitable trend of an aging population, it is about time that our city collectively takes on the challenge to improve and advance our EoLC service quality.

Crucial issues when it comes to EoLC would include clarifying what exactly entails a good end of life (or, a good death) for an individual, and secondly, to bring these choices to fruition. Even though some patients know what they want, or don't want, at the end of their life, oftentimes there are other factors involved that could affect these wishes. "Being Mortal" is a documentary broadcasted by American public television PBS<sup>23</sup> that is based on, and named after, the best seller written by Atul Gawande that. The documentary features the last stage of life of five people with life-threatening illnesses, who all encounter common challenges related to a good end of life. For example, one of the people included in the film is Sara, a pregnant woman diagnosed with end-stage lung cancer. In the last 3 months of her life, aggressive, curative therapies like chemotherapy and radiotherapy (through which the medical team strove to save her life) have somehow exacerbated her condition and possibly resulted in shortening her life, which may not have been consistent with Sara's actual desire, and her idea of what a good end of life means to her. Another case portrays a father that requested to die naturally, in lieu of pursuing treatment after treatment. His wish gave rise to a difficult situation with his family members, who shared different points of view. In this case, although this man personally defines a good end of life as dying naturally, the conflict it causes within his family makes it harder for him to pursue his own wishes. On the contrary, a third example is that of a patient that expressed gratitude for having spent the last period of his life at home surrounded by beloved family members, instead of staying in a hospital. For this person a good end of life meant being at home with family, which could fortunately be realized for him.

These vivid depictions shine light on common dilemmas faced by end-of-life care patients, that, besides their own preferences, have to deal with the medical system on the one hand, and the

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<sup>1</sup> 2015-10-6 released by The Economist Intelligence Unity (EIU)

<http://www.economistinsights.com/healthcare/analysis/quality-death-index-2015>

<sup>2</sup> <http://www.pallimed.org/2015/02/review-of-pbs-frontline-being-mortal.html>

<sup>3</sup> <http://m.ltn.com.tw/news/life/breakingnews/1396063>



sometimes highly individualized preferences of their family members on the other. It is tough, even for experienced, knowledgeable physicians, to decide whether it is quantity or quality of life that matters for those suffering from life-threatening diseases. Particularly, when they are faced with uncertainties about the effectiveness of some harsh treatments that are available to them. These treatments may fend off diseases, but in turn, they may somehow undermine the patients' ability to recover, increase their suffering, and jeopardize their quality of life, or, a good death. Nevertheless, as the author<sup>4</sup> Atul Gawande points out, both "good death" and "a good life to the very end" matter, and every patient has his or her way of defining it. It is of utmost importance that patients themselves are well aware of their right to make informed decisions among diverse choices pertinent to their own, personal process of "good life till good death".

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<sup>4</sup> the youngest health policy advisor in White House ever<sup>5</sup>, and also the author of the best seller "Being Mortal"

<sup>5</sup> [http://www.who.int/patientsafety/about/atul\\_gawande/en/](http://www.who.int/patientsafety/about/atul_gawande/en/)