安寧照顧決定：如何與家人溝通？

Facilitating discussion in end-of-life care decisions within family

周燕雯 **Amy Chow**, Ph.D, RSW, FT

香港大學社會工作及社會行政學系副教授

賽馬會安寧頌項目總監

Associate Professor, Dept. of Social Work & Social Administration

Director, Jockey Club End-of-Life Community Care Project

The University of Hong Kong

http://cdn.sheknows.com/articles/conflict-in-family.jpg

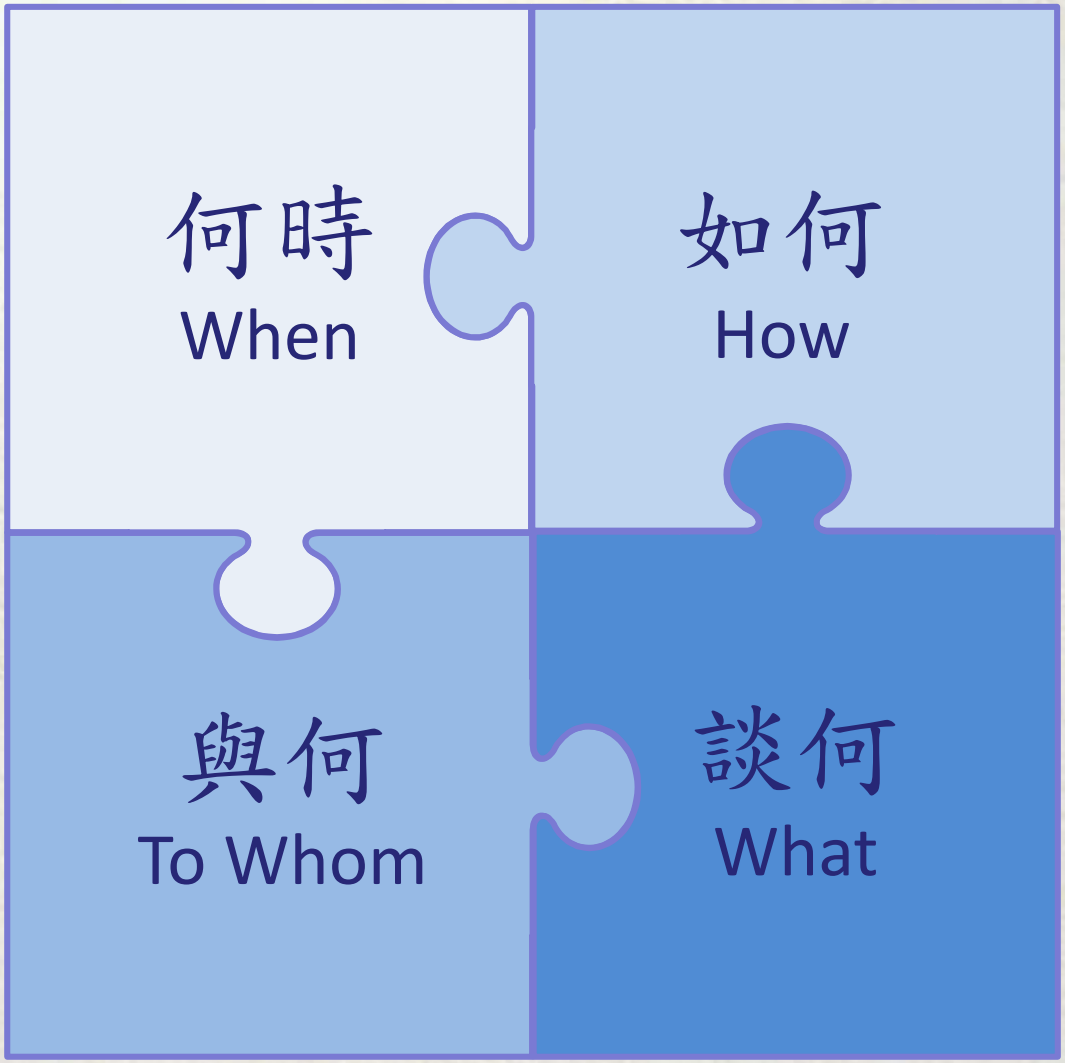
死亡，並不是
易於啟齒的話題。

儘管已拿捏
應有的溝通技巧、
加上積極練習，
說起來還是
有點吃力…

http://2.bp.blogspot.com/_MQkCZTu4jMA/TA0Pqi_wFbI/AAAAAAAAAJE/Sm0JFMAhJtw/s1600/3640159528_63eea14117_b.jpg

溝通四面體

Four Aspects of Communications



何時
When

https://upload.wikimedia.org/wikipedia/commons/4/4f/Eternal_clock.jpg

何時
When

外國專家意見

Clinical Interventions in Aging

Dovepress
open access to scientific and medical research

Open Access Full Text Article

REVIEW

Perspectives of older people living in long-term care facilities and of their family members toward advance care planning discussions: a systematic review and thematic synthesis

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Veronica Mignani[1]
Francesca Ingravallo[1]
Elena Mariani[2]
Rabih Chattat[2]

[1]Department of Medical and Surgical Sciences, University of Bologna, Via Irnerio, Bologna, Italy; [2]Department of Psychology, University of Bologna, Viale Berti Pichat, Bologna, Italy

Objective: We aimed to search and synthesize qualitative studies exploring the perspectives of older people living in long-term care facilities and of their family members about advance care planning (ACP) discussions.

Methods: The enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) framework was used to guide the review and report its results. PubMed, CINAHL, and PsycINFO were searched for studies published between January 2000 and November 2015. All included studies were assessed for comprehensiveness of reporting, and a thematic synthesis of their results was performed.

Results: The nine included studies differed in terms of qualitative method used, comprehensiveness of reporting, and geographical origin. The thematic synthesis led to the identification of four main themes: 1) plans already made; 2) end-of-life care and decision-making; 3) opinions and attitudes toward ACP; and 4) how, when, about what, and with whom to do ACP.

Conclusion: Despite their willingness to be involved in a shared decision-making process, older residents and their families still have little experience with ACP.

Practical implications: In view of implementing ACP for elders living in long-term care facilities, it would be important to rethink ACP and also to incorporate their nonmedical preferences, according to their own priorities.

Keywords: advance care planning, frail elderly, caregivers, residential facilities, qualitative research

眾說紛紜：

- 應在合適的時間進行，但合適時間的定義有所不同

(Mignani et al., 2017)

何時
When

外國專家意見

- 有些住院舍長者的家屬認為在入院初期交流十分合適，而有些卻覺得太沉重。
- 有些認為應該早點開始，有些則認為僅當健康開始惡化時才進行

(Mignani et al., 2017)

何時
When

外國專家意見

- 越早越好
- 講死唔駛死
  (Talking about dying won't kill you!)

http://dyingtotalk.org.au/

何時
When

本地經驗

- 臨急抱佛腳
  - 身體不適、入醫院
- 有乜留番拜山講
- 講是講非
  - 親友、名人不適或逝世
  - 香港或世界各地有天災橫禍
- 無眼睇
- 因人而異，配合性格

與何
To Whom

http://www.gcnlive.com/assets/WPimg/people.jpg

與何
To
Whom

外國專家意見

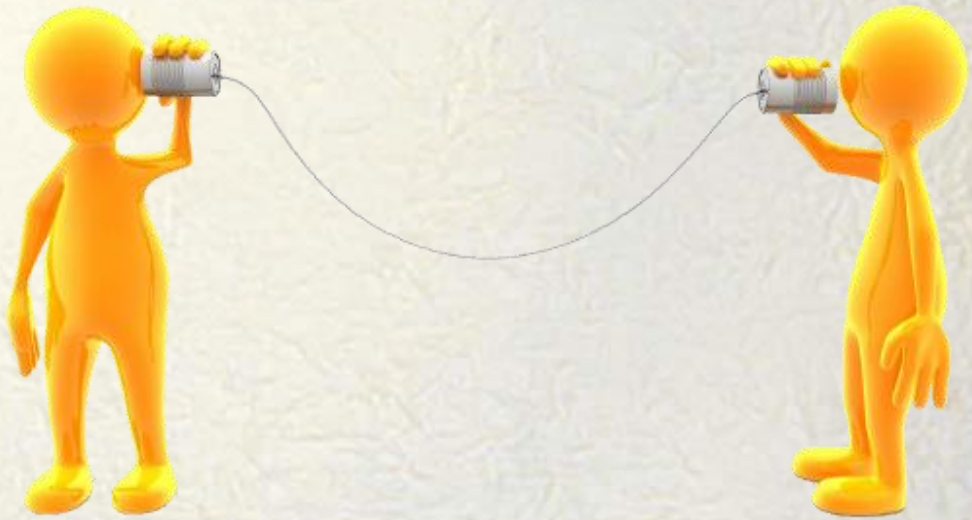
- 有些認為很難在平常的探訪中做到，需要醫護人員較多時間及格外的關注才成 (Mignani et al., 2017)
- 先反思自己的想法，然後才選擇分享對像（如配偶、子女、兄弟姊妹、醫生、朋友、鄰居等）(dyingtotalk.org.au)

與何
To
Whom

本地經驗

- 從小開始
  - 重男輕女，長幼有序
  - 學識水平高（最叻）
  - 平輩晚輩
- 外人調和
- 最後全家一起

如何
How



http://www.iblognet.com/wp-content/uploads/2013/10/communicationcstyles.png

如何
How

外國專家意見

- 有些說應循序漸進，適宜在日常照顧時敏感地進行。(Mignani et al., 2017)
- 想講就去講 (dyingtotalk.org.au)

如何
How

本地經驗

- 由淺入深：
  - 衣食住行開始
  - 甚麼活動能力最重要
- 由「錢」入「心」
- 隱喻譬喻
- 多溝通
- 口講無憑

談何
What

http://www.learnerbytes.net/wp-content/uploads/2010/08/cardboard-speech-bubbles-300x200.jpg

談何
What

外國專家意見

- 若有重病，想得到多少資料。
- 又想家人得到多少資料。
- 希望自己還是家人作決定？
- 生活質素或生命長度？
- 照顧地點、環境
- 牽掛心事
- 死亡地點

(dyingtotalk.org.au)

談何 What

本地經驗

附錄 1

醫院管理局 HOSPITAL AUTHORITY

預設醫療指示 [1]

請以正楷書寫或貼上病人標籤

入院／門診號碼：.....

姓名(英文)：.....(中文).....

身份證號碼：.....性別：.....年齡：.....

部門:.....組別:.....病房／床號:...../.....

第 I 部：此預設醫療指示作出者的詳細個人資料

姓名：..... (請以正楷書寫)

身份證號碼：.....

性別：男性／女性

出生日期：___／___／___
(日) (月) (年)

住址：.....

.....

住宅電話號碼：.....

辦事處電話號碼：.....

手提電話號碼：.....

第 II 部：背景

1. 本人明白此指示的目的，是當本人病情到了末期，或處於持續植物人狀況或不可逆轉的昏迷，或有其他特定的晚期不可逆轉的生存受限疾病時，將本人所可能身受或造成的痛苦或尊嚴損害減至最低，並免卻本人的醫療顧問或親屬或兩者同時肩負代本人作出困難決定的重擔。

2. 本人明白無論在任何情況下醫生／院方都不會執行安樂死，亦不會依循本人在治療方面的任何非法指示，即使本人明文要求這樣做亦然。

3. 本人_____（請清楚填上姓名）年滿 18 歲，現撤銷本人以前曾就自己的醫護及治療作出的所有預設醫療指示（如有的話），並自願作出下述預設醫療指示。

4. 如經本人的主診醫生及最少另一名醫生診斷，證實本人是病情到了末期，或陷入不可逆轉的昏迷或處於持續植物人狀況，或有其他特定的晚期不可逆轉的生存受限疾病，以致無法參與作出關於自己的醫護及治療的決定，則本人對自己的醫護及治療的指示如下：

(註：填寫以下部分時請在適用的方格內加上剔號，在方格旁邊簡答，並在任何不希望適用於自己的部分劃上橫線。)

[1] 表格由法律改革委員會(法改會)於 2006 年 8 月 16 日建議，根據食物及衞生局於 2009 年 12 月 23 日發表的諮詢文件更改，醫院管理局於 2010 年 5 月及 2014 年 6 月作出修訂及加上附註。

預設醫療指示 HA 9611/MR

Rev: 10 June 2014 Page 1 of 4

http://www.ha.org.hk/haho/ho/psrm/CEC-GE-6_appendix1_b5.pdf

致：急症室醫護人員

請填寫英文部份或中文部份

醫院管理局 HOSPITAL AUTHORITY

非住院病人「不作心肺復甦術」文件

請以正楷書寫或貼上病人標籤

入院／門診號碼:.....

姓名(英文):..... (中文).....

身份證號碼:..... 性別:.....年齡:.....

部門:.....組別:..... 病房／床號:.....

I. 診斷:

II. 吾等是核證醫療團隊的醫生，在簽署本文件第 IV 部分之日，我們
(請選擇填寫下文(A)或(B)段)：

(A) *有預設醫療指示的成年人:*

確認病人於_____(日期)簽署的預設醫療指示為有效，病人拒絕接受心肺復甦術；及

證明病人的臨床情況符合預設醫療指示所述(請加✓號)，即：

- ☐ 病情到了末期；
- ☐ 處於不可逆轉的昏迷或持續植物人狀況；
- ☐ 有其他晚期不可逆轉的生存受限疾病：_____；及

根據該預設醫療指示，若病人處於預設醫療指示所述的情況，並出現心肺停頓，便不要為病人施行人工輔助呼吸、心外壓程序或心臟除顫。

(B) *沒有有效預設醫療指示的精神上無行為能力成年人或未成年人士:*

證明病人(請加✓號)

- ☐ 病情到了末期；
- ☐ 處於不可逆轉的昏迷或持續植物人狀況；
- ☐ 有不可逆轉的主要腦功能喪失及機能狀況極差；
- ☐ 若為未成年人士，有其他晚期不可逆轉的生存受限疾病；

以及

病人的現今臨床狀況及預設照顧計劃已為有關人士討論：
(請加✓號)

- ☐ 照料病人(屬精神上無行為能力的成年人)的醫療團隊與病人家屬曾作討論
- ☐ 照料病人(屬未成年人士)的醫療團隊與病人父母曾作討論

並且

已達致共識，若病人出現心肺停頓，最符合病人利益的做法，是不要為病人施行人工輔助呼吸、心外壓程序或心臟除顫。

病人家屬(或父母)確認同意病人「不作心肺復甦術」的決定(只適用於(B)段)。

簽署:_____ 日期: _____

姓名:_____ 與病人關係:_____

非住院病人「不作心肺復甦術」文件 HA9614/MR

Page 1 of 2

http://www.ha.org.hk/haho/ho/psrm/CEC-GE-1_appendix1_b5.pdf

Amy Chow, HKU

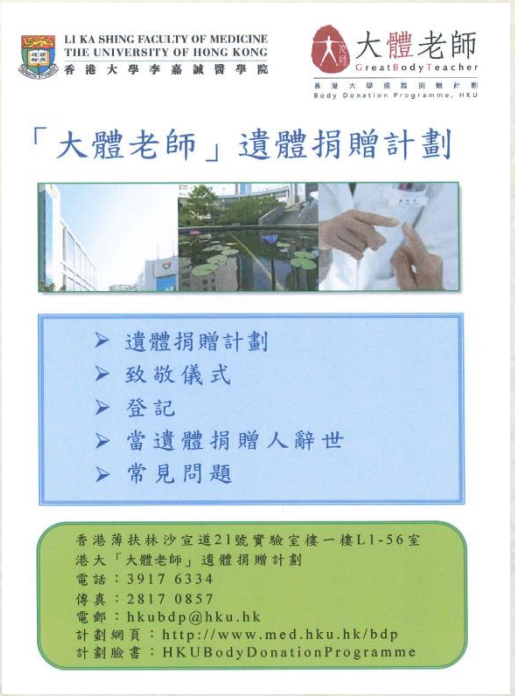
談何
What

本地經驗

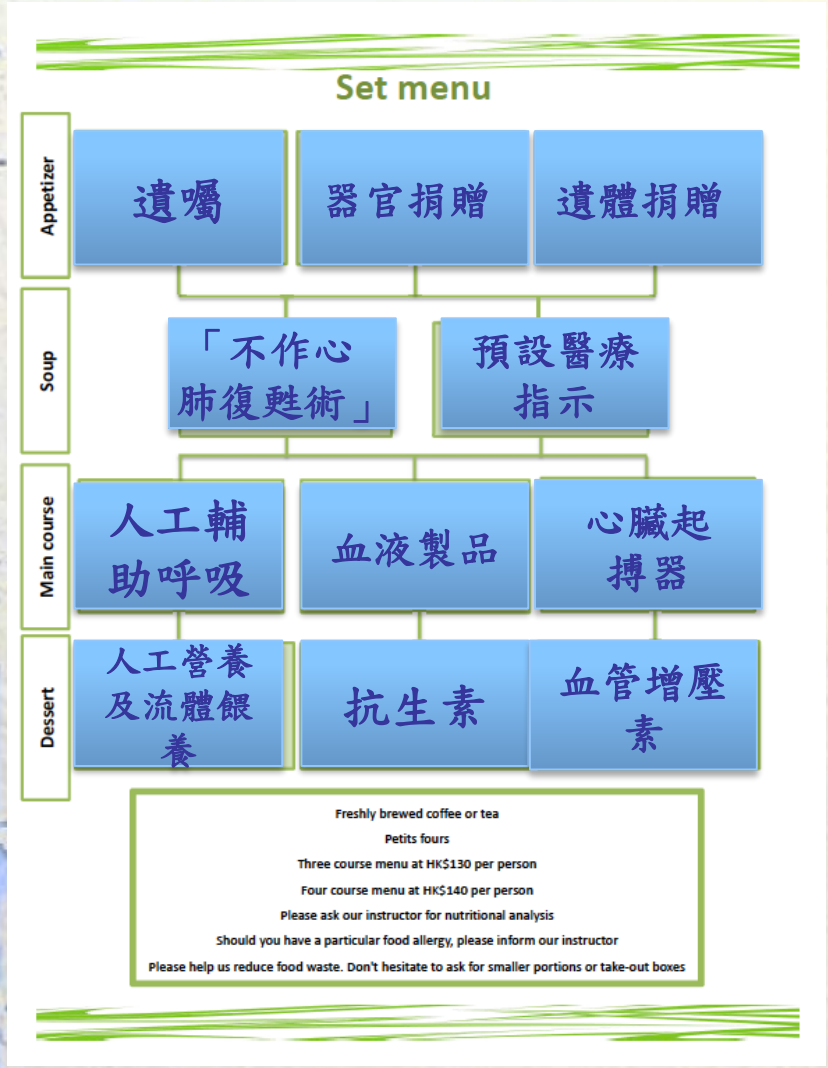
遺體捐贈

器官捐贈

http://www.organdonation.gov.hk/tc/home.html



餐牌的啟發



- 營養好一定好？
- 有得揀先至係老板？

https://www.tds.org.hk/tds/pdf/en/menu/Jun17/b-l-6-5-9.pdf

預定期效？

- 可隨環境、個人情況與醫療科技發展的改變而有更改。

https://achurchforstarvingartists.files.wordpress.com/2014/11/time-for-change.jpg

看得到比聽得到多一點效果

Open Access Research

BMJ Open

Video decision aids to assist with advance care planning: a systematic review and meta-analysis

Ashu Jain,[1] Sophie Corriveau,[2] Kathleen Quinn,[3] Amanda Gardhouse,[4] Daniel Brandt Vegas,[5] John J You[6]

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► Prepublication history and additional material is available. To view please visit the journal (http://dx.doi.org/10.1136/bmjopen-2014-007491).

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ABSTRACT

Objective: Advance care planning (ACP) can result in end-of-life care that is more congruent with patients' values and preferences. There is increasing interest in video decision aids to assist with ACP. The objective of this study was to evaluate the impact of video decision aids on patients' preferences regarding life-sustaining treatments (primary outcome).

Design: Systematic review and meta-analysis of randomised controlled trials.

Data sources: MEDLINE, EMBASE, PsycInfo, CINAHL, AMED and CENTRAL, between 1980 and February 2014, and correspondence with authors.

Eligibility criteria for selecting studies: Randomised controlled trials of adult patients that compared a video decision aid to a non-video-based intervention to assist with choices about use of life-sustaining treatments and reported at least one ACP-related outcome.

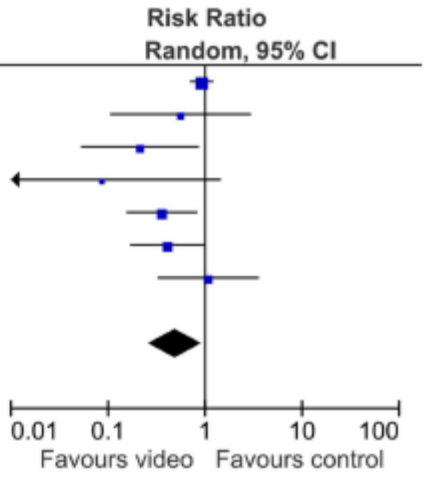
Data extraction: Reviewers worked independently and

Strengths and limitations of this study

- This systematic review provides a synthesis of the available evidence from 10 randomised controlled trials about the impact of video decision aids to assist with advance care planning (ACP).
- There is low-to-moderate quality evidence suggesting that video decision aids lead to greater knowledge related to ACP and preferences for less aggressive care at end of life.
- To date, no studies have examined the effect of ACP video decision aids on congruence of end-of-life treatment with patients' preferences, nor have they evaluated their impact when integrated into clinical care.

end of life, but many will lose the capacity to make these decisions for themselves.[1] Advance care planning (ACP) offers a solu-

Study	Video decision-aid Events	Total	Control Events	Total	Weight	Risk Ratio Random, 95% CI	Year
Yamada 1999	31	47	30	42	25.4%	0.92 [0.70, 1.22]	1999
Volandes 2009	2	84	4	94	9.4%	0.56 [0.11, 2.98]	2009
El-Jawahri 2010	2	23	11	27	11.6%	0.21 [0.05, 0.87]	2010
Volandes 2011	0	33	7	43	4.2%	0.09 [0.01, 1.46]	2011
Volandes 2012	6	50	17	51	18.1%	0.36 [0.15, 0.84]	2012
Volandes 2013	5	30	15	37	17.5%	0.41 [0.17, 1.00]	2013
Epstein 2013	5	29	4	25	13.7%	1.08 [0.32, 3.58]	2013
Total (95% CI)		**296**		**319**	**100.0%**	**0.50 [0.27, 0.95]**	
Total events	51		88				



(Jain et al., 2015)

全餐的啟示

- 安寧照顧決定又豈止醫療決定?

談何
What

本地經驗：二人三嚼

叮囑 (永久生效)

預囑
(討論與訂定)

預囑
(當失去認知能力或昏迷時生效)

遺囑(討論與訂定)

遺囑
(當死亡後生效)

人生回顧

人生意義

http://enable.hku.hk/enable/tch/pdf/sdl.pdf

- http://enable.hku.hk/enable/tch/pdf/hm.pdf

總結

安寧照顧決定

#1 並沒有標準選擇

#2 不只是個人，而是整個家庭的事

#3 是需要資料而去作決定

#4 是可隨時間更改

#5 是不只醫療選擇，而是全人照顧

請今日開始嘗試二人三嚼！

https://www.ag.ndsu.edu/publications/food-nutrition/family-meal-times-issue-5-improving-family-communication-