



Home Death for People with Advanced illness – The Facilitators and Barriers

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同心 同步 同進 RIDING HIGH TOGETHER

合作夥伴 Project Partner:



Background

- Home death is uncommon in Hong Kong.
- The infection control and visitation restrictions at hospitals during COVID -19 pandemic has induced a surge in demand for healthcare support to enable home death.
- However, factors affecting the success of home death remain under-researched.



- HA activated the Emergency Response Level in public hospitals on 25 Jan 2020.
- No visiting was allowed in all wards.
- Including limitation on number of visitors & duration of visits in palliative care units

Objectives

- To explore the facilitators and barriers in home death for people with advanced illness



Methods

- Retrospective clinical record review
- Conducted on patients with advanced illness who had received palliative home care service from the Haven of Hope Christian Service under the Jockey Club End-of-life Community Care (JCECC) Project
- Period: from Mar 2020 to February 2021





Haven of Hope Christian Service

Hospice at Home



Project Introduction

This project aims to enhance quality end-of-life care in client's home and in the community and improve the quality of life of end-of-life patients and their family members.

Project Objectives

The Project aims to allow clients to spend quality time with their loved ones in a familiar place and to reduce or avoid unnecessary hospital admission.

Target Service Users

Clients who are aged 60 or above, with terminal cancer / other chronic irreversible illnesses or with life expectancy usually not more than 6 months

Service Components

- Quality home care with close nursing and personal care, back up by an integrated medical team support
- Special Out Patient Clinic (SOPC) and transportation for follow up
- Facilitation of Advanced Care Planning (ACP)
- Family carer support through skill transfer and emotional and spiritual support



JCECC Project was launched in 2016.

Aims to support elderlies with advance illness in the community, to reduce unnecessary hospital admission, and to spend quality time with family.

Haven of Hope is one of the partners in the project.



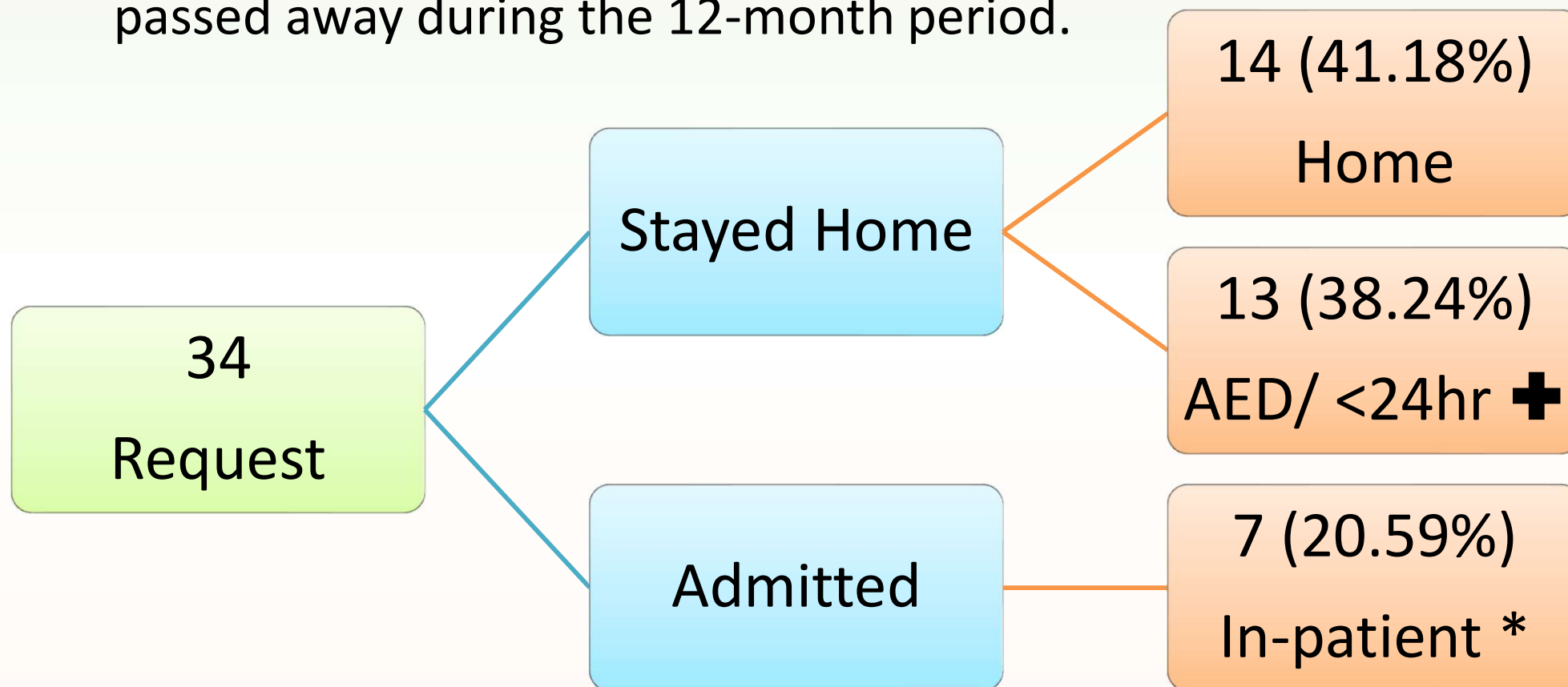
Haven of Hope Sister Annie Skau Holistic Care Centre
靈實司務道寧養院

Range of Supports in the Program



Results

- A total of 34 patients requested for support on home death passed away during the 12-month period.



✚ “AED/ <24hr” refers to those who died before arrival to AED, or those who died within 24hrs after hospital admission.

* “In-patient” refers to admission into hospital, palliative care unit, or hospice centre.

Facilitators for Home Death

Facilitators for Home Death	Percentage (N=27)
Clear expression of the wish to die at home by the patients	62.96% (17)
Presence of committed caregivers	37.04% (10)
Poor experience of previous hospitalization (e.g. loneliness, unsatisfactory ward environment)	14.81% (4)
Suitable home environment	11.11% (3)

* More than one factor per patient/family



Barriers for Home Death

Barriers for Home Death	Percentage (N=7)
The need for intensive medical care	57.14% (4)
Difficult symptom control	28.57% (2)
Caregiver stress	28.57% (2)
Families' anxiety regarding the home death process	14.29% (1)

* More than one factor per patient/family



Conclusion



Advance Care Planning (ACP):

- Observation in this study showed that patients who had clearly expressed their wish to “die at home” were more likely to have home death.
- Understanding the preferred place of death of patient is essential for home death.



Conclusion



Support to caregivers

- Greater overall satisfaction was experienced by those whose loved ones died at home and had access to the homecare program.
- Professional support systems and home-based care at the EOL is needed to reduce the stress of the caregivers.

Conclusion



- Home death is unfamiliar for most people in HK.
- Sharing of successful stories and positive experience can alleviate unnecessary anxiety of the family.



Madam Hung has over 60 close family members

Conclusion

Finally, there is **no “best” place to die:**

- What is ultimately the most important is that the person feels comfortable, and the caregivers have the support they need.
- Always stay flexible in the planning to avoid family having feelings of guilt or regret if things change in the future e.g. arising of distressing symptoms.
- Instead of promising a home death, one can aim to stay at home for as long as possible.



Thank you



family
WHERE LIFE BEGINS AND LOVE NEVER ENDS

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- Social workers and Chaplains, Psychosocial Spiritual Department, Haven of Hope Sister Annie Skau Holistic Care Centre
- Hong Kong Jockey Club Charities Trust