Advance Care Planning for Dementia - A Medical Perspective

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- Advance care planning is a process that enables individuals to make plans about their future health care, personal care and financial arrangements.
- Advance care plans provide direction when a person is not in a position to make and/or communicate their own choices (which is inevitable in later stage of dementia).

Purpose

Allow PwD to live and die well in accordance with Allow their personal values and wishes. Reduce stress and anxiety for families arising from Reduce taking up the decision-making responsibility Avoid conflicts among family members when Avoid dealing with care and financial issues Avoid complicated, costly and burdensome legal Avoid processes Improve Improve quality of end-of-life care

- ACP can be initiated anytime before loss of mental capacity
- Note: If no ACP before loss of mental capacity, have to resort to guardianship application or high court order pursuant to Mental Health Ordinance
- A communicative process involving PwD, family, doctor and other relevant parties
- Applicable to all stages of life including end-of-life

Financial planning

- Enduring power of attorney (EPA)
- Joint / transfer ownership of assets

Personal care planning

- Plan for further long-term care
- Educate PwD and family about further disabilities and care needs
- Home care vs institutional care
- Financial implications and availability of / eligibility for public resources

Medical planning (decision-making)

- Appointment of a substitute / surrogate / proxy decision maker (Statutory in HK - Enduring Power of Attorney)
- Completion of an advance care directive or similar document (Statutory in UK, Common Law in HK, legally binding)
- Non-legally binding ACP consensus building (e.g. HA guideline)

Enduring Power of Attorney (EPA)

- Statutory in HK
- Prescribed legal form and solicitor service required
- At present scope of power only covers financial matters (do not cover personal care, healthcare, medical decision making and consent c.f. UK legislation)
- Doctor to sign, certifying mental capacity

Advance Directive (AD)

- Codified in UK (Mental Capacity Act)
- No legislation in HK thus follow Common Law principles. A valid and applicable AD must be respected.
- Document by which patient expresses his/her wish regarding accepting and refusing medical treatments (very wide scope in Western countries)

AD in HK

- An advance refusal of life sustaining treatment (LST), made by an adult when mentally competent, specifying what LST one does not want under what situations.
- Scope limited to 1. terminal illness 2. irreversible coma, and persistent vegetative state 3. other end-stage irreversible life-limiting conditions

Limitations of AD

- Lack of contemporaneity
- AD statements may not be applicable to current clinical situation
- Blanket refusal of all LST may not be appropriate in all situations
- Views of patient may change
- Medical technology advancement
- Difficulty in respecting an AD in an emergency situation

Medical ACP

- Doctor to explain dementia symptoms, prognosis, care needs and medical treatment options at different stages and end-of-life care
- Discuss life sustaining treatments indications, benefits, effectiveness, burden
- Guided by patient's autonomy and best interest principles
- Family members' opinion and understanding would be sought when making medical decisions

Remarks

- Need more public education
- Need more staff training programs (all settings social facilities, hospitals, aged homes)
- Need law reform on mental health ordinance, guardianship, EPA, AD