



International Conference on

Community End-of-Life Care

Sustainable Development and New Frontier

Hong Kong Palliative Care Social Work :
From the Lens of Stakeholders

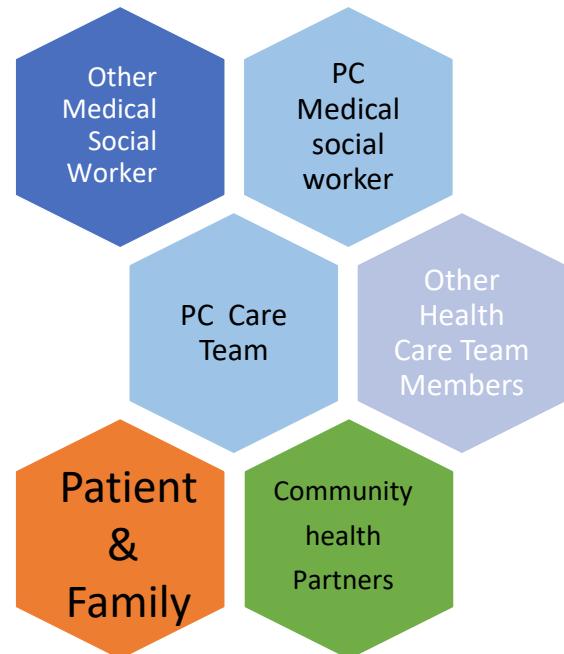
Margaret Suen, RSW, FT

June 2021

Hong Kong Palliative Care (PC) Social Work

- ❖ Disease Journey
- ❖ Palliative Care Service Development in HK

the Stakeholders



Terminology in HK :

Medical Social Worker (MSW),
Medical Social Work in Palliative Care (PC MSW)
Health Social Worker

the Eras

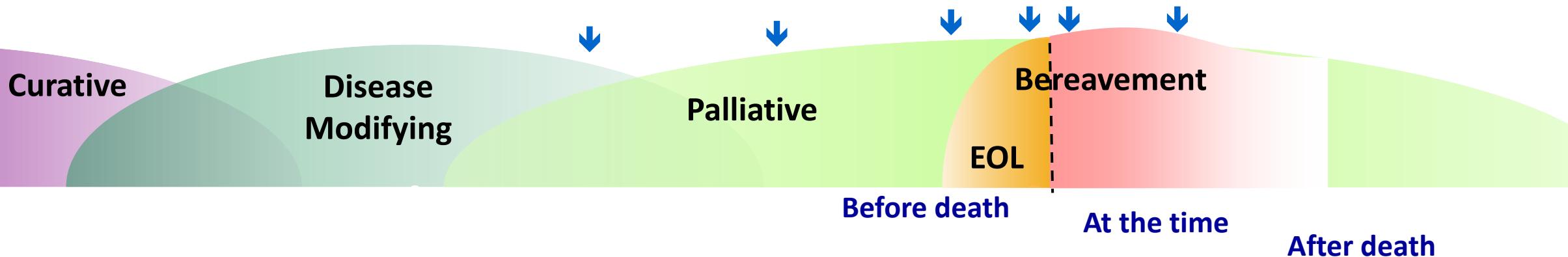


Workforce

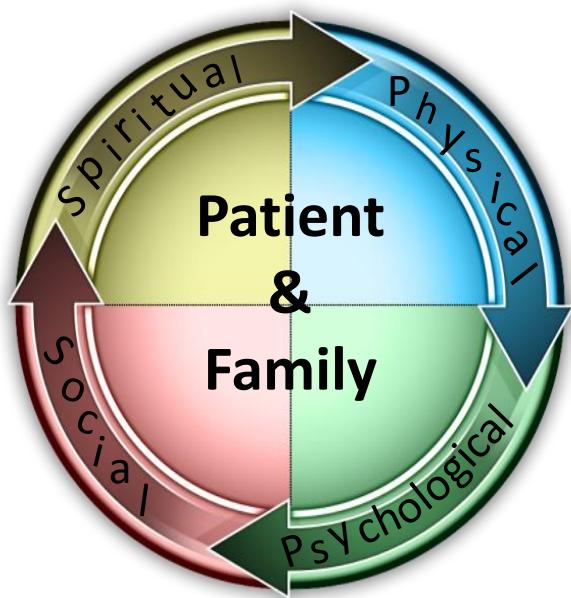
Roles & Contributions

Training & Credentials

The Disease Journey



Palliative Care Social Work

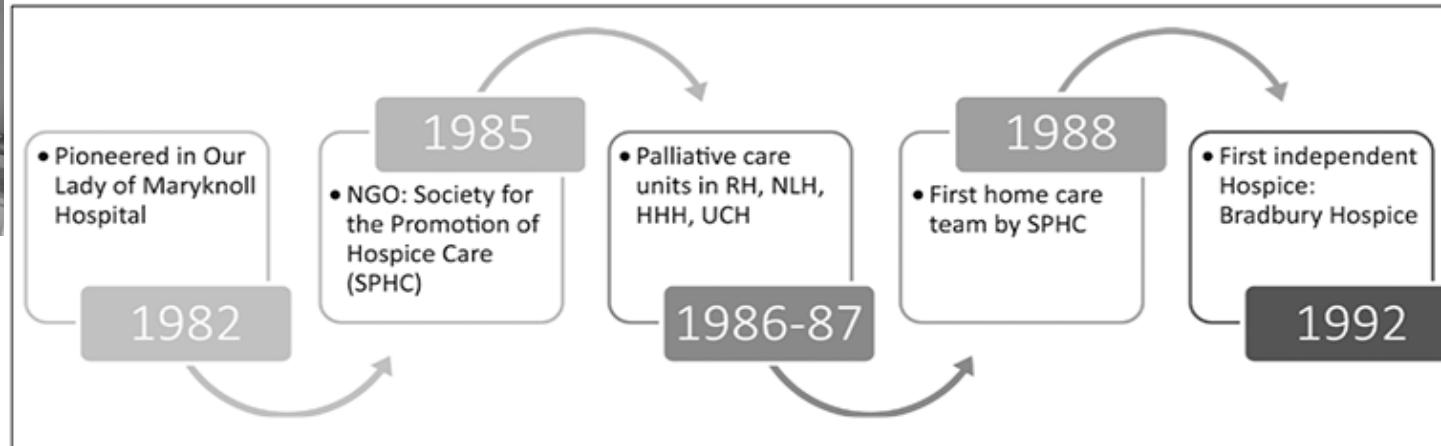


- Interconnection of physical, psychological, social & spiritual
- Need-based
- Key time points of psychological stress
- Targeting patients and family caregivers
- Multidisciplinary involvement
- Collaboration with community service providers and volunteers

The Development of Hong Kong Palliative Care & PC Social Work

The Era

Workforce



(WM Lam, Palliative Care in Hong Kong, HK Practice, 2019)

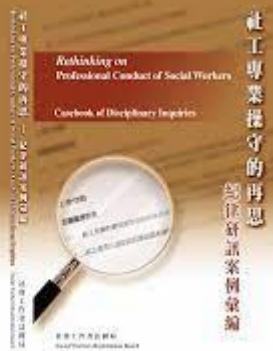
- Small team, multi-duties, rotation & duty assignment basis
- 'on your own' and 'out of your own'
- support, training, supervision is scanty

1982

“good will”

Roles & Contributions

Code
of
Practice



Social Worker Registration Board, HK

Medical social workers (MSWs) are stationed in public hospitals and some specialist out-patient clinics to provide timely psycho-social intervention to patients and their families and help them cope with or solve problems arising from illness, trauma or disability. As a member of the clinical team, MSWs play an important role in linking up the medical and social services to facilitate patients' recovery and rehabilitation in the community.



- ✿ To assist patients and their families with **Emotions or daily living problems** arising from illness, trauma, or disabilities
- ✿ To enable patients to make **best use** of medical/rehabilitation **services** in medical institutions and the community
- ✿ To contribute to the total rehabilitation (physical, medical, and social) of patients, **and their re-integration**
- ✿ To strive for the promotion of **Health awareness** for patients, their families and the community

Medical Social Service, Social Welfare Department, HK

- Code of Practice as foundation, Medical (Hospital) Social Service is reference
- Generic approach

1982

“good will”

Training & Credentials

Recognized Training Institutes

HK / Non-HK

- Diploma training in SW
- Undergraduate Training in SW
- Post-graduate Training in SW



Registered social worker

- Basic Social Work Training
- Health & Mental Health, Death and Dying as elective, available only in some training institutes but not all
- Local PC training is limited, quality and structure varied, mainly by NGO

1982
“good will”



Manpower Available (Strength in full-time equivalent)	2007
Doctor	21
Nurse	201
Medical Social Worker	7.5
	5

HA Monthly Report on PC Service, 2010

- Social Work Departments of different administration
- Palliative Social Worker under different governance
 - Hospital Social Work Department
 - Clinical Team
- ↑number , lack of coordination
- Absence of PC workforce measurement
- Diverse in PC service scope, and no service evaluation

The “good will” Era

Arising from

Workforce

The Era:



: social worker vs PC (designated) social worker

- What are the Patient Needs in Palliative Care, EOL, and Bereavement?
- How could it be addressed ?
- How to achieve consensus ?
- What are the expertise required ?

2000s
“building”

Roles & Contributions

Patient
&
Family

Other
Medical
Social
Worker

The first structured PC SW service review in 2009

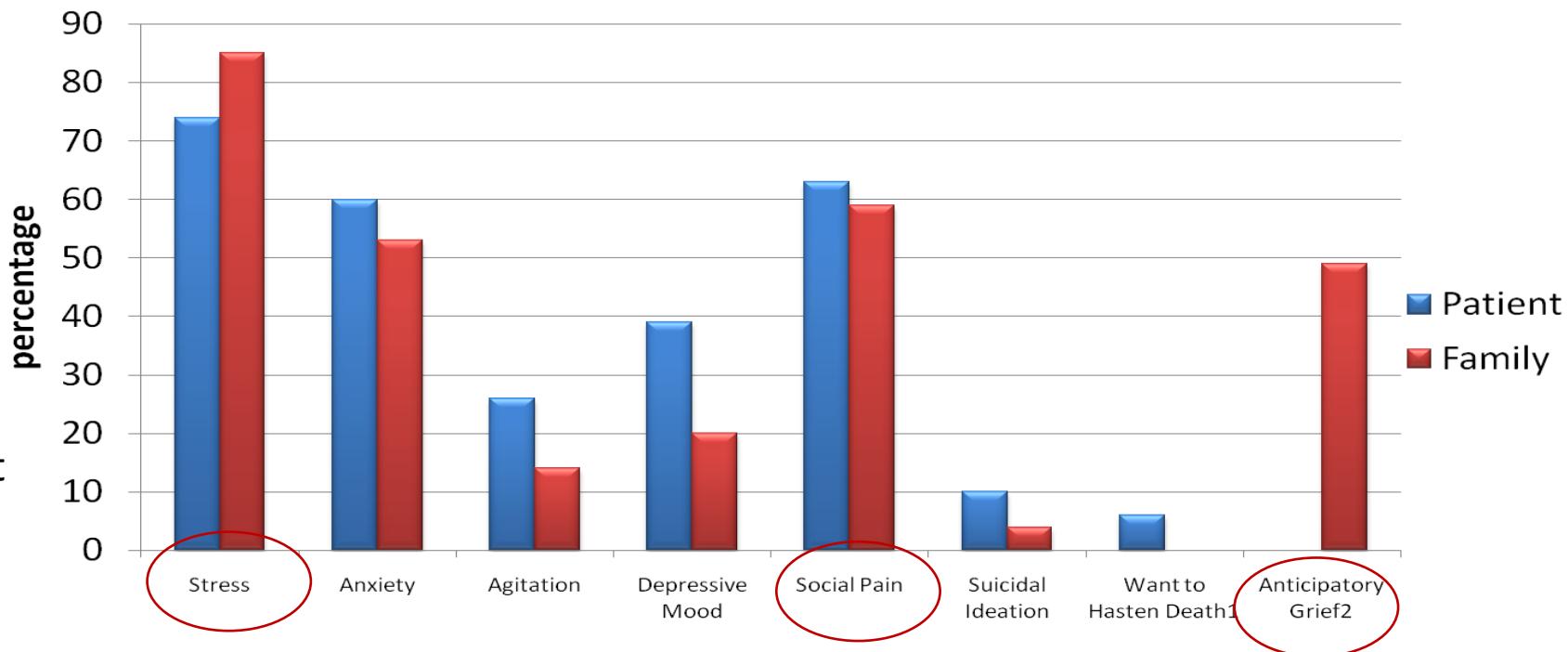
- 7 Medical Social Work **units** providing PC services
- 84 **social work service records** randomly drawn for data analysis

Assessment



Needs

Patient
&
Family

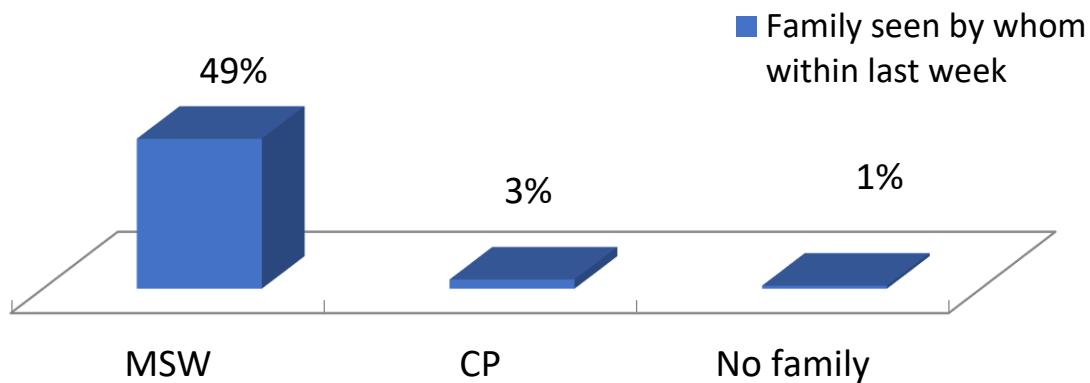


2000s

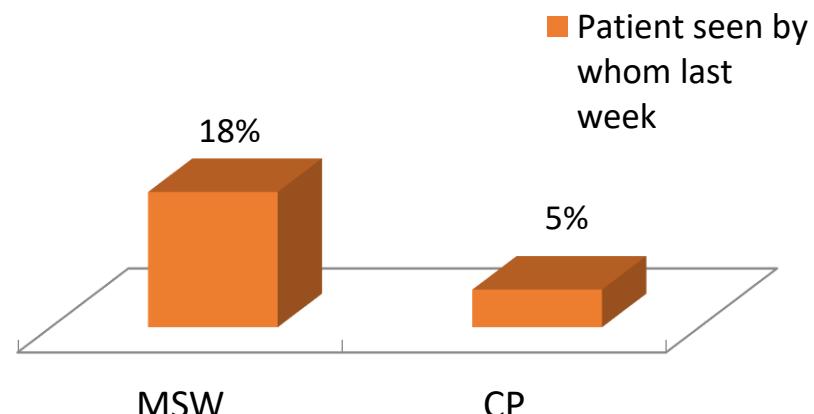
"building"

Roles & Contributions

Patient
&
Family



**7 out of 109 families (6.4%)
require urgent psychological
intervention**



2000s
“building”

Roles & Contributions

Patient & Family

Other Medical Social Worker

Roles in responding to PC Needs for both patient and family

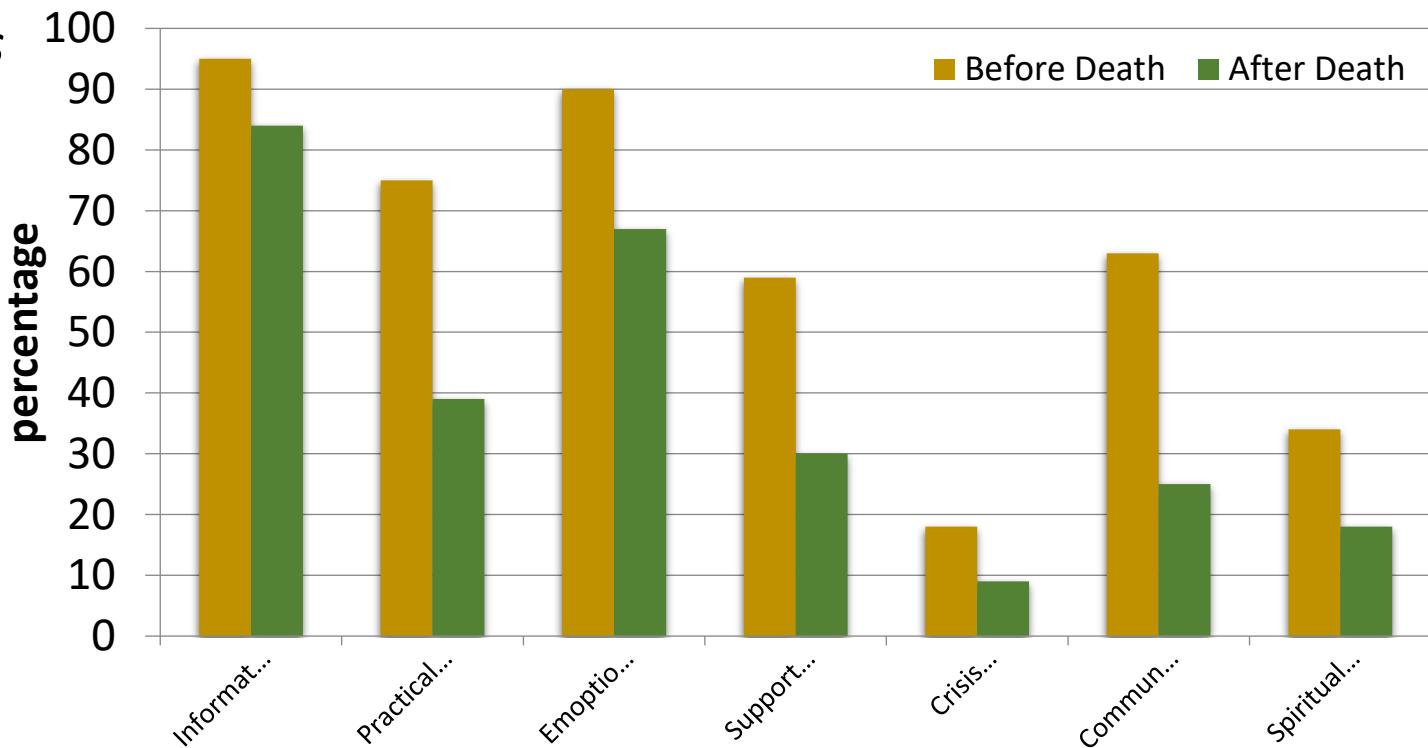
Assessment

Provision of Support relevant to Needs

- Information
- Emotional
- Practical

Mapping & Bridging Needed Care

- Community support
- Specialist service



2000s
“building”

Roles & Contributions

Patient
&
Family

Facing Death and Dying :

- Emotion, Relation
- Communication (connected)
- Practical Assistance (timely)

八員及社工們：
公公已離世有數個月，家人們都漸漸從悲痛中走回生活的正軌。公公是因為跌斷腳而住院一直到離世，疼痛加上公公認知障礙症的關係脾氣有點古怪，家人們都知道在餵食、轉身食藥或換片等等方面都比較困難，醫生、姑娘、助理姐姐們辛苦了！感謝社工趙生一直密切跟進著公公的個案，

無論是公公的醫療、家庭照顧上，還是家人的心理輔導上都細心照料到。感恩你們當時的體諒與耐性，衷心感謝你們當時對公公的悉心照顧與關懷。

祝福你們工作順利，生活幸福美滿！

2018-04-27

上次 你父 痊 沒有見到你，
沒有機會跟你說聲謝謝。
他入住院舍已個半月，在連
應中。請點的申請事也按着
你的指示及安排辦理。謝謝
你在這事上的幫忙，各種生
報告和申請表都賴你幫忙而
及時呈上。你父是個粗人，脾氣
不好，我們家人有時都受不了
難待你還是善待他，真不容易。
總之你真心感激。祝工作順
利。

四醫院試行 首階段 800 人受惠 寧養服務擴至末期腎病者



末期腎衰竭病人納計劃

緩緩治療擴至8院

社工護士 助患者家人減壓

特點

定期探訪和生活輔導

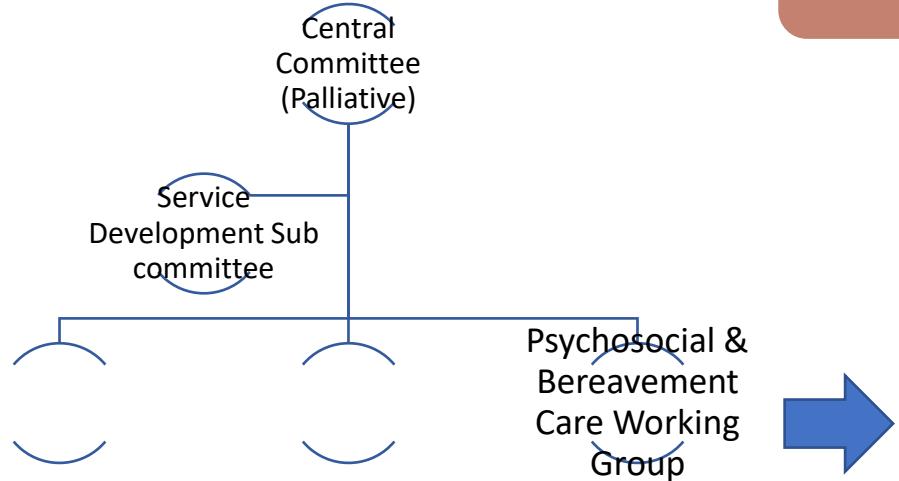
二來又是一十小時照顧奶奶。如控制飲食、定期
測量血壓、承認了奶奶能力。她說，如果沒有我，社區
的協助，精神困擾相當大，覺得他們沒有多少的幫助。
奶奶是失智病人，他們亦活得有尊嚴。醫管局中

期是失智病人，他們亦活得有尊嚴。醫管局中

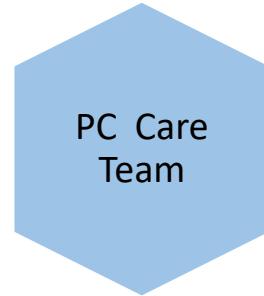
thank
you

馬劍輝
2011.01.20

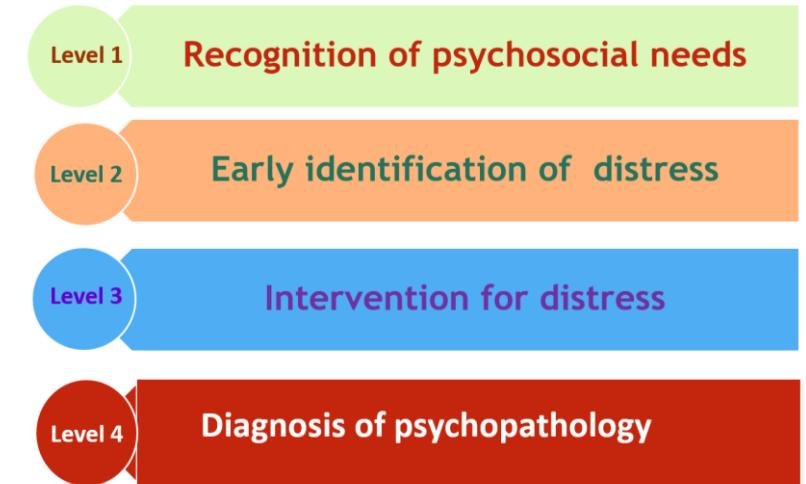
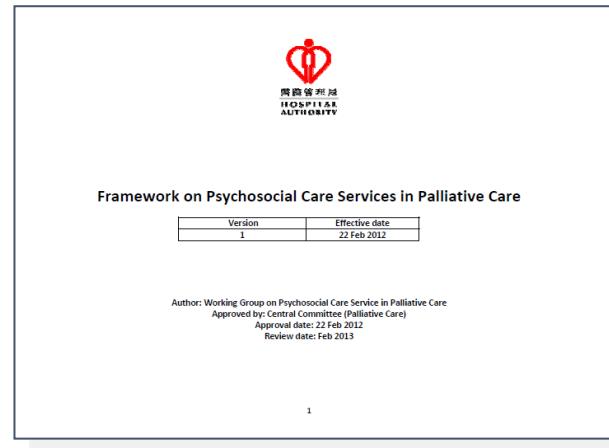
2000s
“building”



Roles & Contributions



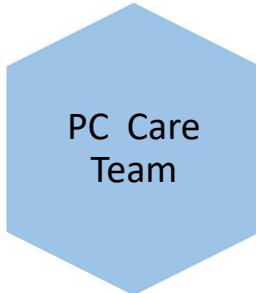
Framework on Psychosocial Care Services in Palliative Care in 2012



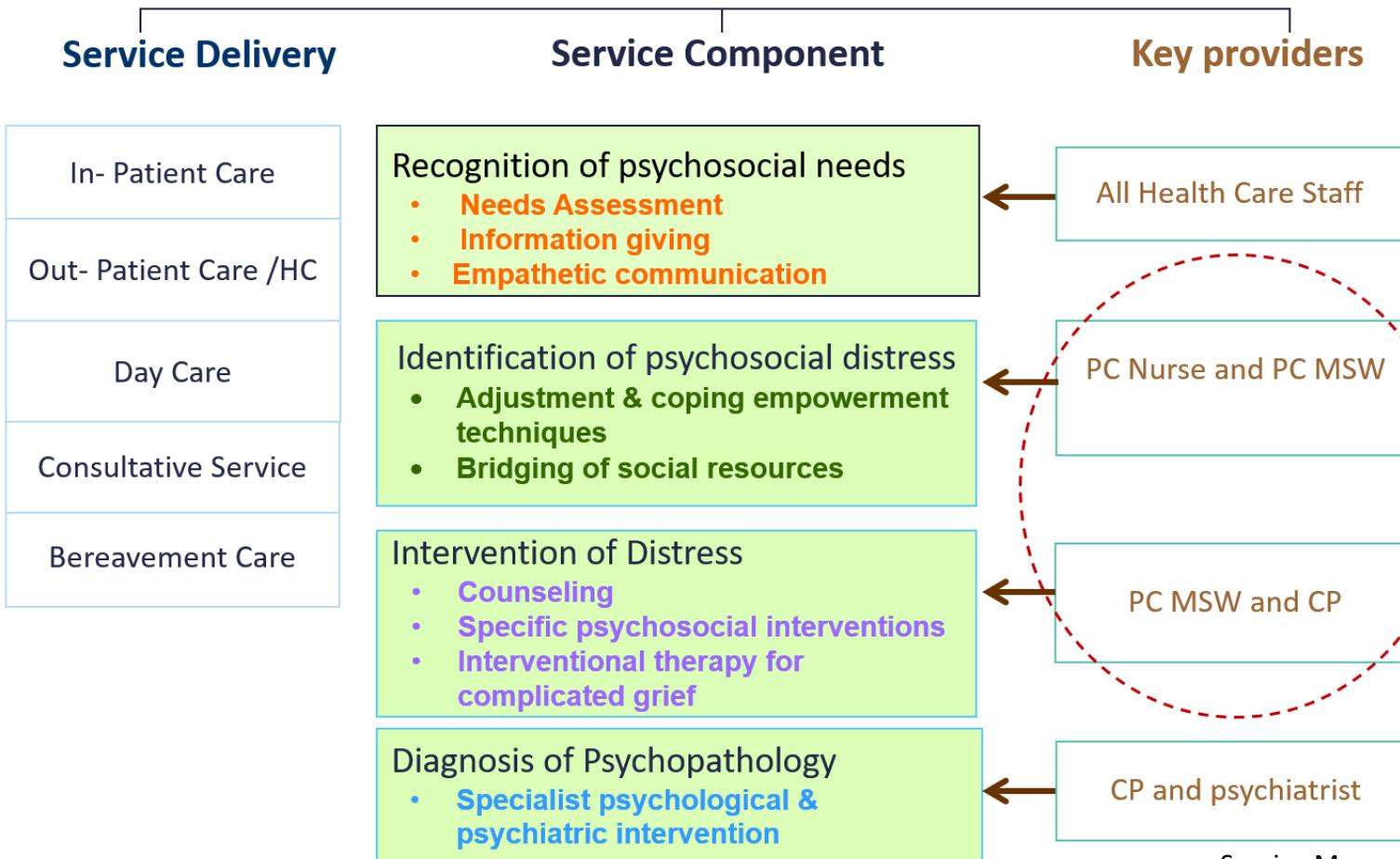
10

- Stepped care model
- International Reference & Local adaptation
- Integrated approach

Roles & Contributions



Service Model

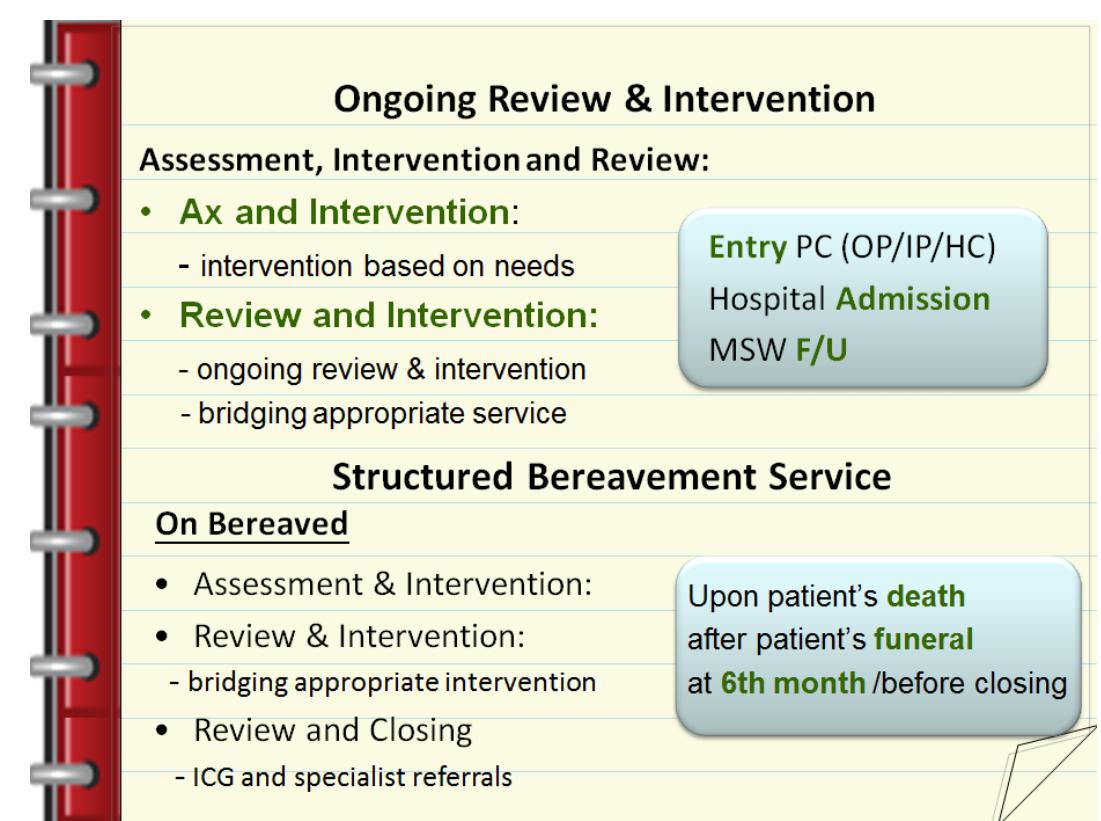
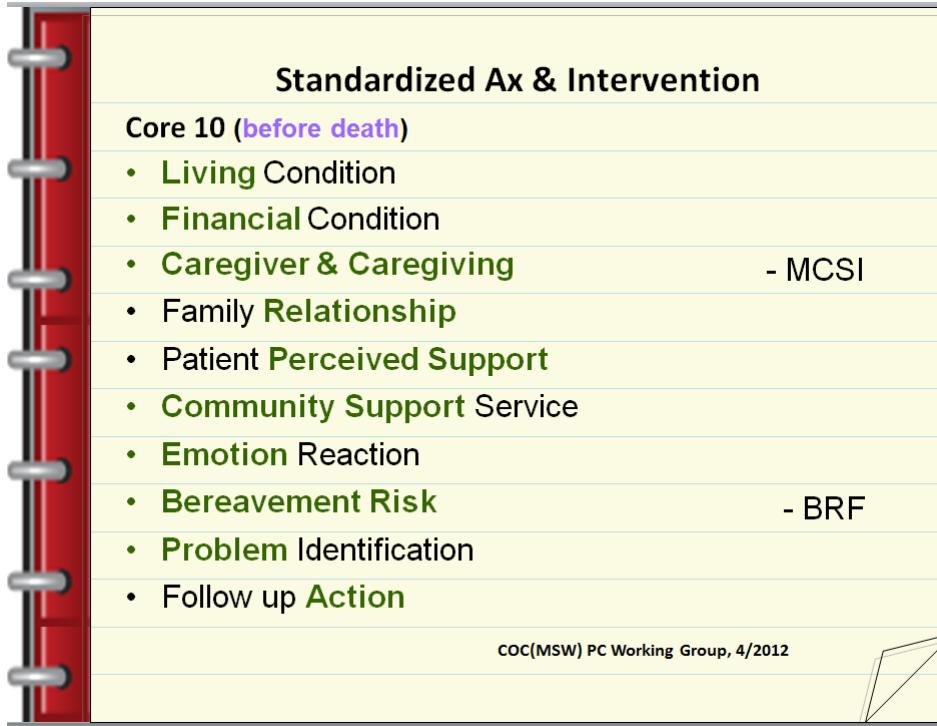


2000s
“building”

Roles & Contributions

PC Care Team

Transform the framework on Psychosocial Care into Operational terms



2000s
“building”

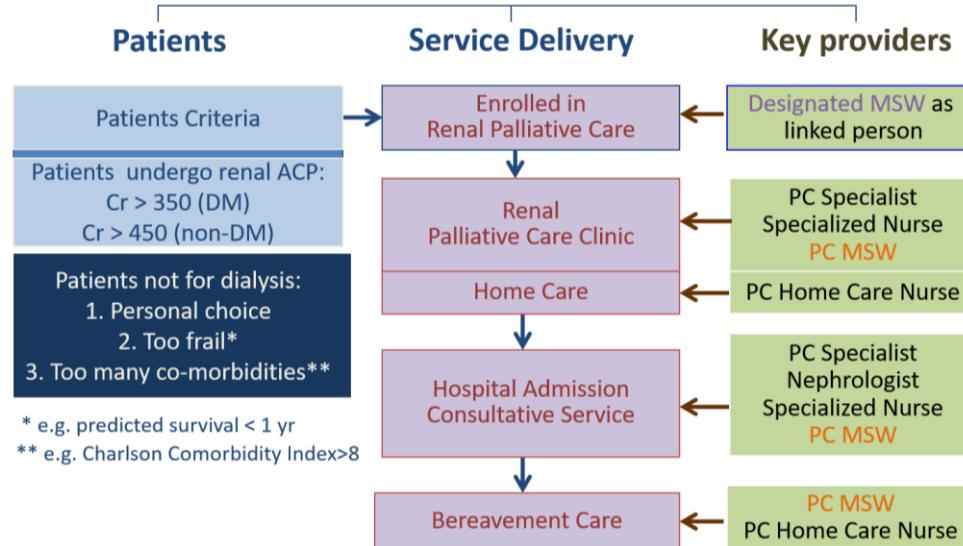
Roles & Contributions

Other
Health
Care
Team
Members

RPC* Service Model

* Palliative Care Service for End Stage Renal Disease

RPC Program in CMC



- Experience of a Renal Palliative Care Program in a Hong Kong Centre: Characteristics of Patients who prefer Palliative Care to Dialysis. *DMW Tse Hong Kong J Nephrol* 2009;11(2):p50-58.

Disease specific needs

- Disease specific treatment
- Advance care planning



+

Palliative care needs

- Advance care planning
- Symptom control
- Psychosocial issues
- Spiritual care
- Care for end-of-life
- Family support
- Bereavement care

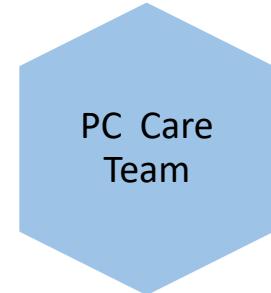
Collaboration of Renal & PC Team

➤ Role in Advance Care Planning

➤ Role as Linked person in service transition



Roles & Contributions



Teaching Post Registration Certificate Course for Nurses (Palliative Care)

- Social Support and Resources
- Support to Family & Caregiver
- Bereavement Support

2000s

“building”

Workforce

Manpower Available (Strength in full-time equivalent)	2006	2007	2012	2015
PC Social Worker (PC MSW)	7.5	5	8	8



30.5*

Enhance Psychosocial & Bereavement Care Program:
Application of Framework on PC Psychosocial Care
(8 PC Social Workers , 5 Clinical Psychologist)

* HA data at Oct 2015
(including additional
Workforce on PC unit &
internal top up)

Palliative Care Non-Cancer Service
(clinician, nurses, 7 PC social workers)

2000s

“building”

Training & Credentials

Core SW Training

PC SW Training

External

- Overseas Training & Attachment
 - e.g. PC certificate course, Cardiff University, UK
 - e.g. ACP facilitator certification course, Respecting Choices, US
 - e.g. Overseas attachment program for PC SW
- Overseas Accreditation Program
 - e.g. Fellow/Certified in Thanatology, ADEC, US
- Local Training (PC & Counselling)
 - e.g. Death & Dying / counselling therapies by NGO
 - e.g. Commissioned Training by PC Central Committee, HA
 - e.g. Hospital Clinical Journal Club

Internal

- One-off
 - e.g. training program on palliative and EOL care for medical social workers
- Structured
 - e.g. Work Based rotation training for PC social worker

The “good will” Era

The “Building” Era:

The Era

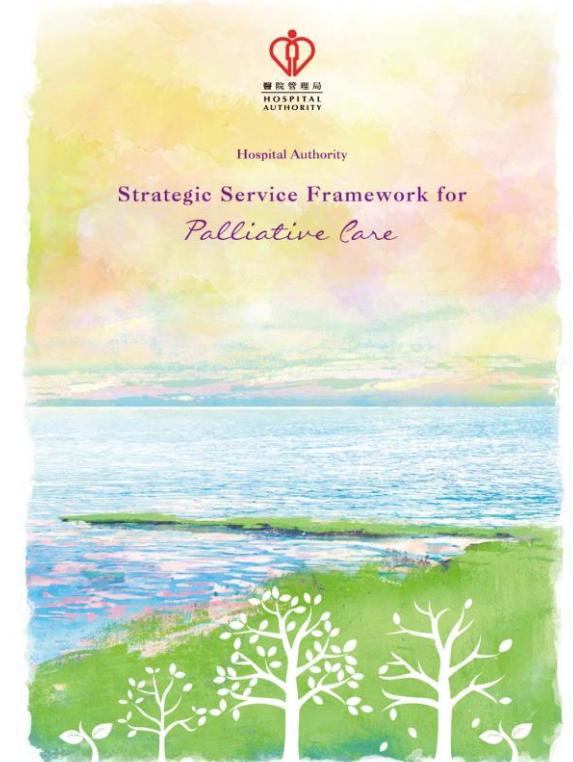


Workforce

Challenges ahead

2016 Moving from hospital to community PC & EOL care

2019 Moving from Unit based to Cluster based hospital PC service



“New & Ahead”

Workforce

- Workforce Planning Parameter for PC MSW
- Cluster based hospital PC service

Manpower Available
(Strength in full-time equivalent)

PC Social Worker



* evolving estimation

Hong Kong West

Queen Mary Hospital
Grantham Hospital*

FYK Hospital
Tung Wah Hospital
MMRC



New Territories East

Prince of Wales Hospital
Bradbury Hospice*
Shatin hospital

North District Hospital
AHN Hospital
Cheshire Home

Kowloon West

Princess Margaret Hospital
Caritas Medical Centre*

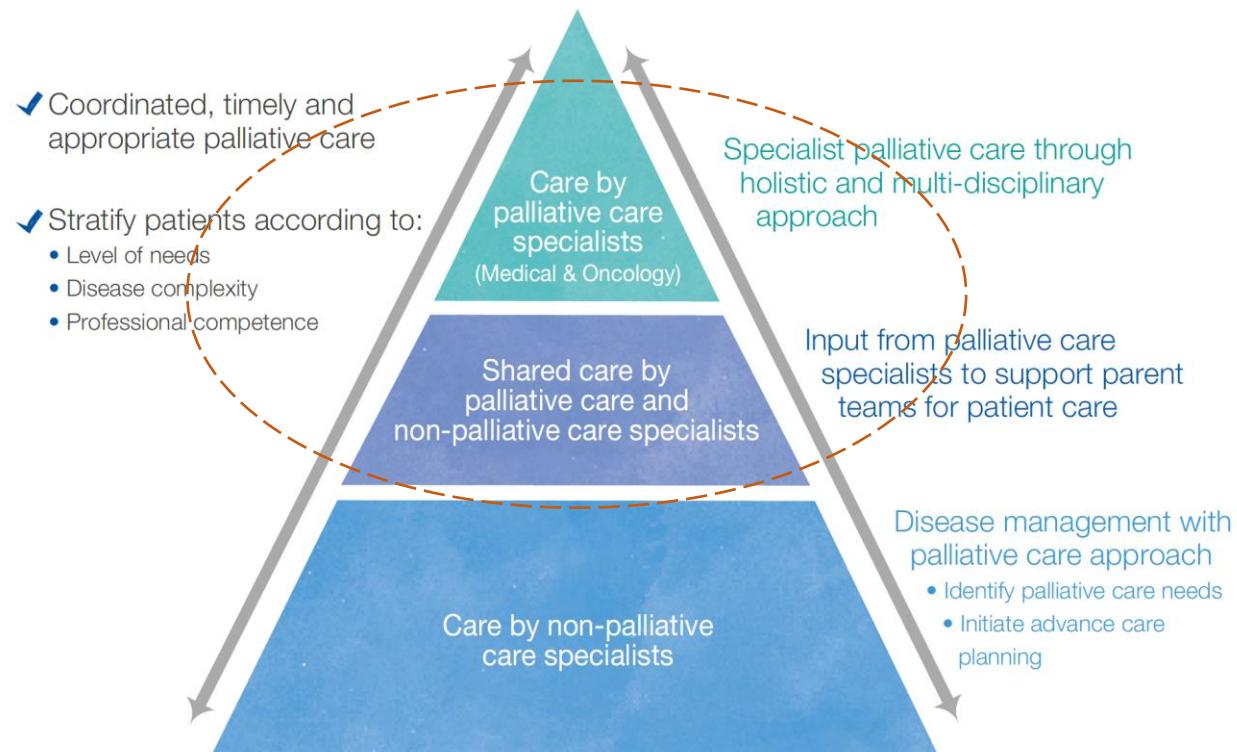
Yan Chai Hospital
Kwai Chung Hospital
North Lantau Hospital

“New & Ahead”

Roles & Contributions

Challenges ahead

Figure 7. Shared Care Model between Palliative Care and Non-Palliative Care Specialists



- Shared Care Role : parent ward social worker & PC social worker
- On-site EOL support Role in non-PC settings
- Role on management of complex psychosocial distress



Training & Credentials

Challenges ahead

- ✓ Core SW Training
- ✓ PC SW Training

➤ PC SW Higher Training

Post graduate / Research post graduate

Specific Accredited therapeutic Intervention

Sum Up

Workforce

- ✓ > 4-folds expansions in Workforce in hospital PC social work
- ✓ built new PC SW workforce in the community EOL care

Sufficient to meet all Needs ? If not, how should we move on ?

Roles & Contributions

- ✓ Medical (hospital) Social Work Role
- ✓ Support and Assistance on EOL, Death and Dying including Advance Care Planning, On-site grief support
- ✓ Bereavement Care
- ✓ Skills & Knowledge Transfer

The Quality? Outcome Measures?
Medico-social collaboration, How can SW contribute ?

Sum Up

Training & Credentials

- ✓ Structured Social Work Training & Qualification
- ✓ Availability of PC training by various training agency
- ✓ Lack of structured local higher PC training program and accreditation

Do we need an independent program or be a core in SW training ?



Thank YOU