Dying-at-home

A Cross-Specialty Multidisciplinary Effort to Fulfill the Last Wish of Terminally Ill Patients

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Good End-of-Life Care

Good Quality of Death and Dying

Good Quality of Life

Preferred Place of Care and Death

To stay at home in pre-terminal period:

37.2%

To die at home:

19.0%

Hong et al.
HA Convention 2010

Present scenario in HK

End-of-life care at home……

1. Intensive personal care
2. Disease and symptom burden
3. Lack of on-site medical support

Upon dying……

1. Invasive life-saving procedure (e.g. CPR)
2. Transfer of body to public mortuary (Death Before Arrival)

Support from a *cross-specialty* *multidisciplinary* team

KEC Virtual Ward Program

(PC physician & APN, Geriatrician, CNS)

1. Intensive nursing care
2. On-site medical support
3. Advance care planning

Collaboration between **UCH AED & PC Teams of UCH and HHH**

1. Avoidance of CPR if arrest
2. Last office performed in AED
3. Body retained in hospital mortuary

Nov 2011 ~ Dec 2012

Number of patients	**10**
Age (mean)	**84** years old
Sex (M:F)	3:7
Living with	Family 9 Friends 1
Disease profile	
Types of disease	Advanced **cancer**: 6 Advanced **organ failure**: 4 End-stage renal failure: 3 Advanced heart failure: 1
Palliative Performance Scale	Median 30% (Range 10-40%)
Advance Care Planning	**10**
Advance Directive	2

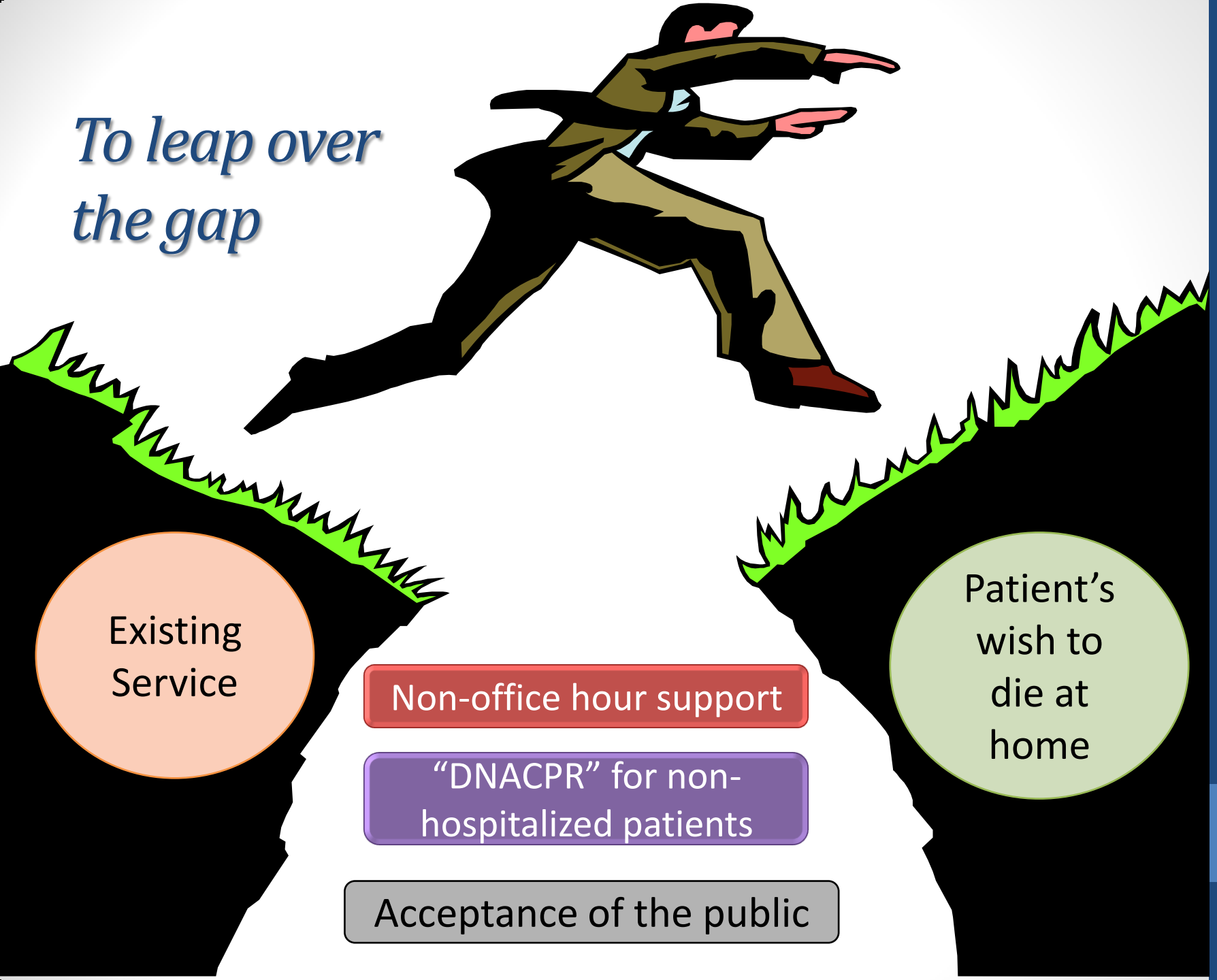
Service provision

Duration from recruitment to death	**Median 16.5 days**
Frequency of visit Nurse Doctor	 Once every 1.8 days Once every 7.9 days
Use of non-oral medication	
Parenteral hydration	8/10
Parenteral medication (Tramadol, Furosemide)	4/10
Per rectal medication (Diclofenac, Paracetamol, Diazepam)	4/10
Support to family/ care-giver(s)	**10/10: Continuous and intensive**

Pre-requisites for dying-at-home

- Clearly stated preference of **patient**
- Acceptance and support from **family**
- Full-time committed informal **care-giver(s)**
- Uncomplicated **symptoms** and **disease trajectory**
- Good **advance care planning**

To leap over the gap



Conclusion

- High quality **end-of-life care & dying at home** is ***possible*** with a concerted cross-specialty multidisciplinary effort

"Be it ever so humble,

There's no place like home."

John Howard Payne (1791-1852)