



**Service Priorities and Programmes**  
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**Use of advance directive in elderly patients: A pilot study**

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**Introduction**

Advance care planning is “a process of communication among patients, their health care providers, their families, and important others regarding the kind of care that will be considered appropriate when the patient cannot make decisions” Advance directive is an important part of advance care planning and recognized under the common law. Despite it is a familiar concept in western countries, knowledge of advance directive among Hong Kong general public, also in geriatric patients, is low.

**Objectives**

To promote the knowledge of advance directive among geriatric in-patients who are mentally competent and assess their acceptance of advance directive.

**Methodology**

Stable in-patients in geriatric ward with Mini-mental State Examination (MMSE)  $\geq 20$  and age  $\geq 65$  are included in the study. Educational pamphlets of advance directives are provided to patients and their relatives. Extra discussion session are arranged with geriatric specialist if needed. We also provide an opportunity for patients to accept and sign the advance directive form (standardized form provided by HA). If patient accepted the advance directive, we will alert the advance directive status in HA CMS system. Patients background characteristics and reason for accept/decline advance directives are collected.

**Result**

Over 20 eligible patients, 7(35%) had the advance directives whereas 13 (65%) did not. The mean age of study patients are 80.6 years old and the mean MMSE was 24.7/30. The mean Charlson score was 2.7 and the mean number of co-morbidities of study patients was 3.9. Only one patient had active cancer. Patients accepted advance directives usually lived alone (85.7%) and had poor social support (85.7%) when compared with patients declined advance directives (30.7% and 15.4% respectively) and were all statistically significant. The main reason for patients to accept advance directive was to avoid suffering (71.4%) while the main reason for patients to decline advance directive was to let the family members decide for them (69.2%).