



**Service Priorities and Programmes  
Electronic Presentations**

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**To describe the experience of the EOL programme in the AED of Queen Mary Hospital.**

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**Introduction**

The primary duty of an emergency physician is to save lives. Unless there is explicit indication to the contrary, all dying patients in the Accident & Emergency Department (AED) are presumed to want life-saving treatments. However, not all such patients would benefit from or want to have these treatments. Examples are patients who are severely crippled by a chronic illness, whose illness is at an advanced stage or who are suffering from an irreversible illness. Instead of aggressive life-saving interventions, the provision of a peaceful environment during the end of their lives may be more desirable. To achieve this purpose, a pilot end-of-life (EOL) programme targeted the elderly inmates of residential care homes in the Hong Kong West Cluster was implemented in 2010. It involves a collaboration between the AED, the Clinical Oncology Department and the Community Geriatric Assessment Team.

**Objectives**

To describe the experience of the EOL programme in the AED of Queen Mary Hospital.

**Methodology**

The AED notes of all patients recruited into the EOL programme and passed away in the AED from 1 Jan 2010 to 31 December 2013 were reviewed. Descriptive statistics were used for data analysis where appropriate.

**Result**

Nine patients recruited passed away in the AED during the study period. Four were male and five female. The mean age was 88 years and the range was 80 – 96 years. Five patients were recruited because of terminal malignancy. Two fell into the category of organ/system failure and two in the dementia/frailty category. When they were transferred to the AED, they were either managed in the observation area of the AED or the Emergency Medicine ward. No resuscitative intervention, either on the ambulance or in the AED, was performed. Their death certificates were signed by the medical staff of the parent team. Their bodies were then transferred directly to the hospital mortuary. Conclusively, this pilot programme has been successfully implemented. However, there is still a lot of room for development. It may be

worthwhile to promote the idea of dying a good death to the public.