

QUESTIONNAIRE

Please use Acrobat Reader DC (2017 or above) on a personal computer, running in Microsoft Windows or Mac OS, to complete the E-Form.

To help us collect your opinion on Advance Directives and related End-of-Life Care Arrangements as set out in the consultation document we would appreciate if you would take a few minutes to complete this questionnaire. Please tick the box that best represents your views .

Name: _____ Telephone: _____

Email Address: _____

Organisation: _____

		Agree	Disagree	Remarks
Advance Directives				
1.	Do you think that the public at large is ready to accept the concept of advance directives?			
2.	Do you think that there should be clear legal provisions for advance directives, or Hong Kong should continue to rely on the common law framework?			
3.	Do you agree with the fundamental principles set out in paragraph 4.8?			
4.	Do you agree that an advance directive must be made by a mentally competent person who is aged 18 or above to be legally valid?			

		Agree	Disagree	Remarks
5.	Do you agree that artificial nutrition and hydration should be covered under an advance directive and can be withheld or withdrawn according to the patient's wish?			
6.	Do you agree that the primary objective of an advance directive should be for advance refusal of life-sustaining treatments to minimise distress or indignity when the patient faces a serious irreversible illness?			
7.	Legally, there is no limitation for healthy individuals signing an advance directive. Do you agree that the public is sufficiently aware of the pros and cons of making an advance directive when healthy?			
8.	Do you agree that a person may revoke or modify an advance directive at any time?			
9.	Do you agree that an advance directive must be made or modified in writing?			
10.	Do you agree that both verbal and written revocation of an advance directive should be accepted?			

		Agree	Disagree	Remarks
11.	Do you agree that a legally-valid advance directive must be witnessed as safeguard?			
12.	Do you agree to the proposed arrangement to require two witnesses for making and modifying an advance directive, one of whom must be a medical practitioner, and both witnesses should not have an interest in the estate of the person making the advance directive?			
13.	Do you agree that written revocation of advance directive need not be witnessed to avoid imposing unnecessary hurdles?			
14.	Do you agree that, when a single family member/carer reports that the patient has verbally revoked his/her advance directive before becoming mentally incapable, a second witness is not required before the treatment provider considers the advance directive is no longer valid?			
15.	Do you agree to the use of a model form for making advance directives, rather than a statutory prescribed form, to be legally valid?			
16.	Do you think that the proposed safeguards to ensure validity of an advance directive are sufficient?			

		Agree	Disagree	Remarks
17.	Do you think that the “pre-specified conditions” in the proposed non-statutory advance directive model form should cover (a) terminal illness, (b) persistent vegetative state or a state of irreversible coma and (c) other end-stage irreversible life-limiting condition, or any conditions as pre-specified by the person?			
18.	Do you think that the proposed safeguards to ensure the applicability of advance directives are sufficient?			
19.	Do you agree to allow emergency rescue personnel to accept advance directives with signed DNACPR forms attached and not attempt CPR?			
20.	Do you agree to the use of a model DNACPR form, rather than a statutory prescribed form?			
21.	Do you agree to allow emergency rescue personnel to accept DNACPR form without an advance directive and not attempt CPR for the reason that there is consensus between the healthcare team and family members that this is in the best interests of the patient who is unable to make an advance directive?			

		Agree	Disagree	Remarks
22.	Do you agree that the advance directive document may be recorded in eHRSS?			
23.	Given the possibility of a time lag between the latest status of advance directives and records in eHRSS, eHRSS may not contain the most up-to-date and accurate records. Do you agree to the proposal that storage of advance directive records in eHRSS should be voluntary?			
24.	Do you agree that the original advance directive document should still be required as proof of a valid advance directive, even when an advance directive record could be found in eHRSS?			
25.	Do you agree that it is the responsibility of the individual/family to draw the attention of emergency rescue personnel to the existence of an advance directive?			
26.	Do you agree with the proposed arrangements on liability?			
27.	Do you think that medical professionals should also be exempted from disciplinary proceedings for professional misconduct for a decision made by him/her in good faith and with reasonable care?			

		Agree	Disagree	Remarks
28.	Do you agree with the proposed consequential change to the Mental Health Ordinance to remove the potential conflict?			
Dying in place				
29.	Do you agree that, as a prerequisite to promote dying in place, the relevant provisions of the Coroners Ordinance should be amended to exempt certain deaths in RCHEs from reportable deaths?			
30.	Do you think that the proposed safeguard for RCHE residents is sufficient if deaths in RCHEs may be exempted from reportable deaths?			

Other views:

THANK YOU FOR YOUR FEEDBACK.

Please provide your written submission on the consultation issues or complete the Questionnaire and return to us **on or before 16 December 2019** through the contact below:

Address: Food and Health Bureau
(Attn: Assistant Secretary for Food and Health (Health) 6B)
19/F, East Wing, Central Government Offices
2 Tim Mei Avenue, Tamar
Hong Kong
(Re: End-of-life Care: Legislative Proposals on Advance Directives and Dying in Place)

Fax: 2840 0467

Email: eolcare@fhb.gov.hk

PERSONAL DATA COLLECTION STATEMENT

1. It is voluntary for any member of the public to supply his/her personal data upon providing views on the consultation document. Any personal data provided with a submission will only be used for this consultation exercise. The submissions and personal data collected may be transferred to the relevant Government bureaux, departments or agencies for purposes directly related to this consultation exercise. The relevant parties receiving the data are bound by such purposes in their subsequent use of such data
2. The names and views of individuals and organisations which put forth submissions in response to the consultation document (senders) may be published for public viewing after conclusion of the consultation exercise. FHB may, either in discussion with others or in any subsequent report, whether privately or publicly, attribute comments submitted in response to the consultation document. We will respect the wish of senders to remain anonymous and / or keep the views confidential in relation to all or part of a submission; but if no such wish is indicated, it will be assumed that the sender can be named and his/her views be published for public information.
3. Any sender providing personal data to FHB in the submission will have the right of access and correction with respect to such personal data. Any request for data access or correction of personal data should be made in writing to the contact specified above.