Sponsored by TUYF Charitable Trust, the symposium was held on 22 October 2016. There were over 430 healthcare professionals from various clinical settings to attend this symposium. We are honoured to have Prof. Sophia Chan, Under Secretary for Food and Health Bureau as our guest of honour for opening ceremony. The presentation topics included “Family therapy at end-of-life care” by Prof. Joyce Ma, “From loneliness to existential loneliness” by Dr. Raymond Woo, and “End-of-life care for persons with intellectual disability: Are we prepared for it?” by Dr. Amy Chow (listed in order of presentation). Each topic had exemplified its importance in palliative care. Life-threatening disease affects more than an individual, but one’s family. Family therapy may facilitate a maladaptive family to cope during this crisis period. Existential loneliness is one of the existential distresses that often under-diagnosed but challenges our care. Whereas end-of-life care among persons with intellectual disability has received little attention until recent years.
Dr. Helen Chan also shared her insights on “Communication in Serious Illness: An Innovative Approach to Clinical Care and Quality Improvement” during the overseas sharing session after lunch. It is interesting to explore the application of this model locally for end-of-life talk.

There are poster and oral presentations of free papers in which the colleagues were invited to share their experiences and fertile research results. The outstanding presentation awards go to two oral presentations: “Application of stepped-care model on psychosocial services for palliative care patients and caregivers in Hong Kong” by Ms. Chan Yin Man and “The correlation between sleep quality and symptom burden among cancer patients receiving palliative care in Hong Kong. PACCSSIVE-1” by Ms. Joyce Au. Prof. Joyce Ma and Ms. Amy Yan further elaborated on “Family assessment and intervention at end-of-life care” during afternoon workshop, while cases were shared to illustrate the essence of family therapy for family facing end-of-life issues.

The hard work of the Organising Committee and the passion of the participants have made the Symposium a success this year. We look forward to seeing you all next year.
Family has assumed primary responsibility in caring for a dying patient. Family therapy conceptualizes the end-of-life care in interactional terms, which means that close relationships are both influencing and being influenced by the patient’s dying, and the challenges arising from the patient’s care. In this presentation the author described the conceptualization of end-of-life care for dying patients in the light of a systemic and developmental framework, identify critical issues that may facilitate or hinder the acceptance of death, and highlight the therapist’s roles in helping in this critical stage of life, using a case illustration. The author revisited positive values of family, namely loyalty, responsibility, tolerance and kindness, in Chinese societies such as Hong Kong and their potential contributions in family healing.

Loneliness has been defined as an aversive state experienced by a being when there is discrepancy existed between the interpersonal relationship one wishes to have, and those that one perceived they currently have. (Peplau & Perlman 1982) The loneliness of dying process is an unique experience which can be classified into social, emotional and existential perspective. (Ettema et al. 2010, Cherry & Smith 1993) Death brings separation which results in isolation. The isolation can be external (due to physical separation) as well as internal (a state of disconnection), and loneliness is the negative experience of isolation.

Our population is ageing and the size of our families is getting smaller. Loneliness has gained more academic and social attention than ever. Patients in palliative care setting are at risk of developing loneliness in view of poor health. (Victor et al. 2005, Sergin & Passalacqua 2010) On the other hand, loneliness is associated with mental health problem as well as increased mortality. (Coyle & Dugan 2012, Luo et al. 2016) Moreover, recent local study postulated that feeling lonely may be the hindrance of accurate pain report and patient will be at risk of suboptimal pain control. (Chan et al. 2014)

Loneliness has been regarded as one of the most important factors in euthanasia request. Up till now, the interventions aiming loneliness reduction have mixed results and most of them are not targeted at patients with end-of-life care. Most of the interventions were focusing on inter-personal loneliness rather than existential loneliness.

Loneliness is the most serious threat of mankind in the 21st century. In this era of over-medicalization, let’s not forget the essence of therapeutic relationship and the power of connection by human touch.
As identified by the Census and Statistics Department of Hong Kong in 2014, there were 71,000 to 101,000 persons with intellectual disabilities (PIDs) in Hong Kong. The 1% prevalence rate is consistent with the international scene. In the past, PIDs are considered as having limited capabilities. Thus they are mostly exempted from the planning and decision-making process related to the care plan in their final stage of life. With the increase of life expectancy of PIDs as well as recognition of their equal participation, there are growing numbers of research and services on life and death issues for PIDs around the world. In this presentation, the challenges faced by PIDs in receiving end-of-life care were discussed. Specifically, it addressed the perceived barriers in comprehending death and death-related choices, comparing the options and communication of preferences by the PIDs. Also, the new initiatives related to end-of-life care for PIDs around the world were illustrated. In particular, the experiences in United States, United Kingdom, and Australia were introduced. Findings of recent research on PIDs in Hong Kong were elaborated. Studies show that PIDs do have reasonable comprehension over death. The experiences of Life and Death Education with PIDs and their parents in Hong Kong also reflect optimistic feasibility with impact. Lastly, visions and implications for future development in preparing end-of-life care for PIDs were outlined.

Advance care planning (ACP) provides an opportunity for patients to clarify their goal of care and thus is a crucial component in end-of-life care. There have been a number of initiatives on promoting ACP in Hong Kong over the past few years, yet, many clinicians still found it uneasy to initiate the conversation or were uncertain about what to be covered in the conversation. To learn more from overseas experience on overcoming these challenges, Dr. Chan had attended an intensive training course offered by the Harvard Medical School in July. In this sharing session, she shared with the audience the Serious Illness Conversation Guide, an evidence-based structured communication guide for end-of-life care discussion, and how it may be integrated into our care practice.
Taking care of a family member at the end-of-life is a challenge as well as an opportunity to Chinese families in Hong Kong. In the belief that families are resourceful and resilient, a family therapist aims to assist these families to make use of their own strengths and assets to overcome difficulties and struggles in this critical stage of life and achieve a better quality of life. A family therapist would help these families to resolve some of the common issues that they may be facing, which include: (a) a patient’s strong wish to die without pain and his/her family’s psychological resistance to let go; (b) tension and distress arising from the patient’s increasing caring demand; (c) a family being stunted with unresolved past issues, which may have hindered them to provide quality care for the patient; and (d) divided opinions among different caregivers regarding the home-care plan.

The learning objectives included the following:
(a) To identify common clinical issues faced by patients and their families in the end-of-life care;  
(b) To equip with a systemic-developmental framework in family assessment and treatment;  
(c) To be informed about the post-modernist view of family assessment and treatment; and  
(d) To adopt a lens of cultural humility in family assessment and treatment.

Experiential in nature, this half-day workshop comprised of a brief lecture, video-tape presentations and group discussion.

Outstanding Presentation Award

Free Paper 4: Miss CHAN Yin Man  
Psychology Assistant, Our Lady of Maryknoll Hospital

Free Paper 6: Miss AU Lok Sze, Joyce  
Medical Student, The Chinese University of Hong Kong