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## **End of life care in An Emergency Department**

# End of life care : a matter beyond life and death...



Accident & Emergency Department,  
Queen Elizabeth Hospital



Osiris Room, a side room in Emergency  
Medicine Ward

As an emergency physician, we are trained to resuscitate lives. In Hong Kong, we do not discuss death and dying openly. Death is the last great taboo in our Chinese society. Promoting the end-of-life (EOL) care in the Emergency Department of Hong Kong seems to double the challenge and difficulty, and yet Dr. Ho Hiu Fai, the Chief of Service of the Accident and Emergency Department of Queen Elizabeth Hospital, is the pioneer in this context.

Every individual has different preferences and ideas concerning what would constitute a "good death". For many this may involve :

- Being treated as an individual with respect and dignity
- Being without pain or minimal symptoms
- Being in the company of close family members or friends
- Being in familiar environment

Over the past years, various amount of work has been done internationally to highlight the profile of EOL care. People who are approaching the end of life need access to medical care and social support.

For many the form of medical care may no longer be aggressive management but comfort and holistic care with emphasis on respect and dignity instead. Prior discussion and agreement with patients and their close relatives would be initiated by health care personnel at best when patients are not too ill.

# End of life care : a matter beyond life and death...

In Hong Kong, there is a lack of community service in EOL or palliative care, resulting in some people being admitted to hospital as an emergency rather than being cared for in their wished place of residence.

Emergency Department, as a gateway, may take the opportunity to implement the end-of-life care for selected patients. Dr. Ho has contributed to the development of Emergency Medicine's vision for end-of-life care in Hong Kong.



# The beginning...



EOL service was started in the Emergency Department of Queen Elizabeth Hospital in September 2010.

A multidisciplinary team including emergency physicians, nurses, clinical psychologists, chaplain and social workers would work together to support the patients and their family members medically, psychologically, emotionally or sometimes, financially.

A single room, Osiris\*, with flexible 24-hour visiting access, is located in the Emergency Medical Ward which facilitates and encourages family support in the last hours of the patient.

Comparing to hospice or palliative care unit, EOL in the acute care setting of Emergency Department has been even more challenging and emotionally demanding, yet it can also be immensely satisfying.



A corner of Osiris room, with warm decorations

A comfortable place, with respect and dignity



# The beginning...

Traditional training in emergency medicine inevitably focused on resuscitating the critically ill. However, in EOL care, death would be inevitable but did not mean a failure of care in this context.

With appropriate case selection and adequate counseling and support by trained personnel, EOL was recognized to be successful and positive feedbacks were received from both staff and families. From 1<sup>st</sup> September 2010 till late September 2012, about 140 patients had been under the EOL care of our department.

\*Osiris – was an Egyptian God, usually identified as the god of the afterlife, the underworld and the dead.

Extension of EOL consultation to cover other medical wards since November 2011 had led to improvement in collaboration with geriatric palliative care team of the Department of Medicine and also optimization of full utility of the “Osiris”.



# The future...

The success of the EOL care in Emergency Department would depend on many factors.

Development of the EOL care workforce is essential to the delivery of physical, psychological, social and spiritual care to the needed.

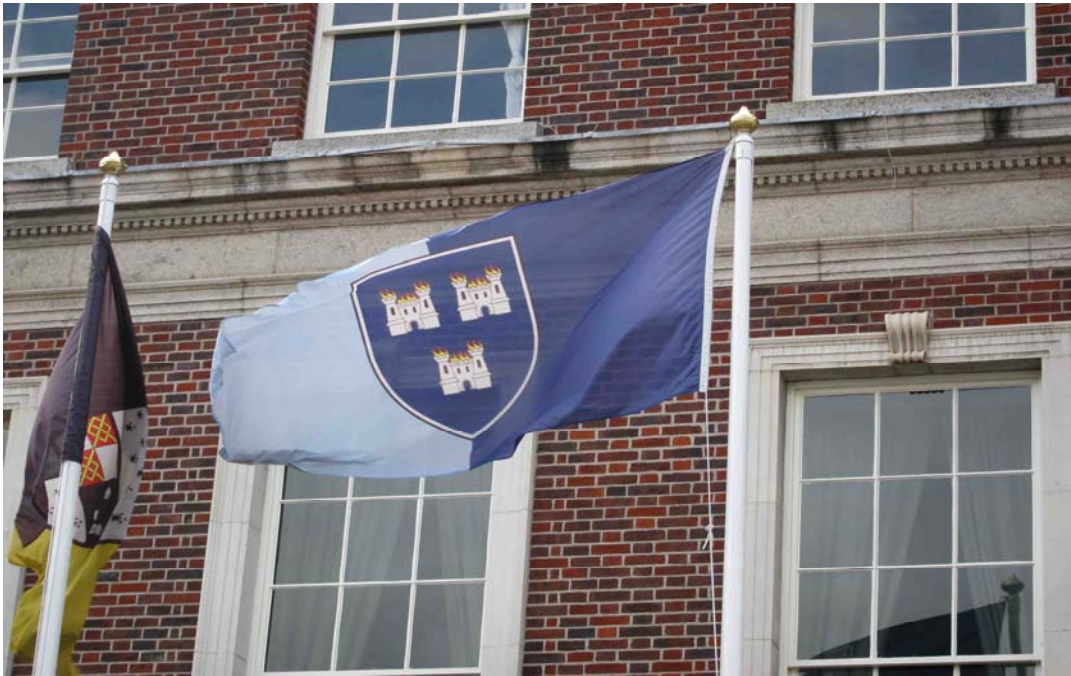
Improvement in public awareness of the end of life care in the society would take time. A cultural shift in attitude and behaviour related to death and dying have to be achieved within the general public as well as health care staff.

The foreseeing goals of EOL care strategy may tentatively be reduction in unnecessary hospital admissions, high quality community palliative care team and increase in acceptance of “home deaths”.

New changes would be continuously appeared in many different levels and frameworks to turn the vision set out in this strategy into reality.



# Photo gallery of ICEM 2012 - Dublin



# Photo gallery of ICEM 2012 - Dublin



# Photo gallery of ICEM 2012 - Dublin



ICEM 2014 Booth - Preparation

# Photo gallery of ICEM 2012 - Dublin



ICEM 2014 Booth - opening ceremony



# Photo gallery of ICEM 2012 - Dublin



Promotion of ICEM 2014

# Photo gallery of ICEM 2012 - Dublin



Promotion of ICEM 2014 - Performance in Gala Dinner

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