



## **Chief Executive's Speech Hospital Authority Convention 2016 – 3-4 May 2016**

### **Travelling Life's Journeys Together**

Minister Wang, Dr Ko, Professor Leong, distinguished guests, colleagues, ladies and gentlemen – good morning.

It is my great pleasure to welcome you to the 2016 Hospital Authority Convention.

HA is celebrating its 25th anniversary this year. In marking this historical milestone, we have many reasons to look back on what the Authority has achieved over the past quarter of a century.

Driven forward by an unwavering mission to help people stay healthy, we have developed to become one of the world's leading public healthcare service providers. Colleagues past and present have worked hard to continually enhance the quality and breadth of our services to meet the changing needs of the community. Hong Kong now enjoys a very low mortality rate and the highest life expectancy rate in the world. In 2014, life expectancy at birth was 81.2 years for men and 86.9 years for women.

HA Chairman Professor John Leong mentioned several key HA statistics in his welcome address. To echo that and add a bit more: our specialist outpatient attendances have increased by 130% from 3.2 million two decades earlier to 7.3 million last year. Over the same period, primary care attendances have risen nearly seven times from 800,000 to 6.3 million.

Throughout our history, our achievements have been enabled by our capacity-building initiatives, such as infrastructure and organisational development, a strong emphasis on professional training and quality standards, and the adoption of new medical technologies. These factors remain as crucial to HA's services today as in the past.

The professionalism of our staff and our wide-ranging efforts to engage with our stakeholders are also instrumental in our accomplishments. In addition, we continue to seek out new healthcare service models that will enhance our effectiveness and efficiency.

## **Challenges Ahead**

Hong Kong's evolving demographic and social landscapes continue to have profound impacts on how we deliver public healthcare services with limited resources while managing community expectations.

According to the latest projections, Hong Kong's population will increase from 7.2 million in 2014 to a peak of 8.2 million in 2043, after which it will fall to around 7.8 million in 2064.

Adding to this challenge is the ageing population trend. The proportion of elderly people aged 65 and above is expected to rise markedly from 15% in 2014 to 33% in 2064.

While social and economic development continues to improve prospects for more elderly people to live longer and enjoy healthy, active and independent lives, the old old age group is associated with disability, loss of independence and functional impairment. We are also witnessing the increased prevalence of chronic and more complex diseases. In 2014, 75% of elderly people were suffering from one or more chronic conditions and this figure is on a rising trend while people are living longer.

Further, a decline in the proportion of young people is having an impact on traditional family support structures and a greater reliance on external care services for the elderly is leading to louder collective calls for more institutional care and community support.

The chance of hospitalisation for elderly individuals is about four times greater than that for younger people. And this already high rate rises dramatically in the year leading up to death, with the service utilisation rate of elderly patients in the year before they pass away averaging 10 times more than that for those discharged alive.

## **Looking Back To Move Forward**

In Hong Kong's rapidly evolving demographic and social environment, it is vital for HA to reflect on our progress and experiences over the past 25 years, and to use the knowledge we have gained as a springboard for meeting the challenges ahead and planning for the future.

While we remain consistent in our overarching objectives, how we cope with the challenges must be under continual review to ensure we are pursuing the most effective strategies based on the social environment, our available resources and changes in medical technology and practices.

Our current planning already recognises the pressing need to make sure we can adequately meet the healthcare demands of the future. We continue to take steps to ensure that our acute service capacity will keep pace with public demand, especially during the winter surge period, and that our rehabilitation facilities support new models of healthcare service delivery.

But adequate provision of acute services is just one part of the longer term healthcare puzzle. Hong Kong's ageing population makes it increasingly urgent that we find ways to effectively and compassionately manage more patients suffering from sustained illness and chronic health conditions. These issues are among the key considerations as we work to shape the strategic priorities and direction of our 2017-22 Strategic Plan to meet our medium-term needs.

### **From short-term cure to long-term care**

Faced with the changing demands and pressures on healthcare services, can our existing models of care adequately meet the needs of our ageing population over the long term? We must broaden our thinking to not only consider different service delivery models and how we should realign our operations, but also to what we understand as 'care' in our search for responses to current and future challenges, and in identifying gaps in our services.

The origins of our public healthcare system grew out of a different set of social circumstances, with a dominant focus on acute care services and curative solutions to discrete medical conditions.

In this much changed social environment, it is no longer sufficient to focus solely on quantitative metrics such as surgical outcomes and demand on acute services. We must take a more holistic approach to health, which includes recognising the value and importance of greater engagement with patients, their families and other stakeholders to better understand their perceptions of 'quality of life' and giving them greater say in managing their care, particularly in the last years of their life journeys. We must explore the implications of the shift from short-term cure to long-term care that is already underway. We should always be asking ourselves: "Have we heard our stakeholders' wishes? Have we done what they want us to do?"

We must avoid focusing solely on what is possible at the expense of what is practical or what is preferred. Our actions should emphasise the importance of helping individuals to live well and, when the time comes, to die with dignity.

### **Planning for what matters**

Palliative care must play an increasingly important role in enhancing HA's ability to handle the rise in chronic disease management, offer support and comfort to patients and their carers, and use finite resources to optimise healthcare effects.

Some patients, carers and even colleagues incorrectly perceive palliative care as the 'treatment option of last resort'. In fact, palliative care is a continuum of specialised inpatient, outpatient and community-based physical and psychological care services provided in various settings. It should be viewed as a fully integrated element of the broad conceptual idea of holistic, patient-centred care.

In the journey of a patient's life, there is little contradiction between the objectives of acute, long-term and palliative healthcare services when we remind ourselves that the focal point at the centre is his or her well-being.

We provide healthcare services to people at every stage from birth to death. In the last stages, palliative care can reduce the unnecessary use of acute care services, invasive interventions and futile medical procedures. It is a crucial element in giving individuals greater choice as part of new patient-centred and community-based models of care. A healthcare approach that embraces compassion and altruism should serve patients nearing the end of their lives with love and respect.

### **HA's palliative services**

We understand that despite our efforts in this area, there is still a long way to go. We will soon begin formulating a strategic service framework for palliative care. This will provide concrete guidance in the development of service models and system infrastructure, and for addressing the existing and anticipated gaps in HA's palliative care services over the next five to 10 years.

Palliative care coverage for cancer patients in HA was less than 70% in the 2012-13 review - a figure that sits some way below the World Health Organization recommendation of 80%. And for non-cancer patients, we have even more work to do.

We currently have about 360 palliative care beds across our network. Although inpatient capacity is not the only solution to meeting community needs over the longer term, we must take steps to address service gaps as demands on healthcare services continue to evolve. However, it is clear that more palliative services will need to take place outside formal hospital settings in the future if we are to meet the growing need.

We must improve our ambulatory and outreach services, encourage closer collaboration between palliative care professionals and other healthcare specialists, and provide non-medical community-based caregivers with practical support as part of an overarching goal to deliver ‘continuity of care’, personal choice and greater certainty to individuals with terminal or end-stage conditions.

### **Home is where the heart is**

A recent local study highlighted that many elderly people wish to live and receive care services in a community with familiar faces in the last stages of their life journeys.

The current reality, however, is that most people die in hospitals. In 2014, there were close to 46,000 registered deaths in Hong Kong, of which about 90% presented to HA facilities. Further, hospitals remain the primary focus of palliative and end-of-life care services.

With the annual number of deaths projected to rise by 50% to 69,000 by 2035 and to double to 92,000 by 2046, there is an urgent need to develop and promote alternative solutions for palliative and end-of-life care.

We have a growing mismatch not only in terms of infrastructural and human resources, but also with the elderly care and end-of-life preferences of many people in Hong Kong.

### **Breaking down barriers to change**

Giving individuals more certainty, control and choice over planning for the final stages of their lives, however, will require overcoming a variety of social, institutional and legal barriers.

There are many unpredictable aspects to our lives, but death is not. While social attitudes are slowly changing, the topic of death remains largely a taboo subject. Changes in the healthcare sector alone are not enough. We must create a social and cultural environment that normalises discussion of this final inevitability in our life’s journey, and makes related decision-making part of a responsible attitude towards personal well-being and health.

While it is natural for families to want to feel that all possible measures have been taken in end-of-life situations, individuals often emphasise familiar surroundings, good pain management, the preservation of personal dignity, respect for personal choice and preferences, and the company of loved ones and friends as the most important elements of a ‘good death’.

In addition to building on our in-house resources, we must collaborate more closely with community organisations to promote life and death education, and develop community-based services for end-of-life care planning and bereavement support.

Among elderly people who die in HA facilities, about 40% live in residential care homes. We can provide more support to these individuals by leveraging existing community infrastructure and by using training, technology and outreach initiatives to facilitate better community-based care.

Working with the Government, we shall strive to encourage the development of a more robust policy and legislative framework that facilitates advanced care and end-of-life care planning, as well as for the greater provision of palliative care outside formal hospital settings.

We must ensure our healthcare workers are equipped with the knowledge and experience needed to provide appropriate care in this regard. We must help them navigate the tension that can exist between good end-of-life care planning and traditional, purely ‘curative’ treatment models. We must also ensure our colleagues possess the necessary interpersonal and communication skills to sensitively engage with people in stressful and emotionally distressing circumstances.

### **Acting now for future needs**

A far-reaching shift in attitudes, expectations and our ability to fulfil future healthcare norms will need long-term planning not only to develop and construct new infrastructure and institutions, but also to educate, encourage and inspire in all walks of life.

As part of our long-term development plans, I am grateful to the Hong Kong Government for its support in making a HK\$200 billion provision for a 10-year hospital development plan that will not only increase our service capacity but also facilitate future shifts in service delivery models.

IT-based solutions are playing an increasingly valuable role, particularly in providing common platforms that can be accessed from remote and offsite

locations. Nevertheless, this is just one of the ways in which we can support a shift towards more ambulatory and community-based models of care and make more effective use of our resources.

We must also remind ourselves that technology will remain a supplement and not a substitute for the refined skills and personal touch of our healthcare practitioners.

### **The fulfillment of choice**

In a complex social environment, there are no easy solutions to meet our future healthcare challenges.

But while societal influences such as population growth and ageing trends are outside our control, our choices over service delivery models and how we encourage patients to participate in managing their personal healthcare will have a major impact on how we meet our obligations.

We must all acknowledge that, unlike Superman, we are mortal and our lives have limits. But, as mortals, we can still aspire to act like superheroes – to be everyday Batmen by showing compassion and respect, helping others and working as a positive force throughout the course of our lives.

One way in which we can help ourselves and our loved ones is through holistic, long-term planning. To take myself as an illustration, just as HA makes annual and longer term strategic plans, I have short, medium and long-term priorities and objectives, and have made personal plans for different stages of my life. We plan for a diverse range of things, including achieving our education goals, pursuing our long-term dreams, starting our career, and taking up new challenges. We must also include planning for later in life or for unexpected turns in our healthcare circumstances. Having greater certitude in distressing times will ultimately help provide greater comfort for all.

If I may speak personally for a moment, it is my sincere hope that, when it is time for me to embark on the last stage of my life's journey, I can play an active role in decisions on how, where and with whom I would spend my remaining time. I wish I can play a football game – albeit, perhaps, at a much slower pace than in my younger years – on the pitch at my dear old school and enjoy my favourite pineapple bun at a *cha chan teng* (Hong Kong-style cafe) before I celebrate the graduation of my life. Just as we make choices to bring greater fulfillment, happiness and security to our lives, we can and should make choices regarding our final stages and in support of dying with dignity and peace in a loving environment and filled with precious memories.

In planning for a ‘good death’, we can create better lives for ourselves and our loved ones by reducing uncertainty and fear.

HA’s mission to help people stay healthy is underpinned by a belief in whole-life well-being – from birth to death. With the strong support of our dedicated staff, patients and the broader Hong Kong community, we will help current and future generations of people in Hong Kong enjoy rich, active and fulfilling lives, and, when the time comes, to experience a good death that is just the last of many blessings in one’s life.

Thank you.