patients with advanced cancer in an acute regional hospital.

Method
Standardized measurement tools including the Desire for Death Rating Scale (DDRS), Hospital Anxiety and Depression Scale, Herth Hope Index, Memorial Symptom Assessment Scale and Norbeck Social Support Questionnaire were used to assess consenting participants.

Results
High DHD was reported in 38% of subjects. Strong correlation was shown between DDRS scores and markers of depression, hopelessness and physical symptom distress. Patients with tertiary education or above also reported significantly higher DHD. By logistic regression, depression and hopelessness were shown to be predictive of high DHD.

Conclusion
The desire for hastened death in advanced cancer patients is significantly correlated with depression, hopelessness and physical symptom distress. Further studies are needed to investigate on the mechanisms and possible rooms for the intervention of these factors in managing DHD of Chinese cancer patients.

Systems Dynamics in the Community Care Pathway at the End-of-Life:: the Hong Kong Experience

Michelle TAM Y.J.*, C.L.W. CHAN, J.K.H. LUK, F.H.W. CHAN, C.W.K. CHAN, C.H.C. FONG, A.H.Y. HO, C.K.K. KWOK, W.C. NG, J.H.L. YUEN

*Research Coordinator, Centre on Behavioral Health, the University of Hong Kong

Background

Since 2009, the HKWC-CGAT in collaboration with TWGHs JC C&A Home piloted the “EOL Program for RCHE in HKWC” program. The program offered 2 EoL care pathways on top of existing care framework: 1) AED pathway: residents remain in RCHE during last stage of life and stay there until very last moment of life; 2) FYKH pathway: resident be transferred to the hospital via expedite pathway at the last moment of life to receive hospice and palliative care until he/she passed away. The program has served 32 residents, 9 have chosen the AED pathway and two passed away peacefully in 2010. Success of this program highlights the need to examine interplaying factors in EoL care pathway and reflect on practical implications for quality EoL care.

Objective
To identify system factors that contributes to EoL care decision making and dignified EoL Care Pathways.

Method
This is a qualitative study with individual interviews and focus groups conducted. Participants was purposively sampled, focusing on key participants in the EoL program: residents who participated in the scheme; family members; medical and allied-health staff; and administrative staff.

Results
Prelimary findings revealed themes that affect implementation of the EoL program: 1) information about the EoL program; 2) trust between family members and healthcare system; 3) readiness of RCHE staff; and 4) communication between the different parties.

Conclusion
Comprehensive EoL care should address needs of multiple parties operating at different levels. Trust and communication within the system is key to a successful EoL care pathway.

The End-of-life Profile of Advanced Cancer Patients in a Palliative Care Unit: Highlights from the End-of-life Care Pathway

POON Yin*, D.M.W. TSE, K.H. NG, O.L. KWOK, M.H. KHEMLANI, K.W. WOO, W.S. YAU
*Resident, Palliative Care Unit, Caritas Medical Centre

Background
A modified end-of-life (EOL) care pathway based on the Liverpool Care Pathway for the dying (LCP) - Multidisciplinary Team End of Life Care Pathway (MDTEOLCP) was launched in Palliative Care Unit (PCU) of Caritas Medical Centre (CMC) since 2010. It is used as a guide to provide care and support for the dying and caregivers.

Objective
To assess the symptoms, medication profile, and the psycho-spiritual needs of patients and caregivers at EOL.

Method
This is a retrospective chart review of patients who died in PCU of CMC with implementation of MDTEOLCP from 1st June, 2010 to 31st March, 2011. Descriptive statistics was used to assess the prevalence of symptoms, medication pattern, and psychosocial and spiritual needs.

Results
A total of 109 patients were analysed, among which 76% died within 72 hours of initiation of MDTEOLCP. The physical symptoms profile as documented in the MDTEOLCP included urinary problems (87%), cachexia (68%), dyspnoea (59%), death rattle (37%) and pain (24%). The most commonly drugs that were prescribed preemptively included analgesics (72%), antipyretic (31%) and haloperidol (19%); whereas the most commonly used drugs were oxygen (91%), analgesics (72%), hyoscine butylbromide (39%), antipyretic (25%) and haloperidol (24%). Five patients were given palliative sedation. There was rapid declineof food intake and conscious level from 72