

# Limitation of Life Support in the Critically Ill: The Hong Kong Perspective

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## Abstract

**Introduction:** Patients admitted to the intensive care unit (ICU) may not benefit from the life support provided and it may result in prolonged and unnecessary suffering. Limiting life-support therapy in this situation is an ethically acceptable practice in Western countries. Statements produced by professional bodies have been generally made from a Western perspective. Cultural influences, aspects of management and resource limitations may create differences, yet there is little information available on the ethical decision making processes involved in limitation of life support in Asian countries. This article reviews the processes involved in the limitation of life support in critically ill intensive care patients in the predominantly Chinese population of Hong Kong. **Methods:** Direct and computerised search of locally available and international published research articles and opinions. **Results:** Limitation of life-support therapy occurs in 23% to 61% of critically ill Chinese patients that die within the ICU which is comparable to figures presented in the Western literature. Relatives wish to be part of the decision making process when limitation of therapy is to be considered. A staff attitude of caring towards patient and family, a need for information from the doctor and staff, and competence in providing adequate treatment have been identified as important factors by relatives when limitation of life-support therapy was being discussed. **Conclusions:** Limitation of therapy in dying Chinese patients occurs in ICUs and, patients and relatives concur in 95% of cases with medical decisions to limit therapy in these patients. The importance of communication as well as a desire to participate in the decision-making process regarding limitation of therapy suggest similarities between Western and Asian expectations. More comprehensive data are required regarding end-of-life issues in the Asian context, especially in relation to the general population's perception as to the processes involved.

*Ann Acad Med Singapore* 2001; 30:281-6

**Key words:** Intensive care unit, Life support, Mortality, Outcome, Prognosis

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