
Advance Decision on Life-sustaining Treatment Ordinance

Contents

Section	Page
Part 1	
Preliminary	
1.	Short title and commencement A3337
2.	Interpretation A3339
3.	Meaning of <i>mentally capable of deciding on a life-sustaining treatment</i> and <i>mentally incapable of deciding on a life-sustaining treatment</i> A3355
4.	Meaning of <i>terminally ill</i> A3357
5.	Meaning of <i>persistent vegetative state</i> and <i>state of irreversible coma</i> A3359
6.	Meaning of <i>other end-stage, irreversible, life-limiting condition</i> A3361
7.	Meaning of <i>sign</i> A3361
Part 2	
Advance Medical Directive	
Division 1—Making and Revocation of Advance Medical Directive	
Subdivision 1—Making of Directive	
8.	Making of advance medical directive A3365

Section	Page
9.	Condition 1: legal capacity of maker A3365
10.	Condition 2: form A3365
11.	Condition 3: maker to sign A3367
12.	Condition 4: witnesses A3367
Subdivision 2—Revocation of Directive	
13.	Revocation of advance medical directive A3369
Division 2—Operation of Instructions in Advance Medical Directive	
Subdivision 1—Certain Instructions of No Effect	
14.	Certain instructions of no effect A3373
Subdivision 2—Validity and Applicability of Instruction	
15.	Rights etc. relating to life-sustaining treatment subject to valid and applicable instruction A3375
16.	Validity of instruction A3375
17.	Applicability of instruction A3377
Subdivision 3—Notice of Advance Medical Directive	
18.	Interpretation of Subdivision 3 of Division 2 of Part 2 A3379
19.	When does treatment provider have notice of advance medical directive A3379
20.	No requirement to search for validating copy of advance medical directive A3381
Subdivision 4—Declaration by Court of First Instance	
21.	Application to Court of First Instance for declaration A3381

Section	Page
Division 3—Protection	
22.	Protection of treatment providers A3387
23.	Certain civil liabilities not affected by section 22 A3389
24.	Supplementary provisions: burden and standard of proof in proceedings A3391
Part 3	
DNACPR Order	
Division 1—Preliminary	
25.	Interpretation of Part 3 A3393
Division 2—Making and Revocation of DNACPR Order	
Subdivision 1—Making of Order	
26.	Interpretation of Subdivision 1 of Division 2 of Part 3 A3395
27.	Who may make DNACPR order A3395
28.	Types of DNACPR orders that may be made A3395
29.	Making of DNACPR order A3397
30.	Condition 1: form A3397
31.	Condition 2: form to be properly completed A3397
32.	Condition 3: signature etc. A3399
33.	Condition 4: requirements for signing registered medical practitioners A3403
Subdivision 2—Revocation of Order	
34.	Revocation of DNACPR order A3405

Section	Page
35.	How to revoke DNACPR order A3405
Division 3—Operation of DNACPR Order	
Subdivision 1—Effective Period of Order	
36.	Effective period of DNACPR order A3409
Subdivision 2—Validity and Applicability of Order	
37.	Rights etc. relating to CPR subject to terms of valid and applicable DNACPR order A3411
38.	Validity of DNACPR order A3413
39.	Applicability of DNACPR order A3413
Subdivision 3—Notice of Order	
40.	When does a person have notice of DNACPR order A3417
41.	No requirement to search for validating copy of DNACPR order A3419
Division 4—Protection	
42.	Interpretation of Division 4 of Part 3 A3419
43.	Protection of medical carers A3419
44.	Protection of console operators at Fire Services Communications Centre A3425
45.	Certain civil liabilities not affected by sections 43 and 44 A3425
46.	Supplementary provisions: burden and standard of proof in proceedings A3427

Section	Page
---------	------

Division 5—Miscellaneous

47.	Responsible person who is guardian may sign prescribed form of DNACPR order	A3429
-----	---	-------

Part 4

Offences

Division 1—Preliminary

48.	Interpretation of Part 4	A3431
-----	--------------------------------	-------

Division 2—Offences

Subdivision 1—Obstruction

49.	Offence to obstruct following of instruction in advance medical directive	A3431
-----	---	-------

Subdivision 2—Misleading Another Person into Not Complying or Complying with Advance Decision Instrument etc.

50.	Offence concerning misleading another person into not complying with advance decision instrument	A3433
51.	Offence concerning misleading another person into complying with advance decision instrument etc.	A3435
52.	Defence for offences under sections 50(1) and 51(1)	A3439

Division 3—Miscellaneous

53.	Conviction for offence other than that charged	A3439
54.	Prosecution deadline for offences under sections 49(1) and 50(1) and (2)	A3441

Section	Page
---------	------

Part 5

Miscellaneous Provisions

55.	Ordinance does not authorize act that causes or accelerates death	A3443
56.	Insurance policies not affected by advance decision instrument	A3443
57.	Schedule 1 has effect with respect to pre-existing instruments	A3443
58.	Standard of proof by defendant in certain criminal proceedings	A3443
59.	Certified translation of advance medical directive	A3445
60.	Designation of electronic system	A3449
61.	Secretary may amend Schedules 2 and 3	A3449

Part 6

**Amendments relating to Making and Revocation of Advance Medical Directives
by Electronic Means etc.**

62.	Advance Decision on Life-sustaining Treatment Ordinance amended	A3451
63.	Section 2 amended (interpretation)	A3451
64.	Section 10 substituted	A3455
10.	Condition 2: form	A3455
65.	Section 11 amended (condition 3: maker to sign)	A3457
66.	Section 12 amended (condition 4: witnesses)	A3457

Section	Page
67.	Section 12A added A3457
	12A. Supplementary provisions: signing directive electronically A3457
68.	Section 13 amended (revocation of advance medical directive) A3459
69.	Section 58 amended (standard of proof by defendant in certain criminal proceedings) A3463

Part 7

Related Amendments

Division 1—Enactments Amended

70.	Enactments amended A3465
-----	--------------------------------

Division 2—Amendments to Fire Services Ordinance (Cap. 95)

71.	Section 7 amended (duties of Fire Services Department) A3465
-----	--

Division 3—Amendment to Mental Health Ordinance (Cap. 136)

72.	Section 59ZFA added A3469
	59ZFA. Application of sections 59ZD(1), 59ZE and 59ZF A3469

Division 4—Amendment to Advance Decision on Life-sustaining Treatment Ordinance (30 of 2024)

73.	Section 2 amended (interpretation) A3473
Schedule 1	Provisions for Pre-existing Instruments A3475
Schedule 2	Model Forms of Advance Medical Directive A3483

Advance Decision on Life-sustaining Treatment Ordinance

Ord. No. 30 of 2024
A3335

Section	Page
Schedule 3	
Forms of DNACPR Order and Continuation	
Sheets	A3509

HONG KONG SPECIAL ADMINISTRATIVE REGION

ORDINANCE NO. 30 OF 2024



John KC LEE
Chief Executive
28 November 2024

An Ordinance to provide for the making and revocation of advance medical directives as regards life-sustaining treatments and the operation of instructions in advance medical directives; to provide for the making, revocation and operation of do-not-attempt cardiopulmonary resuscitation orders that have a continuing effect; and to provide for related matters.

[1 January 2025]

Enacted by the Legislative Council.

Part 1

Preliminary

1. Short title and commencement

- (1) This Ordinance may be cited as the Advance Decision on Life-sustaining Treatment Ordinance.
- (2) Subject to subsection (3), this Ordinance comes into operation on a day to be appointed by the Secretary for Health by notice published in the Gazette.

- (3) Section 73 comes into operation on the day on which section 5(18) of the Dentists Registration (Amendment) Ordinance 2024 (22 of 2024) (in so far as it relates to the addition of the definition of *unprofessional conduct* in section 2(1) of the Dentists Registration Ordinance (Cap. 156)) comes into operation.

2. Interpretation

- (1) In this Ordinance—

advance decision instrument (預作決定文書) means—

- (a) an advance medical directive; or
- (b) a DNACPR order;

advance medical directive (預設醫療指示) means an instrument made by a person that contains one or more instructions that if the person is mentally incapable of deciding on a life-sustaining treatment and the specified precondition of the instruction is met, the person is not to be subjected to any life-sustaining treatment specified in the instruction;

AMD-based (按預設指示簽發)—see subsection (2);

Note—

“AMD” stands for “advance medical directive”.

applicable (適用)—

- (a) in relation to an instruction in an advance medical directive—see section 17; and
- (b) in relation to a DNACPR order—see section 39;

cohabitation relationship (同居關係) means a relationship between 2 persons (whether of the same sex or of the opposite sex) who live together as a couple in an intimate relationship;

cohabitee (同居者), in relation to a person who is in a cohabitation relationship with another person, means the other person;

CPR (心肺復甦術) means an emergency life-sustaining treatment that—

- (a) is performed on a person-in-arrest; and
- (b) aims to restore or maintain blood circulation and oxygenation to the vital organs of the person-in-arrest;

Notes—

1. “CPR” stands for cardiopulmonary resuscitation.
2. The following are examples of procedures in CPR—
 - (a) external cardiac compression;
 - (b) artificial ventilation;
 - (c) defibrillation.

designated electronic system (指定電子系統) means an electronic system designated under section 60;

DNACPR order (不作心肺復甦術命令) means an instrument that has a continuing effect and directs not to perform CPR on a person-in-arrest, and for this purpose, an instrument made for a person during an episode of care of the person has a continuing effect if it is intended to continue to have effect after the episode of care ends;

Notes—

“DNACPR” stands for do-not-attempt cardiopulmonary resuscitation.

electronic image (電子影像), in relation to a document, means an image of the document in the form of an electronic record;

electronic record (電子紀錄) has the meaning given by section 2(1) of the Electronic Transactions Ordinance (Cap. 553);

enrolled nurse (登記護士) has the meaning given by section 2(1) of the Nurses Registration Ordinance (Cap. 164);

episode of care (受治期), in relation to a person, means—

- (a) if the person receives medical care, or is attended to, for an illness at a hospital, any healthcare facility where lodging is not available, a residential care home (as defined by section 2 of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)) or a residential care home for PWDs (as defined by section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613))—the period during which the person stays there to receive the medical care or to be attended to; or
- (b) if the person receives medical care from, or is attended to by, a treatment provider or rescuer for an illness at any other premises—the period during which the person receives the medical care or is attended to;

houseman (實習醫生) means a person who is provisionally registered under section 12 of the Medical Registration Ordinance (Cap. 161);

immediate family member (至親), in relation to a person, means any of the following relatives of the person—

- (a) spouse;
- (b) parent (whether natural parent, adoptive parent or step-parent);
- (c) child (whether natural child, adoptive child or step-child);
- (d) sibling (whether sibling of full or half blood, sibling by virtue of adoption or step-sibling);

- (e) grandparent (whether natural grandparent, adoptive grandparent or step-grandparent);
- (f) grandchild (whether natural grandchild, adoptive grandchild or step-grandchild);

interested person (利益攸關者), in relation to a person (***former person***), means a person—

- (a) who is a beneficiary under the will of, or any insurance policy of, the former person;
- (b) to whom the former person grants or settles any interest by means of any instrument;
- (c) who is entitled to any interest in the estate of the former person on the former person's death intestate; or
- (d) in whom any interest would otherwise vest by operation of the law or any instrument on the former person's death;

Note—

An example of a person falling within paragraph (d) is a person who holds a unit in a building together with the former person as joint tenants and not as tenants in common.

liability (法律責任) means—

- (a) civil liability;
- (b) criminal liability; or
- (c) liability for professional misconduct;

life-sustaining treatment (維持生命治療) means any medical treatment that is necessary to keep a person alive;

Note—

An example of a life-sustaining treatment is artificial nutrition and hydration.

listed Chinese medicine practitioner (表列中醫) has the meaning given by section 2(1) of the Chinese Medicine Ordinance (Cap. 549);

maker (訂立者), in relation to an advance medical directive, means the person who makes the directive;

mentally capable of deciding on a life-sustaining treatment (有精神能力就維持生命治療作決定)—see section 3;

mentally incapable of deciding on a life-sustaining treatment (無精神能力就維持生命治療作決定)—see section 3;

other end-stage, irreversible, life-limiting condition (其他晚期不可逆轉的壽命受限疾病)—see section 6;

persistent vegetative state (持續性植物人狀態)—see section 5(1);

person-in-arrest (待援者) means a person who is in cardiopulmonary arrest;

professional misconduct (專業失當行為) means—

- (a) in relation to a registered dentist—unprofessional conduct as defined by section 18(2) of the Dentists Registration Ordinance (Cap. 156);
- (b) in relation to a registered medical practitioner or houseman—misconduct in a professional respect for the purposes of the Medical Registration Ordinance (Cap. 161);
- (c) in relation to a registered nurse or enrolled nurse—unprofessional conduct as defined by section 2(1) of the Nurses Registration Ordinance (Cap. 164);
- (d) in relation to a registered Chinese medicine practitioner—misconduct in a professional respect against which the Chinese Medicine Practitioners Board is empowered under section 98(2)(b) of the

Chinese Medicine Ordinance (Cap. 549) to take any of the steps in section 98(3) of that Ordinance; and

- (e) in relation to a listed Chinese medicine practitioner—misconduct in a professional respect against which the Chinese Medicine Practitioners Board is empowered under section 91(2)(a) of the Chinese Medicine Ordinance (Cap. 549) to remove from the list maintained under section 90 of that Ordinance the name of the practitioner;

registered Chinese medicine practitioner (註冊中醫) has the meaning given by section 2(1) of the Chinese Medicine Ordinance (Cap. 549);

registered dentist (註冊牙醫) has the meaning given by section 2(1) of the Dentists Registration Ordinance (Cap. 156);

registered medical practitioner (註冊醫生) has the meaning given by section 2(1) of the Medical Registration Ordinance (Cap. 161);

registered nurse (註冊護士) has the meaning given by section 2(1) of the Nurses Registration Ordinance (Cap. 164);

rescuer (施救者), in relation to a person-in-arrest, means a person who performs, or is about to perform, CPR on the person-in-arrest;

Secretary (局長) means the Secretary for Health;

sign (簽署)—see section 7;

solicitor (律師) has the meaning given by section 2(1) of the Legal Practitioners Ordinance (Cap. 159);

specified precondition (指明先決條件), in relation to an instruction in an advance medical directive, means the condition precedent that is specified in the directive for following the instruction;

state of irreversible coma (不可逆轉昏迷)—see section 5(2);

subject person (當事人), in relation to a DNACPR order, means the person for whom the order is made;

terminally ill (罹患末期疾病)—see section 4;

treatment provider (醫治者), in relation to a person (**former person**), means a person who provides medical care to the former person, whether or not during the course of his or her work, as—

- (a) a registered dentist;
- (b) a registered medical practitioner or houseman;
- (c) a registered nurse or enrolled nurse; or
- (d) a registered Chinese medicine practitioner or listed Chinese medicine practitioner;

valid (有效)—

- (a) in relation to an instruction in an advance medical directive—see section 16; and
- (b) in relation to a DNACPR order—see section 38;

validating copy (確效文本)—

- (a) in relation to an advance medical directive, means—
 - (i) the original copy of the directive;
 - (ii) a copy of the directive that is certified as a true copy of the directive by—
 - (A) a registered medical practitioner; or
 - (B) a solicitor practising in Hong Kong; or
 - (iii) a clearly legible copy of the directive that—
 - (A) is in the form of an electronic image; and
 - (B) is stored in a designated electronic system in compliance with the requirements of the system; and

- (b) in relation to a DNACPR order, means—
- (i) the original copy of the order; or
 - (ii) a copy of the order that is certified as a true copy of the order by—
 - (A) a registered medical practitioner; or
 - (B) a solicitor practising in Hong Kong;
- wrongful means** (不當手段) means deception, fraud, misrepresentation, harassment, coercion or undue influence.
- (2) For the purposes of this Ordinance, a DNACPR order is AMD-based if—
- (a) the order is made for the maker of an advance medical directive on the basis of an instruction in the directive that the maker is not to be subjected to CPR in the event that the maker is mentally incapable of deciding on a life-sustaining treatment and the specified precondition of the instruction is met; and
 - (b) the instruction is valid when the order is made.
- (3) In this Ordinance, a reference to being in cardiopulmonary arrest includes appearing to be in cardiopulmonary arrest.
- (4) In this Ordinance—
- (a) a reference to subjecting a person to a life-sustaining treatment includes continuing to subject the person to the treatment;
 - (b) a reference to not subjecting a person to a life-sustaining treatment is a reference to withholding or withdrawing the treatment from the person;
 - (c) a reference to performing CPR includes continuing to perform CPR; and

- (d) a reference to not performing CPR is a reference to withholding CPR or ceasing to perform CPR.
- (5) A note in the text of this Ordinance is for information only and has no legislative effect.

3. *Meaning of mentally capable of deciding on a life-sustaining treatment and mentally incapable of deciding on a life-sustaining treatment*

- (1) For the purposes of this Ordinance, a person is mentally capable of deciding on a life-sustaining treatment if the person is not mentally incapable of doing so.
- (2) For the purposes of this Ordinance, a person is mentally incapable of deciding on a life-sustaining treatment if the person is suffering from an impairment of, or a disturbance in the functioning of, the mind or brain and as a result, the person is unable to—
 - (a) understand any information relevant to deciding whether to be subjected to a life-sustaining treatment;
 - (b) retain that information;
 - (c) use or weigh that information in making the decision; or
 - (d) communicate the decision.
- (3) For the purposes of subsection (2), it does not matter whether the impairment or disturbance is temporary or permanent.
- (4) Whether a person is mentally incapable of deciding on a life-sustaining treatment is not to be determined by reference to—
 - (a) the person's age or appearance; or

- (b) a condition of the person, or an aspect of the person's behaviour, that might lead others to make unjustified assumptions about whether the person is so mentally incapable.
- (5) A person is not to be regarded as unable to act as described in subsection (2)(a), (b), (c) or (d) unless a reasonable effort to help the person to so act has been taken without success.
- (6) For the purposes of subsection (2)(a), a person is not to be regarded as unable to understand the information if the person is able to understand an explanation of it given to the person in a way that is appropriate to the person's circumstances.
- (7) For the purposes of subsection (2)(b), a person's ability to retain the information for a short period only does not prevent the person from being regarded as able to retain the information.
- (8) In this section, a reference to information relevant to deciding whether to be subjected to a life-sustaining treatment includes information about the reasonably foreseeable consequences of being subjected to, or not being subjected to, the treatment.

4. **Meaning of *terminally ill***

For the purposes of this Ordinance, a person is terminally ill if—

- (a) the person suffers from an advanced, progressive and irreversible medical condition;
- (b) the person has a short life expectancy in terms of days, weeks or months; and
- (c) any form of life-sustaining treatment would only serve to postpone the person's death.

5. Meaning of *persistent vegetative state* and *state of irreversible coma*

- (1) For the purposes of this Ordinance, a person is in a persistent vegetative state if—
 - (a) the person suffers from severe brain damage resulting in a persistent state of unawareness of self and the person's surroundings with inability to give any purposeful response to the person's surroundings (other than reflexive behaviour); and
 - (b) the person, however, maintains a state of wakefulness with sleep-wake cycles, although there is no hope for the person to regain awareness of self and the person's surroundings.
- (2) For the purposes of this Ordinance, a person is in a state of irreversible coma if—
 - (a) the person suffers from severe brain damage resulting in a persistent state of unawareness of self and the person's surroundings with inability to give any purposeful response to the person's surroundings (other than reflexive behaviour); and
 - (b) the person does not maintain a state of wakefulness with sleep-wake cycles and there is no hope for the person to regain wakefulness and awareness of self and the person's surroundings.

Note—

Examples of reflexive behaviour are—

- (a) spontaneous movement with no discernible reasons;
- (b) reflexive movements such as brainstem reflexes; and
- (c) generalized arousal response.

6. Meaning of *other end-stage, irreversible, life-limiting condition*

For the purposes of this Ordinance, a person is in an other end-stage, irreversible, life-limiting condition if the person suffers from any medical condition—

- (a) in which the person is not terminally ill or not in a persistent vegetative state or a state of irreversible coma; and
- (b) that is progressive and irreversible, has reached its end-stage and limits the survival of the person.

Note—

Examples of persons who are in other end-stage, irreversible, life-limiting conditions are—

- (a) a person with end-stage renal failure, end-stage motor neuron disease, or end-stage chronic obstructive pulmonary disease who is not terminally ill, because the person's survival may be prolonged by dialysis or assisted ventilation; and
- (b) a person with irreversible loss of major cerebral function and extremely poor functional status who is not in a persistent vegetative state or a state of irreversible coma.

7. Meaning of *sign*

In this Ordinance, a reference to a person's signing a document in paper form includes, in relation to a person who is unable to write (*signer*)—

- (a) the signer's making, on the document, a mark (whether on his or her own or with assistance rendered by another person at his or her request) that purports to serve as the signer's signature; and

Advance Decision on Life-sustaining Treatment Ordinance

Part 1
Section 7

Ord. No. 30 of 2024
A3363

- (b) the signer's impressing his or her fingerprint on the document (whether on his or her own or with assistance rendered by another person at his or her request).

Part 2

Advance Medical Directive

Division 1—Making and Revocation of Advance Medical Directive

Subdivision 1—Making of Directive

8. Making of advance medical directive

An advance medical directive is made if all the conditions set out in sections 9, 10, 11 and 12 are met in relation to it.

9. Condition 1: legal capacity of maker

At the time of making the advance medical directive, the maker of the directive must be—

- (a) an adult; and
- (b) mentally capable of deciding on a life-sustaining treatment.

10. Condition 2: form

- (1) The advance medical directive must be made, in writing, in paper form and all instructions in the directive must be presented in a clear way.
- (2) The condition under subsection (1) as regards the presentation of instructions is presumed, until the contrary is proved, to have been met in relation to the directive if it is in the form of Form 1 or 2 (as appropriate) prescribed in Schedule 2.

Note—

See also section 58, which makes supplementary provisions for this subsection.

11. Condition 3: maker to sign

- (1) The maker of the advance medical directive must sign the directive.
- (2) The date of signing must be shown in the directive.

12. Condition 4: witnesses

- (1) Subject to subsections (2) and (3), the maker of the advance medical directive must sign the directive in the presence of not less than 2 witnesses.
- (2) For the purposes of subsection (1), a person must not be counted as a witness unless—
 - (a) the person is an adult;
 - (b) the person is, to the best of his or her knowledge, not an interested person of the maker;
 - (c) the person declares in the directive that—
 - (i) he or she meets—
 - (A) for a witness who is a registered medical practitioner required by subsection (3)—the requirement under paragraph (b); and
 - (B) for a witness who is not such a registered medical practitioner—the requirements under paragraphs (a) and (b); and
 - (ii) he or she witnessed that the maker signed the directive;
 - (d) the person signs the directive; and
 - (e) the date of signing is shown in the directive.
- (3) Without affecting subsection (2), one of the witnesses must be a registered medical practitioner who—

- (a) before the maker signs the directive, has explained to the maker—
 - (i) the nature of the directive; and
 - (ii) in relation to each of the instructions in the directive—the effect of following it on the maker;
- (b) is satisfied that the maker is mentally capable of deciding on a life-sustaining treatment at the time when the maker signs the directive; and
- (c) declares in the directive that he or she meets the requirements under paragraphs (a) and (b).

Subdivision 2—Revocation of Directive

13. Revocation of advance medical directive

- (1) An advance medical directive is revoked by its maker if any of the following acts takes place and the maker is mentally capable of deciding on a life-sustaining treatment at that time—
 - (a) the maker revokes the directive in writing, whether in paper form or in electronic form;
 - (b) if the directive was made in the form of Form 1 or 2 prescribed in Schedule 2—the maker signs Part 5 of the directive, and the date of signing is shown in that Part;
 - (c) the maker, or an adult in the maker's presence and by the maker's direction—
 - (i) burns, tears or otherwise destroys the directive; or
 - (ii) crosses out the content of, and signs, each page of the directive;

- (d) in the presence of one or more witnesses who are adults, the maker—
 - (i) revokes the directive verbally; or
 - (ii) by any means other than written or verbal communication, expresses his or her intention to revoke the directive;
 - (e) the maker makes another advance medical directive;
 - (f) the maker, or an adult in the maker's presence and by the maker's direction, takes the steps required by a designated electronic system for revoking the directive (whether or not a validating copy of the directive is stored in the system).
- (2) For the purposes of subsection (1), until the contrary is proved, the maker is presumed to be mentally capable of deciding on a life-sustaining treatment at the time when any of the acts described in paragraph (a), (b), (c), (d) or (f) of that subsection takes place.

Note—

See also section 58, which makes supplementary provisions for this subsection.

- (3) In subsection (1)—

in electronic form (電子形式) means in the form of an electronic record.

Division 2—Operation of Instructions in Advance Medical Directive

Subdivision 1—Certain Instructions of No Effect

14. Certain instructions of no effect

- (1) An instruction in an advance medical directive is of no effect if it instructs, or purports to instruct, that the maker of the directive—
 - (a) is not to be provided with basic care or palliative care;
 - (b) is to be administered with a substance to end his or her life; or
 - (c) is to be prescribed or provided with a substance to enable the maker to end his or her life by self-administering the substance.

Note—

The acts described in paragraphs (b) and (c) are commonly known as “medical assistance in dying”.

- (2) In subsection (1)—

basic care (基本照顧) means any general care provided to a patient that is not medical in nature and is essential to maintaining the comfort of the patient;

Note—

The following are examples of basic care—

- (a) offering food and drink to the patient for the patient’s consumption by mouth;
- (b) assisting the patient in consuming food and drink by mouth;
- (c) measures to maintain the patient’s personal hygiene;
- (d) non-medical measures to relieve the patient’s pain.

palliative care (紓緩治療) means any care or support provided to a patient that—

- (a) aims to improve the patient's quality of life through the prevention and relief of the patient's suffering or distress (whether physical, psychological, social or spiritual); and
- (b) is provided by means of timely assessment and relief of the suffering or distress.

Subdivision 2—Validity and Applicability of Instruction

15. Rights etc. relating to life-sustaining treatment subject to valid and applicable instruction

The rights, duties, obligations and liabilities relating to subjecting, or not subjecting, the maker of an advance medical directive to any life-sustaining treatment by a treatment provider of the maker are subject to a valid and applicable instruction in the directive.

16. Validity of instruction

- (1) An instruction in an advance medical directive is valid for the purposes of this Ordinance unless any of the circumstances specified in subsection (2) exists.
- (2) The circumstances are—
 - (a) none of the treatment providers of the maker of the directive has notice of the directive as described in section 19 during the current episode of care of the maker;
 - (b) any of the conditions mentioned in section 8 is not met in relation to the directive;
 - (c) the making of the directive was procured by wrongful means;

- (d) the directive has been revoked; and
- (e) the maker has done anything, other than revocation of the directive, that—
 - (i) is clearly inconsistent with the instruction; and
 - (ii) indicates that the maker no longer wants the instruction to be followed.

17. Applicability of instruction

- (1) Subject to subsection (2), an instruction in an advance medical directive is applicable for the purposes of this Ordinance if—
 - (a) the maker of the directive is mentally incapable of deciding on a life-sustaining treatment; and
 - (b) the specified precondition of the instruction is met.
- (2) An instruction in an advance medical directive is not applicable if there are reasonable grounds for believing that—
 - (a) there arises any circumstance that the maker of the directive did not anticipate when he or she made the directive; and
 - (b) had the maker anticipated the circumstance at that time, it would be likely that—
 - (i) the maker would not have made the directive; or
 - (ii) the maker would not have included the instruction in the directive in the relevant terms or at all.

Note—

A valid instruction in an advance medical directive may be not applicable if the conditions under subsection (1) are met in relation to the instruction as a result of the maker of the directive suffering from a major injury caused by a traffic accident but the instruction is made for the maker's terminal cancer condition.

Subdivision 3—Notice of Advance Medical Directive

18. Interpretation of Subdivision 3 of Division 2 of Part 2

In this Subdivision, a reference to a validating copy of an advance medical directive includes, in the case of an advance medical directive that is made in neither Chinese nor English, a certified translation of the directive.

Note—

For certified translation of an advance medical directive—see section 59.

19. When does treatment provider have notice of advance medical directive

- (1) Subject to subsection (2), for the purposes of this Ordinance, a treatment provider of the maker of an advance medical directive has notice of the directive when the treatment provider sees a validating copy of the directive.
- (2) For the purposes of this Ordinance, a treatment provider of the maker of an advance medical directive is taken to have notice of the directive if—
 - (a) the treatment provider is informed that a copy of the directive is or may be stored in a designated electronic system; and
 - (b) a validating copy of the directive is stored in the system and is accessible to the treatment provider.

- (3) To avoid doubt, for the purposes of this Ordinance, a treatment provider of the maker of an advance medical directive does not have notice of the directive only because a validating copy of the directive is stored in a designated electronic system and is accessible to the treatment provider.

20. No requirement to search for validating copy of advance medical directive

- (1) For the purposes of this Ordinance, a treatment provider of the maker of an advance medical directive is not required to search the maker or the items that are carried by, or appear to be carried by, the maker to ascertain whether the maker carries a validating copy of the directive.
- (2) For the purposes of this Ordinance, a treatment provider of the maker of an advance medical directive is not required to search a designated electronic system to ascertain whether a validating copy of the directive is stored in the system.

Subdivision 4—Declaration by Court of First Instance

21. Application to Court of First Instance for declaration

- (1) The Court may, on application, make a declaration for determining—
 - (a) whether an instrument that purports to be an advance medical directive made by a person is an advance medical directive made by the person; or
 - (b) whether an instruction in an advance medical directive is—
 - (i) valid;

- (ii) applicable; or
 - (iii) valid and applicable.
- (2) An application under subsection (1) must be made—
 - (a) inter partes; or
 - (b) ex parte on notice to the Official Solicitor.
- (3) No leave is required for an application under subsection (1) if the application is made by—
 - (a) a treatment provider of the affected person of the application;
 - (b) a person who has a contractual arrangement with a treatment provider of the affected person under which the treatment provider is obliged to provide medical care to the affected person;
 - (c) an immediate family member of the affected person;
 - (d) a cohabitee of the affected person; or
 - (e) a person who is not an immediate family member, or a cohabitee, of the affected person but is, under subsection (4), eligible to act.
- (4) A person (*relevant person*) is eligible to act for the purposes of subsection (3)(e) if—
 - (a) he or she is an adult; and
 - (b) the practitioner-in-charge of the affected person, having considered the factors set out in subsection (6), reasonably determines that he or she is of sufficiently close connection with the affected person to be concerned with the well-being of the affected person.
- (5) In deciding whether to grant leave to a person (*applicant for leave*) for an application under subsection (1), the Court must consider the factors set out in subsection (6).

- (6) For the purposes of subsections (4)(b) and (5), the factors are—
 - (a) the relationship between the relevant person or the applicant for leave (as applicable) (*assessed person*) and the affected person;
 - (b) the frequency of contact between the assessed person and the affected person;
 - (c) the level of perceived closeness between the assessed person and the affected person;
 - (d) the degree of perceived importance of the assessed person to the affected person;
 - (e) the views of the affected person concerning the assessed person; and
 - (f) any other factor relevant in the affected person's circumstances.
- (7) If a declaration has been made under subsection (1) in respect of a matter, no person may make another application under that subsection in respect of that matter.
- (8) Subsection (7) does not apply if the Court is satisfied that—
 - (a) there has been a material change of circumstances since the declaration; or
 - (b) the evidence on the basis of which the Court made the declaration was incomplete, false or misleading in a material particular.
- (9) In the circumstances specified in subsection (8), the Court may rescind the declaration mentioned in subsection (7) and substitute it with another declaration.

(10) In this section—

affected person (受影響者), in relation to an application under subsection (1) relating to an advance medical directive made by, or an instrument that purports to be an advance medical directive made by, a person, means the person;

Court means the Court of First Instance;

practitioner-in-charge (主診者), in relation to an affected person, means a person who is in immediate charge of the medical care of the affected person during the course of his or her work as—

- (a) a registered dentist;
- (b) a registered medical practitioner; or
- (c) a registered Chinese medicine practitioner or listed Chinese medicine practitioner.

Division 3—Protection

22. Protection of treatment providers

- (1) This section applies to a treatment provider of a person, irrespective of whether the treatment provider is a public officer.
- (2) If there is any of the circumstances specified in subsection (4), the treatment provider does not incur any liability for subjecting the person to a life-sustaining treatment.
- (3) However, subsection (2) does not affect any liability arising from a breach of duty to exercise care during the course of the life-sustaining treatment.

- (4) For the purposes of subsection (2), the circumstances are—
- (a) the person has made an advance medical directive but the treatment provider does not know of the existence of the directive; and
 - (b) the treatment provider is not satisfied that—
 - (i) the treatment is specified in an instruction of an advance medical directive made by the person; or
 - (ii) the instruction is valid and applicable.
- (5) The treatment provider does not incur any liability for not subjecting the person to a life-sustaining treatment if the treatment provider honestly and reasonably believes that—
- (a) the treatment is specified in an instruction of an advance medical directive made by the person; and
 - (b) the instruction is valid and applicable.

23. Certain civil liabilities not affected by section 22

If—

- (a) but for the operation of subsection (2) or (5) of section 22, a treatment provider would have incurred civil liability for subjecting, or not subjecting, a person (*Person A*) to a life-sustaining treatment; and
- (b) a third person would have been civilly liable for the treatment provider's subjecting or not subjecting Person A to the life-sustaining treatment,

that subsection does not affect that liability of the third person.

24. Supplementary provisions: burden and standard of proof in proceedings

- (1) A person who seeks to rely on section 22(2) in any criminal proceedings has the burden of establishing that there was any of the circumstances mentioned in that section.
 - (2) A person who seeks to rely on section 22(5) in any criminal proceedings has the burden of establishing that he or she held the honest and reasonable belief required by that section.
 - (3) For the purposes of subsections (1) and (2), the person is taken to have established the matter described in subsection (1) or (2) (as the case requires) if—
 - (a) there is sufficient evidence to raise an issue with respect to the matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.
 - (4) A person who seeks to rely on section 22(2) in any legal proceedings other than criminal proceedings has the burden of proving that there was any of the circumstances mentioned in that section.
 - (5) A person who seeks to rely on section 22(5) in any legal proceedings other than criminal proceedings has the burden of proving that he or she held the honest and reasonable belief required by that section.
-

Part 3

DNACPR Order

Division 1—Preliminary

25. Interpretation of Part 3

In this Part—

effective period (效力期), in relation to a DNACPR order—see section 36;

prescribed form (訂明表格)—see section 30;

responsible person (責任人)—

- (a) in relation to a minor, means—
 - (i) a parent (whether natural parent, adoptive parent or step-parent) of the minor; or
 - (ii) a person who is assuming guardianship over the minor under the Guardianship of Minors Ordinance (Cap. 13); and
- (b) in relation to an adult who is mentally incapable of deciding on a life-sustaining treatment, means the following person—
 - (i) an immediate family member of the adult;
 - (ii) a cohabitee of the adult; or
 - (iii) if a person is a guardian of the adult for the purposes of Part IIIA or IVB of the Mental Health Ordinance (Cap. 136)—the person; but
- (c) does not include the Director of Social Welfare and any Assistant Director of Social Welfare;

specialist (專科醫生) means a registered medical practitioner whose name is included in the Specialist Register as

defined by section 2(1) of the Medical Registration Ordinance (Cap. 161);

underlying AMD (基礎預設指示), in relation to a DNACPR order that is AMD-based, means the advance medical directive that contains the underlying instruction for the order;

underlying instruction (基礎指令) means an instruction in an advance medical directive—

- (a) that, if the maker of the directive is mentally incapable of deciding on a life-sustaining treatment and the specified precondition of the instruction is met, the maker is not to be subjected to CPR; and
- (b) on the basis of which a DNACPR order is made.

Division 2—Making and Revocation of DNACPR Order

Subdivision 1—Making of Order

26. Interpretation of Subdivision 1 of Division 2 of Part 3

In this Subdivision—

subject patient (對象病人), in relation to a DNACPR order, means the person for whom the order is to be made.

27. Who may make DNACPR order

A DNACPR order may only be made by 2 registered medical practitioners.

28. Types of DNACPR orders that may be made

The types of DNACPR orders that may be made are—

- (a) a DNACPR order that is AMD-based;

- (b) a DNACPR order that is not AMD-based and is made for an adult who is mentally incapable of deciding on a life-sustaining treatment; and
- (c) a DNACPR order that is not AMD-based and is made for a minor.

29. Making of DNACPR order

A DNACPR order is made if all the conditions set out in sections 30, 31, 32 and 33 are met in relation to it.

30. Condition 1: form

The DNACPR order must be made, in writing, in paper form and must be in a prescribed form, which means—

- (a) for an order described in section 28(a)—Form 1 prescribed in Schedule 3;
- (b) for an order described in section 28(b)—Form 2 prescribed in Schedule 3; and
- (c) for an order described in section 28(c)—Form 3 prescribed in Schedule 3.

31. Condition 2: form to be properly completed

- (1) The prescribed form must be properly completed.
- (2) For the purposes of subsection (1), the form is properly completed if the form, as completed in compliance with the requirements of the form, accurately reflects—
 - (a) the personal particulars of the subject patient of the DNACPR order;
 - (b) the personal particulars of the persons who sign the form;
 - (c) the joint diagnosis and prognosis of the subject patient made by 2 registered medical practitioners;

- (d) the joint decision of the registered medical practitioners to make a DNACPR order for the subject patient; and
- (e) the joint decision of the registered medical practitioners on the effective period of the order.

32. Condition 3: signature etc.

- (1) Both of the registered medical practitioners mentioned in section 31(2)(c) must sign Part 4 of the prescribed form.
- (2) Part 5 of the prescribed form of a DNACPR order described in section 28(b) or (c) must be signed by one of the registered medical practitioners mentioned in subsection (1).
- (3) Part 6 of the prescribed form of a DNACPR order described in section 28(b) or (c)—
 - (a) must be signed by a person who is, under subsection (5), eligible to act for the purposes of that Part (*eligible person*); but
 - (b) if the order is one described in section 28(b)—need not be so signed if the registered medical practitioner who signs Part 5 of the form—
 - (i) is satisfied that, despite reasonable efforts having been made, no eligible person can be found; and
 - (ii) declares that he or she is so satisfied in Part 5 of the form.
- (4) The dates of signing must be shown in the respective Parts of the prescribed form.
- (5) For the purposes of subsection (3), a person is eligible to act for the purposes of Part 6 of the prescribed form of a DNACPR order described in section 28(b) or (c) if—
 - (a) the person is an adult;

- (b) any of the following applies—
 - (i) the person is a responsible person of the subject patient;
 - (ii) if the registered medical practitioner who signs Part 5 of the form is satisfied that, despite reasonable efforts having been made, no responsible person of the subject patient can be secured to act—the registered medical practitioner, having considered the factors set out in subsection (6), reasonably determines that the person is in a good position to form a view as to whether performing CPR on the subject patient when the subject patient is in cardiopulmonary arrest would be in the subject patient’s best interests; and
- (c) the person—
 - (i) has been advised by the registered medical practitioner who signs Part 5 of the form that performing CPR on the subject patient when the subject patient is in cardiopulmonary arrest would not be in the subject patient’s best interests;
 - (ii) agrees with the advice; and
 - (iii) is willing to sign Part 6 of the form.
- (6) For the purposes of subsection (5)(b)(ii), the factors are—
 - (a) the relationship between the person and the subject patient;
 - (b) the frequency of contact between the person and the subject patient;
 - (c) the level of perceived closeness between the person and the subject patient;

- (d) the degree of perceived importance of the person to the subject patient;
- (e) if the subject patient is an adult who is mentally incapable of deciding on a life-sustaining treatment—the views of the adult as to whether the person would act in his or her best interests that were expressed before he or she became so mentally incapable;
- (f) if the subject patient is a minor determined by the registered medical practitioner to be of considerable mental maturity to determine whether the person would act in the minor's best interests—the views of the minor; and
- (g) any other factor relevant in the subject patient's circumstances.

33. Condition 4: requirements for signing registered medical practitioners

- (1) At least one of the registered medical practitioners who signs Part 4 of the prescribed form (*signing RMP*) must be a specialist.
- (2) Each of the signing RMPs—
 - (a) must ensure, to the best of his or her knowledge, that he or she is not an interested person of the subject patient of the DNACPR order; and
 - (b) must declare in Part 4 of the form that he or she meets the requirement under paragraph (a).

Subdivision 2—Revocation of Order**34. Revocation of DNACPR order**

- (1) A DNACPR order is revoked if it is revoked in accordance with section 35(1).
- (2) A DNACPR order that is AMD-based is revoked—
 - (a) when the underlying AMD of the order is revoked in accordance with section 13; or
 - (b) when the order is revoked in accordance with section 35(2).
- (3) A DNACPR order made for a person who is under the age of 18 years is revoked when the person reaches that age.
- (4) A DNACPR order made for an adult who is mentally incapable of deciding on a life-sustaining treatment is revoked when the adult ceases to be so mentally incapable.
- (5) If—
 - (a) a DNACPR order (*original order*) has been made for a person; and
 - (b) another DNACPR order is made for the person, the original order is revoked.

35. How to revoke DNACPR order

- (1) A DNACPR order is revoked if—
 - (a) the content of each page of the order is crossed out; and
 - (b) the following persons sign each page of the order—
 - (i) one registered medical practitioner who is a specialist; and

- (ii) another registered medical practitioner, whether a specialist or not.
- (2) A DNACPR order that is AMD-based is revoked if any of the following acts takes place and its subject person is mentally capable of deciding on a life-sustaining treatment at that time—
- (a) the subject person expresses in writing (whether in paper form or in electronic form) his or her wish that the order is not to be complied with;
 - (b) the subject person, or an adult in the subject person's presence and by the subject person's direction—
 - (i) burns, tears or otherwise destroys the order; or
 - (ii) crosses out the content of, and signs, each page of the order;
 - (c) in the presence of one or more witnesses who are adults, the subject person expresses his or her wish that the order is not to be complied with—
 - (i) verbally; or
 - (ii) by any means other than written or verbal communication.
- (3) For the purposes of subsection (2), until the contrary is proved, the subject person is presumed to be mentally capable of deciding on a life-sustaining treatment at the time when any of the acts described in paragraph (a), (b) or (c) of that subsection takes place.

Note—

See also section 58, which makes supplementary provisions for this subsection.

- (4) In subsection (2)—

in electronic form (電子形式) means in the form of an electronic record.

Division 3—Operation of DNACPR Order

Subdivision 1—Effective Period of Order

36. Effective period of DNACPR order

- (1) The effective period of a DNACPR order—
 - (a) begins on the date on which it is made; and
 - (b) ends—
 - (i) when it is revoked under section 34; or
 - (ii) if it is not so revoked—on the expiry of the date specified in the order (whether the date was specified when it was made or specified subsequently under subsection (2)) as the date on which it ceases to have effect (*expiry date*).
- (2) During the effective period of a DNACPR order, a registered medical practitioner who is, to the best of his or her knowledge, not an interested person of the subject person of the order may, having reviewed the current circumstances of the subject person and considered all other relevant factors, extend the effective period of the order by—
 - (a) specifying a date that falls after the expiry date of the order (*original expiry date*) as the new expiry date in—
 - (i) Part 3 of the order; or
 - (ii) (if appropriate) an appropriate part of a continuation sheet for the order in the form of—
 - (A) for a DNACPR order described in section 28(a) or (b)—Form 4 prescribed in Schedule 3; and

- (B) for a DNACPR order described in section 28(c)—Form 5 prescribed in Schedule 3; and
- (b) signing, and having the date of signing and his or her personal particulars shown in, Part 3 of the order or the appropriate part of the continuation sheet (as the case may be).
- (3) The registered medical practitioner mentioned in subsection (2) must declare in the DNACPR order or the continuation sheet (as applicable) that, to the best of his or her knowledge, he or she is not an interested person of the subject person of the order.
- (4) A continuation sheet in the form described in subsection (2)(a)(ii)(A) or (B) forms part of a DNACPR order if—
- (a) the details of the order are inserted in the continuation sheet;
- (b) the acts described in subsections (2)(a) and (b) are completed in an appropriate part of the continuation sheet; and
- (c) the continuation sheet is attached to the order.
- (5) For a DNACPR order made for a person who is under the age of 18 years, any expiry date of the order must fall before the person's 18th birthday.

Subdivision 2—Validity and Applicability of Order

37. Rights etc. relating to CPR subject to terms of valid and applicable DNACPR order

If a DNACPR order is valid and applicable, the rights, duties, obligations and liabilities relating to performing, or not performing, CPR on the subject person of the order are subject to the terms of the order.

38. Validity of DNACPR order

- (1) A DNACPR order is valid for the purposes of this Ordinance unless any of the circumstances specified in subsection (2) exists.
- (2) The circumstances are—
 - (a) none of the treatment providers or rescuers of the subject person of the order has notice of the order as described in section 40 during the current episode of care of the subject person;
 - (b) any of the conditions mentioned in section 29 is not met in relation to the order;
 - (c) the making, or an extension of the effective period, of the order was procured by wrongful means;
 - (d) the effective period of the order has ended; and
 - (e) for an order that is AMD-based—
 - (i) its underlying AMD has been revoked by the subject person; or
 - (ii) the subject person has done anything, other than revocation of the underlying AMD, that—
 - (A) is clearly inconsistent with the underlying instruction for the order; and
 - (B) indicates that the subject person no longer wants the instruction to be followed.

39. Applicability of DNACPR order

- (1) Subject to subsections (2), (3) and (4), a DNACPR order is applicable for the purposes of this Ordinance unless there are reasonable grounds for believing that—

- (a) there arises any circumstance that the signing RMP of the order did not anticipate when he or she made the order or extended its effective period (as applicable); and
 - (b) had the signing RMP anticipated the circumstance at that time, it would be likely that he or she would not have made the order or extended the effective period (as the case may be).
- (2) A DNACPR order is not applicable if the attending RMP of the subject person of the order—
 - (a) makes, or has made, a diagnosis or prognosis of the subject person that is different from the diagnosis or prognosis (as the case may be) of the subject person made by the signing RMP of the order; and
 - (b) reasonably considers that it would be likely that the signing RMP would not have made the order or extended its effective period (as applicable) had the signing RMP made the same diagnosis or prognosis as the attending RMP at the time of the making or the extension (as the case may be).
- (3) A DNACPR order that is AMD-based is not applicable if there are reasonable grounds for believing that—
 - (a) there arises any circumstance that the subject person of the order did not anticipate when he or she made the underlying AMD of the order; and
 - (b) had the subject person anticipated the circumstance at that time, it would be likely that—
 - (i) the subject person would not have made the underlying AMD; or

- (ii) the subject person would not have included the underlying instruction in the underlying AMD in the relevant terms or at all.
- (4) A DNACPR order that is not AMD-based is not applicable if the attending RMP of the subject person of the order reasonably considers that—
 - (a) there is any exceptional circumstance that warrants disregarding the order; and
 - (b) disregarding the order is in the subject person’s best interests.
- (5) In this section—

attending RMP (診症醫生), in relation to the subject person of a DNACPR order, means a person who is in immediate charge of the medical care of the subject person as a registered medical practitioner;

signing RMP (簽發醫生) in relation to a DNACPR order, means—

- (a) if its effective period has not been extended under section 36(2) before—any of the registered medical practitioners who made the order; and
- (b) if its effective period has been extended under section 36(2)—the registered medical practitioner who last extended the effective period.

Subdivision 3—Notice of Order

40. When does a person have notice of DNACPR order

For the purposes of this Ordinance, a person has notice of a DNACPR order when the person sees a validating copy of the order.

41. No requirement to search for validating copy of DNACPR order

For the purposes of this Ordinance, a person is not required to search the subject person of a DNACPR order or the items that are carried by, or appear to be carried by, the subject person to ascertain whether the subject person carries a validating copy of the order.

Division 4—Protection**42. Interpretation of Division 4 of Part 3**

In this Division—

medical carer (施治者), in relation to a person-in-arrest, means—

- (a) a treatment provider of the person-in-arrest; or
- (b) a rescuer of the person-in-arrest.

43. Protection of medical carers

- (1) This section applies to a medical carer of a person-in-arrest, irrespective of whether the medical carer is a public officer.
- (2) If there is any of the circumstances specified in subsection (4), the medical carer does not incur any liability for performing CPR on the person-in-arrest.
- (3) However, subsection (2) does not affect any liability arising from a breach of duty to exercise care during the course of performing CPR.
- (4) For the purposes of subsection (2), the circumstances are—
 - (a) a DNACPR order has been made for the person-in-arrest but the medical carer does not—
 - (i) know of the existence of the order; or

- (ii) know what a DNACPR order is;
 - (b) the medical carer is not satisfied that—
 - (i) a DNACPR order has been made for the person-in-arrest; or
 - (ii) the order is valid and applicable; and
 - (c) any of the conditions specified in subsection (7) is not met.
- (5) If there is any of the circumstances specified in subsection (6), the medical carer does not incur any liability for not performing CPR on the person-in-arrest.
- (6) The circumstances are—
 - (a) the medical carer honestly and reasonably believes that—
 - (i) a DNACPR order has been made for the person-in-arrest; and
 - (ii) the order is valid and applicable; and
 - (b) all the conditions specified in subsection (7) are met.
- (7) The conditions specified for subsections (4)(c) and (6)(b) are—
 - (a) the medical carer is reasonably satisfied that a medical carer of the person-in-arrest has, during the current episode of care of the person-in-arrest, seen a document that appears—
 - (i) to be a validating copy of a DNACPR order made for the person-in-arrest;
 - (ii) to show that the order is in a prescribed form and has been duly completed, signed and dated; and

- (iii) to show that the latest date specified in the order as the date on which the effective period of the order ends has not passed;
- (b) none of the following circumstances comes to the attention of the medical carer—
 - (i) the making of the DNACPR order for the person-in-arrest was or may have been procured by wrongful means;
 - (ii) the order is or may have been revoked under section 34;
 - (iii) if the order is AMD-based—
 - (A) the underlying AMD of the order has been or may have been revoked by the person-in-arrest; or
 - (B) the person-in-arrest has done or may have done anything, other than revocation of the underlying AMD, that—
 - (I) is clearly inconsistent with the underlying instruction for the order; and
 - (II) indicates that the person-in-arrest no longer wants the instruction to be followed; and
- (c) the medical carer determines that there is no reason to suspect that the cardiopulmonary arrest the person-in-arrest is in arises from—
 - (i) an unnatural cause; or
 - (ii) an injury that is self-inflicted or inflicted by another person.

44. Protection of console operators at Fire Services Communications Centre

- (1) Subsection (2) applies if a console operator learns during his or her communication with a caller that the caller is or may be able to see a copy of a DNACPR order made for a person-in-arrest.
- (2) The console operator does not incur any liability for any reasonable response given by him or her in good faith to the caller in relation to—
 - (a) the DNACPR order; or
 - (b) whether to perform CPR on the person-in-arrest.
- (3) In this section—

caller (求助者) means a person who is seeking assistance from the Centre by means of real time communications;

Centre (中心) means the Fire Services Communications Centre of the Fire Services Department;

console operator (控制台操作員) means an officer of the Fire Services Department who is acting as a console operator at the Centre.

45. Certain civil liabilities not affected by sections 43 and 44

- (1) If—
 - (a) but for the operation of subsection (2) or (5) of section 43, a medical carer would have incurred civil liability for performing, or not performing, CPR on a person-in-arrest; and
 - (b) a third person would have been civilly liable for the medical carer's performing or not performing CPR on the person-in-arrest,

that subsection does not affect that liability of the third person.

- (2) Section 44(2) does not affect the civil liability of the Government for the response described in that section.

46. Supplementary provisions: burden and standard of proof in proceedings

- (1) A person who seeks to rely on subsection (2) or (5) of section 43 in any criminal proceedings has the burden of establishing that there was any of the circumstances mentioned in that subsection.
- (2) A person who seeks to rely on section 44(2) in any criminal proceedings has the burden of establishing that the response given by him or her was reasonable and was given in good faith.
- (3) For the purposes of subsections (1) and (2), the person is taken to have established the matter described in subsection (1) or (2) (as the case requires) if—
 - (a) there is sufficient evidence to raise an issue with respect to the matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.
- (4) A person who seeks to rely on subsection (2) or (5) of section 43 in any legal proceedings other than criminal proceedings has the burden of proving that there was any of the circumstances mentioned in that subsection.
- (5) A person who seeks to rely on section 44(2) in any legal proceedings other than criminal proceedings has the burden of proving that the response given by him or her was reasonable and was given in good faith.

Division 5—Miscellaneous

47. Responsible person who is guardian may sign prescribed form of DNACPR order

- (1) If a responsible person of an adult who is mentally incapable of deciding on a life-sustaining treatment is a guardian of the adult for the purposes of Part IIIA or IVB of Cap. 136, the responsible person has the power to sign Part 6 of the prescribed form of a DNACPR order described in section 28(b) to be made for the adult for the purposes of section 32(3)(a) if the responsible person is eligible to act as described in that section.
 - (2) To avoid doubt, the power of the responsible person under subsection (1) is in addition to the powers that may be exercised by the responsible person pursuant to Part IIIA or IVB of Cap. 136 (as applicable).
 - (3) In this section—
Cap. 136 (《第136章》) means the Mental Health Ordinance (Cap. 136).
-

Part 4

Offences

Division 1—Preliminary

48. Interpretation of Part 4

In this Part—

act (作為) includes an omission;

benefit (利益)—

- (a) means any financial or proprietary gain, whether temporary or permanent; and
- (b) includes such a gain by keeping what one has, as well as such a gain by getting what one has not;

instruction (指令) means an instruction in an advance medical directive (or an instrument that purports to be an advance medical directive) that a person is not to be subjected to any life-sustaining treatment specified in the instruction.

Division 2—Offences

Subdivision 1—Obstruction

49. Offence to obstruct following of instruction in advance medical directive

- (1) A person (*Person A*) commits an offence if—
 - (a) Person A is aware that another person (*Person B*) has made an advance medical directive;

- (b) an instruction in the directive is valid and applicable; and
 - (c) Person A wilfully obstructs a treatment provider of Person B in following the instruction.
- (2) A person who commits an offence under subsection (1) is liable on conviction to a fine at level 5 and to imprisonment for 6 months.
- (3) It is a defence for a person charged with an offence under subsection (1) to establish that the person honestly and reasonably believed that the instruction was not valid or not applicable.
- (4) A person is taken to have established a matter that needs to be established for the defence if—
- (a) there is sufficient evidence to raise an issue with respect to the matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.

Subdivision 2—Misleading Another Person into Not Complying or Complying with Advance Decision Instrument etc.

50. Offence concerning misleading another person into not complying with advance decision instrument

- (1) A person commits an offence if the person does any act with intent that, or while being reckless as to whether—
- (a) another person who is a treatment provider of a third person would be misled by the act into not following an instruction in an advance medical directive made by the third person; or

- (b) another person would be misled by the act into not complying with a DNACPR order made for a third person.
- (2) A person commits an offence if the person does any act—
 - (a) with intent that—
 - (i) another person who is a treatment provider of a third person would be misled by the act into not following an instruction in an advance medical directive made by the third person; or
 - (ii) another person would be misled by the act into not complying with a DNACPR order made for a third person; and
 - (b) with intent to—
 - (i) prolong the suffering of the third person; or
 - (ii) obtain any benefit for himself or herself or another person.
- (3) A person who commits an offence under subsection (1) is liable on conviction to a fine at level 5 and to imprisonment for 6 months.
- (4) A person who commits an offence under subsection (2) is liable on conviction to imprisonment for 3 years.

51. Offence concerning misleading another person into complying with advance decision instrument etc.

- (1) A person commits an offence if the person does any act with intent that, or while being reckless as to whether—

- (a) another person who is a treatment provider of a third person would be misled by the act into following an instruction in an instrument that is, or purports to be, an advance medical directive made by the third person; or
 - (b) another person would be misled by the act into complying with an instrument that is, or purports to be, a DNACPR order made for a third person.
- (2) A person commits an offence if the person does any act—
- (a) with intent that—
 - (i) another person who is a treatment provider of a third person would be misled by the act into following an instruction in an instrument that is, or purports to be, an advance medical directive made by the third person; or
 - (ii) another person would be misled by the act into complying with an instrument that is, or purports to be, a DNACPR order made for a third person; and
 - (b) with intent to—
 - (i) jeopardize the health of the third person; or
 - (ii) obtain any benefit for himself or herself or another person.
- (3) A person who commits an offence under subsection (1) is liable on conviction on indictment to imprisonment for 10 years.

- (4) A person who commits an offence under subsection (2) is liable on conviction on indictment to imprisonment for 14 years.

52. Defence for offences under sections 50(1) and 51(1)

- (1) If a person is charged with an offence under section 50(1) or 51(1) for doing an act while being reckless as described in that section, it is a defence for the person to establish that the person had, at the time of the alleged offence, a reasonable excuse for doing the act.
- (2) A person is taken to have established a matter that needs to be established for the defence if—
 - (a) there is sufficient evidence to raise an issue with respect to the matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.

Division 3—Miscellaneous

53. Conviction for offence other than that charged

- (1) If on the trial of a charge for an offence under section 50(2) the accused is acquitted, but it is proved that the accused is guilty of an offence under section 50(1), the accused is to be convicted of the offence under section 50(1) and is liable to be punished accordingly.
- (2) If on the trial of a charge for an offence under section 51(2) the accused is acquitted, but it is proved that the accused is guilty of an offence under section 51(1), the accused is to be convicted of the offence under section 51(1) and is liable to be punished accordingly.

- (3) This section does not exclude the application of any other law authorizing a court to find a person guilty of an offence other than that with which the person is charged.

54. Prosecution deadline for offences under sections 49(1) and 50(1) and (2)

A prosecution for an offence under section 49(1) or 50(1) or (2) may only be started before the end of 1 year after the date on which the offence is discovered by, or comes to the notice of, the prosecutor.

Note—

This replaces the time limit under section 26 of the Magistrates Ordinance (Cap. 227).

Part 5

Miscellaneous Provisions

- 55. Ordinance does not authorize act that causes or accelerates death**
- (1) Nothing in this Ordinance authorizes an act that causes or accelerates death.
 - (2) For the purposes of subsection (1), an act that permits the dying process to take its natural course is not an act that causes or accelerates death.
- 56. Insurance policies not affected by advance decision instrument**
- (1) The making of an advance decision instrument does not affect the sale, procurement or issuance of an insurance policy or any of the terms of the policy.
 - (2) An insurance policy is not avoided, invalidated or otherwise affected by not subjecting the insured person to any life-sustaining treatment pursuant to this Ordinance.
- 57. Schedule 1 has effect with respect to pre-existing instruments**
- Schedule 1 has effect with respect to—
- (a) an advance medical directive that was made before the commencement of Subdivision 1 of Division 1 of Part 2; and
 - (b) a DNACPR order that was made before the commencement of Subdivision 1 of Division 2 of Part 3.
- 58. Standard of proof by defendant in certain criminal proceedings**
- (1) This section applies to any criminal proceedings in which a defendant seeks to prove any of the following matters—

- (a) for the purposes of section 10(2)—the condition under section 10(1) as regards the presentation of instructions has not been met in relation to an advance medical directive;
 - (b) for the purposes of section 13(2)—the maker of an advance medical directive is mentally incapable of deciding on a life-sustaining treatment at the time described in that section;
 - (c) for the purposes of section 35(3)—the subject person of a DNACPR order is mentally incapable of deciding on a life-sustaining treatment at the time described in that section.
- (2) In the proceedings, the defendant is taken to have proved a matter specified in subsection (1) if—
- (a) there is sufficient evidence to raise an issue with respect to that matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.

59. Certified translation of advance medical directive

- (1) For the purposes of this Ordinance, a Chinese or English translation made in Hong Kong of an advance medical directive that is made in neither Chinese nor English is a certified translation of the directive if—
- (a) it is certified as a correct translation of the directive by the translator; and
 - (b) a person specified in subsection (3) certifies that in that person's belief the translator is competent in translating the directive into Chinese or English (as the case may be).

-
- (2) For the purposes of this Ordinance, a Chinese or English translation made in a place outside Hong Kong of an advance medical directive that is made in neither Chinese nor English is a certified translation of the directive if—
- (a) in the case of a translator specified in subsection (4), it is certified as a correct translation of the directive by the translator; or
 - (b) in the case of any other translator—
 - (i) it is certified as a correct translation of the directive by the translator; and
 - (ii) a person specified in subsection (5) certifies that in that person's belief the translator is competent in translating the directive into Chinese or English (as the case may be).
- (3) The person specified for subsection (1)(b) is—
- (a) a notary public practising in Hong Kong;
 - (b) a solicitor practising in Hong Kong; or
 - (c) a consular officer in Hong Kong.
- (4) The translator specified for subsection (2)(a) is a translator approved by a court of law of the place.
- (5) The person specified for subsection (2)(b)(ii) is—
- (a) a notary public practising in the place;
 - (b) a professional legal practitioner practising in the place;
 - (c) an officer of a court of law duly authorized by the law of the place to certify documents for any judicial or other legal purpose; or
 - (d) a consular officer in the place.
- (6) The Secretary may, by notice published in the Gazette, amend subsection (3), (4) or (5).

60. Designation of electronic system

- (1) The Secretary may, for the purposes of this Ordinance, designate an electronic system.
- (2) The Secretary must, as soon as practicable after making a designation under subsection (1), publish a notice of the designation in a way that the Secretary considers appropriate.
- (3) A notice published under subsection (2) is not subsidiary legislation.

61. Secretary may amend Schedules 2 and 3

The Secretary may, by notice published in the Gazette, amend Schedule 2 or 3.

Part 6

Amendments relating to Making and Revocation of Advance Medical Directives by Electronic Means etc.

62. Advance Decision on Life-sustaining Treatment Ordinance amended

The Advance Decision on Life-sustaining Treatment Ordinance (30 of 2024) is amended as set out in sections 63 to 69.

63. Section 2 amended (interpretation)

(1) Section 2(1)—

Repeal the definition of *validating copy*

Substitute

“*validating copy* (確效文本)—

(a) in relation to a paper directive, means—

(i) the original copy of the directive;

(ii) a copy of the directive that is certified as a true copy of the directive by—

(A) a registered medical practitioner; or

(B) a solicitor practising in Hong Kong;
or

(iii) a clearly legible copy of the directive that—

(A) is in the form of an electronic image;
and

- (B) is stored in a designated electronic system in compliance with the requirements of the system;
 - (b) in relation to an electronic directive, means—
 - (i) the directive that is stored in the designated electronic system by means of which the directive is made in compliance with the requirements of the system; or
 - (ii) a clearly legible printout of the directive that is certified as a complete printout of the directive by—
 - (A) a registered medical practitioner; or
 - (B) a solicitor practising in Hong Kong; and
 - (c) in relation to a DNACPR order, means—
 - (i) the original copy of the order; or
 - (ii) a copy of the order that is certified as a true copy of the order by—
 - (A) a registered medical practitioner; or
 - (B) a solicitor practising in Hong Kong;”.
- (2) Section 2(1)—

Add in alphabetical order

“*audio visual link* (視聽聯繫) means facilities that enable real time audio and visual communication between persons at different places;

electronic directive (電子指示) means an advance medical directive that is made in electronic form in compliance with section 10(2);

paper directive (紙本指示) means an advance medical directive made in paper form;”.

(3) After section 2(2)—

Add

“(2A) If a person observes an act in real time by an audio visual link, the act is regarded for the purposes of this Ordinance as being done in the person’s presence.”.

64. Section 10 substituted

Section 10—

Repeal the section

Substitute

“10. Condition 2: form

- (1) The advance medical directive must be made, in writing, in paper form or in electronic form, and all instructions in the directive must be presented in a clear way.
- (2) An advance medical directive is made in electronic form only if it is—
 - (a) made in the form of an electronic record;
 - (b) made by using a template that—
 - (i) is in the form of Form 1 or 2 (as appropriate) prescribed in Schedule 2; and
 - (ii) is provided in a designated electronic system; and
 - (c) stored in the system in compliance with the requirements of the system.

- (3) The condition under subsection (1) as regards the presentation of instructions is presumed, until the contrary is proved, to have been met in relation to the directive if it is in the form of Form 1 or 2 (as appropriate) prescribed in Schedule 2.

Note—

See also section 58, which makes supplementary provisions for this subsection.”.

65. Section 11 amended (condition 3: maker to sign)

At the end of section 11(1)—

Add

“**Note—**

For the making of an advance medical directive in electronic form in compliance with section 10(2), see also section 12A(2).”.

66. Section 12 amended (condition 4: witnesses)

At the end of section 12(2)(d)—

Add

“**Note—**

For the making of an advance medical directive in electronic form in compliance with section 10(2), see also section 12A(2).”.

67. Section 12A added

Part 2, Division 1, Subdivision 1, after section 12—

Add

“12A. Supplementary provisions: signing directive electronically

- (1) This section applies in relation to the making of an advance medical directive in electronic form in compliance with section 10(2).

- (2) For the purposes of sections 11(1) and 12(2)(d), a person signs the directive if the person inputs the person's electronic signature onto it for the purpose of authenticating it.
- (3) A person's electronic signature may be inputted by the person on his or her own or with assistance rendered by another person at his or her request.
- (4) In this section—

electronic signature (電子簽署) means an electronic signature (as defined by section 2(1) of the Electronic Transactions Ordinance (Cap. 553)) that is authenticated by a designated electronic system for use in the system.”.

68. Section 13 amended (revocation of advance medical directive)

- (1) Section 13(1)—

Repeal paragraph (b)

Substitute

“(b) the maker signs—

- (i) in the case of a paper directive that is in the form of Form 1 or 2 prescribed in Schedule 2—Part 5 of the directive; or
- (ii) in the case of an electronic directive—Part 5 of a printout of the directive that falls within paragraph (b)(ii) of the definition of *validating copy* in section 2(1),

and the date of signing is shown in that Part;”.

(2) Section 13(1)—

Repeal paragraph (c)

Substitute

- “(c) the maker, or an adult in the maker’s presence and by the maker’s direction, burns, tears or otherwise destroys—
- (i) in the case of a paper directive—the directive; or
 - (ii) in the case of an electronic directive—a printout of the directive that falls within paragraph (b)(ii) of the definition of *validating copy* in section 2(1);
- (ca) the maker, or an adult in the maker’s presence and by the maker’s direction, crosses out the content of, and signs, each page of—
- (i) in the case of a paper directive—the directive; or
 - (ii) in the case of an electronic directive—a printout of the directive that falls within paragraph (b)(ii) of the definition of *validating copy* in section 2(1);”.

(3) Section 13(2)—

Repeal

“(c), (d)”

Substitute

“(c), (ca), (d)”.

69. Section 58 amended (standard of proof by defendant in certain criminal proceedings)

Section 58(1)(a)—

Repeal

“10(2)”

Substitute

“10(3)”.

Part 7

Related Amendments

Division 1—Enactments Amended

70. Enactments amended

The enactments specified in Divisions 2, 3 and 4 are amended as set out in those Divisions.

Division 2—Amendments to Fire Services Ordinance (Cap. 95)

71. Section 7 amended (duties of Fire Services Department)

(1) Section 7—

ReNUMBER the section as section 7(1).

(2) Section 7(1), English text—

Repeal

“shall be”

Substitute

“are”.

(3) Section 7(1)(d)—

Repeal subparagraph (ii)

Substitute

“(ii) subject to section 37 of the relevant Ordinance, resuscitating the person or sustaining the person’s life;”.

(4) After section 7(1)—

Add

“(2) The duty specified in subsection (1)(d)(ii) ceases to apply in relation to the performance of CPR on a person mentioned in subsection (1)(d) (*relevant person*) if—

- (a) a DNACPR order has been made for the relevant person, and the order is valid and applicable; or
- (b) section 43(5) of the relevant Ordinance applies in relation to a member’s attendance to the relevant person.

(3) In this section—

applicable (適用), in relation to a DNACPR order, has the meaning given by section 39 of the relevant Ordinance;

CPR (心肺復甦術) has the meaning given by section 2(1) of the relevant Ordinance;

DNACPR order (不作心肺復甦術命令) has the meaning given by section 2(1) of the relevant Ordinance;

relevant Ordinance (《有關條例》) means the Advance Decision on Life-sustaining Treatment Ordinance (30 of 2024);

valid (有效), in relation to a DNACPR order, has the meaning given by section 38 of the relevant Ordinance.”.

Division 3—Amendment to Mental Health Ordinance (Cap. 136)

72. Section 59ZFA added

After section 59ZF—

Add

“59ZFA. Application of sections 59ZD(1), 59ZE and 59ZF

(1) Sections 59ZD(1), 59ZE and 59ZF do not apply in relation to—

(a) any life-sustaining treatment that—

(i) is, or is intended to be, carried out in respect of a mentally incapacitated person with AMD; and

(ii) is specified in a valid and applicable instruction in the advance medical directive made by the person; and

(b) CPR that is, or is intended to be, carried out in respect of a mentally incapacitated person in relation to whom a DNACPR order is valid and applicable.

(2) In this section—

advance medical directive (預設醫療指示) has the meaning given by section 2(1) of the relevant Ordinance;

applicable (適用)—

(a) in relation to an instruction in an advance medical directive, has the meaning given by section 17 of the relevant Ordinance; and

- (b) in relation to a DNACPR order, has the meaning given by section 39 of the relevant Ordinance;

CPR (心肺復甦術) has the meaning given by section 2(1) of the relevant Ordinance;

DNACPR order (不作心肺復甦術命令) has the meaning given by section 2(1) of the relevant Ordinance;

life-sustaining treatment (維持生命治療) has the meaning given by section 2(1) of the relevant Ordinance;

mentally incapacitated person with AMD (具預設指示的精神上無行為能力的人) means a mentally incapacitated person—

- (a) who made an advance medical directive; and
- (b) who was, at the time of making the directive, an adult and mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the relevant Ordinance);

relevant Ordinance (《有關條例》) means the Advance Decision on Life-sustaining Treatment Ordinance (30 of 2024);

valid (有效)—

- (a) in relation to an instruction in an advance medical directive, has the meaning given by section 16 of the relevant Ordinance; and
- (b) in relation to a DNACPR order, has the meaning given by section 38 of the relevant Ordinance.”.

**Division 4—Amendment to Advance Decision on
Life-sustaining Treatment Ordinance (30 of 2024)**

73. Section 2 amended (interpretation)

Section 2(1), definition of *professional misconduct*, paragraph
(a)—

Repeal

“18(2)”

Substitute

“2(1)”.

Schedule 1

[s. 57]

Provisions for Pre-existing Instruments

Part 1

Preliminary

1. Interpretation of Schedule 1

In this Schedule—

pre-existing directive (原有指示) means an advance medical directive that was made before the commencement of Subdivision 1 of Division 1 of Part 2;

pre-existing order (原有命令) means a DNACPR order that was made before the commencement of Subdivision 1 of Division 2 of Part 3.

Part 2

Pre-existing Directives

2. Pre-existing directive regarded as made for purposes of section 8 if certain conditions met

(1) Subject to subsection (2), a pre-existing directive is regarded, for the purposes of section 8, as made if all the conditions set out in sections 9, 10, 11 and 12 (*relevant provisions*) were met in relation to it when it was made as if the relevant provisions and Schedule 2 were in force then.

- (2) For the purposes of subsection (1)—
 - (a) the condition under section 10(1) as regards the presentation of instructions is presumed, until the contrary is proved, to have been met in relation to a pre-existing directive if the directive is in an HA form; and
 - (b) the conditions set out in sections 11 and 12 are regarded as having been met in relation to a pre-existing directive if all the requirements specified in subsection (3) were satisfied in relation to it when it was made.
- (3) The requirements are—
 - (a) the directive was signed by its maker in the presence of not less than 2 witnesses;
 - (b) each of the witnesses signed the directive;
 - (c) each of the witnesses was, to the best of his or her knowledge, not an interested person of the maker;
 - (d) one of the witnesses was a registered medical practitioner who—
 - (i) before the maker signed the directive, explained to the maker its nature and the effect of making it; and
 - (ii) was satisfied that, at the time when the maker signed the directive, the maker was mentally capable of deciding on a life-sustaining treatment; and
 - (e) the directive was dated.

(4) In subsection (2)—

HA form (醫管局表格) means—

- (a) any of the forms set out in Appendix 1 to the Guidance for HA Clinicians on Advance Directives in Adults issued by the Hospital Authority on 8 July 2010;
- (b) any of the forms set out in Appendix 1 or 2 to the Guidance for HA Clinicians on Advance Directives in Adults issued by the Hospital Authority on 10 June 2014;
- (c) the form set out in Appendix 1 or 2 to the Guidance for HA Clinicians on Advance Directives in Adults issued by the Hospital Authority on 21 July 2016; or
- (d) the form set out in Appendix 1 or 2 to the Guidance for HA Clinicians on Advance Directives in Adults issued by the Hospital Authority on 2 July 2020.

3. Circumstances in which pre-existing directive regarded as having been revoked

If circumstances that would constitute revocation of an advance medical directive under section 13 existed in relation to a pre-existing directive before the commencement of that section, the pre-existing directive is regarded as having been revoked under that section.

Part 3

Pre-existing Orders

4. Pre-existing order regarded as made for purposes of section 29 if certain conditions met

A pre-existing order is regarded, for the purposes of section 29, as made if all the conditions set out in sections 30, 31, 32 and 33 (*relevant provisions*) were met in relation to it when it was made as if the relevant provisions and Schedule 3 were in force then.

5. Circumstances in which pre-existing order regarded as having been revoked

If circumstances that would constitute revocation of a DNACPR order under section 34 existed in relation to a pre-existing order before the commencement of sections 34 and 35, the pre-existing order is regarded as having been revoked under section 34.

6. Extension of effective period of pre-existing order before commencement of section 36

If section 36 was complied with in relation to an extension of the effective period (within the meaning of Part 3) of a pre-existing order before the commencement of that section, the effective period of the order is regarded as having been extended under that section.

Schedule 2

[ss. 10, 13 & 61 &
Sch. 1]

Model Forms of Advance Medical Directive

Form 1

Advance Medical Directive

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Maker

(Please tick the appropriate boxes in this Part.)

Name in English *(Please use capital letters):*

First Name: _____ Family Name: _____

Name in Chinese *(Optional):* _____

Details of Identity Document *(Please choose one):*

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number):* _____

Other Identity Document *(Please state the type, issuing region and number):*

Sex: Male Female

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

Home Address: _____

Contact Tel. No.: _____

Part 2: Declarations of Maker

I declare as follows—

1. I have attained 18 years of age.
2. I make this Directive out of my own free will, having had—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on myself,explained to me by Dr. _____, the First Witness of my signature on this Directive.
3. I understand that by making this Directive, my existing advance medical directive (if any) is revoked.
4. I understand that I can revoke this Directive at any time when I am mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) by completing Part 5 or by any other means prescribed in the Ordinance.
5. I understand that this Directive applies in relation to my medical treatment only when I am mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).

Part 3: Instructions of Maker

(Please tick the appropriate boxes in this Part.)

(The Maker may give one or more of the following instructions.)

Instruction in the case of being Terminally Ill

- If I am terminally ill (within the meaning of section 4 of the Ordinance), my instruction is as follows—**

- I am not to be subjected to—**
 - cardiopulmonary resuscitation;**
 - others (please state): _____.**

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

Instruction in the case of being in Persistent Vegetative State or State of Irreversible Coma

- If I am in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance, my instruction is as follows—**
 - I am not to be subjected to—**
 - cardiopulmonary resuscitation;**
 - others (please state): _____.**

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

Instruction in the case of being in Other End-stage, Irreversible, Life-limiting Condition

- If I am in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely _____, my instruction is as follows—**

- I am not to be subjected to—**

cardiopulmonary resuscitation;

others (please state): _____.

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.)

OR

- I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(Caution to the Maker: Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.)

I make the declarations in Part 2 and give the instruction or instructions in this Part.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)
Date of Signing

Part 4: Witnesses

(Please tick the appropriate box in this Part.)

Declarations, Signature and Personal Particulars of First Witness

I declare as follows—

1. I am a registered medical practitioner.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. Before the Maker signed this Directive, I explained to him/her—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on him/her.

4. I am satisfied that the Maker was mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) at the time when he/she signed this Directive.
5. The Maker signed this Directive in the presence of the Second Witness named below and myself.

_____ / _____ / _____
Signature of First Witness (Day) (Month) (Year)
Date of Signing

Name of First Witness *(Please use capital letters)*:

First Name: _____ Family Name: _____

Medical Council Registration No.: _____

Correspondence Address: _____

Contact Tel. No.: _____

Declarations, Signature and Personal Particulars of Second Witness

I declare as follows—

1. I have attained 18 years of age.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. The Maker signed this Directive in the presence of the First Witness named above and myself.

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 2

Ord. No. 30 of 2024

A3495

_____/_____/_____
Signature of Second Witness (Day) (Month) (Year)
Date of Signing

Name of Second Witness *(Please use capital letters):*

First Name: _____ Family Name: _____

Details of Identity Document/Registration or Membership No. with Professional Body *(Please choose one):*

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number):* _____

Other Identity Document *(Please state the type, issuing region and number):*

Registration/Membership No. with Professional Body *(Please state the professional body and the registration/membership number):* _____

Correspondence Address: _____

Contact Tel. No.: _____

Part 5: Revocation

I revoke this Directive.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)
Date of Signing

Form 2

Advance Medical Directive

(For Refusal of Cardiopulmonary Resuscitation Only)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Maker

(Please tick the appropriate boxes in this Part.)

Name in English *(Please use capital letters):*

First Name: _____ Family Name: _____

Name in Chinese *(Optional):* _____

Details of Identity Document *(Please choose one):*

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number):* _____

Other Identity Document *(Please state the type, issuing region and number):*

Sex: Male Female

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

Home Address: _____

Contact Tel. No.: _____

Part 2: Declarations of Maker

I declare as follows—

1. I have attained 18 years of age.
2. I make this Directive out of my own free will, having had—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on myself,explained to me by Dr. _____, the First Witness of my signature on this Directive.
3. I understand that by making this Directive, my existing advance medical directive (if any) is revoked.
4. I understand that I can revoke this Directive at any time when I am mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) by completing Part 5 or by any other means prescribed in the Ordinance.
5. I understand that this Directive applies in relation to my medical treatment only when I am mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).

Part 3: Instructions of Maker

(Please tick the appropriate box or boxes in this Part.)

(The Maker may give one or more of the following instructions.)

Instruction in the case of being Terminally Ill

- If I am terminally ill (within the meaning of section 4 of the Ordinance), my instruction is that I am not to be subjected to cardiopulmonary resuscitation.**

Instruction in the case of being in Persistent Vegetative State or State of Irreversible Coma

- If I am in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance, my instruction is that I am not to be subjected to cardiopulmonary resuscitation.**

Instruction in the case of being in Other End-stage, Irreversible, Life-limiting Condition

- If I am in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely _____, my instruction is that I am not to be subjected to cardiopulmonary resuscitation.**

I make the declarations in Part 2 and give the instruction or instructions in this Part.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)
Date of Signing

Part 4: Witnesses

(Please tick the appropriate box in this Part.)

Declarations, Signature and Personal Particulars of First Witness

I declare as follows—

1. I am a registered medical practitioner.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. Before the Maker signed this Directive, I explained to him/her—
 - (a) the nature of this Directive; and
 - (b) in relation to each of the instructions in Part 3—the effect of following it on him/her.
4. I am satisfied that the Maker was mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) at the time when he/she signed this Directive.
5. The Maker signed this Directive in the presence of the Second Witness named below and myself.

Signature of First Witness

_____/_____/_____
(Day) (Month) (Year)
Date of Signing

Name of First Witness *(Please use capital letters):*

First Name: _____ Family Name: _____

Medical Council Registration No.: _____

Correspondence Address: _____

Contact Tel. No.: _____

Declarations, Signature and Personal Particulars of Second Witness

I declare as follows—

1. I have attained 18 years of age.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. The Maker signed this Directive in the presence of the First Witness named above and myself.

_____/_____/_____
Signature of Second Witness (Day) (Month) (Year)
Date of Signing

Name of Second Witness *(Please use capital letters):*

First Name: _____ Family Name: _____

Details of Identity Document/Registration or Membership No. with Professional Body *(Please choose one):*

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number):* _____

Other Identity Document *(Please state the type, issuing region and number):* _____

Registration/Membership No. with Professional Body *(Please state the professional body and the registration/membership number):* _____

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 2

Ord. No. 30 of 2024

A3507

Correspondence Address: _____

Contact Tel. No.: _____

Part 5: Revocation

I revoke this Directive.

Signature of Maker

_____/_____/_____
(Day) (Month) (Year)

Date of Signing

Schedule 3

[ss. 30, 36 & 61 &
Sch. 1]

Forms of DNACPR Order and Continuation Sheets

Form 1

**Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order
(With Continuing Effect)
(AMD-Based)**

(Made under the Advance Decision on Life-sustaining
Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Subject Person

(Please tick the appropriate boxes in this Part.)

Name: _____ (*subject person*)

Details of Identity Document *(Please choose one)*:

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number)*: _____

Other Identity Document *(Please state the type, issuing region and number)*:

Sex: Male Female

Date of Birth: _____ / _____ / _____
(Day) (Month) (Year)

(Optional) Emergency Contact of Subject Person

Name: _____ Contact Tel. No.: _____

Part 2: Effective Period

(Note: The effective period of this Order stated in this Part should not exceed 1 year.)

The effective period of this Order begins on ____/____/____,
(Day) (Month) (Year)

the date on which this Order is made, and ends at 24:00 hours on
____/____/____.
(Day) (Month) (Year)

Part 3: 1st Extension of Effective Period

(Note: An extension should not exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I EXTEND the effective period of this Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 6).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(For any subsequent extension, please use a continuation sheet in the form of Form 4 prescribed in Schedule 3 to the Ordinance. If a continuation sheet is used, it should be attached to this Order. Once used and attached, it forms part of this Order.)

*(*Delete as appropriate.)*

Part 4: Decisions of Registered Medical Practitioners

(Please tick the appropriate box or boxes in this Part.)

We, the registered medical practitioners who sign below, declare as follows—

1. We certify that the subject person is—
 - terminally ill (within the meaning of section 4 of the Ordinance);
 - in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance;
 - in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely_____.

2. We decide to **ORDER THAT CARDIOPULMONARY RESUSCITATION (CPR)⁺ IS NOT TO BE PERFORMED ON THE SUBJECT PERSON** when he/she is in cardiopulmonary arrest. This Order is made on the basis of an instruction of the subject person not to perform CPR on him/her. The instruction is contained in an advance medical directive made by him/her on ____/____/____
(Day) (Month) (Year)

and is valid. The medical condition diagnosed above falls within the specified precondition of the instruction.

(⁺ *Examples of procedures in CPR are external cardiac compression, artificial ventilation and defibrillation.*)

3. We decide on the effective period of this Order in Part 2.

Registered Medical Practitioner 1

Registered Medical Practitioner 2

(a) I declare that I am a registered medical practitioner who is a specialist.

(a) I declare that I am a registered medical practitioner.

(b) I make the No Interest Declaration^(See Part 6).

(b) I make the No Interest Declaration^(See Part 6).

Signature: _____

Signature: _____

Date of Signing:

Date of Signing:

_____/_____/_____
(Day) (Month) (Year)

_____/_____/_____
(Day) (Month) (Year)

Name: _____

Name: _____

Medical Council Registration

Medical Council Registration

No.: _____

No.: _____

Hospital/Clinic*: _____

Hospital/Clinic*: _____

Contact Tel. No.: _____

Contact Tel. No.: _____

(*Delete as appropriate.)

Part 5: Notes to Treatment Providers/Rescuers

You should disregard this Order and perform CPR on the subject person who is in cardiopulmonary arrest if—

- (a) this document is not the original copy, or a certified copy, of this Order;
- (b) the effective period of this Order has ended;
- (c) you have doubts about the validity or applicability of this Order; or
- (d) you determine that there is reason to suspect that the cardiopulmonary arrest the subject person is in arises from—
 - (i) an unnatural cause; or
 - (ii) an injury that is self-inflicted or inflicted by another person.

Part 6: Content of No Interest Declaration

In this Order (including any continuation sheet), the No Interest Declaration is a declaration that “To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the subject person.”

Form 2

**Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order**

(With Continuing Effect)

(Not AMD-Based)

(For Mentally Incapable Adult)

(Made under the Advance Decision on Life-sustaining
Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Subject Person

(Please tick the appropriate boxes in this Part.)

Name: _____ (*subject person*)

Details of Identity Document *(Please choose one)*:

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number)*: _____

Other Identity Document *(Please state the type, issuing region and number)*:

Sex: Male Female

Date of Birth: ____/____/____
(Day) (Month) (Year)

(Optional) Emergency Contact of Subject Person

Name: _____ Contact Tel. No.: _____

Part 2: Effective Period

(Note: The effective period of this Order stated in this Part should not exceed 1 year.)

The effective period of this Order begins on ____/____/____,
(Day) (Month) (Year)

the date on which this Order is made, and ends at 24:00 hours on
____/____/____.
(Day) (Month) (Year)

Part 3: 1st Extension of Effective Period

(Note: An extension should not exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I EXTEND the effective period of this Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 8).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(For any subsequent extension, please use a continuation sheet in the form of Form 4 prescribed in Schedule 3 to the Ordinance. If a continuation sheet is used, it should be attached to this Order. Once used and attached, it forms part of this Order.)

*(*Delete as appropriate.)*

Part 4: Decisions of Registered Medical Practitioners

(Please tick the appropriate box or boxes in this Part.)

We, the registered medical practitioners who sign below, declare as follows—

1. We certify that the subject person is—
 - terminally ill (within the meaning of section 4 of the Ordinance);
 - in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance;
 - in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely_____.
2. We are satisfied that the subject person is an adult who is mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).
3. We are not aware that the subject person has an advance medical directive that contains an instruction not to perform cardiopulmonary resuscitation (**CPR**) on him/her.
4. We decide to **ORDER THAT CPR⁺ IS NOT TO BE PERFORMED ON THE SUBJECT PERSON** when he/she is in cardiopulmonary arrest. This Order is made on the basis that performing CPR in such circumstances would not be in the subject person's best interests.

(⁺ Examples of procedures in CPR are external cardiac compression, artificial ventilation and defibrillation.)

5. We decide on the effective period of this Order in Part 2.

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3525

Registered Medical
Practitioner 1

- (a) I declare that I am a registered medical practitioner who is a specialist.
- (b) I make the No Interest Declaration^(See Part 8).

Registered Medical
Practitioner 2

- (a) I declare that I am a registered medical practitioner.
- (b) I make the No Interest Declaration^(See Part 8).

Signature: _____

Signature: _____

Date of Signing:

Date of Signing:

_____/_____/_____
(Day) (Month) (Year)

_____/_____/_____
(Day) (Month) (Year)

Name: _____

Name: _____

Medical Council Registration

Medical Council Registration

No.: _____

No.: _____

Hospital/Clinic*: _____

Hospital/Clinic*: _____

Contact Tel. No.: _____

Contact Tel. No.: _____

(*Delete as appropriate.)

**Part 5: Declarations of Registered Medical Practitioner who Signs
Part 4**

(Please tick the appropriate boxes in this Part.)

I, Registered Medical Practitioner 1 or 2 who signs Part 4, declare as follows—

(a) I am satisfied that, despite reasonable efforts having been made, no person who is, under section 32(5) of the Ordinance, eligible to act for the purposes of Part 6 can be found. The declarations in Part 6 are not needed.

OR

(b)(i) I have advised the person who makes the declarations in Part 6 (**Part 6 declarant**) that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person's best interests.

(Declaration (b)(ii) is applicable if declaration (b)(i) is made and the Part 6 declarant is not a responsible person (as defined by section 25 of the Ordinance) of the subject person (responsible person).)

(b)(ii) I am satisfied that, despite reasonable efforts having been made, no responsible person can be secured to act.

I determine that the Part 6 declarant is in a good position to form a view as to whether performing CPR on the subject person when the subject person is in cardiopulmonary arrest would be in the subject person's best interests.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Part 6: Declarations of Person Eligible to Act under Section 32(5) of Ordinance

(This Part is not applicable if one of the registered medical practitioners who signs Part 4 makes declaration (a) in Part 5 and signs that Part.)

(If this Part is applicable, please tick the appropriate boxes in this Part.)

I declare as follows—

1. I have attained 18 years of age.
2. I am—
 - a responsible person (as defined by section 25 of the Ordinance) of the subject person; or
 - determined to be a person eligible to act under section 32(5)(b)(ii) of the Ordinance as regards the subject person.
3. I have been advised by the registered medical practitioner who signs Part 5 that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person's best interests. I agree with the advice.

Signature: _____ Name: _____

Date of Signing: _____ / _____ / _____
(Day) (Month) (Year)

Details of Identity Document (*Please choose one*):

- Hong Kong Identity Card No.: _____
- Passport (*Please state the issuing region and number*): _____
- Other Identity Document (*Please state the type, issuing region and number*):

Relationship with Subject Person: _____

Home Address: _____

Contact Tel. No.: _____

Part 7: Notes to Treatment Providers/Rescuers

You should disregard this Order and perform CPR on the subject person who is in cardiopulmonary arrest if—

- (a) this document is not the original copy, or a certified copy, of this Order;
- (b) the effective period of this Order has ended;
- (c) you have doubts about the validity or applicability of this Order; or
- (d) you determine that there is reason to suspect that the cardiopulmonary arrest the subject person is in arises from—
 - (i) an unnatural cause; or
 - (ii) an injury that is self-inflicted or inflicted by another person.

Part 8: Content of No Interest Declaration

In this Order (including any continuation sheet), the No Interest Declaration is a declaration that “To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the subject person.”.

Form 3

**Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order**

(With Continuing Effect)

(Not AMD-Based)

(For Minor)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (*the Ordinance*))

Part 1: Personal Particulars of Subject Person

(Please tick the appropriate boxes in this Part.)

Name: _____ (*subject person*)

Details of Identity Document *(Please choose one):*

Hong Kong Identity Card No.: _____

Passport *(Please state the issuing region and number):* _____

Other Identity Document *(Please state the type, issuing region and number):*

Sex: Male Female

Date of Birth: ____/____/____
(Day) (Month) (Year)

18th birthday is on ____/____/____
(Day) (Month) (Year)

(Optional) Emergency Contact of Subject Person

Name: _____ Contact Tel. No.: _____

Part 2: Effective Period

(Note: The effective period of this Order stated in this Part should not exceed 1 year and is to end before the 18th birthday of the subject person.)

The effective period of this Order begins on ____/____/____,
(Day) (Month) (Year)
the date on which this Order is made, and ends at 24:00 hours on
____/____/____.
(Day) (Month) (Year)

Part 3: 1st Extension of Effective Period

(Note: An extension should not exceed 1 year. The extended effective period is to end before the 18th birthday of the subject person.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I EXTEND the effective period of this Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 8).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(For any subsequent extension, please use a continuation sheet in the form of Form 5 prescribed in Schedule 3 to the Ordinance. If a continuation sheet is used, it should be attached to this Order. Once used and attached, it forms part of this Order.)

*(*Delete as appropriate.)*

Part 4: Decisions of Registered Medical Practitioners

(Please tick the appropriate box or boxes in this Part.)

We, the registered medical practitioners who sign below, declare as follows—

1. We certify that the subject person is—
 - terminally ill (within the meaning of section 4 of the Ordinance);
 - in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance;
 - in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely _____.
2. We decide to **ORDER THAT CARDIOPULMONARY RESUSCITATION (CPR)⁺ IS NOT TO BE PERFORMED ON THE SUBJECT PERSON** when he/she is in cardiopulmonary arrest. This Order is made on the basis that performing CPR in such circumstances would not be in the subject person's best interests.

(⁺ Examples of procedures in CPR are external cardiac compression, artificial ventilation and defibrillation.)

3. We decide on the effective period of this Order in Part 2.

Registered Medical
Practitioner 1

- (a) I declare that I am a registered medical practitioner who is a specialist.
- (b) I make the No Interest Declaration^(See Part 8).

Registered Medical
Practitioner 2

- (a) I declare that I am a registered medical practitioner.
- (b) I make the No Interest Declaration^(See Part 8).

Signature: _____

Signature: _____

Date of Signing:

Date of Signing:

_____/_____/_____
(Day) (Month) (Year)

_____/_____/_____
(Day) (Month) (Year)

Name: _____

Name: _____

Medical Council Registration

Medical Council Registration

No.: _____

No.: _____

Hospital/Clinic*: _____

Hospital/Clinic*: _____

Contact Tel. No.: _____

Contact Tel. No.: _____

(*Delete as appropriate.)

**Part 5: Declarations of Registered Medical Practitioner who Signs
Part 4**

(Please tick the appropriate boxes in this Part.)

I, Registered Medical Practitioner 1 or 2 who signs Part 4, declare as follows—

- (a) I have advised the person who makes the declarations in Part 6 (**Part 6 declarant**) that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person's best interests.

(Declaration (b) is applicable if the Part 6 declarant is not a responsible person (as defined by section 25 of the Ordinance) of the subject person (responsible person).)

- (b) I am satisfied that, despite reasonable efforts having been made, no responsible person can be secured to act.

I determine that the Part 6 declarant is in a good position to form a view as to whether performing CPR on the subject person when the subject person is in cardiopulmonary arrest would be in the subject person's best interests.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Part 6: Declarations of Person Eligible to Act under Section 32(5) of Ordinance

(Please tick the appropriate boxes in this Part.)

I declare as follows—

1. I have attained 18 years of age.

2. I am—
- a responsible person (as defined by section 25 of the Ordinance) of the subject person; or
 - determined to be a person eligible to act under section 32(5)(b)(ii) of the Ordinance as regards the subject person.
3. I have been advised by the registered medical practitioner who signs Part 5 that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person's best interests. I agree with the advice.

Signature: _____ Name: _____

Date of Signing: _____ / _____ / _____
(Day) (Month) (Year)

Details of Identity Document (*Please choose one*):

Hong Kong Identity Card No.: _____

Passport (*Please state the issuing region and number*): _____

Other Identity Document (*Please state the type, issuing region and number*):

Relationship with Subject Person: _____

Home Address: _____

Contact Tel. No.: _____

Part 7: Notes to Treatment Providers/Rescuers

You should disregard this Order and perform CPR on the subject person who is in cardiopulmonary arrest if—

- (a) this document is not the original copy, or a certified copy, of this Order;
- (b) the effective period of this Order has ended;
- (c) you have doubts about the validity or applicability of this Order; or
- (d) you determine that there is reason to suspect that the cardiopulmonary arrest the subject person is in arises from—
 - (i) an unnatural cause; or
 - (ii) an injury that is self-inflicted or inflicted by another person.

Part 8: Content of No Interest Declaration

In this Order (including any continuation sheet), the No Interest Declaration is a declaration that “To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the subject person.”.

Form 4

**Continuation Sheet for
Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order
(With Continuing Effect)
(For Adult)**

(Made under the Advance Decision on Life-sustaining Treatment Ordinance)

(Note: Once used and attached to the DNACPR Order, this continuation sheet forms part of the Order.)

Details of DNACPR Order

This is a continuation sheet for the DNACPR Order made for (Name): _____ (*subject person*).
The effective period of the Order began on ____/____/____.
(Day) (Month) (Year)

st/nd/rd/th* Extension of Effective Period (Note: An extension should not exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^{(See Part 6 or 8 (as applicable) of the Order)}.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3549

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

st/nd/rd/th* **Extension of Effective** *(Note: An extension should not exceed 1 year.)*
Period

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^{(See Part 6 or 8 (as applicable) of the Order)}.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

st/nd/rd/th* **Extension of Effective** *(Note: An extension should not exceed 1 year.)*
Period

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3551

I make the No Interest Declaration^{(See Part 6 or 8 (as applicable) of the Order)}.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

st/nd/rd/th* **Extension of Effective** *(Note: An extension should not exceed 1 year.)*
Period

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

I make the No Interest Declaration^{(See Part 6 or 8 (as applicable) of the Order)}.

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

Form 5

**Continuation Sheet for
Do-Not-Attempt Cardiopulmonary Resuscitation
(DNACPR) Order
(With Continuing Effect)
(For Minor)**

(Made under the Advance Decision on Life-sustaining Treatment Ordinance)

(Note: Once used and attached to the DNACPR Order, this continuation sheet forms part of the Order.)

Details of DNACPR Order

This is a continuation sheet for the DNACPR Order made for (Name): _____ (*subject person*).

The effective period of the Order began on ____/____/____.
(Day) (Month) (Year)

**_____st/nd/rd/th* Extension of
Effective Period**

(Note: An extension should not exceed 1 year. The extended effective period is to end before the 18th birthday of the subject person.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.
(Day) (Month) (Year)

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3555

I make the No Interest Declaration^(See Part 8 of the Order).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

st/nd/rd/th* **Extension of**
Effective Period

(Note: An extension should not exceed 1 year. The extended effective period is to end before the 18th birthday of the subject person.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.

(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 8 of the Order).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3557

st/nd/rd/th* **Extension of**
Effective Period

(Note: An extension should not exceed 1 year. The extended effective period is to end before the 18th birthday of the subject person.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.

(Day) (Month) (Year)

I make the No Interest Declaration^(See Part 8 of the Order).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)

st/nd/rd/th* **Extension of**
Effective Period

(Note: An extension should not exceed 1 year. The extended effective period is to end before the 18th birthday of the subject person.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on ____/____/____.

(Day) (Month) (Year)

Advance Decision on Life-sustaining Treatment Ordinance

Schedule 3

Ord. No. 30 of 2024

A3559

I make the No Interest Declaration^(See Part 8 of the Order).

Signature: _____ Date of Signing: ____/____/____
(Day) (Month) (Year)

Name of Registered Medical Practitioner: _____

Medical Council Registration No.: _____

Hospital/Clinic*: _____ Contact Tel. No.: _____

(*Delete as appropriate.)