

Results 1: Demographics

Years after graduation *	Number	%	Previous Working Experience	Number	%
• 0-5	132	17.8%	• Family Medicine	456	61.5%
• 6-10	198	26.8%	• Specialist	122	16.5%
• 11-15	76	10.3%	• Higher trainee	73	9.9%
• 16-20	77	10.4%	• Basic trainee	186	25.1%
• >20	257	34.7%	• not stated	75	6.7%
Place of primary medical qualification			• General Practice	340	45.9%
• Hong Kong	555	74.9%	• Geriatrics	48	6.5%
• UK / Ireland	55	7.4%	• Oncology	9	1.2%
• Australia	54	7.3%	• Palliative Care	21	2.8%
• China	30	4.0%	• Others	86	11.6%
• Canada	10	1.3%	Higher Qualifications		
• Others	37	5.0%	• Specialist	146	19.7%
Current Practice			• Family Medicine	122	16.5%
• Hospital Authority	248	33.5%	• Medicine	9	1.2%
• Department of Health	43	5.8%	• Geriatrics	2	0.3%
• Private Hospital	29	3.9%	• Palliative Care	0	0%
• Solo Private Practice	267	36.0%	• Others	19	2.6%
• Group Private Practice	121	16.3%	• Fellow / Member	322	43.5%
• Others	33	4.5%	• Family Medicine	284	38.3%
Gender *			• Medicine	25	3.4%
• Male	519	70.1%	• Others	28	3.8%
• Female	221	29.9%	• Diploma	374	50.5%
Marital Status			• Family Medicine	238	32.1%
• Single	209	28.2%	• Geriatrics	77	10.4%
• Married	514	69.4%	• Palliative Care	1	0.1%
• Divorced	13	1.8%	• Child Health	113	15.2
• Widowed	5	0.7%	• Dermatology	49	6.6
Religion			• Others	85	11.5%
• Buddhism	25	3.4%	Number of terminal patients seen in past 1 year *		
• Catholic	87	11.7%	• 0-5	381	51.6%
• Christian	265	35.8%	• 6-10	171	23.1%
• Nil	361	48.7%	• 11-15	61	8.3%
• Others	3	0.4%	• 16-20	47	6.4%
			• 21-25	13	1.8%
			• 26-30	10	1.4%
			• >30	56	7.6%

* total number does not add up to 741 due to missing data

Results 2: Questionnaire Statistics

Palliative care should be readily provided in community *			Essential factors for provision of palliative care in practice		
	Number	%		Number	%
Strongly Disagree	2	0.3%	● Knowledge on symptom control	597	80.6%
Disagree	32	4.3%	● Multidisciplinary support	576	77.7%
Agree	482	65.2%	● Experience in handling terminal patients	548	74.0%
Strongly Agree	223	30.2%	● Interpersonal skills (psychosocial / counseling)	517	69.8%
Primary care physicians should be involved in providing palliative care service *			● Time	511	69.0%
Strongly Disagree	1	0.1%	● Ability to cope with death	221	29.8%
Disagree	23	3.1%	● Financial support	196	26.5%
Agree	519	70.1%	● Peer support	113	15.2%
Strongly Agree	197	26.6%	Supporting factors for provision of palliative care in practice		
Prefer to die at home *			● Patient needs	626	84.5%
Strongly Disagree	28	3.8%	● Continuity of care	523	70.6%
Disagree	269	36.8%	● Interest	200	27.0%
Agree	335	45.9%	● Personal (friends/family) needs	183	24.7%
Strongly Agree	98	13.4%	● Religion	161	21.7%
Wish to provide palliative care in practice			● Current public-private interface	154	20.8%
Strongly Disagree	10	1.3%	Adverse factors for provision of palliative care in practice		
Disagree	155	20.9%	● Time concern	571	77.1%
Agree	507	68.4%	● Not enough support from other disciplines	479	64.6%
Strongly Agree	69	9.3%	● Knowledge / experience concern	370	49.9%
Currently providing certain form of palliative care in practice			● Structure of the clinic	335	45.2%
Strongly Disagree	65	8.8%	● Legal considerations	252	34.0%
Disagree	245	33.1%	● Financial concern	226	30.5%
Agree	399	53.8%	● Current public-private interface	203	27.4%
Strongly Agree	32	4.3%	● Dealing with psychosocial problems	189	25.5%
Components of palliative care now being provided * total of 431 (58.1%)			● Dealing with death	104	14.0%
● Psychological support	409	94.9%	● Living environment concern	100	13.5%
● Symptoms control	402	93.3%	● Cultural concern	74	10.0%
● Education	390	90.5%	● Not interested	59	8.0%
● Counseling / Bereavement	381	88.4%	Ways to promote palliative care service in the community		
● Arrangement of social resources	287	66.6%	● Public education	599	80.8%
● Home visit	104	24.1%	● Network with the palliative care specialists in hospital	558	75.3%
● Help patients to die at home	79	18.3%	● Subsidy / monetary remuneration by the Government	348	47.0%
Preferred format to learn more about palliative care			● Network with the allied health workers	342	46.2%
● Workshop	471	63.6%	● Collaboration with non-government organizations	304	41.0%
● Seminar	424	57.2%	● Promote the concept of family medicine	277	37.4%
● Clinical attachment	400	54.0%	● Simplification of legal procedures	261	35.2%
● Diploma course	288	38.9%	● Promote palliative care in undergraduate training	221	29.8%
			● Forming an interest group in palliative care in primary care	196	26.5%
			● Collaboration with religious groups	174	23.5%

* total number does not add up to 741 due to missing data

Appendix 1: Questionnaire – Demographic Data

1. Years after graduation:
 0-5 6-10 11-15 15-20 >20

2. Place of obtaining primary medical qualification (e.g. MBBS, MBChB, etc):
 Hong Kong Outside of Hong Kong (Please specify): _____

3. Current practice:
 Hospital Authority Department of Health Private Hospital
 Solo Private Practice Group Private Practice Others (Please specify): _____

4. Gender:
 Male Female

5. Marital Status:
 Single Married Divorced Widowed

6. Religion:
 Buddhism Catholic Christian Nil
 Others (Please specify): _____

7. Previous working experience in: (Can choose more than one item if applicable)
 Family Medicine – if ✓, please specify the most recent status:
 Specialist Higher trainee Basic Trainee
 General Practice
 Geriatrics
 Oncology
 Palliative Care
 Others (Please specify): _____

8. Higher Qualifications: (Can choose more than one item if applicable)
 Specialist in Family Medicine Medicine Geriatrics
 Palliative Care Others (Please specify): _____
 Fellow / Member in Family Medicine Medicine
 Others (Please specify): _____
 Diploma in Family Medicine Geriatrics Palliative Care
 Others (Please specify): _____

9. Number of patients with terminal illness you have seen in the past one year?
 0-5 6-10 11-15 16-20 21-25 26-30 >30

Appendix 2 – Questionnaire – Questions

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Palliative care should be readily provided in community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Primary care physicians should be involved in providing palliative care service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You prefer to die at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You wish to provide palliative care in your practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You are providing certain form of palliative care in your practice. (Go to Question 7 if Strongly Disagree / Disagree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Which component(s) of palliative care is /are you providing? (Please answer all sub-parts)				
– Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Counseling / Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Symptoms control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Arrangement of social resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Help patients to die at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Others (please state): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What do you consider as “essential” before you decide to provide palliative care in your practice? (Choose up to 5 items)				
<input type="checkbox"/> Knowledge on symptom control			<input type="checkbox"/> Financial support	
<input type="checkbox"/> Experience in handling terminal patients			<input type="checkbox"/> Peer support	
<input type="checkbox"/> Interpersonal skills (psychosocial/counseling)			<input type="checkbox"/> Time	
<input type="checkbox"/> Multidisciplinary support			<input type="checkbox"/> Ability to cope with death	
<input type="checkbox"/> Others (please state): _____				
8. What are the factors that support you to provide palliative care in your practice? (Choose up to 3 items)				
<input type="checkbox"/> Personal (Family/Friends) needs			<input type="checkbox"/> Interest	
<input type="checkbox"/> Patient needs			<input type="checkbox"/> Religion	
<input type="checkbox"/> Current Public-Private Interface system			<input type="checkbox"/> Continuity of care	
<input type="checkbox"/> Others (please state): _____				
9. What are the factors that adversely affect you to provide palliative care in your practice? (Choose up to 5 items)				
<input type="checkbox"/> Not interested			<input type="checkbox"/> Time concern	
<input type="checkbox"/> Knowledge / Experience concern			<input type="checkbox"/> Financial concern	
<input type="checkbox"/> Living environment concern			<input type="checkbox"/> Cultural concern	
<input type="checkbox"/> Dealing with psychosocial problems			<input type="checkbox"/> Dealing with death	
<input type="checkbox"/> Not enough support from other disciplines			<input type="checkbox"/> Structure of the clinic	
<input type="checkbox"/> Current public-private interface system			<input type="checkbox"/> Legal considerations	
<input type="checkbox"/> Others (please state): _____				
10. What is/are your most preferred format(s) to learn more about Palliative Care? (Choose up to 3 items)				
<input type="checkbox"/> Seminar			<input type="checkbox"/> Diploma course	
<input type="checkbox"/> Workshop			<input type="checkbox"/> Clinical attachment	
<input type="checkbox"/> Others (please state): _____				
11. What do you think can help promote palliative care service in the community? (Choose up to 5 items)				
<input type="checkbox"/> Public education				
<input type="checkbox"/> Subsidy / monetary remuneration by the Government				
<input type="checkbox"/> Simplification of legal procedures				
<input type="checkbox"/> Collaboration with non-government organizations				
<input type="checkbox"/> Collaboration with religious groups				
<input type="checkbox"/> Network with the palliative care specialists in hospital				
<input type="checkbox"/> Network with the allied health workers				
<input type="checkbox"/> Promote the concept of family medicine				
<input type="checkbox"/> Promote palliative care in undergraduate training				
<input type="checkbox"/> Forming an interest group in palliative care in primary care				
<input type="checkbox"/> Others (please state): _____				

Other comments: _____