



**End-of-Life Care Workshops**  
**Department of Medicine & Therapeutics**  
**Faculty of Medicine**  
**The Chinese University of Hong Kong**



**Date:**

24<sup>th</sup> September 2020 to 5<sup>th</sup> November 2020, every Thursday evening (7:00 p.m. – 9:00 p.m.)

**Venue:**

Lecture Theatre, 2/F Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T.

**Target participants:**

Doctors, nurses, allied health professionals, social workers and all health care professional interested in end-of-life care

**Maximum number of Participants:** 150

**Course Fees:** \$1,800\* (by crossed cheque)

**Content:**

Date	Topic	Speaker
24 Sept 20	01. Introduction: Principles and philosophy of palliative and end of life care	Dr Raymond Lo
	02. What is a good death? Patients' perspectives: dignity, autonomy, their expectations of health care professionals	Prof Jean Woo
8 Oct 20	03. Ethical issues: decision-making, advance directives, assisted death	Dr CY Tse
	04. Breaking bad news: a Chinese perspective	Dr CY Tse
15 Oct 20	05. Principles of pain control and use of opioids	Dr KY Chan
	06. Symptom control for advanced cancer and non-cancer patient	Dr Alice Mok
22 Oct 20	07. End-of-life care in non-cancer setting	Dr Raymond Lo
	08. Professionals' reflections in facing death and dying	Dr Vincent Tse
5 Nov 20	09. End-of-life for older patients	Prof T Kwok
	10. Grief and bereavement issues	Ms C Tsang

**Registration/enquiries:**

**\*\*Accreditation in progress**

Contact : Ms Yu/Ms Mow

Tel : 9168 7005

Email : b135095@cuhk.edu.hk

Address : End-of-Life Care Workshop, 9/F, c/o Dept. of Medicine & Therapeutics,  
Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, NT

**Website** : <http://www.mect.cuhk.edu.hk/taughtpostgraduate.html> (Deadline) : 24 Aug 2020

Updated on April 1, 2020

\*Provisional



## End-of-Life Care Workshops 24 Sept to 5 Nov 2020



### APPLICATION FORM

(Please fill it in BLOCK CAPITALS)

PERSONAL DETAILS	
Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Surname:	Given name:
Institution /Unit :	Occupation:
Department / Ward :	
Mailing Address:	
	Email:
Telephone:	Fax:

PAYMENT	
Total course fees: HK\$1,800	
Name of Bank:	Cheque no.:
<b>** Please write a crossed cheque addressed to "The Chinese University of Hong Kong"</b>	

TERMS & CONDITIONS
Once the payment is processed, NO cancellation can be made. Total course fees are non-refundable.

**I hereby agree with the terms & conditions above.**

**Signature:**

**Date:**

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**Please return the completed Form with Payment to**

**Ms. Matina Yu/Kathy**

9/F, c/o Dept. of Medicine & Therapeutics, Lui Che Woo Clinical Sciences Building,

Prince of Wales Hospital, Shatin, New Territories, Hong Kong

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