Research Report on the Feasibility of Setting Up a Central Depository for Storing 'Three Instruments of Peace' in Hong Kong

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Executive Summary

Research Objectives and Method

- This research examines the societal and systemic challenges surrounding end-of-life planning documents, specifically Wills, Enduring Powers of Attorney (EPAs), and Advance Medical Directives (AMDs), collectively termed the three "Instruments of Peace" (IOPs).
- It identifies the challenges in creating and storing IOPs in Hong Kong and evaluates the potential benefits and overall feasibility of a centralised depository.
- Using a qualitative methodology, the study gathered data through in-depth interviews with 55 stakeholders across diverse sectors between December 2024 and April 2025.

Public Understanding and Systemic Barriers

- Public education on end-of-life planning is fragmented. It mainly consists of one-off workshops that introduce IOPs concepts but lack structured follow-up, leaving individuals unable to proceed.
- A knowledge gap persisted; many individuals could not differentiate between key documents, leading to inaction and widespread procrastination.
- Cultural taboos about death discourage families from initiating related conversations.
- The perceived high cost of professional services leads to the perception that IOP is a "luxury for the wealthy", discouraging many from starting the process.
- Many frontline professionals (doctors, nurses, social workers) report feeling unprepared and unsupported in guiding due to inadequate training and fear of liability.

Rationale and the Design of a Central Depository

- A central depository is essential to solve the critical problem of lost or inaccessible original documents, which renders them useless in a crisis.
- Stakeholders emphasised that a bureaucratic, “one-size-fits-all” government system would be ineffective for the distinct legal and operational needs of Wills, EPAs, and AMDs.
- A key design challenge is the storage modality, with debate over storing only metadata (private but doesn't prevent loss), a digital copy (prevents loss but needs legal reform), or the physical original (legally robust but operationally impractical).
- For the depository to be effective, legal-related issues must be addressed, namely ensuring the *validity* (legal recognition of digital copies) and *finality* (robust version control) of the documents stored
- The perfered governance model is an independent statutory authority, which would balance public accountability with the operational agility needed to build trust.

Recommendations

- The research team proposes a central depository system that is voluntary and intended to fill gaps in the current system, particularly regarding document discovery and backup, not to replace existing legal or clinical systems.
- Adopt a phased implementation**,** beginning with a system run by a trusted non-governmental entity such as a reputable NGO, a professional association, or a hybrid partnership. The system operator will work with the MIPCRC, an expert organisation in this field and will mainly support and monitor. This approach will build public trust and gather crucial operational data before full-scale legislative action

- Prioritise the registration of Wills to address critical discoverability gaps, while offering voluntary, supplementary storage for EPAs and AMDs to complement, not replace, existing legal and clinical frameworks.
- A flexible storage system is proposed: standard metadata registration for all users to confirm a document's existence and location, and an optional encrypted digital copy upload for backup.
- The proposed system's digital platform needs to be compatible with the government's ehealth platform, which allows health and welfare professionals to access information in case of emergencies and the smooth transfer of data if the operator is made a statutory body in the future.
- The depository should function as an active support system, not just passive storage. It should offer essential services like a professional directory, support users in completing required procedures, user follow-up engagement, and integrated public education.
- A sustainable fee structure is proposed, combining (1) a low, one-off account creation fee, (2) small transactional charges for subsequent actions, and (3) an optional subscription for services.

Next Steps

- Refining the model through further consultations, identifying a system operator, and designing the detailed technical and operational workflows

Introduction

Hong Kong is rapidly becoming an ageing city, creating challenges for individuals and society. The number of older people aged 65 or above accounted for 20.5% of Hong Kong's population in 2021, and this section of the population will reach 36% by 2046 (Census and Statistics Department, 2023). This demographic shift inevitably increases the prevalence of conditions that undermine decision-making capacity, such as dementia. A 2025 territory-wide study found a dementia prevalence of 18.9% among community-dwelling residents aged 65 or over, climbing to 33% in those aged 80 and above (Tam & Wang, 2025), a finding that echoes international evidence (Corrada et al., 2008).

At the same time, longer survival with chronic illness and disability (Chung et al., 2023) is shifting the day-to-day burden of care onto Hong Kong's 1.12 million informal carers (Hong Kong Council of Social Service, 2021), while growing numbers of adult children now reside overseas (Hong Kong Council of Social Service, 2024; Hong Kong Government, 2021; Hong Kong Institute of Asia-Pacific Studies, 2021), making real-time family consultation increasingly uncertain. Meanwhile, a recent study finds that many older residents now prioritise the needs of competence, autonomy and dignity without burdening family members, reflecting a desire for dignity-driven self-determination (Lee et al., 2024). Together, these demographic, medical and socio-cultural changes create an urgent need for mechanisms that allow individuals to state their preferences clearly and ensure those preferences are honoured even after capacity is lost.

In response to these challenges, legal instruments such as Wills, Enduring Powers of Attorney (EPAs), and Advance Medical Directives (AMDs) are designed to safeguard an individual's autonomy. These documents allow a person to direct the disposition of property

on death (Will), appoint an attorney for financial affairs in case of mental incapacity (EPA), or refuse specified life-sustaining treatment when terminally ill (AMD).

However, a significant practical obstacle undermines the effectiveness of these crucial planning tools: their legal power is entirely dependent on the availability of the original, physical document. The value of these instruments evaporates if they cannot be located precisely when the maker is deceased or incapacitated. This dependency is enshrined in Hong Kong law:

- **Wills.** A grant of probate will not be issued unless the executor lodges the original will with the Probate Registry or requires the applicant to file an application and provide evidence to rebut the presumption that the will was revoked (Non-Contentious Probate Rules, Cap 10A, r8, r53).
- **Enduring Powers of Attorney.** An EPA only becomes operative after the signed original is registered in the High Court (Cap 501).
- **Advance Medical Directives.** Clinicians may only act on an advance medical directive once they have "notice" of it. This can be achieved by seeing a physical validating copy or being informed about and accessing an electronic copy in a designated system. However, they are not legally required to actively seek out or search for these documents ("Advance Decision on Life-sustaining Treatment Ordinance" s.19-20).

Reliance on a decentralised, paper-based system presents a growing challenge, particularly as demographic ageing increases the demand for family-provided care. With an estimated 1.12 million informal caregivers in Hong Kong (Hong Kong Council of Social Service, 2021), the social and economic costs of failing to locate a valid planning document at a critical juncture are rising commensurately.

Therefore, it is imperative to investigate a more robust system for storing and retrieving these instruments. This research study examines the feasibility of setting up a central depository system in Hong Kong with the following objectives:

a) To investigate the challenges associated with the current paper-based, decentralised practice of personal planning instruments.
b) To determine the potential benefits of a central depository.
c) To assess the overall feasibility and public-interest rationale for establishing such a system in Hong Kong.

The findings of this study will help identify gaps and problems in the current system and obtain views on development of a secure, centralised depository. This report presents the main findings of the research study and is structured as follows. Section two outlines the methodology used in the study. Section three reports the results of the analysis, while the final section provides recommendations for the establishment of a central depository.

Research Methodology

The study adopted a qualitative approach, using interviews to gather the views of various stakeholders on a central depository for IOP documents. In-depth interviews were deemed appropriate because the research questions concerned perceptions, normative expectations, and experiential barriers rather than quantifiable prevalence (Jordan et al., 2021). Sampling proceeded purposively, with maximum-variation logic guiding the selection of information-rich cases. A matrix of eleven stakeholder categories: patients living with chronic illness or disability, primary family carers, managers of relevant patient-advocacy organisations, lawyers,

doctors, nurses, social workers, managers from banking and financial services compliance units, members of the Legislative Council, and senior civil officials and IT experts.

Potential participants were identified through professional directories, advocacy networks, and snowball referrals, yielding 55 completed interviews distributed across all stakeholder groups (see Table 1). This sampling strategy ensured that the data set captured the widest feasible range of experiential and institutional standpoints while remaining analytically manageable.

Table 1: The number and categories of the respondents

The Categories of the Respondents	
Patients with disabilities and chronic illnesses	6
Primary carers of patients	6
Managers of relevant user/patient groups	3
Lawyers	5
Doctors	5
Nurses	5
Social workers	5
Managers of banking and financial services	5
Legislative Council members	5
Senior managers of relevant government departments	5
IT experts	5
Total	55

Data were collected between December 2024 and April 2025. Interviews were conducted either face-to-face or online (Zoom/Phone), according to participant preference. Prior to the interview, research objectives and process were explained to the participants. All participants provided informed consent, with assurances of anonymity and the right to withdraw at any point. Identifying details were removed at the transcription stage, and pseudonyms replace personal names in all excerpts.

Analysis followed a thematic approach, which provides a flexible method for analysing data and reports repeated patterns across the dataset (Braun & Clarke, 2006; Kiger & Varpio, 2020). Researchers first familiarised themselves with the transcripts and generated initial codes. Through iterative questioning and refining of the data, codes were aggregated into candidate themes that articulated patterned meanings across stakeholder groups. Five main themes emerged as “persistent education and awareness gap”, “institutional and normative barriers” “, scope and legal validity” “, governance and operational mechanics”, and “user-facilitation mechanisms” (see Table 2) constituted the analytic core reported in the findings.

Table 2: Main themes generated from the interview data

Main Theme	Subtheme	Codes
Persistent education and awareness gap	-Fragmented outreach systems in IOPs' information delivery -Inadequate public legal literacy -Procedural opacity	Insufficient support from officials; resource deficits in public education; shallow content depth; low self-relevance; superficial awareness; difficulty accessing practical steps in creating IOP; frequent inquiries from people; not sure about whom to approach.
Institutional and normative barriers	-Cultural taboos around death -Economic accessibility constraints -Informal or improvised planning -Lacking systematic professional training -Passive role of professionals	Procrastination mindset; sensitivity about the topic; economic accessibility constraints; cost not transparent; perceived high cost; socioeconomic status-based affordability gap; informal or improvised planning; lack of systematic professional training; curriculum void; limited to specific fields; overlapping but redundant training liability risk; limited roles for social workers and nurses; low procedural competence; time-consuming processes; under-incentivized, no KPIs.
Scope and legal validity	-Loss-prevention and crisis access -Document inclusion consideration, -Selective separation model, -Storage modality (design parameters) -Legal validity and finality of central depository (enabling conditions)	AMD should be under HA; problems within Will search; already secure practices for EPA; authenticity of uploaded copies; change of paper form needed; conclusive effect vs notices only; legal basis and legislative needs; mandatory vs voluntary; 'latest' problem; loss-prevention and crisis access; concerns over storage; family members do know; lost-document incidents; gradient of urgency.
Governance and operational mechanics	-Operating body -Technical considerations and principles	Government as trust anchor; accountability; data security; legal finality say; regulatory deterrence; scalability; hybrid, statutory independent authority; low trust in private or NGO; privacy anxiety; voluntary registration.
User-facilitation mechanisms	-Follow-up service -Impartial professional navigation -Progressive functional integration -Resources and fees	Education platform; provides referral and professional assistance; desire for comprehensive, one-stop service; regularly update; person that keeps in touch; public directory; against the preferred list; doubt over continued fee; fee will reduce uptake rate; free of charge; searching or amendment fee only

Main Findings

Theme 1. Persistent Education and Awareness Gap on the "3 IOPs"

1.1 Fragmented outreach system in information delivery

Our interviews show that the amount of promotion and effort from various sources increased. Many Legal, social, banking, and medical practitioner shared their experiences and involvement in promotions, as mentioned by some interviewees, there were collaborations between different industries.

> "*Our daily work includes health-promotion activities and educational talks in which we mention the "Three IOPs," so we ask various parties, stakeholders, or professionals to help lead the sessions."* (P25).

However, as noted by some participants, even with much effort in promotion, the current penetration of IOP remains low (P45) and one-off without adequate follow-up to support people who are interested.

> There are *some promotions about the IOP. They may have asked volunteer lawyers to give a simple talk… After listening, I feel like it ends there. However, when it comes to follow-up, if I want to take action, can the lawyer they introduced immediately help me handle things? Or who exactly should I turn to for assistance? Honestly, I feel completely isolated and helpless. I have heard the talk, so what can I do if I truly need help afterwards*? (P18)

Civil-society actors describe their efforts as limited while government-led messaging remains sporadic compared with high-profile chronic-disease campaigns.

> *There are promotions everywhere about managing high blood pressure and encouraging exercise. However, I have not seen any public outreach regarding end-of-life care (*P24).

Without the proactive support from the government, the resources put into the promotion are relayed on the local community; with limited resources, the promotion inevitably remains inconsistent.

> *It is not like we do not want to, but it requires much time. You can lift this manhole to uncover the issue if I set aside all my other tasks. It requires a certain level of skill and backup.* (25)

The result is an information landscape in which large segments of the public remain uninformed, and those who attend one-off sessions receive no structured pathway for further action (see more in sub-theme 1.3).

1.2 Public legal literacy gap

Despite the limitation on promotion, given the community effort, carer and patients interviewed mostly know or at least have heard of the idea of these three legal instruments. Their knowledge mostly came from the community centres, sharing, and through peers' experiences and media.

> *"Actually, among our friends, we talk about this too. Some say that if anything happens, they've told their families not to perform CPR… We sometimes discuss issues like this when we're together.* (P12)"

However, the baseline knowledge of the IOP is relatively shallow. Many interviewees have heard the individual terms but cannot articulate how the three instruments interlock or differ and importantly the interviews rarely did notice the importance of these documents in relations with themselves at the future.

They're probably not very clear on how these three things relate; they may have heard of each separately, but can they really consider them in a coherent way, reflect deeply, and make plans for themselves? I feel like they're only just beginning now. (P10)

Some assume the three documents are only relevant at an advanced age, reinforcing procrastination. *"I'm still thinking about it; I don't have the motivation to do it. I mean, I don't feel like I'm about to die, so it's not urgent, and I don't want to go through with it"* (P2). Not to mention the mere suggestion of consulting a lawyer will trigger concerns about cost, formality, and complexity, prompting some older adults to disengage entirely: "*When they hear they need to find a lawyer… how to say it properly, they get timid, so they'll probably drag their feet or just set it aside and ignore it"* (P34) (please see more details in sub-theme 2.1 & 2.2). Limited legal literacy converts latent interest into inertia rather than informed planning.

1.3 Procedural opacity

Participants who wish to act face a maze of unclear procedures. Carers and patients struggle to locate physicians willing to sign an AMD, or suitable lawyers in EPA or Will drafting.

I know about the IOPs, but I don't know how to put them into practice, whether there's a cost, or if I need to hire a lawyer—I just don't know where to turn. I'm aware of it but unfamiliar with the process. I know it's valuable, but there's no one to guide me or say, "Today this organisation has arranged for a doctor and a lawyer—you can do it together and then hand everything over to your doctor," so you'd understand exactly what to do. Now that I want to proceed, how do I find a doctor? Should I go back to the ones I've seen before? Some doctors might not agree to help—I really don't know. All I have is this

awareness of the IOPs; I hear about them constantly, but how can I do it? I have no idea. (P1)

P1, as one of the non-professional participants, shows a high level of understanding of this topic due to the current promotion on this topic. However, despite her agreeing with the merits of the documents and expressing a willingness to create them, she experienced struggles in locating a doctor and lawyers who could be trusted and willing to assist in the document creation.

Similarly, front-line social workers receive constant inquiries regarding the procedure for making the document and referral requests.

Every year, different older people come to us asking if we can refer them to a lawyer, because they want to make a will, or even ask if we can provide a channel for establishing advance medical directives… In fact, every month we meet elders like this, whether they're calling from the elder centres under XXX or older people from the street. (P7)

They often ask us if we have a lawyer, or where they can complete these IOP… They feel that you, XXX, could mobilise some resources and arrange sessions for them to actually carry it out, rather than just at the educational level. (P19)

Yet lack a formal service map and to avoid the conflict of interest, they could only suggest a list of lawyers, but cannot accompany clients through the later steps:

We give them a list, but we don't recommend any particular lawyer. (P7)

We explain that if they wish to apply for IOP, they can learn more through the appropriate agencies… We don't follow up further; we only provide an initial referral. (P35)

Also, professional stakeholders other than social workers report a passive approach on when or by whom end-of-life discussions should be initiated, leaving practice to individual

discretion and generating wide variability (see more in sub-theme 2.4). Absent a standard workflow and unclear creation of the documents, many motivated citizens encounter administrative dead ends that deter completion of documents. We should also note that finding a professional is only the first step of the document creation.

Theme 2. Institutional and Normative Barriers

The theme above focuses on individuals struggling to obtain information regarding the IOP. It shows a trend of improvements in the promotion of the concepts thanks to the efforts of various stakeholders. The following findings, however, represent how structural obstacles appear to discourage individuals from executing the documents.

2.1 Cultural taboos around death

Interviewees described a pervasive reluctance to verbalise end-of-life issues, some noted this phenomenon as a broader social pattern, while others acknowledged their discomfort with the topic. It is widely mentioned that the initiation of the planning of IOP was frequently met with polite deflection, accusations of being "inauspicious", for example:

> *By getting these things ready, aren't you basically expecting to die soon? When you mention it, people might fire back at you, 'What! Touch Wood!'* (*大吉利是咩*). (P7)

or the assertion that planning is premature, while one can still "play" now:

> *I don't want to talk about it; I can still play. Maybe I'll bring it up when I'm in my eighties or nineties. Right now, I think I can still keep going.* (P4).

It seems that the idea of IOP is still strongly related to the idea of death and decay, which naturally requires courage to discuss, leading to avoidance and procrastination of this topic.

Family dynamics further compound avoidance as no one wishes to be the first to initiate a discussion with a parent toward signing documents, due to a fear of appearing to hasten death or shirking filial duty. Professionals encounter repeated postponement and note that discussions often resume only when the patient is already clinically unstable.

> *Some family members are simply not willing to face this issue; they won't lash out with 'Are you wishing my father dead?' but instead adopt an avoidant attitude and say things like "Let me think about it" or "I'll talk later," circling the question many times without ever answering. No one wants to take the first step of signing the form, because doing so feels like "I'm taking the initiative; I'm killing my father." If other relatives find out, it looks as if "I'm pushing my father to die" or "I'm not caring for him," and that stigma arises. We've seen this dynamic in some families*. (P24)

Although the observation pertains specifically to DNACPR (Do Not Attempt Cardiopulmonary Resuscitation), which is related to advance medical directives rather than the focus of this study on IOP, the situation described by interviewees reflects a persisting cultural lag in end-of-life decision-making. Professionals in the field similarly report that discussions are repeatedly postponed and often only resume when the patient is already clinically unstable, underscoring the enduring challenges in fostering open, timely, and constructive dialogue around end-of-life care within families and society at large.

2.2 Economic accessibility constraints

Cost surfaced as an immediate psychological and practical barrier. The combined fees for physician mental-capacity assessments, legal witnessing, and repeated certifications were widely perceived as out of reach for middle- or low-income households. Informants spoke of

price quotes ranging from HK$5,000 to over HK$20,000 and complained of non-transparent, non-standardised charging practices.

> *From my point of view, if I find a lawyer or a doctor to discuss these matters, it isn't for medical treatment but for these specific matters, and their fees is different. It's not like paying around HK$400 for four days of medication; it could be HK$4,000 or even HK$40,000. Bringing in a lawyer is almost like a joke. The consultation fee alone might be HK$20,000, leaving you with nothing*. (P3).

Several participants weighed the outlay against their limited estates and concluded that the IOP was a luxury for the wealthy rather than a realistic option for ordinary seniors. However, from a professional perspective presented, the fees were justified based on the detailed and complex nature of the work required for proper legal planning, the problem of current high-cost partial came from the limited supply of professionals willing and able to:

> *My view is that these things can be discussed gradually. For example, HK$4,000 may seem steep, but HK$2,000 is more reasonable, since the doctor has to drive out to you and handle many tasks. It isn't just sitting there and signing a form. So we can discuss it together. Right now, there hasn't been any promotion; no doctor knows what they're doing or how meaningful this is to society, so how can you move forward? If you want a doctor to do this work, it isn't just about paying them—you need to make it feel meaningful to them.* (P36)

They suggested that broader promotion and emphasising the social value of the work could attract and motivate more professional service providers and gradually lower typical fees to a more acceptable range.

2.3 Informal or improvised planning

The idea that IOP is only for the wealthy is misguided. It should be noted that people with modest assets can benefit from IOP, which safeguards more than inheritance and records their personal wishes. Meanwhile, such a perceived high cost also led to the informal practice.

Faced with formal barriers, many households rely on informal workarounds. Many add children as joint account holders, share ATM PINs, or assume intestacy procedures will suffice.

> *I used to have an independent account. When I was diagnosed with heart disease, I turned it into joint accounts. Although my daughter's finances remain separate, at least she knows my password, I've told her exactly what it is. If anything happens to me, she can immediately go to the bank, use the ATM, and withdraw money. The most important thing now is having that password so you can log in without even needing a signature.* (P33)

Such improvisations rest on interpersonal trust and convenience; they bypass legal safeguards but feel "good enough" to participants who distrust institutions or anticipate smooth family cooperation.

2.4 Systemic Barriers to Professional Agency in End-of-Life Planning

The passive role of professionals in facilitating end-of-life discussions emerges as a systemic issue, rooted in fragmented training frameworks and institutional inertia. Medical and social care providers, including doctors, nurses, and social workers, reported that education on IOP is characterised by inconsistency, ad-hoc delivery, and a lack of standardised curricula. Training is often siloed within specific roles or contingent on self-directed learning, as highlighted by a doctor:

There's no formal training for this unless one works in end-of-life care or takes the initiative to learn on one's own. But within the career field, there is no instruction on these matters; everyone's on their own, relying solely on personal experience. (P27)

This reliance on informal, experiential knowledge transfer creates uneven competency across professions, leaving frontline staff ill-equipped to navigate these documents' complex legal and ethical dimensions. For example, a social worker questioned the adequacy of existing training for addressing elderly patients' needs:

I can answer some simple questions, yet sometimes we could lack confidence, wondering whether what we've heard is complete or accurate. (P19)

These comments illustrate that professional development in this area is largely experiential. The absence of a robust, standardised curriculum means that practitioners often feel unprepared to address the nuanced legal and ethical issues that arise in end-of-life discussions, especially when families require clarification or guidance.

However, efforts to address knowledge gaps through training have paradoxically exacerbated disengagement. Participants criticised the proliferation of redundant, checkbox-oriented sessions that prioritise bureaucratic metrics over instructional content:

After AMD legislation was passed, I happened to join XXX and attend many more sessions. XXX requires extensive data, how many trainings per month, how many participants. These trainings have become excessive. Even I keep jumping from one session to another, and it becomes confusing to me… Because I joined this programme, they had to offer a training session, but the content wasn't much different from what we'd discussed before. Yet since they designed a registration form, I had to use that form and attend another training…Just yesterday I heard that XX University is holding an ACP session, so I have

to go again. Is there anything new? If not, why should I go? … That's just how it is. (P10, Nurse)

This "training fatigue" reflects a broader institutional failure to align educational initiatives with frontline realities. Rather than fostering expertise, the saturation of superficial courses entrenches cynicism and erodes trust in systemic support mechanisms.

Even when trained, professionals described hesitancy in the IOP process. Physicians cite crowded clinics, unclear liability, and the absence of institutional policy as reasons to defer or delegate Advance Medical Directive requests. In particular, it is framed that advance medical directive assessments as beyond the scope of general practice, citing the need for specialised psychiatric evaluations:

I think many doctors would agree with me… because he needs to prove he's conscious and not demented. I believe these are highly professional matters, beyond what a general practitioner knows how to handle. For example, there are numerous tests called MoCA, with lots of questions… it's an entire protocol. So, I would suggest, if you ask me, I wouldn't do it myself; I'd tell you to find a psychiatrist, that is to find a proper psychiatrist to handle all of this, and there won't be any disputes later. (P36)

This deflection of responsibility mirrors patterns observed in social work, where participants identified legal and procedural complexity as a barrier to proactive case management:

The entire process isn't something social workers can handle. It involves certain legal documents and the distribution of assets, and it requires the participation of different parties. (P25)

Because IOP includes advance medical directives and various legal aspects, I think when elders approach social workers to apply, there's actually a shared sense of worry. (P35)

Such role ambiguity fosters a culture of defensive practice, wherein professionals prioritise bureaucratic compliance (e.g. referrals, form completion) over substantive patient-centred dialogue.

The cumulative effect of these barriers is a vacuum of leadership in end-of-life planning. Families seeking guidance encounter a fragmented system where no professional group claims ownership of the process. As one manager of a patient group noted, proposals to create dedicated IOP roles have stalled due to disciplinary limitations and resource constraints:

> *We've actually discussed drafting a dedicated proposal and a full-time role to handle this, but first off, social workers simply can't manage it…* (P25)

This systemic passivity delays critical decisions and reinforces public perceptions of IOP as taboo or administratively burdensome, a dynamic that exacerbates the cultural lag the system seeks to address.

These issues are mutually reinforcing cultural avoidance dampens demand, high costs and informal substitutes reduce perceived necessity, and professional passivity amplified by inadequate training removes catalysts that might otherwise convert latent intention into formal action. Together, they constitute a formidable institutional–normative barrier that perpetuates low uptake of the IOP despite widespread acknowledgement of its societal value.

Theme 3: Scope and Legal Validity of a Central Depository for the IOPs

3.1 Rationale: Why a depository is needed

Fragmented, household-level storage repeatedly fails when needed. Most legal practitioners have experienced difficulties in locating the original document. Law firms recall that the deceased family is seeking assistance as the original will be lost.

> *Lately, I've been working hard to track down where things were put… After the elder passes away, the younger family members come to me. They ask, and I tell them I have a record showing I handled it and keep a copy myself. However, the elder already took the original when it was signed, so now they have to go to extra trouble. This situation happens all the time* (P52).

While bankers observe heirs, "*Sometimes family members have no idea, because the elderly person may have handled all these matters on their own without saying a word" (*P34). Social workers add that the older people's practice of document storage is problematic, as cognitive decline can lead to forgotten storage locations, and physical deterioration of the documents may compromise their acceptance during probate proceedings:

> *Currently, after the will is completed, everyone stores it differently. We have met elders who put it in a safe deposit box, yet later forget the box as they slowly begin to show a bit of dementia… By the middle to later stages, they have no memory of it at all… Keeping it in a safe deposit box is already safe, but some leave it at home. We have seen wills slip into cookie tins, folded tight; some pass us a handwritten sheet, badly creased. All of this makes us wonder whether, when probate comes, the Probate Registry will accept such documents, since they are already stained and worn.* (P7)

Because loss is common, interviewees see a trusted registry as public infrastructure:

I'm wondering why we need a so-called central depository? A kind of central registry. Because people worry that even if someone has made a will or an enduring power of attorney, they may not know where it's stored... If we had a central depository... everyone would feel it's a trustworthy system with proper oversight. With someone keeping an eye on it, people would have more confidence and know exactly where to find the relevant documents. (P23).

They expect such a system to guarantee discoverability, shorten probate searches, and give emergency clinicians immediate sight of documents.

3.2 Design parameters: what must the depository contain and how

Although the idea of a centralised depository for the three legal instruments may appear administratively attractive and conceptually streamlined, our interview data reveal many significant practical and systemic challenges. These challenges reflect the technical and operational complexities involved and the fundamental differences in the purposes, stakeholders, and temporal urgencies of each instrument.

A recurring theme among practitioners and government officials is the recognition that the three instruments serve distinct purposes and are subject to different temporal imperatives. As one interviewee explained:

A will is quite different from the other two documents. When someone has died, there is generally no urgency. However, with the other two documents (EPA & AMD), especially an advance medical directive the situation can become very urgent. (P40).

This observation underscores the critical distinction between instruments that require immediate action (such as AMDs for incapacitated patients) and those that can be processed at

a more measured pace (such as wills after death). The need for rapid retrieval and verification for AMDs contrasts with the more deliberate procedures appropriate for EPAs and wills. This fundamental difference implies that a one-size-fits-all depository system may be neither necessary nor efficient.

Government officials further elaborated on the practicalities of managing these instruments, highlighting the existing infrastructure and the potential complications of merging systems:

> *Actually, we should look at each part individually. IOP, for instance, it has three components so shouldn't we avoid treating them as one? … Right now, (EPA) runs on the High Court system, and the upcoming (CPA) ordinance will likely keep using the High Court. The High Court already has its own platform, while the medical side relies on eHealth, so that's two separate systems. If a new proposal comes out and the two systems can operate in parallel, what's the problem? … Why do we need to create an option C that merges them*? (P50).

This perspective suggests that a depository should not replace the current practice, and a parallel system, each tailored to the specific requirements of the instrument will be more effective and less prone to administrative confusion or inefficiency. Interviewees also foresaw potential conflicts and jurisdictional ambiguities if all three documents were to be managed under a single system:

> *The three documents are overseen by different people. Wills and EPAs can be handled by the Court, but AMDs definitely shouldn't be, because the parties involved are different. The Court wouldn't look after them, would it? It's not the Court's business. So, our view is: whoever needs to see a document should be the one to manage it; whoever requires access should be given access rights, and anyone else simply doesn't need to see it* (P30)

This perspective reflects the importance of aligning current structures with the specific needs and stakeholders of each instrument, rather than imposing a uniform administrative solution. While participants broadly endorsed the maintenance of distinct frameworks for wills, enduring

powers of attorney (EPAs), and advance medical directives (AMDs), they nevertheless articulated divergent views concerning the desirability and scope of centralised registries for each instrument.

Notably, AMDs though initially a focal point have become less contentious by the 2024 legislative amendment that authorised the Hospital Authority to embed electronic AMDs within the territory-wide eHealth portal. Consequently, the analytic spotlight turns to those two instruments, practitioners returned to two pragmatic questions: first, whether existing infrastructure simultaneously preserves documentary integrity and permits timely access; and second, whether each instrument's legal character warrants placement in a centralised depository.

Most interviewees deemed the current institutional architecture conceptually sound yet operationally deficient regarding EPAs. Current regulations require the lodgement of every valid EPA with the High Court, a step that practising solicitors regard as conferring authoritative status and guarding against loss or tampering. Because the appointed attorney must also sign, interviewees argued that the risk of misplacement is thereby further reduced.

> *The enduring power of attorney already has a registry. You lodge all the originals with the court, so there is a record… Another advantage is that the attorney you appoint has signed the document, meaning they know it exists* (P52, lawyer).

However, operability and privacy deficits remain. Any public member may inspect a filed EPA and obtain a copy, while subsequent amendments, revocations, or substitutions of attorneys require supplementary affidavits and court orders. A solicitor offered a vivid illustration of the stakes involved. After executing an EPA, the client suffered a stroke that reduced their decision-making capacity. During a brief recovery window, the client attempted to replace an untrustworthy attorney, yet the High Court's affidavit-based deregistration

procedure proved too slow. A further relapse ensued, the new paperwork remained incomplete, and the earlier EPA continued to govern:

> *He put an EPA in place, then had a stroke, and his mental capacity dropped. During a brief recovery he wanted to replace the attorney who was no longer suitable, but before he could finish the affidavit and explanation the court required, he fell ill again. The new arrangement couldn't be completed, the old EPA remained in force, and the system meant to protect him instead kept him from making the change he wanted.* (P30)

These statements underscore that the policy challenge for EPAs concerns not the existence of a depository but the streamlining of access, amendment, and certification.

In contrast, although governing Wills is comparatively mature given the long history and experiences, document-location practices remain contingent on informal professional routines rather than a dedicated information system.

> *There's an 'impressive' system that charges people more than HK$4,000, have you heard of it?… This 'Will Search' really isn't a rigorous system… Strictly speaking, every week we lawyers have a responsibility to check whether any of the wills we have drafted are listed in it.* (P44)

The Law Society's weekly Will-Search Circular distributes PDF lists that firms must manually cross-reference. Participants portrayed this mechanism as labour-intensive and prone to error, particularly when transliteration, name changes, or simple oversight intervene.

> *We've assigned a colleague in our firm to receive the list every week and cross-check it against our clients... But that's risky: if that colleague overlooks something, it gets missed, and sometimes you just don't know. People's English names might be spelt a bit differently, a single letter off, or they may have changed their names. With so many complications, things can be overlooked* (P40).

Consequently, wills stored domestically or drafted outside solicitor channels escape detection, compelling heirs either to mount costly house-to-house searches or to default to intestacy procedures.

Taken together, these findings highlight the need for targeted reforms that address the distinct challenges posed by each instrument. For EPAs, while the current system is conceptually robust, legal and practical realities, such as the need for rapid amendment in urgent medical situations and privacy concerns, mean that a centralised depository may not be the most suitable solution. Instead, digital streamlining and professional oversight are recommended.

The legal framework for Wills is mature, but the current practice for storing and locating them is still cumbersome, risking a valid will being undiscovered. A secure, affordable, searchable depository or at least a standard protocol for where wills are kept, is needed to make the process fair and reliable for everyone.

3.3 Storage modality (what form of information will be contained)

Interviewees expressed heterogeneous expectations about the content a prospective central depository should hold, situating their preferences along a spectrum that extends from minimal metadata, through full digital surrogates, to the original instrument itself in a handful of cases. Three positional clusters emerged. The first comprised interviewees who favoured depositing only a record, the date of execution, parties, and the location of the authoritative version, thereby imagining the central depository less as an archive than as a discoverability index.

> *It isn't meant as physical storage, but… there should be a minimal profile… something easy to access so people have a reference for whatever reason.* (P51).

By circumscribing the depository to metadata, these proponents sought to reduce privacy exposure while addressing the problem of wills and EPAs that 'exist unknown' to heirs. As interviewees put it,

> *There's no need to keep a copy in a central depository since privacy is a concern* (P45).

> *'I'm not paper, I'm electronic.' He is even more afraid than you are: you scan my document and then present an electronic copy, claiming it is my latest will. The paper version may eventually go missing, so does your electronic one really count? Is it actually enforceable? Later, you will still be troubled… which version is genuine, which is fake? Even now, Hong Kong's land registrations are still on paper; they have not gone electronic because the issues are too complex.* (P50)

Yet others remained sceptical. P44 dismissed the proposal *as "It is pointless… more risk, less meaning"* and warned of two hazards: first, data leakage; and second, fresh grounds for dispute if the depository displays an outdated instrument, a problem of finality: "*She… deposited her documents three years ago and changed her mind halfway. Nevertheless, no one knew."*

Noted that P44's critique is not confined to a metadata-only system; it could generalise to any central system that lacks robust version-control and withdrawal protocols. Therefore, those advocating digital copies or even physical originals must still confront the finality risks where outdated instructions remain on record and spark disputes.

The second cluster endorsed the deposit of a full digital copy. Their core rationale was loss prevention. Since the metadata could not confirm the document, once "Soft copy" files are lodged through an authentication protocol that renders the upload process, the risk of destruction or tampering is radically reduced.

If you let me choose, I would back up everything, especially the paper copies, because they surface when you don't need them, yet when you do, they're nowhere to be found. Let's not skimp on that step since we're setting up a central depository. (P17)

However, these respondents also conceded that such a model presupposes statutory reform to confer legal parity between an electronic copy and the wet-ink original.

Once it's uploaded, it may be kept in soft-copy form; later, even if I retrieve it, it is just a soft copy, yet it is still an accepted, recognised soft copy. Something like a sealed copy. （P29）

The cluster of respondents who focus on the electronic copy mostly have an ambitious vision, treating the current practice as requiring the original paper form, as practice needs to be updated, a proactive group of that also seeks the digitalisation of legal documents,

It must be digitised… the data matters, not the paper. Moreover, it applies to each of the IOP. It's the data that counts, not the paper. (40)

Third, markedly smaller, constituency pointed to a depository where the original paper is physically lodged.

If we're going to deposit it, let's deposit the original. Why? If the records at my home go missing and you're left with only a copy, can the matter be handled? If we store it, store the original (P21)

Similarly, when judging the reliability of a digital copy, this group of interviewees advocates physical storage to overcome the obstacle of missing documents.

I think a physical one is better. Many people need to know exactly where the draft will be. If an electronic copy merely shows that someone has made a will, that's all it tells you. Unless, of course, once an electronic will is deposited in the central depository, it can replace the original version, but that would be a truly revolutionary change. (P26)

However, many question the feasibility, citing prohibitive cost, vulnerability to catastrophic loss, and acute privacy concerns.

> *That storage site of yours is highly vulnerable; if someone sets it on fire, you are done.* (P20)

> *What you're solving is essentially a mini–storage issue. That's fine, you could rent a warehouse from xxx, let those who need it store stuff there. Whether you charge rent is your own calculation; the government probably won't handle it. But if that warehouse burns down, then what? Who takes the blame? Li Shau-kee's will might involve billions if you force him to keep it there, you might trust him, but he certainly wouldn't trust you.* (P50)

The data indicate a bifurcated preference structure: while a privacy-oriented individual favours a minimalist metadata registry, a risk-mitigation individual pushes for legally conclusive digital copies. Physical custody of originals garners little enthusiasm as a model for a large-scale depository. Crucially, participants tailored their expectations to instrument type: real-time discoverability suffices for advance directives, whereas wills and EPAs demand evidentiary robustness commensurate with probate and incapacity adjudication.

3.4 Enabling conditions: what must change for the design to work

Interviewees generally agreed that a metadata-only depository model could operate under the status quo without statutory overhaul. As one practitioner put it, "*The law won't change; current privacy legislation suffices…so no legal amendments are needed*" (P20). The key premise is voluntariness: "*if it is voluntary, no amendment…only compulsion triggers legal change*" (P40). Because a metadata registry neither alters documentary validity nor dictates dispositive force, the Personal Data (Privacy) Ordinance already supplies a lawful basis for

collecting and disclosing the minimal particulars that facilitate discoverability. However, it stills required to fulfil the finality principle to avoid liability.

By contrast, digital-copy or hard-copy depository faces bigger challenges. Every professional stressed that Hong Kong's evidentiary regime still *"talks only about the paper original"* (P40). One interviewee observed that "*the law… still insists on paper; moving wholly to electronic format would be a major undertaking*" (P31).

To conclude, interviewees therefore specified three prerequisites for a digital depository: (1) statutory amendments so that a registry-issued digital extract is deemed a sealed copy with evidentiary parity; (2) a legislated version-control rule *"Ideally, there should be a law stating that once the record is entered in a designated place, it is final, leaving no room for dispute."* (P49) to extinguish superseded instruments; and (3) a policy decision between a voluntary scheme, which risks stale entries or a mandatory scheme, which raises autonomy and data-protection concerns. Implementation would also require lodging authority in a body whose statutory mandate is recognised by the judiciary: "*Statutory authority… the judicial institutions must recognise it."* (P39).

Achieving such prerequisites demands parallel statutory reform so that whatever the depository returns, whether a metadata pointer or a sealed digital copy, is not merely informative but conclusive. Until these institutional and doctrinal conditions converge, a central depository remains promising yet not authoritative.

Theme 4. Governance and Operational Mechanics of a Central Depository

4.1 Operating body

Interviewees across all stakeholder groups concurred that any depository requires a public anchor, yet they diverged over the institutional design and attendant safeguards that such an anchor should embed.

Public authority can shoulder the full spectrum of liability that an Instrument of Peace (IOP) registry creates. Legal liability covers the issuance of sealed extracts whose content must be indefeasible in probate or incapacity proceedings. Temporal liability involves permanence *"the government will not discontinue operations,"*(P12) ensuring lifelong and intergenerational access. Operational liability entails cyber-security and the capacity and resources to scale up, tasks beyond the reach of NGOs.

> *If the government shoulders the responsibility, then when any risks arise, the government would be willing to step in. Moreover, because this involves so much personal data, it needs very strong security measures to regulate it; the government has the resources to keep watch. Otherwise, if that data really leaked, if a chunk suddenly vanished, it would be disastrous, all the information would be out… So if the government provides the backing, it feels… it would feel safer.* (P47)

Although trust in government is qualified, several participants worried that depositing wills or asset inventories might invite means-tested benefit clawbacks or future tax scrutiny:

> *If you hand over all your data, others will know everything about you, and the government might take away everything(benefits). I've heard people say that... could it really happen?* (P15)

Private-bank advisers (P51) added that high-net-worth clients do not wish to place such data in a central depository, especially when assets span multiple jurisdictions. These privacy anxieties underscore the need for granular, transparent access controls.

Many interviewees favoured a more independent body, such as a statutory authority akin to the Equal Opportunities Commission, to reconcile public legitimacy with administrative agility. Such a body would be constituted by its ordinance and board.

> *It operates under a legal framework that grants it specific powers and defines its role, yet it is not part of the civil-service system. Hence, it remains relatively independent and can approach issues more from a community perspective.* (P28)

For the same speaker, locating the registry inside a government bureau would invite procedural caution and institutional conservatism.

> *If the government runs it, structural concerns arise: procedures, bureaucracy, a conservative stance that hampers advocacy. (*P28)

Several professionals pointed to the Law Society of Hong Kong as an illustrative benchmark. A social worker observed, "*Certain professional sectors… for example, lawyers… have their own professional bodies that already enjoy a degree of public credibility, and people have long regarded their professional ethics as reliable."* (P37). Another participant added that solicitors are assumed to act under stringent professional ethics:

> *"Suppose they uphold their professional code … it feels like a safer and more neutral role."* (P51).

Supporters therefore saw a respected professional regulator as capable of winning cross-sector confidence without inheriting the slow-moving routines of a government bureau.

Purely private or NGO stewardship attracted a little support. Respondents worried about insolvency, data mining, and capacity shortfalls. *"Having an organisation handle it carries risks, do you know what they are? First, it could close down; second, it might take your data and spread it around at any time, leaving it insecure*" (P23).

Lawmakers cautioned that public or hybrid operators must align enabling statutes across probate, EPA, and medical ethics domains. *"An entire chain of regulations will need adjustment"* (P36) and overcome bureaucratic risk aversion likely to impede rollout. Nonetheless, interviewees agreed that no alternative model simultaneously delivers legal authority, perpetual succession, and population-wide trust.

4.2 Technical feasibility and design principles

The IT specialists interviewed characterised a central Instrument-of-Peace depository as technologically feasible, and the system would not be difficult with current technology.

> *If you truly want to proceed, the industry already has established standards for this, whether it is encrypting the data or checking for tampering, there are existing standards.* (P46)

While technically straightforward, the principal obstacles lie not in writing software or deploying servers but in drafting, harmonising, and enforcing the rules that will govern the system's use. From their perspective, the engineering tasks are relatively straightforward. What demands far greater effort is the surrounding architecture of statutory mandates, data-governance protocols, access hierarchies, audit trails, cross-border safeguards, liability rules etc.

Therefore, the functional scope of the depository system must be defined before a single line of code is drafted. The depository system designer must first map the complete life cycle of each document: who uploads it, what attestation is required, who is notified, and what event, such as a loss-of-capacity assessment, triggers. Without a formally approved workflow, technicians do not know what they are being asked to build, and version conflicts will remain unresolved.

> *From the moment something is uploaded, what about the stage before it is uploaded, after it is uploaded, and any later amendments? Data follows a life cycle. When I create a piece of data, how do I verify that the person is truly who they claim to be, is legitimate, and is clear-minded at the time of creation? ... Once I create what I call a digital asset and place it in a database, other risks arise... Without even talking about edits, has anyone ever opened it to view or altered it, and if a change is made, who confirms that the change is valid? Later, before the person passes away, who is allowed to check it? Because a will influences how many people behave toward that person while they are still alive, right? ... Technologically, this is not difficult to solve as long as you set the policy and everyone agrees to it, technology can carry it out. (P32)*

Interviewees again argued that the depository will gain public trust only if an authority body oversees, sets an auditable security standard, licenses the operator, and declares the depository copy as the authoritative source for probate and incapacity proceedings. An emphasis has been made by an IT expert that trust towards a system is not purely generated by the encryption or protection, but rather by a regulator that audits and sanctions the platforms.

> *Who will run the central database, and who will oversee it? Is there a public body, let us say, the Hong Kong MA, which isn't the government but is a statutory authority that could*

manage it? Oversight of the database is essential; without it, there are no standards for anyone to meet, and people will start doubting whether it's secure. (P48)

In short, statutory oversight is a technological prerequisite. Without an ordinance-backed body to set and enforce security benchmarks, no amount of coding can convert the platform into a publicly trusted system. Only when scope and oversight are fixed can engineering work become routine. Interviewees advised that the technical feasibility of this system for data governance and security management hinges on leveraging robust cloud infrastructure, advanced encryption protocols, and scalable database architectures to ensure reliability, security, and performance.

Interviewees suggested that the system must integrate seamlessly with existing parties ecosystems, supporting interoperability with diverse data sources and compliance frameworks that satisfy Hong Kong-related data privacy ordinances, like some overseas regulations such as GDPR, CCPA, or HIPAA. A microservices-based architecture is often ideal, enabling modular deployment of components such as data cataloguing, access control, audit logging, and real-time monitoring, meanwhile the system shall be linked up to the cloud platforms that are reliable and fulfil the standards of data governance to provide the necessary scalability and resilience, with tools for container orchestration to handle dynamic workloads. Eventually, the system must employ zero-trust security principles, incorporating multi-factor authentication (MFA), role-based access control (RBAC), and end-to-end encryption to safeguard sensitive data.

Additionally, integrating AI-driven anomaly detection can enhance threat identification, while automated compliance checks ensure adherence to regulatory standards. Mature open-source and commercial tools for access governance or data cataloguing further support the feasibility, reducing development time and costs. The system's design for data governance and

security management should prioritise security by design, ensuring that every layer, i.e. application, network, and data, is inherently protected. A key principle is data minimisation, where only essential data is collected, processed, and stored, reducing exposure risks. The system should adopt a layered defence strategy, combining preventive, detective, and corrective controls, such as firewalls, intrusion detection systems, and automated incident response workflows. Transparency and auditability are critical, with immutable audit trails logging all data access and modifications to enable forensic analysis and compliance reporting. The principle of user-centric access control ensures that permissions are granular and context-aware, dynamically adjusting based on user roles, locations, or risk profiles. Scalability and flexibility are also essential, allowing the system to adapt to evolving regulatory requirements and organisational needs without significant rework. Finally, automation should underpin repetitive tasks like policy enforcement, data classification, and vulnerability scanning, minimise human error and enhance efficiency. By adhering to these principles, the system can provide a robust framework for managing data governance and security in a rapidly changing digital landscape.

In short, the technologists saw no impossible engineering barrier; the real challenge lies in synchronising statutory legitimacy, data-classification policy, and phased rollout so that the depository is both tamper-proof and instantly reachable when families and clinicians need it most.

Theme 5: User Facilitation Mechanisms

> *"If you build a database, you can't just let it exist in isolation without communication. Otherwise, it's no different from a safe deposit box. Why bother?"* (P44)

Interviewees cautioned that, without sustained engagement, a registry would be no better than a safe-deposit box. They identified three interrelated service requirements: systematic follow-up, impartial professional navigation, and progressive functional integration.

5.1 Systematic follow-up.

Respondents expected a case-management approach in which staff contact registrants at fixed intervals. Annual reviews were most frequently proposed, to confirm whether new wills, Enduring Powers of Attorney (EPAs), or advance medical directives have been executed. One carer remarked,

> *Sometimes the human mind forgets what I have done or what I need… I can't recall how my thoughts this year differ from last year.* (P21)

A dedicated case manager mostly a trained social worker, they argued, should verify that instruments of planning remain valid, record amendments or revocations, and document the client's decision-making capacity to guard against coercion later in life:

> *Check on it each year… if you notice the elder can no longer express themselves, you can make a note… because… those crafty relatives… might drag them to make up a new one…* (P44)

Routine reviews would also refresh contact details, living arrangements, and emergency information, ensuring the file remains ready for future interventions:

Create a care plan for each patient… listing all their emergency contacts, address, phone number… and a brief outline of their family relationships. (P25)

5.2 Impartial professional navigation.

Many participants requested a neutral directory of accredited professionals. A banker suggested a platform that lets citizens easily contact with professionals. "*Access should be easier. No need to go to a law firm every time."* (P34), while carers wanted indicative fees: *"It'd be best to state the exact price."* (P16). Neutrality was paramount: "*There needs to be a more neutral, balanced organisation to help… so that people without the clear information can get this done.*" (P51).

Respondents further argued that such a directory could overcome professionals' current reluctance to provide these services:

Not every lawyer or doctor is willing to take this on. For example, with an enduring power of attorney, doctors find it troublesome, and lawyers feel it doesn't pay, so many refuse. Therefore, the government must keep a directory showing which doctors and which lawyers are prepared to do the work. (P20)

Practitioners, however, warned against creating a list might cause trouble of "preferred panel" which is strongly prohibited(P36), and lawyers noted that fee disclosure seems inappropriate.

You could have a list, like the Law Society keeps a list. You would have a list of lawyers who can help you, but it is hard to show exactly how much each job would cost on that list. (P29).

Accordingly, participants agreed that transparency rather than promotion should guide directory design.

5.3 Progressive functional integration.

Health and social-care professionals urged the registry to evolve into an integrated life-planning portal. A doctor observed*, "People seek the service, not merely storage."* (P9). Nurses proposed listing doctors willing to certify home deaths or countersign advance medical directives, modelled on outreach vaccination rosters (P10). Social workers envisioned adding funeral preferences, organ donation, and other life-planning options, turning the platform into "*part of life planning*." (P19). Legislators likewise insisted that the centre provide public education and advocacy, not merely storage: "*If it is only an office… I think that is insufficient. I believe the depository should serve a social function."* (P28)

Across these perspectives, a single operational principle emerged: a credible depository must pair secure storage with proactive, user-centred services. Regular reviews prevent obsolescence; a neutral, transparent directory lowers access barriers; and phased integration transforms the registry from a static vault into an adaptive civic infrastructure that promotes access, accuracy, and dignity at the end of life.

5.4 Resources and Funding

Fee scepticism dominated the demand-side discourse. Carers stressed that charges should remain minimal: "*Of course, the fewer the fees the better… paying every year is unacceptable; it's as troublesome as the MPF's occasional management charges."* (P3). Another caregiver observed: "*My biggest concern is the cost, OK?… I'm willing, I'd absolutely raise my hand to support it. But if your fee is too high, I won't be able to support it. Do you understand?"* (P21),

and a legislator warned that platform fees would add yet another barrier for older users: "*You'd push those people one step away."* (P28). Taken together, these accounts imply that any pricing scheme for document deposit must be nominal or subsidised, favour one-off over recurring payments, and include transparent concessions or waivers for low-income registrants; otherwise, the very mechanism intended to safeguard citizens risks low uptake.

Nevertheless, interviewees acknowledged that the system cannot operate without stable revenue. Meanwhile, several interviewees explicitly mentioned that modest fees were framed not only as a maintenance but also as a threshold to reduce frivolous use and the hidden costs of a fully "free" service. Front-line social workers reported that when services were free some clients repeatedly revised documents, draining staff time and inflating costs:

> *We have to be careful about fees, because loopholes can easily emerge… We've had elders, more than once, who keep phoning to amend their documents: after thinking it over they say, 'I don't think that's right; I'd better sign again,' and they keep revising… the overall administrative cost just keeps climbing. (P7).*

This pattern of continuous revision, while perhaps unintentional, placed a significant and escalating strain on administrative capacity and costs. A lawyer similarly proposed a withdrawal fee to ensure users engage with the service seriously: *"We shouldn't make it so encouraging that they pull it out every so often just to tinker with it."* (P29). This suggests that a financial commitment, however small, indicate a sense of seriousness and encourages users to respect the resources and formal nature of the service, preventing its misuse as a trivial tool. Taken together, small financial barriers could be a practical strategy to reduce frivolous use, promote efficient resource allocation, and ensure the service's long-term sustainability.

On the supply side, informants worried less about what individuals would pay than about whether any host could secure predictable funding to keep the depository alive. One

practitioner recalled a six-year social-work initiative that closed when project funding ended, underscoring programme fragility in the absence of reliable income:

> *They once ran a programme that, in my view, was genuinely well-intentioned, but later I guess because of funding issues or because no one was willing to carry it on... the social worker couldn't keep going; he had spent six years in that post doing just this, and when he left, the service closed as well.* (P44).

Meanwhile, concurrent fiscal constraints exacerbate this risk. As one of the interviewees observes that the current finance stress within the government. "*Resources are very limited at the moment; I mean the government's own resources. Because of our fiscal pressure, this will place a heavy burden on launching new initiatives."* (P20). A remark that underlines how the government's tightening fiscal envelope leaves new social-care infrastructure with low priority and forces planners to seek non-state capital if we wish to proceed.

To reconcile these tensions, some interviewees converge on pilot schemes as a pragmatic bridge. A recommends letting universities to run a trail first: "*We should use … funding to run a trial first,"* so that start-up costs ride on research grants rather than elders' pockets (P42); another interviewee explains that small-scale trials "*Start by doing a bit first… secure some funding… then the government will have enough confidence to turn it into a permanent allocation." (P38)*, and it is suggested that once community services proliferate the government should take care the responsibility: "*Naturally there will be pressure… the government… cannot evade it"* (P9). Across all layers the shared implication is that recurring, un-subsidised fees deter users yet under-pricing threatens organisational survival; pilot initiatives funded by academic or charitable sources offer a pragmatic bridge, insulating citizens from upfront costs while generating evidence strong enough to unlock sustained public subvention.

Summary of Main Findings

Before proposing a model for the central depository, several interlocking deficiencies revealed by the qualitative evidence must be addressed, as even a technically flawless registry will struggle to achieve uptake or legitimacy without resolving them.

First, a persistent gap in education and awareness operates on multiple levels. Many patients and carers conflated wills, enduring powers of attorney, and advance medical directives. While some respondents understood their distinct purposes, they abandoned the planning process because they could not locate trustworthy assistance, anticipate prohibitive fees, or regard the procedural steps as too complicated for lay execution. Furthermore, a considerable proportion of frontline professionals remain uncertain about statutory forms and witnessing requirements, fearing liability related to the execution of the documents. These knowledge deficits reinforce cultural taboos around incapacity planning and create a vicious cycle in which low public demand discourages professionals from maintaining expertise, further suppressing demand.

A second foundational weakness lies in the proposed system's incomplete legal framework, particularly concerning the depository's scope and the evidentiary power of its contents. This ambiguity creates two interrelated legal challenges that recur throughout stakeholder interviews: validity and finality. While often discussed together, they are analytically distinct forms of legal assurance whose functional intersection, not mere presence, determines the practical reliability of a central depository.

Interviewees defined validity as whether an electronic extract enjoys the same legal force as a properly executed paper original. However, it is believed that it is a quality determined by factors external to the depository. Whether an electronic extract enjoys the same legal force as

a properly executed paper original turns on substantive formalities (signature, witnessing) and a statutory rule of functional equivalence for sealed digital copies; they are matters of substantive law that come before registration. The depository system is passive, only reflecting but not creating an instrument's legal validity. In short, legal validity comes from statute, not storage; a depository can only record a digital extract but cannot confer binding force. Until the governing ordinance explicitly gives an electronic document the same status as properly signed and witnessed paper originals, an uploaded copy remains evidence, not a legally operative instrument.

Another question is finality, whether the most recent entry can be treated as conclusive *unless* contrary evidence emerges. Since the depository will be voluntary and Wills can be revoked at any moment, a credible system must incorporate robust version control and a legislative mechanism that allocates the risk of undisclosed changes. Meanwhile, accuracy also depends on an affirmative duty from the document creator. Creator or their authorised agents must notify the depository whenever they execute, amend, or revoke an instrument, ensuring the register remains current and reliable.

In practice, updates will be submitted through a secure online portal by the individual, lawyer, or person authorised by the individual. The system issues annual reminders to continue follow-up service, and a grace period applies before any new requests will take priority. Failure to file does not invalidate the instrument but may shift the evidentiary burden in probate.

To summarise, validity and finality are both necessary but individually insufficient. Validity without finality leaves users with authenticated yet potentially obsolete instruments; finality without validity offers a perfectly tracked archive of documents that may be inadmissible in court. Only a legal framework that secures both pillars can deliver the transactional certainty required for widespread adoption.

Finally, stakeholders underscored that the system's governance and operational mechanics must be clarified before implementation. Interviewees strongly preferred an independent yet publicly accountable authority, endowed with clear rule-making powers over authentication standards, fee schedules, and dispute resolution. Equally important, this authority must secure a dedicated budgetary line and recruit IT staff experienced in maintaining high-integrity public registries. Without such human and financial capital, the system risks failure. Addressing these interrelated challenges of education, statutory certainty, and administrative capacity is essential for establishing the cultural trust and cross-sector interoperability required for a credible Central Depository System.

Discussions and Recommendations

After analysing the qualitative data from the in-depth interviews and getting feedback from stakeholders in a focus group meeting, the research team proposes the following arrangements for a central depository in Hong Kong.

Is There a Need for an IOP Depository?

As a result of the increasing number of older people aged 65 or above, Hong Kong will face more demands for clear, accessible, and reliably stored instructions concerning healthcare and end-of-life wishes. The demands will be accelerated by factors such as more people suffering from disabilities and long-term illnesses (Chung et al., 2023; Tam & Wang, 2025), the prevalence of overseas emigration with left-behind older parents (Hong Kong Council of Social Service, 2024; Hong Kong Government, 2021; Hong Kong Institute of Asia-Pacific Studies, 2021), and increasingly prioritise needs of competence, autonomy and dignity, underscoring the importance of self-determination for older people (Lee et al., 2024)Therefore, a system that facilitates the clear expression and enforcement of individual preferences is necessary.

As illustrated in the research findings section, professionals often received enquiries regarding drafting the IOPs. More concerns about end-of-life planning suggest that offering this type of service is essential. At the same time, qualitative evidence from interviews showed that current documents are prone to loss and damage, which indicates the need for a central depository system.

In order for a person's wishes to be honoured and respected, such wishes must become known after their death or when they become mentally incapacitated. Since those wishes are expressed in a document that must be discovered, a central depository will help locate it when

its maker dies or loses capacity, ensuring the stated wishes are carried out. A central depository also means that documents are more likely to be discovered earlier, resulting in shortened probate proceedings and potentially avoiding Committee applications. This will directly reduce family legal costs and administrative burdens for the courts.

Who is suitable to operate the central depository?

As the findings reveal, some interviewees expected an organisation that wields clear authority, enjoys a high public reputation, and is widely recognised, yet remains independent of government departments to allay privacy concerns. They further pointed out that governmental procedural conservatism and bureaucratic complexity hinder the creation of such a system, leading them to favour a statutory body empowered by its ordinance.

However, this ideal cannot be realised overnight, and no existing agency is ready to assume that specialised role. The legislative process to create one is unpredictable and potentially lengthy, delaying implementation and increasing resource demands. Thus, waiting for the creation of this agency to deal with the needs of many older people and patients will not be a progressive solution, as this will put the whole society in a wait-and-see mode, failing to address the present pressing demands for a storage system. Thus, necessary actions with reasonable safety measures must be taken to tackle the urgent need for IOPs.

It should be stressed that international precedents have demonstrated workable interim models until a dedicated statutory body can be created. Our literature review report shows the Nidus Registry (Canada, British Columbia) and the UK National Will Register (Certainty) are two examples. The former is a self-managed nonprofit registry that is not set up by the government or legislation. It is open for BC citizens to register and upload a digital copy, not limited to advance medical directives and enduring powers of attorney, but also other

documents related to emergency planning (e.g. home insurance). The latter is a private company rather than a statutory body, established as a commercial enterprise specifically focused on Will metadata, offers will-search services, and provides subscription-based practice management and marketing tools for legal professionals.

While their operation models differ, they have a common feature: neither registry was established by legislation. Both have achieved a level of recognition within their respective legal systems. The Nidus Registry emerged from a grassroots law reform process and partnered with legal institutions like the Law Society of British Columbia. The UK National Will Register has received endorsement from The Law Society and is used by thousands of solicitors, government agencies, and financial institutions.

Therefore, a practical way for Hong Kong to launch a credible depository is to move in two sequenced steps, borrowing lessons from Canada's Nidus Registry and the UK's National Will Register. A proposed central depository system will be hosted by whichever trusted organisation, whether a professional association, a well-known NGO, or a hybrid partnership that can demonstrate rigorous data-security protocols, transparent governance, and a sustainable five-year funding plan for building, improving and consolidating the depository system.

The development of the system can go through two stages. Stage one is to secure funding, identify an appropriate agency as an operator for the system, build up the infrastructure, register service users, and deliver other relevant services. If stage one shows high uptake and reliability, the Government will be lobbied to take over the management and operation of the same, and consider appropriate legislative changes. By first demonstrating value through a professionally managed agency and only later enacting full legislation, the central depository

system can build public trust quickly, gather the evidence needed to refine the law, and avoid the delays and costs that often plague brand-new government bodies.

What Documents Can be Included in a Central Depository?

The proposed central depository will be a voluntary platform, offering a voluntary deposit for Wills, the Enduring Powers of Attorney (EPAs), and Advance Medical Directives (AMDs). It complements, not replaces, existing specialised registries or legally mandated procedures. Its function is to fill the specific, persistent gaps identified by stakeholders in Hong Kong's present system.

Through the findings, interviewees pointed out the persistent gaps in Hong Kong's present system of document storage. First, Wills remain the most fragile and complex link in the chain. Currently, Wills are typically stored in private places and are traceable only through the Law Society's labour-intensive "will search". Because those searches only list wills drafted by participating firms, any instrument prepared pro se or outside mainstream legal practice remains invisible, raising the risk that legally valid intentions never surface.

The Enduring Powers of Attorney Ordinance (Cap. 501) only requires an EPA to be registered when the attorney has reason to believe that the donor is or is becoming mentally incapable. This creates a gap during which the fully executed instrument remains vulnerable to being lost, damaged, or forgotten. Although a voluntary depository cannot replace the High Court's legal gatekeeping, it can serve as an interim backup by recording an EPA's existence and custodial location when it is signed, closing the discoverability gap without disclosing sensitive content.

It should be noted that the respondents of this study pointed out two obvious problems after registration at the high court: (i) the High Court file becomes publicly accessible, raising

privacy concerns, and (ii) the procedures for amending, revoking, or substituting an attorney are cumbersome suggesting that the improvement and streamline procedure of the high court registration itself could be needed. Due to the mentioned problems and the urgency of meeting the needs of patients and families, the proposed central depository can be supplementary in addressing current concerns. The research team recognises the lack of backup legislation for the proposed system, and further action is required to establish a legal foundation to support its development. Therefore, in the early stage of its operation, the storage of EPAs can be seen as a temporary but supportive measure.

As for AMDs, while under the current official planning phase, the document will be stored through the government's "eHealth" platform and serve as a validating copy, accessible to both the individual and healthcare providers, and will trigger alerts in the clinical system. The proposed central depository is not intended to replace this specialised clinical registry. Instead, it would allow individuals to deposit an additional copy voluntarily. This may appeal to patients of private healthcare who seldom use public health services and those wishing to consolidate all their key life-planning documents in a single, secure location for their reference or non-medical stakeholders, thereby maximising user choice and convenience without disrupting the established healthcare framework.

Model of Storage?

It is proposed that a flexible, two-tier system be used to store these important documents, designed to meet different comfort levels with technology and privacy.

The first tier would be standard metadata for everyone. This record would only hold essential information: the individual's personal information, the existence of a document like a Will, its creation date, and where the original paper is kept.

The second tier would be optional for people who want extra protection. Users could upload a full digital copy of their document into an encrypted vault. As an initial point, the digital copy only serves as a backup; it will not replace the current practice of writing and physical signatures rooted in the legal field. The goal is for this digital copy to eventually have the same legal power as the original paper version. Once the necessary laws are passed to enable this, until then it should be treated as the safety net of the original document.

This two-tier approach is designed to be practical and encourage widespread use. It respects the wishes of people who value privacy and prefer to share only minimal information. It also provides a secure backup for those concerned about losing or damaging the original document. Meanwhile, by differentiating between document existence (Tier 1) and document content (Tier 2), the initial model could yield data on uptake, privacy tolerance, and the operational feasibility of near-real-time version control. These findings will inform subsequent legal drafting without presupposing a particular statutory model.

Question on the Amendment of Information and the Right of Access

Since there may be a considerable period between the registration of a document and the event causing loss of mental capacity or death, situations may arise where the individual wishes to amend or add information in the register. Because registration in the system is not a prerequisite for the document's validity, the individual can revoke the document without notifying the registrar.

Nonetheless, a situation may occur where the individual wishes to supplement the depository with information that they have revoked their document. Therefore, to keep the register updated, functional, and effective, the individual must be able to change already registered information and add information that the old document has been revoked. It should

be clarified that no changes can be made to the copy of the document or its content itself. If the testator wishes to change the details of their document, this must be done by executing a new one and applying for registration of the new document again.

Regarding access rights, there are technical details that require further discussion. Currently, it is understood that anyone who registers in the central depository can rely on the confidentiality of their information, which will not be disclosed to others without their consent. The system would likely employ self-determination of access rights, allowing users to specify who can access their details and should be notified that a document exists. During their lifetime and while of sound mind, creators retain full control of their information at any time.

Critical questions arise when creators face death or mental incapacitation. Do individuals beyond those previously authorised have the right to search the metadata or access the documents in the system (if the electronic copy was deposited)? What options exist for related individuals or parties if access is limited to authorised persons? Is a professional agency also granted access? What certificates or documents would be required as proof for the search?

Another issue that emerged during the focus group meeting of the study was the notification system, an aspect initially overlooked during the in-depth interview stage. This system presents two challenges: How can interested parties be alerted when relevant documents are registered in the system? How should the central deposit system be notified when document creators become mentally incapacitated or deceased? This raises the broader question of whether integration with government databases is necessary to ensure system effectiveness.

It is believed that linking with regular database access would bring various advantages, such as enabling real-time monitoring of creators' status, facilitating prompt notification of stakeholders and seamless coordination between interested parties and relevant institutions for follow-up procedures. The research team recognises the benefits and sometimes the necessity

for registered health and welfare professionals to access stored documents for the benefit of service users. Moreover, it is equally important for the digital platform of the depository system to be compatible with the operating system of the public health authorities (e.g. eHealth). This will allow the operator of the central depository to be easily integrated with the public healthcare system if it receives the status of a statutory body in the future. The issues of access rights and the design of the digital operating system of the central depository are administrative and technical issues, which can be further investigated following the establishment of an operator for the system.

Essential Support Services

The proposed central depository system should be more than a storage system; it can also offer essential support for service users and deliver community education activities about the three instruments of peace. Given this, the proposed system will actively be involved in support services. Firstly, the system will help users to find expert guidance by including a professional navigation network. This can be an online directory of doctors and lawyers who have completed special training in properly creating and signing these documents and assessing a person's ability to make their own decisions. The directory can show each professional's services and estimated fees (within the limits of professional advertising rules). This provides a clear and trustworthy way for people to find qualified help and supports professionals in connecting with potential clients.

However, according to some respondents of this study, some patients and families found it hard to go through the complicated procedures for doing an EPA or needed assistance for a Will. The barriers might be caused by poor health, limited time and knowledge. Therefore, it is proposed that the central depository can offer a service to help applicants complete an EPA

or a Will by working with individual professionals or healthcare and legal firms through a fair and transparent mechanism.

Also, the system would feature a continuous engagement loop by ensuring the information stays up-to-date and accurate over time. For a fee, a person could be assigned to be a case manager who conducts yearly check-ins. These reviews help confirm the person is still mentally capable, check if a document has been cancelled, and update emergency contacts. This service would turn the registry from a simple storage vault into an active partner in their life planning, addressing the common problems of confusion and lack of follow-up many people experience.

Moreover, the proposed central depository system will deliver education and outreach services to enhance the public's understanding of complex issues related to IOPs. The system is expected to produce clear, easy-to-understand guides and toolkits through social media and local community centres. By placing these educational materials on the same website used for storing documents, the system can create a single, reliable source of information. This would be more effective than the current scattered approach of one-off seminars that can leave people feeling "alone and helpless" when they try to act on what they've learned.

Educational activities can also target frontline professionals. As indicated in interviews and the focus group meeting, the slow rate of document uptake is partly related to the unpreparedness of professionals, especially healthcare professionals, which aligns with previous research studies (Chan et al., 2019; Cheung et al., 2020). These professionals designed their training content, which may result in varying competence regarding liability issues. This lack of clear knowledge may lead to unreadiness for initiating or assisting, lowering motivation, and reinforcing defensive practices. Therefore, one key function of the proposed system is to

work with relevant professionals and collectively work out training materials to enhance the public's understanding of the procedures and importance of setting up of IOPs.

Fee Design

Drawing on our qualitative findings, we propose a deliberately modest fee structure:

a) Account-creation fee (one-off). A low, one-time charge that covers identity verification and the first-time document registration, ensuring affordability across income groups.
b) Transactional fee (as needed). A small, cost-recovery payment for each subsequent filing, e.g., lodging a revocation notice, registering a replacement Will, or adding a second instrument.
c) Optional subscription. Users who enrol in the annual "continuous-engagement" service would pay a separate fee for case-manager check-ins and automated reminders.

Once the technical architecture is finalised, exact price points and any sliding-scale subsidies for legally aided or low-income registrants should be set in a dedicated cost-recovery study. The current research, therefore, confines itself to institutional design; detailed cost modelling is flagged for future investigation.

The next step?

The proposed central depository system is based on other regions' practices, the respondents' views from in-depth interviews, and feedback from a focus group meeting. The research team might have overlooked some opinions not included in this study. Therefore, the shape of the

system can be amended following further consultations with relevant stakeholders. Once the final model has been confirmed, established professional bodies and non-governmental organisations can be invited to express their willingness to operate the central depository system. After choosing an appropriate agency, the project can move into a detailed design phase.

The MIPCRC has been working on the issues of IOPs for many years, and its members come from legal, health, welfare and financial professionals. Therefore, its involvement can offer necessary expert support and play a monitoring function for the system. It is proposed that MIPCRC can work out an agreement with the chosen agency, clearly spelling out the division of duties between them. After establishing the managing body for the central depository system, several tasks need to be completed. The first task is to map every stage of the future workflow: how applications are received, how identities are verified, how basic metadata is captured, how digital copies are uploaded and encrypted, how version control is maintained, how users can file amendments, and how authorised third parties can gain access. After that, the managing body can invite bids from reputable technology firms to build a minimum viable platform that meets the agreed specifications. As the system needs to be compatible with the official digital platform, the involvement of government officials is essential to allowing access from health and welfare professionals and the future transfer of the system records if the managing body finally becomes a statutory agency.

Conclusion

Interviews with fifty-five stakeholders of diverse backgrounds show that the present system for handling Wills, EPAs, and AMDs suffers several challenges. Public awareness remains inconsistent, execution formalities are often misunderstood, and privately stored documents

are easily lost, damaged, or overlooked. Although public literacy in end-of-life planning is gradually improving, the absence of a reliable depository leaves families and courts uncertain about whether they have found the latest valid instruments.

Our findings indicate that the environment is unsuitable for a full statutory register. Even so, demographic pressure makes further delays unwise, causing a lot of difficulties for affected individuals and families. Demand for these documents will grow sharply as the population ages and more families live apart. A managing body led by a high-reputation non-profit or professional body that works closely with MIPCRC offers a pragmatic way forward. The proposed central depository system can gather data on uptake, amendment and revocation rates, retrieval success, operating costs, and the legal performance of validity and finality safeguards. These metrics will allow policymakers to judge when and how to convert the proposed system into a permanent and statutory agency supported by legislation. The successful establishment of this body will address imperative needs and serve the long-term interests of patients and their families in a society facing a rapid increase in the ageing population and more people suffering from various types of chronic diseases and illnesses.

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