

Hospice in the Dongsan Medical Center

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*"You matter because you are you.
You matter to the last moment of your life,
and we will do all we can
not only to help you die peacefully,
but to live until you die."*

- Cicely Saunders -

In Korea, the hospice movement has grown gradually over the past 10 years in several Christian hospitals including Protestant and Catholic hospital. Many patients with advanced cancer who previously would have spent their final golden time in cure-oriented hospital are now being cared for in care-oriented hospice.

In a hospice program, the emphasis is on symptom control and improving the overall quality of life, rather than reversal of the terminal illness process. Therefore, the goals of hospice is 1) to allow a patient with terminal illness to be cared for and die in the comfort of home and 2) to achieve adequate pain control which is one of the most important contributions of the hospice.

In addition, Hospice in Dongsan Medical Center (DMC), which founded by American missionary 100 years ago, has a special goal, that is, a spiritual care as well as physical, mental, and social care. Because we believe that man is a trinity composed of body, soul, and spirit with social being who is inseparable from the society. This is the key point of Hospice in DMC as a Christian hospital why we have to focus on spiritual care.

In my experience, Hospital-based Hospice can be well developed and settled down. First, Hospice programs are interdisciplinary teams of professionals including medical doctor, nurse, chaplin, social worker, and volunteer. Ideally, to achieve a healing ministry, these specialists should get together to carry out the team work. We can easily use these human resources and facilities within hospital. Second, many deaths tend to occur in institution, mainly in hospital rather than home. The reason for this can be summarized as follows: 1) Patients do not have family members who can care for and support them at home because of nuclear family. 2) The living situation, especially apartment, is not suitable for funeral service. 3) Families and patients are afraid of the sudden changes in patient's condition such as severe

pain, dyspnea, and mental change which are difficult to cope with at home. This is the reason why the patient and families want to die in hospital and why Hospital-based Hospice should accept their needs.

As a medical director of Dongsan hospice in DMC for about 10 years, I would like to suggest a practical model of Hospital-based Hospice, especially in Christian Hospital. Here, I have outlined two parts, "Hardware" and "Software" of Hospice in DMC..

1. Hardware

1) Hospice team

Role-blurring, an inevitable areas of overlap

2) Bedside Hospice for scattered beds in Hospital

3) Hospice room with several beds

4) Hospice ward or Hospice unit

5) Hospice store

6) Hospice house: " Dongsan Holistic Healing Center"

Table 1. Needs of the Dying

Dimension	Need
Physical	Relief of symptoms
Psychological	
Safety	Feeling of security
Understanding	Explanation about symptoms and the disease : opportunity to discuss the process of dying
Self-esteem	Involvement in decision-making, particularly as physical dependency on others increases : opportunity to give as well as o receive
Social	
Acceptance	Non-condemnatory attitude in the carers regardless of one's mood, sociability, and appearance
Belonging	Feeling needed and connected : not burden
Disengagement	Opportunity to take leave of those people or things to whom one is attached : to 'tie up loose ends' in business and family matters : to hand on responsibility to others
Spiritual	
Love	Expressions of affection : human contact, e.g. touch
Reconciliation	Opportunity for healing damaged relationships: and to seek forgiveness
Self-worth	Knowledge that one is loved and valued
Purpose	Feeling one's life still has meaning and direction

2. Software

- 1) Registration of patients
- 2) Inform the diagnosis to patients
Need of informed consent?
- 3) Holistic care for needs of the dying (Table 1, Fig. 1)
- 4) Home visit
- 5) Baptism
- 6) Holy communion
- 7) Life after death
- 8) Place to die: Hospital or Home?
- 9) Funeral service
- 10) Activation of volunteer's activity
- 11) Family control

Care of bereaved family, Bringing up orphan

"Cancer can affect a family in much the same way as it affects a body - causing deterioration if left untreated"

- Colin Murray Parkes -

- 12) Care for the professional carers
The stresses and rewards of caring for dying people
Burnout
Build a balanced life
- 13) Fund raising
A charity concert, A charity bazar
A contribution from church, person, and group, Hospice store
- 14) Relationship with community church

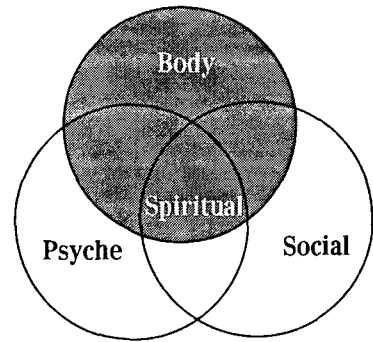


Fig. 1. Dimensions of care.

In conclusion, We also should serve our entire life in the healing ministry, which can be the most clearly seen in the scene of Hospice as Jesus Christ served his entire life in the healing ministry as well as teaching and preaching.