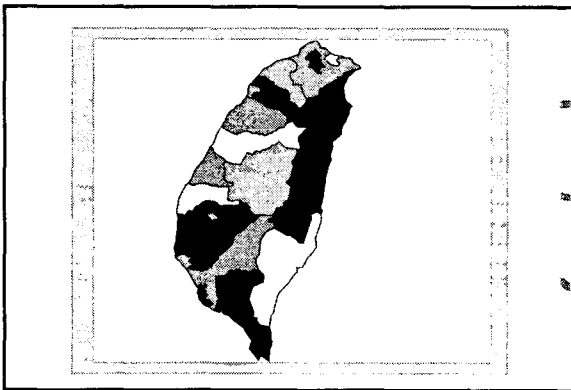


# Past, Present & Future of Hospice in Twian

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## Taiwan

Population : 22million.

Annual Death : 120,000

Cancer Death : 30,000

(The first leading cause of death)



## The Past

1980 : A symposium of Hospice Care by VGH in Taipei.

1983 : Hospice Home Care Program by Catholic Sanipax Socio-Medical Service & Education Foundation in Taipei.

(Co-Shi Chantal Chao was in charge of this program)



1990 : The first hospice ward was opened in Mackay Memorial Hospital (17- bed) . (Dr. Enoch Lai was in charge of this program)

1994 : The second hospice ward was opened in Catholic Cardinal Tien Hospital (15- bed) . (Sr. (Dr.) Lu & Dr. Chao)

1995 : National Taiwan University Hospital- Palliative Care Unit (17- bed).

## 1995 : Legislator Giang

became an advocate for Hospice Movement



## 1995 : Governmental Support

DOH (Department of Health) called for a Coordinating Meeting for Hospice Care and organized a Task Force for Hospice Care.



**1996 : Setting up Standards**

for hospice home care and in-patient care were formulated by DOH.



**Hospice Palliative Care**



安寧緩和醫療



**1996 - 1998 :**

**20 In-patient**

Hospice/ Palliative Care Units

**26 Home Hospice Care**

Programs were setting up



**1996 ~ 1999 : Education**

DOH gave financial support for training of hospice / palliative care personnel, including physicians, nurses, social workers, and clergies.



**The Training Program**

A (ttitude)		E (ntry)
S (kill)		P (rofessional
K (nowledge)		S (pecialist)

**The Contents of the Training Courses**

- \* Physical Aspects
- \* Psychosocial Aspects
- \* Spiritual, Religious, Cultural Aspects
- \* Ethical Aspects
- \* Team Work Aspects
- \* Organizational Aspects
- \* Developmental & Quality Assurance Aspects



**Three Religious Foundations**

1983 : Catholic Sanipax Socio - Medical Service & Education Foundation.

1990 : Protestant Hospice Foundation of Taiwan.

1994 : Buddhist Lotus Hospice Care Foundation.



**Public Awareness**

- ♥ Min Sheng Daily gives the special mission for Hospice Movement.
- ♥ TV programs.
- ♥ General Public : about 100 lectures per year.



## The Present

**Service :**

**19 : In-patient Care Units**

**26 : Home Care Service**

**0 : Day Care Service**

**Foundations : 3**

**Organizations : 2**



### *The Development of Hospice Palliative Care Ward Facilities in Taiwan*

No	Year of establishment	Name of the Facility	
1	1990/2	(Taipei Christian) Mackay Memorial Hospital	Hospice Ward
2	1994/3	(Taipei Catholic) Cardinal Tien Hospital	Home of St. Joseph
3	1995/6	(Taipei) National Taiwan University Hospital	Palliative Medicine Ward
4	1995/7	Taipei Municipal Chung-Hsiao Hospital	Hospice Ward
5	1995/10	Chiayi Christian Hospital	Ditmanson Memorial Ward
6	1996/4	(Kaoshiung Catholic) St. Joseph's Hospital	St. Francis Hospice
7	1996/8	(Hualien) Buddhist Tzu Chi General Hospital	Heart Lotus Ward
8	1996/8	(Yunlin Catholic) St. Joseph's Hospital	Hospice Ward
9	1997/6	(Taichung Tali Buddhist) Boddhi Hospital	Hospice Ward
10	1997/7	Veteran's General Hospital-Taipei	Hospice Ward

11	1997/7	DOH(Provincial) Taoyuan Hospital	Hospice Ward
12	1998/5	(Tainan) Siulau Hospital	Dr. Maxwell's Memorial Ward
13	1998	DOH(Provincial) Hsinchu Hospital	Hospice Ward
14	1998/6	(Tainan) National Cheng-Kung University Hospital	Sunya Hospice Ward
15	1998/10	Kaoshiung Municipal Minsheng Hospital	Hospice Ward
16	1998/11	Veteran's General Hospital-Kaoshiung	Chung-Der Ward
17	1999/7	Hualien Christian Mennonite Hospital	Hospice Ward
18	1999	Pingtung Christian Hospital	Hospice Ward
29	2000	(Shalu) Kuangtien Hospital	Hospice Ward
20	2000	(Taipei) Triservice General Hospital	Hospice Ward

**1995 : Taiwan Hospice Organization**

**1999 : Physicians of various specialties involved in hospice care and palliative medicine joined to establish the *Taiwan Academy of Hospice Palliative Medicine*.**

**2000 : 93 physicians passed the specialized examination and had the sub-specialty of palliative medicine.**



## 1999 : Dr. Joan C. Lo



from Institute of Economics Academia Sinica, accomplished a National Study : "The Impact of Hospices on Health Care Expenditures"

**Expenditures Per Patient by Setting and Month before Death :**

**Saving NT\$2500 / day**

hospital-based hospice care < conventional care.



**National Health Insurance Coverage**  
**From July 1, 2000**

Per diem payment NT\$4600 / day for in-patient hospice / palliative wards



**July ~ Dec. 2000**

**Auditing and Accreditation by DOH**

***Standard Operation  
Procedure of Hospice  
Palliative Care (SOP)  
published in 2000  
by DOH***



***A Guide to Pain  
Management in Hospice  
Palliative Care  
published in 2000  
by DOH***



**Euthanasia vs. Natural Death  
Euthanasia :**

*To secure a hastened death, a person helps or receives help through an "action or an omission" which of itself or by intention causes death, in order that all suffering may in this way be eliminated.*  
(Gula, R.M., 1994)



**Natural Death**

**According to AMA Ethical Codes :**

♥ Physician is always morally prohibited from killing patients but is not morally bound to preserve life in all cases.



♥ The physician has a right or duty to withdraw or withhold treatments if and only if 3 conditions are met :

- (1) the life of the body is being preserved by extraordinary means.
- (2) there is irrefutable evidence that biological death is imminent.
- (3) the patient and/ or the family consents.



**Advance Directives**

*The living will and the durable power of attorney for healthcare are written instructions recognized under law relating to the provision of healthcare when an individual is incapacitated.*  
(Gula, R.M. 1994).



**Natural Death Act**

1976 : California, USA.

*The Concept of natural death was gradually widely adopted by Northern American and European countries.*



**Ethical Considerations**

♥ *Balance benefits and burdens, for patient's best interest*




♥ Prolonging life ≠ Prolonging dying

♥ Optimal Care ≠ Maximal Treatment

***The Medical Law (Item 43) in Taiwan***

“In facing critical illness, the hospital and clinic should try their best to treat the patient.”

The interpretation was : “The physicians ought to do CPR for this patient even when he/ she has sign a DNR informed consent and in a terminal condition.”




***Natural Death Act in Taiwan***

♥ Over 110,000 terminally ill patients die per year, and underwent much suffering from CPR.

♥ The practice of DNR in hospices was illegal.


♥ Voices asking for allowing the practice of natural death within the hospice professionals were expressed.



***Hospice Palliative Care Act was passed on 23, May, 2000 in Taiwan***

♥ Legislator Giang made much effort with hospice workers from 1994-2000

♥ The taboo topic of 「death」 prevent the name of Natural Death Act


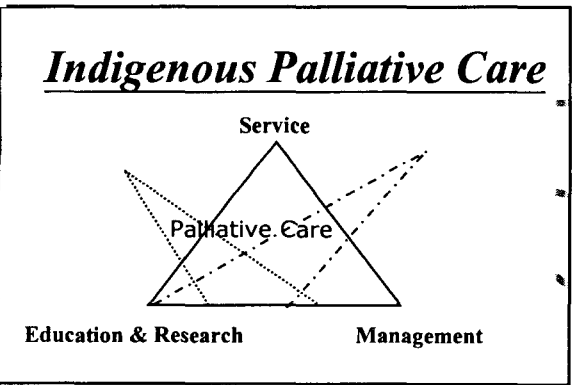
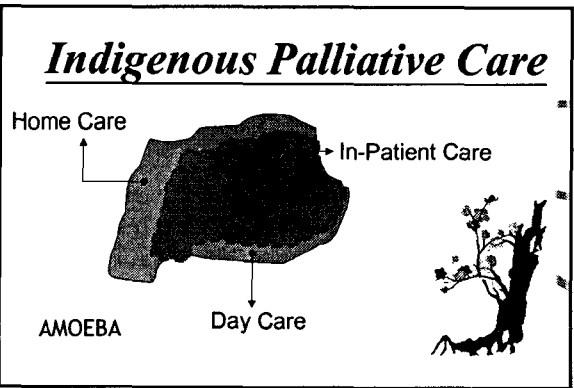


***The Future***

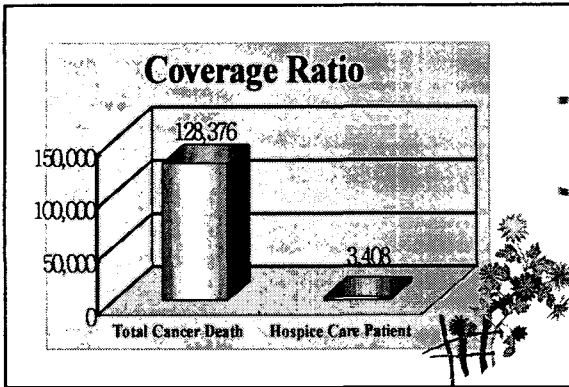
♥ To develop indigenous model of hospice palliative care.

♥ To improve quality of care through bedside teaching.

♥ To develop hospice programs for all teaching hospitals in order to educate medical and nursing students.

- Indigenous Palliative Care***
- Complementary Therapy
    - \* Acupuncture & Moxibustion
    - \* Traditional Chinese Dietary
  - Rush-Home Dying
  - Extended Stay Care
  - Indirect Truth Telling
- 



### The Future

- ♥ To develop standard hospice palliative care curriculum for all kinds of education programs.
- ♥ To promote death education for children and society.
- ♥ To promote humanistic health care through the witness of hospice palliative care.

