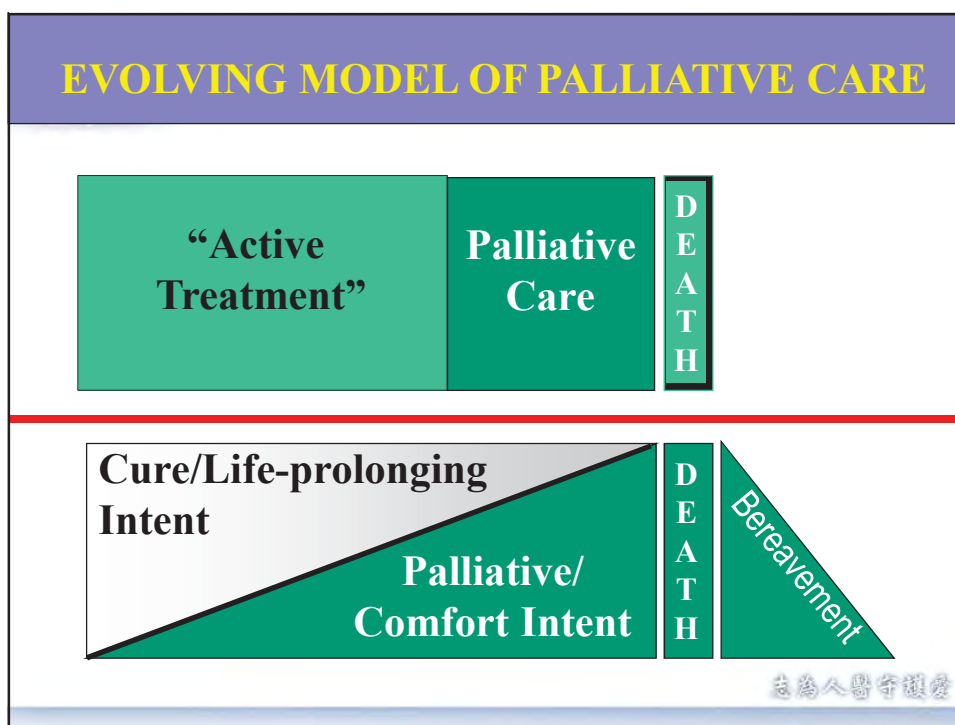


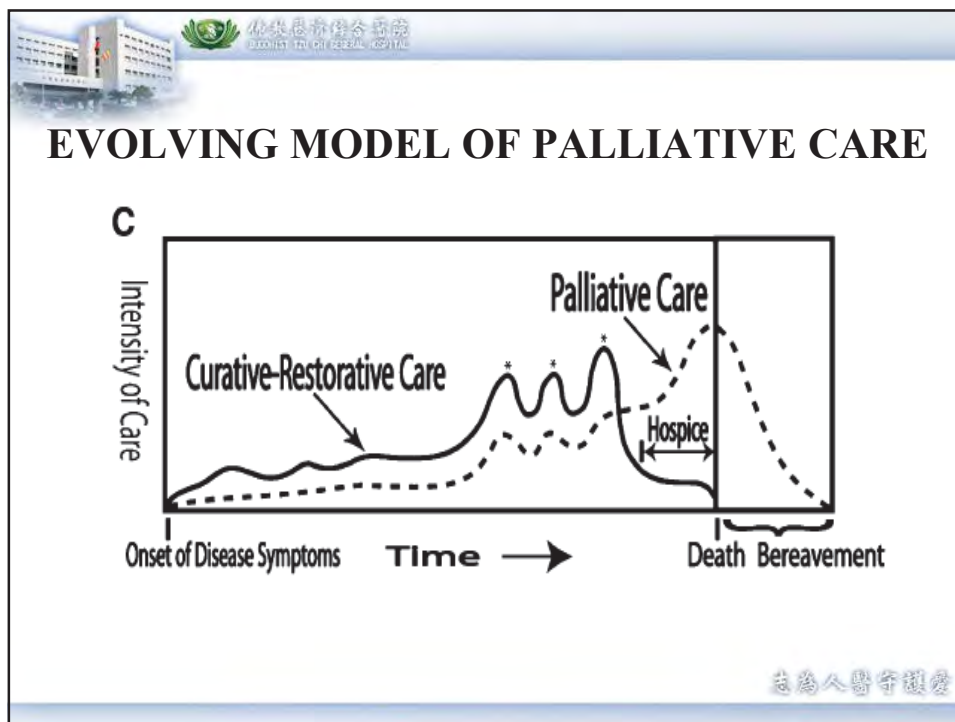




Systematic approach for End of Life care in Taiwan

Yingwei Wang
Council member TAHPM
Director, Heart Lotus Hospice, Tzuchi General Hospital
Department of Medical Humanities, Tzuchi University

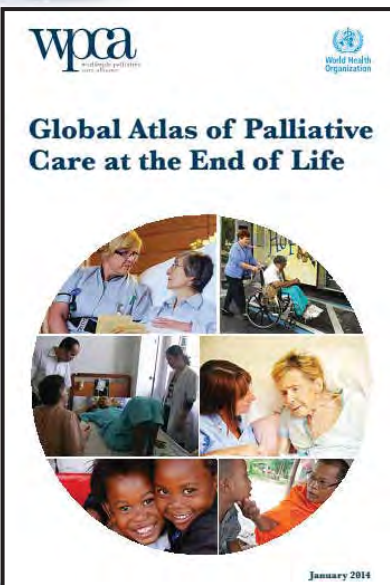
志為人醫守護愛






 香港中文大學
 THE CHINESE UNIVERSITY OF HONG KONG

Palliative Care for All



wPCA
Global Atlas of Palliative Care at the End of Life
January 2014

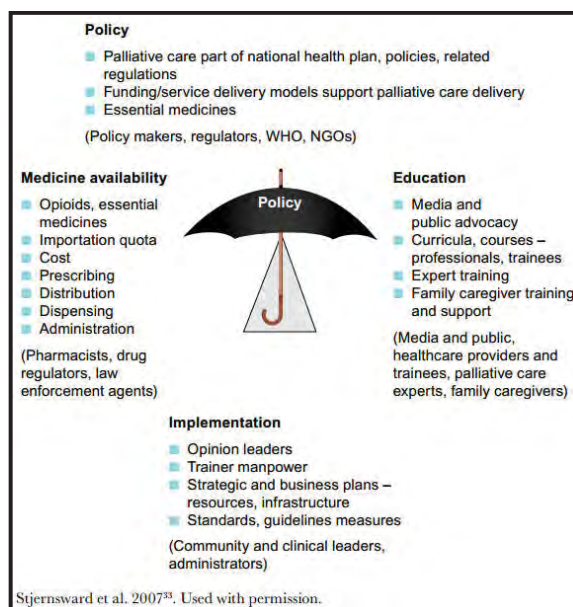
- **BY THE PEOPLE**
- **THROUGH THE PEOPLE**
- **FOR THE PEOPLE**

The goal of the care is to help people who are dying have peace, comfort and dignity.

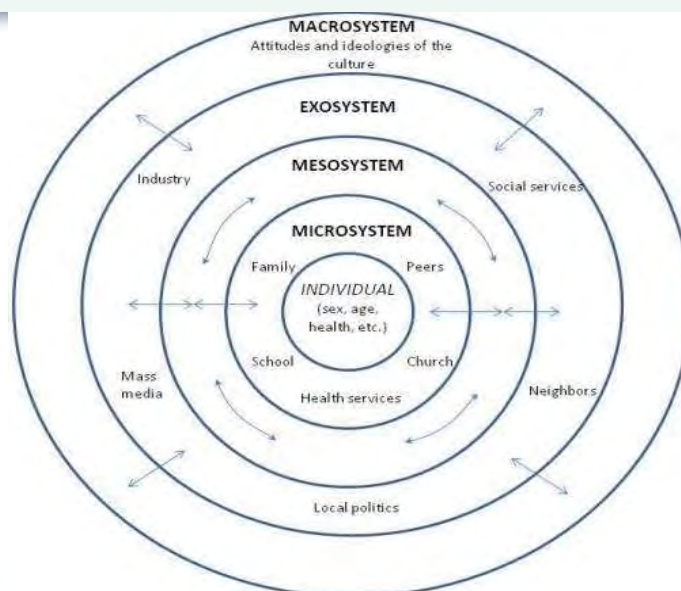
Worldwide Hospice Palliative Care Alliance (WHPCA) 2014

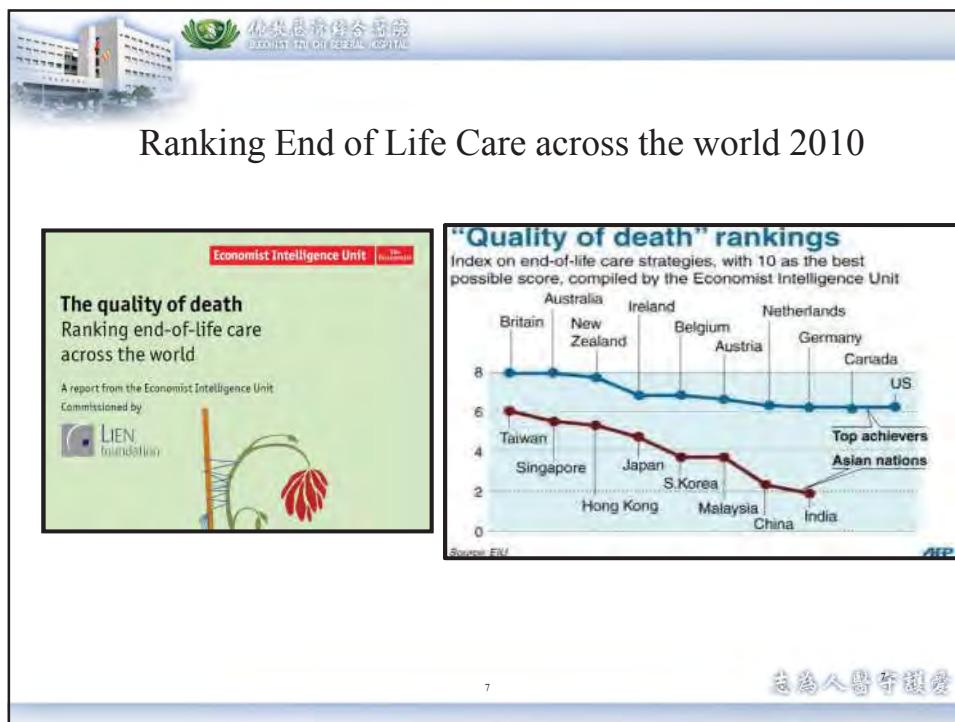
志為人醫守謙愛

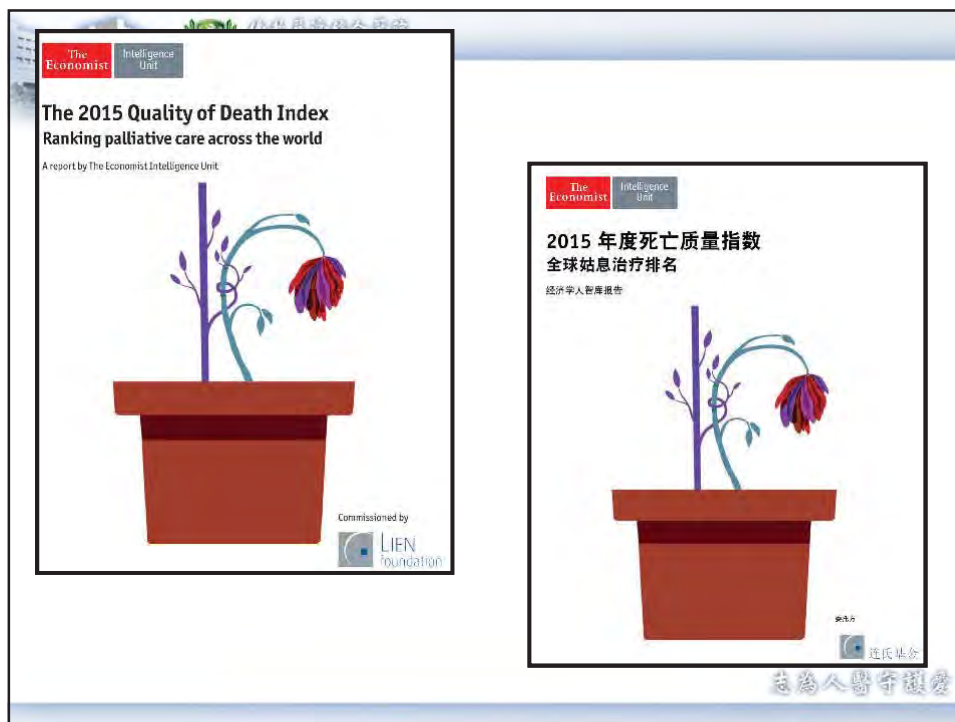
Public health model for palliative care development

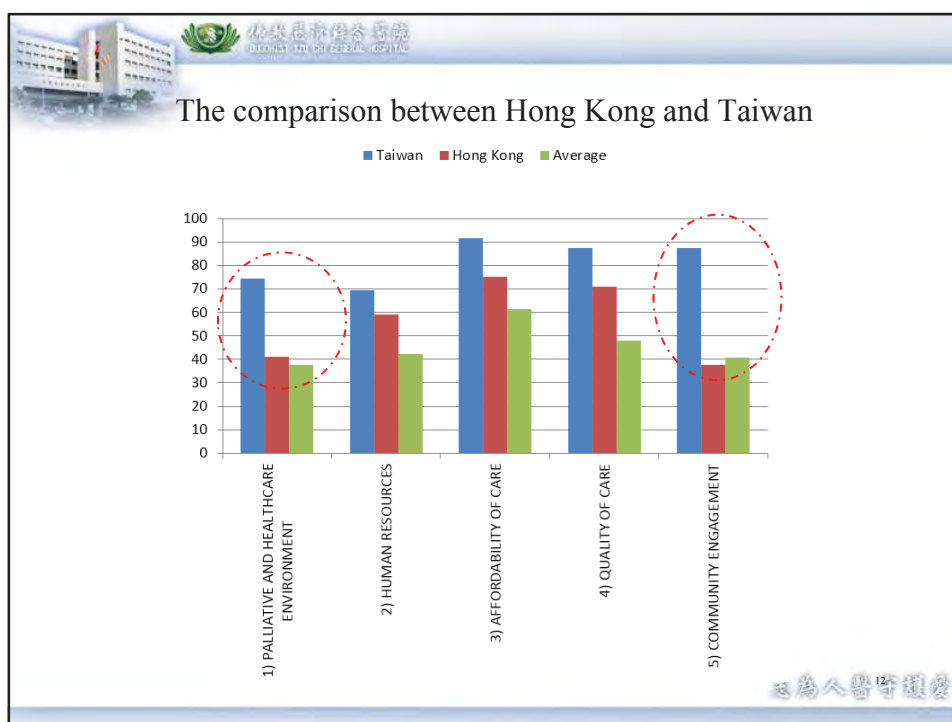
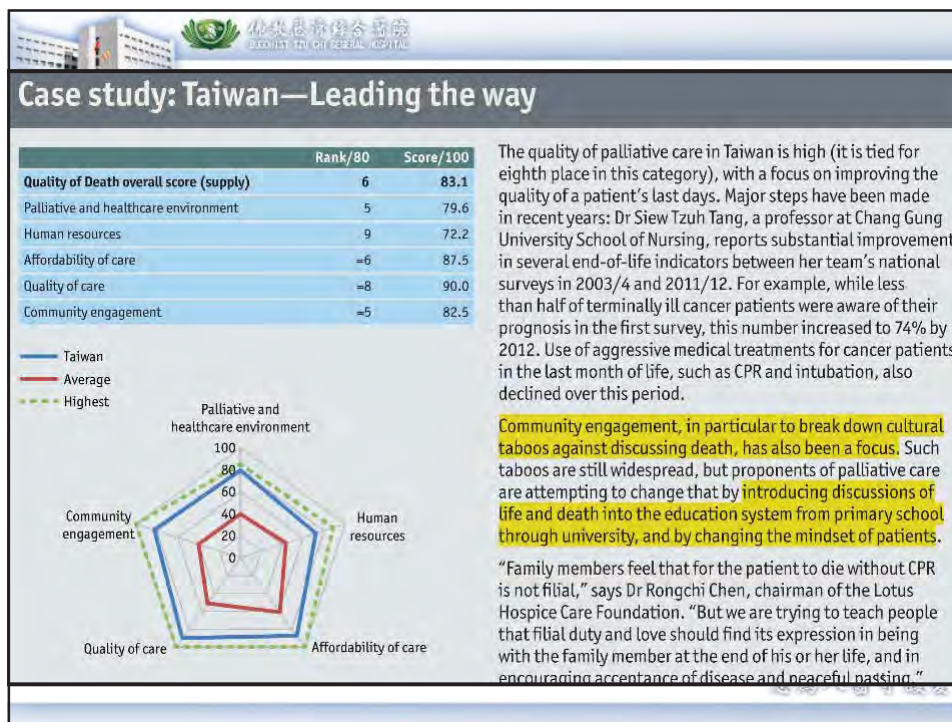


Ecologic model for the development of palliative care







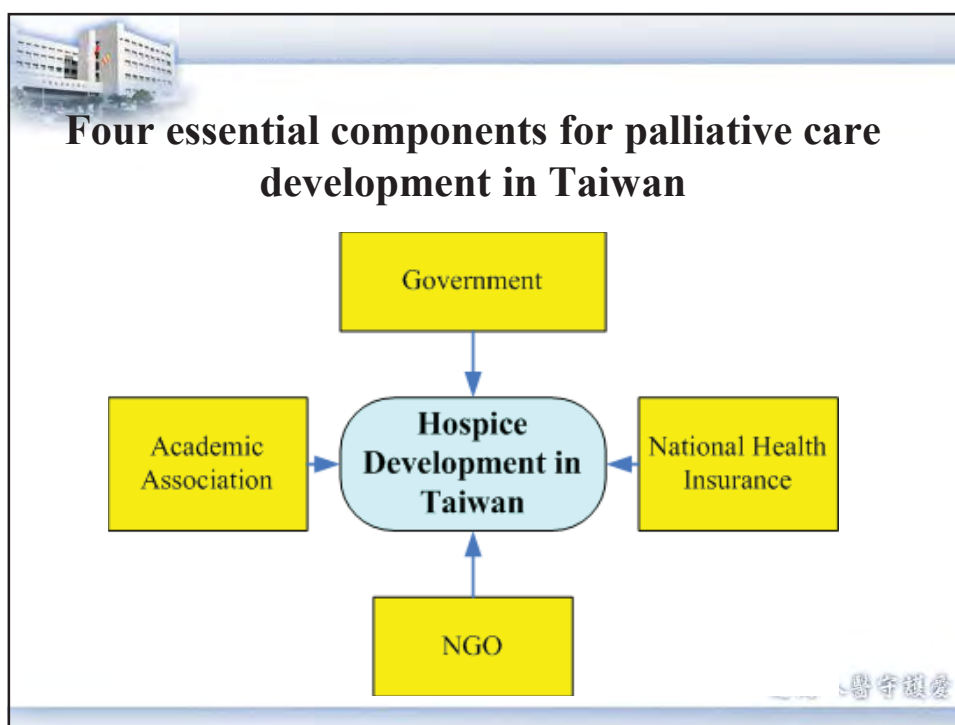


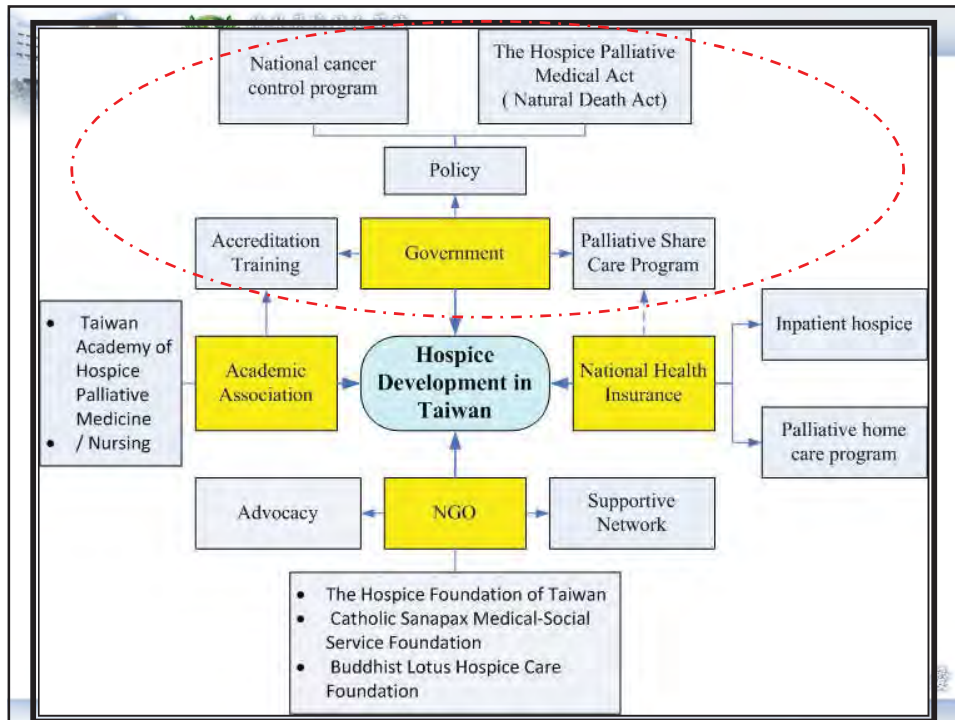
國立臺灣大學醫學院
附設醫院
TAMU HOSPITAL

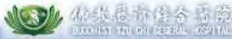
Hospice Palliative service in Taiwan



志為人醫守護愛





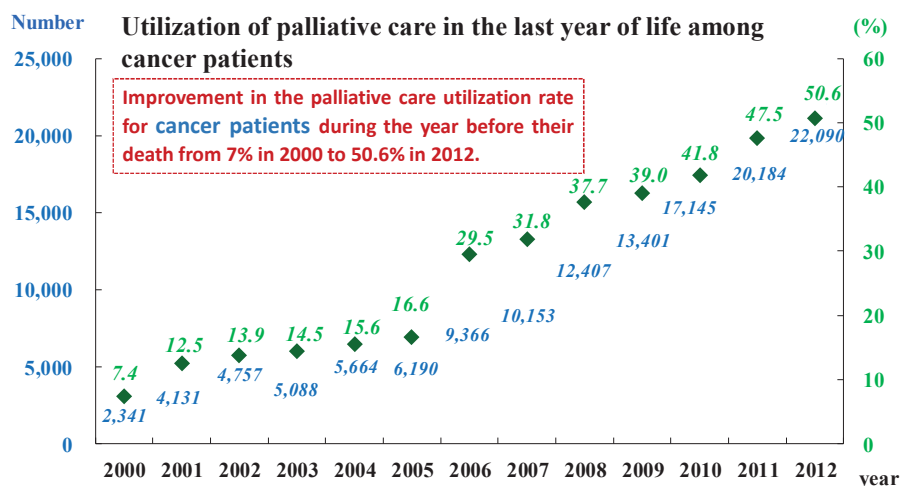


Policy for palliative care

- Nature Death Act 2000 (Hospice Palliative Medical Act)
- Patient Self Determinant Act 2015
- National Cancer Control Program: at least 50% terminal cancer patient should receive palliative care service
- National health insurance subsidize hospice home-care and in-patient-care system (for cancer 1996, 2000, motor neuron disease 2003)
- Department of Health set up the standard of hospice home care, the standard of in-patient hospice care, guidelines for pain control in terminal cancer patients
- Taiwan Academy of Hospice Palliative Medicine began a nationwide and official accreditation for hospice service 2000

Utilization of palliative care

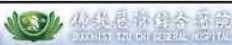
The goal of achieving 60% by 2018 according to the 3d National Cancer Control Program



1. Data included hospice palliative care, hospice home care and hospice shared care.


2. Data of the use of hospice shared care was included in 2006.

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Hospice Palliative Medical Act

- The patient's right to sign a 'do not resuscitate' order 2000
- The Act was first amended in 2002 to allow for the withdrawal of life-sustaining devices for terminally ill patients if pre-determined by oneself.
- The Act was second amended in 2011 to allow withdrawal of life-sustaining devices for terminally ill if all family members agree and approved by ethical committee.
- The Act was **third amended in 2013 to allow withdrawal of life-sustaining devices for terminally ill** if at least one family members agree.




國家健康保險局
 NATIONAL HEALTH INSURANCE ADMINISTRATION

Nature Death Act 2000 (Hospice Palliative Medical Act)



對於末期病患你可以讓他免去痛苦渡過

選擇DNR

不！要！跳！心！跳！跳！跳！跳！

陪他安詳走過

諮詢專線：02-4500-6666 <http://www.nhi.gov.tw> 請支持安寧緩和醫療



如果不能延長末期病患生命的長度 您

於心何忍!?

生命末期 您可以有另一種選擇

不要跳心(跳)跳(跳)跳(跳)

陪他安詳走過

諮詢專線：02-4500-6666 <http://www.nhi.gov.tw> 請支持安寧緩和醫療


國家健康保險局
 NATIONAL HEALTH INSURANCE ADMINISTRATION

Willingness to accept Natural Death
 Act recorded in the NHI card



全民健康保險
NATIONAL HEALTH INSURANCE

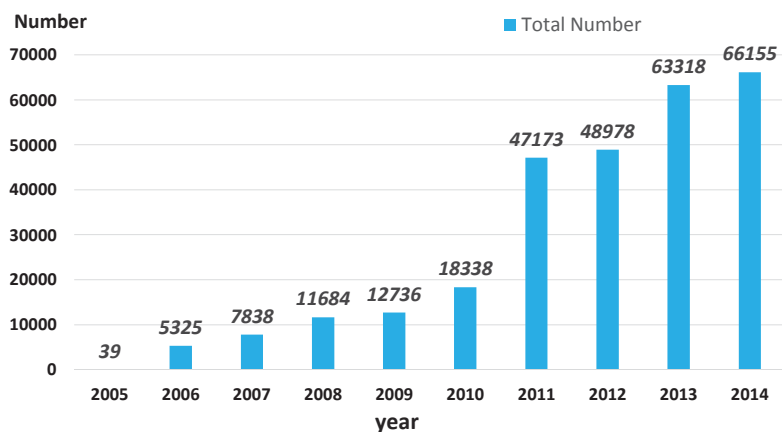
王英偉

A120 [redacted]
[redacted] 08/29

0000 1754 7530

人人壽守健康

Number of Signed “Do Not Resuscitate” (DNR)



- Accumulative number of signed DNR persons: **282,490** (April, 2015)

Data:

1. Taiwan Hospice Organization
2. Ministry of Health and Welfare

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Patient Self-Determination Act

-Complete legislation process in Dec 18 2015-



Planning Ahead


It's about how you live.

病人自主權利法草案

什麼是病人自主權利法？

- 有別於以醫療機構、醫護人員為規範對象之其他醫療法規，本法是以病人為主體之醫療法規。
- 目的在於保障病人知情選擇的醫療權利，同時確保心智健全、具完全行為能力人得透過完整的諮詢程序（ACP），與家人、醫療服務單位充分討論與溝通，簽署預立醫療指示（AD），決定自己在特定醫療情境下是否（或如何）接受醫療，並選擇自己信任的人擔任醫療委任代理人，擔保自己的意志在意識不清時仍能貫徹。





Truth-telling of Cancer Diagnosis Program

- Subsidize hospitals to establish **SOP of cancer disclosure in 2014**:
 - Truth-telling to cancer patient
 - Avoid futile medical care, ensure the dignity of terminal ill, respect the right of patients to know and right to choose
- Subsidize association to organize the **training professional medical staff to enhance their skill of Truth-telling**
- Produce film and propaganda movie of truth-telling
- **Telling the Truth to Cancer Patients report system in 2015**

志為人醫 守禮愛

23



Government department responsible for hospice palliative care



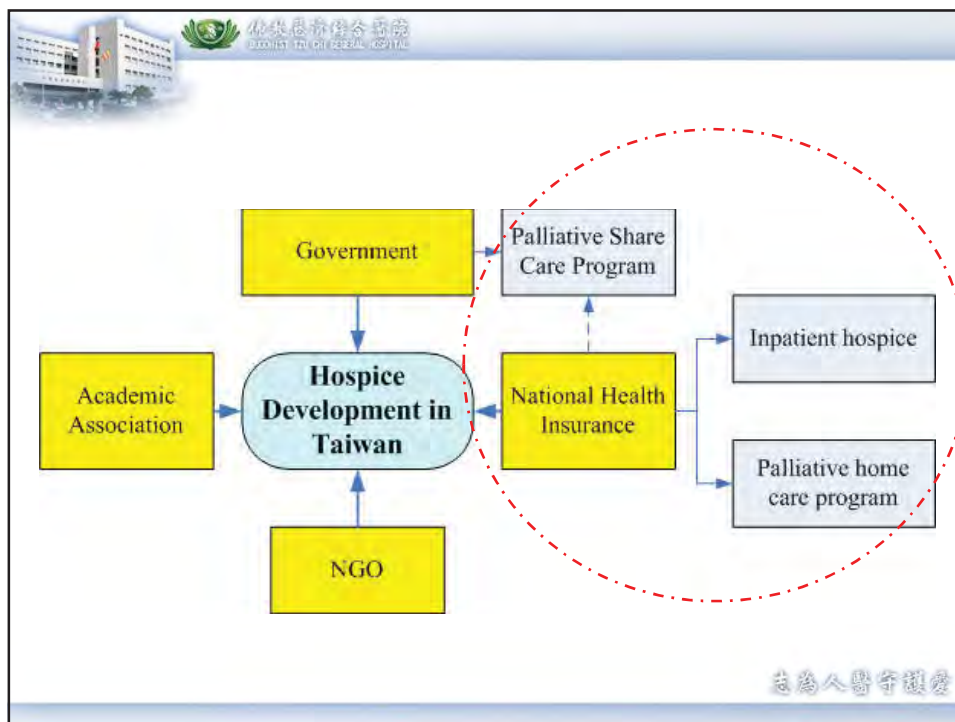









志為人醫 守禮愛

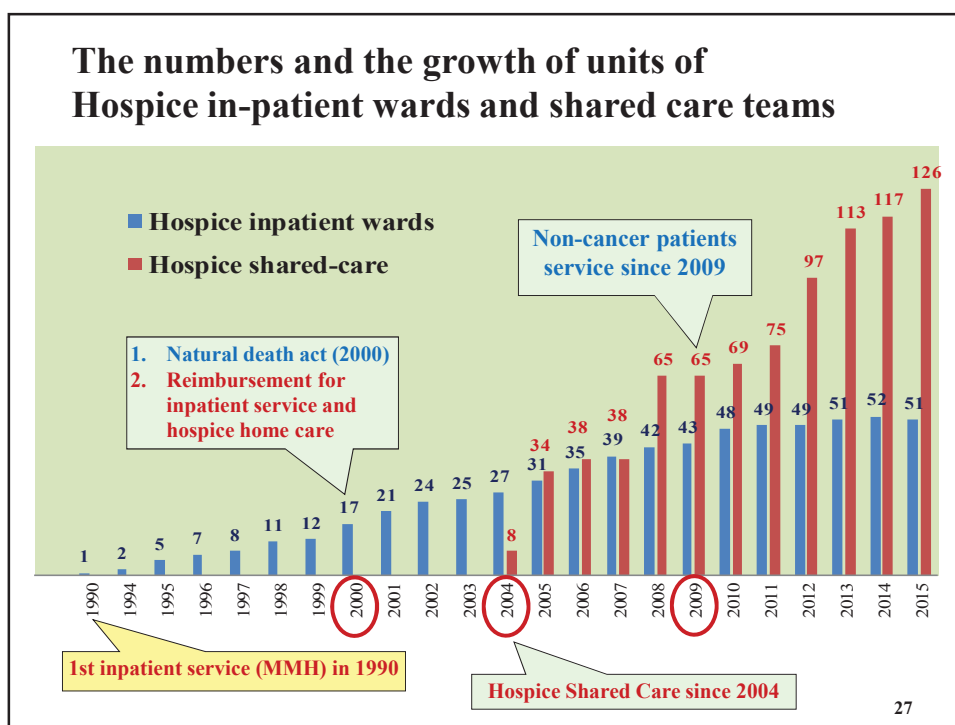
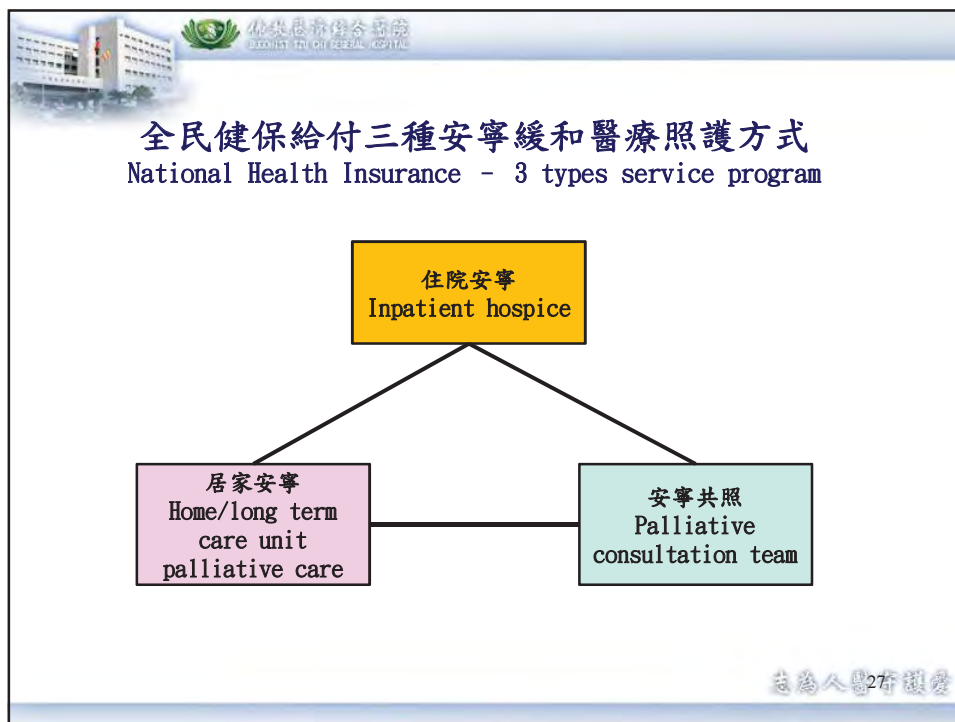
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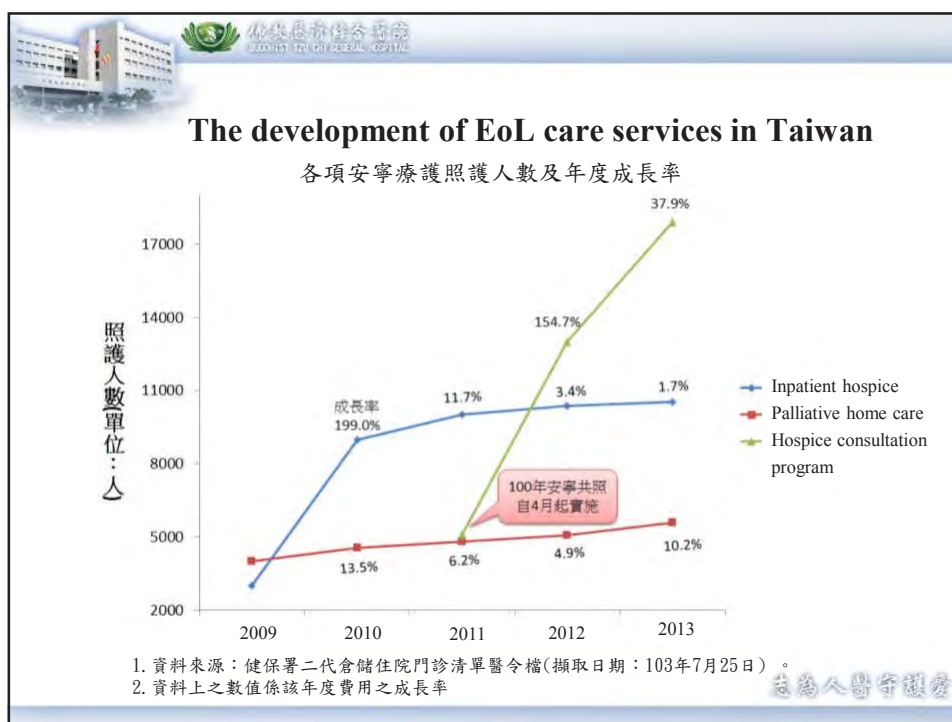


The models of hospice care

| Model | Present status in Taiwan |
|---|--------------------------|
| 1. Hospital based hospice unit | ✓ |
| 2. Independent hospice | X |
| 3. Palliative care in nursing home | ○ |
| 4. Palliative Home care | ✓ |
| 5. Palliative day care | X |
| 6. Hospital palliative care team (share care program) | ✓ |





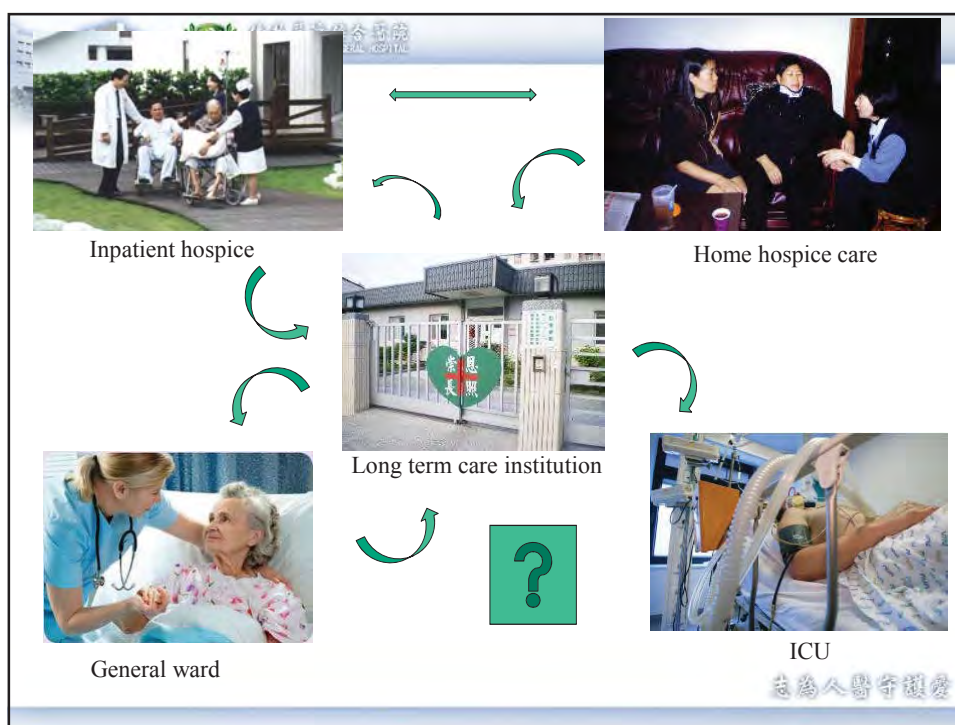
Raise Pay for Hospice and Palliative care

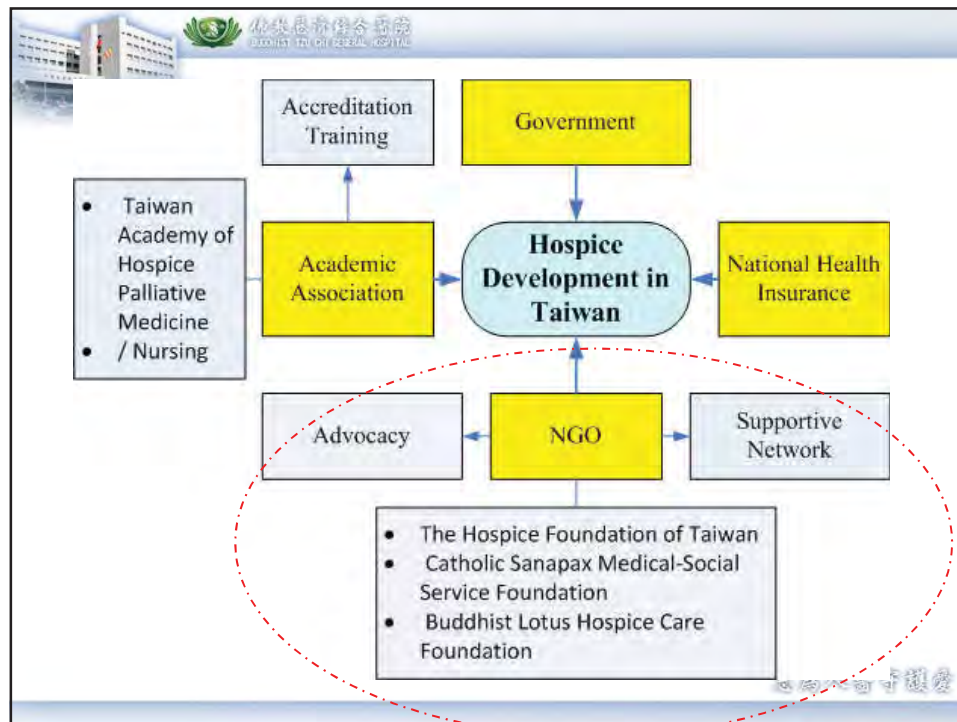
Since Feb. 1, 2015, rising the payment point of hospice service:

| | item | Before adjustment (point) | After adjustment (point) | Adjustment range | Financial impact assessment (hundred million point) |
|----------------------------|------|---------------------------|--------------------------|------------------|---|
| Hospice inpatient service | 1 | 4,390 | 6,409 | 30% | 2.073 |
| Hospice home care services | 29 | 700~2,750 | 840~5,500 | 50~100% | 0.256 |
| Hospice shared-care | 3 | 850~1,350 | 1,275~2,025 | 50% | 0.288 |
| Hospice Consult fees | 1 | 1500 | 2250 | 50% | 0.272 |

Note :

Financial impact assessment: estimated the increase level of medical cost, by 2013 and 2014 data and other data of Adjustment range.

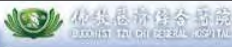


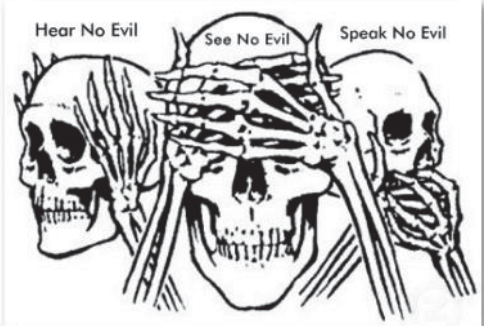


Community Action - NGO


- Foundation
 - The Hospice Foundation of Taiwan (**Christian**)
 - The **Catholic** Sanipax Socio-Medical Service and Education Foundation
 - The **Buddhist** Lotus Hospice Care Foundation
- Academic association
 - Taiwan Hospice Organization 1995
 - Taiwan Academy of Hospice Palliative Medicine 1999
 - Taiwan Association of Hospice Palliative Nursing in 2005
 - Taiwan society of cancer palliative care 2004
- Advocacy for palliative care in the community yearly

志為人醫守護愛







「4」 sounds like 「Death」 in Chinese.




elevator without 4th floor


Culture Taboo





對於生死，你的態度是什麼？






安寧照顧基金會 www.hospice.org.tw 請上網觀看更多影片內容

[illegible]







慈濟醫學中心
Buddhist Tzu Chi General Hospital

Negative Perception of “DNR”

- “DNR” elicits negative perceptions from patients that may decrease their motivations to sign it.
- Population stereotype:
 - (I) DNR related to death
 - (II) DNR means failure of treatment
 - (III) DNR=give up







慈濟醫學中心
Buddhist Tzu Chi General Hospital

Allow Natural Death (AND)

- “AND (接受自然死亡)” implies dying is a natural process (more humanistic)
- In Chinese, it called “壽終正寢”
- Does “AND” more acceptable than “DNR” in end of life care discussion?





慈濟醫學中心
Buddhist Tzu Chi General Hospital

Results

Stress in discussion of DNR/ANR

| | Mean | SD | p |
|-----------------------------|--------|---------|------|
| Stress in discusison of DNR | 2.9377 | 1.37472 | .001 |
| Stress in discussion of AND | 2.6449 | 1.39140 | |

score: 1-5 (1:very low stress; 5:very high stress)

- There was significant lower stress in discussion of AND than in DNR ($p=0.001$).
- 71.4% of participants preferred the term of AND to DNR (28.6%).



* The Comparison Of Hospice Promotional Film Between Western And Eastern Countries

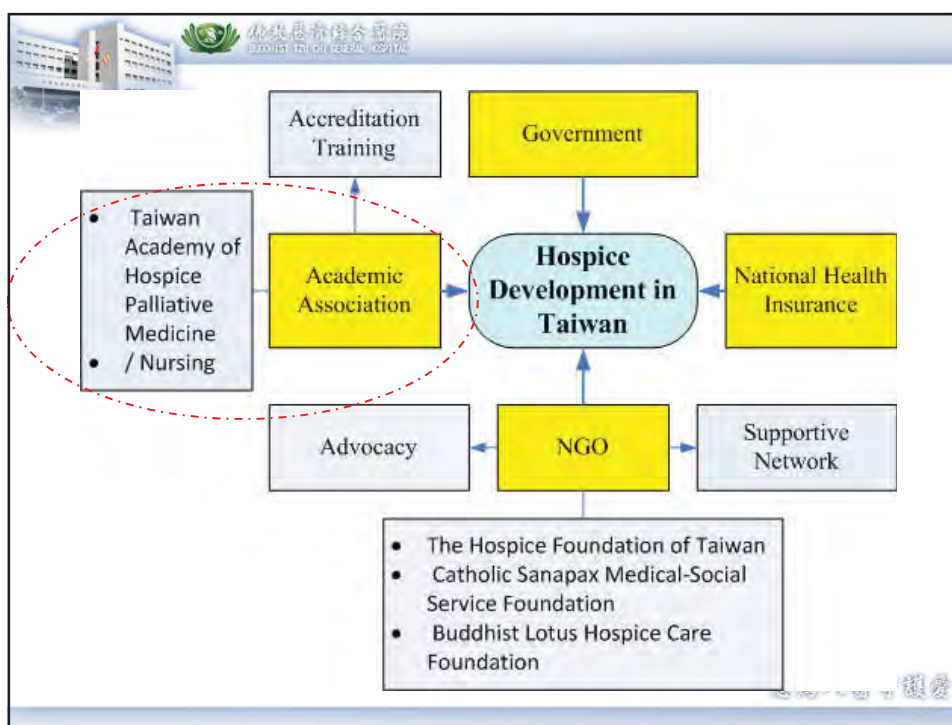
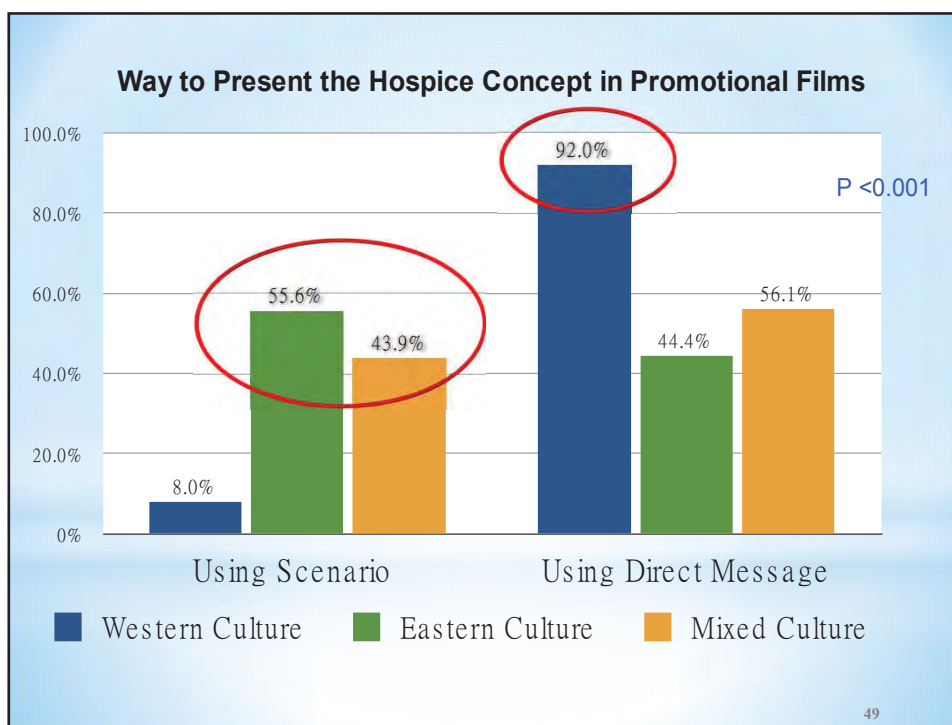
Cheng-Ling, Chen¹, Wang Ying-Wei¹²


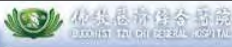
1. Tzuchi University

2. Buddhist Tzuchi General Hospital

* Materials & methods




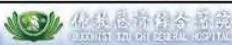


Levels of education involved in the delivery of palliative care

- **Palliative care approach :**
 - general practitioners and staff in general hospitals, nursing services and nursing home staff.
 - taught through undergraduate learning, PGY and CPD
- **General palliative care**
 - 13 hours training and one day on site learning
- **Specialist palliative care**

志為人醫 守德愛

High school life/death education curriculum – core competency

普通高級中學選修科目「生命教育」課程綱要 -核心能力

普通高級中學選修科目「生命教育」課程欲培養之核心能力如下：

- 一、瞭解生命教育的意義、目的與內涵。Meaning of life
- 二、認識哲學與人生的根本議題。Philosophy of life
- 三、反省宗教與人生的內在關聯性。Religion
- 四、**思考生死課題，。Death issue**
- 五、掌握道德的本質，並初步發展道德判斷的能力。Moral
- 六、瞭解與反省有關性與婚姻的基本倫理議題。
- 七、探討生命倫理與科技倫理的基本議題。Life ethics
- 八、瞭解人格統整與靈性發展的內涵，學習知行合一與靈性發展的途徑。Spiritual issue

2 credit hour / 2 hours /week

志為人醫 守德愛

南華大學 生命科學學院
Department of Life and Death Education

Life and Death Education in undergraduate/ graduate school

- 4 major program in Taiwan

南華大學
生死學系
Department of Life and Death
Nanhua University

News
Introduction
系主任介紹
師資陣容
Admission
新生專區
生死學出版品
Academic

關於我們 About Us

Continue professional development CPD

- Case discussion through Videoconference- since 1997

NovoRapid 14U TIDAC
Lantus 14U HS
NovoRapid 14U TIDAC
Lantus 20U HS
NovoRapid 14U TIDAC
Lantus 18U HS
NovoRapid 15U TIDAC
Lantus 20U HS

11/3 11/4 11/5 11/6 11/7 11/8 11/9 11/10

Case discussion by Videoconference in Taiwan

- Since 1997 , using telephone line (ISDN)
 - Expensive, high technology required, limited to 10 location (dial into MCU)
- Change to Web based program since 2008
 - Less expensive, free to access, quality related to band width, participants up to 50 or more, can connect around the world...
 - Every two weeks , up to 60 or more locations joint the discussion
 - More than 400 participant each time:
- Participants stay in their own unit, include physician, nurse, social worker...



全臺寧靜服務計畫辦公室

01 汕頭寧靜服務計畫辦公室
hospice 李主任，請發言。
01 汕頭寧靜服務計畫辦公室
hospice 李主任，請發言。
01 汕頭寧靜服務計畫辦公室
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hospice 李主任，請發言。
01 汕頭寧靜服務計畫辦公室
hospice 李主任，請發言。

- China started the program since 2010
- Participant include different region in China, Hong Kong, Taiwan and Singapore





Accreditation for palliative care service

- Taiwan Academy of Hospice Palliative Medicine began a nationwide and official accreditation for hospice service 2000
- Integrate into the national hospital accreditation program since 2008
- New criteria implemented since 2015



財團法人醫院評鑑暨醫療品質策進會
Joint Commission of Taiwan

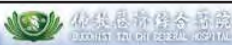
關於評鑑會 人才招募 評鑑 認證/訪查 醫學教育 品質促進 病人安全 醫療關懷



醫療品質雜誌第9卷第6期

近年來，醫療評鑑、五大標準的《醫療品質提升報告》中出現「醫療品質」議題，讓各地醫院開始思考，如何提升醫療品質，以因應日益嚴峻的醫療品質要求。本刊特別推出「醫療品質」專題，歡迎各界踴躍投稿。

台灣醫學會



2015 New hospital accreditation criteria 有關安寧療護之醫院評鑑基準及評量項目

| 條 號 | 條 文 | 評量項目 |
|-------|--|--|
| 2.1.4 | 醫院能對病人、家屬提供有關生命末期醫療抉擇的相關資訊並予以尊重，以維護其權益 | <p>目的： 基於尊重個人自主權及醫療倫理規範，讓病人、家屬有機會參與末期醫療決策，達到尊嚴死亡與善終的目的。</p> <p>符合項目：</p> <ol style="list-style-type: none"> 1. 為尊重及維護病人的醫療自主權，針對生命末期的醫療抉擇，醫院有對病人及家屬提供相關的資訊並宣導，如：安寧緩和醫療、不施行心肺復甦術、維生醫療抉擇、器官捐贈、醫療委任代理人等。(原 2.1.8-C 修) 2. 醫院針對醫師、護理及社工人員等，有舉辦或外派有關生命末期醫療抉擇的教育訓練。(原 2.1.8-B2 修) 3. 工作人員會讀取病人IC卡內有關器官捐贈意願及安寧緩和醫療意願之註記資料。(原 2.1.8-C 修) <p>優良項目：(下述項目僅限一項未達成)</p> <ol style="list-style-type: none"> 1. 為尊重並執行病人生命末期醫療的意願，醫院訂有相關規範或標準作業程序，如：接受安寧緩和醫療、不施行心肺復甦術、不施行維生醫療、器官捐贈、預立醫療委任代理人、撤回預立安寧緩和醫療暨維生醫療抉擇等，落實執行並有紀錄，以維護病人醫療自主權利。(原 2.1.8-B1 修) 2. 對病人、家屬在面對生命醫療自主抉擇時，醫院有提供相關的諮詢服務，且有紀錄，並能協助後續於健保IC卡註記。(新增) 3. 推動預立醫療自主計畫(Advanced Care Planning)，醫療團隊與病人、家屬召開家庭或團隊會議，充分討論與決定生命末期的醫療照護方式。(新增) |

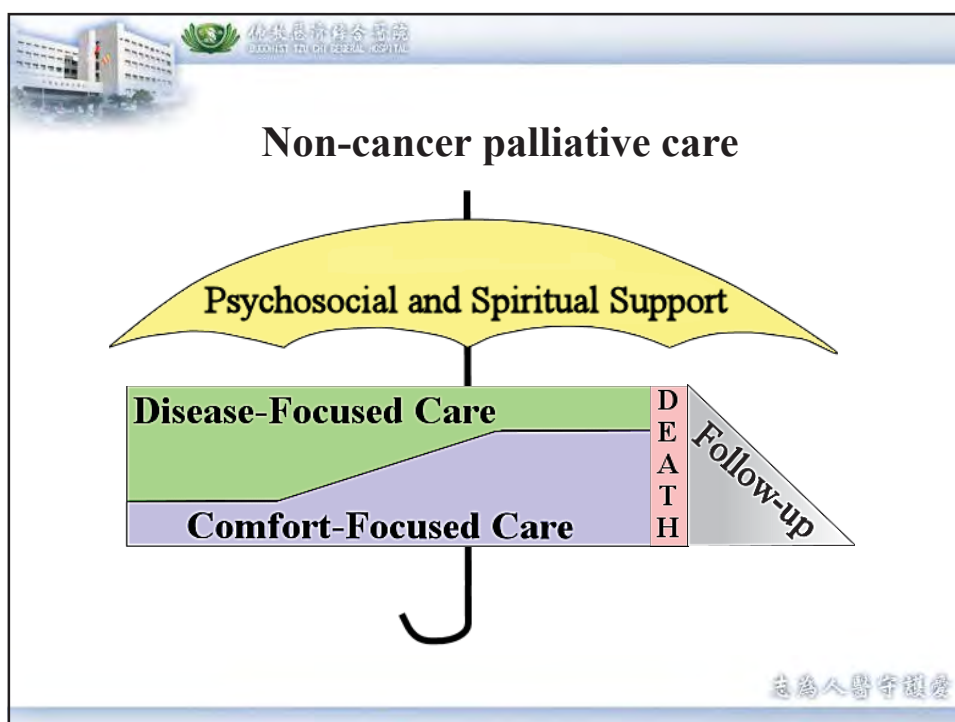
台灣醫學會

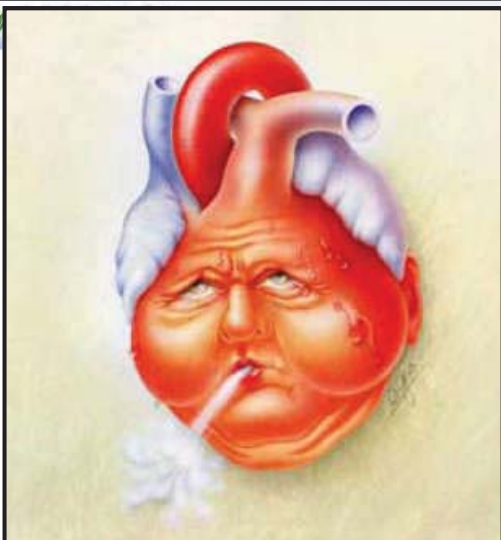



Future development of palliative care in Taiwan

- Non-cancer (organ failure) EoL care
- EoL care for severe dementia
- EoL care in different setting: in community, long term care unit (care home), ICU and ES department
- Advance care planning and shared decision making
- New technology in EoL care
- Support for care giver : family member, foreign health care assistant...
- EoL program in undergraduate curriculum and PGY training
- Quality improvement and new criteria for accreditation

志為人醫 守護愛

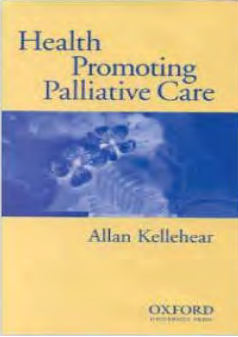




"It is easier to die of Cancer than Heart or Renal failure"

John Hinton (Medical Attending Physician) 1963

志為人醫守護愛




Empowerment for patient and family in the community


Ottawa Charta(1986)

- Healthy public policy
- Supportive environment
- Community action
- Improve personal skill
- Reorienting health services

志為人醫守護愛



香港中文大學
CUHK



“我在人生中及工作中，漸漸發現有那麼多的無力感，最重要的是不要害怕，不要因而退縮，垂死的病人知道我們不是神，他唯一的要求是我們不要把他放棄。

Slowly I learn about the importance of powerlessness. I experience it in my own life and I live with it in my work. The secret is not to be afraid of it - not to run away. The dying know we are not God...All they ask is that we do not desert them”

Cassidy S. Sharing the darkness. London: Darton, Longman and Todd, 1988:61-64

志為人醫 守護愛