Hospice Palliative care in Asia and Taiwan

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Definition of palliative care  (WHO 2002)

• Palliative care is an approach which improves quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer


N Engl J Med 363;8 NEJM.ORG AUGUST 19, 2010

肺癌病人在治療當中，同時合併寧養照護，生命期較長

end-of-life care (33% vs. 54%, P=0.05), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, P=0.02).
Palliative care

• Provides relief from pain and other **distressing symptoms**
• Affirms life and regards **dying as a normal process**
• Intends neither to hasten or postpone death
• **Integrates the psychological and spiritual** aspects of patient care
• Offers a support system to help patients live as actively as possible until death
• Offers a support system to help the **family** cope during the patient’s illness and in their own bereavement
• Uses a **team approach** to address the needs of patients and their families, including bereavement counselling, if indicated
• Will enhance quality of life, and may also positively influence the course of illness
• Is applicable **early in the course** of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.
Global Palliative Care Development

1. No known hospice-palliative care activity.
2. Capacity building activity. evidence of wide-ranging initiatives designed to create the organizational, workforce and policy capacity for hospice-palliative care services to develop, but no service is currently operational.
3. Localised hospice-palliative care provision. the development of a critical mass of activists in one or more locations; the growth of local support; the sourcing of funding; the availability of morphine; the establishment of one or more hospice-palliative care services; and the provision of training by the hospice organization.
4. Countries where hospice-palliative care services are reaching a measure of integration with mainstream service providers. : a critical mass of activists; multiple providers and service types; the availability of strong, pain-relieving drugs; an impact of palliative care upon policy; the development of recognised education centres; academic links forged with universities; and the existence of a national association
What is happening worldwide?

- Total number of hospice and palliative care initiatives >8000
- 115 of 234 countries (49%) have developed at least one hospice/palliative care service.
- Only 35 (15%) of these have achieved integration with mainstream health providers. (includes Hong Kong, Japan, Malaysia, Mongolia, Singapore, Taiwan)
- 80 countries (34%) have localized provision
- No known activity in 78 countries (33%) including Laos, Cambodia, Korea (DPR)

Wright et al 2008
The Asia Pacific Region

- Great diversity of population, ethnicity, religion, language, economic development
- There are now >800 palliative care services in the region
- Great variation in the level of service provided & coverage
Palliative care development in Eastern and Southern Asia and Oceania

<table>
<thead>
<tr>
<th>Date</th>
<th>Asia Eastern</th>
<th>Asia South-eastern</th>
<th>Oceania</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965-69</td>
<td>South Korea</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1970-74</td>
<td>Japan</td>
<td></td>
<td></td>
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<tr>
<td>1975-79</td>
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<td></td>
<td>New Zealand</td>
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<td>1980-84</td>
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<td>Australia</td>
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<td>1985-99</td>
<td>China</td>
<td>Singapore</td>
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<td>1990-94</td>
<td>Taiwan</td>
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<td>Malaysia</td>
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<td></td>
<td></td>
<td></td>
<td>Philippines</td>
<td></td>
</tr>
<tr>
<td>1995-99</td>
<td></td>
<td></td>
<td>Myanmar</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Thailand</td>
<td></td>
</tr>
<tr>
<td>2000-2006</td>
<td>Macao</td>
<td>Vietnam</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Mongolia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>16</td>
</tr>
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</table>
Average daily consumption of defined daily doses of morphine per million inhabitants, 2003-2005: countries of Central, South and East Asia

<table>
<thead>
<tr>
<th>Country</th>
<th>Consumption (DDD)</th>
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<tbody>
<tr>
<td>Japan</td>
<td>131</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>91</td>
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<tr>
<td>Korea (Republic of)</td>
<td>49</td>
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<tr>
<td>Singapore</td>
<td>28</td>
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<tr>
<td>Mongolia</td>
<td>26</td>
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<tr>
<td>Macau</td>
<td>22</td>
</tr>
<tr>
<td>Malaysia</td>
<td>21</td>
</tr>
<tr>
<td>Thailand</td>
<td>15</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>13</td>
</tr>
<tr>
<td>China</td>
<td>8</td>
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<tr>
<td>Philippines</td>
<td>6</td>
</tr>
<tr>
<td>Vietnam</td>
<td>3</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0</td>
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<tr>
<td>India</td>
<td>0</td>
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<tr>
<td>Bangladesh</td>
<td>0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0</td>
</tr>
</tbody>
</table>
Hospice and palliative care in Japan

  – 1990 – National Health Insurance funding for accredited PCUs (now 199)
  – 2002 – palliative care teams (now 122)
  – 2006 – home care
• Most are hospital hospice services, home hospice services are increasing.
• The client for hospice service: terminal AIDS, cancer patient.
• No life expectancy limit for patient under palliative service.
• Mean duration of hospice service: 25 days and there was no limit of service duration.
• Hospice team: medical doctor, nurse, social worker and volunteer, but there is no hospice education requirement for hospice team.
• Hospital Palliative Care teams are well resourced in Japan
Hospice and palliative care in Japan 2

• Law
  – No single hospice law but related laws included National Health Insurance Law, Long Term Care Insurance Law, and Cancer Law.
  – New law in 2006 requires 286 designated hospitals to provide cancer care including prevention, treatment and palliative care.

• Funding
  – The service (inpatient, daycare, home hospice care) was funded by National health insurance and long-term care insurance.
  – The co-payment by patient is about 10–30% depending on age of patient (<3 yr old: 20%, 3–69 yr old: 30%, ≥70 yr old: 10%)

• Japan Council for Quality Health Care response for hospice quality control, both by peer review program and audit of nursing plan..
日本厚生省緩和照顧病棟設施基準

- 對象疾病：以末期惡性腫瘤患者為主
- 施設基準條件：
  - 合乎醫療法基準
  - 需有該病棟常勤專任醫師
  - 護理人力 1:1.5 (一般病房為1:3)
  - 病房面積每床8 mm² (2.42坪) 以上
    - (約為普通病房兩倍)
  - 全病棟面積每床30mm²以上
  - 該院符合一般護理標準
  - 個人房佔50% 以上
日本厚生省緩和照顧病棟設施基準

• 有供家庭使用之休息室（臥室）及客廳
• 有供家庭使用之廚房
• 設有面談室，會議室
• 該病院差額給付病床（非保險病床）在50%以下
• 設有一檢討入出院之委員會
聖隸三方原病院

日本第一家緩和醫療病院

全院床數：750 床，緩和病床數：27 床 *

- 佔床率：90 %
- 全為單人房

病房內設有教堂
ホスピス病棟平面図

病床数：個室23室、4人室1室、計27床。※Bとはベットのことです。
Peace House (安息之家): Independent hospice
每一病室有落地窗可直接通往花園

中庭溫室
通往各病室之走廊

感覺溫馨的護理間
護理人員不用穿制服，以拉近與病患距離
音樂治療

Body sonic

病人，家屬及工作人員可利用音樂放鬆情緒
國立癌症中心東院
National Cancer Center Hospital East
國立癌症中心東院
National Cancer Center Hospital East

*成立於1992年7月，為東京國立癌症中心分院*

*全部425床，其中25床為緩和醫療病床 (?)*

  *特別單人床*
  *一般單人床*
  *兩床房間兩間，作為出院病患短暫再住院（不超過兩週）*
東札幌病院
團隊合作

Team

成員

- 醫師 (2-3*)
- 護士 (19)
- 醫療社工 (1)
- 專職營養師 (1)
- 專職藥師 (1)
Hospice and palliative care in Korea

- The first hospice development in the Asia Pacific region - Calvary Hospice of Knagung 1965.

- Surveyed in 2011 (29 home based hospice)
  - Hospital-based hospice: 11 (37.9%) facilities
  - Hospital-independent center-based care 4 (13.8%)
  - Home-based care only: 10 (34.5%).
  - Caregivers included nurses for 62.1% of the participants, volunteers 62.0%, pastors 44.8%, social workers 37.9%, coordinators 31.0% and doctors 31.0%.
  - The facilities offered service programs such as family counseling (96.6%), transfer to other facilities (93.1%), psychological support (89.7%), bereavement support (86.2%), dying care (79.3%), clinical care (75.9%) and spiritual support (75.9%). In Korea, home-based hospice care is provided by an insufficient number of facilities.
Seoul St. Mary’s Hospital

Palliative Care Unit in SNUH
Hospice and palliative care in Singapore

• Hospice movement started in 1985 when St Joseph's Home, Jurong provided 16 beds set aside for terminally ill patients
• Hospice home care started since 1986. charity-funded and free to end-user.
• Singapore Hospice Council (SHC) serves as an umbrella body (8 members).
• Services: patients with serious life-limiting illnesses, supporting their families, providing caregiver training to family members and volunteers, and raising awareness of hospice and palliative care among public and professionals.
• 4 organization provided in-patient hospice service, 5 provided home hospice service and 2 for day care service.
• In addition to the tradition palliative care, specialize service included loan of medical equipment, recreational activities, special therapies, general counselling services, religious counselling and training for family caregiver.
• Services run by charities and government subsidizes hospice care since 1994 for in-patient Hospice Care and 1996 for hospice home care.
Hospice and palliative care in China

- Palliative care and pain relief clinics in various parts of mainland China for some years.
- In November 1998, the Li Ka-Shing Foundation established a hospice unit in Shantou University Cancer Hospital.
- By 2013, 32 hospice programs in major cancer hospitals throughout China.

- All services are provided free.
- Home visits: within a radius of 100 kilometers from the center.
- Services for underprivileged patients with disseminated malignancy.
- Individual hospice program also developed in different hospital around the country. There was no official representative organization in China.
China started the program since 2010
Participant include different region in China, Hong Kong, Taiwan and Singapore
leading causes of death, Malaysia, Thailand and Philippines

<table>
<thead>
<tr>
<th>Malaysia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicaemia</td>
<td>17</td>
</tr>
<tr>
<td>Heart disease</td>
<td>16</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thailand</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant neoplasm</td>
<td>12</td>
</tr>
<tr>
<td>Accident and poisonings</td>
<td>9</td>
</tr>
<tr>
<td>Heart disease</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Philippines</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>18</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>11</td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>10</td>
</tr>
</tbody>
</table>
Hospice and palliative care: organisational provision in Malaysia, Thailand and Philippines

<table>
<thead>
<tr>
<th>Country</th>
<th>No of organisations</th>
<th>Organisations making inpatient provision</th>
<th>Organisations making outpatient provision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hospice</td>
<td>Hospital</td>
</tr>
<tr>
<td>Malaysia</td>
<td>90</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td>Thailand</td>
<td>13</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Philippines</td>
<td>34</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>8</td>
<td>105</td>
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</tbody>
</table>
Palliative care in Taiwan
The quality of death
Ranking end-of-life care across the world

A report from the Economist Intelligence Unit
Commissioned by LIEN foundation
“Quality of death” rankings

Index on end-of-life care strategies, with 10 as the best possible score, compiled by the Economist Intelligence Unit.

Source: EIU
Quality of Death in Taiwan
## Development of palliative care in Taiwan

<table>
<thead>
<tr>
<th>Years</th>
<th>Events</th>
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<tbody>
<tr>
<td>1983</td>
<td>Promote hospice movement by NGO</td>
</tr>
<tr>
<td>1990</td>
<td>The first hospice inpatient unit</td>
</tr>
<tr>
<td>1995</td>
<td>Government (DOH) developed hospice policy for cancer patient</td>
</tr>
<tr>
<td>1996</td>
<td>National Health Insurance provided coverage for palliative home care program</td>
</tr>
</tbody>
</table>
| 2000  | Taiwan passed the “The Hospice Palliative Medical Act” (Natural Death Act)  
National Health Insurance provided coverage for palliative inpatient care program |
| 2003  | National campaign for hospice palliative care |
| 2004  | Palliative inpatient shared care program.  
Increase reimbursement for palliative home care program |
| 2010  | Reimbursement for non-cancer End of Life care |
| 2011  | Promotion of advanced care planning ACP |
## The models of hospice care

<table>
<thead>
<tr>
<th>Model</th>
<th>Present status in Taiwan</th>
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<tbody>
<tr>
<td>1. Hospital based hospice unit</td>
<td>✓</td>
</tr>
<tr>
<td>2. Independent hospice</td>
<td>X</td>
</tr>
<tr>
<td>3. Palliative care in nursing home</td>
<td>X</td>
</tr>
<tr>
<td>4. Palliative Home care</td>
<td>✓</td>
</tr>
<tr>
<td>5. Palliative day care</td>
<td>X</td>
</tr>
<tr>
<td>6. Hospital palliative care team (share care program)</td>
<td>✓</td>
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</tbody>
</table>
Comparison of the rate of palliative service in different countries 2004

Palliative care utilization rate(%)
Four essential components for palliative care development in Taiwan
Hospice Development in Taiwan

- National cancer control program
- The Hospice Palliative Medical Act (Natural Death Act)
- Policy
- Accreditation Training
- Government
- Palliative Share Care Program
- Academic Association
- Inpatient hospice
- Palliative home care program
- National Health Insurance
- Advocacy
- NGO
- Supportive Network
- The Hospice Foundation of Taiwan
- Catholic Sanapax Medical-Social Service Foundation
- Buddhist Lotus Hospice Care Foundation

- Taiwan Academy of Hospice Palliative Medicine / Nursing
Policy for palliative care

- **Nature Death Act 2000** (Hospice Palliative Medical Act)
- Bureau of Health Promotion subsidize for share care program 2004 and Hospice Education Center
- 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
Hospice Palliative Medical Act

• Established the patient's right to sign a 'do not resuscitate' order 2000
• The right to choose palliative care.
• 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.
Willingness to accept Natural Death Act recorded in the NHI card
National Cancer Control Five years Program
The percentage of cancer death that received palliative care

Goal

50%

Strategy

14.3%
## National Health Insurance
- Home care program -

<table>
<thead>
<tr>
<th>Physician fee</th>
<th>Nursing fee</th>
<th>Other professional</th>
<th>Special care program</th>
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<tbody>
<tr>
<td>First visit</td>
<td>Follow up visit</td>
<td>&lt;1 hr</td>
<td>&gt; 1 hr</td>
</tr>
<tr>
<td>Fee</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1,500</td>
<td>1,130</td>
<td>1,300</td>
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<td>1,260</td>
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</tr>
<tr>
<td>US 38</td>
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</table>
# National Health Insurance
## Inpatient hospice reimbursement (per day)

<table>
<thead>
<tr>
<th>Year</th>
<th>Level</th>
<th>Medical center</th>
<th>Regional hospital</th>
<th>District hospital</th>
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<tbody>
<tr>
<td>2000</td>
<td>2000</td>
<td>NT 4,600</td>
<td>4,100</td>
<td>3,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>US:140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>2001</td>
<td>4,820</td>
<td>4,280</td>
<td>3,930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>US:146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>2003</td>
<td>4,920</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>US:150</td>
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</tr>
</tbody>
</table>
Accreditation Project

網頁資訊

選單欄

選單內容
Result (feedback to service unit)

- **Average cases / nurse**: 0.79, 0.67, 0.77, 0.53, 0.98
- **Average time / visit**: 1.86, 1.09, 0.79, 0.67, 0.53
- **Average visit / nurse**: 1.11
- **Average visits / patient**: 0.98
- **Average visits / doctor**: 0.77
- **Average visits / other professional**: 0.53
- **Average days of care / patient**: 1.09
- **Average total time / month / nurse**: 2.0
Hospice services in Taiwan 2012

- 49 inpatient hospices
- 694 beds
- 73 palliative home care programs
- 69 palliative share care programs
Hospice Development in Taiwan

- Accreditation Training
- Government
- Academic Association
- National Health Insurance
- Advocacy
- NGO
- Supportive Network

- The Hospice Foundation of Taiwan
- Catholic Sanapax Medical-Social Service Foundation
- Buddhist Lotus Hospice Care Foundation

Taiwan Academy of Hospice Palliative Medicine / Nursing
Community Action

• Foundation
  – The Hospice Foundation of Taiwan
  – 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
最新消息

賀！本會榮獲「第一屆優良癌症防治民間團體選拔優選獎」
為表揚國內工作成效卓越之癌症防治相關民間團體，行政院衛生署
國民健康局委託中華民國癌症希望協會辦理「第一屆優良癌症防治
民間團體選拔活動」。
本會通過激烈的初審、複審及委員實地訪查本會決選後，本會獲得
本活動機構組「優選獎」，並於9月22日(五)下午進行頒獎表揚大
會，本會由許尚武董事代表上台受獎。未來本會將秉持為社會大眾
服務，落實「臨終有品質，身心靈平安」理念在每一個人的心中。

最新活動

95「健康・學習・服務」長青族社區宣導安寧療護計劃
持續拓展及深入發展對年長者宣導安寧療護理念，促使長者對 生命
有更正向的思考與想法。

急重症安寧緩和醫療教育訓練課程
安寧療護並非是一個「地方」或「場所」，而是一種理念，安寧療
護基於人性的需要而生，希望發揮人類的大愛與醫療科技兩相整
合，予以臨終病人及其家屬最好的關懷與照護；安寧療護更體認生
命的神聖性，秉持「敬天愛人」的態度接受死亡的自然率，不加速
BUDDHIST LOTUS HOSPICE CARE FOUNDATION
L·H·C·F

About the Buddhist Lotus Hospice Care Foundation Taiwan

The Buddhist scriptures says "Buddha came to this world for the living and death of human beings".

In 20th Century human beings have benefited from well-developed medical technology. Yet even with this medical development, there are still so many helpless dying people that can not be cured. In this modern society, the most hurtful thing in deep the place of our heart is to watch our beloved family members suffering helplessly and dying in front of us, yet we can not help at all.

Right now, there are some hospitals in Taiwan, which offer special service of hospice care. However, it could only reduce their physical pain. As for comforting and leading the spirit of the patient and the family member, there is insufficient humanitarian caring. Hence a group of buddhists working in hospitals gathered together to set up a "Buddhist Medical Union" in 1990. They went on to establish the "Buddhist Lotus Hospice Care Foundation" in 1994. The Foundation plans to build "Buddhist Lotus Hospice Hospital" which will offer the patients the final...
常用輪椅介紹

氣墊床使用說明

功能 -
褥瘡的預防與治療

床墊規格 - (圖A)

條管：18條條管（可單獨更換）
床墊尺寸：長190cm×寬85cm×高10cm
噴嘴：18條條管具有微孔噴氣口
床墊：四周邊具有固定帶設計，不會有滑動而影響舒適感
條管固定：採用車縫固定條管帶，不易脫落

幫浦規格 -
機型：B32
電壓：110V (50V)
活動預告：康泰2006喜新獲得 聖誕聯歡會

親愛的朋友，平安：
康泰堅守本分，負起別人不願做、不要做及做不來的服務來做，默默發光發熱。此時此刻，急需您的愛心繼續支持，莫讓我們服務的腳步，因經費短缺而有所遺憾。我們需要籌募明年度為乳癌病友、糖尿病患、失智老人、癌症末期照顧、衛生教育訓練、衛教資源中心、醫療福音傳播…等各項服務經費，衷心期待您大力支持與鼓勵！願天主降福！

康泰醫療教育基金會 仝體同仁 敬邀

1. 時間：2006年12月17日（日）上午十時至下午四時
2. 地點：耕莘文教院一樓大禮堂（台北市辛亥路一段22號）
<table>
<thead>
<tr>
<th>公告事項</th>
<th>最新學術活動</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006-10-31</strong> 95年度安寧住院、居家及共照訪查重要公告</td>
<td><strong>2006-11-26</strong> 安寧療護國際學術研討會 (請按此報名及查詢報名)</td>
</tr>
<tr>
<td><strong>2006-10-17</strong> 有關「96年安寧共同照護計畫」申請案</td>
<td>11月25日26日於宜蘭辦理之研討會特別邀請到國內外安寧療護的精英，針對家属、病患家屬、臨床醫療人員、宗教信仰等等不同角色的需求，提供安寧療護的相關知識及技術，其中26日更就「非都市化地區如何推動安寧療護」的議題，進行國際的經驗分享與學術交流，期待您一同來參與這場豐富精采、難能可貴的盛會～</td>
</tr>
<tr>
<td><strong>2006-09-20</strong> 安寧緩和醫學專科醫師甄審辦法</td>
<td>更多學術活動</td>
</tr>
</tbody>
</table>
活動放送台

<table>
<thead>
<tr>
<th>活動放送台</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 病友林月庭榮獲「2006國際身心障礙者日創作比賽」繪畫作品組第二名，詩文作品組佳作</td>
</tr>
<tr>
<td>2006/11/21</td>
</tr>
<tr>
<td>&gt; 轉載 「圓、缺之間─愛在左右」</td>
</tr>
<tr>
<td>2006/11/3</td>
</tr>
<tr>
<td>&gt; 類漸漸人照護中心─「祈祥病房」開幕典禮暨漸漸人陳宏老師新書發表會</td>
</tr>
<tr>
<td>2006/10/2</td>
</tr>
<tr>
<td>星期一</td>
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<td></td>
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<tr>
<td>6</td>
</tr>
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<td>13</td>
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<td></td>
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<tr>
<td>20</td>
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</tbody>
</table>
最新消息 new

- (10-23)第二屆第一次理監事會紀錄
  第二屆第一次理監事聯席會紀錄：時 間：中華民國九十五年十月十三日 下午六時三十分至八時二十分地 ?...(詳全文)

- (10-17)癌症安寧緩和醫學專科醫師甄審辦法 特別條款
  癌症安寧緩和醫學專科醫師甄審辦法 特別條款 茲因第一年舉辦專科醫師甄審，故第一年甄審將實施特別條款?...(詳全文)

- (10-16)第二屆第一次會員大會紀錄
  第二屆第一次會員大會會議紀錄：一、時間：九十五年九月二十四日 上午十一時三十分至中午十二時三十分 ?...(詳全文)

- (09-14)癌症安寧緩和醫學專科醫師甄審辦法
  台灣癌症安寧緩和醫學會 癌症安寧緩和醫學專科醫師甄審辦法草案一、台灣癌症安寧緩和醫學會（以下簡稱本?...(詳全文)

- (09-14)2006台灣癌症安寧緩和醫學會年會暨學術研討會節目表
  按我(詳全文)
Advocacy for Hospice Palliative Care in the community
Life story of patient and family
Training program

• The Hospice Information Education Center
  – “EPS” program. elementary level (E), a general professional level (P) and a higher specialist level (S).
  – By the year 2005, 2230 out of 2347 trainees registered

• CME system for palliative care specialist (The Taiwan Academy of Hospice Palliative Care)

• Hospice-teleconference monthly (Hospice Foundation of Taiwan and Taiwan Hospice Organization)

• Research projects topics
  – traditional Chinese food therapy for terminal cancer patients, spiritual needs of terminal cancer patient in Taiwan and model of bereavement for Taiwanese are in progress.

• Training for trainer: spiritual care core manpower
Palliative care video conference in Taiwan

• Started since 1999
• Participant hospital: 3 hospitals to >15 hospitals
• More than 200 palliative workers jointed the program in their service unit
The future

- Videoconference with other countries in Asia Pacific region through internet.
台灣新安寧運動
New palliative movement in Taiwan

- 癌症的早期療護 Early intervention
- 非癌症的末期照護 - 器官衰竭 Organ failure/ MND
  - 心臓衰竭、肝衰竭、腎衰竭、運動神經元末期照護、愛滋病末期照護…
- 重度失智病人照護 End stage dementia care
- 社區、安養中心的安寧緩和療護 Community/ long term care institution
- 預立醫療自主計畫 ACP
"The time has now come for the next stage........ the introduction of palliative care into mainstream medicine ......to give relief but also choice to each individual and family.

現在是第二階段的時候了...使緩和安寧療護成為主流醫學的一部分...除了減輕症狀外，亦讓病人及他們的家屬可作出他們自已的選擇

Dame Cicely Saunders
WHO 2004 ‘Palliative Care The Solid Facts

“末期”照護不應只針對癌症，其他如老人醫學，神經科、家庭醫學科...及涵蓋其他的科別 Saunders, 1996
Non-cancer palliative care model

- Psychosocial and Spiritual Support
- Disease-Focused Care
- Comfort-Focused Care
- Follow-up
Long term limitation with serious intermittent episodes

- Large oval indicates timing for non-specialist palliative care
- Green ovals indicate potential timing for SPC

Mostly heart and lung failure
TIMING OF PALLIATIVE CARE IN DISEASE Trajectory MOST COMMON IN DEMENTIA AND FRAILTY [ADAPTED FROM 60]\(^{15}\)

![Diagram showing the timing of palliative care in disease trajectory with a focus on dementia and frailty.]

- Large oval indicates timing for non-specialist palliative care.
- Green ovals indicate potential timing for SPC.

Mostly dementia and frailty.
台灣地區2011年人口死亡原因 (Cause of death)

<table>
<thead>
<tr>
<th>順位</th>
<th>死亡原因</th>
<th>合計</th>
<th>死亡No Death</th>
<th>安寧人數No EoL care</th>
<th>安寧比率Hospice %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>恶性腫瘤 Cancer</td>
<td>42,559</td>
<td>12,775</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>心臟疾病 Heart disease</td>
<td>16,513</td>
<td>48</td>
<td>0.29</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>腦血管疾病 Stroke</td>
<td>10,823</td>
<td>9</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>糖尿病 DM</td>
<td>9,081</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>肺炎 Pneumonia</td>
<td>9,047</td>
<td>94</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>事故傷害 Injury</td>
<td>6,726</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>慢性下呼吸道疾病 COPD…</td>
<td>5,984</td>
<td>13</td>
<td>0.22</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>慢性肝病及肝硬化 Liver…</td>
<td>5,153</td>
<td>93</td>
<td>1.80</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>高血壓性疾病 Hypertensive d.</td>
<td>4,631</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>腎炎、腎病症候群及腎病變 CKD</td>
<td>4,368</td>
<td>53</td>
<td>1.21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>其他 others</td>
<td>37,145</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

- 癌症末期選擇安寧療護已經超過30%
- 其他非癌末則只有0.28%，成長空間大
對末期病人那些是最重要的…

- 對死亡地點的選擇 Choice is important—有半數以上的死亡地點不是病人所選擇的，尊重病人的自主權
- 居家照顧 Home Care—最後一年大都是在家裡，只要增加一點點社區照護，超過50%病人可在家往
- 減少住院及院內死亡 Hospital stays and deaths
- 照護的不平等 Inequity—在醫院往生者大都是較貧窮、老人、女性、長期患病者…
- 有計畫 Planning—透過有計畫的資源運用、照顧者的支持、症狀控制、經驗分享，可有效改善,
- 沉默的大眾 Silent majority—非癌症病人、居家病人…
- 需求的改變 Increasing urgency 人口與地理環境的改變
我想回家

家中沒有設備儀器

怎可以回家？

他可以吃什麼

有事情要問誰

怎樣去看診

發生狀況誰可以幫忙

外藉看護聽不懂

....????

80
<table>
<thead>
<tr>
<th>模組系統</th>
<th>系統功能說明</th>
</tr>
</thead>
<tbody>
<tr>
<td>生理監測系統</td>
<td>居家病人血壓、血糖、血氧、心跳資訊持續上傳至醫院端，加上緊急通報監測，讓醫護人員隨時隨地掌握居家病人狀況。</td>
</tr>
<tr>
<td>醫療應用系統</td>
<td>以 e 化方式，從收案開始、末期病人因症狀控制需要及到院門診、甚至住院治療等醫療資訊、檢查報告，與醫院端醫療資訊系統介接、自動更新。</td>
</tr>
<tr>
<td>個案管理系統</td>
<td>居家照護服務流程系統化，結合電子化照護記錄內所有表單，醫護人員及工作小組可即時取得病人資訊、便於協同合作。</td>
</tr>
<tr>
<td>協同照護系統</td>
<td>醫護專業人員，含家屬志工等透過此系統與病人、家屬即時充分溝通，互相支持、分享其經驗，身心靈支持。</td>
</tr>
<tr>
<td>安寧衛教系統</td>
<td>彙整多語系安寧衛教資訊，以協助花東地區原住民、外籍看護及主要照顧者取得專業知識及相關協助。</td>
</tr>
<tr>
<td>生活支援系統</td>
<td>彙整花東地區在日常生活、醫療照護等店家及產品資訊，透過地圖，讓使用者快速取得臨近服務。</td>
</tr>
<tr>
<td>序號</td>
<td>服務專案</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>1</td>
<td>醫護專業療護</td>
</tr>
<tr>
<td>2</td>
<td>生理資訊系統監控</td>
</tr>
<tr>
<td>3</td>
<td>緊急狀況處理</td>
</tr>
<tr>
<td>4</td>
<td>安寧衛教</td>
</tr>
<tr>
<td>5</td>
<td>生、心理生活照顧服務</td>
</tr>
<tr>
<td>6</td>
<td>機構安置</td>
</tr>
<tr>
<td>7</td>
<td>喘息服務</td>
</tr>
<tr>
<td>8</td>
<td>交通接送</td>
</tr>
<tr>
<td>9</td>
<td>營養餐飲</td>
</tr>
<tr>
<td>10</td>
<td>生活輔具租購</td>
</tr>
<tr>
<td>11</td>
<td>居家無障礙環境</td>
</tr>
<tr>
<td>12</td>
<td>申請本國、外籍看護工服務協助</td>
</tr>
</tbody>
</table>
The Asia Pacific Hospice Palliative Care Network

www.aphn.org
A network to support hospice workers in the region
A cardiologist’s dream

In 1995, Dr Hinohara invited the 1st group of hospice pioneers from 6 countries to meet in Tokyo

Dr Shigeaki Hinohara
Chairman
Life Planning Centre
Nippon Foundation
Beginnings of a Hospice Network

- In 1996, Singapore organized the 2\textsuperscript{nd} Asia Pacific Hospice Conference attended by 500 delegates from 22 countries
- All agreed to continue these conferences, next in Hong Kong, then Taipei, Osaka & Seoul
14 Founding Sectors of the APHN

Sectors, not countries
Sectors are geographical areas
comprising regions of a country or
more than 1 country

Australia
Hong Kong
India
Indonesia
Japan
Korea
Malaysia
Myanmar
New Zealand
Philippines
Singapore
Taiwan
Thailand
Vietnam
Asia Pacific Hospice Palliative Care Network
Legally registered in 2001
Secretariat in Singapore
Run by Council of 20 Sector Representatives

1st APHN Council
Asia Pacific Hospice Conferences

Singapore 1989
Singapore 1996
Hong Kong 1999
Taipei 2001
Osaka 2003
Seoul 2005
Manila 2007
Perth 2009
Penun 2011
Bangkok 2013

Singapore 1996
Seoul 2005
2015 Asia Pacific Hospice Conference (APHC) in Taiwan

Voice of Hospice - World Hospice Day –