

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**.



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A.,
Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H.,
Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N.,
Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H.,
J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

N ENGL J MED 363;8 NEJM.ORG AUGUST 19, 2010

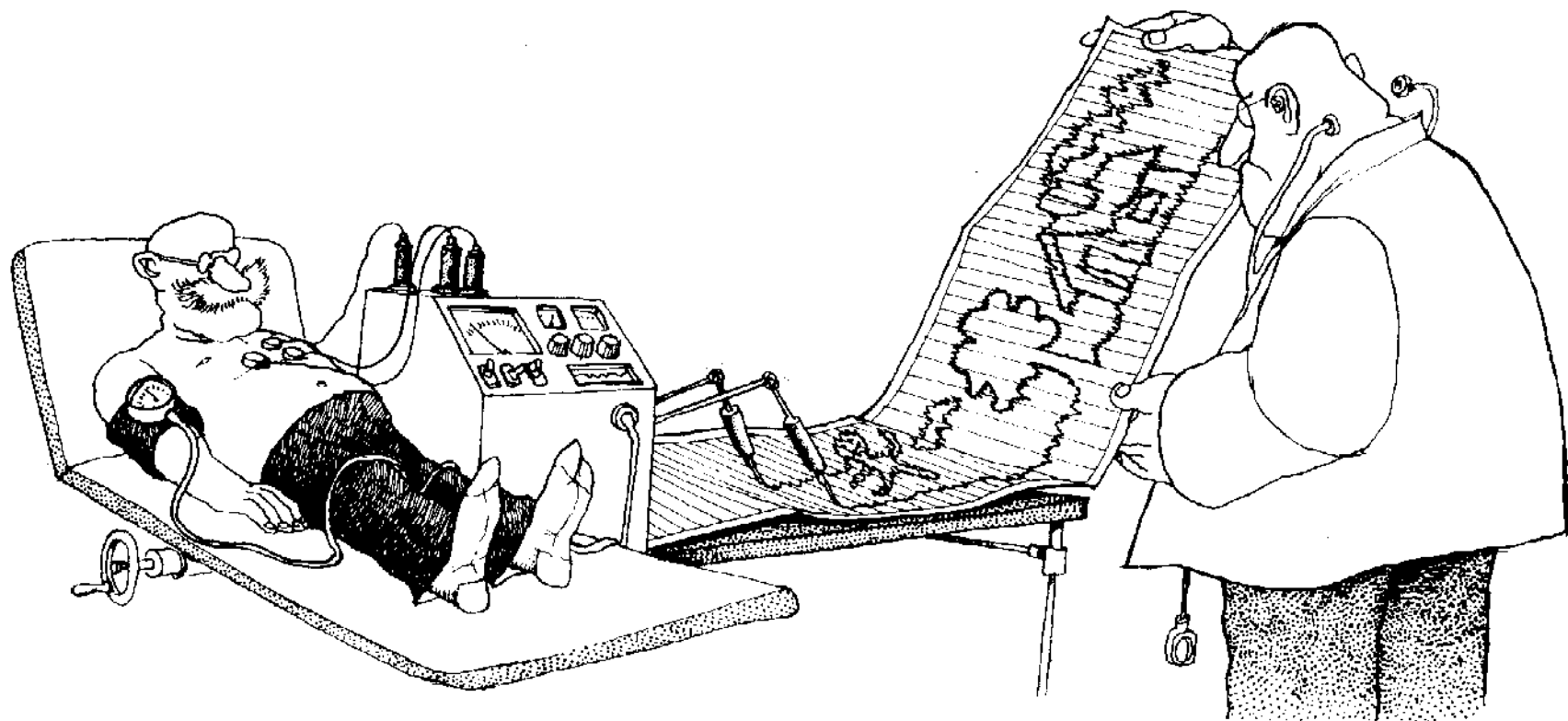
肺癌病人在治療當中，同時合併寧養照護，生命期較長

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, $P=0.02$).



杭州师范大学



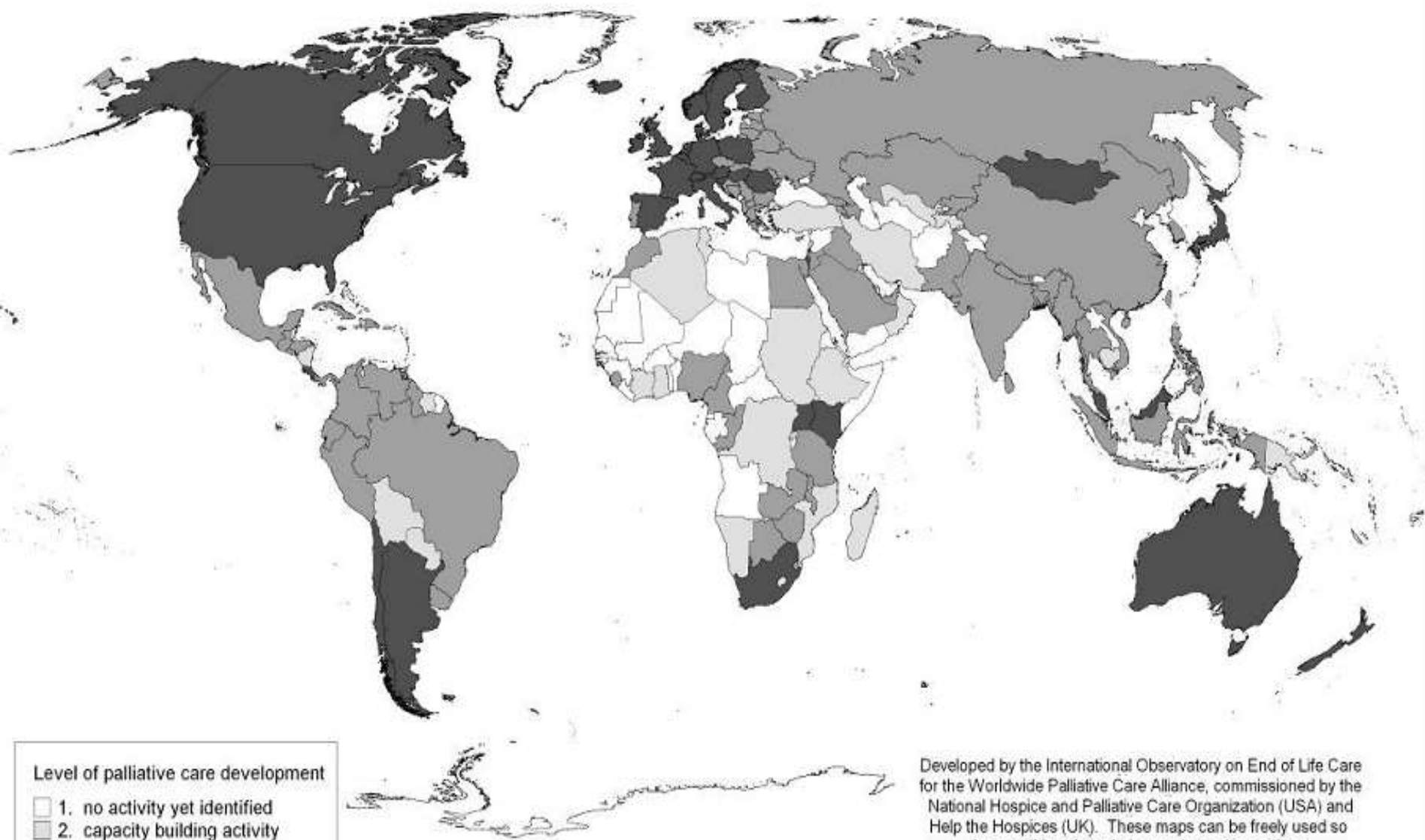


Palliative care

- 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



Level of palliative care development

- 1. no activity yet identified
- 2. capacity building activity
- 3. localised provision
- 4. approaching integration

Developed by the International Observatory on End of Life Care for the Worldwide Palliative Care Alliance, commissioned by the National Hospice and Palliative Care Organization (USA) and Help the Hospices (UK). These maps can be freely used so long as this acknowledgement remains on them.

Digital Map Data © Collins Bartholomew Ltd (2006)



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)



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

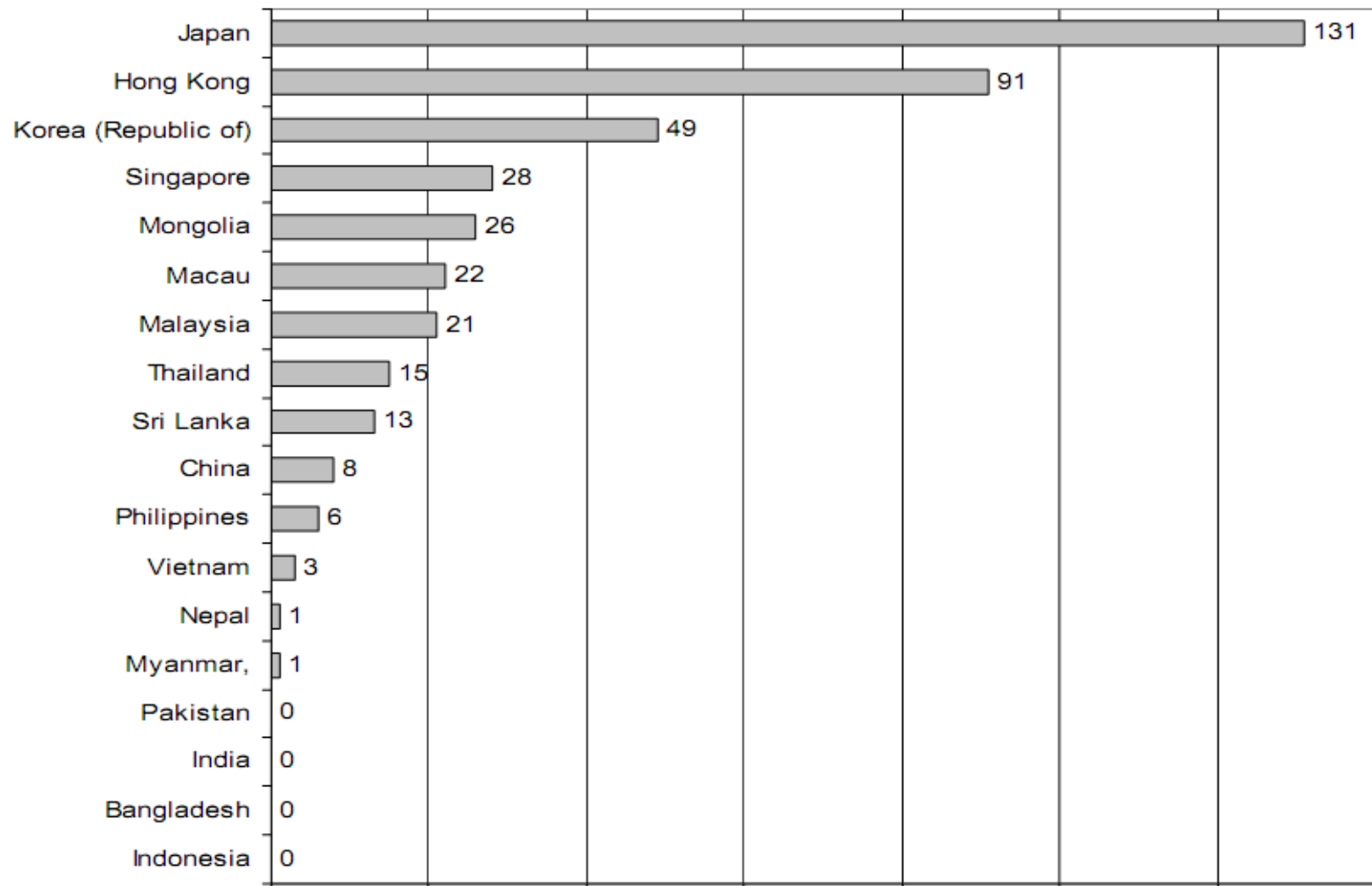




Palliative care development in Eastern and Southern Asia and Oceania

Date	Asia Eastern	Asia South-eastern	Oceania	Countries N
1965-69	South Korea			1
1970-74	Japan			1
1975-79			New Zealand	1
1980-84	Hong Kong		Australia	2
1985-99	China	Singapore		2
1990-94	Taiwan	Indonesia Malaysia Philippines		4
1995-99		Myanmar Thailand		2
2000-2006	Macao Mongolia	Vietnam		3
Total	7	7	2	16

Average daily consumption of defined daily doses of morphine per million inhabitants, 2003-2005: countries of Central, South and East Asia



Hospice and palliative care in Japan

- First hospice: Yodogwa Christian Hospital in 1973.
 - 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
- 設施基準條件：
- 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

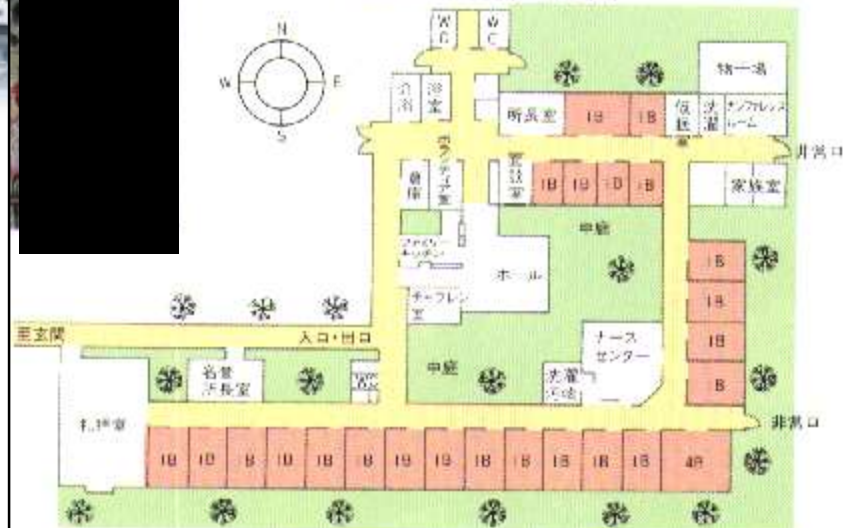
- 有供家庭使用之休息室（臥室）及客廳
- 有供家庭使用之廚房
- 設有面談室，會議室
- 該病院差額給付病床（非保險病床）在50%以下
- 設有一檢討入出院之委員會

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とはベッドのことです。

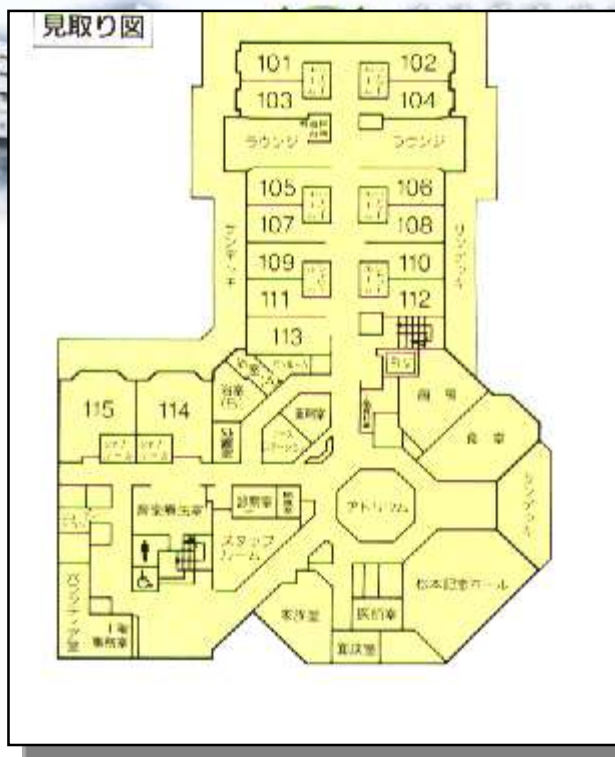






Peace House (安息之家) : Independent hospice





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





佛光山新竹分院
BUDDHIST TZU CHI GENERAL HOSPITAL

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



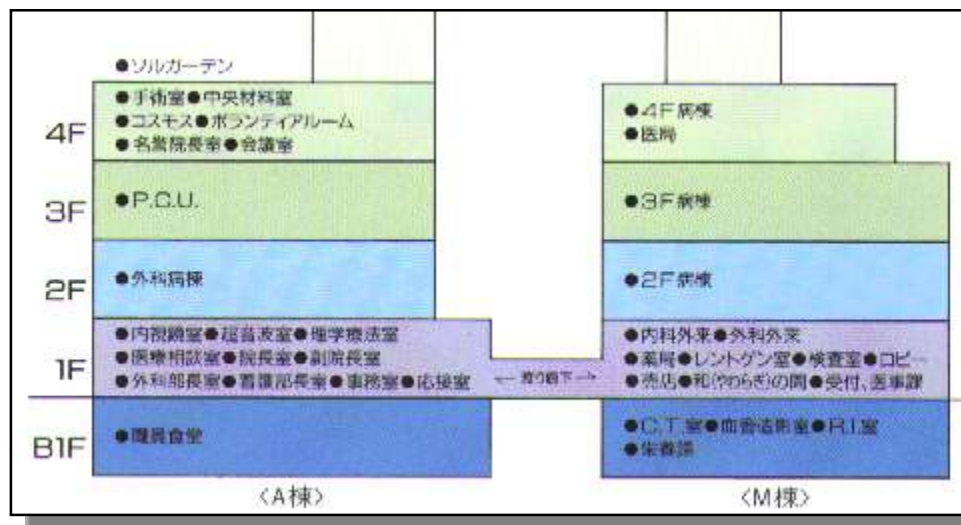
國立癌症中心東院 National Cancer Center Hospital East

- 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



01汕頭寧養院曹醫師



01汕頭寧養院
0015廣西寧養院1
16南昌寧養院
lucy
18 哈爾濱
12-大連寧養院
15廣西寧養院
08深圳寧養院
25新鄉寧養院

01汕頭寧養院曹醫師>右下角
hospice>李主任，請稍等。
01汕頭寧養院曹醫師>右上角
01汕頭寧養院曹醫師>李主任請
點擊右上角的“下一張”
hospice>李主任，請繼續講。
hospice>我們可以聽到你的講話。

白板 | 共同瀏覽網頁 | 桌面共享 | 遠距離操控

功能表 | 圖片 | 清除標記 | 檢視 | 上頁 | 下頁 | 圖片/檔案 | *23>(hospice)Microsoft PowerPoint

三. 护理措施

1. 右下肢疼痛的护理；
2. 右下肢肿胀的护理；
3. 局部伤口护理及处理；
4. 潜在其他部位皮肤完整性受损护理。

- 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

Malaysia	%
Septicaemia	17
Heart disease	16
Malignant neoplasm	11

Thailand	%
Malignant neoplasm	12
Accident and poisonings	9
Heart disease	4

Philippines	%
Heart disease	18
Cerebrovascular disease	11
Malignant neoplasm	10

Hospice and palliative care: organisational provision in Malaysia, Thailand and Philippines

Country	No of organisations	Organisations making inpatient provision		Organisations making outpatient provision	
		Hospice	Hospital	Home care	Day care/ clinic
Malaysia	90	2	68	20	10
Thailand	13	5	9	3	7
Philippines	34	1	28	22	18
Total	137	8	105	45	35

Palliative care in Taiwan





Ranking End of Life Care across the world 2010


全球末期照護品質評比

Economist Intelligence Unit The Economist

The quality of death

Ranking end-of-life care across the world

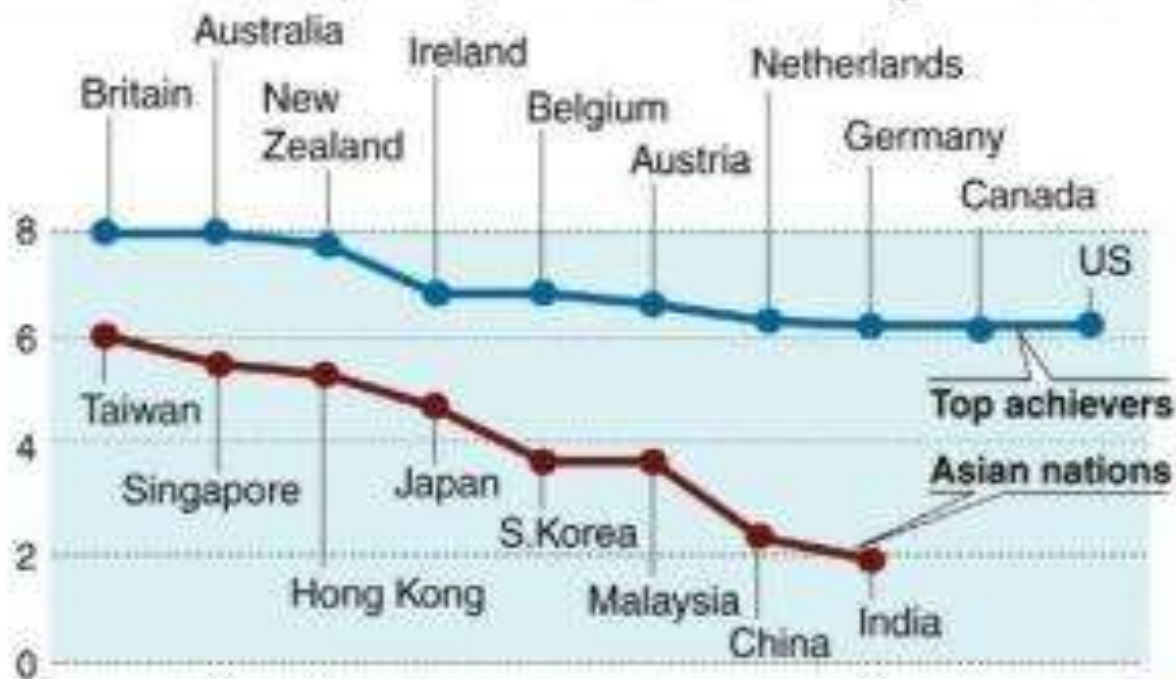
A report from the Economist Intelligence Unit
Commissioned by

 **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

AFP



佛光山新竹分院
BUDDHIST TZU CHI GENERAL HOSPITAL

台灣的末期照護品質 Quality of Death in Taiwan



Development of palliative care in Taiwan

Years	Events
1983	Promote hospice movement by NGO
1990	The first hospice inpatient unit
1995	Government (DOH) developed hospice policy for cancer patient
1996	National Health Insurance provided coverage for palliative home care program
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

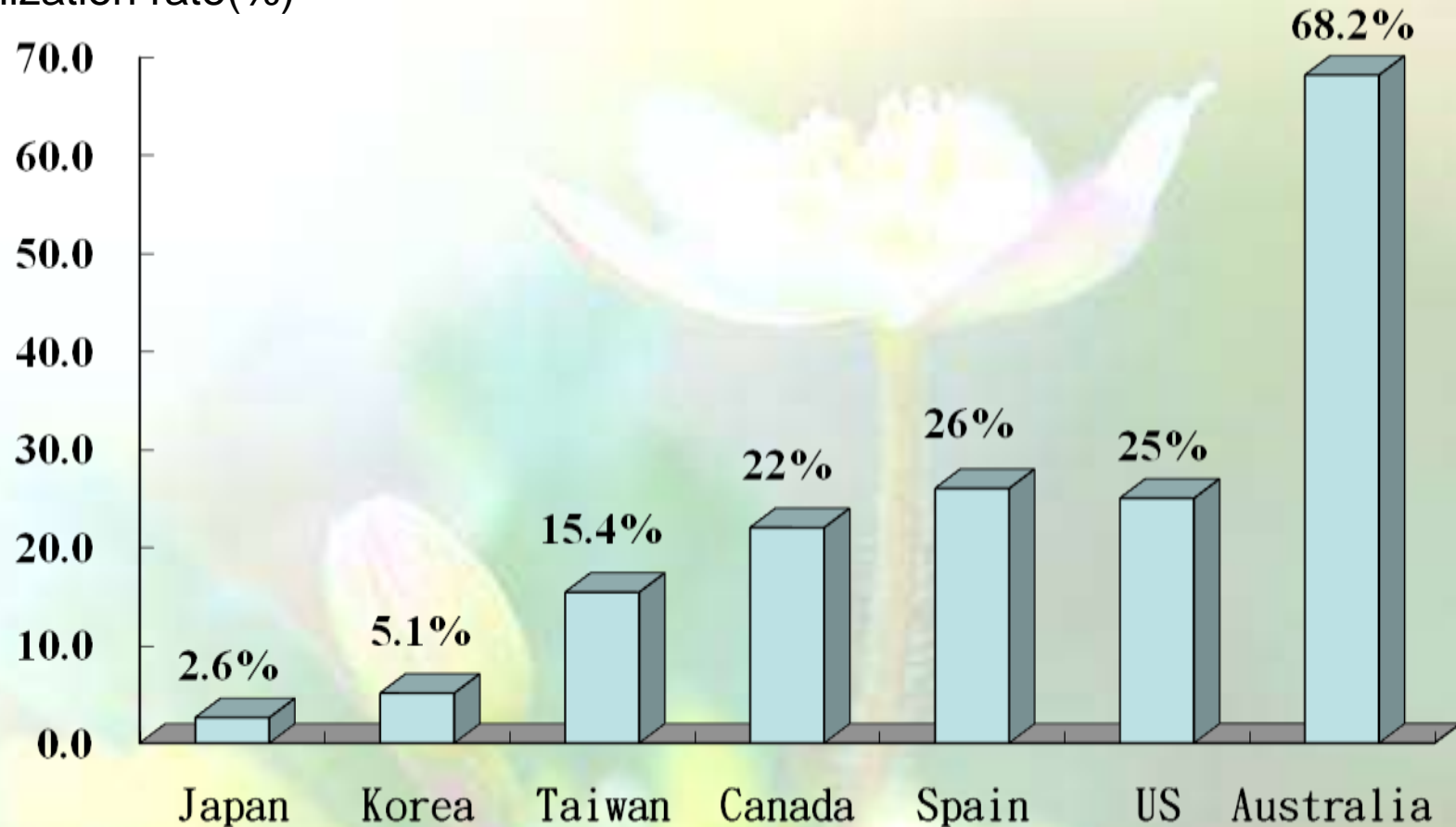
The models of hospice care

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

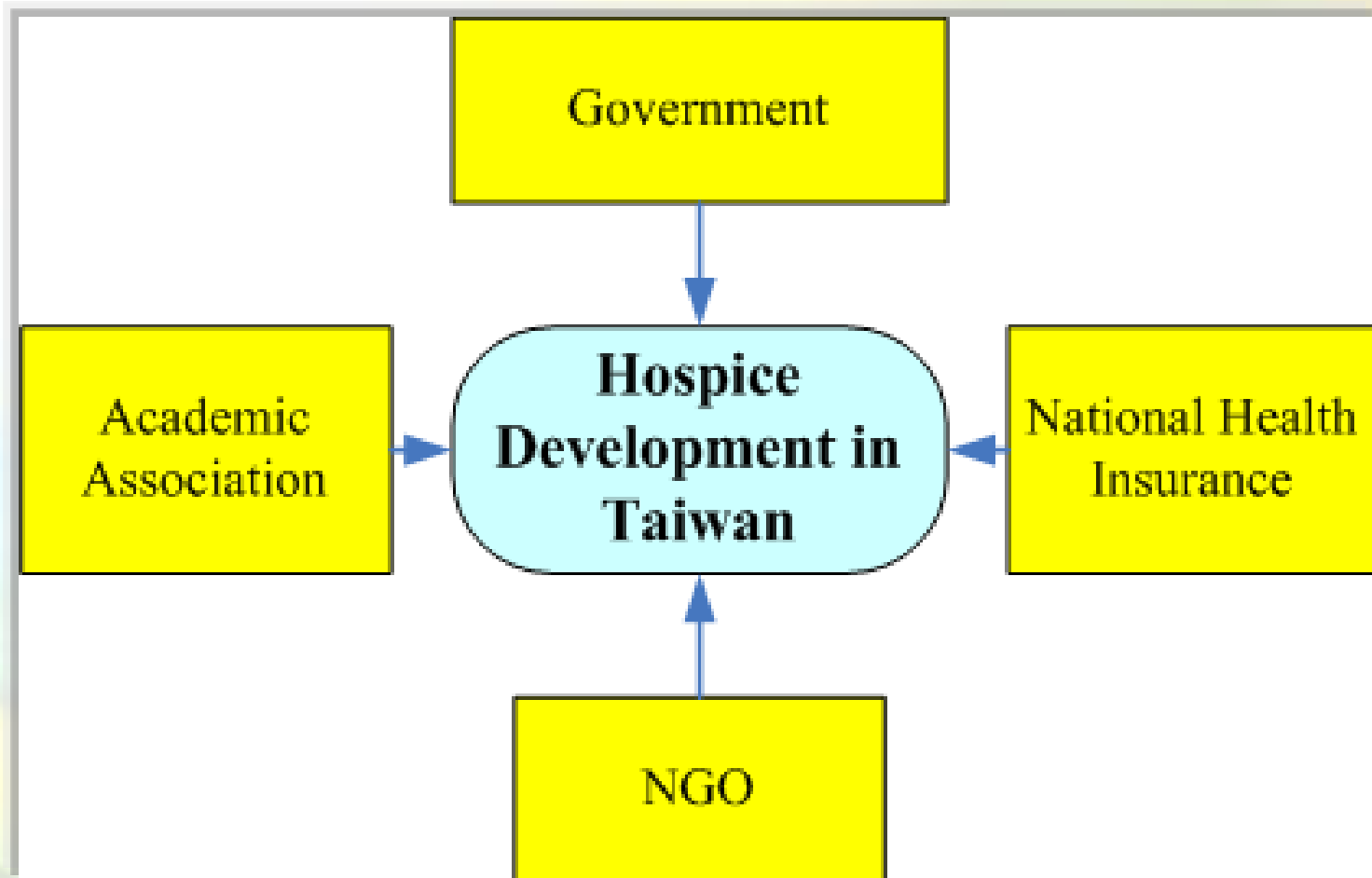


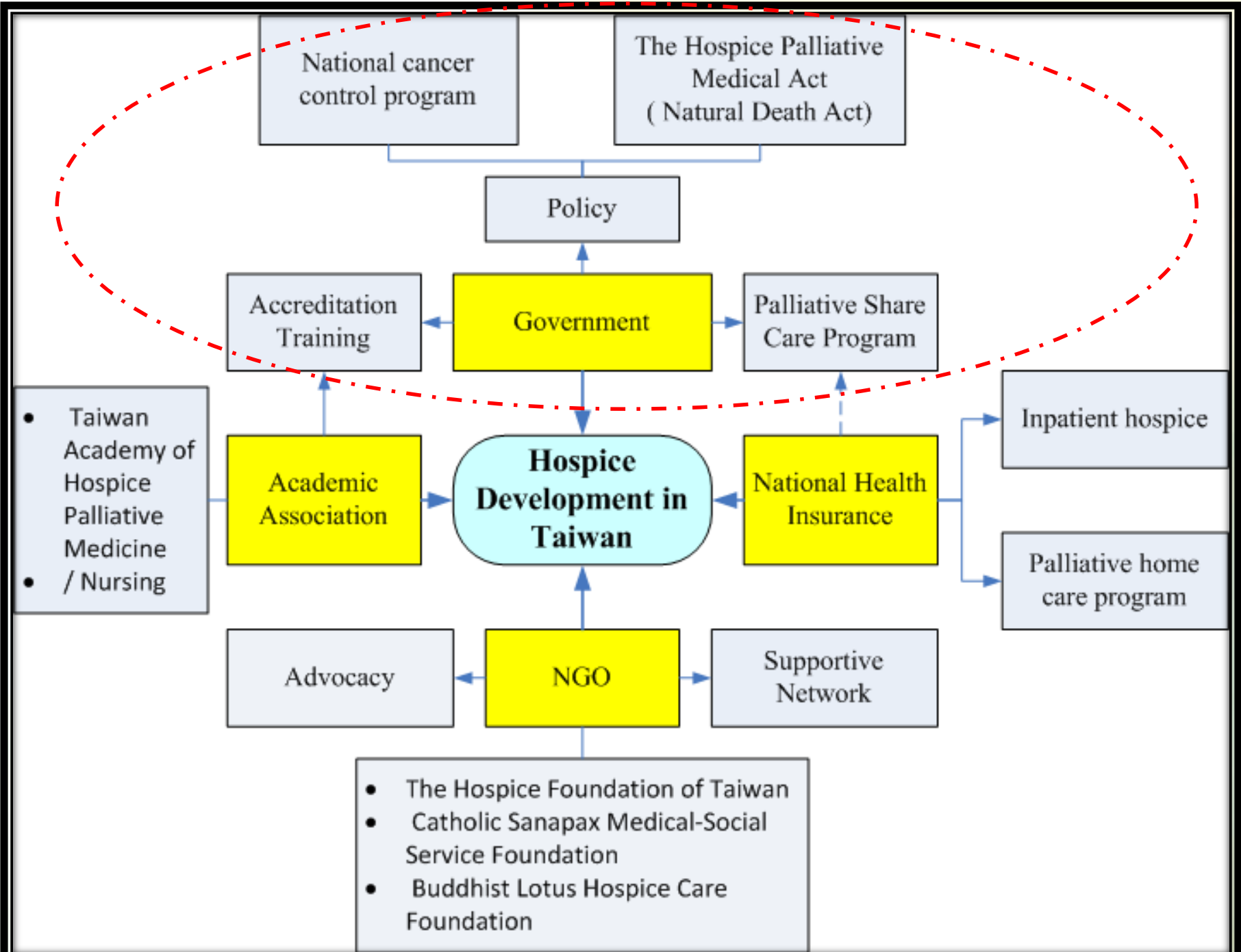
Comparison of the rate of palliative service in different countries 2004

Palliative care
utilization rate(%)



Four essential components for palliative care development in Taiwan





Policy for palliative care

- Nature Death Act 2000 (Hospice Palliative Medical Act)
- National health insurance subsidize hospice home-care and in-patient-care system (for cancer 1996, 2000, motor neuron disease 2003)
- 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

國家癌症防治五年計畫 (草案)



行政院衛生署
中華民國九十三年一月



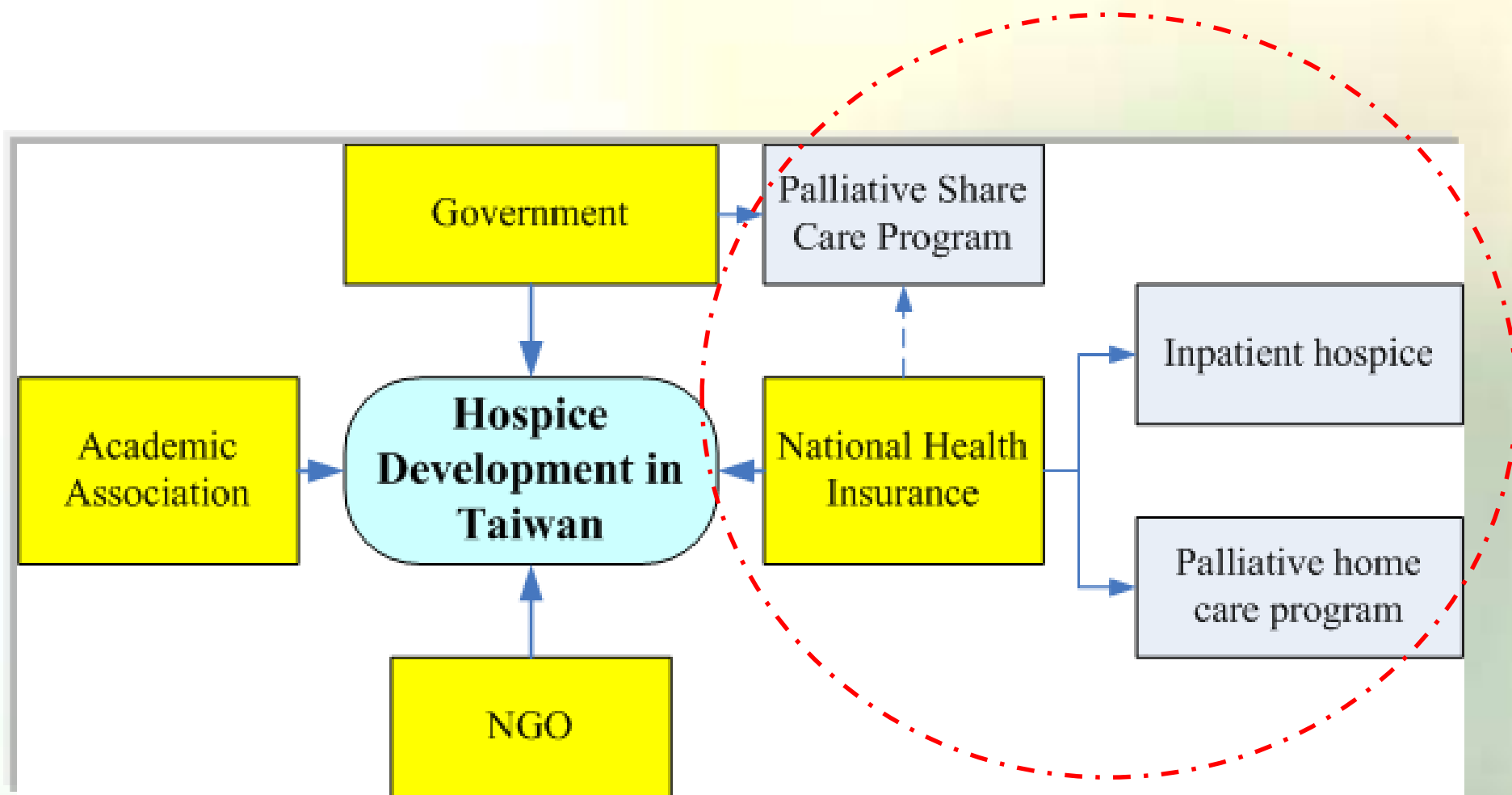
Goal

50 %

Strategy

14.3 %

The percentage of cancer death that
received palliative care



National Health Insurance - Home care program -

	Physician fee		Nursing fee			Other professional	Special care program
	First visit	Follow up visit	<1 hr	> 1 hr	Terminal nursing care		
Fee	1,500	1,130	1,300	1,500	2,500	700	1,260
	US 45	US 34	US 39	US 45	US 75	US 21	US 38




National Health Insurance

Inpatient hospice reimbursement (per day)

Level	Medical center	Regional hospital	District hospital
2000	NT 4,600 US:140	4,100	3,800
2001	4,820 US:146	4,280	3,930
2003	4,920 US:150		



Accreditation Project



安寧共同照護品質提升暨輔導計畫

www.hospicemed.org.tw

回首頁

最新消息

資訊系統

- 下載區
- 討論區
- 資訊安全加密
- 線上嗎啡劑量換算

計畫內容

核銷事宜

執行成果

各院活動

下載區

問題請至資訊系統區「討論區」內提出，我們會針對此處做回答，並且將傳給我的權

安寧共照系統相關下載

張貼日期:2006/10/24

說明：1. 檔案含新版v7.3版系統、EXCEL自動統計7.3版、安寧系統使用手冊、安寧自動統計報表使用手冊以及這版誠杏公司方面更新問題的回覆。

2. 於結案處增加刪除個案功能,但要輸入刪除密碼:wsn8m-ldabb-rkedk 已OK，請測試！

3. 本檔案今天將其壓縮並建立自解壓縮，各位僅需全部下在至同一目錄夾後，一個個點選後選擇好路徑安裝後，即可自動解壓縮至您指定之目錄夾內。

下載檔案：

系統介面檔：

版本	修正說明	更新日期
安寧共照系統v7.3	修改了身份證驗證規則	10/24 更新
安寧共照系統v7.2	使用v7.2版可產生 病人總表，可以匯出Excel檔的資料庫內的各筆病人列表	10/18 重大更新

Excel自動統計報表版本：

版本	修正說明	更新日期
EXCEL自動統計7.3版	7.3版改版問題	10/24 重大更新
	v7.2版改版問題	10/17 重大更新

網頁更新日期：10/24

本網頁最佳瀏覽模式:800X600

安寧緩和中心位置:
台北縣淡水鎮民生路45號

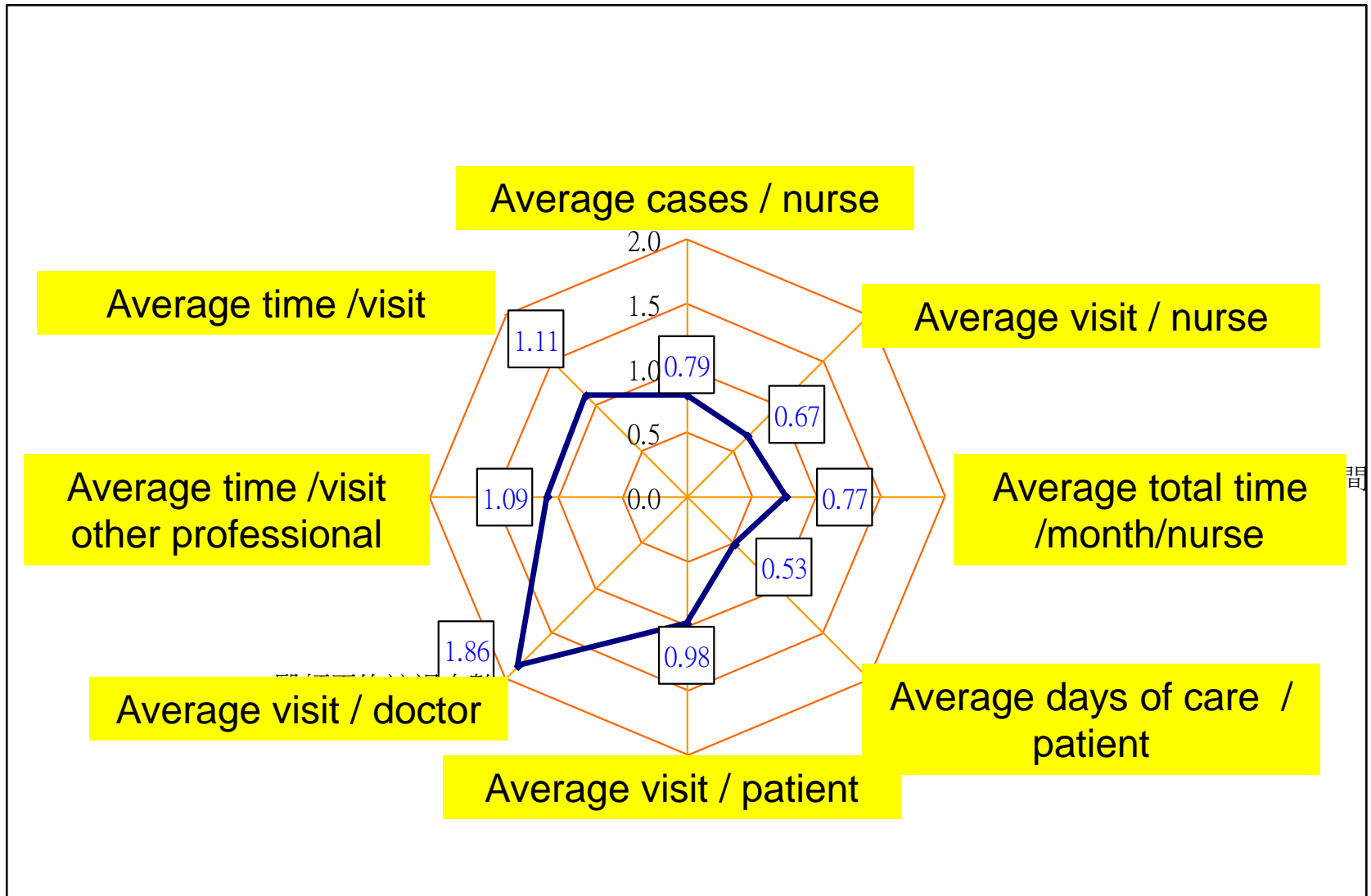
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網頁資訊

選單欄

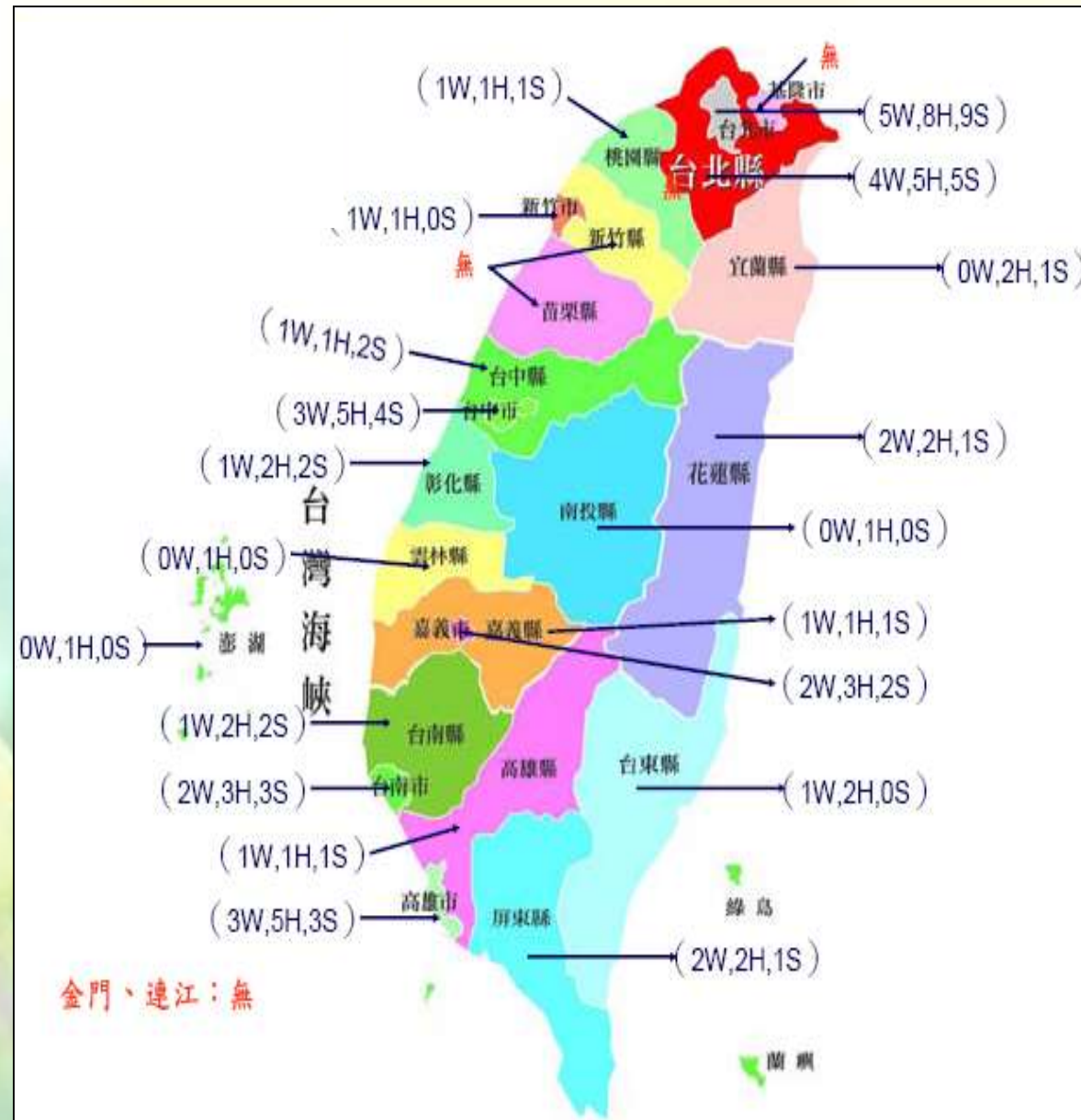
選單內容

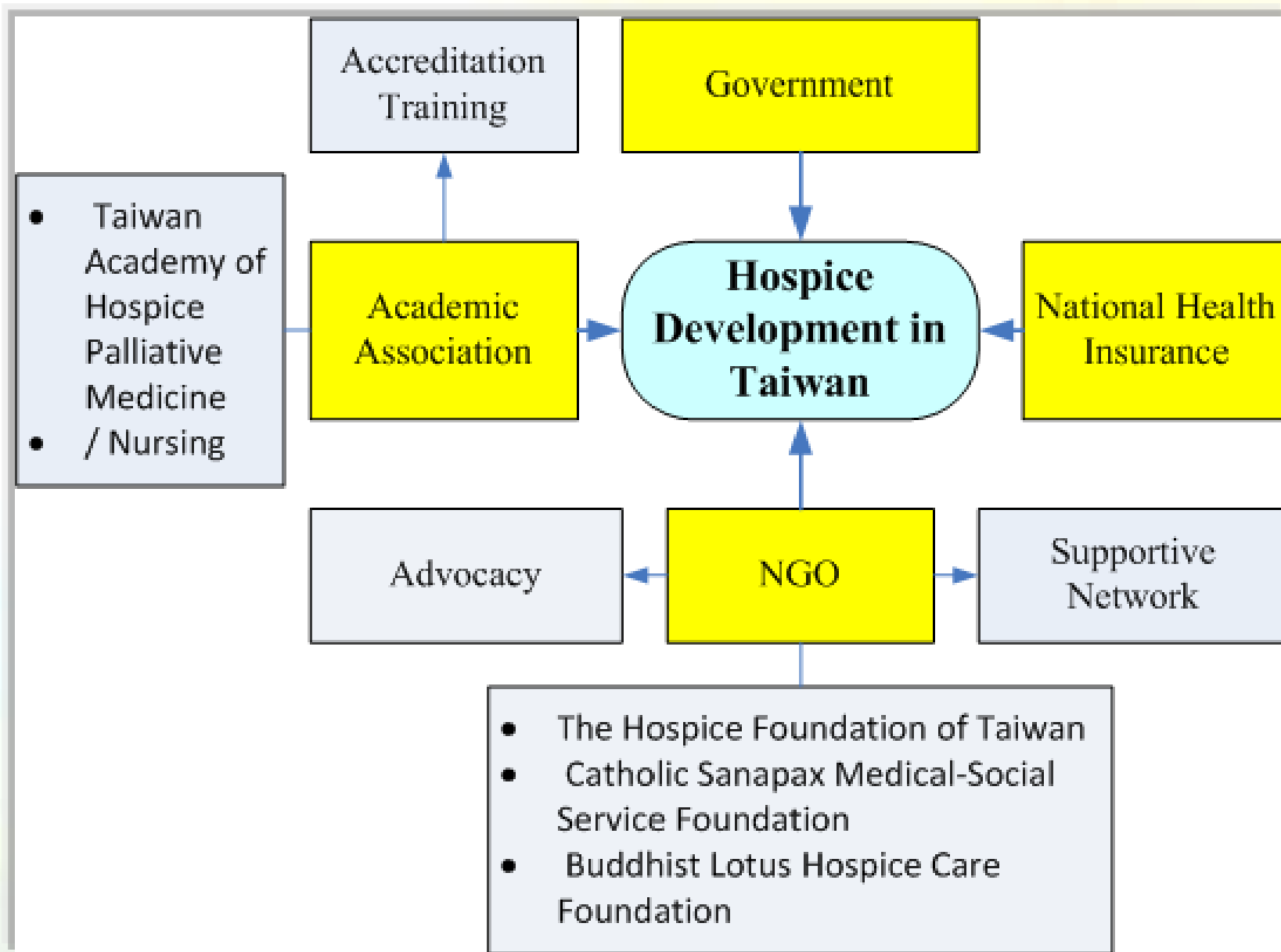
Result (feedback to service unit)



Hospice services in Taiwan 2012

- 49 inpatient hospices
- 694 beds
- 73 palliative home care programs
- 69 palliative share care programs





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



基金會簡介 活動與課程 安寧充電區

安寧文宣 合約醫院 國際事務 相關連結 愛心捐款 聯絡我們 網站Map 回首頁



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

網站瀏覽人數：099929



財團法人

佛教蓮花臨終關懷基金會

Buddhist Lotus Hospice Care Foundation



關於蓮花

安寧療護

生命雙月刊

蓮花之友

臨床宗教師與我

輔具租借中心

佛教醫事人員聯合會

ENGLISH

L · H · C · F

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 Care Center" which will offer the patients, the family

Equipments Renting/Lending

輔具租借中心

常用輔具介紹

♥ 氣墊床使用說明

功能一

褥瘡的預防與治療

床墊規格一（圖A）

條管：18條條管（可單獨更換）
床墊尺寸：長190cm×寬85cm×高10cm
噴氣：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

幫浦規格一

機型：B32





財團法人天主教康泰醫療教育基金會
Catholic Sanipax Socio-Medical Service & Education Foundation

彼此相愛，合力的做一件美麗的事，給弱勢和困苦的朋友服務。
因為您是我的兄弟！

[回到首頁](#) · [網站導覽](#) · [愛心園地](#) · [我們的榮耀](#) · [相關連結](#) · [康泰會訊](#)

主選單

- [首頁](#)
- [認識康泰](#)
- [衛生教育訓練組](#)
- [失智老人服務組](#)
- [乳癌防治服務組](#)
- [糖尿病童服務組](#)
- [安寧療護服務組](#)
- [衛生教育資源網](#)
- [醫療福音傳播組](#)

活動預告: 康泰2006喜新戀舊 聖誕聯歡會

Posted by on 星期三, 十一月 15 @ 15:19:59 CST (16 reads)

親愛的朋友，平安：

康泰堅守本分，肩負起別人不願做、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，莫讓我們服務的脚步，因經費短缺而有所遺憾。我們需要籌募明年度為乳癌病友、糖尿病童、失智老人、癌症末期照顧、衛生教育訓練、衛教資源中心、醫療福傳…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 全體同仁 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）



160715

累計到訪人次

- 新消息公佈
- 安寧照顧協會簡介
- 學術刊物
- 安寧緩和醫療條例
- 緩和醫療條例施行細則
- 安寧病房與居家護理
- 安寧療護遠距視訊
- 安寧共同照護計劃
- 會員入會申請

台灣安寧照顧協會

Taiwan Hospice Organization



新消息公佈欄

活動消息

健保 IC 卡安寧註記登錄 * 安寧資訊一覽



健保 IC 卡 安寧緩和醫療意願 您註記了嗎?



台灣安寧緩和醫學學會

- 關於學會 ▶
- 學會訊息
- 學術活動
- 會務報導 ▶
- 專案計劃 ▶
- 網站連結
- 會員專區 ▶
- 繼續教育課程 ▶
- 會員登入



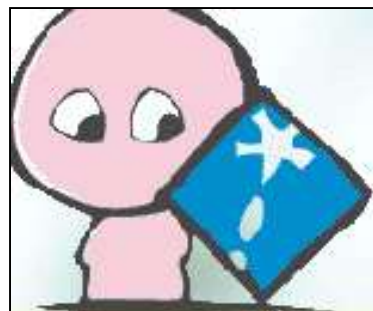
公告事項

- 2006-10-31 95年度安寧住院、居家及共照訪實地查重要公告
- 2006-10-17 有關「96年安寧共同照護計畫」申請案
說明：國民健康局為期能自96年1月1日延續「安寧共同照護計畫」案
- 2006-09-20 安寧緩和醫學專科醫師甄審辦法

最新學術活動

- 2006-11-26 安寧療護國際暨學術研討會
(請按此報名及查詢報名)
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，針對民眾、病患家屬、臨床醫療人員、宗教師等不同角色的需求，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～

[更多學術活動](#)



漸凍人協會

TAIWAN MOTOR NEURON DISEASE ASSOCIATION

認識協會	認識疾病	醫療資訊	病友權益 及社會福 利資源	愛心義賣 區	幫助我們	病友創作	朝陽志工 隊	討論區	閱讀漸凍 人的生命	加入會員	網站連結
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2006年11月25日 星期六

活動放送台

> [病友林月姑榮獲「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](#)

2006/11/21

> [轉載「圓、缺之間—愛在左右」](#)

2006/11/3

> [類漸凍人照護中心—「祈翔病房」開幕典禮暨漸凍人陳宏老師新書發表會](#)

2006/10/2



台灣安寧緩和護理學會

Register now! Username Password

主選單

首頁

最新消息

線上人數

友好訊息

學術活動

護理學會行事曆

新增

討論區

登入

使用者名稱：

密碼：

使用者登入

顯示全部類別 ▾



2006年 11月



星期一	星期二	星期三	星期四	星期五	星期六	星期日
		1	2	3	4	5
6	7	8	9	10 • 行事曆完成	11	12
13	14	15	16	17	18 • 藝術治療種子師資教育訓練課程(二)	19
20	21	22	23	24	25 • 宜蘭國際學術研討會	26
27	28	29	30			



台灣癌症安寧緩和醫學會

Taiwan Society of Cancer Palliative Medicine



最新消息

課程目錄

線上學習入門

關於我們

重要相關網站連結

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](#)
請 [按我](#) [\(詳全文\)](#)

帳號：

密碼：

身分：

[帳號申請](#)

[忘記密碼](#)

[確定](#)

個人心得經驗

[more](#)

Advocacy for Hospice Palliative Care in the community

臨終生命系列影展

微笑走過人生

主辦單位：G 范德堡大學醫學中心

指導單位：花蓮縣教育局

影映時間

第一編次。九十四年八月二十三日，星期四 晚上19:30-21:30

第二場次。九十四年八月二十四日，星期五 晚上(9:30-2):30

影視地點：松園別墅

參加對象：對生死學、生命教育有興趣之社會民衆

報名費：現場繳交，150元/人。全程參與者可獲得教師研

國際離境四小時。

第一场次影片：6月23日

【阿道德具】

【小朋友的書】

【走进智慧之路】

研究主题：

4. 如何透過臨終病人的故事，與社會大眾做生命教育。

2. 如何和小胡處理論死亡。

3. 对青年学生的生命教育。

第二場次題詞（6月24日）

【意解再求】

【主 持 人 惜】

研習主題：

1. 家族教師對病人的重要性。

2. 女性如何面書病和臨終。

王神職人員在臨終臨拜的

謝安、王羲之、王獻之、王凝之、王徽之

已刊論文索引 臺灣省立圖書館

[illegible]

總發行所：東京市丸の内區千代田一丁目一番地
總發行所：東京市丸の内區千代田一丁目一番地

[illegible]

這本期刊係	由香港特別行政區政府
圖書館刊印	以建立有關的知識庫

地址: 广州市天河区	邮编: 510630
电话: 020-87556000	传真: 020-87556001

附註 1: 本公司之附屬公司，包括本公司之全資附屬公司，以及本公司擁有其已發行股本之 50% 以上之附屬公司。

[illegible]

第 1 版 2006 年 12 月 1 日出版



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

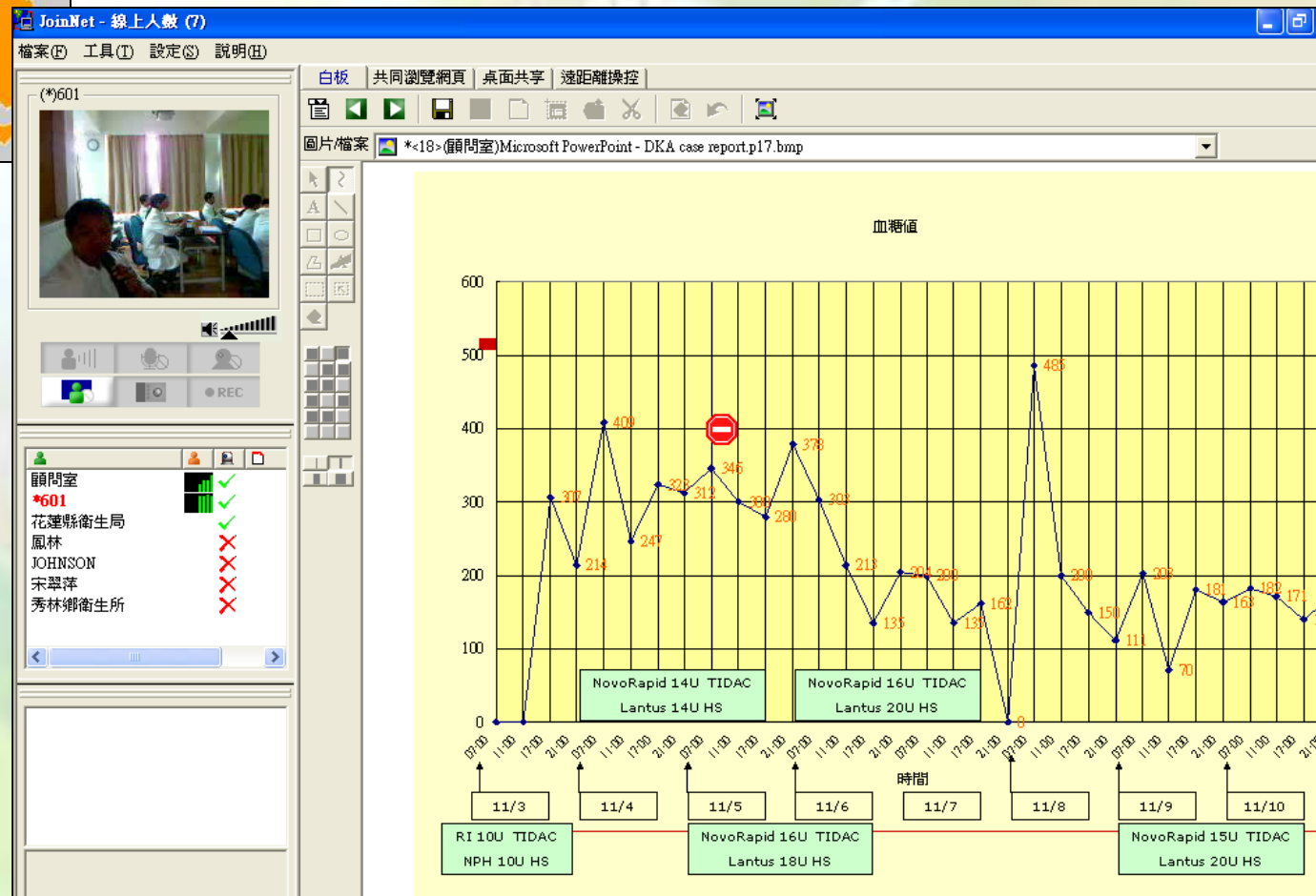
Palliative care video conference in Taiwan

- 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
 - 心臟衰竭、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 medicineto 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己的選擇

Dame Cicely Saunders

WHO 2004 ‘Palliative Care The Solid Facts

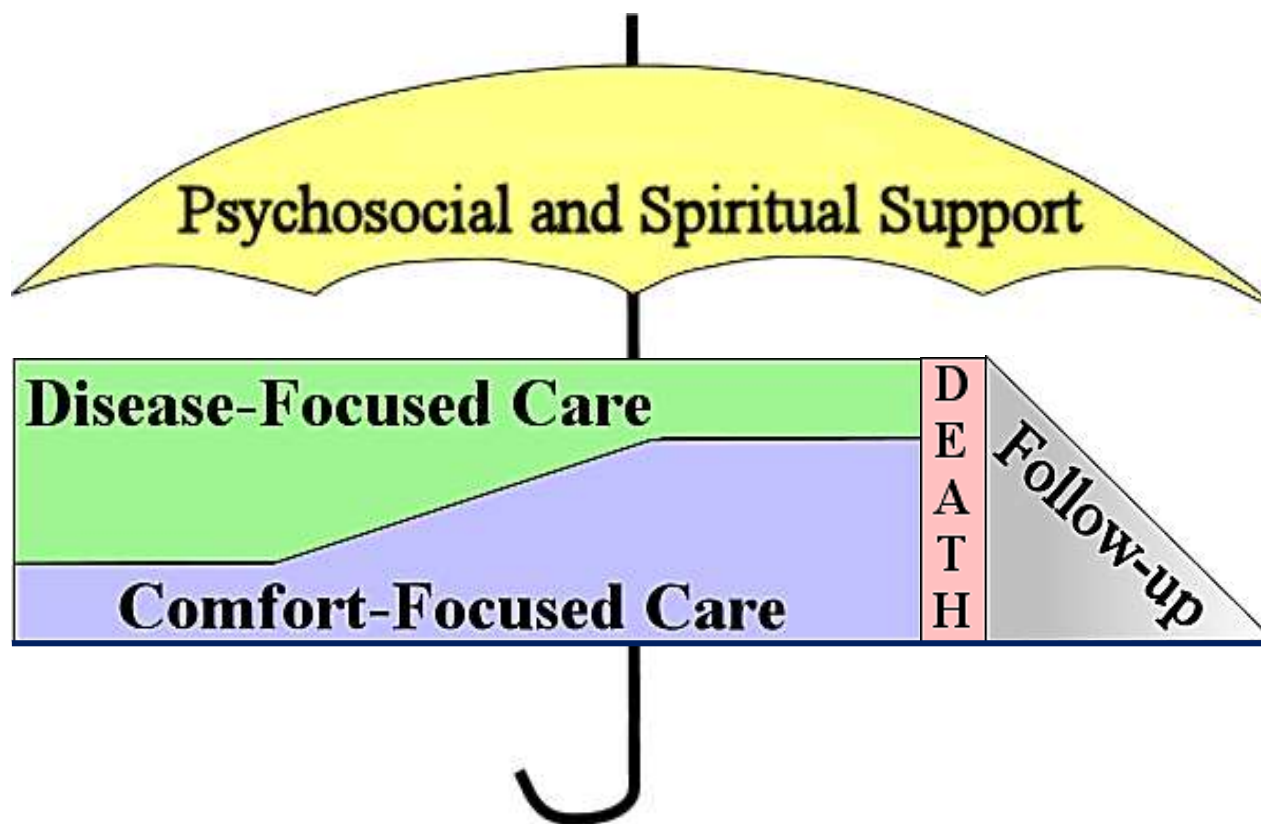
“末期” 照護不應只針對癌症，其他如老人醫學，神經科、家庭醫學科...及涵蓋其他的科別 Saunders, 1996

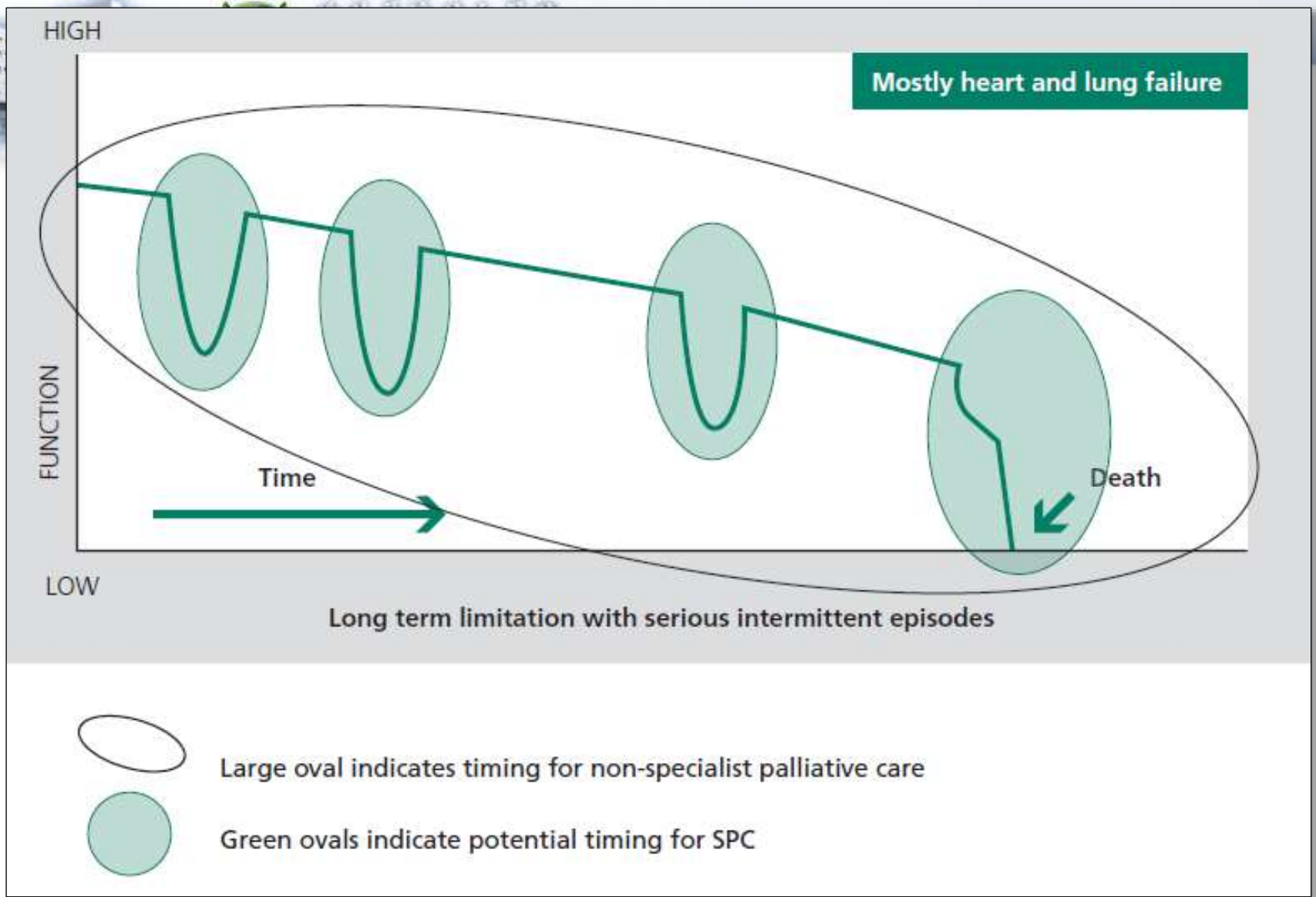




非癌症末期照顧模式

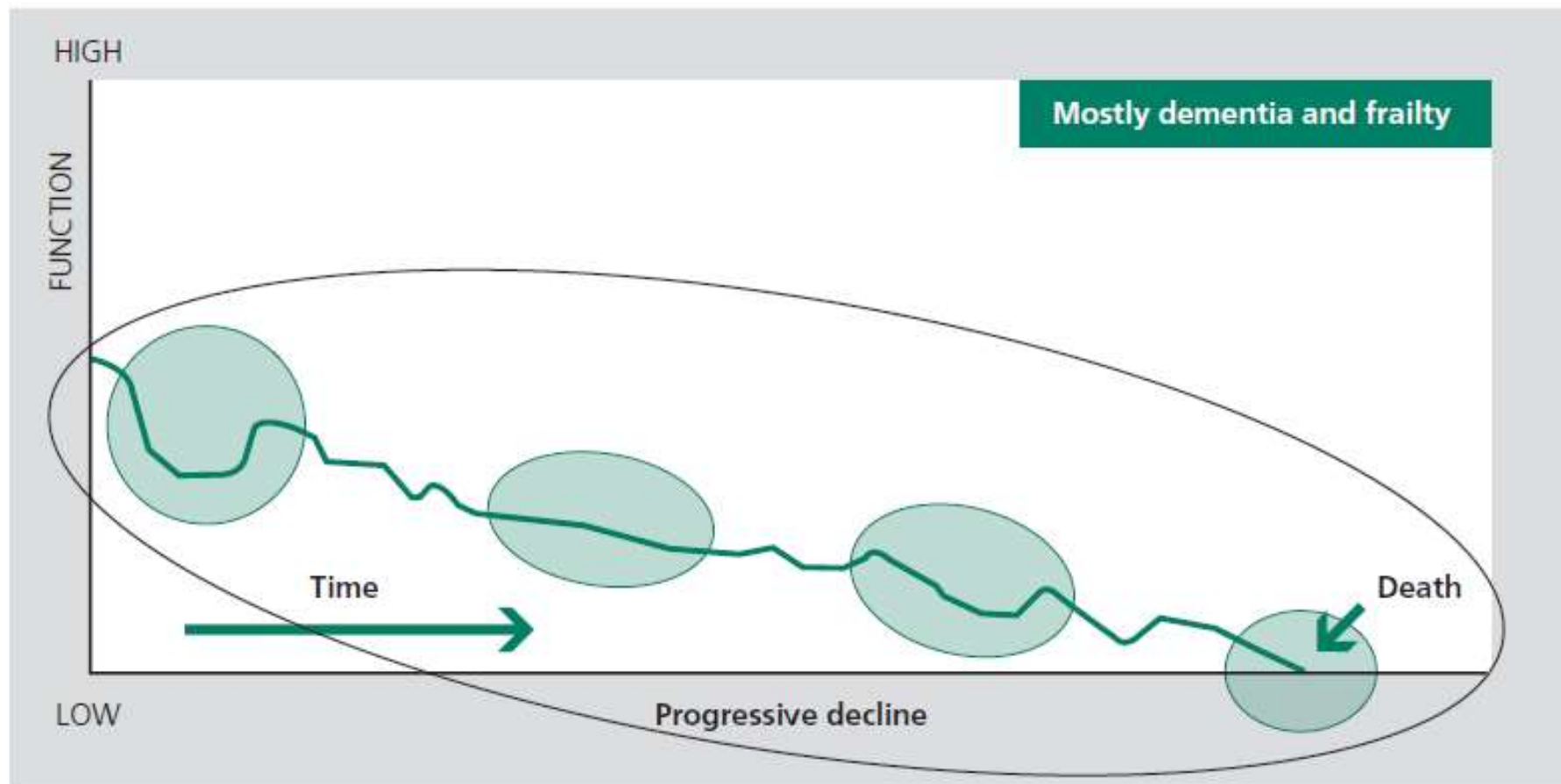
Non-cancer palliative care model





Palliative Care for All - Integrating Palliative Care into Disease Management Frameworks Joint HSE and IHF Report of the Extending Access Study
Published 2008

TIMING OF PALLIATIVE CARE IN DISEASE TRAJECTORY MOST COMMON IN DEMENTIA AND FRAILITY [ADAPTED FROM 60]¹⁵



Large oval indicates timing for non-specialist palliative care



Green ovals indicate potential timing for SPC

台灣地區2011年人口死亡原因 (Cause of death)

順位	合 計			
	死 亡 原 因	死亡 No Death	安寧人數 No EoL care	安寧比率 Hospice %
	所有死亡原因 All cause death	152, 030	13, 085	9.4
1	惡性腫瘤 Cancer	42, 559	12, 775	30
2	心臟疾病 Heart disease	16, 513	48	0.29
3	腦血管疾病 Stroke	10, 823	9	0.08
4	糖尿病 DM	9, 081	0	0
5	肺炎 Pneumonia	9, 047	94	1.04
6	事故傷害 Injury	6, 726	0	0
7	慢性下呼吸道疾病 COPD...	5, 984	13	0.22
8	慢性肝病及肝硬化 Liver...	5, 153	93	1.80
9	高血壓性疾病 Hypertensive d..	4, 631	0	0
10	腎炎、腎病症候群及腎病變 CKD	4, 368	53	1.21
	其他 others	37, 145	0	0%

- 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

聽病人說話

....????

家中沒有設備儀器

發生狀況誰可以幫忙

怎可以回家?

外籍看護聽不懂

他可以吃什麼

有事情要問誰

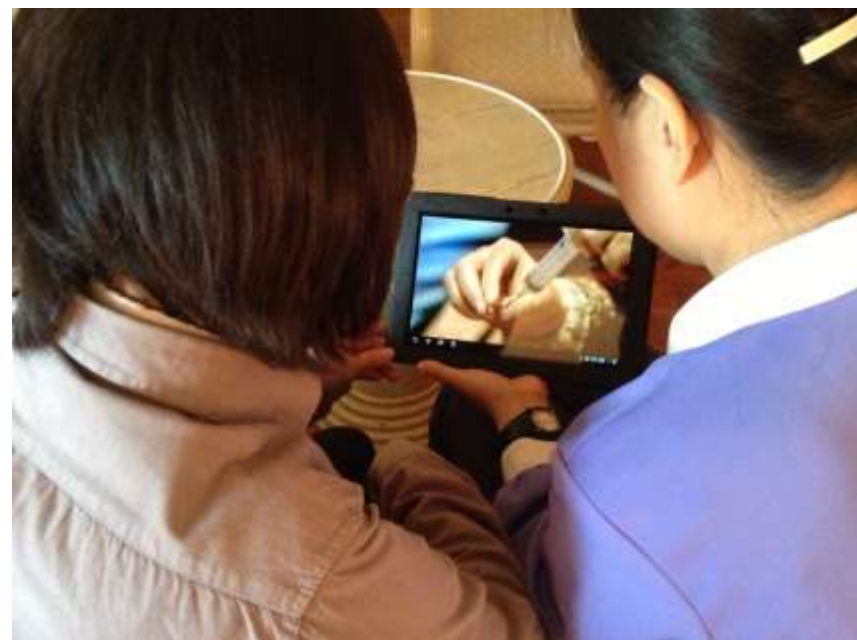
怎樣去看診



模組系統	系統功能說明
生理監測系統	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。
醫療應用系統	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。
個案管理系統	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。
協同照護系統	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。
安寧衛教系統	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。
生活支援服務	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。







序號	服務專案	安寧住院 Hospice inpatient	安寧共照 Hospice consultation	安寧居家 Hospice home care / institution
1	醫護專業療護	◎ 依醫囑安排	◎ 依醫囑安排	◎ 每週2次
2	生理資訊系統監控			◎
3	緊急狀況處理			◎
4	安寧衛教	◎	◎	◎
5	生、心理生活照顧服務	◎	◎	◎
6	機構安置			◎
7	喘息服務	◎	◎	◎
8	交通接送			◎
9	營養餐飲	◎	◎	◎
10	生活輔具租購			◎
11	居家無障礙環境			◎
12	申請本國、外籍看護工服務協助	◎	◎	◎



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 2nd 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 –

