

**The Hong Kong Polytechnic University School of Professional Education
and Executive Development**

SPD 4533 End of life issues

**Topic: Comparison of the public palliative care service between Hong Kong
and Taiwan**

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Introduction

- Specialized medical care → serious illness
- Improves quality of life
- Families facing the problem
- Focused on relief from symptoms and stress
- Specially-trained team
- Appropriate any age and stage





Amy Oshier
Reporting

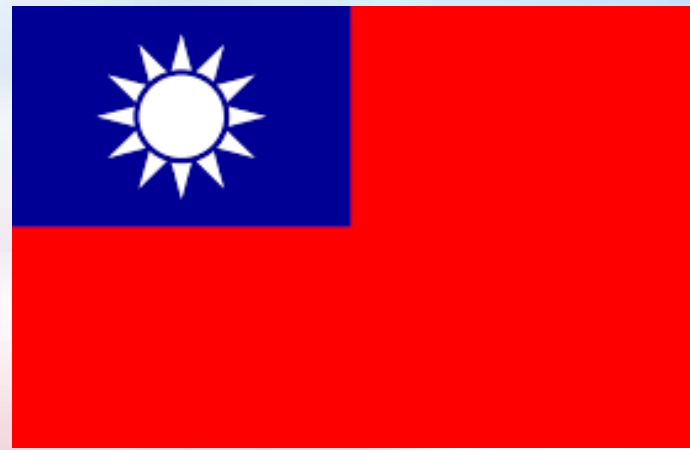
<https://www.youtube.com/watch?v=Q9NrhIzYbFQ>

Hong Kong

- HK Hospital Authority(HA)
 - 16 hospitals (360 beds)
 - comprehensive care for terminally ill
- The Haven of Hope Christian Service
 - 124 beds
- The Jockey Club Home for Hospice (JCHH)
 - 30 beds



Taiwan



- Mainly focused → cancer patients
- 53 inpatient hospice wards
- 718 beds
- 126 shared-care teams
- 69 home care teams
- Palliative care utilization rate (Cancer patients)
 - increased from 7% to 59%

Aims

- Increase the rate of using this service
 - improves quality of death
 - as ageing population
 - ◆ satisfy needs



Hong Kong

1. Public hospital

- 16 hospitals providing palliative care services
 - Haven of Hope Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, etc
 - 2015: ~600 nurses serving in PCUs, the oncology centres
- 2010
 - Targets: mainly cancer patients - end-stage organ failure
- 2012
 - Enhanced services by clinical psychologists, medical social workers
 - provide psychosocial service for terminally-ill patients, family members
- 2015
 - strengthened the service of Community Geriatric Assessment Teams

2. Framework

- A. Enhance Governance by Developing Cluster-based Services with the Collaboration of Medical and Oncology Palliative Care Specialists
- B. Promote Collaboration between Palliative Care and Non-Palliative Care, Specialists through Shared Care Model According to Patients' Needs
- C. Enhance Palliative Care in the Ambulatory and Community Settings to Support Patients and Reduce Unnecessary Hospitalisation
- D. Strengthen Performance Monitoring for Continuous Quality Improvement

(HA, 2017)

3. The Palliative Virtual Ward Programme

- Cooperate with public and private hospital
- aims to provide appropriate and timely relief services for the elderly who had organ failure, cancer end-stage dementia elderly
- provide fully care services in general, mental health
- "Death Magistrates Ordinance"
 - If patients with terminal illness are slightly unstable, elderly should immediately sent to A&E
- depends on the elderly wishes to establish a hospice care plan
 - spend the last moment of lives in a familiar environment
 - no need to be transferred to the hospital for unnecessary treatment

Taiwan

1. Payment for services

Taiwan National Health Insurance

- hospice and palliative care in hospice inpatient services,
- hospice shared-care
- hospice home care services
- community hospice services

2. Policies, subsidies and accreditation

- Hospice Palliative Care Act, 2000

- first Natural Death Act in Asia
- 'Do Not Resuscitate' (DNR)

- National Health Insurance

- hospice homecare
- inpatient care system

- Health Promotion Administration, Taiwanese Ministry of Health and Welfare, 2004

- standards for hospice home care
- standards for hospice inpatient care
- guidelines for pain control in terminal cancer patients

3. Community care programme

Developed by the Public Health Department, New Taipei City Government, 2013

- early palliative care in outpatient clinics
- home care visits by regional hospitals' doctors and registered nurses

Service Aims

- introduce palliative care in primary care settings

4. Life and death education

- Outline of the "Life and Death Education" Curriculum, 2008
 - Elective Subjects in High Schools
- core competency
 - Meaning of life
 - Philosophy of life
 - Religion
 - Death issue
 - Moral
 - Basic ethics of sex and marriage
 - Life ethics
 - Spiritual issue

Palliative care service between HK and Taiwan

- Quality of death index ranking palliative care
 - Taiwan - rank 6 (rank 1 in Asia)
 - Hong Kong - rank 22 (rank 5 in Asia)
- Palliative and healthcare environment - Countries' palliative care framework
 - Taiwan (5), Hong Kong (28)
- Community engagement - Discussion and awareness of end-of-life choices
 - Taiwan (5), Hong Kong (38)

Palliative care development

- Hong Kong

- First started adult palliative care services by Our Lady of Maryknoll Hospital in 1982
- No palliative care framework established since 1982 to 2015
- Palliative care framework established by HA in 2017

(Hospital Authority, 2017)

- Taiwan

- Promote hospice movement initiated by NGO in 1983
- First hospice inpatient unit in 1990
- National Health Insurance provided coverage for palliative home care and inpatient care program in 1996 and 2000
- National campaign for hospice palliative care in 2003
- Promotion of advanced care planning in 2011

(Wang, Y, 2016)

Discussion and awareness of end-of-life choices

- Hong Kong
 - Only promoted by civil society
 - Healthcare staff are equipped to identify the palliative needs of patients and their families/carers
- Taiwan
 - Patient's right to sign a 'do not resuscitate' under Hospice Palliative Medical Act
 - Willingness to accept Natural Death Act recorded in the NHI card
 - Life and death education in primary and secondary schools

(Wang, Y, 2016)

Suggestion

1. Education of palliative care and life and death
Taboo of talking about death

→ Allow people to get the information

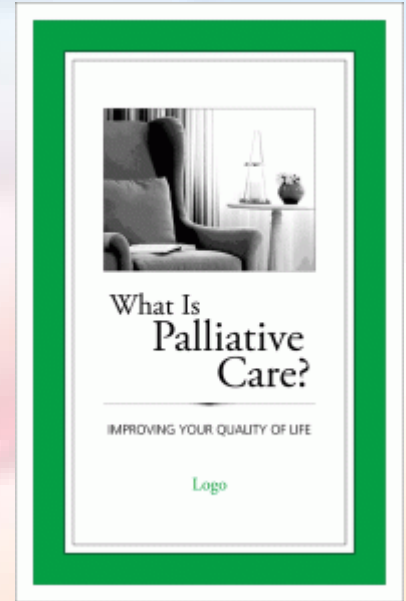
→ Get more familiar about :

What could be chose and done

How to support and take care their family members

Written materials :

Appropriate reading levels & comfortable languages



2. Training program of palliative care for health care providers

- Improve the way health care providers deliver palliative care
 - Pain management & other symptoms
 - Caring & referral
- Provide sensitively conversation



Caregiving
Solutions



3. Palliative care measure team

Taiwan : subsidized hospice homecare

enhance the proper palliative care services received

- Processes the public intention enquiry survey
- Frame proposal for the palliative care policies

Fulfill the willingness of the public



Conclusion

Limitation

- Palliative care framework : Started in 2017
 - ◆ Improvement might not be seen in short term

- HK & Taiwan : Different policies and cultures
 - ◆ Comparison might not be comprehensive
 - ◆ Adjustments need to be mad

The development of palliative care in Hong Kong has fallen behind

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