



The Investigation of Spiritual support of the End of Life Services in HK

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1. Introduction



The concept of death in End of life



Death?

- An **inevitable outcome** of human existence
- Disease or aging



End of life?

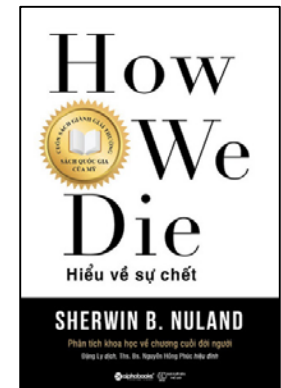
- A period of time before the natural death of an individual,
- **The last 6 months** of the patient's life from insurance purposes
- **Religion** is related to the direction of choice in end of life
 - Helps to reduce the **fear of death**
 - E.g. the fear of the unknown



Spiritual Support



- Support & strength in difficulties
- Spiritual
 - **Catholicism & Christianity:**
 - The spiritual practice of achieving personal beliefs after accepting faith
 - **Taoism & Buddhism:**
 - The development or cultivation of mind/ideology
- The book "How We Die" --- Sherwin B. Nuland
 - Spiritual support: Active Support in the face of death
 - Helping & curing is the **dignity** of human life



Video





2. Classification of different religions



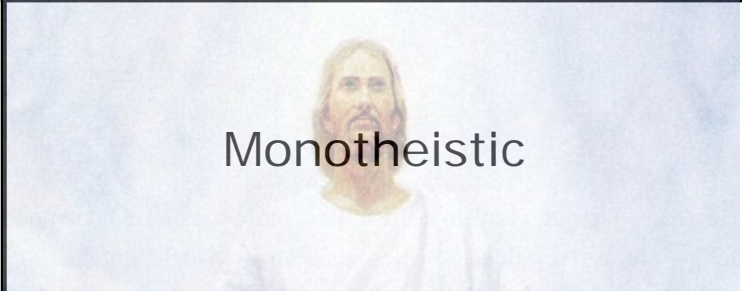
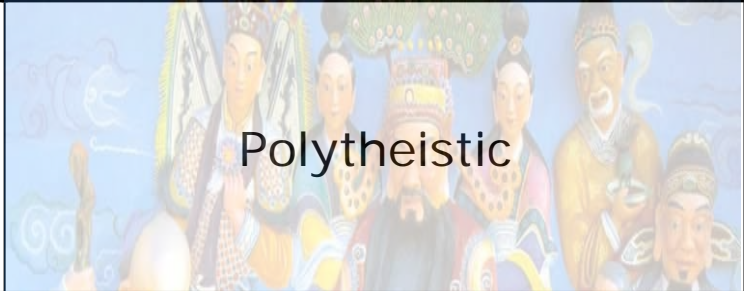
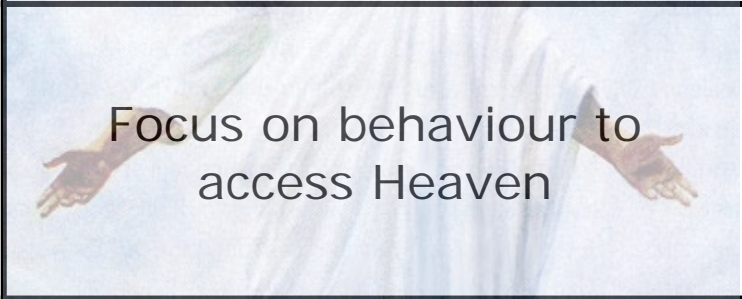

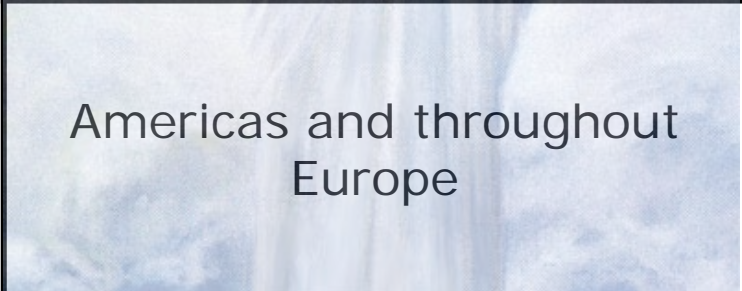
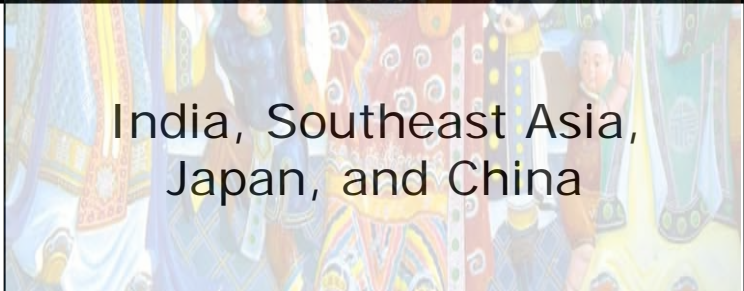
Population of Each Religious in Hong Kong



Population of Each Religious in Hong Kong:

- Buddhism: ~ 1,000,000 Buddhists
- Taoism: ~ 1,000,000 Taoists
- Christianity: ~ 500,000 Christians
- Catholicism: ~ 389,000 Catholics

Classified Differences between Western and Eastern Religions

Western Religions	Eastern Religions
 <p>Monotheistic</p>	 <p>Polytheistic</p>
 <p>Focus on behaviour to access Heaven</p>	 <p>Driven by certain principles and ideals</p>
 <p>Americas and throughout Europe</p>	 <p>India, Southeast Asia, Japan, and China</p>


Eastern Religions- Taoism & Buddhism



Taoism 道	Buddhism 佛
Long History	
Create great influence on the Chinese culture and values	
Death is Natural Process	
Eternal Life	Endless Life
Death is: Large transformational movement	Death is: One phase of the endless cycle
Focus: This Life (今生)	Focus: Afterlife (來世)
After Death: 3 "Hun"(魂) >>> Sky 7 "Po"(魄) >>> Stay in the body	After Death: Rebirth >>> Afterlife

Western Religions- Catholicism & Christianity

Catholicism (天主教)	Christianity (基督教)
Jesus exists Jesus was the son of God in human flesh	
Life is "Gift" from God	
Eternal Life	
Heaven (ultimate end & the fulfilment of the deepest human longings)	
Judgement (after death) available	
"Heaven, Purgatory & Hell"	"Heaven & Hell"
Believe: Behaviour of the Life + Belief of God and Jesus >>> Access to Haven	Believe: Trust + Believe in God >>> Accepted by God & Access to Haven



3. The Importance of Spiritual Support in Health Care



The importance of Spiritual Support in Health Care



According to Law in HK

❖ Basic Law HK

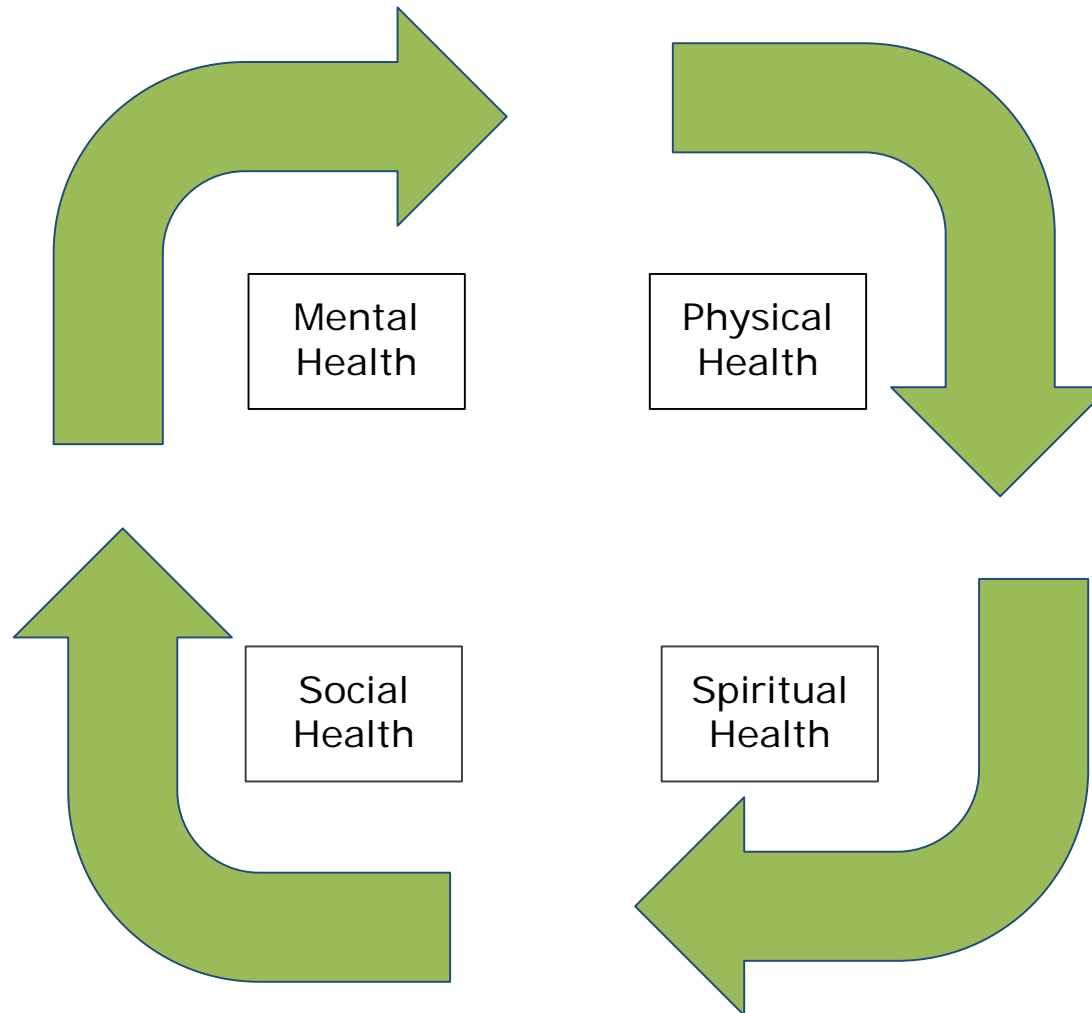
- Article 32: Hong Kong residents shall have freedom of conscience
- Article 141: HKSAR shall not restrict the freedom of religious belief, interfere in the internal affairs of religious organizations or restrict religious activities which do not contravene the laws of the Region

❖ Hong Kong Bill of Rights Ordinance

- Article 15: Freedom of thought, conscience and religion



The importance of Spiritual Support in Health Care



The importance of Spiritual Support in Health Care



A HIV Research shows:

- Belief in God may provide emotional assurances that produce favorable autonomic responses, including a decrease in stress-induced catecholamines (neurotransmitters) and mental relaxation
- Social Health: Refers to one's ability to interact with people around them
 - Join the activities of religious
 - Improve Social Health



The importance of Spiritual Support in Health Care



A HIV Research shows:

- Researchers identified a linkage between HIV symptomatology and depression and found that HIV symptoms significantly predicted negative psychological well-being .
 - Depression was identified as a risk factor for disease and was reported to be associated with a decline in immune functioning
- Exploring the relationship between mental health and immune functioning, reported that depressed moods altered neuropeptide receptor expression on lymphocytes and led to decreased proliferation of CD4 cell counts
 - Benefits to the incorporation of spiritual practices as an additional means of intervention into traditional mental health care to facilitate psychological wellness and coping among HIV/AIDS



4. Spiritual Support Services in HK



Farewell Rooms



瑪麗醫院內的「惜別坊」



律敦治及鄧肇堅醫院內的「告別室」



香港佛教醫院內的「靈淨堂」



威爾斯親王醫院內的「靜念堂」

- Provided in different hospitals
 - Can be used for different religion
- Farewell Services + hold simple memorial rites

Taoism



The Sik Sik Yuen (耆色園)

- Non-profit religious charity
- Rooted in Hong Kong for 95 years
- Established Chinese Medicine Bureau
- Provide free Chinese medicine treatment and drug delivery services to the poor.

Ching Chung Koon (道教香港青松觀)

- Founded in 1950
- 1. Provide western and Chinese medicine
 - Western medicine: only charge registration fee, free medicine
 - Chinese medicine: free registration & medicine
- 2. Elderly service
 - Ching Chung Home for the Aged (青松安老院)
 - Ching Chung Care and Attention for the Aged (青松護理院)
 - Ching Chung Rev. Hau Po Woon Neighbourhood Elderly Centre (青松侯寶垣長者鄰舍中心)

Buddhist



Buddhist Chaplaincy (院侍)

- Trained by The Centre for Spiritual Progress to Great Awakening (SPGA) Mission: help the terminal patient let go of mortal coil (塵世的紛爭及苦難)
- Provide spiritual support
- Serving the patient with the 'heart' in the hospital
- In Queen Mary Hospital, MacLehose Medical Rehabilitation Centre, Prince of Wales Hospital & Cheshire Home Shatin

Volunteers from SPGA

- Provide spiritual support in 6 public hospital



Christian



Christian

Hospital chaplains (醫牧)

- From Hong Kong Christian Medical and Dental Fellowship
- Clergy residing in hospitals, eg. Tun Mun Hospital
- Have the qualification as pastors or preachers, or even priest
- Services: Proactive bedside visits

Responding to health care and referrals

Caring for health care workers

Regularly organizing gatherings





Mind ambassador training programme

- By United Christian Hospital since 2001
- Invite Christian volunteers to become spiritual partners of emotional patients

Chapel Rental Services

- In Haven of Hope Hospital
- Open to all Churches, Christian organizations and believers
- Funeral services



Catholic



Caritas Hong Kong

- Founded by Catholic Diocese of Hong Kong
- Elderly service: established in 1979
eg. Elderly Centre, District Elderly Centre, Day Care Centre for the Elderly, Care & Attention Home, Nursing Home, etc.
- Aim: Provide support and caring service
Provide quality residential care
→ Meet the physical, psychological & social needs

Hospital Chaplains

- By Catholic Diocese of Hong Kong
- Include Public & Private Hospital in
HK Island, K.L. & N.T.





5. Evaluation



Why do people need spiritual support & how to get it?



- Patients approaching death
 - helpless & powerless
 - depression, tension, & other negative emotions
 - They may need psychological & spiritual support



- Palliative care
 - spiritual support services in Hong Kong
 - Improve the quality of life in physical, social, psychological & spiritual aspects
 - E.g. Chaplains go to hospitals to talk & pray with patients



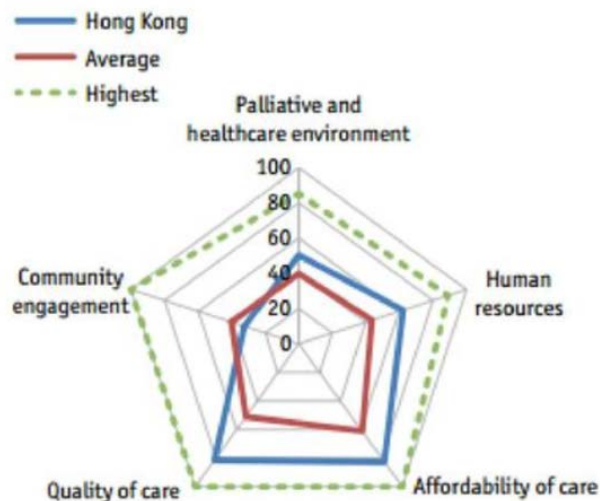
Comparisons between Hong Kong and Taiwan in palliative care



The 2015 Quality of Death Index (80 countries):

- Hong Kong (22) **VS** Taiwan (6)
- Hong Kong

	Rank/80	Score/100
Quality of Death overall score (supply)	22	66.6
Palliative and healthcare environment	28	50.4
Human resources	20	62.1
Affordability of care	=18	82.5
Quality of care	=20	81.3
Community engagement	=38	32.5

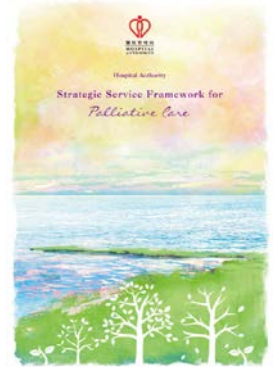


- Improve **palliative care services & public participation** in spiritual support
- 3 basic elements:
 - Palliative Care Policy
 - Education
 - Medical Environment & Resources

Policy (Hong Kong)



- A **clear vision & goals** for the development by the Government
 - E.g. Strategic Service Framework for Palliative Care



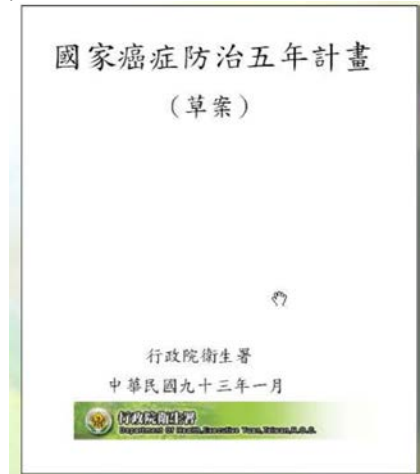
- Not enough **medical policy** for Palliative care
 - Not funded by the government
 - Not included in Hong Kong's retirement plan
 - Public health insurance does not cover expenses
- Inadequate coverage of palliative care services
 - 60% for cancer patients in public hospitals from 2012-2013
 - **Less than 80%** recommended by WHO
 - Most non-cancer patients cannot access



Policy (Taiwan)



- **Better policies & strategies** to support palliative care
 - The legal of Hospice Palliative Care Act
 - The National Cancer Prevention and Control plan
- Public Expenditure: **National health insurance** (NHI)
 - Government pays for palliative care since 2000
 - Public accept the Natural Death Act recorded in the NHI cards
 - **Reimburse** after using palliative care services
 - NHI **expanded its coverage** to patients with organ failure in 2009



Education (Hong Kong)



- Training for medical staff by HA in 1995
- The **1st region in Asia** to recognize as a specialist qualification
- The Hong Kong Society of Palliative Medicine (HKSPM)
- Hong Kong Palliative Nursing Association (HKPNA)

- Government pay **less attention** after the handover
 - Quality of palliative care services reduce
- Public has **limited knowledge & understanding**
 - Lack of awareness of end-of-life care
 - E.g. Many patients & families believe that palliative care = Euthanasia / Abandonment of treatment
- **Lack of promotion** to develop Clinical Pastoral Education (CPE)
- **Unpopular** in the college courses
 - Medical students not required to take the relevant courses
 - E.g. only 21 locally registered medical doctor



Education (Taiwan)



- **Better understanding** of palliative care services
 - Taiwan Academy of Hospice Palliative Medicine opened in 1999
 - Taiwan Association of Hospice Palliative Nursing in 2005
 - Taiwan Society of Cancer Palliative Care in 2004
- Government & institutions **promote end-of-life education** in society, community, & schools every year
- More **training**
 - EPS program: 2,347 trainees registered since 2005
 - Elementary: E / General professional: P / Higher specialist: S
- Clinical Pastoral Education (CPE)
 - Programs for Catholic & Christian clinical clergymen
 - Programs for Buddhist clinical chaplains
 - 180 chaplains participated
 - 34 chaplains served in different hospitals



Medical environment and resources (Hong Kong)



- 16 hospitals provide about 360 beds & services, Spiritual Support & Bereavement Service
- >40 doctors, 300 nurses & 60 full-time medical staff
- Special religious rooms
 - Bradbury Hospice



- A shortage of supportive members
 - Psychologists, Social workers, & religious professionals
- Beds & Human resources for palliative care are shared with other specialists (A&E)
 - Not many patients use palliative care services in A&E



Medical environment and resources (Taiwan)

- The programmes of spiritual support increased 50% to 77 projects in 2012
- The number of palliative care teams in hospitals increased from 8 to 69 teams with excellent quality
 - > 50 of palliative wards & 700 beds
- Government invests resources
 - Building more nursing homes & palliative care hospitals
- The Joint Commission on Hospital Accreditation of Taiwan
 - Requires each ward for palliative care should have at least 1 in-charge physician, nurse & social worker
 - Special equipment of bathing & rooms for religious purpose
 - Encourage Buddhist colleges to offer training courses to increase clinical chaplains in the palliative care team

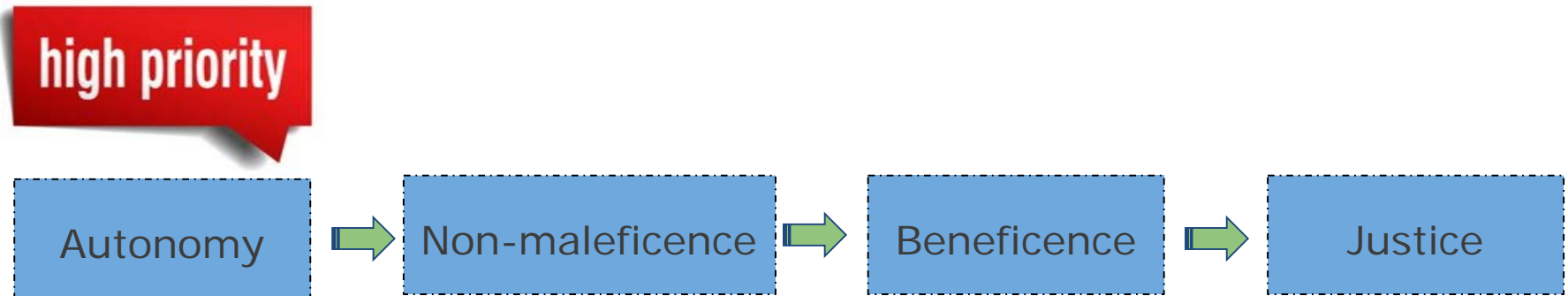


Possible conflicts



Ethical conflicts and dilemmas

- The professional duties of medical staff conflict with the individual values of the patient
- Avoid conflicts based on the following four clinical ethical principles:



Autonomy



- Respect individual beliefs
- Religious conflict with family or medical team



Advance Care Planning (ACP)

- Advanced directives
- Use when the patient is incapable to determine the treatment plan
- Factors: traditional culture, religious beliefs, ethical and professional issues
- Arrangements after the patient's death such as funeral ceremonies and organ donations



Non-maleficence



- Focus on psychological counselling
- Minimize the harm of the patient

Example:



Jehovah's Witnesses

- The Old and New Testaments prohibit people from consuming blood
- "Blood transfusion" = "consume blood"
- Doctor must respect the patient's wishes
- Try to take a bloodless alternative
→ Stop transfusion

Beneficence



- Directly or indirectly provide patients with kind, merciful or beneficial virtues
- Seeking the best interests of patients



e.g. Hong Kong Buddhist Hospital

- Symptom relief and control, psychological and spiritual care
- Organize various activities based on patients with Buddhist beliefs
- Such as visiting the Big Buddha, the Po Lin Monastery and celebrating the Buddha's Birthday
→ Spiritual support

Justice



- Allocation of rare medical resources
- Uphold the concept that **everyone can receive equal services**

e.g. Tung Wah Hospital (pastoral service)

- Resident Christian pastors and Catholic pastoral workers
- Provides counselling in different religions
- Cater for dying patients with different religious backgrounds
- Allow patients to play religious music near the beds

- ★ The patient can invite **other religions** to visit the ward if the patient is not in the above religion





6. Recommendation s



Recommendations



1. Policy

1. Hong Kong

- a. Current: Less progress of the development of palliative care
- b. Reason: Hong Kong is lack of a holistic end-of-life (EoL) care policy

1. Taiwan

- a. Current: The best ranking of Asia in higher quality of death
- b. Reason: The Hospice Palliative Care Act had been issued since 2000

Policy modification is an essential factors to affect the local EoL care development!1!

Recommendations



1. Policy

1. Establishing the Advance Directive (AD)

- Provide palliative care but not life sustainable treatment
- Avoid unnecessary pain



1. Referring the NHI card policy by Taiwan

- Patient can lay down their record & make the decision via the card
- Healthcare practitioners can search the records
- Make a medical decision more precisely and quickly



National Health Insurance



NHI Card

Recommendations



2. Education

1. Hong Kong

- a. Current: 60% in public do not understand in EoLC
- b. Current: Only 45.4% medical staffs have **roughly understanding**
- c. Reason: Lack of death education



1. Taiwan

- a. Current: Highest ranking of QDI 2015
(TW & HK: **6th** vs **22th**)
- b. Reason: First in Asia to introduce death education in mainstream schools



Education is important to enhance the public awareness in EoLC!!!

Recommendations



2. Education

1. Standardising death education as a compulsory course
 - a. Field trips
 - b. Face-to-face assignments

1. Popularising more programme in palliative care
 - a. E.g. MSc in clinical gerontology and end-of-life care (CUHK)
 - b. Expand the programme to the undergraduate level



香港中文大學醫學院
Faculty of Medicine
The Chinese University of Hong Kong

Recommendations



3. Medical environment and resources

1. Hong Kong

a. Current: Insufficient palliative care facilities & manpower in clinical chaplains or religious staffs

a. Reason: Lack of resource management & community action with NGOs

1. Taiwan

a. Current: Have lots of foundations or associations

b. Reason: Proactive cooperation between authorities and NGOs

Reinforcement in community cooperation is indispensable for EoL care!!!

Recommendations



3. Medical environment and resources

1. Cooperating with NGOs

- a. Hong Kong Hospice Social Worker Society & Lazarus Hospice and Ministry Ltd
- a. Haven of Hope Christian Service
- b. Raising the accessibility in EoL care services



1. Calling for help by religious authorities

- a. Catholic Diocese of Hong Kong
- b. Increasing the number of religious staffs



天主教香港教區
Catholic Diocese of Hong Kong



7. Conclusion

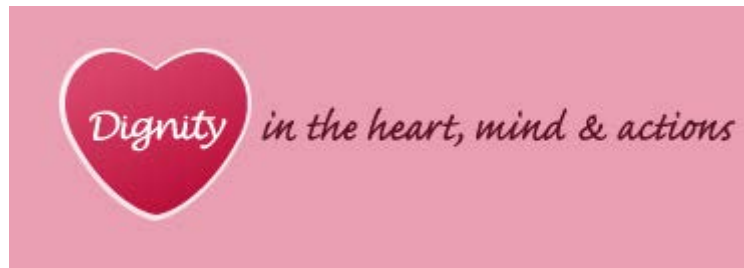


Conclusion



In the end, we can concluded that:

1. To maintain the life forcibly \neq respect patient's aspiration
2. Spiritual support is the human rights for everyone
3. Fulfill terminal patient's desire, and protect their dignity



**Life is not be broken by death, it is
the inheritance to the posterity**

Thank You!

Any questions?

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