



Hospice
Foundation of
Taiwan

HFT Newsletter

Forever Love, Endless Care

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Building a Compassionate City

In early April of 2018, Taiwan's Ministry of the Interior announced that the nation has officially become an aged society. It is estimated that in 2061, 41% of the population will be above 65 years of age, meaning that every 1.3 young adult must support an elderly. When the elderly become the majority of the population, how do we create an age-friendly environment to ensure that the elderly may enjoy their last years and remain active as they age? This would be one of the toughest challenges we face in Taiwan in the near future.

 **Quality Living to the Very End**

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 **Compassionate Cities Are the Future
for Everyone to Achieve**

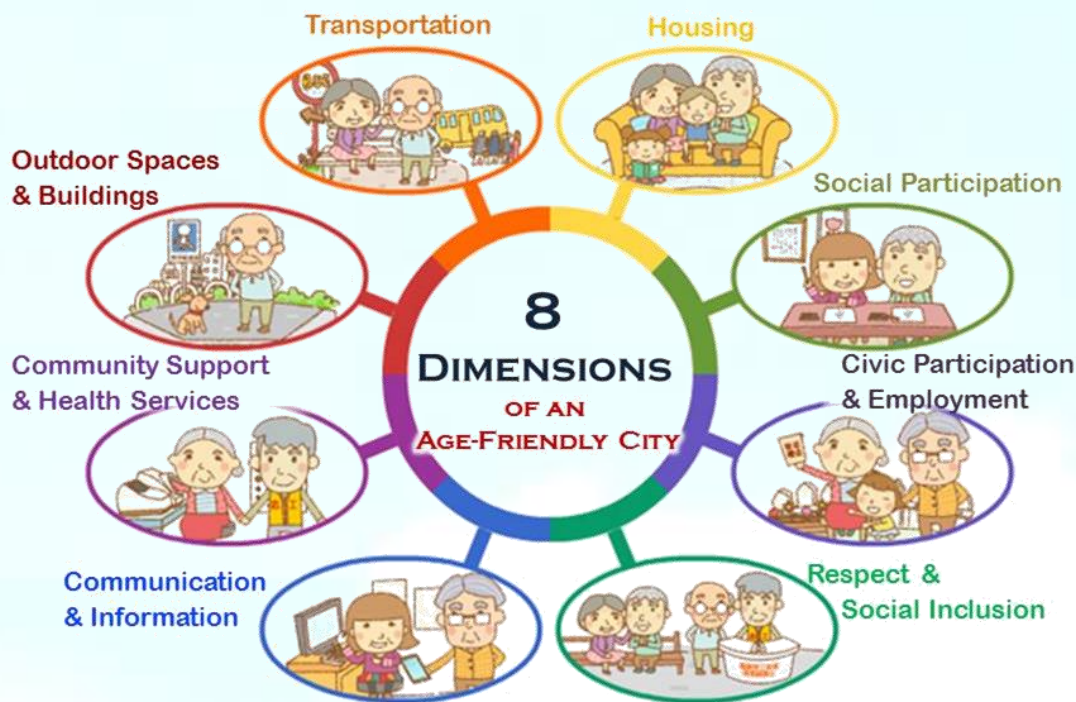
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Quality Living to the Very End

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Source of the "8 Dimensions of an Age-Friendly City" diagram: [HPA website \(http://afc.hpa.gov.tw/Page/base/result.aspx\)](http://afc.hpa.gov.tw/Page/base/result.aspx)

Since 2010, the Health Promotion Administration ("HPA") under the Ministry of Health and Welfare has often referred to the WHO's 2007 publication of "Global Age-friendly Cities: A Guide" to transform Taiwan into an age-friendly society. The guide has assisted in the review of current living environments for aged citizens and resulted in ideas and suggestions toward a program that expands into eight areas:

- (1) Outdoor spaces and building,
- (2) Transportation
- (3) Housing
- (4) Social participation
- (5) Respect and social inclusion
- (6) Civic participation and employment
- (7) Communication and information
- (8) Community support and health services

Thus far, a total of 22 cities have been implemented and certified as "age-friendly cities" throughout Taiwan, which puts Taiwan as the country with the highest coverage of age-friendly cities.

The Third Wave of Palliative Care and Hospice Movement



Despite the high placement, HPA is not yet content with the current status and is taking the lead to initiate Compassionate Cities Movement. Using WHO's concept of "Healthy Cities," palliative care is to be included in a city's promotion of health. Besides advocating the slogan "staying healthy is everyone's responsibility," HPA is also emphasizing the access of quality palliative care and end-of-life care to all elderly to complete the healthy life

cycle. What Compassion Cities is stressing is the universal concept that "palliative care and end of life are the basic rights for everyone."

According to a survey, the average YLD (years lived with disability) for Taiwanese citizens is 9-10 years (average age minus healthy years), which is a similar result to most developed countries. However, the average years of healthy life of the Taiwanese is 71 years, which is less than Japan's 75 years and Korea's 73 years. How can these healthy years be lengthened and disabled years be reduced? This obviously requires attention to improve the situation.

Be Sick Less, Age Slower, and Live Well

According to WHO's World Report on Ageing and Health published in 2015, it points out the ideal life course is to still possess appropriate functional abilities before one's life ends. In other words, what an ideal life requires is to be sick less, age slower, and live well. To achieve this goal, the government should set up a policy to assist the elderly in chronic diseases prevention, early awareness and control, helping the elderly to effectively control or eliminate symptoms while gradually losing functional ability and living with quality.

When severe dysfunction has already occurred, the goal of care should divert to how chronic diseases can be managed and supported to ensure the dignity of life, and at the same time, link the family caregiver system with the social support system in order to avoid the tragedy of a caregiver's emotional breakdown.

In general, the elderly receive intensive medical services, which can prolong the bedridden period or produce futile results. The Religions of the World Charter – Palliative Care for Older People, published by the Vatican in March 2017, explicitly reports that the elderly ought to have the right of receiving quality palliative care. The life quality of patients should be improved, and respect should be given to an individual's religion, cultural norms, personal wishes and likings. From a human rights' perspective, palliative care ought to be

covered by basic medical insurance, and the discrimination against the elderly should be abolished. The elderly are entitled and free to consent, refuse or withhold any medical treatment as they see fit.

It has become a great challenge for medical professionals to provide complete and comprehensive end-of-life care for the frail elderly. Unlike cancer patients, the frail elderly each has his/her own unique medical history with multiple diseases and mental disabilities. Thus, a personalized care plan for patients and their families is needed and would rely on medical professionals' detailed prognosis.

Reflection on the Co-existence of Illness and Comfort

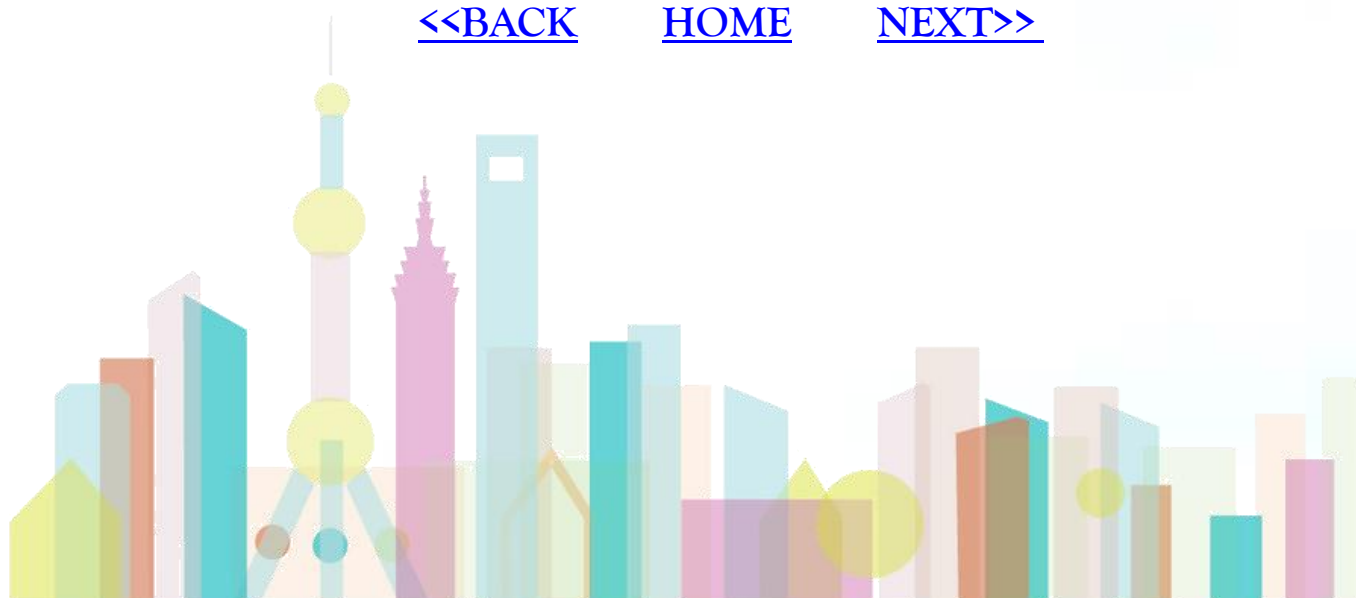
The goal of palliative care is to improve the quality of life, support the elderly's functional abilities, and help them face death with dignity. Palliative care not only reflects on the care for illness and comfort, but also supports patients and family members' social, psychological, and spiritual perspectives. Taiwan's current palliative care service now includes cancer patients as well as non-cancer patients who have advanced dementia; and service is provided in hospitals, homes, long-term care facilities and communities. The elderly are also encouraged to participate via Advance Care Planning and Shared Decision Making to demonstrate their autonomy and express their free will.

HPA will actively construct a supportive and friendly environment to the elderly and advanced cancer patients, as it seeks to combine age-friendly community, dementia-friendly community, and caring-spirit community. With the joint efforts made by public and private sectors, everyone can expect to live a quality life until the very end.

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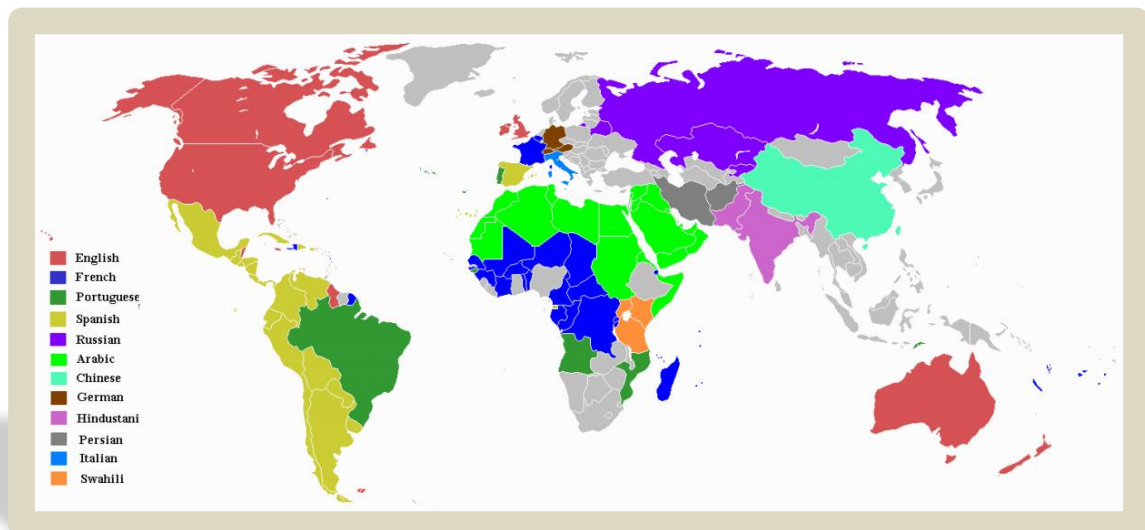
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Compassionate Cities Are the Future for Everyone to Achieve

Author: **Jun-hua LEE** (translated by HFT secretariat)

A poster on the street reveals a striking question: “How do you prepare for death?” The passersby can’t resist but to stop and stare at it, forcing them to think about their meaning in life. In the afternoon, people in the corner café are enjoying a memorial concert; some bereaved family members just left work and are heading to a bereavement and grief themed art show in the cultural center; experts in the acute illness medical conference’s social forum are discussing life and death issues and reviewing the current policies; and caregivers are having in-depth conversations with the elderly in the community alley.



The international Charter for Compassion has already been translated into more than 30 languages, and is becoming a global trend.

This community is filled with books, architecture, music, and etc. that carry friendly, compassionate and intriguing messages about life and death. More importantly, in this compassionate city, dying, death and grief are no longer taboos because these people see dying and death differently and understand how to better manage death.

This is what the “Compassionate Cities” will look like in the future. In 2017’s Asia Pacific Hospice Conference in Singapore, the concept of “Compassionate Cities” has been advocated to the public, inviting every country to promote palliative care systematically into their community network, and also to work with counterparts in public health to build up partnerships to care for one another. Furthermore, they must include learning how to face death as a necessary link when promoting health in their countries.

Caring for death is implementing “Compassionate Cities”

Prof. Allan Kellehear, from the University of Bradford - UK, has devoted himself to advocating Compassionate Cities; and he elaborates that Compassionate Cities refer to the entire community as it endeavors to facilitate citizens' health and welfare in a systematical and comprehensive way. These “cities” are part of an interconnected network in a boarder sense. The journey of human life is a continuum, and thus, even the end of life should be seen as a healthy stage of life. As such, caring at one's end of life should be as ordinary as any other part of our daily lives and be everyone's responsibility.

Compassionate Cities is vital to public health policy

The theoretical characteristics of Compassionate Cities as described by Prof. Kellehear draw on the principles of Healthy Cities and are outlined below.

A Compassionate City:

- Has local health policies that recognizes compassion as an ethical imperative.
- Meets the special needs of its aged, those living with life threatening illnesses, and those living with loss.
- Has a strong commitment to social and cultural differences.
- Involves grief and palliative care services in local government policy and planning.
- Offers its inhabitants access to wider variety of supportive experiences, interactions and communication.
- Promotes and celebrates reconciliation with indigenous peoples and memory of other important community losses.
- Provides easy access to grief and palliative care services. (Kellehear 2005 p.46)



In the seventeen Sustainable Development Goals set forth by the United Nations in 2016, it was emphasized for the first time, that in order to experience transformation in overall social thinking and economic model, the primary focus should no longer be on just economic growth. Rather, we must assimilate issues related to environmental protection and social inclusion into our policies. (Source of diagram: UN Website)

Palliative and hospice care is a service dedicated to end of life care, which is not limited to the elderly but all end of life patients; as such, it should be considered and promoted as a community health issue. Palliative and hospice care should also be included in local public health for end of life; and death should not merely belong to the medical sphere, but also to the social realm that affects everyone.

Prof. Kellehear stresses that as the society is aging rapidly with limited resources, many cannot die at the place of their desire. He also points out that the overexposed fear of death also impedes us from knowing the death we might wish for. This means we must explore a new method to manage death. In Prof. Kellehear's own words, systematic development of Compassionate Cities will require aid from public health to encourage the mutual caring partnership:

“Those of us in palliative care... need to learn and be supported by those in public health who understand and have practical experience with community development, health promotion, policy reform, and social and political change.”(A. Kellehear & L. Sallnow, 2012)

Change how death is managed and infuse more compassion

The goal of the Compassionate Cities Movement is to change the way on how death is managed, and also to encourage people to participate in community affairs as they promote the concept of compassion. This concept has to also transcend the care to the end of life, and extend to public health and society to cope with death. When building the Compassionate Cities atmosphere, initiating Conversations for Life is the element that should be targeted. Academic conferences, the media, and social events can all attract the participation of public health, health care, and volunteer communities, so that the community workers and healthcare professionals can assist the flow of Conversations for Life of family stories and life experiences. Trained healthcare professionals and volunteers can help patients and families to reveal their wishes through the Conversation, and to further support and achieve these wishes.

The Conversations for Life reflects the vision of Compassionate Cities: to focus on life, health, and death in advance. The dialogue of life generates the energy for a community to develop and enhance connection. The facilitators of Conversations for Life work with health, end of life care, social care, religion or volunteer groups, and plan strategy based on the informed perspective while being allied with community groups to provide companionship. It all starts with the community and later hopes to proceed to a higher level transformation.

Below are the examples of Compassionate Cities development results in the UK:

- Partnership working across six localities with the Cheshire and Merseyside Clinical Networks, Palliative and End of Life Care Network, local hospice, voluntary leads and community organizations. Conversations for Life worked to support a community engagement process across the locality, leading to the development of community champions and community-led plans.
- A Public Health Initiative around Advance Care Conversations and End of Life Care.
- Multi-disciplinary training courses and consensus meeting focus on healthcare professionals who work with chronic conditions including dementia, renal, cardiac and stroke, and mental health.
- Development of resources, including films that engage the stories of local people, hold workshops, facilitate training (raising awareness around advance care/end of life conversations), and publicity materials which can be adapted to suit the needs of the groups or organizations undertaking organizational and community initiatives.
- Establishment of an independent Community Interest Company to seek funding, sponsorships and grants, individual donations and corporate business partners. Allow business partners to develop products, training and consultation system to support relevant costs.

(Excerpted and re-edited from “An Overview of Compassionate Communities in England”)

Redefining Palliative Care

Briefly speaking, Compassionate Cities is an ideal concept to facilitate and build a close relationship of its people in a positive and healthy way. That way, people can talk not only about health, but also about death without any awkwardness. No matter in the schools, workplaces, playgrounds or media, no matter if one is healthy, sick, old or young, the topic of death can always be discussed with ease and comfort by more people so as to better understand and accept it.

In hospitals, the palliative and hospice ward is like a library of life itself, not only emphasizing the psychosocial aspect, but also stressing the sociopsychological perspective. The elderly, who do not wish to choose hospitals as their life's terminal station, can express their willingness in advance in order to receive support from their families and make arrangements beforehand. By eliminating emergency medical treatment, it reinforces social care to eventually fulfill their wishes to dying well at homes.

Medical care providers can also start with the concept of Compassionate Hospitals, encouraging and allowing discussions about acute diseases and death more openly. For example, through the means of life story post cards, patients and family members can be encouraged to talk about life, disease, grief, and death. As clinical staff receives relevant palliative cognition training and learns how to hold end of life family consulting meetings, they are more able to perform the role of coordinating, educating, supporting, consulting and healing. Whatever the case, it is important to remind team members to care for end of life patients whether they are inpatient, outpatient, or emergency patients.

With the concept of Compassionate Cities, palliative and hospice care will be redefined. Professionals from palliative teams will be working with the community, and also providing relevant information and promoting events to raise people's awareness to prepare for life's end. They will also be offering end of life care for those who are about to step off the train of life. All in all, Compassionate Cities is not just a government policy, but can be pursued and achieved by everyone.



The Charter for Compassion was launched in 2008. Currently, over seventy cities in nearly 50 nations have joined in the effort to campaign for the concept of compassionate cities.

(Data from the [Charter for Compassion website](http://www.charterforcompassion.org))

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