



Hospice
Foundation of
Taiwan

HFT Newsletter

Forever Love, Endless Care

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2015 Asia Pacific Hospice Conference

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Community-based Palliative Care

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Inherit the Past and Usher in the Future by Chairman Yuh-cheng Yang

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**HIDDEN LIVES,
HIDDEN PATIENTS**

World Hospice & Palliative Care Day
10 October 2015

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2015 Asia Pacific Hospice Conference



The Asia Pacific Hospice Conference ("APHC") is the most important conference held in the Asia Pacific Region with respect to the palliative and hospice field. The conference provides the opportunity for palliative care professionals to make an impact and also to share valuable experiences with countries that are still in their early stages of palliative and hospice care.

It has been 14 years since APHC was last held in Taipei. Here in Taiwan, we still remember vividly the excitement and thrill to see so many doctors, nurses, social workers and professionals gathering together to improve palliative and hospice care in the Asia Pacific.

In 2015, Taipei was again the host country for the 11th APHC, and with this year's conference theme – "Transforming Palliative Care", the conference aimed to serve as a platform to connect palliative professionals from the Asia Pacific Region to exchange experiences and share knowledge.

This year, we reached a total of 1,315 delegates from Asia Pacific including 631 local delegates (58 were local speakers/moderators) and 684 international delegates (57 were international speakers/moderators).



Academic Achievement

A joint effort was made by both the local scientific committee and the APHN's scientific committee to coordinate and finalize the scientific program. Top notch palliative care leaders from all over the world were

invited to deliver valuable experience-based and evident-based speeches. The scientific program included: seven pre-conference workshops, five plenary/keynote speeches, seventeen concurrent session speeches, ten satellite speeches and five oral presentations.

There were five plenary/keynote speeches included in the Scientific Program as eleven speakers tackled five main topics on a macroscale. Prof. Tom Hutchinson delivered



a Western point of view on whole person care, while on the other hand, Prof. Co-Shi Chao presented an Eastern point of view; Baroness Ilora Finlay offered the challenges met along the path of palliative care transformation; Dr. Stephen Connor from World Palliative Care Alliance updated the delegates with the latest World Health Assembly Resolution 2014; Prof. Bee Wee's put forward foreseen challenges that might emerge in the next decade; and Dr. Ross Drake and Prof. Julia Downing brought the delegates' attention back to pediatric palliative care.

Besides the Scientific Program, the conference kicked off with two full-day and five half-day workshops on 30 April 2015. The workshops focused on spirituality, communication, advocacy, research, education, pediatric palliative care and whole person care. This offered a great opportunity for delegates to extract what they just learned from the speakers and immediately put into the role-play session. Delegates were divided into groups for closer interaction with the speakers.



Additionally, both the satellite session “Hospice Summit of Mandarin Speaking in Asia-Pacific” and the film “Little Star Premiere” were held to provide insight on China's palliative care development. They served as a great platform for cross-strait experience sharing.

Call for Abstracts

A total of 539 abstract submissions were collected. Each abstract was reviewed by both APHN and the local Scientific Committee according to the Abstract Reviewing Guideline. For controversial abstracts and the final list of oral abstracts, it was determined by the APHN Scientific Committee based on its academic content.

	Poster	Oral	Art	Reject/Withdraw	Total
Local	247	8	2	11	268
International	178	29	2	62	271
Total	425	37	4	73	539



Based on the statistics shown, “Service Development and Delivery” aroused the highest interests and had a total submission of 14.82%, with “Difficult Symptom Control” next at 11.76% and then “Psychosocial (Loss, Grief and Bereavement)” at 10.12%.

The least discussed topics were “Palliative Care in Specific Settings” (0.24%), “Rehabilitation” (0.94%) and “Volunteers” (1.18%). The statistics may serve as a reference on what topics and information are most and least eagerly requested in the Asia-Pacific Region.

Through a wonderful conference made up of 24 countries and 1,315 delegates, ideas were expressed and exchanged, and friends new and old met together. We sincerely hope everyone benefited from the conference and returned home safely and satisfied. Now, the conference “Spirit Symbol” has been passed on to the next hosting country –Singapore. We shall see you all again soon in Singapore in 2017!



Community-based Palliative Care

Dr. Sheng-Jean Huang, A.K.A. Uncle Jean, has assisted more than 5,000 patients dying well in a natural course at home with dignity and love. He is the former superintendent of National Taiwan University Hospital Jinshan Branch and now leads the Taipei City Hospital.



Dr. Huang emphasizes that receiving palliative care does not mean giving up the hope to live, but rather, it means respecting the natural course of life and refusing the prolonged process of death. He once thought that high-tech medicine would effectively prolong patients' lives, but it has not so far. He knows a doctor should save lives and ease pain, but when is it time to let go? And how does one explain the situation to the bereaved? What needs to be done to ensure a good death? With more patients and experience gained, Dr. Huang has learned that a doctor's duty is not merely saving lives, but also caring for the patients' humanity.

"ICU is not an outpost for death" he says. Currently, terminally ill patients occupy ICU beds and survive with life-sustaining systems; however, they remain at the limbo of not being able to actually live and not being able to die. It is already a worldwide consensus to raise End-of-Life Care awareness. The British government has also pleaded the public to understand that medical institutions and hospitals are for easing symptoms and pains and to save life, not to prolong death.



Dr. Huang points out that the number of ICU patients in Taiwan is 1.5 times more than in the United States and 3 times more than in France. The reason behind these statistics is because Taiwanese people mistaken ICU as a place for handling life threatening issues, that is, they see ICU as a place that brings people back to life from death. Thus ICU patients are often treated with extreme

procedures--the "Surf 'n' Turf" described by Dr. Huang--like intubation, CPR, ECMO and dialysis. In the end, the patient passes away with a dark complexion and a scarred, sometimes deformed,. This can traumatize the bereaved.

According to research statistics, about 30% of patients die at home in the United Kingdom, and 20% in the United States. A local poll also indicates that nearly 44.6% of Taiwanese wish to say goodbye to their families at home.

National Taiwan University Hospital Jinshan Branch is the first hospital to promote community-based palliative care in Taiwan. Under Dr. Huang's leadership, a group of community-based palliative volunteers take the initiative to care for the local elderly and walk alongside the last mile of more than one hundred terminally ill patients' lives. These volunteers have visited each corner of the villages in Jinshan for the past two years and have earned the respect and trust of the locals.

Dr. Huang continues: "Most of the Taiwanese doctors are well trained and familiar with life-saving but not well-dying. They don't know when to let go and cannot face the fact that a patient dies under their treatment. Being a doctor is not just about curing patients but also sending patients off properly".

With Dr. Huang's newly assigned post at Taipei City Hospital, he's basing his experience in Jinshan to actively prepare the palliative care team and related training courses to develop the community-based palliative care in Taipei City. To date, more than a hundred staff members have completed palliative care training and are ready to serve. At the same time, terminally ill patients and families have been interviewed



and they have expressed clearly the will to receive proper community-based palliative care at home. Dr. Huang reminds us that if you wish to walk the last mile of life with dignity and follow nature's course, no matter if you are healthy or suffering from chronic diseases or terminally ill, it is important to consider as early as possible what your

choice will be when it comes to the last phase of your life.

Advance Care Planning (ACP) is a series of steps to help you plan your future health care in advance. During this process, it also gives you a chance to express your love, your gratitude, your regrets, your sorries and your goodbyes. Tell your family what your decision is in advance to ensure your decision will be respected and honored. Together, let us bring peace of mind to both the living and the dead.

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Inherit the Past and Usher in the Future by Chairman Yuh-cheng Yang



The late Chairman Chien-teh Lin had always been known for his sincerity and hospitality; he was also a man who praised the good, pitied the incompetent, and recognized the talented. People liked to have him around, no matter whether friends, colleagues, or subordinates. Not surprisingly, when the late Chairman Lin took over the Hospice Foundation of Taiwan, the talented and capable joined his call to work for the hospice and palliative care development in Taiwan and the 2015 Asia Pacific Hospice Conference (“APHC”).

With the efforts made, the board of committee united with one heart to pull all the possible strings to pool the resources, and invited the related universities, hospitals and NGOs to spread the news and support, so as to ensure a splendid 2015 APHC in Taipei.

As all eyes were on the 2015 APHC, Chairman Lin was diagnosed with malignant tumor. During his treatment period, the board members always paid him a visit right after the APHC preparatory meetings. He always shook his hands with everyone humbly and never forgot to mention APHC was the top priority on his list. He also reminded us that he would make a good fight and get back to his post to lead everyone at APHC. Unfortunately after eight months of treatment, he passed away prior to APHC. All we could do was to transform our grief into strength, and to fulfill his last wish and promise. May God help us.

Live Up to Expectations

After the passing of Chairman Lin, I was elected as the new Chairman of Hospice Foundation of Taiwan. With a heavy heart, I endeavor myself for this task before me. Founded since 1990, the Hospice Foundation of Taiwan has been advocating the development of palliative care legislation, life education, and palliative professional training courses. It has also been promoting palliative care to the public and assisting many Taiwanese hospitals to set up palliative care beds. We are also raising the recognition of palliative and hospice care, and ensuring that the patient’s autonomy is still respected until the last phase of life. I am so pleased that the Hospice Foundation of Taiwan has been seen as the cradle of Taiwan’s palliative care movement.



A Compulsory Course to Life Philosophy

Palliative and hospice care development has been a silent social revolution as it protects the medical autonomy at the last phase of life and also makes us reflect upon the value of life. With more than 20 years of efforts, we have gone from initial advanced cancer care to non-cancer terminally ill diseases; from setting up palliative care beds to providing palliative care to shared care and community care; and from relieving pain to ceasing futile medical care, DNR (Do Not Resuscitate), withdrawing life-sustaining treatment and ACP (Advance Care Planning).

Future Tasks

Besides paying my respect to the achievements done by predecessors, I would also like to go further from here with your support. After much thought, below are five guidelines that will be my main direction to continue promoting and developing palliative and hospice care:

1. *Develop palliative care in the intensive care unit and promote palliative care concept in national ICUs;*
2. *Promote and implement palliative care in areas of Taiwan with scarce resources;*
3. *Promote the life education and palliative care concept, and also carry out the promotion and service with various age groups;*
4. *Expand service centers with Hospice Foundation of Taiwan's information;*
5. *Enhance the cooperation among Hospice Foundation of Taiwan with Taiwan Academy of Hospice Palliative Medicine and Taiwan Hospice Organization, not only with knowledge but also with methods. This final goal is to enable Taiwan to be the palliative pioneer in the international society.*

Your honest comments and continuous support to Hospice Foundation of Taiwan is much appreciated. We hope to contribute much more to the development of Taiwan's palliative care.

Sincerely,

Chairman Yuh-cheng Yang



Shadow Doctor



A “shadow doctor” is someone who follows a physician in an effort to gain first-hand knowledge. Normally shadowing a physician provides medical students with unique insights of the physician’s daily hospital practices, but not so with this group of medical students at Mackay Hospital. *These* medical students shadow doctors in order to learn specifically what a hospice is by observing with their eyes and experiencing with their hearts the interactions between patients and doctors.

Subsidized by the Ministry of Science and Technology, the Hospice Foundation of Taiwan has launched a series of Shadow Doctor Camps to offer opportunities to pre-med and non-medical students who are interested in hospice care. This is a great opportunity to experience and learn from the actual setting of a hospice ward.

With the encouragement of school teachers, many freshman and sophomore pre-med students from Yang Ming Medical University, Mackay Medical College, and China Medical University have registered in the Shadow Doctor Camp at the Mackay Hospice and Palliative Care Center in Danshui. Led by the medical school students’ participation, the Shadow Doctor Camp consists of 20 participants each session and has now completed six sessions.

Why encourage students to participate? Professor/ Dr. Enoch Lai from Mackay Medical College points it out from his past twenty years of experience in teaching: besides passing on medical knowledge and skills, the Shadow Doctor Camps instill empathy. With this basic mindset, pre-med students will be able to make the most suitable decisions based on the patients’ interests. This is also why Professor Lai insists on the participation of the pre-med students.

The former superintendent of Mackay Hospital Dr. Yang once advocated for all medical supervisors to

participate in a “One Day in Hospice” program to experience what it was like for hospice patients. He insisted for all participants to have at least one tube inserted into their bodies, either a nasogastric tube or a bladder catheter. Unfortunately, Dr. Yang was diagnosed with lymphoma due to a salivary gland discomfort, and this experiment was never implemented.

Nevertheless, Professor Lai emphasizes that the Shadow Doctor Camp shares the same spirit with Dr. Yang’s “One Day in Hospice”. The ultimate purpose is to have the participants feel for the “bitterness” and suffering of patients and their families. One of the courses is “Be Friends with Patients”, in which participants will be divided into small groups to create their own versions of doctor-patient conversations. Through these conversations, participants will act as helper, aided person and observer, and learn how to better communicate with patients without hurting their pride and feelings and without making them feel ashamed—this is an important concept needed even before participants set foot in the hospice wards and have actual interactions with patients.

During these five days of camp, these participants follow the attending physicians and closely observe how physicians communicate and work with patients. At the same time, participants have opportunities to observe the nurses, social workers and other palliative care team members. Since this camp is not considered formal education, patients are informed in advance to ensure their personal privacy is protected and conform to ethical procedures.

As our utmost goal, we strive for the patients’ comfort in the hospice ward. Be it physically or psychologically, the shadow doctors are also introduced to all sorts of complementary therapies used, like music therapy, aromatherapy and art therapy. With these therapeutic techniques, patients feel relaxed and relieved in body and soul.

Though the camps are relatively short, they help in spreading the seeds of hospice care and deepening its roots. In the closing ceremony of the 11th Asia Pacific Hospice Conference held in Taiwan, Professor Lai mentioned the task at hand is now the care provided for terminally ill patients. He expects these shadow doctors to have this treasured experience and never forget why they choose to be a doctor in the first place. After all, being a doctor should be less about curing diseases and more about caring for patients as persons.



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