



Hospice
Foundation of
Taiwan

HFT Newsletter

Forever Love, Endless Care

July 2016



JKT Research Project – The Role of Leadership and Management of Palliative Care in Japan, Korea and Taiwan

JKT Research Project is a cross-national research project started in 2013. It involves 3 different cross-national research projects and yearly academic exchanges. ... [...more](#)

Hospice Foundation of Taiwan would like to once again express our gratitude to the invited speakers and their contribution to the JKT Research Project TAIPEI 2016.

We greatly appreciate the informative speech under the topic: Role of Leadership and Management of Palliative Care in Japan.

In the future, we look forward to having more enhanced coopreation between Japan, Korea and Taiwan on the JKT Research Project.

JAPAN



KOREA



TAIWAN



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JKT Research Project – The Role of Leadership and Management of Palliative Care in Japan, Korea and Taiwan

by **HFT secretariat**



2016 JKT Research Project TAIPEI
台日韓安寧領導與管理學術研討會

日期：2016年6月25日(六)14:00-17:00 地點：台大醫學院104階梯講堂

TOPIC :
**Role of Leadership and Management of
Palliative Care in Japan, Korea and Taiwan**

Master of ceremony : Dr.Chien-An Yao

14:00-14:10	Opening Speech Dr. Shih-Tzu Tsai Dr. Yuh-Cheng Yang
14:10-15:00	Japan Moderator: Dr. Ching-Yu Chen Dr. Yoshiyuki Kizawa
15:00-15:50	Korea Moderator: Dr. Shih-Tzu Tsai Dr. Young-Seon Hong
15:50-16:10	Break
16:10-17:00	Taiwan Moderator: Dr. Yuen-Liang Lai Dr. Chun-Kai Fang

主辦單位：台灣安寧緩和醫學學會
Taiwan Academy of Hospice Palliative Medicine

財團法人(台灣)安寧照顧基金會
中華民國 Hospice Foundation of Taiwan

JKT Research Project is a cross-national research project started in 2013. It involves 3 different cross-national research projects and yearly academic exchanges. This year, Hospice Foundation of Taiwan has the privilege to invite Prof. Yoshiyuki Kizawa from Japan, Prof. Young Seon Hong from Korea and Dr. Chun-kai Fang from Taiwan to share their point of views in the JKT Research Project TAIPEI.

The symposium is honored to have Prof. Yuh-Cheng Yang and Dr. Shih-Tze Tsai gave opening speeches to welcome the speakers and participants. In Prof. Yang's speech, he explained the origin and purpose of this cross-nation research project, and also expressed his gratitude to co-host - Taiwan Academy of Hospice Palliative Medicine. Echoing the leadership theme of the

symposium, Prof. Yang shares his point of view with a beautiful verse:

“As there is an old saying goes ‘the leader is like wind and the follower grass. When the wind blows, the grass must bend.’ The leadership in hospice and palliative care is most crucial to a successful care.”

HFT secretariat has sum up for our readers here:



Prof. Yuh-Cheng Yang
Chairman of HFT

JAPAN

Prof. Kizawa is currently the Secretary General of Japan Society for Palliative Medicine (JSPM) and the Designated Professor, for the Department of Palliative Medicine of Kobe University Graduate School of Medicine.

He elaborated the development of palliative care in Japan is first lead by the private sector, as the first Seirei Hospice established in 1981 which is the first hospice hospital in Asia. In 2007, Japanese government passed the Cancer Control Act, recognized the needs for palliative care to cancer patients and thus actively promoted palliative care. With the increasing needs, private sectors like JSPM decided to first start with education and certification. By train-the-trainer strategy and board certification, qualified palliative professionals can be produced to meet the demand and at the same time under the supervision of JSPM.

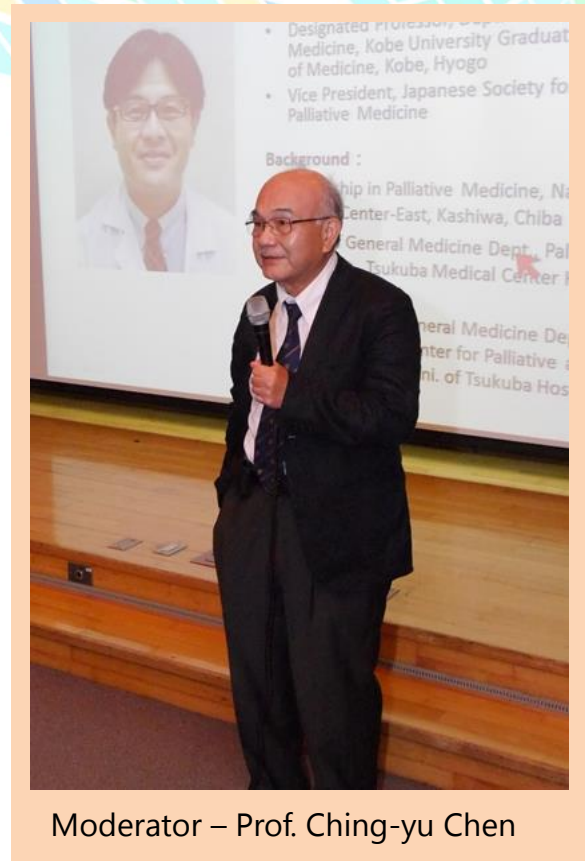
In 2010, there were 1,197,012 registered deaths, and was expected to rise to 1,660,000 by 2040. Among the total deaths in 2010, 30% death of cause was cancer, 16% and 11% were caused by cardiac diseases cerebral and vascular accident. Currently 79% deaths occurred in Hospitals and



Prof. Yoshiyuki Kizawa from Japan.

only 3% in hospice. The medical fee of palliative care has been included in Japan's NHI coverage system for hospitals with certified palliative units; patient only requires paying 30% of all medical cost. Monthly payment does not exceed a threshold of about USD 1,000. Each patient has the access to freely consult any hospital and make own decision.

The Education training systems currently provided are PEACE project for physicians, ELNEC-J for nurses and CLIC for pediatric palliative care. Besides Education and certification, benchmarking has been adopted to make further follow-up review. The current palliative care system in Japan is an organized and comprehensive network, with pragmatic and efficient education system.



Moderator – Prof. Ching-yu Chen



KOREA



Moderator –Dr. Shih-Tze Tsai.

Prof. Hong recently retires and is now the honorary professor of the Catholic University of Korea. Hospice was first brought in and began at the Calvary Hospice by Sisters of the Little Company of Mary in 1965.

In 1998 Korean Society for Hospice and Palliative Care (KSHPC) was established, its memberships include physicians, nurses, social workers, pastors and volunteers. With the inauguration of KSHPC in 1998, KSHPC has started with Case Conference, CMR program for Physicians and Nurses, and also published the textbook for hospice and palliative medicine. During 2002-2004, KSHPC opened Busan and Daejeon chapters, and also the Hospice Palliative Model Project for Terminal Cancer. During 2004-2008, two more chapters of Taegu and Chungbuk, holding 6th APHC and hold the Presidency of 2007 APHN council. 10 Year Cancer Control Plan was also

published in 2006 and also the Standards for role of hospice and palliative care and for the hospice facility. Since 2012, two more chapters in Kwangju and Chunbuk was established. This year, Korean government announces the Law on the Hospice and Palliative Care and the Determination of Life Sustaining treatment for Terminally Ill Patients and Reimbursement of National Medical Insurance system for hospice palliative care.

Overall, Prof. Hong pointed out five aspects that worth paying attention to:

1. Comprehensive national palliative care policies are vital for extending access to palliative care, especially like NHI reimbursement, Hospice law, and Provincial distribution of PCU.
2. Government and all interested parties in medical, academic and social sectors prepare and collaborate together to make effective Enforcement Ordinance and Regulations of the Hospice law with the process of emerging consensus.
3. Hospice palliative care service currently target terminal cancer patients and their families only. Patients with serious, life-threatening illness will still need to be included under NHI's palliative care scope.



Prof. Young Seon Hong from Korea.

4. Standardization of training and operation of advanced training program for all types of professionals who participate in the hospice palliative interdisciplinary team are required.
5. The general public is still unfamiliar with Hospice palliative care services, more public campaigns are required to raise awareness.

For the leadership KSHPC is looking, is a leader with VISION ASIA quality, which means Vision: hospice spirit; Ability to attract donation; Social relationship; International relationship; and Academic interest. Prof. Hong concluded that the development and growth of Hospice in Korea has been largely dependent upon the vision and the ability of the institution leaders. Korean hospice is at the very important period of in its history, enactment of hospice law, which is containing determination of life sustaining treatment for terminally ill patient. So the role of leadership and management is even more important in palliative care in Korea.

TAIWAN

Dr. Chun-Kai Fang is currently the head director of Hospice and Palliative Care Center in Mackay Memorial Hospital, Board of Hospice Foundation of Taiwan and Council Member of Asia Pacific Hospice Network. He points out that though with honor Taiwan has significantly improved the ranking in the 2015 Quality of Death report to No. 6, there are still many things needed to be done to establish a sustained palliative care development strategy.



Moderator – Prof. Yuen-Liang Lai

Dr. Fang stressed the core force of quality palliative care as staff. Only when you have enough and healthy staff, can they provide palliative care service from their hearts. Based on Dr. Fang's SWOT analysis of current Taiwan palliative care, the strength of Taiwan is well developed academic societies, national policies and National health insurance system, and also the common knowledge people have with palliative care; however, Taiwan has a serious weakness of not having enough financial support. Take Mackay Memorial Hospital for example, since 2015 Mackay has expanded the 4 Full Care to 6 Full Care, including Whole Community and Whole Mind along with Whole Person, Whole Family, Whole Team and Whole Process. You can notice the quality Dr. Fang is after is no longer from hardware, but the softer side of patient's heart.

Whole mind means full heart and soul, Psychological services, and Psycho-oncology services; as for Whole Community, it means when patients are discharged from the hospital, the care will be continuous offered by the community/society.

As also being the Chairman of Asia Pacific Psycho-Oncology Exchange Foundation, Dr. Fang shares with us the application of Distress thermometer (DT) and Family Relationships Index (FRI). Both of DT and FRI are currently adopted by the family service systems. FRI is developed by the SaTSG of Medical Research Department based on grief theories and services of social workers and psychologists, and it is evident proved.

In conclusion, no matter it is in Japan, Korea or Taiwan, its clinical palliative professionals and the academic experts are both contributing, hoping to make every life worthy and being respected. Besides these private sector efforts, public sectors like Korean and Taiwanese governments have also published the latest legislation on palliative care this year. Korean government announces the Hospice and Palliative Care and the Determination of Life Sustaining treatment for Terminally Ill Patients and Taiwanese government announces the Patient Self-Determination Act. This is surely a vibrant and cheerful update and a big step forward. This is the third year of speaker exchange between Japan, Korea and Taiwan. We are looking forward to seeing more sparks and more exchange and cross-nation collaboration continue on.



Dr. Chun-Kai Fang from Taiwan.



Role of Leadership and Management of Palliative Care in Japan

by **Prof. Yoshiyuki Kizawa**

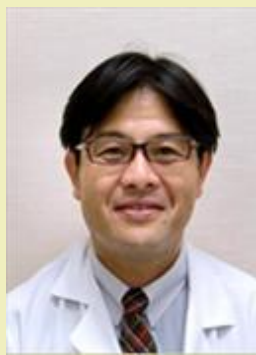


The beginning of systematic palliative care in modern medicine in Japan is a program in a Christianity general hospital, the Yodogawa Christian Hospital, Osaka, started in 1973. This is an organized care for terminally ill cancer patients, led by Dr. Kashiwagi, one of the pioneer hospice physicians in Japan. In the late of 1970 to 1980s, hospice movement is introduced, and initially Christianity hospitals develop a hospice care program. As the first palliative care unit (inpatient hospice), the Seirei Hospice was established in 1981, Shizuoka, belonging to a general acute hospital.

For about ten years, the number of palliative care units gradually increase, and in 1990 the payment palliative care units was coverage by the national insurance. To exchange information especially health care professionals working at palliative care units, the Japan Hospice Palliative Care Association was established in the next year, and representatives from almost all palliative care units participated into the Association. In 1990s, palliative care is gradually disseminated to general hospital wards, outpatient service, and community. Home care nursing services (1992), palliative care teams (2002), clinics with home hospice function (2006), and day care hospice (2006) were covered by the national insurance. In 2007, the Cancer Control Act was legalized, with special focusing on improving palliative care, chemotherapy, and radiation therapy. Under the national

policy led by the Cancer Control Act, many projects started, including PEACE (Palliative care Emphasis program on symptom management and Assessment for Continuous medical Education) program to ensure an opportunity to receive 2-day palliative care education for all physicians, each designated cancer hospitals were required to establish PCTs. In response to the act, Japanese Society for Palliative Medicine (JSPM) grows year by year and become one of the biggest society in palliative medicine in the world (number of members 12,410 on April 2016.).

Palliative care is rapidly progressing in Japan, especially in oncology field after the Cancer Control Act, and evaluation and modification of these programs is undergoing. Our next important challenges are developing services and systems in 1) non-cancer palliative care, 2) community based palliative care and 3) quality improvement. In this opportunity, I am going to talk our current status and challenges from the society (JSPM) point of view.



Prof. Yoshiyuki Kizawa

MD, PhD

Current :

- Designated Professor, Dept. of Palliative Medicine, Kobe University Graduate School of Medicine, Kobe, Hyogo
- Vice President, Japanese Society for Palliative Medicine

Background :

- Fellowship in Palliative Medicine, National Cancer Center-East, Kashiwa, Chiba
- Chief of General Medicine Dept., Palliative Care Unit, Tsukuba Medical Center Hosp., Tsukuba, Ibaraki
- Assistant Prof., General Medicine Dept., Assoc. Director, Center for Palliative and Supportive Care, Uni. of Tsukuba Hosp., Tsukuba, Ibaraki



Role of Leadership and Management of Palliative Care in Korea

by **Prof. Young-Seon Hong**



Hospice in Korea has developed enormously since it was started 50 years ago (in 1965) at the Calvary Hospice in Gangneung City by the Sisters of the little Company of Mary. Now hospice palliative care in Korea is applied for only terminal cancer patients and their family members, and national health insurance service does not cover the hospice care for terminally ill cancer patients outside the hospital. Recently, policy makers began to recognize the need for expanding hospice care services in diverse settings also for including all patients in terminal stage and their family members.

In Jan, 2016, the National Assembly passed a legislation ‘The Law on the Hospice and Palliative Care and the Determination of Life-Sustaining Treatment for Terminally Ill Patients’ that allows the incurable terminally ill patients to opt out life-sustaining treatment, and it is expected that the legislation will bring a rapid development of hospice palliative

Prof. Young-Seon Hong

MD, PhD

Current :

- Honorary Professor, the Catholic University of Korea

Experience :

- Professor, Catholic University of Korea
- Superintendent, Seoul St. Mary's Hospital

Title and Affiliation:

- Primary appointment: Professor, Division of Medical Oncology, Department of Internal Medicine, Seoul St. Mary's Hospital, CMC, Seoul, Korea
- Dean of the Graduate School for Healthcare Management and Policy
- Joint and adjunct appointment: Professor, Graduate School of Medicine, CMC, Seoul, Korea



care services in Korea. This law will come into effect in 2017, and its success critically depends on how the government and all interested parties in medical, academic and social sectors prepare and collaborate together to make the law effective in coming years. This presentation will briefly review the half century history of hospice and palliative care in Korea, and also the history of Korean Society for Hospice Palliative Care (KSHPC). And discuss about what is the role of leadership and management in Korean hospice society.



Role of Leadership and Management of Palliative Care in Taiwan

by *Dr. Chun-Kai Fang*



Except European area, high quality of palliative Care is provided in some countries in Asia Pacific area, including Australia, New Zealand, Taiwan, Singapore, Japan, and Korea.

According to the 2015 Quality of Death Index from the Economist, Taiwan benefits from the country's National Health Insurance, which determines insurance of coverage and the level of reimbursement for specific services. Under the basic financial support of National Health Insurance, most palliative care units provide high quality of care, but still lack full multidisciplinary professionals. The strengths of Taiwan's hospice care include well development of academic societies, natured related laws, national policies, National Health Insurance, and highly people's cognition in hospice. The weaknesses include not enough financial support and human resources. The two opportunities are the future practices of Long-term Care Insurance and Patient Autonomy Right Law. So we shall treat with new visions and managements.

By the Balanced Scorecard to overview the management of palliative care in Taiwan, good enough financial performance will support the sustainable development. For the goal, we should improve the internal business process, increase the satisfaction of customers, and enhance the knowledge and innovation of palliative care professionals. For example, MacKay Hospice and Palliative Care Center changed the service system from 5 full care to 6 full care in 2015. The traditional 4 full care includes whole person, whole family, whole team, and whole process. The advance 5 full care is to add whole community. MacKay style is to add whole mind in palliative

care, including three meanings as following, (1) full heart and soul, (2) psychological service, and (3) psycho-oncology service. Via the sixth component, the higher quality can be expected.

Good death for all dying people is the ultimate value of hospice palliative care. Innovative and organized leadership and management will support all professionals' ideal for the ultimate human right.



Dr. Chun-Kai Fang MD, MSc, PhD

Current :

- Chief, Hospice and Palliative Care Center, Mackay Memorial Hospital
- Chairman, Asia Pacific Psycho-Oncology Exchange Foundation (APPOEF)
- Executive Director, Taiwan Psycho-Oncology Society (TPOS)
- President, Taiwan Association for Caring and Counseling for Loss (TACCL)
- Assistant Professor, Dept. of Medicine, Mackay Medical College (MMC)
- Assistant Professor, National Taipei University of Nursing and Health Sciences (NTUNHS)
- Board, Hospice Foundation of Taiwan
- Board, Asia Pacific Hospice Palliative Care Network (APHN)
- Board, Taiwan Society of Psychiatry (TSOP)
- Board, Taiwan Association Against Depression (TAAD)

JKT Research Project



2016-06-25

[<< Back](#)