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**Sowing the Seeds of Palliative Care in Hualien**

*Between Gain and Loss*

**The Great Auction of End-of-Life Values Community  
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*2023 Palliative Hospice and Spirituality Forum Series II*

**A Comprehensive Umbrella of Care for the Body, Mind,  
 and Soul**



# **A Unique Journey - The Great Auction of End-of-Life Values: Sowing the Seeds of Palliative Care in Hualien**

*Chuan-Hui Chou, Division Chief, Medical Affairs, Hualien County Health Bureau*

In 2022, Hualien faced the peak of the COVID-19 pandemic. During this time, there were frequent cases where individuals experienced rapid deterioration after contracting the virus, particularly among the elderly or those with long-term disabilities. As the illness progressed to its final stages, patients who had previously signed a Do Not Resuscitate (DNR) order had their end-of-life medical expectations clearly communicated to hospitals and families. In such cases, medical professionals and families would respect the patients' wishes and aim to facilitate a peaceful passing.

However, for those who had not signed a DNR, decisions varied widely among different stakeholders—whether they were healthcare professionals, family members, or others—making consensus difficult to achieve. Most individuals had not previously contemplated medical and end-of-life choices, leaving them feeling powerless when confronted with severe illness and unable to clearly express their wishes.

## **Promoting Palliative Care through Creative Activities**

Currently, the promotion of *palliative care* primarily revolves around professional training for healthcare personnel. However, there is a lack of consensus among specialized units despite these educational efforts. Perhaps, mastering our lives begins with thoughtful consideration and wise decision-making. Recognizing these challenges, the Hualien County Health Bureau has vigorously pursued funding for palliative care initiatives. Collaborating with medical, nursing, and long-term care





units, the aim is to carve out a unique path for palliative care in Hualien.



In February of this year, the Hualien County Health Bureau extended an invitation to psychologist Ko-Cheng Yang from Mennonite Christian Hospital, along with colleagues from the Medical Affairs Department, to attend a workshop on end-of-life issues organized by the

Taiwan Hospice Foundation; they returned to Hualien with innovative courses and materials. Embracing the concept of experiential learning before planning for promotion, the first auction event was hosted at the Health Bureau. Here, Ko-Cheng Yang and two assistant instructors seamlessly transitioned from being strangers to demonstrating perfect synchronization, marking the commencement of this unique journey.

The enthusiastic response from the inaugural event prompted three health centers to express interest in participation. Staff and health volunteers at these centers experienced distinctive, engaging, and lively group discussions, challenging conventional *educational* approaches. Consequently, through gathering feedback from each session, continuous adjustments and evolution ensued.

The unique journey presses on with psychologist Ko-Cheng Yang playing a pivotal role. Evolving from a professional palliative care psychologist, he now captivates audiences with simple Taiwanese dialect and engaging narratives, infusing humor into every session like a skilled storyteller. Over the past six months, he has engaged with a myriad of groups, spanning health department staff, health volunteers, women associations, elderly associations, community sports groups, indigenous cultural centers, community care centers, long-term care facilities, and social workers from indigenous family service centers. The participants encompass a wide range of ages, backgrounds, cultures, ethnicities, and languages, representing the



rich diversity of Hualien. This diversity poses a significant challenge for both the instructor and assistants, but also enriches the journey with unique perspectives and experiences.

With over 10 versions of his presentation, psychologist Yang has cultivated an inclusive atmosphere that embraces diverse opinions, gradually establishing the Life Value Auction as a reputable event in the Hualien community. Feedback such as "meaningful," "lively and engaging," "provides insight into medical choices," and "worth promoting" has become commonplace after each session, leading to an increasing number of reservations.

What was once a taboo topic in society has now hosted over 20 sessions, showcasing its growing acceptance and impact.

## **The Curriculum Emphasizes Diversity among Ethnic Groups**

When it comes to such serious topics, the urban-rural divide, socioeconomic status, and resource availability can all influence people's levels of acceptance. Therefore, cultivating an atmosphere of natural discussion is the initial step. In multicultural Hualien, overlooking cultural and linguistic differences would certainly impede the seeding of change within communities and tribes.

From the trainees of the Taiwan Hospice Foundation's workshops in the eastern region, the Hualien County Health Bureau carefully selected a diverse group—balancing willingness and professional backgrounds—while also ensuring representation from various regions (north, central, south) and ethnicities (Bunun, Amis, Taroko, Hakka). They organized the *Hualien Life Values and Medical Choices Multilingual Instructor Training Workshop*, with Ko-Cheng Yang serving as the mentor. After apprenticeship and assessment, these multilingual instructors will officially join the Health Bureau's teaching team, aiming to sow seeds and foster growth deeply rooted in Hualien.

Next year, the Health Bureau will collaborate with the Taiwan Hospice Foundation



to adjust the current activities and materials for different audiences, ensuring that this unique journey continues to progress in Hualien.





# **Between Gain and Loss - The Great Auction of End-of-Life Values**

## **Community Advocacy Campaign: Promoting Insights into Life Exploration through Board Games**

*Ko-Cheng Yang, psychologist, Mennonite Christian Hospital, Hualien*

I am deeply grateful to the Taiwan Hospice Foundation for developing this set of educational board games on life and selflessly promoting them. With the grand vision set by Director Chuan-Hui Chou from the Medical Affairs Department of the Hualien Health Bureau, along with the strong



execution capabilities of Ya-Ping and Chiung-Yi, I consider myself incredibly fortunate to have such amazing partners. Together, we have worked tirelessly to *auction off* the vital aspects of end-of-life contemplation in every session. So far, we have conducted 14 sessions with 543 participants, and there are many more sessions awaiting us.

Throughout this journey, I have personally experienced great growth and learning, and I would like to share some brief reflections with everyone. Firstly, the game format, in which participants bid on various items, greatly fosters a sense of involvement. Despite the weighty nature of the topics, the activities are never dull. Once an item is bid on and missed on, it cannot be reclaimed, providing a tangible experience of gain and loss within the game.



## **Stimulating Exchange of Different Perspectives: Thoughts Clarified through Debate**

Guiding the participants through explanations of the ten auction items poses a significant challenge in terms of both the presenter's wording and the participants' understanding. Maintaining the duration of the activity to around 1.5 hours is optimal because it allows everyone to fully engage with the game's thought-provoking aspects while also capturing the attention of older participants.

Feedback from the public has been invaluable, and has provided me with new learning opportunities after each session. For example, one participant shared, "Dignity means treating me as a human being," while another remarked, "Financial freedom means setting aside funds for medical expenses." These insights have taught me to adjust my language, making it more relatable and thought-provoking.

By incorporating celebrity events, social issues, and clinical case studies, I aim to assist everyone in their contemplation process. The activity serves as a large-scale dialogue platform where different viewpoints intersect. Some statements exchanged include: "Money is the most important thing," "Having loved ones around is enough, nothing else matters," "Maintaining self-sufficiency is essential for preserving dignity," and "As long as my inner peace is intact, I can comfortably accept any situation," and "Is euthanasia a good death?" By acknowledging the viewpoints of the elderly while also pointing out the contradictions in their original views helps clarify people's thoughts.

## **Reflecting on a Good Death and the Value of Life without a Heavy Burden**

Following the auction activity, it is crucial to allow each group to share their experiences and feelings. The facilitator then focuses on discussing the concept of a good death, introducing relevant legislation and addressing any uncertainties.





Participants come to realize that a good death does not necessarily require divine intervention, but that they can make the decisions for themselves. Finally, utilizing the practice workbook designed by the Taiwan Hospice Foundation, participants are encouraged to write down their

thoughts, which can be used to promote discussions with family members when they return home as a way to naturally express their own values and autonomy.

Feedback from participants indicates that sharing different perspectives on life through the bidding game is enjoyable and helps lighten the topic's weightiness. Additionally, having more options regarding end-of-life decisions and making abstract concepts tangible leads to deep contemplation, sometimes even evoking tears in participants. The survey results highlight the two greatest takeaways for participants to be: understanding what constitutes a good death, and contemplating the value of life. The choices made at the end of life influence discussions about life values, and vice versa. Looking ahead, my partners and I aim to identify items and vocabularies that resonate well with different ethnic groups, regions, and cultures in eastern Taiwan. We also plan to train instructors proficient in various ethnic languages and utilize this educational board game to spark discussions and contemplation on life issues in the eastern region.





# 2023 Palliative Hospice and Spirituality Forum Series II

## A Comprehensive Umbrella of Care for the Body, Mind, and Soul

### Forum 4

#### Clinical Spiritual Care : The Role and Training of Caregivers

*Hui-Ru Liang, Hospice and Palliative Care registered professional nurse and PhD candidate, Lancaster University, UK*

Professor Ying-Wei Wang once stated, "Every member of the healthcare team has the responsibility to provide different levels of spiritual care to patients." This time, Hui-Ru Liang, in her role as a caregiver, shares insights into the role and training of caregivers in spiritual care.

Florence Nightingale emphasized, "The nurse must use her brain, heart, and hands to create healing environments to care for the patient's body, mind, and spirit." According to Hui-Ru Liang, caregivers are tasked with providing holistic and whole-person care to patients, naturally encompassing spiritual care.

Hui-Ru Liang delved into exploring the distinctions between the role of a caregiver and other healthcare professions. *How can a caregiver leverage their role's characteristics to deliver the spiritual care that patients need?* In her view, the primary difference lies in the fundamental skills of nursing care. *Comfort care*, which includes tasks like turning and positioning, oral care, constipation care, shiatsu massage, and etc., all fall within the scope of palliative care. She highlighted the use of various *magic weapons* in comfort care, such as L-pillows, anti-bedsore cushions, ultrasonic sprayers, bed shampooers, far-infrared lamps, essential oils, and etc., aimed at alleviating patients' discomfort and pain. She emphasized that comfort care is an integral part of spiritual care.



The second significant difference is the nursing process, acknowledged by Hui-Ru Liang as the critical thinking process for identifying and addressing patients' problems. Through this process, nursing staff identify and assess patients' problems, develop plans, and implement measures while caring for them.

## **Spiritual Care Competencies for Nursing Personnel**

Regarding the spiritual care competencies needed for nursing staff, Hui-Ru Liang referenced literature from 2004, identifying three major dimensions: (1) self-awareness and utilization; (2) nursing process; and (3) ensuring quality and professionalism.

The six core competencies encompass the following: (1) dealing with personal beliefs; (2) addressing issues; (3) collecting information; (4) discussing and planning; (5) providing and evaluating; and (6) integrating policies. Additionally, in 2006, a team conducted a study on clinical registered professional nurses, concluding that there should be five core competencies: (1) the professional role of registered professional nurses in holistic care; (2) the personal role of registered professional nurses in self-awareness; (3) provision of spiritual care in the nursing process; (4) communication and coordination with patients, team members, and the education unit; and (5) addressing ethical issues in safeguarding spiritual care.

In summary, Hui-Ru Liang outlined the spiritual care competencies for nursing staff, encompassing self-awareness, comfort care, the process of care, communication and ethics, teamwork/ professional referral, and quality assurance (individual/ institutional). Through these six competencies, she emphasizes that caregivers should avoid stigmatizing patients, strengthen their ability to self-reflect, discover patients' spiritual needs, and open up their five senses to be sensitive to patients' discomforts and sufferings. As Kun-Yen Huang, the founding Dean of the College of Medicine at National Cheng Kung University, expressed, "The spirit and qualities



of medical humanism are to maintain sensitivity to human sufferings," aiming to alleviate the pain of patients' body, mind, and spirit.

## **Setting Aside Value Judgments and Caring for Patients**

### **Attentively**

When delivering spiritual care to patients, it is crucial for nursing staff to document spiritual care records. According to Hui-Ru Liang, these records facilitate team members in understanding the situation and smoothly transitioning to the next work shift, ensuring the continuity of spiritual care. Moreover, these records serve as a foundation for monitoring the quality of spiritual care.

As a competent caregiver, Hui-Ru Liang emphasizes the importance of keeping the nursing profession in mind through the six competencies of spiritual care. Utilizing records from the nursing process in spiritual care education is vital to realizing the original intent and purpose of hospice.

"You matter because you are you, and you matter to the end of your life." Hui-Ru Liang shares the words of Dame Cicely Saunders, the founder of modern hospice care, emphasizing that when caregivers interact with patients, they should "let go of value judgments about the other person, whether rich or poor, good or bad." Instead, the focus should be on fulfilling the duty of providing excellent care and being there for the patient.

### *Mindful Attitude*

- No judgment · Patience · Beginner's Mind · Trust*
- Not trying too hard · Acceptance · Letting go*
- Gratitude and Generosity (later added by Dr. Kabakin)*





## Spiritual Care and Mindfulness

*Shih-Ming Shih, Clinical Psychologist of Xin Ming Psychological Service, Director of Mindful Care*

"Mindfulness is a systematic practice. Contemporary mindfulness began with mindfulness-based stress reduction (MBSR) training, and founder Dr. Jon Kabat-Zinn defined mindfulness in operational terms as follows: *the awareness that arises from paying attention, on purpose, in the present, and nonjudgmentally to the unfolding of experience moment by moment.*"

Shih-Ming Shih highlighted that Dr. Kabatin applied the mindfulness approach to the medical setting, particularly for bedridden patients, aiming to alleviate stress and anxiety in both the body and mind. Emphasizing the importance of mindfulness training, Shih-Ming Shih noted that it fosters concentration and awareness right from the initial stages.

*How can mindfulness be applied to hospice and palliative care in the clinical setting?*

Shih-Ming Shih suggested that it is not limited to patients alone. Family members and caregivers can also benefit by engaging in mindfulness exercises, enhancing their capacity to regulate emotions and breaking free from the habitual response of being controlled by their emotions.

## From Mindfulness to Spiritual Accompaniment: Cultivating Preparedness Ability

In the realm of clinical care, transitioning from mindfulness to spiritual accompaniment, Shih-Ming Shih illustrated the concept with the example of the anguish involved in aiding others. He noted that when faced with a patient's unalterable suffering, caregivers experience feelings of incapacity, helplessness, and hopelessness. This emotional turmoil, termed the *pain of helping others*, emerges



when exhaustive treatments and comforting words fail to save a dying patient, leaving the caregiver susceptible to distress.

## **Mindfulness Exercises**

*Core Training: Mindful breathing, 3-step breathing space, body scan, mindful walking, mindful stretching, compassion contemplation, daily mindfulness.*

*Mindfulness-Based Cognitive Therapy (MBCT): Emotional sensitivity, stress loop, mind-body interaction, mindful attitude.*

*Additional exercises: Mindful self-compassion, working with difficulties, ten fingers of gratitude, compassionate nurturing, mindful listening.*

This psychological state can manifest in medical staff, psychologists, family members, and volunteers, as well as anyone seeking to aid a patient, leading to the phenomenon of avoiding suffering. Shih-Ming Shih points out that mindful and spiritual thinking can awaken and enhance a caregiver's ability to be self-aware. Another study has shown that an increase in mindfulness can lead to an increase in spiritual perspectives. Additionally, doctors with high mindfulness scores are more likely to adopt a patient-centered communication model, resulting in higher patient satisfaction.

Shih-Ming Shih explains that to enhance spiritual accompaniment/care through mindfulness, one needs the following prerequisite abilities: mindfulness training → stress reduction/emotion regulation/acceptance → facing suffering → spiritual accompaniment/care.

Once one's mindfulness capacity has been enhanced, Shih-Ming Shih mentioned that it would be beneficial to integrate mindfulness into palliative care and assist in spiritual accompaniment and care. First, when faced with a patient's suffering, the caregiver should provide stable companionship and compassion. Second, in a clinical setting, by "using the self" and offering support to the patient with total



concentration, the caregiver's stability will bring about the patient's stability. Third, achieving the effect of synchronized frequency modulation, as explained by Shih-Ming Shih, involves "living with suffering," allowing the patient to experience unavoidable suffering in the present moment, and being accepted and embraced by each other's coexistence in shared space and time. Fourth, integrating mindfulness into palliative care enables caregivers to remain moderately curious and inquisitive. Fifth, through the experience of witnessing, one can be as one is, allowing difficult emotions to be accepted, embraced, and coexist without intentional repairs or changes. Sixth, compassion is cultivated through the continual opening of the heart and mind. The seventh is the recognition of common humanity, acknowledging suffering and death.

In summary, the sequence of cultivating the capacity for spiritual accompaniment from mindfulness is as follows: external pressure → (generating) inertia → (through) mindfulness exercises → (increasing) awareness space → (carrying out) expanding the awareness response to accompaniment.

By infusing the quality of mindfulness into spiritual accompaniment, Shih-Ming Shih stated that five mindful effects can be achieved: reduction of stress and the physical and mental balance of the accompanying person, the accompanying person breaks free from the script of the past and the future, the accompanying person can face the suffering of assisting others, the space for compassion is enhanced, and the time of *mitsein*, that is, *togetherness* is opened up. These are the directions in which mindfulness can be implemented for psychological accompaniment.

