



Hospice
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Forever Love, Endless Care

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From Avoidance to Acceptance:

A Decade of Achievements and the Future of Palliative Care in Taiwan

Comfort Feeding, Enjoying Happiness:

The Joyful Moments of Eating

Multidisciplinary Swallowing Team of Taipei City Hospital:

Creating a Tube-Free Life and Restoring the Right to Taste

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From Avoidance to Acceptance: A Decade of Achievements and the Future of Palliative Care in Taiwan

From 2010 to 2021, Taiwan's palliative care ranking jumped from 14th to 3rd globally, demonstrating the success of policy initiatives and a cultural shift. Moving forward, the government will continue to promote awareness of end-of-life issues, enhance the hospice and palliative care system, and foster greater public understanding and acceptance of palliative care.

The ticking clock in the elderly grandmother's hospital room filled the space with an indescribable silence. Her young grandson, holding a picture book titled Second-Oldest Brother Pig's Happiness Party, asked, "Should we also throw a happiness party for Grandma?" A simple question, yet it led the entire family to confront the upcoming farewell for the first time. Though innocent, the question created an opportunity for the family to have their first calm and natural conversation about death.

"When we first started promoting palliative care and end-of-life discussions, many people were unwilling to talk about death, even considering it an unlucky topic," said Dr. Yue-Ping Liu, Director of the Department of Medical Affairs at the Ministry of Health and Welfare. In 2010, Taiwan ranked 14th globally in palliative care. By 2021, it had risen to 3rd place worldwide and secured the top position in Asia.

Over the past decade, Taiwan has emerged as a leader in palliative care across Asia. More importantly, these achievements are gradually transforming society's attitude toward death.

From Data to Attitude: A Decade of Achievements in Taiwan's Palliative Care

“This is an achievement we take pride in, but it’s not just about improving the numbers; it reflects our efforts toward transforming society as a whole.” As Yue-Ping Liu reflects on Taiwan’s progress in palliative care, she emphasizes that the foundation of this advancement lies in legislative development.

The Hospice Palliative Care Act, passed in 2000, was the first of its kind in Asia, and the Patient Right to Autonomy Act, enacted in 2016, further ensured patients' rights to make end-of-life decisions. These legal frameworks not only provided the medical system with clear guidelines but also empowered patients and their families to make informed choices about end-of-life care, reducing conflicts and uncertainties.

At the same time, Taiwan’s aging population has accelerated the demand for this transition. “As our society ages, we are compelled to address the increasing need for quality end-of-life care. However, with this challenge comes an opportunity for change,” Liu noted. The rising elderly population has not only increased the demand for hospice care but has also fostered greater societal acceptance of the concept.

This shift has driven the government to continuously invest in expanding palliative care services, establishing hospice wards within hospitals, and integrating end-of-life care into long-term care facilities and local communities. The goal is to ensure that patients receive appropriate and dignified care, regardless of where they spend the end of their life journey.



Dr. Yue-Ping Liu,
Director of the Department of Medical Affairs, Ministry of Health and Welfare

In 2010, Taiwan ranked 14th globally in palliative care; by 2021, it had climbed to 3rd place worldwide and secured the top position in Asia.

These achievements are gradually transforming societal attitudes toward death.

This year, the Worldwide Hospice Palliative Care Alliance (WHPCA) introduced the theme A Decade of Palliative Care: How Have We Done?, and invited the global community to reflect on their progress in palliative care over the past ten years. Taiwan's advancements serve as a concrete example to this theme, showcasing not only the success of policy initiatives but also a shift in societal attitudes. Liu noted that Taiwan's alignment with this global movement highlights the nation's consensus on improving palliative care policies and awareness, offering valuable insights for the global community in the evolution of palliative care.

Diversified Media: Making Conversations about Life and Death More Natural

However, legislation alone is not enough. Yue-Ping Liu emphasized that while laws provide a formal structure, fostering open conversations about life and death requires broader societal education. She and her team discovered that the real challenge lies in encouraging people to discuss end-of-life matters and making it a topic that can be openly discussed. To address this, they sought innovative approaches, leveraging mass media and parent-child interactions as ways to open the conversation and normalize discussions about the end of life.

“We’ve noticed that parents and children often have their first natural conversation about death while reading graphic novels together.” Liu explains that the Organ



Donation and Transplantation Registration and Patient Autonomy Promotion Center (often referred to as the Organ Donation and Patient Autonomy Center) has published three graphic novels: *The Little Red Robot*, *Second-Oldest Brother Pig's Happiness Party*, and *Grandpa Sloth's Wish*.

By using adorable animal characters to soften the weight of the topic, these books subtly incorporate the concepts from the Hospice Palliative Care Act, the Patient Right to Autonomy Act, and the Human Organ Transplantation Act into parent-child interactions, allowing life education to take root naturally from an early age.

To reach a broader age group, the Ministry of Health and Welfare also launched the podcast series *Encounter and Foresee*, hosted by the highly popular Dr. Daniel Tsung-Ning Huang. Featuring students from diverse backgrounds, the podcast has now entered its third season and has gained strong popularity among young audiences.

“We hope the podcast can serve as a relaxed platform for dialogue, encouraging young people to start discussions and reflect on these issues,” Liu says. Looking ahead, they plan to introduce palliative care-related content through manga and light novels, making these topics more accessible to teenagers through visually engaging storytelling.

Looking Ahead: Simplifying Patient Autonomy and Advancing Digitalization

Although Taiwan has made significant strides in palliative care, Yue-Ping Liu acknowledges that challenges remain. Beyond the societal taboo surrounding death, shifting mindset within the medical community continues to be a major hurdle.

“We need more professional training, especially for specialists who have been accustomed to focus on life-saving interventions,” says Liu, who is also a pediatrician. For many doctors, letting go of a patient is a difficult psychological shift that takes time to embrace.

Looking ahead to the next decade, Liu hopes to leverage digital tools to simplify the process of signing advance medical directives, making it easier for individuals to express their treatment preferences.

“We hope that, in the future, it will be as simple as using a National Health Insurance card, ensuring that patients' healthcare wishes are easily recorded,” she explained. Such technological advancements would streamline legal procedures and lower barriers to participation for the public.

World Hospice and Palliative Care Day serves as an opportunity to reflect on past progress and look toward the future, and Liu is optimistic. Taiwan strives not only to strengthen its leadership in Asia but also to secure a prominent place on the global stage of palliative care.

“Our goal is to make conversations about life and death as natural as breathing,” Liu said, emphasizing that this vision is not just about the future of hospice care—it is also a testament to the maturity and inclusiveness of Taiwanese society.



The Ministry of Health and Welfare, in collaboration with the Organ Donation and Patient Autonomy Center, has published three graphic novels to foster life education from an early age.

Comfort Feeding, Enjoying Happiness: The Joyful Moments of Eating

According to the latest population projection report, Taiwan's elderly population will exceed 20% of the total population by 2025, officially entering a super-aged society. Many elderly individuals experience swallowing difficulties and malnutrition due to aging or illness, leaving families with the difficult decision of whether to insert a nasogastric tube. Ensuring that the elderly can eat comfortably and enjoy their meals until the very end of life has become one of the most important issues in elderly care today.

As Taiwan becomes a super-aged society, the National Health Insurance Administration officially included frail elderly individuals as eligible for palliative care benefits starting in June 2022. Dr. Yih-Chyang Weng, the director of the Radiation Oncology Department at Nantou Hospital and a long-time practitioner in the field of palliative care, has deep insights into this issue. He mentions that, when caring for frail elderly individuals, the challenges faced by palliative care teams are numerous, and one of the major concerns is feeding.



“How can frail elderly individuals age naturally? Dietary care plays a crucial role,” Dr. Weng explains. Citing various domestic and international studies, he points out that proper eating habits can slow brain degeneration, and maintaining a happy and engaged mind reduces cognitive decline—well-established concepts. In addition, the act

of eating fulfills basic physiological needs, satisfies the senses of smell and taste,

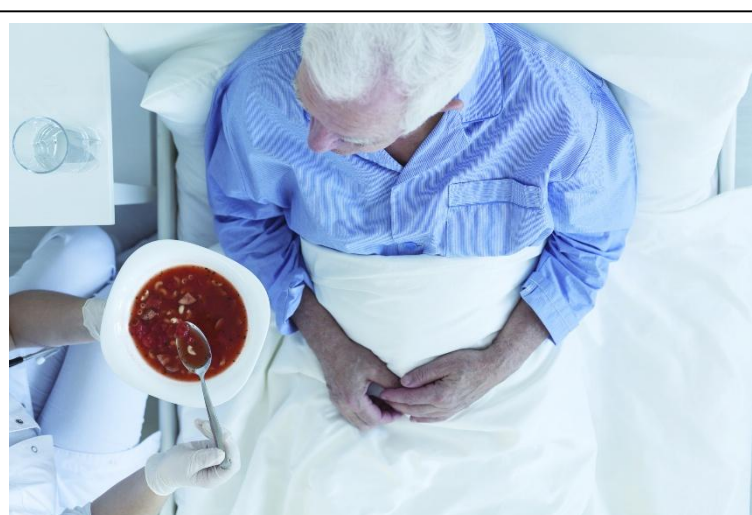


and brings joy to the soul. However, in reality, ensuring that frail elderly individuals, even those in the final stages of life, can enjoy eating is not easy. Among the greatest hurdles are difficulty swallowing and choking.

Comfort Feeding: Professional Assistance as a Support

“Eating is a complex process,” says Dr. Weng. For elderly or terminally ill patients, the act of eating—seeing the food, opening the mouth, placing the food into the mouth, and swallowing—is far from simple. Often, the first bite goes smoothly, and the second may also be swallowed without any problems. However, as eating continues, swallowing difficulties or choking may arise. These challenges are not necessarily related to the speed of feeding but rather to the patient’s progressive decline, resulting in a loss of the ability to continue eating. Balancing care for eating while providing end-of-life care has become one of the biggest challenges for palliative care teams.

Over the years, Dr. Weng has worked in clinical care and has gradually understood the challenges. He believes that to effectively reduce chewing and swallowing difficulties, regular oral hygiene care is essential to maintain a good eating state. Additionally, exercises like oral motor



As Taiwan officially enters a super-aged society, comfort feeding has become one of the most important issues in elderly care.

exercises and desensitization massages can effectively enhance oral muscle strength. Meanwhile, professional medical support is essential for adjusting and improving



food textures to accommodate individual needs.

Dr. Weng explains that comfort feeding is an important aspect of achieving a dignified end-of-life experience, but families do not have to face this challenge alone: “Medical institutions, palliative care teams, and speech therapists can all provide professional assistance.” Around 2010, the concept of comfort feeding was introduced from abroad as one of the important decisions toward a good death. It encourages shared decision-making between doctors and patients, further opening up collaboration between palliative care and swallowing therapy teams. This helps elderly individuals or patients with swallowing difficulties to retain the joy of eating during their final moments.

Currently, medical evaluations using imaging techniques and endoscopy are available to assess swallowing function. Taiwan’s National Health Insurance also covers food texture classification tests, allowing individuals to better understand the appropriate food consistency for their condition. Dr. Weng further explains that the International Dysphagia Diet Standardization Initiative (IDDSI) provides a global standard for food texture classification. This system categorizes food from liquids to solids into eight levels (ranging from 0 to 7). In addition to medical assessments, individuals can conduct simple texture tests at home using everyday utensils such as spoons, forks, or syringes to determine the most suitable food consistency.

The Happiness of Eating: Toward a Beautiful and Peaceful End

Enjoying food and eating until life’s final moments is a universal hope. It is also the professional focus of Hsiao-Ching Liu, a palliative care nursing educator at Dah-



Der Hospice & Palliative Care Foundation. She has dedicated the past two years to studying and refining this aspect of care for patients.

Dame Cicely Saunders, the pioneer of modern hospice care, once said, “We will do everything we can not only to help you die peacefully, but also to live until you die.” This quote made Liu reflect deeply, and after a long period of contemplation, she came to fully grasp its meaning: “It’s not about using every medical intervention to keep a patient alive until the very last moment, nor is it about removing a feeding tube without considering how to care for and support the patient’s nutrition afterward. Rather, it is about allowing them to live naturally and in harmony until the very end.”

With 30 years of experience in nursing--24 years of which were specifically in hospice care--Liu reflects on her palliative care training and affirms that one of the most fundamental aspects of hospice education is comfort care, which includes oral hygiene and choking prevention. Over the past two decades, choking prevention methods have remained largely unchanged, mainly relying on food thickeners and



For the elderly or terminally ill patients, the entire process—from seeing food, opening their mouth, bringing food to their lips, and swallowing—is anything but easy.

proper positioning techniques to reduce the risk. However, these measures alone have proven insufficient in meeting the diverse needs in clinical settings.

As Liu continues to deepen her understanding of comfort feeding, she realized that she



still had a lot to learn. “I used to believe that using smaller spoons and cooking food until it became extremely soft was the best approach, but I later realized these were misconceptions. Even professional nursing knowledge needs to evolve. The use of food thickeners, as well as considerations of food texture, size, and portioning, all require careful evaluation,” she explains.

Once she changed her approach, her previously clouded perspective became clearer. Recently, she cared for a child with a rare disease who had to control his diet over a long period due to epilepsy medication. The child’s swallowing muscles had lost strength, and even drinking water caused choking. When Liu asked the child about his wishes, his answer made her heart tighten. “I don’t want the feeding tube,” he said, his eyes bright despite his condition. “And I really want to eat fried chicken.”

Determined to grant this wish, Liu rallied her team and enlisted the help of a nutritionist. After conducting tests to determine the appropriate food texture for the child, they carefully adjusted the consistency of the food. Days of effort finally led to the creation of a fried chicken drumstick that resembled the appearance, texture, and taste of the real thing.

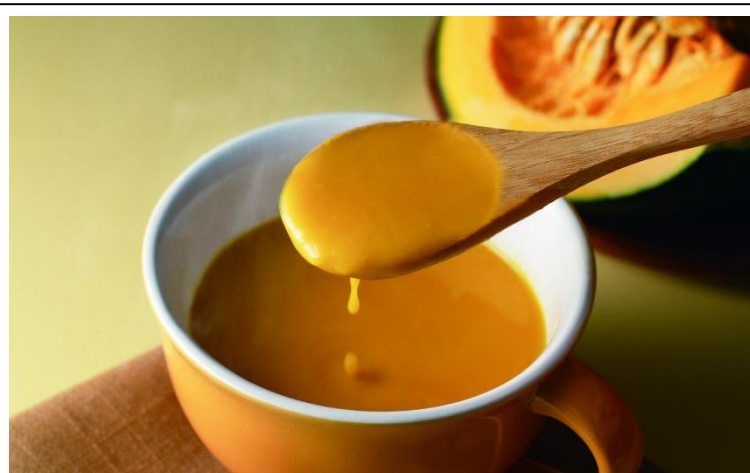
Watching the child eat with delight--his eyes sparkling with joy despite the dark circles on his face-- Liu Xiao-Qing realized that maintaining the happiness of eating until the last moments of life is an essential part of a peaceful and meaningful end.

Enjoying Life: Eating as a Source of Vitality

Support from a medical team extends beyond doctors and nurses—it also includes speech therapists. “Many people are still unfamiliar with our role,” says speech therapist Hsueh-Pei Wang with a smile. While speech therapists are often associated



with helping patients regain communication abilities after conditions like aphasia, their expertise goes far beyond that. They play an indispensable role in long-term care teams.



Simple utensils can be used to assist, such as tilting a spoon to test the consistency of pureed porridge.

With the official inclusion of eating and swallowing care in the Long-Term Care 2.0 program, the public is gradually becoming aware of the role speech therapists play in swallowing treatment. They can assist elderly patients or individuals with swallowing difficulties by identifying the causes of choking and food refusal and finding precise solutions to these issues.

For the first ten years of her career, Wang worked in medical institutions, assisting patients with severe strokes and traumatic brain injuries in overcoming their difficulties and gradually transitioning them from nasogastric tubes to oral feeding. Over time, she realized that beyond those deemed more likely to recover, an increasing number of elderly people with dementia or frailty also needed care. Many of them or their families were even willing to pay out of pocket for therapy in hopes of delaying or avoiding the use of a feeding tube.

This realization led Wang to establish her own speech therapy practice, extending her services into home healthcare and elderly care facilities. She now dedicates her work to helping individuals with dementia, Parkinson's disease, and age-related degeneration rediscover the joy of eating through the mouth.





By identifying the underlying causes and gradually strengthening the muscles, **individuals can continue to enjoy the pleasure of eating by mouth until the end of life**—enjoying not only life itself but also the pleasures it brings!

This shift in perspective allowed Hsueh-Pei Wang to recognize the long-standing struggles faced by many patients and families. She once helped an elderly woman who had been reliant on a nasogastric tube for over a year regain the ability to eat by mouth. The woman's family had previously expressed frustration, saying that even though the food was blended into a purée, she would still choke and struggle to swallow.

After conducting a thorough assessment, Wang identified the issue: “Many assume that modifying food texture simply means blending it into a fine purée. However, swallowing is influenced by more than just food size—its softness, viscosity, and cohesiveness all play crucial roles. Speech therapists use physiological swallowing assessments to determine the most suitable texture for each patient.”

Wang is deeply concerned, saying, “Sometimes, the issue isn't that an elderly person can't swallow—it's that we haven't found the right approach. Keeping a feeding tube in place indefinitely feels like such an unnecessary loss.” Because food texture needs vary greatly among individuals, having a speech therapist assess safe dietary options can make a significant difference. For caregivers with limited time, there are also products available that can be used to create safe, tasty meals.

“By identifying the underlying causes and gradually training the muscles, people can maintain the joy of eating by mouth until the end of life. They can not only



enjoy life but also continue to savor the experience of living!” Wang emphasizes.

“Eating is a source of happiness for patients, and for many families, it provides emotional comfort as well,” Wang says. Over the years, she has witnessed too many elderly people—whether due to aging-related swallowing decline or disease-induced dysphagia—painfully spend their final days reliant on feeding tubes. “Once a patient stops eating by mouth, their swallowing function deteriorates further, eventually making even swallowing saliva a risk for aspiration pneumonia.”

“Eating is the best swallowing exercise,” Wang affirms. By identifying the case and finding the appropriate eating methods, people can continue to experience the pleasure of eating by mouth, allowing them to not just sustain life but to truly enjoy it.

The Rise of Care Foods: A New Opportunity for Comfort Feeding

Helping elderly individuals in the community regain the ability to eat by mouth is deeply fulfilling, but not without its challenges. As Hsueh-Pei Wang encountered more patients, she also faced the greatest challenge of her career.

“Elderly individuals tend to eat less as their illnesses progress. When swallowing becomes increasingly difficult, they are often placed on a nasogastric tube,” Wang explains. As a speech therapist, she once had full confidence in her ability to help frail, elderly patients resume eating by mouth. However, she soon encountered an overwhelming obstacle: “Stroke patients may suffer physical impairments due to their condition, but their situation does not continuously worsen. Frailty, on the other hand, is irreversible. Patients often deteriorate due to multiple health issues,



requiring constant adjustments to swallowing interventions."

Faced with this challenge, Wang refused to give up. The more she studied comfort feeding solutions, the more her perspective expanded.

"I kept asking myself—do patients truly lose the ability to eat, or have we simply not tried every possible method?" Through the promotion of the International Dysphagia Diet Standardization Initiative (IDDSI), Wang discovered just how crucial food texture is. Factors like cohesiveness, viscosity, size, and softness are meticulously classified into different categories. Around this time, she came across research on Japan's emerging care food approach—a technique that uses special Japanese enzymes to transform food into a molded, gel-like consistency.

Inspired by this approach, Wang applied the method to an elderly woman who had been reliant on a nasogastric tube for over a year. After conducting a swallowing assessment, she guided the family in preparing molded gel-like food, adjusting its smoothness and cohesiveness to match the patient's physiological condition. A nutritionist was also consulted to ensure proper nutritional density. After two months of effort, the elderly woman successfully had her feeding tube removed. This approach not only preserved the original flavors of the food while making it safe for consumption but also brought



Hsueh-Pei Wang applies the care food method to transform various foods into a jelly-like form, further reducing their volume to enhance nutritional density.



immense joy to both the patient and her family. The success of this case deeply encouraged Wang.

Since then, she has helped many more elderly individuals regain the ability to eat by mouth. One of her most rewarding moments came recently when a patient with severe Parkinson's disease, who had been unable to eat solid food for years, was finally able to enjoy his favorite Hong Ye cake again on Father's Day—a tradition he had dearly missed.

Recreating Authentic Flavors

After making significant progress in food texture modification, Hsueh-Pei Wang made another key observation: when elderly individuals were presented with foods they loved, their willingness to eat increased significantly. This realization led her to experiment with transforming familiar dishes—softening pork knuckles or turning them into gel-like forms, and even reducing portion sizes while increasing nutritional density. This way, even those with limited appetites could still receive adequate nutrition. Her bold approach proved to be highly effective.

Smiling, she remarks, “We’ve found foods that can serve as meal replacements while still providing enough nutrition, calories, and hydration—and they’re foods the elderly actually enjoy eating. Isn’t that perfect?” Wang dedicated herself to helping seniors in the community rediscover the joy of eating, while her colleague, Hsiao-Ching Liu, remained committed to palliative care patients in medical institutions. Liu faced even greater challenges—after all, in hospice care, patients' lifespans and physiological conditions were far more fragile and urgent than those of the frail elderly. Sometimes, before a swallowing assessment could even be completed, the patient had already passed away, making every moment a race



against time.

One of Liu's patients was a 108-year-old woman with severe frailty. Due to multiple episodes of aspiration pneumonia, the care facility had placed her on a nasogastric tube to ensure adequate nutrition. To prevent her from pulling out the tube, they also fitted her with protective mittens.



For patients, eating is a source of joy, and for many family members, it also provides emotional comfort.

“Those mittens—the ones with hard plates or metal inserts inside—are incredibly uncomfortable,” Liu says. Fortunately, the woman's family did not want her to spend her final days in such an undignified manner. They decided to remove the feeding

tube, take off the mittens, and bring her home for proper care. However, despite their patience and careful planning, feeding her remained a major challenge.

“When she arrived at the hospice ward, we noticed that she still had the desire to eat. However, she choked easily and lacked the strength to cough.” Recognizing this, Liu immediately activated the comfort feeding care model, collaborating with specialists and urgently requesting samples from a Taiwanese care food manufacturer. “On the day before she passed away, she ate two high-nutrition puddings and kept opening her mouth for more.”

The scene deeply moved everyone present, including the medical team and the elderly woman's loved ones. After her passing, her granddaughter held Liu's hand



and said, “Thank you for allowing Grandma to eat what she wanted in her final moments.”

That one sentence struck Liu deeply, reinforcing her determination to continue advocating for comfort feeding. “She was able to enjoy food the day before she passed away. But if we had introduced these options earlier, the happiness she experienced could have lasted longer.”

Determined to make a change, Liu partnered with Wang and collaborated with the Taiwan Society of Home Health Care to expand awareness. In December 2022, they held their first online seminar on comfort feeding. “Due to bandwidth limitations, we could only accept 100 participants, and it filled up instantly. Afterward, so many people complained that they couldn’t get in,” Liu recalls with a smile. Despite the unexpected demand, both women felt overjoyed—it was proof that the need for comfort feeding was far greater than they had imagined.

Wang also noted that as societies continue to age, more people will experience swallowing and chewing difficulties. “The concept of comfort feeding shouldn’t be limited to speech therapists or rehabilitation doctors—it needs to reach the entire healthcare team and the general public.”

She acknowledged that comfort feeding is still a relatively new idea, but its rapid adoption has been surprising. “In the past, families would ask if we could help their loved ones eat until the very end. But now, during consultations, they’re the ones saying, ‘I want my parents to experience comfort feeding.’ That’s incredibly moving.”

Looking ahead, both Liu and Wang recognize that the journey is long, but they



remain confident. Beyond raising awareness, they are considering launching cooking courses to turn the concept of comfort feeding into a practical reality—helping caregivers create meaningful, harmonious moments for their loved ones through the joy of eating.



As the concept of comfort feeding takes root, it transforms mealtime into a cherished and harmonious moment for every caregiving family.



Multidisciplinary Swallowing Team of Taipei City Hospital: Creating a Tube-Free Life and Restoring the Right to Taste

Taiwan continues to have a high rate of nasogastric tube usage. Among hospitalized patients over the age of 65, the rate is 18%, and in long-term care facilities, it rises dramatically to 94.05%—the highest in the world. Nasogastric tubes not only cause physical discomfort but also rob patients of the pleasure of eating, impacting their dignity and overall quality of life.

In 2017, renowned Taiwanese author Chiung Yao refused the use of a nasogastric tube for her husband, Hsin-Tao Ping, who had dementia. Her decision led to a highly publicized conflict with her three stepchildren, known in the media as the Intubation War. The case ignited nationwide discussions on end-of-life dignity and medical choices, with much of the debate centered around nasogastric tubes: When are they necessary? Are they the only option? And can they be removed once inserted?

When patients experience swallowing difficulties due to conditions like stroke, dementia, or aging, oral intake can lead to choking and aspiration pneumonia. To reduce this risk, the standard medical solution has been to insert a nasogastric tube, allowing food and medication to bypass the throat and go directly into the stomach. This ensures nutrition and sustains life, but often at the cost of comfort and normalcy.

A nasogastric tube is a long, flexible plastic tube inserted through the nostril, down the throat and esophagus, and into the stomach. A portion of the tube remains visibly attached to the face, resembling an elephant trunk. Aside from its awkward



appearance, the presence of this foreign object often causes significant irritation and discomfort for patients.

Taipei City Hospital

Pioneering an Interdisciplinary Dysphagia Team

Swallowing disorders are especially common among patients with stroke, dementia, or advanced age. “But most hospitals don’t have a specific Swallowing Department, so patients often don’t know which specialist to consult,” says Dr. Ya-Ling Li, Deputy Director at the Songde Branch of Taipei City Hospital and leader of the Dysphagia Team.

Taiwan's healthcare system is highly specialized, and the swallowing mechanism involves expertise from multiple disciplines. Previously, swallowing issues were addressed separately: stroke-related cases were diagnosed by neurologists and referred to speech therapists, while age-related difficulties often went unnoticed, with families attributing them to poor appetite and seeking help from gastroenterologists instead.

The standard medical approach to swallowing difficulties has traditionally been the placement of a nasogastric tube. However, with evolving medical perspectives, global healthcare policies have increasingly focused on training patients to regain swallowing function and reducing the number of patients reliant on tube feeding. “We realized that a multidisciplinary team approach was necessary to provide patients with more comprehensive treatment while gradually reducing the need for nasogastric tubes,” says Dr. Li.

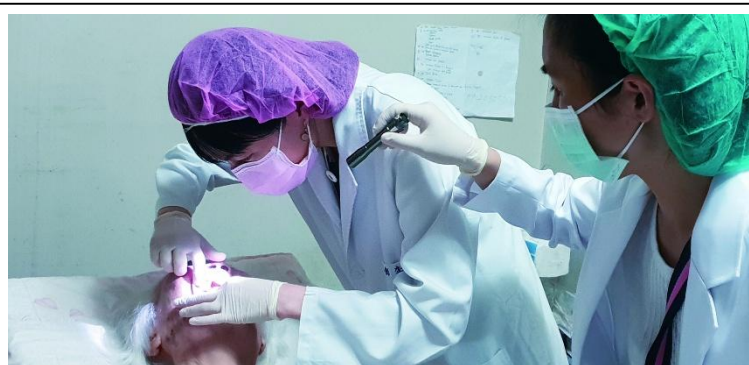
In 2018, under the leadership of former Taipei City Hospital President Dr. Sheng-



Chien Huang, Taipei City Hospital integrated key departments related to chewing and swallowing function—such as dentistry, rehabilitation, otolaryngology (ENT), and neurology—along with healthcare professionals including dietitians, speech therapists, and social workers. This led to the creation of Taiwan’s first Multidisciplinary Swallowing Team of Taipei City Hospital, comprising nearly 100 professionals from various disciplines across six hospital branches. Dr. Ya-Ling Li, a dental specialist, coordinates the team’s efforts across departments.

Aging Can’t Be Reversed, But Swallowing Can Be Rehabilitated

When addressing dysphagia, Dr. Jun-Jie Wu, Director of the Rehabilitation Department at Taipei City Hospital Zhongxing Branch and a member of the Dysphagia Team, categorizes treatment into two approaches: prevention and improvement.



A preliminary assessment of swallowing difficulties through an oral examination.

For younger individuals or those with early symptoms, performing swallowing and oral exercises can help maintain and improve swallowing function. The team conducts

comprehensive assessments based on each patient's condition to determine the cause of their swallowing difficulties. From there, a personalized, integrated treatment plan is created, which may include therapies such as electrical stimulation, speech therapy, use of tongue pressure devices, and endoscopic evaluations. These



treatments are combined with proper eating postures, dietary modifications in collaboration with nutritionists, and adjustments to food texture and consistency to make swallowing easier and reduce the risk of choking.

Additionally, aging is one of the primary causes of swallowing difficulties. The natural aging process is often accompanied by sarcopenia (muscle loss), which leads to the weakening of oral and tongue muscles or the deterioration of nervous system control over swallowing. As more societies enter the super-aged category, the prevalence of swallowing difficulties continues to climb. It is estimated that one in every ten elderly individuals will face such challenges.

Since aging is irreversible, does that mean a nasogastric tube is the only option for those who develop swallowing difficulties in old age? Dr. Jun-Jie Wu explains, “Aging cannot be reversed, but with proper medical care and swallowing training, we can delay or improve swallowing difficulties.”

He provides an example: an 85-year-old patient with untreated swallowing issues might require a nasogastric tube immediately. However, with proper swallowing training, the need for a feeding tube could potentially be delayed until age 90. “Many elderly patients receiving palliative care or experiencing age-related decline may naturally reach the end of life during this period. This enables both patients and their families to avoid the difficult decision of whether to place a feeding tube, allowing the patient to maintain dignity until the very end,” explains Dr. Wu.

Promoting Swallowing Awareness to Reduce Nasogastric Tube Placement

In addition to encouraging patients to recognize their own symptoms and seek



timely care, Taipei City Hospital has incorporated its electronic medical system to proactively identify potential dysphagia cases. By analyzing data from both inpatients and outpatients, the system flags individuals at risk, enabling early intervention. The team also extends services to in-home palliative care and Taiwan's Long-Term Care 2.0 facilities.

Dr. Ya-Ling Li explains that some patients are unaware they have swallowing difficulties. They may misinterpret their poor appetite or trouble with solid foods as temporary effects of illness recovery and ask nurses to switch their meals to pureed or liquid diets. "At this stage, we can use data from the Nutrition Department to quickly identify patients with special dietary needs and notify their attending physicians for further evaluation," she says.

To expand service capacity, the Taipei City Hospital's Multidisciplinary



Taipei City Hospital actively expands its services to home-based palliative care and Long-Term Care 2.0 facilities.

Swallowing Team secured funding from the Taipei City Department of Health, setting an annual goal of screening 1,000 potential dysphagia patients and visiting 1,000 diagnosed patients. Dr. Li explains, "Beyond helping more patients with swallowing difficulties, we also aim to raise public awareness about swallowing disorders and the importance of early intervention."

Taiwan has an exceptionally high number of nasogastric tube users compared to other



countries. Statistics show that approximately 450,000 to 500,000 people in Taiwan rely on nasogastric tubes, with usage in long-term care facilities reaching an astounding 94.05%—the highest globally. Dr. Ya-Ling Li points out that long-term nasogastric tube placement is extremely common in Taiwan, with some patients having used one for more than 10 years. “This is an exceptionally rare phenomenon in healthcare systems around the world,” she remarks.

In reality, placing a nasogastric tube treats the symptoms but not the root cause. Research has increasingly shown that nasogastric tubes do not significantly reduce the risk of choking. “Saliva is still present in the mouth, and in fact, liquids are the substances most likely to cause choking,” Dr. Li explains. She clarifies that nasogastric tubes are meant to be a temporary measure after a physician’s evaluation—not a permanent solution. “Many people think that once a nasogastric tube is inserted, it can never be removed, but with integrated treatment and proper swallowing training, there is still a chance to resume eating by mouth or achieve what we call comfort feeding,” she says.

Respecting Patient Wishes: The Concept of Comfort Feeding

“For terminal patients receiving palliative care, nutritional intake is not as crucial as it is for the general population. For them, being able to eat the foods they desire can be a deeply healing experience,” says Dr. Li. By respecting patients’ eating preferences and personal choices, the concept of comfort feeding promotes oral intake through small, frequent meals, allowing patients to experience the joy and dignity of eating without stress. Dr. Li further emphasizes, “The key to comfort feeding is the patient’s own will—let them eat when they want to eat, and do not



force them when they don't want to eat. It is essential to respect their wishes and how they feel physically.”



Every patient has different expectations regarding treatment. Some, even after understanding the risks, are determined to have their feeding tube removed. Others do not insist on tube removal but simply wish to taste food again. The team engages in thorough discussions with patients and their families, clearly explaining the potential benefits of swallowing therapy, the risks of removing a feeding tube, and the significance of comfort feeding. Ultimately, treatment plans are tailored based on the patient's preferences.

Dr. Li shares the story of a terminally ill patient who had served as a diplomat and had been using a nasogastric tube for three years due to cancer. “His greatest wish was to once again enjoy a slice of cake and a cup of coffee, just like he used to.” With the help of the team's treatment and training, he was first able to sip coffee

through a dropper. In the final six months of his life, he successfully had his feeding tube removed and was finally able to savor the cake he had longed for.

Since its establishment, the Multidisciplinary Swallowing Team of Taipei City Hospital has actively promoted integrated care for swallowing disorders. To date, the team has successfully removed nasogastric tubes for over 400 patients, achieving an impressive 30% removal rate. This remarkable accomplishment earned the team the Symbol of National Quality (SNQ) award.

Dr. Li expresses gratitude that, after years of effort, public awareness and medical professionals' perspectives on swallowing disorders and feeding tubes have begun to shift. She hopes that through continued collaboration between the government and hospitals, swallowing awareness and comfort feeding can be further promoted. “We hope that when people reach the end of life, they won’t need a feeding tube, but can instead enjoy their final meal in comfort and with dignity.”

