



Hospice  
Foundation of  
Taiwan

# HFT Newsletter

Forever Love, Endless Care

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HEALING HEARTS & COMMUNITIES

## World Hospice and Palliative Care Day 2022



### Theme

*Healing Hearts and Communities with Love  
Seeing the Lost and Displaced*

### Activities

#### Webinar

*Healing Hearts & Communities with Love  
From Grief Support to Compassionate Communities*

#### Chat Room

*Hospice Online Chat Room*

*Peaceful Living and Dying, Seeking in the Loss the Gift Left Behind*

#### Publication

*Sending You on a Long Journey with love*

*The Last Journey is a Blissful One*



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# **World Hospice and Palliative Care Day 2022**

## **Seeing the Lost and Displaced, Healing Hearts and Communities**

*Death is not the opposite of life, but a part of life. Living long, being sick briefly, and dying well is a good death, which is a common goal pursued by the whole world's populations. Therefore, every second Saturday in October has become designated as World Hospice and Palliative Care Day (WHPCD), and each year, a different theme appeals to the public about paying attention to the issue of death.*

The Worldwide Hospice Palliative Care Alliance (WHPCA) determines the annual theme of WHPCD and invites all countries that provide palliative care to pay particular attention to palliative care and the right of a good death for their people. These activities have received extensive responses from organizations and groups around the world. Previous themes have included: *Palliative Care: It's 'My Care, My Comfort'* (2020), and *Leave No One Behind – Equity in Access to Palliative Care* (2021). This year (2022), WHPCA chose *Healing Hearts and Communities* as the theme of WHPCD.

### **Soothing Pain and Offering Gentle Support**

In the past two years, more than six million people around the world have lost their lives due to the ravages of COVID-19, which has brought an unprecedented burden to the frontline of medical care. Whether it is family or professional caregivers, they are all under great pressure. In addition, the many conflicts and wars that are taking place internationally have also brought unquantifiable grief and destruction to many countries around the world. Millions of families are grieved by the death of their relatives and friends and





face social isolation and psychological trauma.

The theme of this year's WHPCD, *Healing Hearts and Communities*, is to call on society to express care for these suddenly bereaved people on this day, and to act as their closest and gentlest supporting force in the community.

## **National Activities in Response to WHPCD**

According to the usual practice, countries that provide palliative care have responded to this international event with activities of various forms and scales, calling on everyone to work together to awaken society about proper end-of-life treatment and care for bereaved families.

Taiwan, which ranks third in the world in terms of quality of death, surely cannot be absent. The Hospice Foundation of Taiwan designed and launched a series of activities for professionals and the general public in accordance with WHPCD, hoping to bring comfort and warmth to society and allow Taiwan to once again join forces with the rest of the world.

### **— Taiwan —**

The Hospice Foundation chose October 4 and 6 to hold an international forum on *Healing Hearts and Communities* for hospice practitioners. Top experts from Hong Kong, Taiwan, and Canada were invited to discuss their experiences of grief consultation and promotion work and the structuring of compassionate care cities in various countries based on theory and practice. At the same time, it published a helpful book, *Sending You on a Long Journey with Love*, which invited many celebrities to write their own views on death, in hopes of stirring the public to action, and preparing for their own end of life plans. Also, it utilized a two-day WHPCD special program called *Hospice Online Chat Room* to change the topic of life and death from something that people do not – and dare not – talk about into sincere, casual conversations that



encourage them to break the taboo, and be able to accept the good intentions of hospice and palliative care.

### — Southeast Asia and South Asia —

Other Asian countries also participated in the WHPCD. Malaysia held a fun marathon competition on October 1, inviting the general public to participate in response to WHPCD. The Philippines hosted a series of events. For example, Los Banos Laguna presented a virtual concert on October 7, featuring a film by Madre de Amor Hospice Foundation that depicted emotional stories of support for people facing grief and bereavement during the COVID-19 pandemic. Another example is Makati City, which offered a fun marathon on October 8 to raise public awareness of hospice and palliative care. Also, the Philippine Society of Hospice and Palliative Medicine (PSHPM) hosted its 4th Annual General Meeting on October 9, a two-day webinar on topics such as palliative care and end-of-life care.

Hospice and palliative care organization CanSupport also offered a free concert in Delhi, India on October 9, featuring the singing of Indian ghazal master and classical vocalist Dr. Radhika Chopra, in support of the end-of-life care and hospice and palliative care movement around the world. The Asia Pacific Hospice Palliative Care Network (APHN) launched a virtual challenge where people can choose to independently run, walk, hike, or cycle as a way to assist with hospice fundraising.

### — Americas —

In the Americas, the U.S. organized a two-day virtual conference on October 3-4. Palliative care professionals and healthcare staff from home and abroad gathered online to discuss nursing dignity, racism and structural discrimination, mental distress and burnout, prison palliative care, substance use, and end-of-life medical care. Mexico City hosted a symposium on October 6 to



discuss the importance of nursing staff providing end-of-life care for terminally ill patients. Canada held special lectures in Toronto and Vancouver on October 12 and October 28 respectively, focusing on the development of public health in palliative care and the medical essentials of modern hospice and palliative care.

### — Europe —

Among the European countries, Portugal, in response to WHPCD, promoted the importance of hospice and palliative care at a shopping mall in Portimão on October 8 with the theme of *Mourning*. On the same day, the United Kingdom provided an online conference to discuss innovative ways to re-consider palliative care education during the pandemic.



# **World Hospice and Palliative Care Day 2022**

## **- *Healing Hearts & Communities* Webinar**

### **From Grief Support to Compassionate Communities**

Through an online video, the WHPCD 2022 theme *Healing Hearts & Communities* Webinar discussed issues such as grief support services, community care and compassionate communities, while looking forward to building a warm social support system through mutual sharing and exchanges.

The WHPCD 2022 - *Healing Hearts and Communities* Webinar held an online seminar and exchanged discussions among hospice professionals on October 4 and 6. Four experts and scholars were invited: Prof. Amy Chow, director of Hong Kong Jockey Club End-of-Life Community Care Project; Miss Bonnie Tompkins, principal of Pallium Canada Compassionate Communities; Dr. Ying-Wei Wang, Director of the Center for Palliative Care at Hualien Tzu Chi Hospital; and Dr. Chun-Kai Fang, Director of Hospice and Palliative Care Center of Tamsui MacKay Memorial Hospital (note: Dr. Wang and Dr. Fang are also directors of the Hospice Foundation of Taiwan). In their discussions, they focused on issues such as grief support, community care, and compassionate communities, and shared with participants about their extensive experience and insights of clinical services over a period of many years.



## Hospice Opens Door to Grief Issues; Natural Disasters Open Door to Healing

Having devoted himself to psychiatry and palliative care for many years, Dr. Chun-Kai Fang has analyzed the developmental context and advantages of grief services in Taiwan under the title *Diversified Grief Support Services in Taiwan*.

Dr. Fang explains that the discussion on grief issues in Taiwan actually developed relatively late. As early as the 1980s, Western countries had already begun to discuss grief issues from the psychological aspect, while it was due to the necessity of hospice and palliative care that Taiwan eventually started to systematically attach importance to grief.

"In 1990, hospice and palliative care began to grow in Taiwan. At that time, four social workers devoted themselves to providing palliative care, Kai-Min Li, Fang-Hao Lin, Yu-Shi Zhang, and Shu-Lun Ge. They even took it upon themselves to translate the book *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* by J. William Worden (a member of the American Psychological Association)," says Dr. Fang with admiration since this was the first book on grief published in Taiwan. Even today, it is still being revised and released.

The grief consolation care in the hospice circle has gradually extended to a systematic educational training, and under the popularization of the concept of obtaining a peaceful life and death, the follow-up services for the bereaved family have been expanded considerably. As for the development of the medical community's emphasis on grief support, Dr. Fang, who is a psychiatrist himself, has fresh memory of it. The opportunity came from a heartbreaking natural disaster--the 921 Earthquake, which occurred on September 21, 1999. At that time, many



patients with posttraumatic stress disorder (PTSD) suddenly emerged, and psychiatrists and clinical psychologists became involved in the treatment. Dr. Fang admits that the treatment provided was always focused on PTSD at that time, and not on grief. “To take it seriously, psychopathologically, grief looked like PTSD, but who is not sad that was left behind in the earthquake?” reflects Dr. Fang.

## **Opportunities to Meet Together as Relevant Services Appear in Response**

Upon increased reflection, the connection between PTSD and grief became obvious, and the medical community began to pay close attention due to the shocking incidents in 2002, which included the 331 earthquakes and aftershocks that took place in Hualien, and the high suicide mortality rate in Taiwan (which exceeded the high suicide rate country as defined by the World Health Organization). For this reason, National Taipei University’s Nursing and Health Sciences Department established the Institute of Life and Death Education and Counseling, which has become a higher education unit specializing in the study and discussion of grief issues. It has also attracted many psychiatrists to come to study more about the subject. Dr. Fang Chun-kai was one of its students in its second year.

With the broad understanding of grief issues, relevant services have gradually formed. For example, the Taiwan Suicide Prevention Center was launched in 2005. When the severe Typhoon Morakot struck Taiwan in 2008, this governmental department immediately established a disaster relief mechanism and also commissioned psychological service-related societies, associations, and foundations to be stationed in the disaster area in order to carry out psychological reconstruction work. In 2013, the Ministry of Health and Welfare established the





Department of Mental and Oral Health, and the department related to psychology was officially established.

"In addition, after 2010, the number of psychiatric practitioners surged. They usually cooperated with counseling psychologists and clinical psychologists. The accessibility of the medical system thereby allowed more people to receive the help they needed," says Dr. Fang with a smile, who notes that in Taiwan there is also a simple channel for obtaining multiple services for grief support, that is, health insurance. He continues, "When people have needs and don't know who to turn to for help, they can always go directly to the hospital to register and receive the help needed."

Grief comfort starts with the hospice, but strictly speaking, the areas for other departments and palliative care to really ignite the spark of grief support are the acute care and intensive care units. Dr. Fang is optimistic about this idea because it has taken to the society's attention and prompted Taiwan's grief support to the development of pluralism, not only with starting local research, but also with developing evaluation tools for Taiwan's localization. At the same time, a group of experts and scholars began to review the overlooked and neglected needs, such as childhood cancer.

In 2018, Dr. Fang participated in a meeting with the International Work Group on Death, Dying, and Bereavement. At that meeting, he discussed with scholars from Singapore and the United States to develop the *Healing CUP Model* (Context-Users-Providers Model). This model emphasizes six key moments, including: initial diagnosis, relapse or disease progression, discontinuation of curative treatment, patient death, one year after death, and two years after death. It also combines medical institutions and community resources to provide users with better grief support services.



## Early Preparation in Coping with the Arrival of a Super-aging Society

Dr. Fang mentions that there are many volunteer resources in Taiwan, and these can provide immediate and powerful assistance in initial grief support. Even when complex grief situations occurs or when more professional intervention is required, Taiwan also has high-quality and sufficient resources. He says, "Psychologists in Taiwan must be qualified through the national licensing system, so they can provide services of a certain quality or higher, which is something that many countries still do not have."

When it comes to foreign trends, different countries have different directions. The United States, which has been plagued by constant natural and man-made disasters, is the most complete in terms of grief support services. Meanwhile, the United Kingdom, which has the most complete development of hospice care, focuses on prevention rather than on cure, and under the construction of compassionate cities, even before a patient dies, the family's grief support service begins in order to avoid the worsening of grief in the future.

On the occasion of WHPCD in 2017, Taiwan also officially launched the *Compassionate City Movement*, which was initiated by Dr. Ying-Wei Wang, who was then the Director-general of Health Promotion Administration under the Ministry of Health and Welfare. He studied under Allan Kellehear, Professor of Faculty of Health Studies at the University of Bradford in the UK and proposed the concept of *Building a Compassionate City*.

At that time, although the Taiwanese society as a whole was still a long way from the estimated timeline of becoming a super-aging society in 2025, it had already prepared in advance for this uneasy future. Given



that the main living situation of most elderly citizens was still within the local neighborhood of the community, how the community should take care of them in accordance with their health awareness status, dementia, and other conditions has become a much-discussed topic. Therefore, the government successively promoted systems such as age-friendly cities, dementia-friendly communities, and compassionate communities.

"I was thinking at the time that both the elderly-friendly community and the dementia-friendly community are biased towards the hardware and institutional aspects; but the compassionate community is more humane and has a certain kind of warmth," says Dr. Wang. He believes that by accumulating what he has done in the past, and by incorporating the warmth of the compassionate community into it, it is possible for more elderly citizens in the community to be well taken care of without having to visit the hospital.

## **Experts Give Lectures in Taiwan as the Compassionate Community Takes Shape**

In order to quickly establish the concept of compassionate communities in Taiwan, at the end of 2017, Dr. Wang invited Allan Kellehear, a medical and public health sociologist, to Taiwan for a six-day educational training. He joked that at first, Mr. Kellehear had no expectations for Taiwan, since "Over the years, he has been invited to share in many countries, but in many places, especially in Asian countries, the concept has never been able to fully ferment and develop. However, after those six days, he completely changed his mind about Taiwan," Dr. Wang smiles proudly.



Dr. Wang is known to say, "When you are moved, you will be impulsive, and on impulse, you will act. After the action, it will become a movement."

During those six days spent in Taiwan, Mr. Kellehear felt deeply moved by the trainees and sensed the impulse. He even saw the actions in some community care projects carried out by Taipei City Hospital and Hualien Tzu Chi Hospital.

In addition to his expectations, Mr. Kellehear pointed out the blind spots of the compassionate community in Taiwan at that time, saying that Taiwan's community and home care are medical and health services, but the compassionate community focuses on the mutual care in the community, which includes schools, workplaces, points of care, churches, and etc. The care between people is the axis of the compassionate community.

And Taiwan did not disappoint, especially in the active carrying out of related plans by the Health Promotion Administration and Taipei City Hospital. Dr. Wang says frankly that in the five years since 2017, it has still been difficult to reach the standard in terms of the results, citing, "The promotion of the entire system requires time and thrust, and we need to work harder to achieve it."

In this webinar, Dr. Wang also held a two-way discussion with Ms. Bonnie Tompkins from Canada. Dr. Wang says that Canada's promotion of compassionate communities started early, and it can even be said that it was a structure discussed by the national movement. "In terms of compassionate communities, most people are waiting for the public sector to guide the direction, but the government contractors are not experts in this area. The experts are from the private sector. We should follow the example of Canada and let the private sector think carefully





about feasible solutions and provide the government with critical reference and experience.”

From grief support to compassionate communities, whether abroad or locally in Taiwan, it has been a long and challenging road. However, in the process of discussion with each other and mutual learning, we are gradually building a system and characteristics that conform to our country. The WHPCD 2022 Webinar also fully comforted the soul and the community through the wonderful sharing of the four experts.



# **World Hospice and Palliative Care Day 2022**

## **- Hospice Online Chat Room**

### **Find Peace in Life and Death by**

### **Seeking the Precious Gift Left Behind**

*Impacted by the COVID-19 pandemic, the relationships between people have become curiously both estranged and yet more intimate at the same time. The alienation relates to the connection with the outside world, while the intimacy relates to one's own family members living under the same roof and recognizing the opportunity to cherish the moments. However, this pandemic has also caused many regrets and deaths. For this reason, Hospice Online Chat Room produced a special program called Healing Hearts and Communities in accordance to the theme initiated by the World Health and Palliative Care Day (WHPCD), which calls on everyone to be a warm and healing presence, so that the brokenhearted can be comforted.*

For most people, death is still a taboo that is neither easily nor willingly confronted with. The topic of death tends to ignite deep, hidden fears and anxieties. For this reason, the Hospice Foundation of Taiwan has launched the *Hospice Online Chat Room* program. Each episode focuses on a different topic with special guests, who are invited to purposefully and casually talk about their experiences regarding life and death in hopes of helping the audience face death more positively. The October 2022 episode echoes the theme of WHPCD as entertainer Ms. Bowie Tsang Po Yee and ICU (Intensive Care Unit) physician Dr. Kim-Tan Che were invited to chat with everyone, and discuss how to discover more *gifts* in loss of life situations. These are soothing conversations intended for everyone in these challenging times.

### **Regrets and Gifts Arising from Loss**

Ms. Bowie Tsang, a popular Taiwanese TV host, singer, actress, and writer,



first learned what *unconditional love* is really about from her grandfather. He was that special person, who brought her to school every morning when she was little, and also met her in the afternoon to bring her home from school. As Ms. Tsang grew up and gained fame, he also became her most loyal fan. However, he left this world without warning in 2011. She describes how this loss hit her like a “loud alarm clock,” which rang a great impact into her life. She questions, “If the person who loves me unconditionally in this world is no longer with me, then who will love me?” After more than ten years of torment in her soul, she happened to read a sentence in a book that spoke to her: *Every loss of life is a gift for the living*. That’s when and how she began to find healing within herself, day by day, little by little. In the process, she finally realizes, “Grandpa is always here with me, and I will continue to live with his love in my life.”

Dr. Kim-Tan Che, who also lost a close relative, has gone through his own period of hardship and pain. He says, “The gift my mother left me is regret.” His mother had quietly withdrawn from this world when he was just 17 years old. At that time, he was too busy preparing for an exam and did not even have time to say the last goodbye to her. It caused him to live a life filled with regret, anger, and remorse for many years into his adulthood. In response, he worked especially hard to become a doctor for the purpose of finding a cure for his mother's illness. Eventually, Dr. Che married and found healing through the patient listening and company of his wife. Slowly, the pain in his heart gradually dissipated. Because of this experience, he was able to sympathetically understand the difficulties and pains of his patients and their families. Finally, although the loss was great and profound, he discovered that it was actually the most precious gift left behind for him by his mother.

Having sailed through seas of tears and grief, both Ms. Bowie Tsang and Dr. Kim-Tan Che have realized the same thing: They have learned how to better cherish the past moments and memories in life, and embrace the time they



spend with the people around them now. "Take every day as if it's the last day," advises Dr. Che.

Ms. Tsang shares, "The most important thing in the grieving process from feeling hurt to recovery is the ability to be self-aware, paying attention of the gift that is always there." Though in the past she may have regarded death as a *rude deprivation*, but through continuous exploration and self-talk, she is now aware that death can result in a beautiful gift as well.

## From Loss to Understanding

Having gone through the turning point in this long soul journey, the two guests have found ways to heal themselves and help others in their healing processes, too.

"First of all, you have to admit that pain and sadness really do exist," acknowledges Ms. Tsang, who believes that one should treat oneself with tolerance and be one's own best companion. In her healing process, she continuously pursued the outlet of life through travel and reading, and then, with tolerance, granted herself more time necessary to understand and digest her grief. Then, when she suddenly became enlightened, she was filled with gratitude for her surrounding environment, people, things, and experiences. As Ms. Tsang reflects, "Only when you lose it will you realize that you have owned it." Tempered by time, the pain of bereavement has transformed into a deeper blessing for her.

For someone like Dr. Che, who is at the front line of life and death, his own past life experiences have enriched his current professional practices. For example, he always adheres to the belief of: *Save not only the patients but also their family members*. This belief is directly derived from his trauma of the past dealing with loss. With empathy, he has learned to resolve the conflicts at the hospital bed time and time again; and has also witnessed the family's thought





process on whether they want to do more for the patient or if it is time to say goodbye. In the busy and high-pressure field of care, Dr. Chen does not shy away from saying, "This may not be what medical staff members are required to do," but he is willing to give more for his patients because he expects that when family members look back on their deceased relatives, they will be able to better grieve their loss with a warm heart. Furthermore, the gratitude expressed from the families also enables the medical team to be encouraged, and thus, create a cycle of kindness to one another.

In the end, Dr. Tsang talks about his deep feelings during the pandemic, "In the past two years or so, I can sense that people are slowly regaining their care for the people and things around them." The pandemic continues to change the relationships in the community as people adapt, but while the beginnings of the pandemic may have caused confusion and misunderstanding, it is now turning into mutual support and compassion. Perhaps it is the circulation of resources and information, which has strengthened the connection with each other, yet he is optimistic about these changes. Dr. Che, taking himself as an example, says that isolation has created rare family reunion times on ordinary days, something unheard of in the pre-pandemic days, so it is actually a good thing.

In addition to the pandemic, Dr. Che reminds everyone to complete the *Four Paths* to plan their end-of-life now, and not wait. "Timely preparation for one's death allows us to potentially gain more than expected, to hold on tightly to the time we have, and to cherish each day that we still have."



# **With Endless Love, Sending You on a Long Journey with Peace in Mind - The Last Journey Is a Blissful One**

*Are you ready when it comes time to say goodbye? If life is a piece of music, there are bound to be ups and downs in it, and it is only when it reaches the final chapter that it returns to tranquility so that the movement of life comes to a perfect stop. Before the coming cessation, however, we will accompany you with love, and when life stops, we will also see you off with love.*

The deepest pain in life is facing the passing of a loved one. The most profound learning is also the moment of facing death. The Hospice Foundation of Taiwan (“the Foundation”) held the first essay competition in 2013 and published in 2014 the first book of practicing farewell called *If One Day We Say Goodbye*. The book is a collection of thirty-seven real life stories and many famous people have been invited to contribute, such as Hsiao Yeh, Wang Shau-di, Tan Dun-ci, Lin Fang-yue, Zheng Hong-yi, and etc. Additionally, the general public and medical staff have been included to share their own awareness and reflections on life.

Six years later, the Foundation hosted another essay competition, and also assembled and published the second book of farewell focused on letting go called *Sending You on a Long Journey With Love*. This time we invited the *Mother of Hospice and Palliative Care* (also known as Ms. Co-Shi Chantal Chao), and celebrities such as Ms. Bowie Tsang, *Big Brother* (also known as Mr. Chih-Sheng Lin), Ms. YangYeh, and



others to share how to let go of their reluctance and instead, honor and remember the deceased without regrets when sending loved ones on the last leg of the life journey. Their sincere words are captured in this book, passing on the most touching and blessed moments in life with love.

Dr. Yuh-Cheng Yang, the Chairman of the Hospice Foundation and previously the president of Mackay Memorial Hospital, had been known as the *King of Baby Delivery* until he changed his practice to focus instead on female cancer cases. As a result, he accompanied countless patients through their anxiety and helpless process of fighting cancer.

However, in 2014, he himself was diagnosed with lymphoma. In those days when he lied in the dying bed, Dr. Yang lost his self-confidence that he could empathize with patients. He quoted the famous words of German philosopher Martin Heidegger: "The self can only become what it truly is through the confrontation with death."

Through this process of facing his own journey toward death, Dr. Yang personally encountered the pain that critically ill patients, terminally ill patients, and even their family members have to go through. It helped him to later draw near people's sad and breaking hearts in a softer and more considerate way. Plus, remembering the faint but firm words of a patient's "thank you, goodbye" before the patient was discharged from the hospital many years ago urged him to continue and promote the mission of dignity at the end of life. Dr. Yang has always hoped that everyone can be treated with gentleness and kindness before reaching life's finish line and be able to say goodbye with a smile.

## **Let Go of Fear and Sadness Seize the Moment**

"I'm not afraid of death, but I'm afraid of pain; I'm not afraid of getting sick, but I'm afraid of struggling at death's door; I'm not afraid of taking



medicine or injection, but I'm afraid of losing my human form." This is a profound confession about the end of life by Ms. Co-Shi Chantal Chao, also known as the *Mother of Hospice and Palliative Care* in Taiwan. The breast cancer she was diagnosed with 16 years ago did not knock her down, but on the contrary, made her more active in promoting domestic hospice work. With selfless dedication and firm belief, she says confidently, "Live a few more days or a few years less; what does it matter?"

Are there only sorrows and regrets that accompany death? No, that's not always the case. Recalls senior media person Ms. Yi-Yi Chan, "Dad practiced calligraphy while pooping. He was so happy to receive royalties that he scattered the banknotes all over the living room. Dad imitated my sister singing vocal music." This is a small part of all the memories Ms. Chan has about her deceased father. In the very beginning, the resentment and grief of losing her father were intensely entangled, and it was not until the family remembered the hilarious behaviors of his father when he was alive that Ms. Chan realized that the reason why his father was still happily *living* with them was not due to the family letter he deliberately left behind, but rather, is based on each of the stories they share together. These important memories brought calm to the healing process, and made more complete the lasting presence of her father.

### **Accompanied by Love to Meet the End with Dignity**

"Upon rushing into the house, I saw my mother lying on her side beside my father, her head close to his, one hand on his shoulder, and the other stroking his face," describes Ms. Yan-Xuan Bi, whose father was diagnosed with advanced stage colon cancer. Due to his old age, his wishes were followed and he coexisted peacefully with the tumor.





During this period of home rest, Ms. Bi's father fulfilled many of his wishes. He passed the Chinese New Year of the Golden Rat, ate shou-tao (a peach-shaped birthday cake) for his 91<sup>st</sup> birthday, celebrated the 50<sup>th</sup> golden wedding anniversary, and etc. He even lived to see his grandson graduate from college. Regarding the arrival of the end of life, Ms. Bi's father said optimistically, "My wishes have been fulfilled, and I have no regrets in this life."

As the disease progressed, the day to say goodbye finally came. Ms. Bi describes that her father seemed to have fallen asleep. Without final infusion, injection, or feeding, his body had no unnecessary burden, and he walked towards the end of life with a clean and pure body, full of dignity.

A peaceful death is the result of the family's infinite love for the patient. It not only helps the terminally ill patient leave with dignity, but also helps the family overcome their grief much more quickly. Having experienced this, Ms. Bi realizes, "It turns out that not doing anything is also kind of considerate." How much love it takes for that to happen!

In these deeply ruminative stories, we can see that saying goodbye with love and traveling with blessings means peaceful living and dying.