Hospice Foundation of Taiwan

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Forever Love, Endless Care

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The Arrival of a Super-aged Society – Countries Grow Amid Challenges in Facing the Hospice Care of the Elderly

Since 2000, European and American countries have gradually entered the super-aged society. The planning of terminal medical care and death preparation for the elderly has gradually grown more comprehensive, and an assessment scale dedicated to the elderly with dementia and frailty has been developed to formulate palliative medical care plans. These can serve as the best reference for Taiwan.

Faced with the advent of a super-aged society, all countries have begun to discuss and make decisions. Whether through the formulation of laws, policy support, or public advocacy, they will gradually discuss and develop a more comprehensive care system for the elderly population, including hospice and palliative care.

During a visit to European countries, Ping-Jen Chen, who is a specialist in family medicine and geriatric medicine at Kaohsiung Medical University Hospital, and who has long been involved in integrated care for dementia patients, saw the comprehensive end-of-life care provided by the Netherlands and the United Kingdom for frail elderly people.

Towards a super-aged society: challenges and reflections in various countries

"Hospice care should not only be exclusive to diseases or limited to the terminal, but should be a more diverse care option for the elderly," says Ping-Jen Chen. Taiwan officially entered the aging society in 2018 and is expected to move towards a super-aged society in 2025. Ping-Jen Chen’s research indicated that

the medical expenses people spend in the last three or four months of their lives may far exceed the sum of their lifetime medical expenses. Ironically, various data also show that the life-support medical treatment during this period is often ineffective, causes patients to suffer greatly, and lacks a good quality of life. "Under such circumstances, the government began to think about whether it should strengthen the system and concept of hospice care, so the issue of palliative care for the elderly has gradually become a national policy," Ping-Jen Chen pointed out. Although Japan is well known to be the most aging country in the world, on the whole, European and American countries entered the aging society as early as the 1990s, among which Europe entered the super-aged society after 2000, and the United States and Canada followed suit after 2010. Therefore, European and American countries have developed relatively comprehensive policies and practices for palliative care for the elderly. In view of the various problems that the elderly may encounter, they further consider end-of-life medical care issues for the elderly, such as multiple comorbidities, dementia, disability, and frailty.

Regarding the frailty of the elderly, Ping-Jen Chen analyzed that between 2000 and 2005, an increasing number of people began discussing this issue and proposed a clinical frailty scale. By 2010 to 2011, countries such as Canada, the Netherlands, Spain, New Zealand, and Mexico had successively incorporated palliative care for the elderly into their national policies. The most complete report comes from the *White Paper on Palliative Care for the Elderly* in 2011, which was put forward by the European Office of the World Health Organization (WHO). It consolidated the main development plans and related care aspects in Europe. After that, countries gradually developed relevant clinical guidelines, while Taiwan compiled the *Guidelines for Hospice Care for Dementia* in 2016 and the *Guidelines for Hospice Palliative Care for the Debilitated Elderly* in 2018.

Palliative care for the elderly: key decision-making issues

Ping-Jen Chen stated that the guidelines compiled by various countries are slightly different. For example, New Zealand, the United Kingdom, and the Netherlands are the most complete, and they have their own guidelines for different settings, such as long-term care institutions and homes; while Singapore and Japan tend to focus on special issues, such as nutrition, moisture, and infectious disease treatment.

However, in terms of developing regulations, policies, and care content in various countries, most of the aspects covered do not deviate from the core defined by WHO, which includes holistic care of body, mind, society, and spirit; communication with patients and family members; care planning; care during the last weeks or days of life; family care; and coordination and continuity.

"Coordination and continuity include the timing of hospice care intervention," Ping-Jen Chen further explained. Palliative care after disease diagnosis should be considered decoupled from hospice care at the end of life, especially for the frail elderly with a long life course. Since the elderly are living longer, palliative care can gradually intervene in the treatment of symptoms and comfort care. At the same time, care choices should be made when acute or severe symptoms occur. "*Coordination* means that there must be a mechanism among the different departments and different care fields; and *continuity* means that arrangements from palliative care start at the early stage of the disease to the end of life. Even arrangements for family members' grief and consolation must be considered, rather than letting subsequent caregivers be unaware of the care direction and rely solely on medical convention to arrange care. "

In this regard, a survey showed that New Zealand performs best, whether in the five core areas, early intervention of palliative care, or national resource allocation, which have been fully considered in regulations and clinical guidelines. In addition, the Netherlands, the United Kingdom, Austria, Singapore,

Mexico and other countries are also ranked highly. As a result, Ping-Jen Chen regretfully expressed that Taiwan should also be among them, but unfortunately, due to international political situations, it was not included in the evaluation.

Elderly care as part of an inclusive community

Ping-Jen Chen, who visited the Netherlands and completed his Ph.D. in the UK, has seen in both countries the high importance that society places on hospice care for the elderly.

He cited the United Kingdom, the birthplace of hospice palliative care, as an example of a society with abundant advocacy energy, where the topics of frailty in old age, aging, and palliative care have become mainstream in recent years. "For them, this is a matter of improving the quality of life; it is a basic human right, so the value of a good death has always been deeply rooted in the hearts of the people."

Ping-Jen Chen also observed that not only is there a high degree of social discussion, but there are also many related non-profit organizations. The annual donations for this purpose are enough to support 70% of domestic hospice palliative medical plans. With such a huge public consensus, non-profit organizations are also more actively investing in funds, manpower and the time to achieve more comprehensive program goals. For example, Aged UK, the largest NPO organization for the elderly in the UK, has produced a 40-page promotional material to teach the elderly how to think about their future, participate in social prescription activities, and make advance medical directive. Marie Curie, the largest cancer and hospice NGO in the UK, not only set up several hospice homes, but also employs nurses across the country to serve the elderly who are in need but cannot afford the cost of private nursing care, thereby fulfilling their wishes to die comfortably at home.

Social Prescribing:

It is a medical prescription that combines activities such as music and art. Different from the concept of traditional drug treatment, it starts from the prevention and management of mental health, and provides comprehensive care and support services for patients through the connection of medical institutions and local organizations. The UK has included it in one of the long-term plans of the National Health Service.

"In that land, you don't think that the final hospice care must be in the hospital," Ping-Jen Chen affirmed. He saw the society's assistance and support in the UK, and it even developed related diversified plans. He also once went to the hospice to be a volunteer and was surprised to find that the architecture of the hospice is almost the same as ordinary houses in the community; that the residents of the community will take initiative to volunteer in the hospice; and that the school also welcomes and accommodates children's visits in the hospice. Observes Ping-Jen Chen, "It perfectly embodies what is meant by a peaceful symbiotic community."

Palliative care intervention time：the family doctor system as an aid

In addition to the UK, Ping-Jen Chen also praised the continuous innovation of the Netherlands. Whether it is in regulations, social resources, or civil society, the discussion on the care of the elderly has never stopped. He said, "In the Netherlands, everything can be discussed, including red light districts, drug use, and etc. After public discussions, decisions will be made and new service models organized. The same is true for their elderly care system because it was formed in the public debate, so the content is quite rich and succinct to practical needs." In addition to seeing the full mobilization and engagement of citizens and society, Ping-Jen Chen has also found that the Netherlands, New Zealand, and the United

Kingdom – the three countries with the best hospice care for the elderly – have a common feature, that is, the family physician system.

According to Ping-Jen Chen, in these three countries, almost everyone has a family doctor, who provides the daily family care. When a hospice is launched or when there is a need of evaluation, checkup, and treatment by hospice doctors, family doctors will assist in referrals and coordination. Chen says, "Under this interconnected system planning, the initiation and connection of hospice care are even smoother."

Learning from foreign countries：Taiwan is gradually improving

Turning our attention back to Taiwan, since June 1, 2022, the terminally debilitated elderly have been officially included in the health insurance and hospice care support, and the evaluation criteria for case acceptance has been established in reference to the Supportive & Palliative Care Indicators Tool (SPICT). Ping-Jen Chen explained that SPICT is an evaluation scale developed by the University of Edinburgh based on the patients received by community and family physicians, which is different from the common research on hospital patients.

Unlike cancer, which has a clear course of disease, the end stages of non-cancer diseases such as dementia and debilitating diseases are relatively unpredictable and long-term. Therefore, it is better to arrange palliative medical intervention after the disease has been diagnosed.

"The core of SPICT is to use indicators to find the basis for the decline of the overall health status," explains Ping-Jen Chen. For example, if the elderly start to show irreversible deterioration in daily function, require care for some physical or mental health problems, have significant weight loss, or their original disease symptoms cannot be managed by the original team, "SPICT mainly

screens out the elderly who need palliative care, which is actually different from terminal palliative care or end-of-life prediction of cancer."

Ping-Jen Chen recognizes that SPICT serves as a guide and index tool for supportive and palliative care, and it is also in line with the current ideas of palliative care for the frail elderly. This allows for timely intervention of palliative care when the elderly have care needs or when the current medical care model cannot meet their overall care expectations.

"Currently Taiwan's health insurance also recommends using the SPICT scale for admission assessment for the terminally frail elderly, but most medical institutions still use the admission criteria for terminal cancer symptoms," Ping-Jen Chen said. He believes this will be Taiwan's most significant challenge after the new addition of the terminally frail elderly to hospice care admissions.

Weak and Frail Elderly - The Unnoticed Hospice Needs

Moving Towards a Sound and Mutual Aid System for More Complete Care.

In daily life, aging is often not regarded as an illness, so the end-of-life needs of weak and frail elderly people have not been taken seriously. Starting from June 2022, the terminally debilitated elderly have officially been included in the indications for health insurance and hospice palliative care benefits. Medical and nursing teams are also closely following the needs and policies, developing and improving relevant assessment and professional care knowledge.

In the initial stage of training for hospice specialists, the focus is on cancer, and then it is expanded to patients with organ failure. Whether it is cancer or organ failure, doctors can often grasp the course of the disease based on their expertise and experience, allowing palliative care to be initiated at the appropriate time. However, unlike cancer and organ failure, *frailty* is a disease that is slow and prolonged, and is integrated into daily life. Therefore, it has always been a difficult problem to determine when palliative care should intervene.

With the increasing elderly population in Taiwan, it is foreseeable that terminal aging will be one of the focus areas of elderly care in the future. Not only has the policy already recognized the need for the frail elderly, but the medical community is also stepping up efforts to enhance the care of healthcare practitioners through assessment tools, training courses, and etc., with the aim of providing assistance through timely professional intervention."

Imperceptible Weakness in an Once-neglected Area

"Frailty can become severe and life-threatening, but this concept has not yet been established in the mindset of the general public or the sub-specialists," said Hsien-Cheng Chang, Director of the Department of Family Medicine at Lotung Poh-Ai Hospital, and who has devoted himself to hospice and palliative care for many years. When it comes to the frail elderly people, he speaks with a slight regret in his voice, "Patients with better economic or nursing conditions may be able to obtain relatively more medical care through single or multi-disciplinary medical treatment. Even so, when they become increasingly frail or transitioning to the terminal stage, there are still many needs that cannot be met by multidisciplinary care."

The frailty of the elderly is easily overlooked, and the issue of aging and decline cannot be solved simply by seeing a doctor, taking medicine, or being hospitalized once. Judging from the current aging rate in Taiwan, the imminent problem of the large number of old, aging, and dying patients cannot be solved by simply opening more hospice wards.

Hsien-Cheng Chang further explained that physical frailty is a process and that professional assistance is needed in the early stages of frailty. This may not necessarily involve taking medication, but may also involve proper diet and exercise to slow down the process. If handled properly, it may even result in a better quality of life.

According to research, serious problems commonly occurring in frail people include decreased mobility, disability, and dependence caused by falls, which make them more likely to require long-term care in institutions compared to their non-frail elderly counterparts. In addition, frail individuals have a higher risk of mortality than many patients, who have a single disease.

Hsien-Cheng Chang used a life curve chart to explain that the life curve of the

frail elderly is not like that of patients with organ failure, which shows large fluctuations; but rather, has small waves and a continuous decline overall. He explains, "After the frail elderly face every medical incident, the curve will drop a little bit, but it's not easily noticeable, and it's hard to predict."

On the other hand, most of the existing national awareness or medical care system still tends to view diseases from an organ-centric perspective. Hsien-Cheng Chang believes that every so-called *discomfort* of the frail elderly may be relatively mild in terms of symptoms and severity. For example, the heart may not deteriorate to the point of requiring medical attention, and the kidney may not deteriorate to the point of requiring dialysis. He says, "Therefore, frailty is not only often overlooked by family members, but also may be overlooked in Taiwan's medical system, which has meticulous divisions of labor and sub-specializations."

“Treat the head when the head aches; treat the foot when the foot hurts.” Having seen doctors of various specialties and taken more and more medication, the elderly is still gradually declining in health. It is not only the patients who become discouraged, but also their family members who worry about if they are neglecting taking their medication or being lazy about exercise. All kinds of doubts and misunderstandings become entangled in the homes of frail elderly people, which make the family feel helpless.

Three-step Assessment to Help the Frontline Workers Determine Needs

Is it really the case that nothing can be done but to accept the status quo in the medical field? Hsien-Cheng Chang does not think so, and he affirms that many years ago, Taiwan's medical community had already recognized the needs and existence of the frail elderly patients, and actively learned from abroad and made repeated adjustments to build a localized evaluation and care model for the frail elderly in Taiwan.

In 2019, with the support of the Health Promotion Administration of the Ministry of Health and Welfare, the Taiwan Academy of Hospice Palliative Medicine assembled frontline personnel covering physiology, psychology, sociology, and spirituality to jointly compile the *Guidelines for Hospice and Palliative Medical Care for the Frail Elderly* and developed corresponding online teaching materials for education, training, and promotion.

Regarding when the frail elderly people should begin to receive hospice and palliative care, it is suggested in the guidelines to make the decision based on a three-step assessment model.

The first step is to identify the frail elderly with reduced function in a clinical setting.

This can be done through screening with the *Study of Osteoporotic Fractures* (SOF) or *Linda Fried Evaluation Scale*. Among them, the frail elderly in the early stages can be provided with appropriate care, treatment, and functional training to improve or delay the progress of frailty.

The second step is to assess the prognosis and whether the expected survival time is less than one year.

Hsien-Cheng Chang stated frankly that the assessment of survival time has always been the most difficult part in the field of frail elderly. Nowadays, *The Frailty Index*, *Canadian Study of Health and Aging-Clinical Frailty Scale* (CSHA-CFS), *Supportive & Palliative Care Indicators Tool* (SPICT), and other frailty assessment scales are useful for survival estimation references, and surprise questions can also be used.

The third step is to use the SPICT scale to assess the referral to palliative care.

The SPICT scale mentioned in step two can also be extended to this step. In cases

where the frail elderly cannot be met, their primary care physician can provide enhanced care or seek assistance from the palliative care team.

Accelerate the pace for care to spread from hospitals to primary care units

Hsien-Cheng Chang believes that the United Kingdom is worth mentioning as it is currently the country with the most complete and comprehensive implementation in the field of care for the frail elderly. However, UK's medical system has a clear network of family doctors, who can serve as the core caregivers and observers, and can refer to specialized teams in a timely manner when necessary. Unfortunately, it is difficult to directly replicate this care process in Taiwan.

"As treatments for cancer and organ failure become more and more advanced, people are less likely to die from a single cancer or single organ failure." However, hospice wards are limited, the frail elderly decline slowly, and the care process is often prolonged. According to Hsien-Cheng Chang, in addition to family medicine, physicians in geriatric medicine are actively involved, and other specialist physicians must also have basic knowledge. Moreover, the involvement of physicians in community clinics will also help Taiwan make great strides in the care of the frail elderly.

"For example, if an elderly person received home medical care, then when the illness progresses to debilitating, the ideal initial palliative care provider is this team. We can take care of his palliative medical needs first." With the support of primary healthcare at the front end, once frailty intensifies, referral can be made to allow immediate intervention by a palliative care specialist team.

"This is no longer just an ideal, but has been gradually implemented and is making continuous progress," Hsien-Cheng Chang spoke with satisfaction. In recent years, the Department of Medical Affairs and the Health Promotion

Administration of the Ministry of Health and Welfare have successively promoted palliative care in primary medical care with various plans. For example, some counties and cities try to have hospitals guide physicians in primary clinics, and medical staff in small regional hospitals or nursing institutions share the need for palliative care.

"With the increasing participation and experience of clinic doctors in these tasks, the ability to care for the frail elderly is also actively improving." With the outbreak of the COVID-19 pandemic, primary doctors have been engaged in the treatment of patients in home quarantine, which undoubtedly lays the foundation for a model of palliative care for the frail elderly.

Hsien-Cheng Chang further analyzed that the aging rate of Taiwan's population is rising sharply, faster than most countries. "Our speed from 7% to 14%, or from 14% to 20% is among the fastest in the world." Therefore, to meet the growing demand, more community-based and long-term care facilities are needed to meet the needs of the great number of frail elderly. Hsien-Cheng Chang concludes, "In this era of rapid aging, the integrated response of the medical and care systems must be accelerated, and there should be no delay."

Including the Frail Elderly In the National Health Insurance Hospice Benefits Program

- Policy Steps Towards Meeting the Complete Needs of Palliative Care for People in Taiwan

Faced with the trend of an aging population, Taiwan's hospice and palliative care movement is becoming more diversified and comprehensive. As of June 1, 2022, in addition to the eight major categories of cancer and non-cancer patients, four more categories have been added, including terminally debilitated elderly, in the hope of bringing more complete care to the frail elderly through policy support.

It is estimated that in 2025, Taiwan will enter a super-aged society. Faced with the increasing demand for long-term care and desire for a good death for the elderly, the government and the medical system are gearing up and making advanced preparations. Taiwan's palliative care targets are currently limited to so-called *patients*, but that excludes elderly who do not have major diseases of specific organs and are simply considered *frail* due to old age. These frail elderly individuals are often lost in the healthcare system as their illness trajectory is difficult to assess.

Frailty is not just a problem of degeneration caused by age, but also accompanied by disability and a decline in the quality of life. However, due to policies and medical conditions, it is difficult for these frail elderly to accurately connect with palliative care services when their frailty enters the terminal stage. In order to seamlessly align the frail elderly to medical care and life care services, the National Health Insurance Administration has collected opinions from various

units and after deliberation and approval, announced the inclusion of frail elderly people as new beneficiaries of hospice benefits, starting from June 1, 2022.

Step by step, opening the door to hospice care

Ying-Wei Wang, former director of the Health Promotion Administration and currently the director of the Palliative Medicine Center at Hualien Tzu Chi Hospital, said that Taiwan's first wave of hospice palliative care movement started in 1983 when the concept of hospice care was introduced to Taiwan. At that time, cancer patients at different stages had been the main focus, and hospice wards, shared care, and home hospice were developed.

The second wave of the movement promoted hospice services for non-cancer patients. During Ying-Wei Wang's tenure as director, he was more active in connecting with the third wave, which emphasized hospice care for the elderly, children and newborn, as well as early cancer palliative care, community and long-term hospice care, the introduction of new technology to palliative care, the Patient Right to Autonomy Act, and compassionate communities/cities, etc.

At the same time, it promoted rich and diverse content, which had been developed over many years. Recalling the time when he was the deputy director of the Health Promotion Administration more than ten years ago, Ying-Wei Wang had an opportunity to study *Empowerment for Patient and Family in the Community* by Allan Kellehear. He said, "The author viewed palliative care from a public health perspective and included the terminal care stage in health promotion."

Ying-Wei Wang often tells students that if one English word is to be used to represent health promotion, it is undoubtedly the word *empowerment*, which is increasing one's ability and giving power to individuals. He taught, "Health promotion should be done from birth to death, and people should have enough ability to take care of their own health."

In 2017, Ying-Wei Wang went to the Vatican to sign the "World Declaration on Hospice Care for the Elderly," and the seeds of caring for the elderly in his heart also had the opportunity to germinate. At that time, hospice experts from all over the world gathered to discuss the care of the elderly through four aspects: clinical practice, patients and their families, human rights, and spirituality and religion.

"Back then, Taiwan's care for the elderly was still centered on the care of chronic diseases," analyzed Ying-Wei Wang. Furthermore, because most elderly had multiple chronic illnesses, doctors tend to treat each symptom individually without considering the overall picture, leading to issues such as overmedication. End-of-life care also became a gray area among different medical specialties.

"Actually, 'frailty' itself is a type of disease."

The Health Promotion Administration entrusted the Taiwan Academy of Hospice Palliative Medicine to compile the *Guidelines for Palliative Care for the Frail Elderly*. The medical community also affirmed its importance, and Ying-Wei Wang was pleased to see that the frail elderly were included in the hospice benefits. He expressed his satisfaction, saying, “When frailty is recognized by the health insurance system as one of the factors that can cause death, it is possible to look at the medical needs of the frail elderly more holistically.”

Full commitment from National Health Insurance to support the launch of care for the frail elderly

"In the past, many people believed that it was difficult to see significant results in the medical care of the frail elderly," said Po-Chang Lee, Director-General of the National Health Insurance Administration, who has been in the medical field for many years and has seen in clinical practice many regrets caused by inadequate medical care. Although not many people have the same awareness as him, they have come together as a force. Lee noted, "Hospice experts, groups or some medical care have also begun to notice that the frail elderly have their needs

for hospice palliative care." Sometimes under the close cooperation of medical care and life care, the frail elderly can return to a relatively healthy state because they enjoy a better quality of life.

Po-Chang Lee affirmed that the power of public voices is indispensable, and the National Health Insurance Administration is also optimistic about its potential. Therefore, it has actively deployed and collected opinions from all parties. On October 7, 2021, the "Discussion Conference on Revision of Hospice Care Payment Standards" was held. Among others, hospice-related societies, Taiwan Medical Association, and Taiwan Hospital Association were invited to discuss the revision of the admission conditions. And on March 10 of the following year, it proposed discussion in the "Medical Service Benefit and Reimbursement Scheme Joint Committee." The proposal was approved to add four types of beneficiaries, including the terminally debilitated elderly, terminal myelodysplastic syndrome, patients who meet the conditions of Article 14, Item 1, subparagraphs 2 to 5 of the Patient Right to Autonomy Act, and rare diseases or other estimated life-limited persons.

Among them, given the common multiple comorbidities of the frail elderly, the unpredictable speed of functional decline and survival period, and the possibility of long-term home stay or admission to nursing institutions due to chronic disability, the palliative medical care for the frail elderly was implemented on June 1, 2022.

In addition to the original institutions in the hospice home care field, on March 1, 2022, a new residential long-term care institution and the veterans' homes of Veteran Affairs Council were added. In order to meet the emergency care needs of residents, institutions that provide hospice care are required to provide 24-hour telephone consultation. Also, after the frail elderly were included in the coverage of hospice health insurance in June, the additional payments for emergency visits by doctors and nurses also increased, so as to encourage the provision of more timely and comprehensive care.

Years of planning have laid the foundation to accelerate progress. Although the care policy for the frail elderly has been gradually improved, Po-Chang Lee admitted that it is still challenging even though there are assessment tools such as the Supportive & Palliative Care Indicators Tool (SPICT) to help doctors diagnose the frail elderly. He stated, "It tests the doctor's sensitivity to detect the patient's weakness."

Nevertheless, Po-Chang Lee remains optimistic, stating that at present, the National Health Insurance Administration and the medical community are actively trying to avoid unnecessary examinations and waste of medicines. It is attempting to adjust portions of the financial burden, so that resources can be allocated more reasonably, especially in the hospice payment. "As long as the country has a well-established system, sufficient resources, and the solidarity of the people, Taiwan is confident that it can do well in this regard."

The unity of the people that Po-Chang Lee mentioned is not merely a slogan, but a social movement that has started in recent years.

For example, from 2017 to 2019, the Health Promotion Administration entrusted Taiwan Academy of Hospice Palliative Medicine to implement the "Geriatric Palliative Training and Promotion Program." Not only was extensive foreign literature studied, but they also invited domestic and foreign experts to hold discussions and meetings along with symposiums in various places in Taiwan. In the symposiums, in order to accurately describe the localized context of care for the frail elderly, many were invited, including clinical doctors, hospital palliative teams, staffs from social work, psychology, physical therapy, occupational therapy, and community long-term care backgrounds. As a result, they were able to have lengthy dialogues and exchanges, and together analyze foreign practices and domestic challenges.

In addition, Hsien-Cheng Chang, director of the Department of Family Medicine at Lotung Poh-Ai Hospital, expressed strong agreement with the Department of

Medical Affairs of the Ministry of Health and Welfare in appointing eight hospitals in 2018 to guide community-based institutions and promote the Hospice Palliative Community Care Model Project. He said, "Although the project lasted only eight months, it has cultivated many primary care clinics and home care centers that are willing and able to engage in home-based palliative care."

Hsien-Cheng Chang said that even after the project ended, some of the actions were still enthusiastically supported. According to the local statistics of Lotung Poh-Ai Hospital, currently as many as 70% of the patients in the local clinics that currently provide home-based palliative care in the local area are non-cancer patients, and the vast majority qualify as frail elderly.

With the increase of the elderly population, the traditional model end-of-life care provided solely by palliative care professionals or in hospitals is gradually becoming insufficient to meet the demand. Po-Chang Lee also stated that the *compassionate communities* advocated by Allan Kellehear is particularly important: "The empowerment and participation of the people in the community will enable more frail elderly to be properly cared for."

In the future, the National Health Insurance Administration will regularly invite relevant experts and groups to jointly review the admission conditions and related norms of palliative care, which will continue to improve the quality of palliative care.

As the frail elderly are being taken seriously, Ying-Wei Wang also expects to gradually move towards the fourth wave movement under the concerted efforts of the government and the people, which is: **Don't leave anyone behind**, "for example, people with cognitive disabilities, mental and physical disabilities, and homeless people and prisoners." He continues, "In facing these healthcare vulnerabilities, as the development of hospice and palliative care in Taiwan gradually matures, we must also start thinking about ensuring that every citizen

can enjoy adequate care.”