Hospice Foundation of Taiwan

HFT Newsletter

Forever Love, Endless Care

August 2020

Life Journey

In the end, I long to return to my home

When life comes to its final station, everyone hopes to complete the last leg of the journey in the safety and familiarity of home. With the onset of an aging society, long-term care institutions

...more

Hospice and Palliative Care Continues in Taiwan

In 2000, Taiwan 's legislation passed the Hospice Palliative Care Act, making Taiwan the first country in Asia

...more

Let the Good Death Return to Daily Life

In today's aging society, many elderly and ailing patients have gradually accepted their long-term care institutions as their second—and sometimes also last—homes,

...more

When Hospice Is Included in Long-term Care Institutions

Taiwan's aging population and changes in society have become challenges that need to be overcome

...more

Hospice Foundation of Taiwan
www.hospice.org.tw

No. 45, Minsheng Road, Danshui District, New Taipei City 25160 Taiwan
Tel: +886-2-28081130 Fax:+886-2-28081137 E-mail: hospice@hospice.org.tw

Like us on facebook Like us on Instagram

Life Journey

In the end, I long to return to my home

When life comes to its final station, everyone hopes to complete the last leg of the journey in the safety and familiarity of home. With the onset of an aging society, long-term care institutions have gradually become the second home for many people, who wish for peaceful remaining days after they leave the hospital.

In order to provide this peaceful dying place, lasting dedication and every aspect of assistance must be lovingly extended from the medical institutions into the community so that more people in need of tranquility may say their goodbyes in the most secure long-term institutional home.

20th Anniversary of the Hospice Palliative Care Act

Hospice and Palliative Care Continues in Taiwan

In 2000, Taiwan 's legislation passed the Hospice Palliative Care Act, making Taiwan the first country in Asia to provide natural death for those who desire it. Since then, it has undergone three amendments. The content focuses on practical needs, and assures dying well for Taiwanese people. The act celebrates its 20th year in 2020, and this social movement is still going strong.

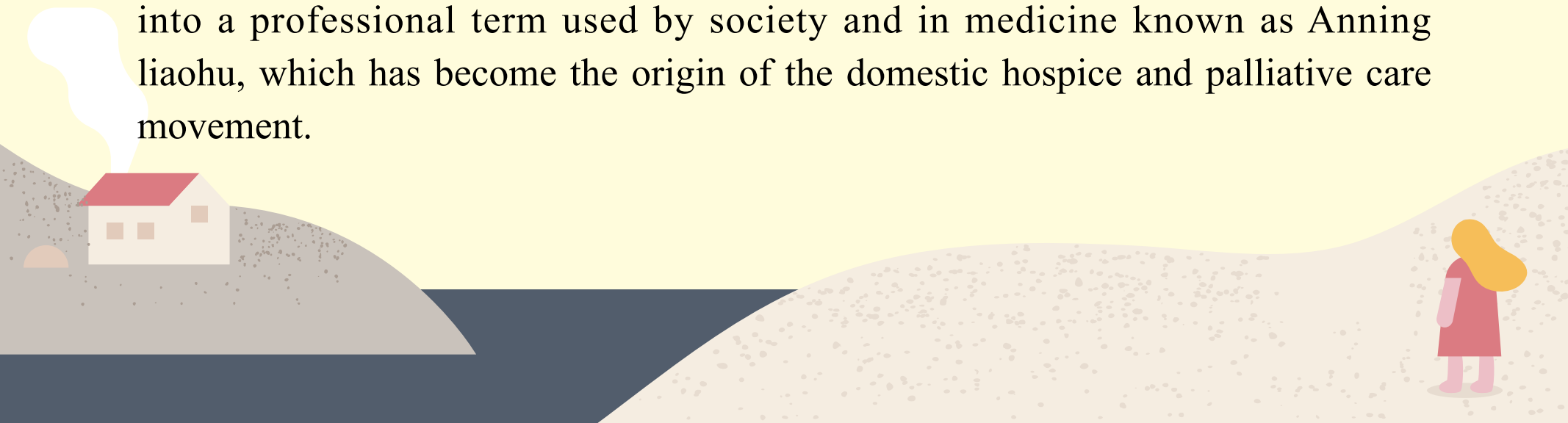
Self-initiated from private medical institutions and gaining support in legislation, the spirit of hospice and palliative care today has grown throughout Taiwan. The service targets have expanded to eight major non-cancer terminal stage patients, supporting them with dignity towards the last stages of life. Meanwhile, the one and only goal of hospice and palliative care is to leave no regrets for both the living and the dead.

The modern hospice and palliative care movement first started in the United Kingdom. Ms. Cicely Saunders, a nurse, social worker and physician, could not bear to see more patients suffer from ineffective treatments, and so established an ideal medical institution called St. Christopher's Hospice in 1967. It has become the first institution in the world to cooperate with medical teams to help cancer patients in receiving a good death.

A Medical Awakening
Hospice and Palliative Care Movement Launched

Just as hospice care in the United Kingdom started with medical staff, the beginning of hospice care in Taiwan also was initiated from the hearts of frontline medical staff.

In 1982, Dr. Zhong Chang-hong of Mackay Memorial Hospital first introduced hospice and palliative care to Taiwan. He translated the English word hospice into a professional term used by society and in medicine known as Anning liaohu, which has become the origin of the domestic hospice and palliative care movement.



However, this campaign for the patients was not initially accepted. For example, the hospital managers believed that hospice care will not make money. The medical staff was already extremely busy with medical services for patients, and it was quite difficult to spare extra time to relieve the suffering of the patients even if one wished to. Fortunately, the hospice concept was finally supported by Mr. Xie Ying-jie, who was then Chairman of Mackay Foundation. After deeply understanding the spirit of hospice and palliative care, Mr. Xie thought that hospice and palliative care displays the love of Jesus Christ. He stated, "Even if we lose money, we have to put this into action." As a result, this decision completely broke the traditional point of view in Taiwan's medicine.

Benchmark Established for Hospice Care Promoting the Idea of Dying Well in Taiwan

In February 1990, Mackay Memorial Hospital took the lead in establishing the first 18-bed hospice ward in Mackay Memorial Hospital - Tamsui branch. At the time, expenditure on hospice care was not included in the National Health Insurance. Toward the end of the same year and considering the financial needs of the patients' families, the Hospice Foundation of Taiwan was established. In addition to providing financial support, it also endeavored to promote the hospice and palliative care movement, gradually revealing to the medicine field and the society as a whole this important issue.

Since Mackay Memorial Hospital had successfully launched the first hospice care in Taiwan, medical institutions such as Cardinal Tien Hospital and National Taiwan University Hospital have since successively set up their own hospice wards. Mackay Memorial Hospital further built and opened the Mackay Hospice and Palliative Care Center in 1998, sending nursing staff to the United Kingdom to study palliative care, while continuously increasing the number of hospice beds. In 2000, it was listed simultaneously with St. Christopher's Hospice as the world's two largest hospice and palliative care institutes.

In the early years when hospice care was still developing in Taiwan, like-minded people expanded in numbers and contributed their expertise to the field of hospice care. They gathered individual strength into full power in advocating hospice care to take further key steps forward. Two important advocators were Dr. Zhao Ke-shi, known as the Mother of Taiwan's Hospice and Palliative Care, and Professor Lai Yun-liang, the Father of Taiwan's Hospice and Palliative Care.

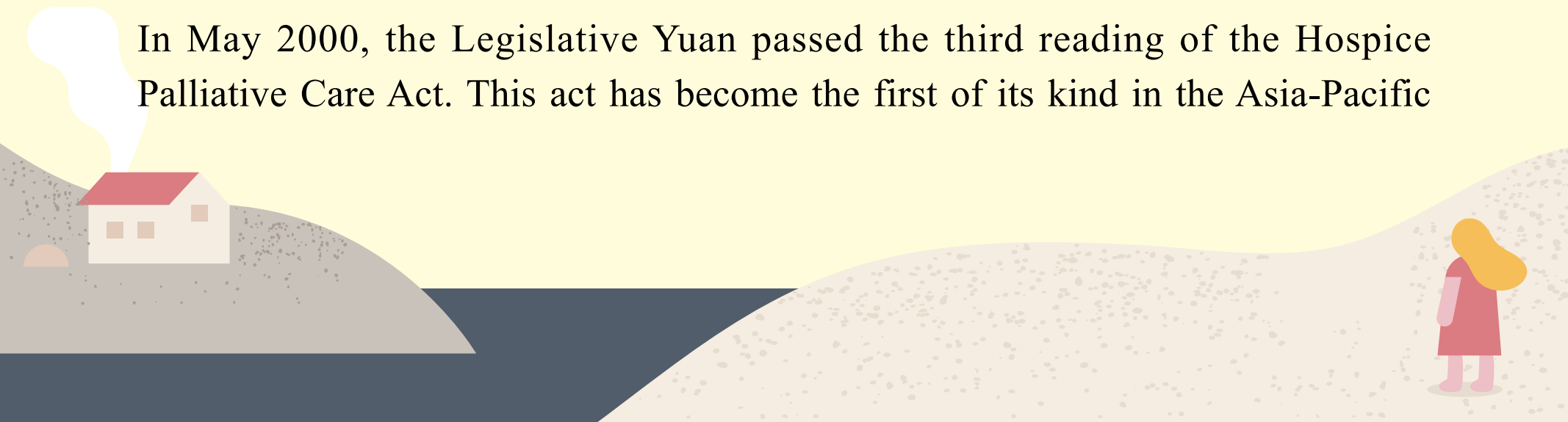
During her service in the medical center, Dr. Zhao Ke-shi encountered many patients suffering from meaningless medical treatments, leading Dr. Zhao to ponder on the true meaning of life. She then traveled to the United States to obtain a Doctoral Degree in Palliative Care, and went to St. Christopher's Hospice in the UK to shadow doctors there.

After returning to Taiwan in 1993, Dr. Zhao realized that healthcare professionals play a key role in hospice and palliative care. She then outlined a blueprint for local hospice education and training with the assistance of Dr. Lai Yun-liang of Mackay Memorial Hospital along with a group of like-minded physicians, nurses and social workers. This was then handed over to Hospice Foundation of Taiwan to develop education and training courses for professionals, and gradually established a Taiwanese hospice and palliative care healthcare system. In the beginning, professionals from abroad who studied hospice and palliative care were hired as lecturers; and step by step, people from all walks of life worked together to standardize the courses. Later on, relevant research and training centers were established.

Government Supported
Hospice Palliative Care Act Launched

While Dr. Zhao Ke-shi made great strides in advocating the concept of hospice and palliative care around Taiwan, she received attention and support from Mr. Jiang Qi-wen, then a National Congress Representative. She seized the five-minute opportunity at a national proposition meeting to talk with him about the issue of hospice and palliative care. This moment can now be traced back as the turning point for the creation of the Hospice Palliative Care Act.

In May 2000, the Legislative Yuan passed the third reading of the Hospice Palliative Care Act. This act has become the first of its kind in the Asia-Pacific



region, and Taiwan has become the only country that assures and respects natural death by legislation. However, people who have been pursuing hospice care all this time know very well that this is only the beginning of a long journey, and that there is still a long way ahead for normalizing hospice care in Taiwan.

Through Three Amendments, Taiwan ’s Hospice Care Act was Meticulously Enacted


自立晚報
中華民國八十九年五月二十三日 星期二
安寧緩和醫療條例了關過
末期病人得立意願書
救急或療治性極積作不擇選
法此用適也患病等人凍漸症重

Once Hospice Palliative Care Act was put into effect, the progress in hospice care in Taiwan accelerated. For example, hospice and palliative care began to be included in the National Health Insurance. The National Health Bureau, Ministry of Health at the time piloted Hospice Shared Care, and the Health Insurance Bureau officially included Home Hospice Care into the payment standards of medical expenditure. Furthermore, the service targets expanded from patients of cancer and ALS (Amyotrophic Lateral Sclerosis) to another eight non-cancer disease categories.

The Hospice Palliative Care Act has undergone three amendments through the years. The first amendment allowed signers to withdraw the documents. As for the comatose patients, a representative relative could sign the consent document on behalf of the patient; however, he or she could not make the decision for the patient on a respirator to extubate or not.

The hospice care community worked relentlessly for eight full years to finally achieve a second amendment that allowed tens of thousands of intubated patients to have the opportunity to extubate and enjoy their final comfort and dignity of life. This amendment allowed the removal of respirators under the condition that there is a unanimous agreement among the three closest family members, including spouse, adult children and grandchildren, and parents, along with an agreement from the medical ethics committee of the medical institution.

Nonetheless, many terminal stage patients have already passed away before further amendments were made. Two years after the second amendment, the third amendment was revised to simplify the process of terminating treatments for intubated patients by having just one person, the closest relative, to sign an agreement to extubate the patient. If there is no designated agent or a closest relative's consent, the doctor can issue a doctor's order in accordance with the best interests of the terminal-stage patient after consulting with the hospice and palliative care staff.

In 2014, the idea of community hospice care started with integrated services from district health centers, home care centers, and clinics. It was expected that in addition to relying on the hospice care within medical institutions, combining home care system from communities can then further expand the strength of hospice care.

Over the years, the concept of hospice care has gradually gained publicity through propaganda by the government and private sectors. According to the survey of the Hospice Foundation of Taiwan, in the year 2000, only 10% of Taiwanese people were aware of hospice care. The majority of the people think that hospice care means waiting for death. Now, nearly 80% of the people have recognized and adequately understood what hospice care is all about. As of April 2020, 690,000 people in Taiwan have signed the Advance Hospice Palliative Care and Life-Sustaining Treatment Choices of Intent (DNR), and are determined to maintain individual dignity towards the end of life. At the same time, the passing of the Patient Autonomy Law has once again pushed the assurance of dying well in Taiwan to a new peak.

Some people say that the promotion of hospice and palliative care is a quiet yet powerful social movement. No matter how many years it has been, this movement has always been closely tied to the core concept of gently caring for terminal stage patients by hospice and palliative care system towards the end of their lives. At the 20th anniversary of the Hospice Palliative Care Act, through continuous reflection and further life education, more people are embracing immense calmness in their hearts.

Hospice Care Outside the Hospital

Let the Good Death Return to Daily Life

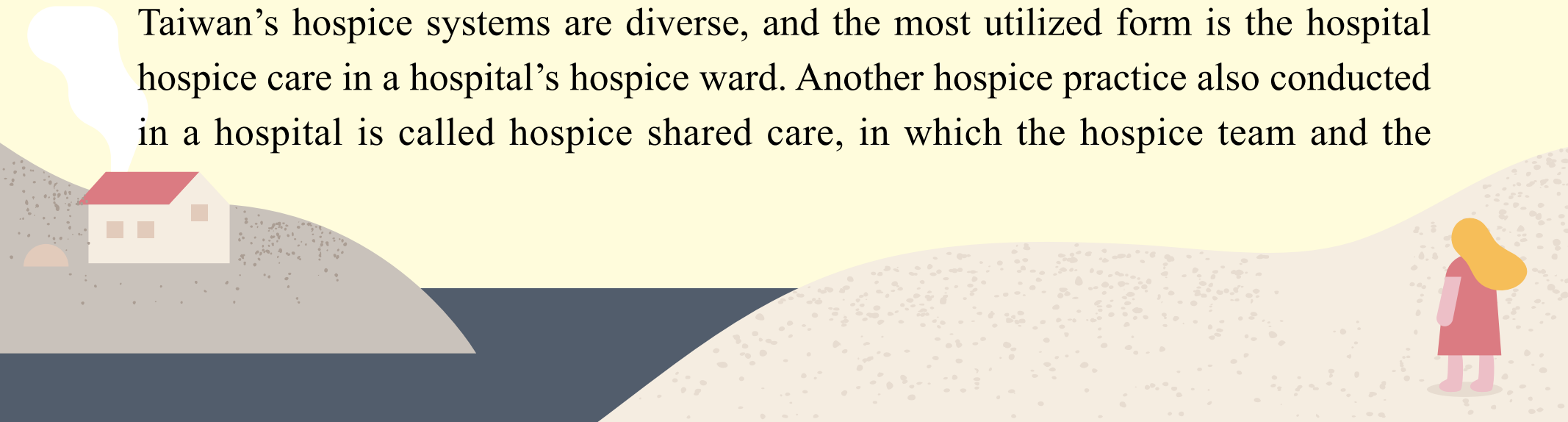
In today's aging society, many elderly and ailing patients have gradually accepted their long-term care institutions as their second—and sometimes also last—homes, where they pass away. Is it possible for long-term care institutions to execute hospice care? How can long-term care institutions help in the ever-increasing needs of hospice care services? Let's see what a long-term care institutional expert in Taiwan has to say.

When asked about the beginning of hospice and palliative care, Professor Chen Hui-zi of Taiwan Long-term Care Professional Association, describes the establishment of St. Christopher's Hospice in the United Kingdom in 1967 by Cicely Saunders, saying, "Hospice and palliative care was indeed started in communities." The purpose of the institution was very clear from its naming it a hospice instead of a hospital. This building looked simple yet comfortable, and was located in the community. "Its prototype looked very much like the nursing facility in Taiwan today, and similarly, patients can receive hospice and palliative care right in the neighborhood."

Today, most hospice and palliative institutions in the UK are still disbursed throughout the communities, and a large number of private volunteers are called upon to facilitate hospice care at home. Prof. Chen Hui-zi believes that this arrangement is appropriate for the kind of care needed at the end of life "because death is not a medical problem, but a life event. People would still want to live a normal life before leaving the world, even if it's just taking a walk or sipping a coffee."

Hospice Care at Home Extended from Home Hospice Care

Taiwan's hospice systems are diverse, and the most utilized form is the hospital hospice care in a hospital's hospice ward. Another hospice practice also conducted in a hospital is called hospice shared care, in which the hospice team and the



original medical treatment team work together to take care of end-stage patients so that patients in regular surgical or medical wards can receive continuous hospice palliative care at the same time.

Although hospital hospice care and hospice shared care are more popular in Taiwan, in fact, Taiwan’s hospice began with hospice care at home, just like in the United Kingdom. According to Prof. Chen Hui-zi, "In 1990, Mackay Hospital established the first Taiwan hospice ward of 18 beds, but before that, hospice care at home had already been taking place in Taiwan."

She continues, "In the 1980s, home hospice care had opened for business; at the same time, cancer and serious illness related home hospice care also started developing." Prof. Chen Hui-zi further explained that home hospice care in Taiwan started in church hospitals. For example, Taipei Mackay Memorial Hospital began home hospice care in the 1960s, and Changhua Christian Hospital also made a favorable reputation in the home hospice care in the 1970s. However, the target of the service then was not limited to terminal patients. "The church hospitals at that time didn’t want patients to return home before full recovery; therefore, caregivers were sent to their homes." Prof. Chen Hui-zi, who was one of the visiting nurses in the 1970s, often went to the critically ill patients’ homes to help them return to their normal way of living with dignity.

"Rather than lying in the hospital taking morphine, isn't it better for the patient to stay home?" Back then, Prof. Chen Hui-zi often hopped on the bike and pedaled hard toward a patient’s home. More often than not, before arriving, she could see in the distance the family members waiting anxiously at the door "because only after the morphine injection could the patient have a little strength to eat congee and something else. The injection we delivered could relieve pain so that the patient could gain some energy for life. Although what we started doing in the 1960s and 1970s may not seem like much, it has the same starting point as the current home hospice care.”

In 1997, home hospice care was officially covered by the health insurance program. According to the regulations, after the doctors' assessment, terminal patients who do not respond well to a variety of therapeutic treatments can apply for home hospice care under certain conditions: that their illness does not require hospitalized treatment, their self-care ability is limited, their time to stay awake exceeds 50%, and their family members have the willingness and ability to care for them and can cooperate with the guidance and implementation related to hospice care. The regulations of the Health Insurance Bureau also state the hospice team professionals will provide home visits in line with the needs of patients. To assist patients alleviate various discomforts and to give family members instructions for relevant care skills, hospice physicians and social workers visit once a week while hospice nurses visit twice a week to ensure that patients enjoy high-quality medical care in their homes.

Missing Part to Complete the Long-term Hospice Care

Prof. Chen Hui-zi, who has long been involved in long-term care, believes that with the advent of an aging society, today's homes are no longer defined in the traditional way. Statistically, there are about 40,000 people currently living in health care institutions and medical care homes in Taiwan. Including those in nursing homes, the total number of people in long-term care institutions is up to nearly 100,000. For these residents, long-term care institutions are their second home, and sometimes their last home. "Some stay there for ten to twenty years so it's not an exaggeration to call it home."

Unfortunately, hospice care in long-term care institutions is not supported by health insurance, which deprives the residents of an important way to die well. Prof. Chen Hui-zi sighs, "They often suffer from more than one disease, and the suffering is far beyond imagination. Do these people need hospice care? Absolutely!"

If hospice and palliative care cannot be provided in long-term care institutions, it will become a major gap in hospice and palliative care. For this reason, a few large long-term care institutions in Taiwan have set up hospice beds themselves through fund raising, and, at their own expense, have sent their staff to receive hospice and palliative care training. For example, with 50-60 deaths a year, Zhishan Elderly Care Center has an average of one death almost every week. "Therefore, the hospice beds in Zhishan Center can be said to have a very good utilization rate. However, except for giving hospice care to the elderly three or four days before the end of their lives, what does Zhishan benefit from setting up these hospice beds?" Prof. Chen Hui-zi shakes her head and says, "Nothing."

She further explains that Zhishan Center not only sends its staff to training, but takes care of the hospice patients at its own expense. Although the assigned supporting hospital provides medication, as a long-term care institution, according to the current regulations, it cannot apply for health insurance payments for either the hospice staff or medicine. "This is the most difficult part of promoting long-term hospice in Taiwan today. The organization sees the need of hospice and palliative care for patients facing end of life. However, some symptom-relieving equipment or medication are unavailable and even if made available by the hospital, will be unaffordable by the organization.

Prof. Chen Hui-zi highlights that at present, there are very few institutions like Zhishan Center, which can set up hospice beds. While large institutions can rely on the strong fundraising power of foundations, there is no solution for small and medium-sized institutions. "They at best move a dying patient to the bed closest to the nurse station. It's simply impossible to set up a single ward equipped with professional medical equipment."

Turning on the computer, Prof. Chen Hui-zi logs onto the website of St. Christopher's Hospice. Before the homepage fully loads, a fundraising message has already occupied two-thirds of the screen. Prof. Chen Hui-zi points out, "Even the prestigious St. Christopher's Hospice has to rely on fundraising to continue with its operations."

However, according to the report of St. Christopher’s Hospice, the annual balance of fundraising and expenditure is always positive. Prof. Chen Hui-zi further analyzes that this is because the British people's general understanding of and support for hospice care have contributed to the prevalence of relevant donations, which, in turn, has led to the widespread hospice care all over the United Kingdom. In contrast, Taiwan’s donations in this regard are not abundant.

Even so, Prof. Chen Hui-zi still holds on to hope, saying, “Today, many in Taiwan who are about to retire will have a high knowledge background. If, like the United Kingdom, they can be guided to participate in hospice education training and volunteer as caregivers in communities, at least there will not be any shortage of manpower in the future.”

Prof. Chen Hui-zi believes that the purpose of understanding and learning of hospice care is not limited to serving others. After all, everyone will face this final stage. The self-awareness and learning they do now will eventually benefit themselves. She concludes, "Taiwan's long-term hospice still has a long way to go, and there are many difficulties to overcome; but perhaps promoting and educating hospice to the people of Taiwan in this day and age will be most beneficial to Taiwan's long term and hospice care.”

Stepping into the Super Aging Era, Make Dying Well a Right for Everyone

When Hospice Is Included in Long-term Care Institutions

Taiwan's aging population and changes in society have become challenges that need to be overcome at this stage through the implementation of long-term care facilities to provide for the elderly and local hospice.

For this purpose, the Hospice Foundation of Taiwan has been offering hospice and palliative care courses for long-term care institutional personnel since 2013, as well as introducing hospice and palliative care in these institutions; thereby, a diverse model of long-term care and wellbeing has been established.

Mr. Chen, who suffers from many chronic diseases, has been staying in a long-term care institution for many years. As his body functions gradually decline, he is likely to have a high fever due to even a slight cold or infection. As such, the caregivers of the institution dare not neglect any symptoms, and often notify his family immediately and send him via ambulance to the emergency room for medical treatment.

After Mr. Chen is discharged from the hospital, he returns to the institution to recuperate. However, it doesn't take long for the same infection, fever, and medical treatment to recur. Not only do the institution and his family feel exhausted by this, but Mr. Chen is also tortured by the tiring commute. Having long regarded the institution as his home, Mr. Chen hopes to complete the last journey of his life with dignity in the familiarity of the long-term care institution; unfortunately, he can't help but worry about the torment of repeated commutes to the hospital. He questions, "Next time I go to the doctor, will I suffer and pass away in the chaos of the medication and first-aid equipment? All I want is to leave peacefully as I drift off sleeping in a familiar environment!"

The Advent of an Aging Society

Long-term Care Institutions: a New Option for the Elderly

Aging is a necessary path for everyone. With Taiwan's aging population and declining birthrate leading to changes in the social structure, living peacefully in a long-term care institution for their remaining years has become a new consideration for many people.

In the early days, most people who stayed in long-term care institutions were disabled or chronically ill. However, owing to the change in the family structure, an increasing number of people under the age of 65 were admitted to long-term care institutions while they were still able to take care of themselves. For those who had an average remaining life of 10 or even 20 years, the long-term care facility can be said to be their home for the second half of their life, and even the place where they expect to die peacefully.

Most elderly people suffer from multiple chronic diseases at the same time. As the concept of hospice care gradually spreads, in the process of finding it difficult to anticipate the end of life due to the chronicity of the disease, more people expect to reach the end of their lives with dignity, including without excessive unhelpful medical treatments. However, the introduction of hospice care in long-term care institutions and the expectation of helping residents to die well are facing many challenges.

Of the difficulty in promoting long-term hospice care, the Director of the Hospice Foundation of Taiwan Liu Jing-ping explains, "Most long-term care institutions are afraid of taking care of terminal patients, not to mention the full introduction of hospice care."

Understandably, there are reasons for this fear. For one, when residents are at their last stages due to illness or aging, the caregiver's ability of symptom management and skills may be insufficient, not to mention the need to overcome the psychological pressure of the residents, their families, and colleagues. For another, the institutions worry about differences in the understanding of hospice care between them and the residents' families, which could lead to possible disputes or even lawsuits.

Lin Yi-yin, CEO of the Hospice Foundation of Taiwan, elaborates, "Patients pay to stay in long-term care institutions; therefore, many family members think that 'Since I am paying you, you have to take good care of my loved ones. How can you let them die without making every attempt to save them?' And when the residents do die in the institution, disputes often arise." CEO Lin also explains that although the promotion of hospice care has progressed, there is still a gap between perception and implementation. Because families wish for their loved ones to continue living and the institution is not willing to take risks, even if the patients want to die in the institution, it is still the safest option to seek medical treatment in a hospital should any physical ailment arises.

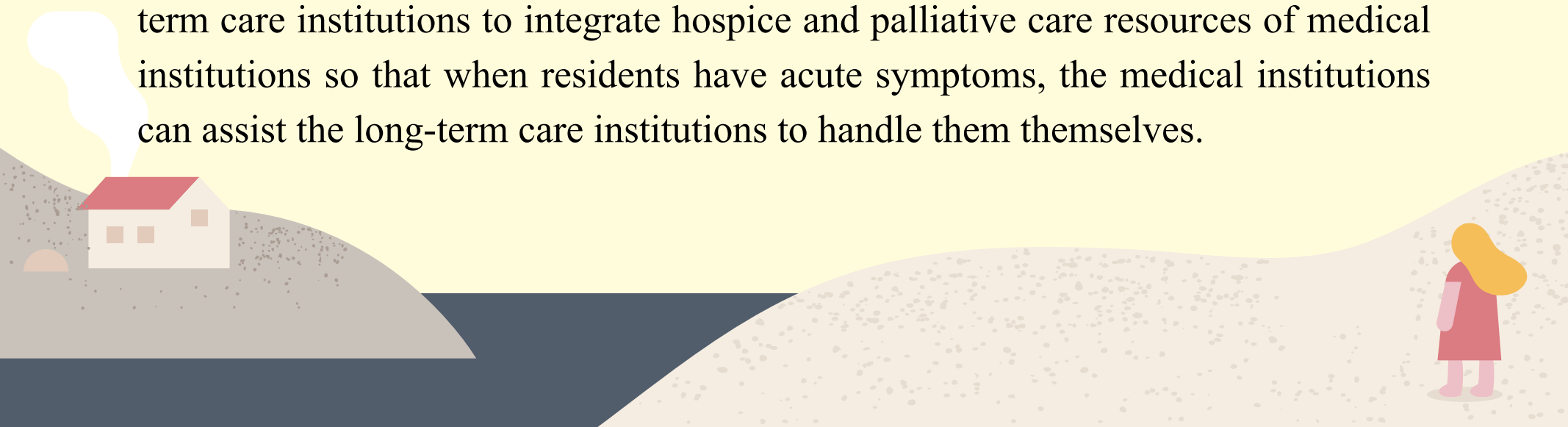
Acute Symptoms Are Difficult to Deal with so Send Patients to Hospitals to Avoid Disputes

To promote long-term hospice care, the Hospice Foundation of Taiwan has visited the long-established Catholic institutions in the remote areas since 2013. Through actual interviews, we are familiar with the situation and challenges of promoting long-term hospice care. Lin Yi-yin states that it is a very natural process for long-term care institutions with a religious background to talk to the residents about issues such as dying well, and life and death. These types of institutions will accept the poor elderly referred by the government at public expense, take care of them until their death, and even assist with their funerals. As such, these institutions can be said to be pioneers in promoting hospice to long-term care facilities.

Liu Jing-ping, who once served as nursing director of hospice wards, said that based on her past clinical experience, what nursing staff in long-term care institutions usually fear most is dealing with the pain and care of terminally ill residents. However, in recent years, when she began promoting hospice care in long-term care institutions, she has observed that many institutions already have the ability to provide basic comfort care, but if residents are to receive more specific, personalized care, the institutions still need to rely on more practical instructions and practices.

As for the problem of pain, at this stage, due to the improvement of medical treatment and concepts, it is no longer a problem of care. However, when the residents have acute symptoms such as fever and shortness of breath due to infection, the institutions will still choose to send them to the hospital due to the difficulties involved. This pattern repeats itself also for dying residents, whose healing process is deterred due to physical and mental overload. At this time, what is needed is the intervention of hospice and palliative care.

To introduce the hospice mechanism in long-term care institutions, there are two key problems to overcome. One is for the promotion of the concept of hospice care and dying well to the institutional personnel and the residents' families so as to resolve the disputes caused by the lack of knowledge. The other is for the long-term care institutions to integrate hospice and palliative care resources of medical institutions so that when residents have acute symptoms, the medical institutions can assist the long-term care institutions to handle them themselves.



Entering the Institution
Teaching the Concept of Hospice through Clinical Guidance

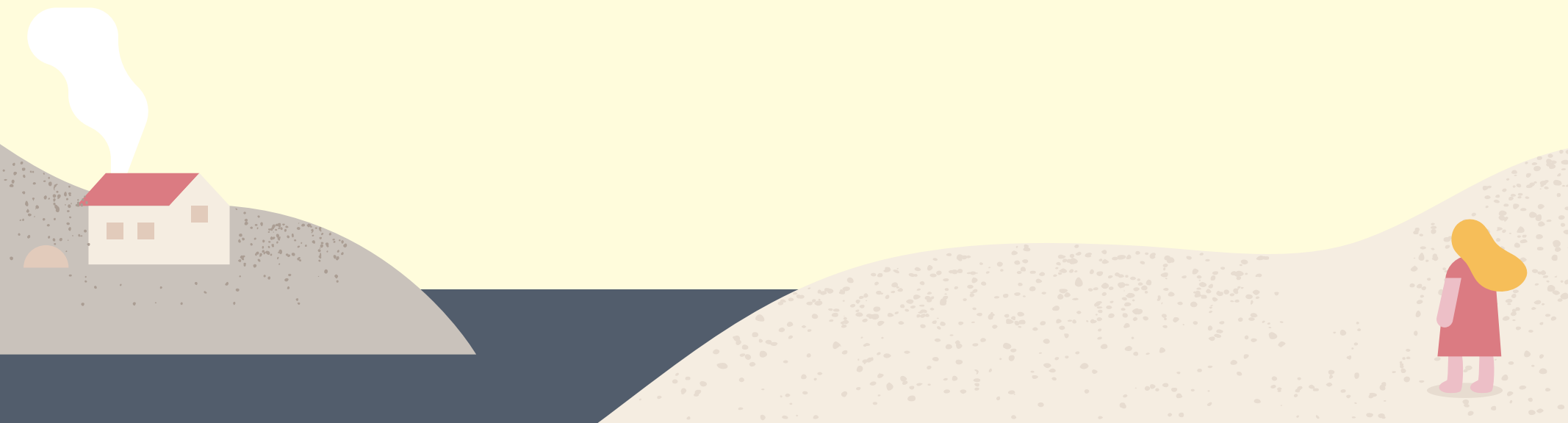
After preliminary understanding of the concerns of long-term care institutions, in 2014 the Hospice Foundation of Taiwan held long-term care and hospice promotion seminars in the northern, central, southern and eastern regions of Taiwan. Long-term care institutions from across the island were invited to participate and discuss the problems and solutions of long-term hospice care.

At the same time, the Foundation started long-term care and hospice promotion lectures, courses, and workshops, and invited experts onsite to teach institutional personnel regarding professional nursing skills, such as caring for edema, cancer bone metastasis, and etc. Additionally, the experts related the concept and knowledge of hospice care to match the institution with the medical organizations that have a hospice care team.

For long-term care institutions, it is no easy task to commit to promoting hospice and palliative care. Many have retreated because even after in-depth understanding and evaluation, they believe that besides the need to change nursing care habits, hospice care necessitates in-depth communication with residents and their families by providing meticulous psychological or spiritual care.

Liu Jing-ping notes candidly that the keys for a smooth development of long-term hospice care include long-term institutional managers having the correct knowledge and sense of hospice mission care, and willingness to be involved regardless of the costs.

To assist in the promotion, the Foundation has facilitated in the central roles of communicator and coordinator in recent years, actively communicating with managers, introducing resources such as education and training courses, and providing hospice and palliative care in medical institutions to help improve the quality of care. As a result, high-quality care institutions already with basic hospice and palliative care have established a good reputation, and their occupancy rates remain high.



According to Lin Yi-yin, "Long-term care institutional staff needs to have hospice expertise so as the medical team teaches nursing skills, the managers, caregivers, and nursing staff of long-term care institutions can internalize the concept and knowledge of hospice care in their daily work–this will allow them to better perceive residents' view of life values and guide the residents and their families to discuss, think, and finally, achieve the goal of dying well. And even if some institutions withdraw due to different external factors, we still believe that, like how the predicament of promoting hospice care was overcome 30 years ago, the seeds that are sown today will blossom and bear fruit in the future."

Liu Jing-ping comments, "Hospice and palliative care should derive from respect for people, pay attention to everyone's willingness and life value for medical care, and shift the vision of care from the illness to people. Aging is irreversible, and as long-term care institution residents head toward the end of life, respecting life involves not only proper care but also the understanding of their inner thoughts about life, which includes treatment methods, choices regarding first aid, places of death, and etc., so that everyone has the right to die well.

Establishing a Benchmark Institution Making a More Comprehensive Hospice and Palliative Care Network

The quality of hospice care in Taiwan is obvious to the world. Hospice wards, shared care, and home care have already established a comprehensive hospice care network. However, such a network is currently limited to the hospital system, and as the super aging trend continues, more people are in urgent need of hospice care in the community.

Liu Jing-ping points out that the current hospice home care team in medical institutions is short on staff. The care for patients at home has been quite time-consuming, and if the needs of long-term care institutions for hospice care are

taken into account, the staff members can only either offer what little time they have remaining from their tight schedule or offer time from their regular days off. Therefore, if the terminally-ill patients in the long-term care institution can be included in the long-term care policy, then the medical end would be able to initialize community hospice and palliative care. In this way, the long-term care institution can obtain the resources and support from the hospital, and the hospital can also help transfer the patients when they are discharged from the hospital. The institution provides continuous care, complementing the hospital to create a comprehensive hospice and palliative care community network to prepare for the coming of the super aging society.

To this end, the Hospice Foundation of Taiwan will continue to provide relevant courses to introduce the hospice mechanism into more long-term care institutions. In the future, it is hoped that by establishing a benchmark institution as a demonstration site for long-term hospice care, more long-term care institutions can observe and learn from it. As Lin Yi-yin concludes, "Long-term care institutions come in many forms, and long-term hospice care will not have only one model. As long as we are willing to promote hospice care—regardless of the size of the organization and the completeness of the equipment—we should be able to find the most suitable introductory model for each and every situation."