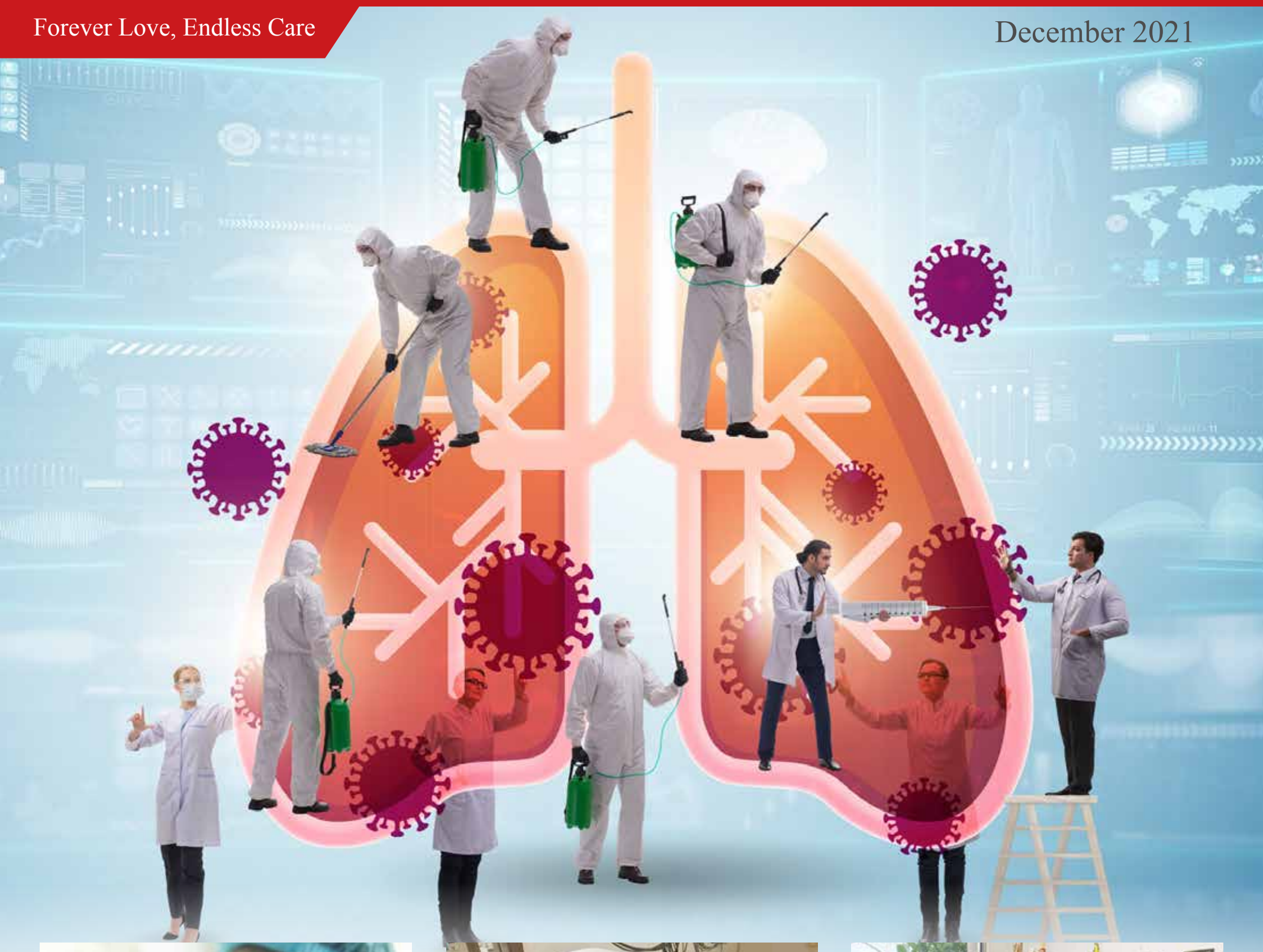
Hospice Foundation of Taiwan

HFT Newsletter

Forever Love, Endless Care

December 2021



Letting Go Is Not *Giving Up*

...more

Wards During the COVID-19 Pandemic

...more

Getting to Know the Community's Hospice and Palliative Care

...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

Letting Go Is Not *Giving Up*

Respecting an Individual's Medical Choice Is Not a Matter of Right or Wrong

Many people still falsely believe that not using life-sustaining medical care or receiving intensive care is equivalent to giving up medical care altogether. However, the spirit of hospice and palliative care lies in respecting the client's medical choices. To this day, in a society where human rights are progressing, the final parting decision should be recognized and respected.

The COVID-19 pandemic is like tinder ready to burst and start an accidental, uncontrollable wildfire. In May 2021, the pandemic in Taiwan escalated to the third level of alert. As the number of confirmed cases increased, the death toll kept rising. In the face of doubts from the outside world about domestic medical capability, the official representative once stated that the reason why the death toll remained high was because patients and their families signed the DNR (Do Not Resuscitate), resulting in deaths of those who *could* have been saved, but were not.

"This may seem logical based on the results of COVID-19," says Dr. Pin-Kuei Fu, director of the respiratory intensive care unit of Taichung Veterans General Hospital. Having worked for more than 10 years in the frontline of the intensive care unit, Dr. Fu analyzed that signing a DNR is never the same as giving up treatment. He says, "Only when one is diagnosed as *terminal* based on the clinical symptoms by two specialist doctors will DNR actually take effect."

Terminal Diagnosis: Firmly Protecting the Well-being of the Patient

Known as *Taiwan's Mother of Hospice*, Prof. Co-Shi Chantal Chao once said at the North Public Hearing concerning the *Patient Autonomy Law*, "There are two things that are most worrying in the *Hospice Palliative Care Act:* insufficient medical care and excessive medical treatment."

Dr. Pin-Kuei Fu further explained that when the patient is in a situation where he or she should not receive too much invasive treatment and the medical team still gives it, it is considered *excessive medical treatment;* on the other hand, when

the patient's condition does not meet terminal diagnosis, but because the patient or family members have signed the DNR, the medical team gives up treatment, this is called *insufficient medical treatment.* "The key to avoiding excessive or insufficient treatment is the doctor’s confirmation of whether the patient is in a terminal condition or not."

Dr. Fu said that the patient’s greatest well-being must resort to professional judgment. The *Hospice and Palliative Care Act* clearly stipulates that one can sign the DNR as long as he or she reaches 20 years old, but does the signing mean that the person is a terminal patient? Of course not. It must be confirmed by two specialist doctors that he or she has entered the terminal stage before this DNR is put into effect,” Dr. Fu emphasizes.

Working in the ICU, Dr. Fu has seen many patients come and go. He regrettably has waved goodbye to many patients passing away and witnessed the tenacity of countless lives. A patient was once admitted to the ICU when the influenza virus and legionella pneumophila were gnawing at his life bit by bit. The patient's condition was like a withered and dying leaf. Just as the medical team was preparing to start rescue efforts, the patient’s wife said, “Doctor, please don’t give first aid. Our whole family has signed a DNR.”

Based on years of professional experience, Dr. Fu knew clearly that although the patient’s breath was weak, his life had not yet come to the end, so he told his family in a firm and tactful tone, "As far as my judgment is concerned, he is not in his final state and can still be treated."

By treatment, Dr. Fu meant recovery, and all the essential elements for a successful recovery are effectively *reversible* medical treatment. At that time, this patient did not have sufficient conditions for the doctor to diagnose him as being in the terminal stage yet. Facing relatives who found it unbearable to see their family members struggling in the pain of medical emergency care, Dr. Fu comforted them to say that in the ICU, intensive care and palliative care are not in conflict; they can even be carried out simultaneously, but the proportion will be adjusted according to the progress of the disease and the needs.

"We helped the patient with a blood pressure booster, installed a kidney dialysis machine and ECMO, and performed a tracheostomy." As the patient's condition gradually improved, the team removed the life-sustaining equipment one by one until he recovered and was discharged from the hospital. "A few months later, the patient came to thank me personally, saying that I saved his life. He even remembered during his time staying in the ward, that I often leaned to his ear and whispered 'Jia You' [*a popular Mandarin phrase meaning 'Don't give up'*]." Even though the patient's course had already progressed to multiple organ failures, Dr. Fu said with certainty that DNR would not be necessary, given that the medical team had determined his condition was not in the final stage, and that as long as there was an opportunity, the doctors and nurses would try their best to provide the care for the patient to have a future fruitful life again.

Prepare Everything in Advance for the Sake of the Patient

Now that all Taiwan is facing the challenge of the COVID-19 pandemic, the course of the disease often changes rapidly. When all is considered for a patient and there is still a chance for recovery, the next second he or she may still quickly lead to exhaustion, and a DNR decision could often happen in an instant.

With regard to this rapid change of course, Dr. Wan-Ting Hsieh, director of Palliative Medicine Department at Chimei Hospital and who has been in the field of hospice and palliative care for 10 years, said that the so-called hospice care is about the patient's *autonomous decision-making*. When suddenly caught by a severe disease like COVID-19, whether the patient is conscious enough to make rational medical treatment choices is full of uncertainties.

Looking at the relevant domestic and foreign literature, most experts and scholars agree that when facing infected patients, medical staff should have a holistic discussion about the follow-up treatment policy before the start of treatment. They should also anticipate and discuss in advance what kind of care the patient will want when the condition begins to deteriorate.

"Hospice care is the type of care chosen after evaluation and communication between the doctor and the patient. It is definitely not a so-called early abandonment," insists Dr. Hsieh. In fact, there is no such thing as a *so-called early abandonment* in the medical setting. Every decision is based on the patient's needs and wants. Nevertheless, when the misunderstanding or outlook that "going to hospice is equal to giving up" arises, "this is actually a very big hurt, whether for the decision-maker or for the medical team engaged in palliative care, as it implies that they do not care or value life."

Hospice and Palliative Care Is an Art of Caring

In Dr. Wan-Ting Hsieh's view, hospice care is not just another way of care, but it is an *art of caring* staged on the medical scene. This *art of caring* is painted with shades of various conditions on canvases impacted by disease changes, environmental impacts, and human needs.

Isolation is now a necessary pandemic prevention code. Whether it is the isolation with respect to the ward space, the isolation from the family, or the personal protective equipment of medical staff that looks very distant and objective, they all make the previous way of hospice care in which "relatives stay close by the patient's side and do all he or she wants" no longer applicable. Nevertheless, isolation of various types is still not enough to completely stop the *people-oriented* spirit of hospice care. Various special creative ideas are warmly staged in the dedicated ward and the negative-pressure isolation ward.

"There are nurses abroad who fill their gloves with warm water and let the patient hold the gloves. Through the temperature of the hot water, he feels as if someone were actually holding his hand." In addition, because many infected patients are old and have symptoms of dementia, after being admitted to the isolation ward, they are more restless and even try to pry open the door lock of the ward with an iron spoon. "The nurses bring big stuffed dolls and dress them up in the patients' family members' clothes, which does calm them down."

Whether the COVID-19 patients are moving toward the end of their lives or are actively being treated, the creativity of the nurses brings them incomparable comfort. As Dr. Hsieh says, "Hospice is not giving up, but a method of providing care."

Dispel Social Myths with a Soft Attitude

Dedicated to hospice and palliative care for many years, Dr. Wan-Ting Hsieh said frankly that the frustration caused by misunderstanding has never stopped along the way. The biggest challenge the hospice team faces is the possibility of being refused referral by the original medical team. Because once they refuse, it is equivalent to losing a channel to reach patients in need of hospice care.

"Once the medical staff is devoted to hospice, they have the courage to be rejected." says Dr. Hsieh, who tends to always stay optimistic. "We will not limit ourselves to thinking of ourselves as hospice doctors and feeling that everything will go wrong if we fail to take care of everything." She always told the interns that they can start with the role of an assistant and help the original medical team complete some aspects that are relatively unachievable, and let them feel that hospice care is really helpful to the patient.

"Hospice specializes in certain areas such as creative comfort care and pain relief for terminal illness." The hospice team can assist in caring for patients in the role of comrades-in-arms, and when the original medical team believes that life-saving medicine should no longer be used but can’t say it; the hospice team has the boldness to take over the work of follow-up and explanations to patients and their families.

It is precisely because of this gentle and firm approach that the hospice care team has gradually gained recognition from patients and their family members as well as becoming accepted by the original medical team. The immediate challenge is a change in the public concept. This is a long road, but it should not be impossible to see it to the end.

Dr. Hsieh said that hospice and palliative care has been developing in Taiwan for decades, and it has already planted deep roots and is growing green leaves and shoots. It was once said that DNR was the reason for the increase in deaths from COVID-19, but it was quickly corrected in an issued statement the next day, which is undoubtedly a reminder to us: The spirit of hospice has been widely accepted by the general public. Even though there is still a far distance to go, "the hospice team has always been very gentle. Our contact and approach are very tender, and I believe that as long as we continue to maintain this attitude, in the future more and more people will understand and implement this spirit of love and care together."

Wards During the COVID-19 Pandemic

Who could have predicted the COVID-19 pandemic was coming? The medical staffs on the front line against the virus are shouldering the heavy responsibility of pandemic prevention, taking care of the infected patients with their professionalism and sense of mission, and carefully watching various life situations at the clinic during the pandemic emergencies. This article invites two professional nurses to share their personal experiences and heart-warming life stories that occurred among the medical staff, patients, and their families.

Facing Life and Death with Bravery and Gentleness

With extensive experience in hospice and palliative care, Taipei Tzu Chi Hospital's Chief Nursing Officer, H.N. Mei-Hui Chen participated in the fight against SARS in 2003. Eighteen years later when the COVID-19 pandemic broke out, she became a member of the wards that were dedicated to COVID-19 patients. She believes, "Due to the previous training for SARS, the expertise and confidence in medical care and pandemic prevention have improved a lot." Nonetheless, the COVID-19 virus is especially tricky as the challenges have been overwhelming, and those heartfelt stories that start with genuine love and care have mostly been told in the isolation wards.

Turning Lifeless Dolls into Life-giving Companions

"Once confirmed to be infected, one has to stay in an isolation ward for at least 10 days. Whether he or she can survive this period becomes the patient's greatest fear," acknowledges H.N. Mei-Hui Chen. She once listened to a confirmed COVID-19 patient express his fears: "It felt like being in jail, and every day I was worried about not being able to survive. When I was short of breath, I was scared, feeling like I was dying. I didn't even dare to close my eyes at night because I was so afraid that if I fall asleep, I would never wake up again."

On top of that, in a closed and isolated environment, it is easy to feel panic, fear, and restraint. H.N. Mei-Hui Chen once met an elderly female patient, who had been diagnosed with dementia. Faced with an unfamiliar space in the ward, she was agitated and restless. Not only did she nag about the same problems repeatedly, she would also knock on the door incessantly, causing quite a commotion: *Boom, Boom, Boom!* Additionally, she pulled on the locked doorknob, trying to rush out of the room if the door should open. Despite many attempts to calm her down, nothing worked.

So the team asked the patient's daughter and learned that as long as she has some company--even if together in total silence--her mother could be comforted. Unfortunately, at that time almost all the hospital staff was devoted to saving lives, so how could there be any extra staff member to be with her? Then it clicked… the hospital staff found a life-sized inflatable doll. They dressed it up with personal protective clothing, a mask, and gloves; and carefully drew the facial features before placing it next to the hospital bed. Seeing a *person* beside her, the old lady indeed calmed down, cooperated with receiving the medications and treatments, and left the quarantine unscathed.

"Actually, the elderly patient knew outright that the doll was not real person from the medical staff," says H.N. Mei-Hui Chen. One time the doll had deflated, so our staff member picked up an oxygen cylinder to inflate it back up. At that time, the elderly patient even offered to help! When someone asked her, "Grandma [*honorific title for an elderly woman*] are you happy that we invited a nurse to stay with you?", she grinned with gratitude and responded, "Yes!"

Devoted to Give Patients Maximum Care

During the severe pandemic, many confirmed patients were sent to the hospital alone, with only medical staff there with them to spend the darkest moments of their lives. Therefore, in addition to empathizing with patients' emotions and needs, the medical staff must be keenly sensitive to cope with emergencies.

For example, a vagrant, who had been wandering around for a long time, continued to sleep on the floor even after being admitted to the ward. The nursing staff coped with his living habits and kneeled on the ground to take his blood pressure, give him shots, and perform other treatments. When his health condition suddenly worsened, at the risk of hurting their backs, the nursing staff carried him onto the bed together, assisted him in eating, drinking, turning over, and changing diapers. They took good care of the patient and took photographs to periodically record his conditions.

After the patient passed away, H.N. Mei-Hui Chen washed and prepared his body for burial. As she rummaged through his baggage and found nothing inside, she asked the social workers for a complete set of clothes and whispered in the patient's ear, "Sir, you can rest in peace now." Later, the police contacted his brother, who had been out of touch with the patient for many years. He was moved to tears when he saw photos of his dying brother, which eased some of the regret that he could not be with his brother in the last moments of his life.

On another occasion, H.N. Mei-Hui Chen cared for a drug addict. He smoked three packs of cigarettes a day, and when admitted to a non-smoking isolation ward, he fell into an unbearable, emotional turmoil. He once pulled out the door lock with his bare hands and sneaked out; he even attacked the parole staff, which caused a great disturbance. In his situation, the team could not administer sedatives or tie his hands and feet to the bed as they otherwise did to regular patients for fear that it would affect the lung function of the infected person. Doing so could even induce hypostatic pneumonia, which would be really hard to deal with.

It wasn't until H.N. Mei-Hui Chen *communicated* with the patient about the follow-up care policy that the situation began to improve. Putting a cigarette on the tip of the patient's nose for him to smell, with a smoking cessation inhaler in his mouth, she managed to help him eliminate his tobacco addiction. After the patient quit smoking, he turned to eating to satisfy his desire with food, and thus, H.N. Chen provided a large amount of meals and snacks to relieve the patient's anxiety and tension. He soon recovered and was discharged from the hospital because he cooperated in the treatment and even followed the suggestion of doing simple exercises in the ward.

Helping Patients with the Well-being of Their Body, Mind, and Spirit

Ms. Dai-Yuan Jiang, a nurse at Taipei MacKay Hospital, who had served in the intensive care unit for nine years and later transferred to the hospice ward, came to assist at the COVID-19 Intensive Care Unit in late May this year. Describing the scene, Ms. Jiang said, "It is like going to the battlefield." Each day from morning to evening with personal protective equipment on, unable to drink water or go to the toilet on time, the team faced the big challenge to relieve the isolated patients of their emotional and psychological pressure.

Prior to the pandemic, encouragement from family members and medical staff is usually sufficient to help patients ease their anxieties. However, with the onset of the pandemic, the hospital no longer allows visits, and close contact has become a luxury. Ms. Dai-Yuan Jiang can only seize what limited time is available in the ward chatting with the patients while working to guide them through depression, asking questions such as: "What do you want to do most after your recovery?" She hopes they will feel more hopeful and cheer up enough to endure the difficulties. Observing the dynamics through a monitor, if she finds the patients' condition is *not so good,* she will turn on the intercom to comfort them, letting them know that they are not alone, and that the nursing staff outside are silently caring for him.

She also allows patients to communicate with relatives and friends through telephone and video conferencing to reduce anxiety; this way, she is also able to learn more about the patients' preferences. For example, there was a patient who had a strong religious faith. After Ms. Dai-Yuan Jiang discussed with his family, they decided to put poems and his favorite pop songs in MP3s and recorded greetings and heart-warming words from the whole family. The patients played them when they could not meet each other, and the feeling of being loved and cared for helped the patient navigate through his negative emotions.

Ms. Jiang also lamented that the COVID-19 virus is very difficult to deal with. In particular, *invisible hypoxia* is the most difficult to predict. It is often the case that one appears normal at first, but then suddenly become very ill. However, the patient himself is not aware of any discomfort and quickly faces the critical moment between life and death. For example, an elderly woman was intubated due to a rapid drop in blood oxygen concentration. The medical staff judged that with their best effort, there was a chance to restore her life. However, she mistakenly believed that the intubation would likely kill her and thus refused. Later, the nursing staff urgently contacted her family who could not be present, and after the communication, the elderly woman was finally willing to be intubated so she could breathe with a ventilator. After spending nearly two weeks in the intensive care unit, her condition gradually stabilized.

Ms. Dai-Yuan Jiang also shared how this elderly female patient loved to look beautiful in appearance; she even dyed her long hair a bright purple color! The moment she was detached from the ventilator and climbed out of bed, she insisted to wash her hair. So Ms. Jiang and another colleague gathered all the bathing items, helped the patient to the bathroom, and gave her a good bath. They combed and loosened her knotted hair, which made the patient shout out loudly and happily, "My illness and mood are halfway to recovery!" She then immediately video-conferenced with her family. Watching her show off her long and shining purple hair with joy, the two nurses covered and sweating in their personal protective clothing could not help but laugh along.

Sudden Farewells, but Love Is Always Present

When illness comes quickly, it can cause many regrets if one misses the opportunity to say goodbye. Such was the case for the elderly man, who did not recover after intubation. When his children arrived, their eyes filled with tears, and they begged, "Can I go inside and hug him?" Though not possible, the team

compromised to allow the family members turn on the monitor and the intercom to express their love for their father in this way, with only the glass door in between. "When the handset was picked up, everyone in the room couldn't help crying out loudly." It is quite heartbreaking for one to not accompany family members in person at the end of the life journey; it can be really difficult to accept.

What Ms. Dai-Yuan Jiang had not expected was that a similar situation would happen to her own family. Her 90-year-old aunt, a distant relative, was confirmed to be infected with COVID-19. When she was sent to the hospital, she was suffering severely, and her outlook was not too optimistic. Furthermore, she did not wish to be intubated. Her children abroad could not come back in time, so they could only thank their mother, apologize for not being with her physically, and express their love through video-conferencing. Watching her beloved aunt nodding and shaking her head strenuously in the conversation, and her children crying their last farewells, Ms. Jiang, shifted her role from being a medical staff to a family member; she was deeply moved. "After all, no one can accept the death of a loved one so suddenly."

"There’s still a lot to learn," says Ms. Jiang as she reflected on her month-long work at the intensive care unit. She believes that it is a valuable experience for nurses from different departments to have this opportunity for exchange and to learn together. For example, she had taken care of an elderly woman who agreed not to receive first aid. Although her condition could not be reversed, she still gently cleansed, applied lotion to, and massaged her, so that the patient could leave comfortably and peacefully. Seeing it, other nursing partners exclaimed, "So it can be done this way!" and they applied this loving care to other patients of their own.

With the pandemic lingering around, the spirit of hospice and palliative care is even more critical and precious than ever before. In addition to soothing the body, mind, and soul of patients, the grief of family members and medical staff also urgently needs to be attended to and comforted. It is believed that after the battle with COVID-19, our society will gradually grow and mature in the future because we have inspired one another with our life stories, which will continue to shine with genuine love and care for more patients to come.

Getting to Know the Community's Hospice and Palliative Care

Taiwan, Australia, Singapore: Building a Care Support Network

Under the impact of an aging society and the pandemic, hospice and palliative care face many new challenges. To better face these challenges, Hualien Tzu Chi Hospital held an online international seminar--*Hospice and Palliative Care for the Elderly in the COVID-19 Pandemic*--inviting experts from Taiwan, Australia, and Singapore to share their experiences and to find ways to weather the impact of the pandemic.

For many elderly people, the long-term care institute is their second home. Here they have the emotional companionship of roommates who are close in age, and the physical support of nursing staff and caregivers. According to the latest statistics from the Ministry of Health and Welfare in 2020, there are 1,078 long-term care institutes in Taiwan, which care for over 52,000 residents.

Take Hualien for example. Presently, there are 21 long-term care institutes. Among them, 15 are receiving hospice care services from Hualien Tzu Chi Hospital, accounting for 71%. "In clinical care, we will provide long-term care institutes with a practical and psychological support network," said R.N. Chun-Chun Chen, a home care nurse at the Heart Lotus Ward of Hualien Tzu Chi Hospital.

For example, through the Internet, video-conferencing, LINE groups, and so forth, 24-hour consultation channels are provided to assist the institutes in dealing with and controlling symptoms. At the same time, on-the-job education is arranged for the institutes to empower the caregivers. When residents pass away, there are also grief care and assessment courses to give institute staff psychological support.

PSY. Tan Hsiang Chi, a psychologist in the Heart Lotus Ward at Hualien Tzu Chi Hospital, said that these courses are not only aimed at Taiwanese partners, but also involve foreign caregivers who shoulder the major responsibility of first-line care. “In the hospice institute’s *All-Five Complete Care* policy, foreign caregivers are treated like members of the resident’s family because they also need to be cared for themselves.

Good Death in the Institute: Experience the Warmth of Home

Another important topic for long-term care is to let the elderly pass away in a familiar “home.” Since 2013, 420 cases have been admitted to long-term care institutes by Hualien Tzu Chi Hospital. 301 of them have passed away, of whom 95% have been in institutes. “This made us think: Is it really possible to have a good death in an institute?” R.N. Chun-Chun Chen said.

As a result, the team began to actively help patients to realize their wish so that their lives can be brought to a satisfactory conclusion. Over the past few years, there have been more than 50 dream-come-true cases. Take for example, the elderly man who was in a very poor physical condition, but suddenly desired to go to his favorite beach. Accompanied by his family and the team, this man arrived at the beach, took off his shoes, and walked on the ground barefoot. He then bid farewell to his favorite land, and returned to the institute. That evening, he passed away peacefully.

It is not only the elderly who live in the institute. R.N. Chun-Chun Chen has also accompanied a physically and mentally disabled child through his final journey. On weekdays, she would take her son to play with him. This sick child had stayed in the institute since he was born and had never seen the outside world. So she took him to experience riding a train and going to an amusement park to watch animals. After the child passed away, together with the institute, they held a memorial service and a tree burial. “Thanks to the partners in the institute, the terminally ill patient was able to enjoy the warmth of home during the last leg of his life journey.”

The Healing Power between Children and Animals

Long-term care institutes are like miniature communities. H.N. Chia-Hui Huang, chief nurse at Xiangyun Long-term Care Center for the Elderly, pointed out that the concept of compassion and caring for the community can be used to create a place to help residents in institutes to quickly find the focus of their life and form a humane and warm environment. In addition, the asset-based community development model insists that everyone in the community has talents and skills. “What we need to do is explore each person’s field of expertise, make good use of the resident’s talents, and turn them into assistant caregivers.”

For this purpose, Xiangyun Long-term Care Center for the Elderly has developed different practices. For example, small animals such as cats, dogs, and rabbits are kept in the institute. Each animal has a group of fans and has become the focus of life for the elderly. As for the elderly women with cooking experience, a gourmet club was set up to help them find common discussion topics and take part in social interaction through teaching and passing on their cooking tips.

Xiangyun Long-term Care Center for the Elderly also established the *Children Volunteer Group*, which invites members to bring their children to the institute to do simple service work assignments, and thus create a model of integration between the old and the young. Eventually, even the children’s classmates and the residents’ families and their children joined this group. “The innocent smiling faces of children are a powerful therapeutic agent for the elderly. This love will be passed on and is contagious.” In 2020, Xiangyun Long-term Care Center for the Elderly further established *Suspenders Healing Bunny Club* to put into effect the healing power of children and animals. This club also visits other long-term care institutes, community bases, or hospitals, and have served more than 20 sessions, totaling over 300 people.

Establish Quality Monitoring for Hospice and Palliative Care

Why is hospice and palliative care so important for long-term care institutes? Dr. Claire Johnson, a professor at University of Wollongong in Australia, shared an Australian perspective. In Australia, each year about 60,000 people die in long-term care institutes for the elderly. Among them, 38% passed away a year after they were admitted and 19% within three months. “Therefore, long-term care institutes need to provide care for the dying to meet the rising care needs and complexities.”

Australia’s *Specialist Palliative Care* includes a multi-specialist team with professional skills, experiences, and palliative care training. Johnson pointed out that the professional palliative care in long-term care institutes in Australia almost entirely conducts *Inreach* service, which is a multiple model of palliative care. One of its purposes is to plan and support palliative care as early as possible.

In the *Need Rounds* of Inreach, the nursing staff of the long-term care institute will have a 60-minute triangle meeting with professional palliative care staff to discuss about 10 residents who are most at risk of death, review their symptoms and treatment, psychological and social support, ACP, and so on. “Triangle meetings are regarded as an opportunity education on a case-by-case basis.”

In order to improve the quality of hospice and palliative care, the Australian government has established *Palliative Care Outcomes Collaboration* (PCOC). “This is an evaluation and response framework that introduces clinical care outcome measures into daily practice. PCOC is not a collection of data. It is to promote the effectiveness of patients and caregivers at the service level,” explains Dr. Johnson. According to statistics, after the implementation of PCOC, the quality and effectiveness of care have been significantly improved. Based on PCOC, the *Palliative Aged Care Outcomes Collaboration* (PACOC) has also been developed for the care quality of elderly patients to assist institutes to meet the national care standards for the elderly.

Hospitals and Institutes Work Together in Five Links

In the face of the medical pressure brought about by the aging population, among the six priorities for the medical system in Singapore's government, the sixth is "to establish competent primary care and care partners in the community." Dr. Laurence Tan Lean Chin of the Department of Geriatric Palliative Care Services at Khoo Teck Puat Hospital in Singapore pointed out that the Ministry of Health in Singapore initiated the palliative care program *GeriCare Palliative Care Program* in 2020 to assist the nursing home staff to improve their knowledge, skills, and techniques in hospice and palliative care, and to create a cooperative network of medical professionals to jointly support nursing home. "GeriCare not only helps nursing home patients and improves their quality of life, but also reduces the use of hospital resources."

Since 2010, Khoo Teck Puat Hospital has cooperated with eight nursing homes. There are five major links in the model of hospice and palliative care. The first is education (Educate), in which training courses are offered to enhance the professional ability of nursing staff in the nursing home. The second is teaching (Percept). Courses alone are not enough; the chief nurse has to enter the nursing home to work as a mentor and teach nursing care knowledge, through practice. The third is intervention (Intervene). Response to the nursing problems should be promptly given, and phone calls can be made for consultation at any time. The fourth is communication (Communicate), which encourages nursing staff to discuss ACO with patients and their families. The fifth is *Telemedicine,* such as remote consultation, remote training, and etc.

Since training is time-consuming, to teach more people with limited time and resources, Khoo Teck Puat Hospital adopts the *All, Some, Few* approach. "Courses to be taken by all or most, or some need to be classified clearly," says Dr. Laurence Tan Lean. Since last year, the hospital has also begun to play relaxing and humorous animated short films to make professional knowledge of hospice and palliative care more approachable.

Multi-pronged Approach to Initiate Pandemic Response Measures

The impact of the pandemic also brought considerable challenges to palliative care, especially the home care for patients. Dr. Yee Choon Meng, a physician from Singapore's Dover Park Hospice Homecare Service and Tan Tock Seng Hospital, shared their contingency measures launched during the pandemic.

Since the pandemic surged last year in February, in addition to masks, personal protective clothing, and other basic equipment, the home medical service team has had to take body temperature twice a day and report it. Everyone has stopped taking annual leave to cope with the possibility of insufficient manpower. In order to avoid cross-infection, the team was divided into two groups, taking turns returning to the office every other week, while the rest of the staff worked from home. They met via video-conferencing and planned schedules, going back to the office to replenish the medical supplies needed.

Dr. Yee Choon Meng said that one of the most important measures is the home visit. Before going to the patient's home, the team will conduct a telephone questionnaire survey, asking if there are infected or quarantined patients at home, and whether anyone has a fever or symptoms of respiratory disease, and etc. Through the questionnaire, visit risk is determined so that the medical staff can take correct pandemic prevention measures. He revealed that a member once ignored the questionnaire survey, and it was not until he arrived at the patient's home that he realized a family member was a flight attendant, who had just returned home from abroad. He then quickly put on personal protective equipment to be safe.

Under high pressure from constant work, the medical staff needed to adjust their mental health. Through daily group video meetings, the team shared the problems and pressures of home visits, and discussed serious cases once a week. "Members' mutual support is very important and it is of great help to the team."

Cicely Saunders, the mother of hospice, once mentioned, "The deep memory of how a person passes away will be remembered in the heart of the living." Although we cannot prolong life, we can make him live more meaningfully. How to help terminally ill patients finish the last part of their life journey with dignity not only tests the wisdom of each caregiver but also is the meaning of hospice and palliative care.