

A Review on Problems of China's Hospice Care and Analysis of Possible Solutions

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INTRODUCTION

Hospice care is a type of care and a philosophy of care that focuses on the palliation of a terminally ill or a seriously ill patient's pain and symptoms, and attends to their emotional and spiritual needs.^[1] Taiwan scholar Xie Mei introduced the concept of hospice care to the mainland of China in 1982 and the practice of hospice care in the mainland of China began then.^[2] Tianjin Medical University had set up the Institute of Hospice Care.^[3] Major state-owned hospitals have established hospice wards. There are also some hospice agencies set up through private fund raising. However, after all these years of development, the supply of the hospice care service in our country is still much less than the demand, between which the gap is big. There are three main reasons causing the gap. The details are as follow.

THE OBSTRUCTIONS FROM TRADITIONAL CHINESE CULTURE

First of all, according to traditional Chinese culture it is taboo for Chinese people to talk about death and it seems to them that talking about death will bring on bad luck and they will be punished if they lose their "filial piety."^[4] Hence, people do not know much about hospice care although the concept was introduced into China 32 years ago. Even people, who know hospice care, are reluctant to let their family members partake of palliative care, influenced by Chinese traditional "filial piety." In 2011, a survey of hospice care awareness and the attitude of citizens in Wuhan showed that people who knew a lot about hospice care accounted for only 13.6%, people who knew a little about hospice care accounted for 49.5%, and people who never heard about hospice care accounted for 36.9%. Only 26.7% of the respondents were willing to accept hospice care after being told what hospice

care was.^[5] The situation in Tianjin No. 5 Central Hospital is a typical example of the influence of "filial piety." Lots of terminal patients' family would rather let the terminal patient receive the more painful treatments than let them receive palliative care. They thought that hospice care is equal to giving up on the patient's treatment.

THE LACK OF SUPPORT FROM THE GOVERNMENT

The second problem is the lack of policy and financial support from the government. In 2008, the Government of Shanghai Yangpu district provided free hospice care service for only 1000 cancer patients. As an aside, this demonstrates that only a limited number of the terminal patients could be covered with the hospice care policy every year. Moreover, the full funds approved by the government have not yet been allocated. For example, so far funds have been applied for a kind of instrument to simulate a sunrise and the sunset, which could be used to serve the terminal patients to maintain their body clock. However, at present in there is only one set in Tianjin No. 5 Central Hospital, due to the lack of funding support. This leads to the medical staff having to arrange for the instrument to be used for the most serious patients and the other patients have no chance to be treated.

THE SCARCITY OF HOSPICE CARE SPECIALISTS

The third problem is the scarcity of hospice care specialists. Medical colleges seldom offer hospice degrees and courses;^[6] therefore our medical students lack knowledge of hospice care. In September 2007, a survey of the medical colleges in China showed that among the 42 colleges which submitted the questionnaire, only 11 of them had hospice care courses, accounting for 26.2%. Compare these results to a survey that was done by Nagoya University in Japan, where among the 40 colleges in Japan, 26 of them offered the hospice care courses, accounting for 67.5%.^[7] We can clearly see that the hospice care education in China's medical colleges is not sufficient. And this directly resulted in the current

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situation where medical staffs are providing hospice care lack knowledge in the field.

SOLUTIONS

Although the problem is difficult to solve, change is urgently needed. Today, the population that is over 60 years old is more than 167 million.^[8] China is gradually becoming an aging society. The aging society makes the lack of hospice care more prominent. About the reasons causing the lack of hospice care which has mentioned above, I would voice my opinion as follows.

To change people's mentality regarding hospice care

We can promote knowledge about hospice care to the public via hospice care lectures and forums. Shooting hospice care films will also be of help. According to my study, the United States allocates special funds to film medical dramas every year. Benefitting by such a policy, the American people gain a lot of medical knowledge. Furthermore, utilizing media to broadcast hospice care information should be another good method.

In the field of medical ethics, we can design a dynamic development process for hospice care ethics to transform the ethics environment while spreading hospice care ethics.^[8] Looking at the clinical work now, to persuade people to accept the hospice concept through good hospice care service is a proper method. The following example can support this view: The case is provided by the head nurse of Tianjin No. 5 Central Hospital's intensive care unit (ICU). In 2013, the ICU admitted an advanced pancreatic cancer patient. He was in great pain during his terminal period. The medical staff tried their best to ease his pain. Every day the nurse timely turned his body over to avoid him suffering the bedsores. The medical staff also contacted his family and friends and encouraged them to visit him. At the same time, at the request of the patient, the medical staff invited an imam to pray for him. This gave the patient very important religious support. With the support from the medical staff, family and friends, the patient felt happy. In the end, he passed away peacefully. His family was so grateful for the hospice care that the medical staff had provided that they even knelt down to show their gratitude to the hospital. Hence, it was demonstrated that to persuade people to accept the hospice concept through the good hospice care service can work.

To strive for more government support

The government should be encouraged to increase investment in hospice care research, and implement relevant laws and policies effectively. Palliative treatment can save tremendous resources. It will not only ease the physical pain of the patients, the spiritual pain and economic loss of the family but also avoid the waste of medical resources and protect the environment. The government could continue and strengthen their investment for trials within the areas where people already accept the concept of hospice care. This can be followed by further economic development and

improvement of the law and policy environment, we believe hospice care will eventually be included in the country's health insurance program. Hence, relevant experts and professionals should be urged to make suggestions to assist the government to achieve the target within the shortest time frame.

To train more professionals

We can start with the on-the-job training in the clinical departments which need hospice care knowledge. Tianjin No. 5 Central Hospital's ICU has set an example for us in this. The director of the ICU regularly gives lectures and popularizes hospice care knowledge to the doctors and the nurses. This makes the medical staff actively aware of the concept of hospice care and strengthens their relevant knowledge. I believe that hospice care service will be quickly perceived and better applied if such training mechanisms could be promoted in all the departments in hospitals where needed.

It is good as well to provide preservice training for people who will enter the hospice care work. In the meantime, we should systematically establish hospice care professional teams and professional journals; regularly conduct academic exchanges and constantly study the advanced concepts and experiences from the European and American countries.^[9]

To establish hospice care courses in colleges is also necessary.^[10] Hospice care must be put into the syllabus as a compulsory course for medical students. This will drive medical students to establish hospice care communities to attract the students who are interested in this field. The students can then learn and discuss the subject until they become professionals before joining the relevant work force.

The hospice program director Joanna Lin from the Rand Center reckons: We have to change the attitude towards death: Make more people give up the sorts of methods such as artificial respiration, cardiac pacemaker and blood dialysis in order to sustain a precarious life.^[11] We should face the death peacefully rather than with fear and keep the body in a relatively comfortable state. Chinese people pay much attention to a "good death,"^[12] which means we hope everybody can die in peace. Hospice care is the best way to meet the desire.

The hospice care in China is still in its initiative stage. Limited by the current economy of our country, there shall be a lot of difficulties encountered in developing hospice care that impacts its increasing speed. However, it is what we cannot deny that the hospice care service must be the rigid demand in our country from now on till the future. Hence, I am sure with the progress of the society, hospice care must be put into an important position where it should be.

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REFERENCES

1. Xiao SY, Wang W, Yang Y. Hospice care present situation and development prospect in China (in Chinese). *Med Soc* 2008;21:19-21.
2. Liu HQ, Cao J. The current development situation of the ease treatment in China (in Chinese). *Med Front* 2013;26:61-3.
3. Yue L, Zhang L. The characteristics of hospice care in China and its development prospect (in Chinese). *Nurse Educ J* 2011;26:117-9.
4. Zhong N, Sun W, Wang HQ. The SWOT analysis and the strategy research of the community health service centers' hospice care (in Chinese). *Chin Gen Pract* 2012;31:3589-91.
5. Zhao XD, Wu X, Liu DY, He YY. A survey of Wuhan citizens' awareness and attitude toward hospice care (in Chinese). *J Cap Med Univ* 2011;32:297-300.
6. Shi LH. A strategy research of the hospice care's development in China under the background of aging (in Chinese). *Chin Med Ethics* 2009;4:82-3.
7. Zhang J, Peng Y, Wang ZR, Wu JP, Ninao H, Masafumi K. The comparison of hospice care education between the Chinese and Japanese medical colleges (in Chinese). *Chin J Gerontol* 2010;3:818-20.
8. Chen BT, You WB. A study of the problems of the localization of hospice care (in Chinese). *Chin J Gerontol* 2007;27:2359-62.
9. Lu XQ, Bai Q. The problems and challenges of carrying out the localized hospice care (in Chinese). *Chin J Gerontol* 2007;27:299-300.
10. Zheng YP, Li YL, Wang YH, Zeng XY, Zhou Y. Medical staffs' attitude towards death and hospice care and its influence factors (in Chinese). *Chin J Gerontol* 2011;24:4879-81.
11. Chen CY, Luo L, Xie R. The current problems and model of hospice care in our country (in Chinese). *Nurs Manage J* 2005;5:26-8.
12. Song QL. Hospice care of an aging society (in Chinese). *Chin J Gerontol* 2009;10:2695-7.

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