中华医学会
CHINESE MEDICAL ASSOCIATION

Development of End-of-Life Care in China

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Acknowledgement & Conflict of Interests

- Japan Medical Association
- Chinese Medical Association
- Dalian Medical University

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Mainland China

- The most populous country, with more than **1.38 billion people**

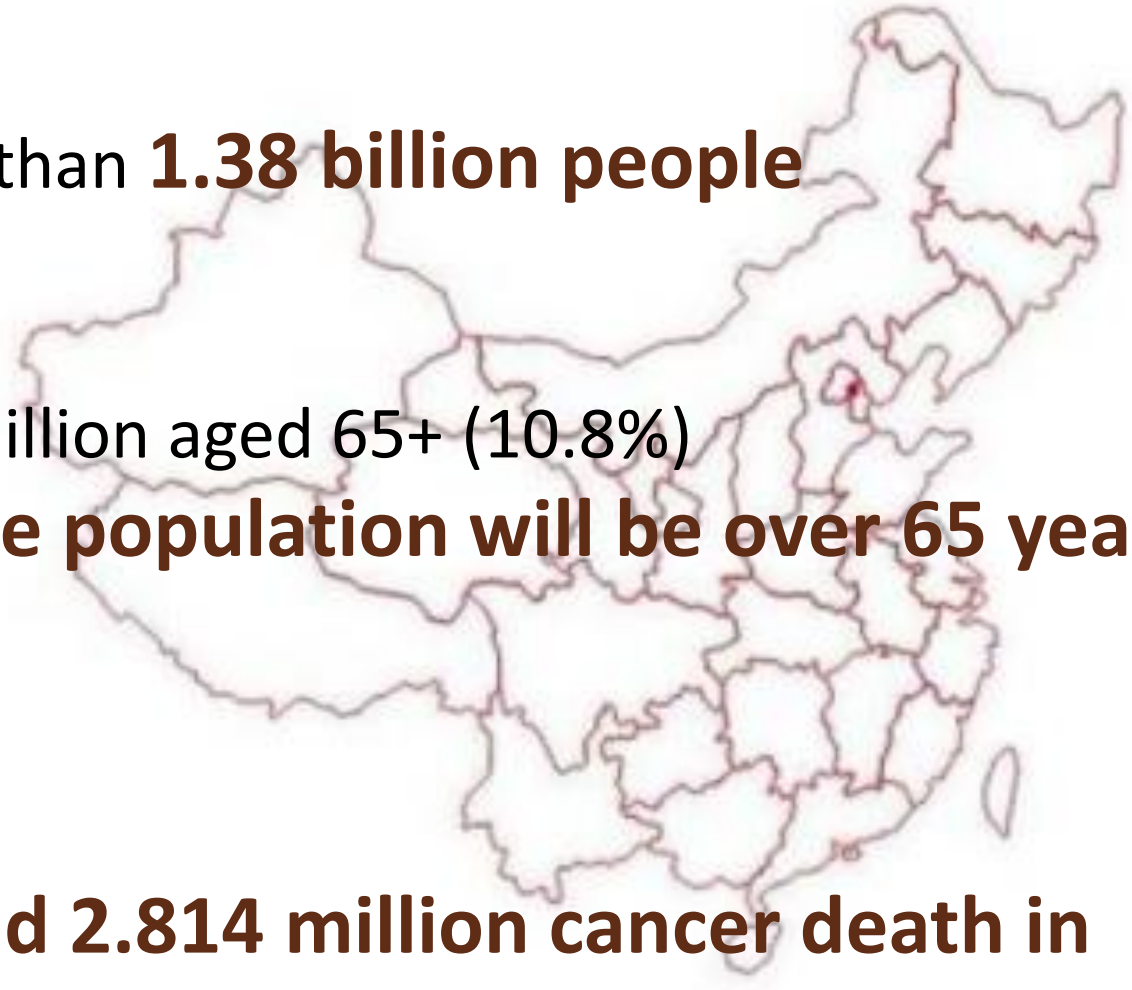
- Aging Society

  230 million aged 60+（16.7%)， 150 million aged 65+ (10.8%)

  By 2050 more than a quarter of the population will be over 65 years old

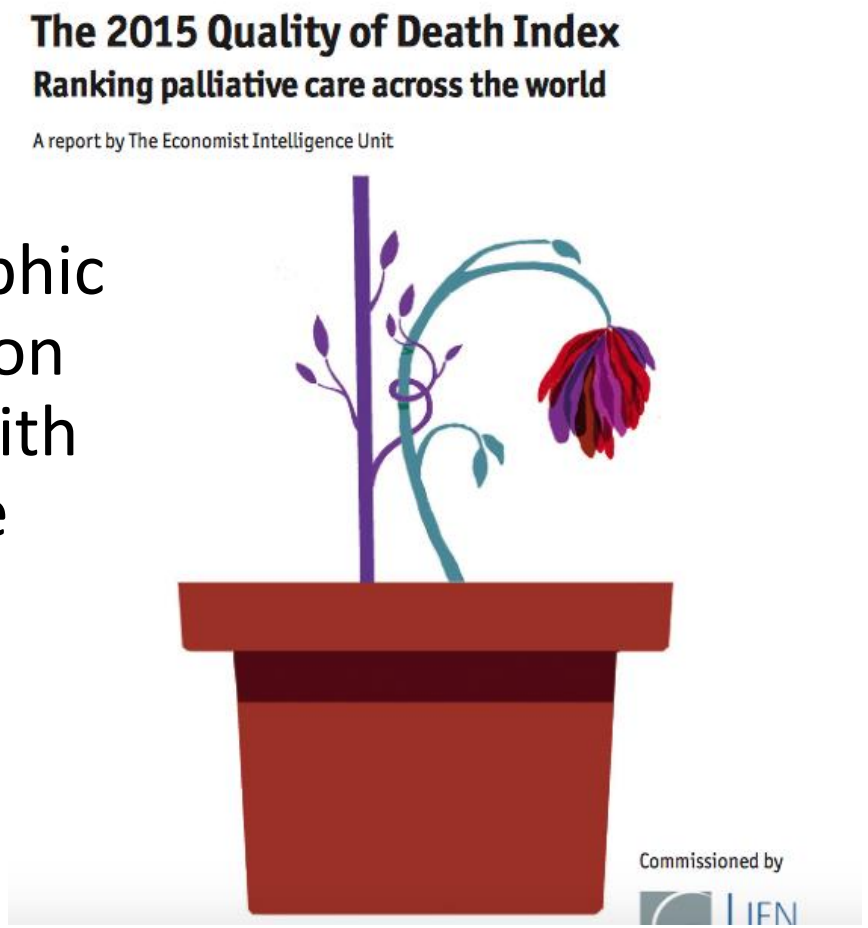
- Cancer is the leading cause of death

  4.292 million new cancer cases and 2.814 million cancer death in 2015



China ranked 71st of 80 countries

“In China’s case, a rapidly ageing demographic presents additional challenges. The adoption of palliative care in China has been slow, with a curative approach dominating healthcare strategies.”



Outline

- Beginning of End-of-Life Care in Mainland China
- Efforts and Achievements
- Barriers and Challenges
- **Future Plan？**

Historical Case

- **1986, the first legal case of active euthanasia in Hanzhong**

➢ Dr. Pu, on the request of patient's son and daughter, prescribed 100 milligram compound chlorpromazine for the patient, who was a 59 year-old female suffering with late-stage cirrhosis, ascites, advanced hepatic encephalopathy, and severe ulcerative bed sores with unbearable pain.

Dr. Liansheng Pu

The first Chinese doctor performed euthanasia

Establishment of Hospice &Palliative Care Center

- 1986, first **paper** introduced “The concept of end-of-life care” written by 池見酉次郎
- 1988, first **research center** for palliative care in Tianjin Medical University
- 1988, first **independent palliative care center** in Shanghai一南汇护理院
- 1990, first provided **ward services of palliative care** in affiliated hospital of Tianjin Medical University
- 1993, established **Chinese Association for Hospice and Palliative Care**
- 1996, found ***Chinese Journal of Hospice Care***

Efforts & Achievements

- In 2001, Li Ka Shing Foundation founded a “Heart of Gold” National Hospice Service Program
- Provide free home-based pain-relief medications, nursing care, bereavement support and pyschological counseling
- Standard team includes at least 2 physicians, 2 nurses, 1 social worker, 1 driver and 1 clerk with a designated car

➢Establish 30 Hospice Units across 26 provinces

➢Benefit 16,000 patients through more than 2 million service sessions

- home visits 391,541
- out-patient visits 1,211,809
- phone call consultation 633,326

Efforts & Achievements

- In 2004, the Ministry of Health regulated the establishment of hospice and palliative care be one of the accreditation standards for general hospital
- In 2016, 0.7% (146/22,000) hospitals offer palliative care, most of which are located in Beijing, Shanghai, Chengdu, Kunming and other major cities
- Academic institutions, social organizations & pioneers have promoted the development of end-of-life care independently of direct govermental involvement

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Qingli Hu

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北京生前预嘱推广协会
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Diandian Luo

Xiaohong Ning

CHINESE ASSOCIATION FOR LIFE CARE
中国生命关怀协会
2006

Guidelines

- In 1997, “Ethical Requirement and Medical Decision-Making for Terminal Patient of Chronic Disease” issued by Chinese Society of Medical Ethics, Chinese Medical Association
- In 2014, “Expert Consensus on Withdrawing of Life-sustaining Treatment” issued by Patient Safety Committee of Beijing Medical Law Association
- In 2017, “Palliative Care Practice Guideline” issued by National Health and Family Planning Commission

Barriers & Challenges

- **Death taboo and social stigma** associated with the end of life

  Chinese translations on end-of-life care

  “临终关怀”，“宁养服务”，“姑息治疗”，

  “缓和医疗”，“舒缓医疗”，“安宁疗护”

- Influence of **Confucian value of “ filial piety”** 孝道

  preference on aggressive medical intervention and curative approach

Barriers & Challenges

➢Lack of knowledge and skills

- incomplete understanding of the concept or philosophy of end-of-life care and stick to value of **life-saving "at all costs"**
- cancer patient opt for **unnecessary treatment** (ie. albumen infusions and high dosages of antibiotics)
- feel incompetent in dealing with **mental health issues** such as depression and anorexia

Barriers & Challenges

➢Reluctance to use opioids

- worrying about opioid addiction and respiratory depression
- 66% medical practioners did not fully understand the dosage of morphine
- Penthidine----BEST OPIOIDS, even though morphine and fentany1 are available
- promote “**opiophibia**” in patients

Dr. Weijian Zhang

First Law Suit for Using Morphine in End-of-Life Care

Barriers & Challenges

- **Trust crisis between doctors and patients and lack of legislation discourage the application of advance directive**

- physicians do not like to take risks of law suit, especially the close relatives do not have agreement on withdrawing of life-sustaining treatment
- consent on decline or refuse of treatment

诊 所

拒绝或放弃医学治疗告知书

患者姓名：	性别：	年龄：	病历号：

尊敬的患者、患者家属或患者的法定监护人、授权委托人：

根据患者目前的疾病状况，医生认为患者应当接受治疗，并建议患者接受适当的医疗措施。但是患者现在拒绝或者放弃我所医护人员建议的以下医疗措施：

特此告知可能出现的后果，请患者、患者家属或患者的法定监护人、授权委托人认真斟酌后决定。

1、拒绝或放弃医学治疗，在我院原有的治疗中断，有可能导致病情反复甚至加重，从而为以后的诊断和治疗增加困难，甚至使原有疾病无法治愈或者使患者丧失最佳治疗时机，也有可能促进或者导致患者死亡；

2、拒绝或放弃医学治疗，在我院原有的治疗中断，有可能出现各种感染或使原有的感染加重、伤口延迟愈合、疼痛等各种症状加重或症状持续时间延长，增加患者的痛苦，甚至可能导致不良后果；

3、拒绝或放弃医学治疗，在我院原有的治疗中断，患者有可能会出现某一个或者多个器官功能减退、部分功能甚或全部功能的丧失，有可能诱发患者出现出血、休克、其他疾病和症状，甚至产生不良后果；

4、拒绝或放弃医学治疗有可能导致原有的医疗花费失去应有的作用；

5、拒绝或放弃医学治疗有可能增加患者其他不可预料的风险及不良后果；

6、拒绝正确处置厌氧伤口，有可能引发破伤风感染；

7、拒绝注射破伤风抗毒素预防破伤风感染和应用抗生素预防相关感染。（因破伤风感染后具有极度的危害性，容易预防，不易治愈，甚至危及生命，死亡率极高）

患者、患者家属或患者的法定监护人、授权委托人意见：

我（或是患者的监护人）已年满18周岁且具有完全民事行为能力，我拒绝或放弃医院对我的医学治疗服务。医护人员已经向我解释了接受医疗措施对我的疾病治疗的重要性和必要性，并且已将拒绝或者放弃医学治疗的风险及后果向我作了详细的告知。我仍然坚持拒绝或放弃医学治疗。

我自愿承担拒绝或放弃医学治疗所带来的风险和不良后果。我拒绝或放弃医学治疗产生的不良后果与医院及医护人员无关。

患者签名_____

如果患者无法签署知情同意书，请其授权的亲属或者见证人在此签名：

患者授权亲属或者见证人签名_____与患者关系_____

签名日期_____年_____月_____日

医护人员陈述：

我已经将患者继续接受医学治疗的重要性和必要性以及拒绝或者放弃治疗的风险及后果向患者、患者家属或患者的法定监护人、授权委托人告知，并且解答了关于拒绝或者放弃治疗的相关问题。

医护人员签名_____ 签名日期 _____年_____月_____日

Barriers & Challenges

➢ Financial costs and the absence of national strategies

- not generally supported through the national health insurance
- lack of designated funding support for development of palliative care
- limited end-of-life care is less accessible to children, rural patients and patients with advanced cancer

Future Plan?

- Promoting death education for the public
- Training more professional end-of-life care practitioners
- Further research on discipline of palliative care
- Develop innovative approaches for symptom management, such as acupuncture of Traditional Chinese Medicine
- Government policy support

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