



End of Life Questions~

Taiwan perspectives

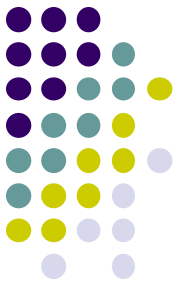
Shao-Yi Cheng, MD., MSc., DrPH

Department of Family Medicine

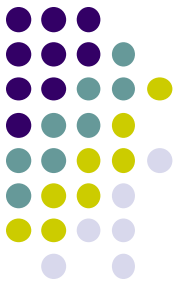
National Taiwan University Hospital

Taiwan Medical Association

Outline



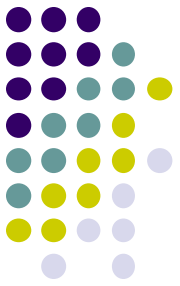
- Palliative medicine in Taiwan
- End of life questions in Taiwan



Palliative medicine in Taiwan



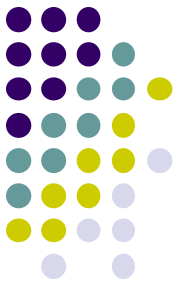
Landmarks of palliative medicine in Taiwan



- Home care in Mackay memorial hospital.....1983
- Inpatient hospice and palliative care unit in Mackay memorial hospital.....1990
- Inpatient hospice and palliative care unit in Taiwan University Hospital.....1995
- Launch of the Natural Death Act.....2000
- Certification of palliative medicine specialist.....2000
- Extension of palliative care to non-cancer patient.....2009
- Passing of the Patient Autonomy Act.....2016

Natural Death Act

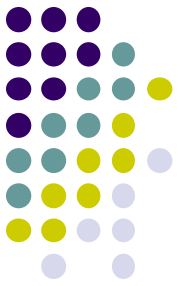
安寧緩和醫療條例



- Enacted on 2000/6/7
- Revised on 2002/11/23, 2011/01/10, 2013/1/09
- Right for DNR (decline to receive CPR and Life sustaining treatments at terminal stage)
- Withhold and withdrawal

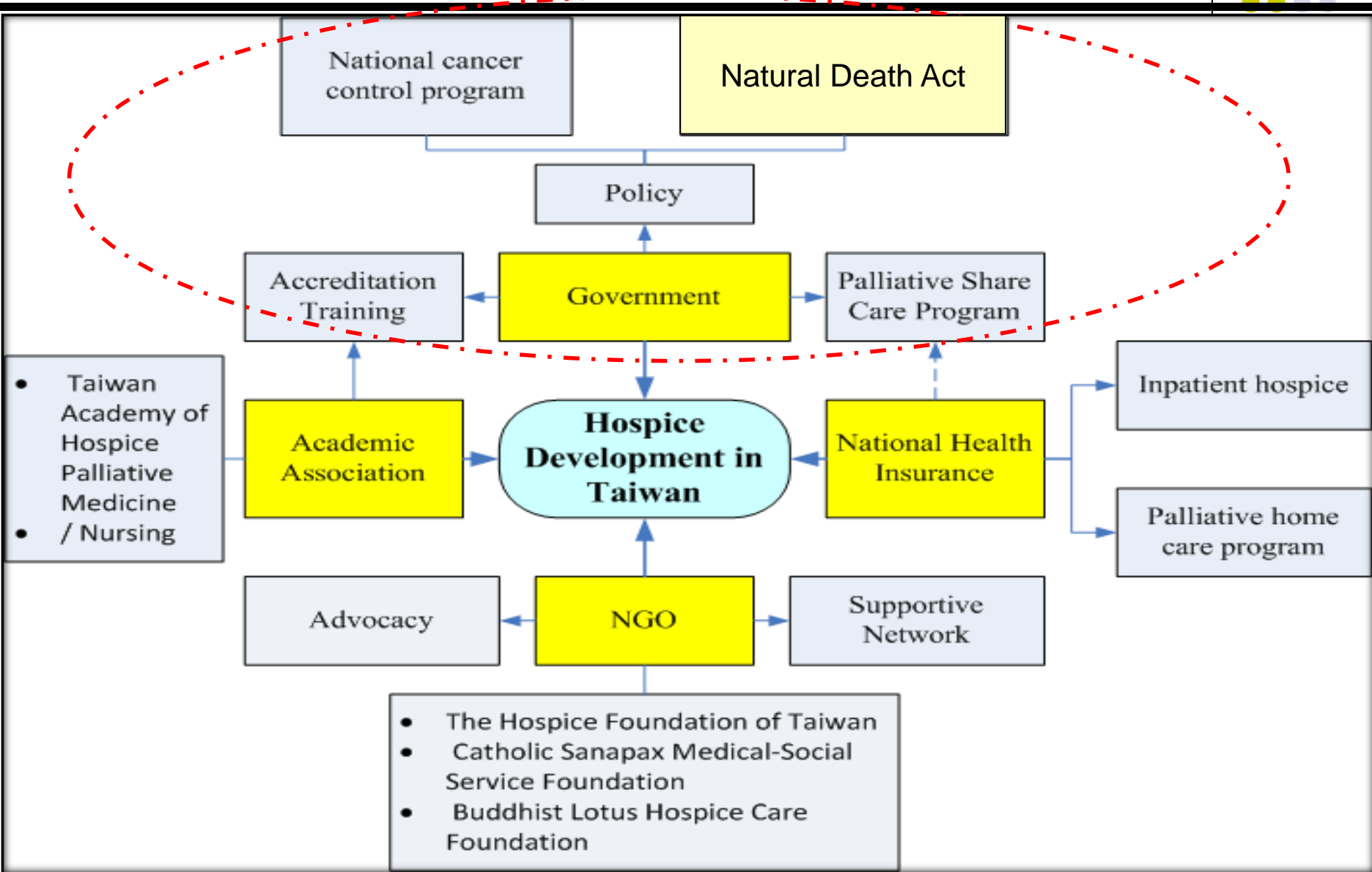
Patient Autonomy Act

病人自主權利法

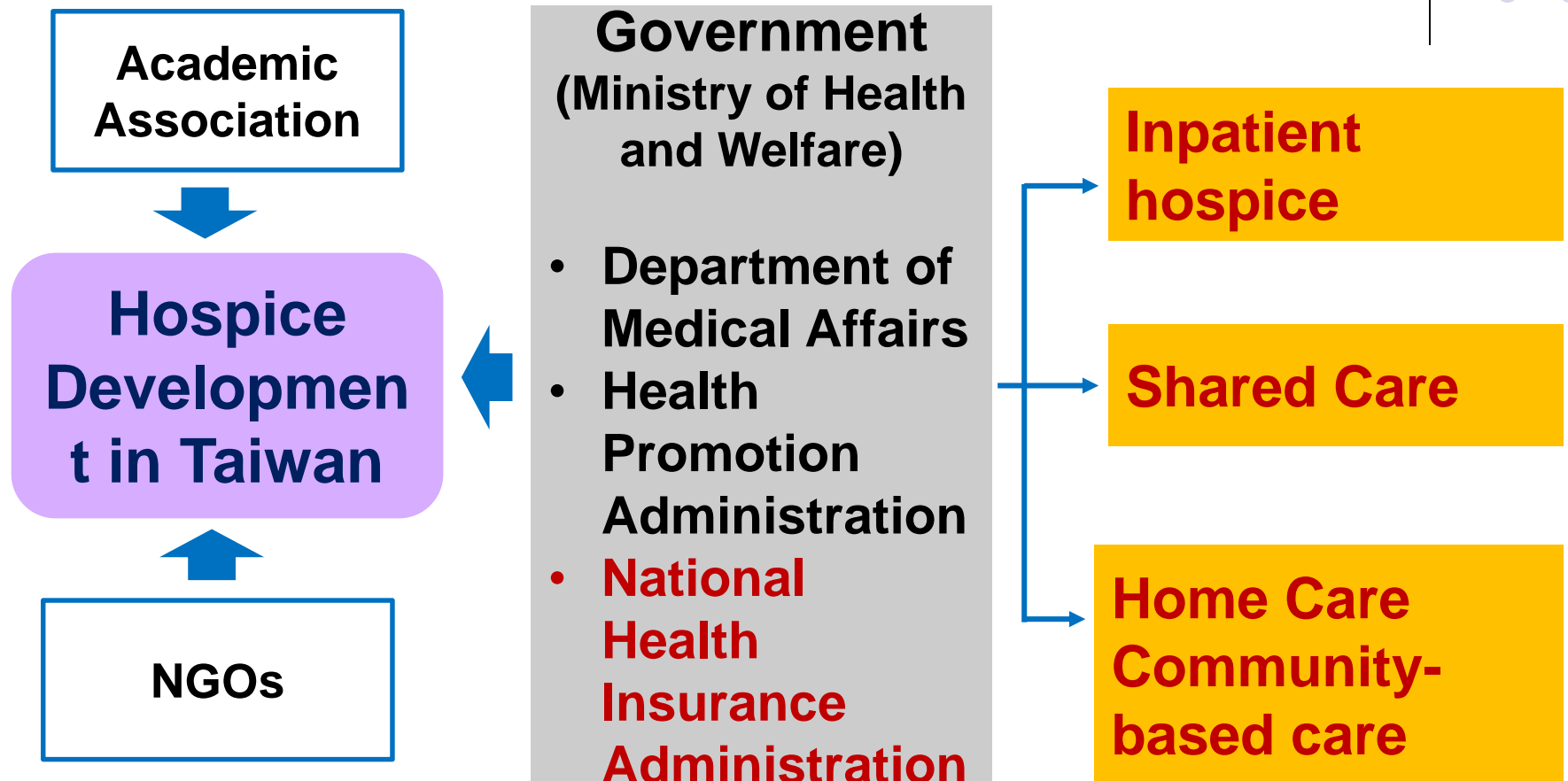
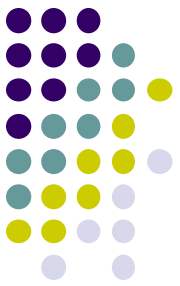


- This Act is established to ensure respect for patient autonomy, protect the right of patients to a good and natural death and promote harmonious physician-patient-relationship
- Indication: Terminally ill patients, irreversibly comatose, vegetative state, terminal dementia, and incurable
- Advance care planning consultation
- Advance directive

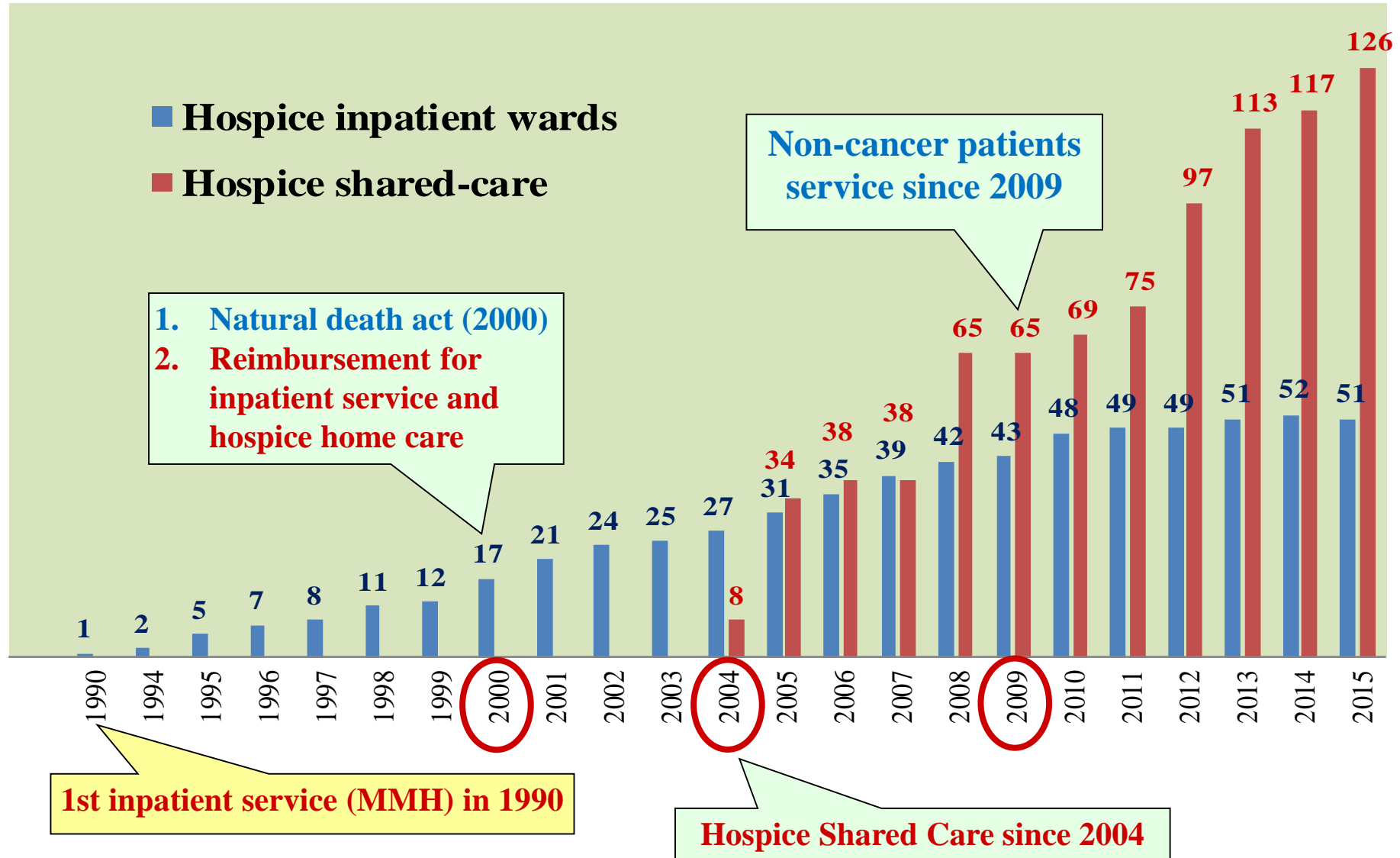
Infrastructure for Palliative Care Development in Taiwan



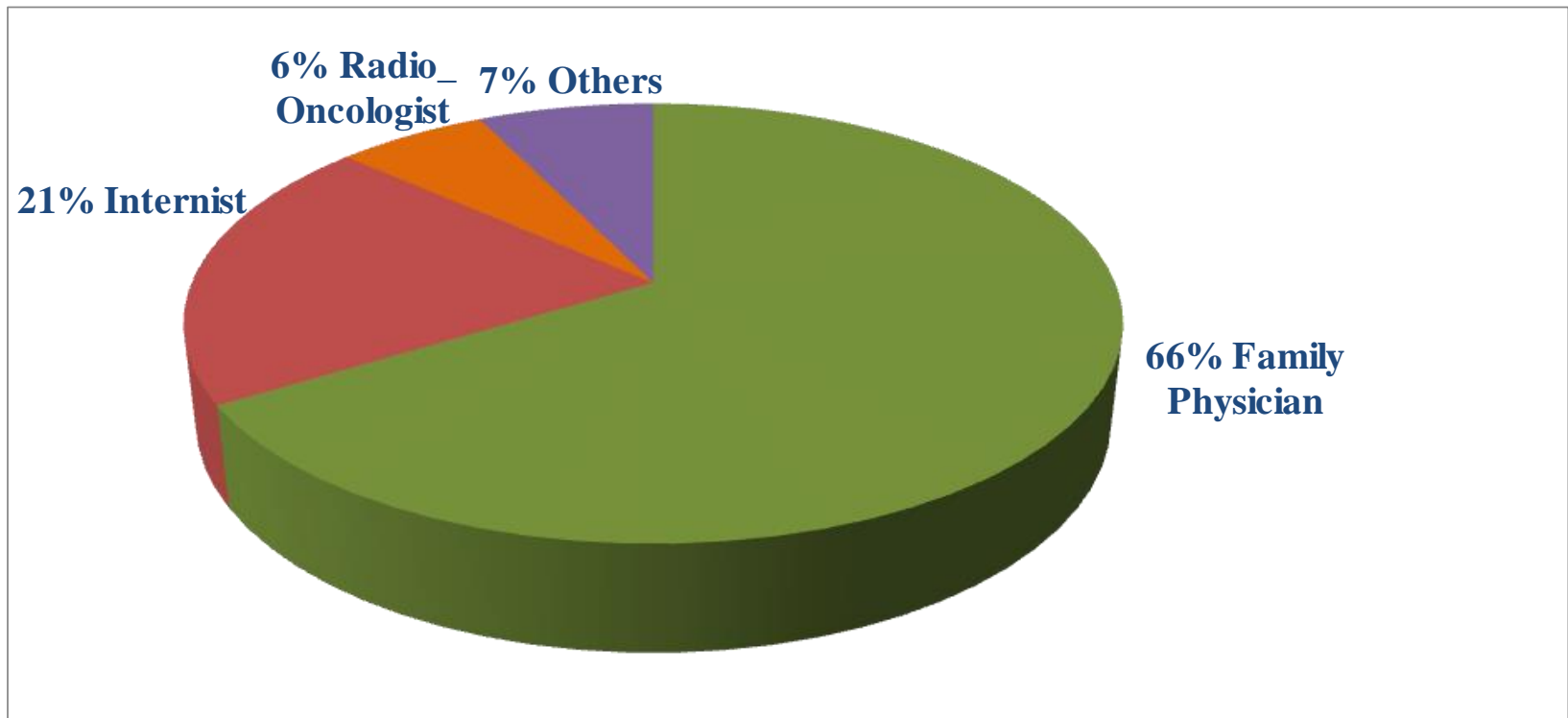
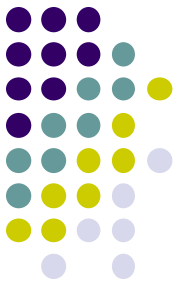
Current Palliative Care Payment in Taiwan

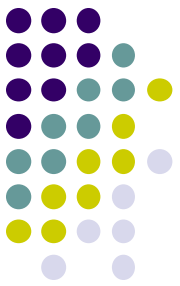


The numbers and the growth of units of Hospice in-patient wards and shared care teams



Palliative specialists in Taiwan (N=696)





The 2015 Quality of Death Index

Ranking palliative care across the world

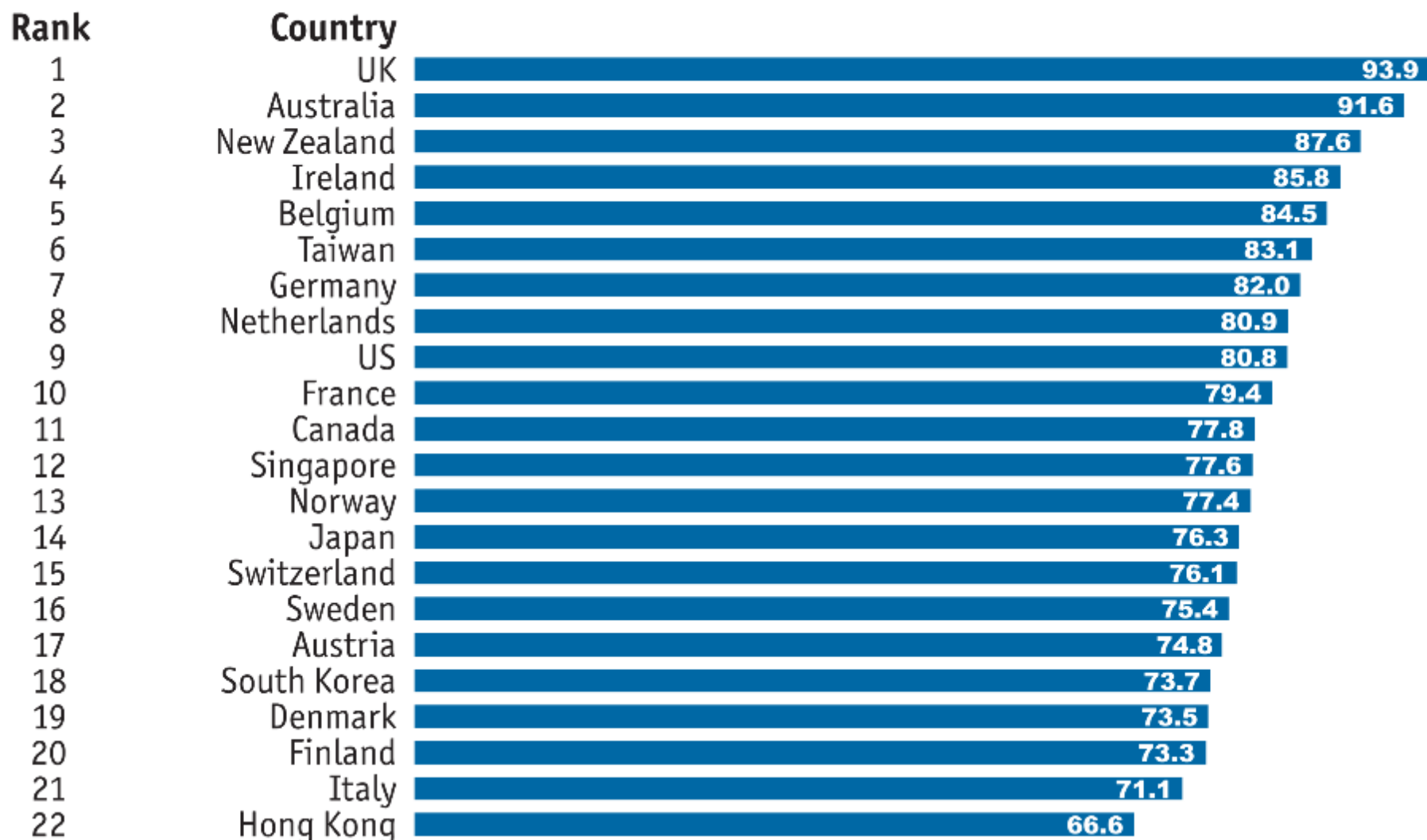
A report by The Economist Intelligence Unit



Commissioned by



2015 Quality of Death Index—Overall scores

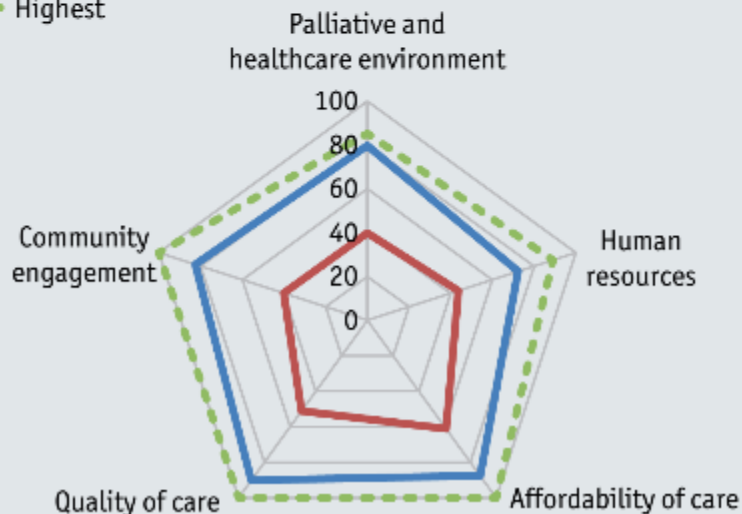




Case study: Taiwan—Leading the way

	Rank/80	Score/100
Quality of Death overall score (supply)	6	83.1
Palliative and healthcare environment	5	79.6
Human resources	9	72.2
Affordability of care	=6	87.5
Quality of care	=8	90.0
Community engagement	=5	82.5

— Taiwan
— Average
- - - Highest



The quality of palliative care in Taiwan is high (it is tied for eighth place in this category), with a focus on improving the quality of a patient's last days. Major steps have been made in recent years: Dr Siew Tzuh Tang, a professor at Chang Gung University School of Nursing, reports substantial improvement in several end-of-life indicators between her team's national surveys in 2003/4 and 2011/12. For example, while less than half of terminally ill cancer patients were aware of their prognosis in the first survey, this number increased to 74% by 2012. Use of aggressive medical treatments for cancer patients in the last month of life, such as CPR and intubation, also declined over this period.

Community engagement, in particular to break down cultural taboos against discussing death, has also been a focus. Such taboos are still widespread, but proponents of palliative care are attempting to change that by introducing discussions of life and death into the education system from primary school through university, and by changing the mindset of patients.

"Family members feel that for the patient to die without CPR is not filial," says Dr Rongchi Chen, chairman of the Lotus Hospice Care Foundation. "But we are trying to teach people that filial duty and love should find its expression in being with the family member at the end of his or her life, and in encouraging acceptance of disease and peaceful passing."

Advance care planning (ACP) Shared decision making SDM



珍愛一生，替自己做一個最好的選擇

了解事前指示

什麼是事前指示

“事前指示”是一份法律文件，讓您在自己身體健康或還能與他人溝通時，事先寫下在生命末期時的意願計劃。事前指示包括(1)生前遺囑及(2)醫療授權書。生前遺囑可表達您醫療照護的意願。醫療授權書可讓您指定一位代理人在您無法說話的情況下為您做決定。



什麼是生前遺囑

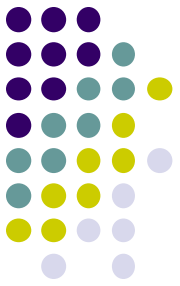
生前遺囑可在您無法表達您的意願時讓您的家人和醫療團隊能得到您所希望的治療。根據您最珍貴的生前遺囑法律，一旦你和日漸

我應選擇誰作我的醫療代理人？

選擇您信任及明白您的意願和願意為您做醫療決定的近親或好友。和這位代理人對生命末期意願有持續性的討論，確保您的醫療授



International Collaboration



- A cross cultural study with Dr. Oyama, Dr. Morita in Japan in 2012, with Korea in 2013



Original Article

Palliative Care Physicians' Attitudes Toward Patient Autonomy and a Good Death in East Asian Countries

Tatsuya Morita, MD, Yasuhiro Oyama, PhD, Shao-Yi Cheng, MD, MSc, DrPH, Sang-Yeon Suh, MD, PhD, Su Jin Koh, MD, PhD, Hyun Sook Kim, PhD, RN, MSW, Tai-Yuan Chiu, MD, MHS, Shinn-Jang Hwang, MD, Akemi Shirado, MD, and Satoru Tsuneto, MD, PhD

Department of Palliative and Supportive Care, Palliative Care Team, and Seirei Hospice (T.M.), Seirei Mikatahara General Hospital, Shizuoka; Division of Clinical Psychology (Y.O.), Kyoto University, Kyoto, Japan; Department of Family Medicine (S.-Y.C., T.-Y.C.), College of Medicine and Hospital, National Taiwan University, Taipei, Taiwan; Department of Family Medicine (S.-Y.S.), Dongguk University Ilsan Hospital, Dongguk University School of Medicine, Seoul; Department of Hematology and Oncology (S.J.K.), Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan; Department of Social Welfare (H.S.K.), Korea National University of Transportation, Chungju City, South Korea; Department of Family Medicine (S.-J.H.), Taipei Veterans General Hospital and National Yang Ming University, School of Medicine, Taipei, Taiwan; Palliative Care Team (A.S.), Seirei Mikatahara General Hospital, Shizuoka and Department of Multidisciplinary Cancer Treatment (S.T.), Graduate School of Medicine, Kyoto University, Kyoto, Japan

Abstract

Context. Clarification of the potential differences in end-of-life care among East Asian countries is necessary to provide palliative care that is individualized for each patient.

Objectives. The aim was to explore the differences in attitude toward patient autonomy and a good death among East Asian palliative care physicians.

Methods. A cross-sectional survey was performed involving palliative care physicians in Japan, Taiwan, and Korea. Physicians' attitudes toward patient autonomy and physician-perceived good death were assessed.

Results. A total of 505, 207, and 211 responses were obtained from Japanese, Taiwanese, and Korean physicians, respectively. Japanese (82%) and Taiwanese (93%) physicians were significantly more likely to agree that the patient should be informed first of a serious medical condition than Korean physicians (74%). Moreover, 41% and 49% of Korean and Taiwanese physicians agreed that the family should be told first, respectively; whereas 7.4% of Japanese physicians agreed. Physicians' attitudes with respect to patient autonomy were significantly correlated with the country (Japan), male sex, physician specialties of surgery and oncology, longer clinical experience, and physicians having no religion but a specific philosophy. In all 12 components of a good death, there were significant differences by country. Japanese physicians regarded physical comfort and autonomy as significantly more important and regarded preparation, religion, not being a burden to others, receiving maximum treatment, and dying at home as less important. Taiwanese physicians regarded life completion and being free from tubes and machines as significantly more important. Korean physicians regarded being cognitively intact as significantly more important.

Conclusion. There are considerable intercountry differences in physicians' attitudes toward autonomy and physician-



OBSERVATIONAL STUDY

PEN

A Cross-Cultural Study on Behaviors When Death Is Approaching in East Asian Countries

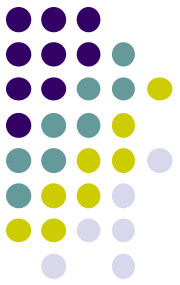
What Are the Physician-Perceived Common Beliefs and Practices?

Shao-Yi Cheng, MD, MSc, DrPH, Sang-Yeon Suh, MD, MPH, PhD, Tatsuya Morita, MD, Yuhiro Oyama, PhD, Tai-Yuan Chiu, MD, MHS, Su Jin Koh, MD, PhD, Hyun Sook Kim, PhD, RN, MS, Shinn-Jang Hwang, MD, Taeko Yoshie, MA, and Satoru Tsuneto, MD, PhD

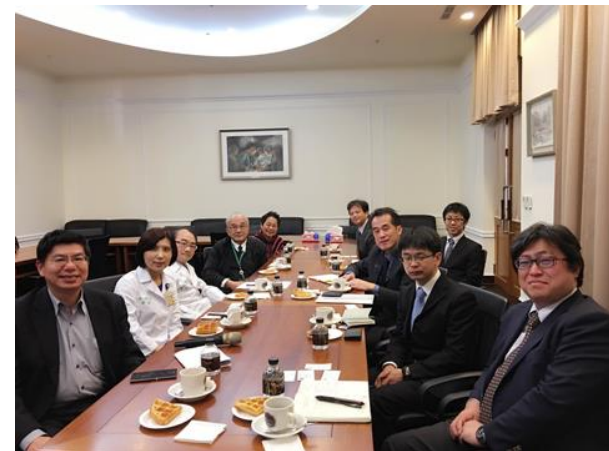
Abstract: The primary aim of this study was to explore common beliefs and practices when death is approaching in East-Asian countries. A cross-sectional survey was performed involving palliative care physicians in Japan, Korea, and Taiwan. Measurement outcomes were physician-perceived frequencies of the following when patient death is approaching: (1) reluctance to take part in end-of-life discussions,

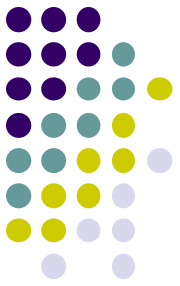
expected to care for the patient at home. At the time of death, while no Japanese physicians stated that they often experienced patients who wanted a religious person to visit, the corresponding figure in Korea and Taiwan was about 40%. Uncovered expression of emotion was significantly frequently observed in Korean and Taiwan, and 42% of Japanese physicians reported family members cleaned the dead body, while the patient themselves

Collaboration with Kyoto University School of Public Health

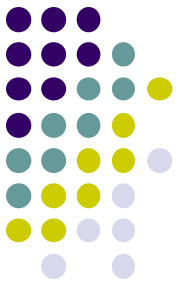


- Three themes:
- 1. Long term care
- 2. End of Life care
- 3. Advance Care Planning





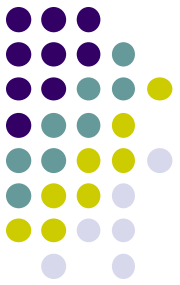
End of life questions



1. Questions regarding Active Euthanasia and Physician-assisted Suicide

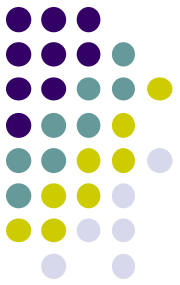
Q1-1. In your country/jurisdiction, is there any legislation (including laws and court rulings) that permits/tolerates the involvement of a physician in “active euthanasia and/or assisted suicide” for terminal patients?

No, there isn't.



Q1-2. If not, are there any exceptions?

No, there is no exception.

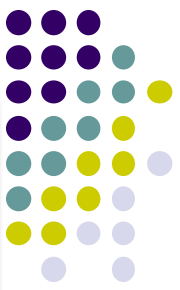


2. Questions regarding an Advance Directive (Living Will)

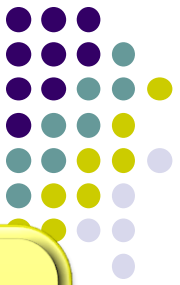
Q2-1. Is there any legislation regarding an advance directive (living will) in your country/jurisdiction?

Yes, there is. The Patient Autonomy Act will be enacted in 2019. It is the first legislation in Asia that grants the terminally ill patients the rights to acknowledge the illness, to choose and decide the treatment options, ensuring the wills to be implemented when the patient is comatose or unconscious. Through the process of advance directive, the patient can decide whether to continue the medical treatment to prolong life or not when the patient is terminally ill.

Q2-2. Do physicians routinely encourage their patients in daily practice to reflect on and express their preferences about specific medical interventions (e.g. pain management, medically administered nutrition and hydration, mechanical ventilation, use of antibiotics, dialysis, or cardiopulmonary resuscitation), or to identify someone they would want to have make decisions on their behalf if they did not have decision-making capacity?



No, they do not. Since disclosure is not within the culture context of the Taiwanese people, physicians do not “routinely” tell the patient about the illness and prognosis. However, the situation has been changing with the implementation of the Natural Death Act for the past 17 years.



Q2-3. Is there any active effort by your medical association or any other organization to establish a custom for physicians to check the advance directives (living wills) of their patients?

Yes, there are such efforts. The Hospice Foundation of Taiwan has been actively campaigning on the awareness of advance directives to the general public.

The Taipei City Hospital has launched a project called “Voice your voice” to general public to make advance care planning of their own.

3. Questions regarding Withholding or Withdrawing of Life-sustaining Treatment



Q3-1. In your country/jurisdiction, is there any legislation (including laws and court rulings) that permits/tolerates the withholding of life-sustaining treatment for a terminal patient based on the patient's will to make dying as dignified and comfortable as possible?

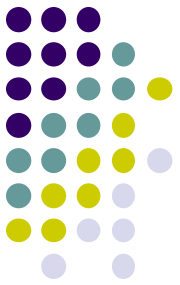
Yes, there is (legislation, law, court ruling, any other). The Natural Death Act was launched in 2000 that allows the physician to withhold of life-sustaining treatment for a terminal patient based on the patient's will in order to achieve a good death.



Q3-2. In your country/jurisdiction, is there any legislation (including laws and court rulings) that permits/tolerates the withdrawing of life-sustaining treatment based on the patient's will to make dying as dignified and comfortable as possible if it is found after the life-sustaining treatment is initiated in case of emergency that the patient would not have wanted it?

Yes, there is (legislation, law, court ruling, any other).

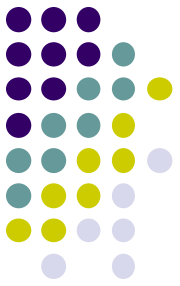
The Natural Death Act was amended in 2013 to allow the physician to withdraw of life-sustaining treatment based on the patient's will in order to achieve a good death.



Q3-3. Please describe the views and approaches of your medical association regarding withholding or withdrawing of life-sustaining treatment (*if any).

Our organization follows the WMA Declaration of Lisbon on the Rights of the Patient and WMA Statement on Advance Directives.

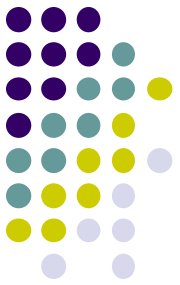
4. Questions regarding Palliative Care including End-of-life Care



Q4-1. What kind of treatment is generally provided for pain or suffering (both physical and psychological) of terminal patients in your country/jurisdiction?

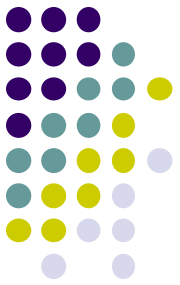
We have a wide selection of analgesics that follows the WHO guideline on pain control.

Basically, morphine is the predominant medicine to use in Taiwan. As for relief of psychological suffering, we have trained clinical psychologists and spiritual care personals.



Q4-2. Does religion play any roles in these treatments, especially for psycho-social and spiritual suffering?

Yes, religion plays roles. When psycho-social or spiritual suffering is identified in the terminally ill patients, trained spiritual personnel will approach the patient according to his/her religious preference.



Q4-3 Does palliative care provided in your country/jurisdiction commonly involve modern medications such as opioid and new analgesics for pain and suffering experienced by terminal patients?

Yes. We have a wide range selection of modern medications such as opioid for pain control. The Taiwanese government has been taking a rather cautious attitude toward the narcotics over the past years; however, we have the most widely used narcotics for pain control such as Oxycodone, Fentanyl in addition to morphine.



Q4-5. Although palliative care is an important part of end-of-life care, it is not limited to that stage. In your country/jurisdiction, is palliative care widely provided to patients with any serious illness and who have physical, psychological, social, or spiritual distress?

Yes. In Taiwan, palliative care had been provided for eight categories of non-cancer patients as well since 2009. The eight categories included people who are suffering from neurological disease such as dementia, Parkinson's, congestive heart failure, chronic obstructive pulmonary disease, acute kidney failure, end stage kidney disease, liver cirrhosis and elderly.

Q 5. Question concerning the "end-of-life medical care for the super-aged"



5-1. In your country, do you have a law or regulation related to the problem described above?

The Natural Death Act, which was launched in 2000, was amended in 2013 and grants medical team the right to act for the best interest of the terminally ill patients when there is no advance directive or surrogate available.

The Patient Autonomy Act will be enacted in 2019. It is the first legislation in Asia that grants the terminally ill patients including elderly with severe dementia the rights to acknowledge the illness, to choose and decide the treatment options, ensuring the wills to be implemented when the patient is comatose or unconscious, Through the process of advance directive, the patient can decide whether to continue the medical treatment to prolong life when the patient is terminally ill or incapable to make decision. A surrogate is designated in case the patient is mentally or physically incapable.

Questions & feedback

