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—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 psychological 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 governmental involvement
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 practitioners did not fully understand the dosage of morphine
  • Penthidine----BEST OPIOIDS, even though morphine and fentanyl are available
  • promote “opiophobia” 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
患者、患者家属或患者的法定监护人、授权委托人意见：

我（或为患者的监护人）已年满18周岁且具有完全民事行为能力，自愿或放弃对医院的医疗服务。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，并且已将拒绝或放弃医疗服务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疗服务。

我自愿承担拒绝或放弃医疗服务所带来风险及后果。我拒绝或放弃医疗服务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，请其授权的亲属或见证人在此签名：

患者授权亲属或见证人签名：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疗治疗的重要性和必要性以及拒绝或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，并解答了关于拒绝或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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