Elderly Care System Development Forum

A Case Study of Yichang City and International Experience Exchange 26-28 September 2022



China's Emerging Need for Palliative Care

JING JUN

Department of Sociology

TSINGHUA UNIVERSITY







When it comes to dying and death

In 2018, approximately 20% of those Chinese who died did so in hospitals.

Of the urban residents who died in the same year, 23% died in hospital while 19% of the rural residents who died did so in hospital.

The proportion of those who died at nursing homes was 2% nationwide.

So when they die, most Chinese do so at home.

China Health Yearbook, 2019





Gaps

Close to 10 million Chinese died in 2018

280,000 received palliative care

Palliative care available at 0.7% of medical facilities

Home & community palliative care nealy non-existent

Information from mixed sources





Promotion of advance care planning in Beijing

Legalization of advance care planning in Shenzhen

Support to 42 hospices by Lee Kai-shing Foundation

Personal touch of a politician in Shanghai

Shanghai now has 76 health institutions providing hospice and palliative care

The city's 217 community health centers in 16 districts offer hospice and palliative care at home

Of these community health centers, 106 offer inpatient service

Hospice And Palliative Care Services Development in Shanghai, Journal of Complementary and Alternative Medicine, 2021





Uncertainties about Shanghai

In 2018, the city had at least 69,100 persons in need of hospice care Of these, only 9,700 patients (14%) actually used the service

Only 7,321 persons in Shanghai had <u>HPC at home</u> in 2018 & 2019 HPC at home lasted for an average of nine weeks before termination

Medic's visit to each home was once a week Total cost of each visit lasting for one hour was 571 RMB

Accounting for medical expenses and direct costs of home hospice care services, China Medical Resources, 2021

居家安宁疗护服务医疗费用及直接成本核算,中国卫生资源, 2021





INTERVIEW PROJECT

January 2021 to December 2021 60+ research volunteers; 209 transcripts completed

Interviewed families and professional caregivers about those who died in recent years





PAIN AND SUFFERING AS MENTIONED IN 209 NARRATIVES

Types of Pain		Textual Frequency	Number of Transcripts
Economic Suffering		1,355	160
Physical Pain of Patient		1,280	130
Burden of Care-giving Mental Pain of Patient	691 369	000	147 76
Bereavement of Kin		233	67







病痛	Pain due to illness
不知情	Pain due to not knowing
闹脾气	Anger due to pain & suffering
习惯了折磨	Accustomed to painful ordeals







EXPRESSIONS ABOUT SUICIDE IN 10 NARRATIVES



不想活了 No longer wants to live
跳楼割腕 Jumping to death and cutting wrists
不堪受辱 Cannot put up with humiliation anymore
危险的路 A dangerous road

老人倾向 Older people's tendency





Decision Making

A survey of family caregivers of 792 cancer patients who died in 2014-2016 contained a question about who was the primary decision-maker regarding intensive, conservative, or giving up.

The information that was obtained from the family caregivers shows that 29.4% of the 792 patients made their own decisions while the others had their children (71.4%) and their spouses (24.9%) as the primary decision-makers. Under 4% of these patients relied on other people, including medical doctors and colleagues.

When their adult children serve as the primary decision-makers, patients are most likely to receive intensive DMT. This is a clear example of filial piety affecting critical decisions in medical settings.





Unintended Consequences

In reference strictly to mainland China

THAT WHICH IS SEEN

Palliative care is increasingly being seen as terminal care Palliative care is seen as solely for the elderly A few large corporations already package palliative care with funeral services

THAT WHICH IS UNSEEN

Palliative care could become a cost-cutting measure of neo-liberalism Palliative care units could become like morgues for many people They also could become high-end UWS hotels for the rich and powerful

unresponsive wakefulness syndrome

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