

## Introduction: End of Life Issues in China and Korea

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The global village is in a vortex of rapidly changing population structures. Most developed countries are experiencing relatively low fertility among young people and increased longevity among the elderly. These phenomena are seen even in developing countries. A hot issue academically and practically is the higher speed of aging in the countries in the table below. This phenomenon is clear in a comparison of aging rates among European and East Asian countries in <Table 1>. In France it took 130 years to move from an aging society (which means society with over 7% of aged 65+) to an aged society (which means society with over 14%), while it took only 26 years in Japan and 20 years in Korea. Those countries also experienced a much higher speed of aging from an aged society to a super-aged society (which means a society with 20% or more aged 65+). It took 52 years in the UK and 35 years in the USA, while it took 10 years in Japan and 9 years in Korea. China has experienced a much more rapid process of aging in the past two decades, and it will take 10 years for China to move from an aged society to a super-aged society.

In East Asian countries with a much higher speed of aging there is a great differentiation between advanced groups such as Japan, Taiwan, Korea and groups such as China and other countries. End-of-life care is one of pivotal social policies implicated in a higher speed of aging, and a comparison of end-of-life issues and care systems in Korea and China will reveal characteristics of great differentiation between East Asian countries and lead to understanding social and political characteristics of end-of-life issues deeply and structurally.

The Economist Intelligence Unit's annual reports can be considered as a meaningful guide for understanding a broad characteristic of end-of-life

**TABLE 1**  
**COMPARISONS OF AGEING IN WESTERN AND EAST-ASIAN COUNTRIES**

	The Year of Reaching % of aged 65+			Years from 7% to 14%	Years from 14% to 20%
	7%	14%	20%		
France	1865	1995	2019	130	24
Sweden	1890	1975	2012	85	37
UK	1930	1975	2027	45	52
USA	1945	2015	2050	70	35
Japan	1970	1996	2006	26	10
Singapore	1999	2016	2023	17	7
Korea	2000	2020	2029	20	9
China	2000	2027	2037	27	10

SOURCE.—Jiehua Lu 2009

**TABLE 2**  
**INDEX SCORE AND RANKING OF QUALITY OF DEATH IN 2010 AND 2015**

	2010		2015	
	Index	Ranking*	Index	Ranking*
UK	7.9	1	93.9	1
USA	6.2	9	80.8	9
Japan	4.7	23	76.3	14
Korea	3.7	32	73.7	18
China	2.3	37	23.3	71

\* Ranking among 40 countries in 2010 and 80 countries in 2015

SOURCE.—Economist Intelligence Unit 2010, p. 11; 2015, p. 15.

policies in Korea and China. In Korea, the end-of-life care system was underdeveloped in 2010, but rapidly developed in 2015, while such development remained at low levels in China in 2010-2015.

Korea was experiencing growth in human resources, quality of care, and affordability of care, (although palliative care was yet not affordable), while China's growth was at a low level in these areas: "The adoption of palliative care approach in China has been slow, with the most healthcare resources focused on curative treatment" (EIU 2015, p. 20). These quantitative and partly qualitative indexes should be revised and interpreted by systematically comparative studies. Out of this need Professor Jiehua Lu and I organized an

international symposium comparing the end of life in China and Korea in May 2014 at Peking University. Four Korean scholars made presentations based on collaborative work from 2013 with SSK (Social Sciences Korea), which received a grant from the Korean Research Foundation (KRF), while 4 Chinese scholars participated with partly networked research teams from Peking University and Renmin University. All papers are a product of financial support of KRF-SSK (NRF-2016S1A3A2925399). In that symposium it was very interesting to reveal various differences in field situations of medical and social care systems for a rapidly growing population of older adults. For example, 74% of Korean elderly people died at hospitals, while 80% of Chinese elderly people died at home. We received an academic and practical lesson from the first Chino-Korean symposium and planned to develop our collaboration further. It was followed by the fourth joint symposium of Peking University and Seoul National University in 2015 and the SWSD (International Conference of Social Work Social Welfare) in 2016. On basis of elaborating our 8 presented papers in comparable versions, 4 representative papers are submitted to this special issue of *Development and Society*.

Professor Yun Zhou at Peking University reveals very well various issues of end-of-life care in China. Her paper introduces the situation of aging and medical and social care situations in China, and raises controversial issues about the end of life. First, a decision on life-prolonging devices for terminally ill patients is now issued by the civil organization Living Plan Movement, but not institutionalized within the legal system. Second, hospice, including home hospice service, is newly emerging, although most Chinese still die at home. Third, death is a relatively popular social issue in socialist Chinese society, in which death is considered in scientific terms, not in traditional culture. There are other issues such as after death rituals, etc. In a comparison with the paper of Professor Yun Zhou, I show a development of end-of-life and hospice care in Korea. My paper deals with the process of legal systems related especially to hospice and decisions about life-prolonging devices among various end-of-life issues. Although with a long history of hospice services, hospice service is not yet institutionalized as a social system. In 2010, hospice service for terminally cancer patients could be provided, but without a legal process for decisions about life prolonging devices in the ICU. Therefore 13% of terminal cancer patients used hospice services in 2015. In this situation, the first issue is to legally institutionalize processes of life-prolonging device decisions after the Supreme Court decision in the case of Great Mother Ms. Kim. It is developed into a careful legal version in

consensus with religious groups, including Catholics, who are strong pro-life representatives. The second issue is to expand the category of terminal cancer patients to include all terminally ill patients. It is crucial because hospice service only for terminal cancer patients means not only a justice issue, but also a malpractice issue because all hospice service is constrained by the Act of Cancer Management. A hot social debate finally led to the passing of this act in the National Assembly.

In the field of care orientation, professor Feng Du and his student at Renmin University introduce the development of hospice care services in elderly care facilities in China. In this paper he deals with the end of life in the practical field of aging care in China. The Chinese government supports care facilities for older adults according to the national plan, so they are growing in a different way. But the end-of-life issues are not yet raised in the practical field. Decisions about life-prolonging devices, hospice services, and death (and after-death) issues etc. will be debated hotly in China in the near future. Professor Soohyun Han at Namseoul University reveals some characteristics of attitude-based end-of-life care in Korean silver towns. Her paper deals with older adults' and caregivers' consciousness of the end-of-life issues in the practical care field. Older adults and caregivers have little knowledge about it, and if they know it, they know different information. This paper draws on some characteristics of end-of-life attitudes in the care field in comparison with those in American cases.

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