

# Development of Hospice Care Service for the Elderly in China

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*Against the backdrop of the aging society, we need to make great efforts to develop the hospice care service for the elderly if we want to comprehensively improve “the Quality of Death” and enable more old people to enjoy benefits of dying peacefully. This essay firstly reviews the policies and practices of the development of hospice care for the elderly in China, and we discover that main obstacles that hinder its development are institutional barriers, difficulties in financing, a lack of personnel, and low acceptance rate of the general public. Considering the current construction of socialized pension service system in China, we make institutional exploration in the development of the hospice care of the elderly in China. And we hold that these are key ways to develop this career to “get through” the lifeblood of the medical and health services and the hospice care service, “extend” the socialized system of elderly care service to this service, enhance the “input” in this service, and fully develop the long-acting “safeguard” mechanism for the development of this service.*

**Keywords:** *hospice care, hospice care service for the elderly, overview of the policy, service practice, institutional exploration*

## Introduction

In 2010, the economist published one report on “the Quality of Death” in which China ranked the 37<sup>th</sup> among 40 countries and regions,<sup>1</sup> with the availability of end-of-life care ranking the 40<sup>th</sup> and the quality of end-of-life care ranking the 35<sup>th</sup> (Economist Intelligence Unit 2010). And this report also draws attention of both international and domestic scholars on the end-of-life care. Deathbed care, also called hospice care, aims to improve the quality of life of terminal patients by relieving their uncomfortable symptoms, and help the patients to live through the last stage of life with dignity. Tianjin Medical University established the first research center of hospice care in China. Since China’s hospice care originates from medical and health field, its driving force also comes from this field. The hospice care now exists mainly as an ethical care or service concept and has not been developed into a complete service development framework, which results in low availability and low quality of end-of-life care in certain degree. As the aging of population constantly grows and the life expectancy continues to expand, the proportion of aging population to death population continues to improve, and traditional household resources of end-of-life care is becoming scarce because the family becomes smaller and empty nest, which will definitely increase the need for the socialized hospice care service; on the other hand, researches also prove that hospice care could not only enable the elderly to die peacefully, but also effectively reserve the medical and health resources (Xu 2000; Dong 2002), so it has become a problem demanding prompt solution to promote the scale development of hospice care in the medical and health field.

Though the constant growth of aging raises challenges to hospice care, it also provides chances for the development of the hospice care service. On one hand, China is now vigorously promoting the construction of socialized pension service system. Relevant service industries including home-based care for the aged, community support for the elderly, and institution for old-age care have met unprecedented opportunities for development,<sup>2</sup> so the

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<sup>1</sup> Among these countries and regions, 30 are the member countries of OECD and the other 10 are other countries and regions, including China, India, Russia, Brazil, South Africa, Malaysia, Singapore, Uganda, Hongkong, and Taiwan.

<sup>2</sup> It is evident by China’s continuously issuing *the Construction Planning of the Socialized Pension Service System (2011-2015)* [No. (2011) 60 issued by the General Office of the State Council] and *Some Opinions of the State Council on Accelerating the Development of Pension Service* [ No. (2013)

hospice care for the elderly, which is at a terminal of service industry for the aged people, naturally becomes the key development emphasis. On the other hand, the advent of an aging society draws attention of the nation and the society to the gerontological social work and its organizational development, and more and more perfect gerontological social work system lays a sound foundation for promoting hospice care service for the elderly. From perspectives of theory and practice and against the background of the aging society (Sun and Li 2013), it is crucial to vigorously develop the hospice care service for the elderly in China for improving “the Quality of Death”. Therefore, on the basis of clarifying the connotation and important meaning of the hospice care service for the elderly, this essay systematically reviews the development of the hospice care policies in China, comprehend the development obstacles of this service in China by analyzing its current practice, and then make further institutional exploration for this service to draw attention of the educational circle.

## Part I. The development status of the hospice care for the elderly in China

As mentioned before, hospice care aims to provide positive support for terminal patients, improve their quality of life by relieving pain or other uncomfortable symptoms, and help the patients to live through the last stage of life with dignity. The hospice care for the elderly refers to a special hospice care provided to a group of people whose ages are over 60 and their relatives, and it is a key point of hospice care from both the international and domestic practice (Zhang 2009). There is great significance to add the terms of “for the elderly” and “service” on the basis of hospice care to form a new term “the hospice care for the elderly”. On one hand, compared with other groups, the hospice care for the elderly has its particularity and universality, as most of them suffer geriatric disease, chronic disease or organism aging troubles on their deathbed period. The hospice care is mainly to relieve the torture of these diseases on technical aspect, while the high nursing cost is a challenge for the elderly who have high economic dependency. As a matter of fact, it is very important to develop hospice care for the elderly according to regularity of the aged population under the background of the aging society. On the other hand, integrating the conception of service into hospice care can not

only help to surpass a simple ethical care or service conception, but also enable the hospice care for the elderly to develop as a kind of service. These will make more aged people to enjoy the “life welfare” of hospice care and improve the level of “the Quality of Death” in our country overall. For example, we can take home-based care for the elderly service and long-term nursing service as references, and accelerate the standardized and scale development of the hospice care service for the elderly by using society power.

## The Development of hospice care policy in China

In an effort of medical health institutions such as the Research Center of the Hospice Care of Tianjin Medical University, the Ministry of Health listed the “hospice care department” into the *Subject Directory of Diagnosis and Treatment in Medical Institutions* in 1994 for the first time. From then on, the department of hospice care was confirmed and have existed as an independent diagnosis and treatment division. Over the following ten years, important documents released by the medical health field all mentioned the term of hospice care, while they did not draw attention of the ageing workers. Until 2006, hospice care has captured the attention of the department of aging, and there were three important documents released in the same year: *Notice on Accelerating the Development of the Aged People Service Industry Issued by Office of China Aging Problem National Commission and National Development and Reform Commission and Forwarded by the General Office of the State Council*, *White Paper on the Development of the Old Age Enterprises in China* and the *Service Regulations for Pilots of National Loving Care Project*, all of which mentioned requirements of developing the hospice care service for the elderly. And specific regulations were explicated on aiming and measuring hospice care service in the *Service Regulations for Pilots of National Loving Care Project*. We can say that **the year of 2006 was the starting point to develop hospice care service for the elderly in China**. On one hand, it introduced the hospice care in the medical health field to the aging career, realizing the interdisciplinarity; on the other hand, the term “service” was added to hospice care when the hospice care was introduced, laying the foundation for the scale development of the hospice care in the aging work. In 2011, *the Twelfth Five-year Planning of the Development of the Old Age Enterprises in China* released by the State Council mentioned that “the government will focus on investing and encouraging social capital to

**TABLE 1**  
**DEVELOPMENT OF THE HOSPICE CARE POLICIES IN CHINA**

Time	Name of Policy	Related Content
1 September, 1994	<i>Notice on the "Subject Directory of Diagnosis and Treatment in Medical Institutions" Issued by the Ministry of Health (No 27 issued by the Department of Medical Management of the Ministry of Health [1994])</i>	This notice first lists the "hospice care office" in the <i>Subject Directory of Diagnosis and Treatment in Medical Institutions</i> and its number is 24. The teaching contents of hospice care are formally included into the community care teaching and the training program of the general practitioner constituted by the system of the Ministry of Health. However, professional medical science and treatment standards have not been established.
2 June, 2000	<i>Notice on Strengthening the Nursing Service in the Reform of the Medical Institutions Issued by the Ministry of Health (No. 203 issued by the Department of Medical Management of the Ministry of Health [2000])</i>	We should adapt to the transformation of biology-psychology-social medical science, and actively advocate "holistic nursing"..... We should vigorously explore and provide multi-aspect nursing service, and greatly develop community nursing, old age nursing and <b>hospice care</b> and gradually standardize these aspects.
3 December, 2002	<i>Report on the Reform of the Medical and Health System</i>	"Part of the organizations will achieve functional transformation and will develop in chronic disease prevention, nursing and recovering of the old age, and the <b>hospice care</b> and other fields."
4 February, 2006	<i>Notice on Accelerating the Development of the Aged People Service Industry Issued by Office of China Aging Problem National Commission and National Development and Reform Commission and Forwarded by the General Office of the State Council (No. (2006) 6 issued by the General Office of the State Council)</i>	"We should support the development of the nursing of old age and hospice care service. And we should support to establish the medical institution of the nursing of old age and hospice care service and encourage these institutions to provide these services. Political support would be given to these institutions."

TABLE 1  
(CONTINUED)

Time	Name of Policy	Related Content
5 December, 2006	<i>White Paper on the Development of the Old Age Enterprises in China</i>	“China encourages the qualified large- and medium-sized medical institution to open special section of geriatric diseases or geriatric outpatient clinic. . . . China also encourages to establish medical and health institutions that could provide prevention and treatment of geriatric disease, recovery of the old age, and hospice care according to the regional health planning.”
6 July, 2006	<i>Service Regulations for Pilots of National Loving Care Project</i>	The hospice care service” is specially discussed in its Seventeenth term, and its aim and particular methods are explained with over 340 Chinese characters. “The Loving Care Project” is initiated by the China Ageing Development Foundation (CADF), and it refers to the object of hospice care service as the “terminal elderly”.
7 September, 2011	<i>The Twelfth Five-year Planning of the Development of the Old Age Enterprises in China</i> (No. (2011) 28 issued by the State Council)	“The government will focus on investing and encourage social capital to establish the nursing institutions for the aged with the functions of the medical care, recovery promotion, and <b>hospice care</b> .”
8 October, 2012	<i>The Twelfth Five-year Planning of the Development of the Health Protection</i> (No. (2012) 57 issued by the State Council)	“We will encourage the social capital to greatly develop the health service, and promote the service industries including the nursing of old age, psychological counseling, nutrition consultation, oral health, recovery, <b>hospice care</b> , physical examination and management to meet the multi-level demand of the general public.”
9 December, 2012	<i>The Law on Protection of Rights and Interests of Seniors of the People’s Republic of China (Revised Edition)</i>	“Term Forty-nine . . . . encourage to provide health protection, nursing, and hospice care and other services for the elderly.”

TABLE 1  
(CONTINUED)

Time	Name of Policy	Related Content
10 October, 2013	<i>Some Opinions of the State Council on Promoting the Development of Health Service</i> (No. (2013) 40 issued by the State Council)	The local governments should rationally distribute and actively establish medical institutions such as the recovery hospital, the geriatrics hospital, the nursing home, and the <b>hospice care hospital</b> in many ways such as transforming the urban second-class hospital and establishing new institutions.
11 January, 2014	<i>Some Opinions on Accelerating the Development of Social Medical</i> (No. (2013) 54 issued by the National Committee on the Reform of the Health System)	“We should encourage the social capital to directly invest in the service fields which have scarce resources and can meet diverse needs, and to establish medical institutions such as the recovery hospital, the geriatrics hospital, the nursing home, and the <b>hospice care hospital.</b> ”
12 March, 2015	<i>Program Planning for the National Medical and Health Service System (2015-2020)</i> (No. (2015) 14 issued by the General Office of the State Council)	Improve the service chain of treatment-recovery-long term nursing, and develop and strengthen the sequential medical institutions such as recovery, old age, long-term nursing, management of chronic diseases, and hospice care.

establish nursing institutions for the aged with functions of medical care, recovery promotion, and hospice care”, which meant that it started to emphasis on functions of hospice care by nursing institutions for the aged; in 2012, the newly revised *The Law on Protection of Rights and Interests of Seniors of the People’s Republic of China* also mentioned “encourage to provide health protection, nursing, and hospice care and other services for the elderly”, which meant that the hospice care was attracting more attention in aging work.

From the table above we can see that except the newly revised *The Law on Protection of Rights and Interests of Seniors of the People’s Republic of China*, five other important documents issued by the nation have mentioned the hospice care, such as *The Twelfth Five-year Planning of the Development of the Health Protection*, *Some Opinions of the State Council on Promoting the Development of Health Service*, and the *Program Planning for the National Medical and Health Service System (2015-2020)*. It is not hard to notice that

these five documents were all issued by medical and health departments and were not for the old age work only. Compared with those before 2006, however, political documents issued by the medical and health fields began to implement the hospice care in a greater scope and to raise the service function of hospice care such as establishing hospitals and nursing homes. It is worth noting that since 2012 when the development of China's socialized pension service system speeded up, the hospice care service for the elderly have not achieved corresponding development, and even the two important documents of *Construction Planning of the Socialized Pension Service System (2011-2015)* and *Some Opinions of the State Council on Accelerating the Development of Old-age Service Industry* did not mention hospice care. The possible reasons are that: first, the hospice care should have been included in the long term nursing service because the educational circles and governmental departments pay more attention to the latter one rather than the former one; second, the hospice care was faced with obstacles which were hard to be cracked down and have hampered its further development, which was proven by many researches.

## The Practical Exploration of the Hospice Care in China

### *General situation of development*

China has begun practical exploration of the hospice care from the 1980s. The hospice care wards of Beijing Chaoyangmen Hospital, Beijing Songtang Caring Hospital and Shanghai Nanhui Nursing Home were also established successively. Meanwhile, as "hospice care office" was listed on *Subject Directory of Diagnosis and Treatment in Medical Institutions* in 1994, teaching contents of hospice care were formally included in community care teaching and training programs of a general practitioner constituted by the system of the Ministry of Health. The social organizations of the hospice care in China are the Specialized Committee of Hospice Care of the Chinese Association for Mental Hygiene which was registered in 1993 in Tianjin and the Chinese Association for Life Care which was established in 2006 under the direct management of the Ministry of Health. Both organizations play important roles in promoting standardized development and publicity and education of the hospice care. According to incomplete statistics, China has established about over 200 hospice care institutions successively, 100 of which could maintain a basic operation, and there are about 40,000~50,000 employees in



this field (Lu & Zhang 2015), which are far behind those of foreign countries.<sup>3</sup> Besides, these institutions are unevenly distributed, and most of them are located in metropolis (such as Beijing, Shanghai, Tianjin, Chengdu, Kunming, and Hangzhou and so on) and no formal hospice care service in economically underdeveloped regions, especially in remote countryside (Su et al. 2012). Research shows that the development of hospice care in China became untenable in the 21<sup>st</sup> century though it has experienced a short term development in the 1990s. The concrete development obstacles will be introduced in detail in the second part.

### *Service resources*

Though professional hospice care falls in the category of medical treatment, both the medical institutions such as the geriatric hospital and the nursing homes that are administered by the medical health departments and the private pension institutions that are administered by civil administration department have become the leading force of the hospice care practice, which cannot be separated from the policy in 1996 that China's civil administration department actively encouraged to develop nursing for the aged and the hospice care service for the elderly. The hospice care institutions in China are generally divided into three kinds (Zhang 2009). The first is the independent hospice care hospitals which are generally medium- and small-sized ones. Their service items include: hospice care service in hospital, hospice care service at home and daily clinic care service. Beijing Songtang Care Hospital is of this kind. The second is the home-based hospice care. The patient stays at home and is taken care of by his/her family members. The hospice care institution provides conventional hospice care service for the patient and his/her family, and the community hospital is usually the main body that implements the home-based hospice care service. The third is the attached hospice care institutions. This kind is the most common in China.

Compared with the fact that most of foreign clinic care institutions could get charitable donation and governmental support, China's clinic care institutions lack of funds and most of them could maintain its operation with the income of the medical treatment (which goes against the original intention of the hospice care). A survey in 2011 showed that nearly one third

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<sup>3</sup> According to the statistics of the National Audit Office in 2008, there are 155 independent hospices in England, 40 hospice care wards in the hospital owned by the national medical insurance system, some full time nursing wards for the elderly with the function of hospice care, and some salvage services with the nature of hospice care established by the church and so on.

of the fees of three clinic care institutions under the ownership of the whole people need to collect funds by themselves; only one community health service center could get 8.27% of their fees by financial aid (Chen 2011). This model of “high cost, low income” has become the present development situation of domestic clinic care institutions. 32 of the hospice hospitals financed by Li Ka Shing Foundation in Hongkong amount to a large part in the hospice care institutions which run comparatively well. A large amount of the artificial nursing fees and medical material fees of the hospice care usually could not apply for reimbursement and are often paid by the patient and his/her family, which makes many of the elderly unable to enjoy the clinic care service or become poor before their death (Chen and Jiang 2013). It is worth noting that some places in China have begun to explore helping systems of hospice care. For example, *the Opinions on Actively Developing Hospice Care Career* issued by Qingdao City mentioned that “the fees at the terminal patients’ own expense beyond the medical insurance could be applied for reimbursement according to the medical assistance, sever illness aid, and special assistance standards”, and those “include the hospice care of the disabled elderly into the long term safeguarding system of medical care and insurance”. These are problems that need prompt solution on how to expand the financing mechanism of the hospice care institutions and how to relieve the economic burden of terminal patients and their families.

As a medical service, the clinic care could not only relieve physical pain, but also is involved in the psychological care, the spiritual care and many other issues. Therefore, enough talents are needed, such as doctors, nurses, nursing workers, psychological doctors, volunteers, social workers, and even religious people and so on. However, the current team of the hospice care in China is mostly made up of doctors and nurses. Multidisciplinary professional nursing team is far from being established and there is an almost total lack of social workers (Tang 2013). Development of the volunteer team is also less standardized than that in the western world, Hong Kong and Taiwan. For example, disorder of volunteering service is serious and there is the situation of “over-volunteering” (Zhang 2009). With the development of the hospice care career, China is also beginning to pay attention to the team establishment of this service. For example, *the Opinions on Actively Developing Hospice Care Career* issued by Qingdao City mentioned that “we should encourage the social organizations and social workers to take part in the hospice care career. ....the Red Cross, and the Volunteer Association and other organizations should play the role of organization and guidance, and gradually establish the professional volunteer team and volunteer service

base..... establish the team of social worker for the hospice care....” In the aging society, it is an important safeguard to establish a service team of hospice care with high quality and advanced techniques for developing the hospice care for the elderly in China.

## The Service Model of the Hospice Care in China

After many years of exploration, China's hospice care has shown special models which fall into two kinds. The first is the binary service model of hospice care focusing on the countryside and proposed by Shi Rong (2000). She proposed that we should make the full use of traditional filial duties and rural general practitioners, making the elderly to pass away peacefully with care of them. This model is popular among the elderly and their family in rural areas because it is more “fed on the ground”. However, as the number of the empty-nest and left-behind elderly grows year on year, this first kind which rely highly on family members would be challenged unavoidably. Meanwhile, a reform of the medical care system causes changes in the allocation of the medical health resources at the basic level, which influences the development of this kind of model in a certain degree. The second is the multi-element comprehensive development model, including “PDS” (one-Point, nine-Direction, three-Subject) model (Li et al. 2000) and “family-community-medical workers” model (Chen et al. 2005). The two focus on the elderly in the urban areas. The “PDS” model centers on relieving the pain of terminal patients. From the aspect of service, it insists to combine hospice care hospitals, a hospice care service in a community, and a home-based hospice care together; from the aspect of service subject, it insists to combine the nation, community, and private operation together; and from the aspect of service charges, it insists to combine the investment of nation, community, and society together. The cores of the “family-community-medical workers” model are that: a family provides the terminal elderly with all or part of the medical expenses and basic life care; a community raises the funds and monitors the implementation of the home-based hospice care service; and medical workers provide with the guidance of the hospice care. It is easy to see that the latter model involves more subjects and is more ideal, while it encounters a lot of difficulties in the real life. In 2012, the *Construction Planning of the Socialized Pension Service System (2012-2015)* mentioned that we should establish the socialized pension service system which is “based on the home, relying on the community, and supported by the institutions”, and

this raises serious challenges to the traditional model of hospice care service, especially the hospice care service for the elderly in the rural areas. These have become important issues how to fully integrate resources and how to develop the model of hospice care service that has Chinese characters and is suitable for the elderly both in the city and in the rural areas.

## Part II. The obstacles in the Development of the Hospice Care Service for the Elderly

Overall, the development of the hospice care service for the elderly faces great challenges. First, the supply is far behind the demand of the increasing hospice care service for the elderly, which is caused by severe growing of aging population. Second, the career of the hospice care service for the elderly is facing rather massive hindrance in which unbound fund-raising mechanism and lack of high-quality service staff are external constraints, while lacks of scientific and standardized system as well as a low public acceptance are internal reasons.

**First, the current medical insurance system no longer fits the demand of the hospice care service for the elderly, and fund-raising is full of difficulties.** On one hand, independent hospice care institutions, though being able to offer professional services, have their own bottleneck in medical insurance since a large part of them are of private nature. As it has no access to medical insurance policy, fees on examination, pharmacy and hospitalization are not able to apply for reimbursement, which has increased economic burden on the terminal patients. That lies especially on the elderly who depend highly on economy. On the other hand, though the hospice care service wards in comprehensive hospitals have been included in medical insurance system, fees on pharmacy and examination are far lower than those of oncology department and others. This is because the hospice care service no longer cures the patients with active treatment, so these hospitals often cancel such services to make the full use of the medical resources and to get greater economic profits (Su et al. 2012). While at the same time, running hospice care hospitals in the way as the common ones will directly lead to an impeded running of wards, and this is especially shown in charging standard of nursing fees and expense reimbursement of bedsore treatment, oral treatment and other nursing items. In recent years, some places in China are exploring to establish a long-term care insurance system and trying to contain hospice care, but hospice is not totally the same as the long-term care

services. Comparatively speaking, the hospice care service requires higher expertise and technique, and entails more complicated items like the use of illicit drug, the profession of nursing workers and ethical disputes. Therefore, such is the problem demanding prompt solution on how to build a fund-supporting system fit for hospice care service, connected with the current medical system and the to-be-built long-term nursing-care insurance system.

**Second, the hospice has a strong momentum, but also a severe lack of standardization and regulation.** In recent years, hospice care service for the elderly, similar with the long-term care services, is drawing attention from aging workers. However, while medical health is justifying clinical care office, it has not built a professional medical health standard such as absence of explicit criteria on the in-and-out of hospice care hospitals or wards, and of clear standards on fees of items of hospice care services.<sup>4</sup> These not only result in risks of serious doctor-patient relationship and financial disputes in current hospice care, but also prevent social forces from entering the hospice. Although the Association of Life Conservationist is actively devoted to integrating experts in various fields and proposing medical criteria of hospice care in which the established standards of hospice department, admittance of hospice care objects and effective evaluation standards are included (Zhang 2009), it is more based on the discussion of medical health and service ethics, thus lacking the knowledge on the regularity of aging population. The regularities are that, for example, a prediction on scales of hospice care must be done together with geriatric demography, and as a service for the old, the hospice care service for the elderly is supposed to be organically connected with the current socialized pension service system. Therefore, participation of experts on pension service and front-line workers serving for the old becomes very appropriate, but till now the situation of making the standards of the hospice care service for the elderly together with multi-disciplinary staffs has not been formed yet.

**Third, the service personnel of the hospice care lacks in quantity and are not professional enough, and social organizations are slow in development.** As mentioned above, the hospice care is generally provided by the interdisciplinary team made up by physicians, registered nurses, the nursing personnel and social workers, and sometimes there are also religious people working for this kind of team. However, the service personnel of the hospice care lack in quantity and are not professional enough. A survey shows that the proportion of practitioner to the hospice care bed is 1:5.71, the

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<sup>4</sup> [http://blog.sina.com.cn/s/blog\\_81dca8c00100w257.html](http://blog.sina.com.cn/s/blog_81dca8c00100w257.html).

proportion of registered nurse to the hospice care bed is 1:3.33, and most of the personnel have not received standard education and training on the knowledge of hospice care (Chen et al. 2011). It is easy to see that in current China, the human resources working in the hospice care are not enough. We know that as the aging of population grows, more and more empty nest of family, as well as miniaturization of family, inadequacy of the traditional hospice care resources raises a demand to the socialized hospice care personnel (such as the social workers and volunteers). However, the role of the professional hospice care social workers in China is almost being lost (Tang 2013), and the volunteers are often put aside or scattered to some institutions (Zhang 2009). How to integrate these social resources to let them regularly take part in the hospice care service for the elderly is also a big issue we are facing. As a service industry, the hospice care for the elderly needs not only high quality medical workers, social workers, and volunteers, but also a number of management personnel, which is of significance of adding the “service” to the “hospice care” and is different from the essence of the hospice care in the medical health field. In recent years, our country is greatly promoting the construction of socialized pension service and cultivates a number of management personnel for the pension service. It has become a challenge to integrate these personnel for promoting the development of the hospice care service for the elderly.

Fourth, the traditional outlooks on death and filial piety are deeply rooted on the mind of people, and the acceptance rate for the hospice care service is comparatively low. In Chinese traditional concepts, death is a taboo. People do not have enough knowledge about death, so they refuse to accept death in various kinds of ways. The family members of the patient yearn for normal treatment to continue his life, which is so-called “where there is life, there is treatment”, because they think that they have fulfilled their responsibility or filial piety only by doing so. “Over-treatment” is very obvious among the Chinese elderly. Since people think death is a taboo, selection of the site and construction of the hospices or the hospice care wards are mostly obstructed by the nearby residents. Moreover, medical workers also have inadequate knowledge about the hospice care. A survey shows that only 37% of them could talk about the death openly (Yang et al. 1998). If so for the medical workers, let us not to mention the ordinary people. Besides, compared with the fact that most western countries include education on death into the school education, only a few school set courses on the education on death and bioethics. It is a great challenge to launch the education on “to die peacefully” and to rebuild outlook on filial piety and

medical science for the development of the hospice care service for the elderly in China.

### Part III. The systematic exploration of the hospice care for the elderly in China

Based on the above analysis, we think that: (1) the severe ageing of population and the low “Quality of Death” make it emergent for China to establish the hospice care service system for the elderly and to standardize and promote the development of this service; (2) the current socialized pension service system is generally compatible with the hospice care service for the elderly, so we could develop the hospice care service career by integrating resources. Considering the above issues and many other factors, especially the tendency of the ageing population, we raise the following

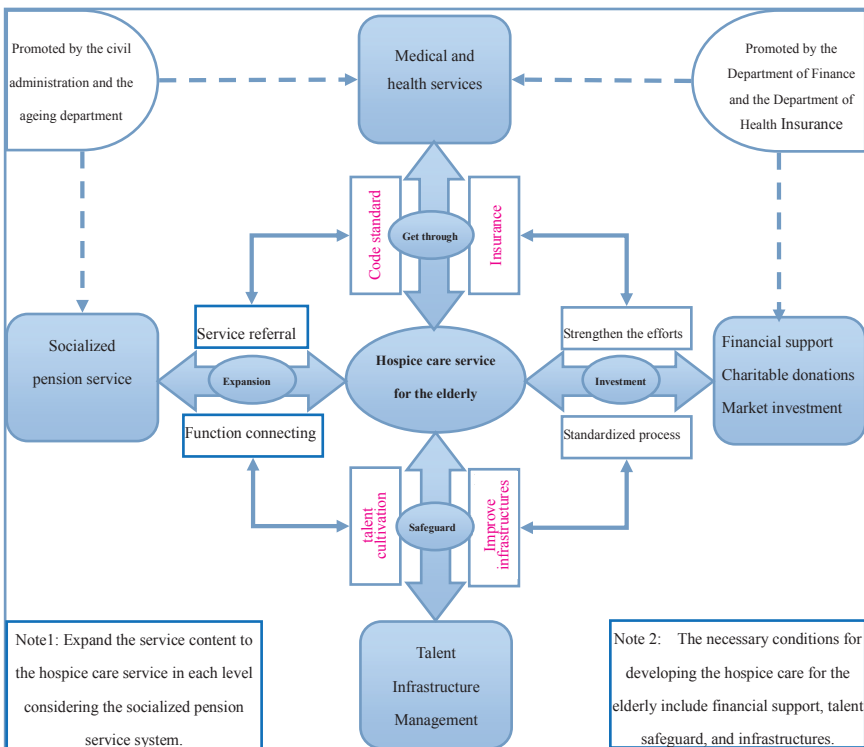


Fig. 1.—The process of the current hospice care for the elderly in China

process of the hospice care service for the elderly in China, which is shown in figure 1. We can see from this chart that coordinated efforts of many sides are needed if we want to develop this service.

**Firstly, to “get through” the lifeblood of the medical health service and the hospice care service for the elderly with multilateral cooperation.**

Though there is no essential difference between the contents of the two services, they are not completely integrated with each other and are developed within their own fields. It is crucial to develop this service for us to “get through” their obstacles, integrate their resources, and form a joint force. First, we should structure the standard system of the hospice care service for the elderly depending on the fruits of the medical health field, including the diagnostic criteria, the service standard, the responsibility standard, the assessment standard, the supervision method, and so on. In this way, we can lay the foundation for the standardized development of service and provide bases for the referral between the hospital outpatient and the hospice care service. Second, we can integrate the hospice care service for the elderly into the medical insurance system and establish suitable reimbursement policy. We could also establish “the insurance of the hospice care for the elderly” by imitating the long term care insurance system (or take “the insurance” as a part of the insurance system) to relieve the re-poverty at their deathbed and enable more elderly to enjoy the hospice care service. Meanwhile, the solutions of the service standard and service fees could directly improve the current situation of “where there is life, there is treatment” of the Chinese elderly and improve the life quality of terminal patients. Affirmation of the responsibility main body is different from the past because we could develop the hospice care as a kind of service. The reasons are as follows: first, the financial department, the medical insurance department, and the ageing department should be responsible for “getting through” the medical safeguard system including the financial support; second, the civil administration, the ageing department and the medical health department are responsible for formulating the service standards.

**Secondly, to “extend” the socialized pension service system to the hospice care service for the elderly with the guidance of policy.** We call it “expansion” because the current hospice care service model is generally compatible with the socialized pension service system of “based on the home, relying on the community, and supported by the institutions”. Therefore, we can integrate the hospice care service for the elderly into the current socialized pension service system to realize its intensive and scale development. First, the community medical health center should provide the



elderly with analgesia treatment for those who would like to stay on their death bed at home. The working staff of the community pension service station, the social workers or the volunteers motivated by the staff provide the elderly with psychological counseling and the family members of the elderly with psychological support. This requires that current community pension service stations and community medical health centers to “expand” their service to the hospice care and gradually improve this ability. Second, institutions should provide hospice care to those elderly who chose to pass away at nursing homes or nursing institutions with functions of combining medical treatment, nursing, and long term care. One is a necessary comfortable nursing and the other is a psychological counseling, which requires these nursing institutions have the function of hospice care service. This is the most economic and effective way to develop the hospice care for the elderly in China today since it is impossible to let all the terminal elderly to go in the hospice care hospitals or wards. Meanwhile, respective powers should be authorized to the basic medical health organization by medical health policies, such as the powers to use some illegal chemicals and to deal with emergent situations. It is important to note that the hospice care service for the elderly has its specificity. And its development would react upon the socialized pension service system and re-regulate the development of this system. Therefore, the two can help each other forward and restrict each other.

**Thirdly, broaden the financing mechanism, and enhance the “input” intensity to the hospice care service for the elderly.** Unbound fund-raising mechanism is one of the main obstacles in the development of the hospice care service for the elderly. For the institutions of this kind, the government could formulate favorable policies to reduce taxes and dues, such as exempting building tax, land use tax, and corporate income tax for non-profitable service institutions, and exempting half of the revenue from administrative and institutional fees and giving favorable policies to reduce the taxes and dues of electricity, water, gas and heat to different degrees from profitable service institutions. Besides, the government could give the bed allowance to the institutions. It is important to note that standardized process should be established for the financial input of the government. For example, the institution should repeatedly enjoy the favorable policies, the assessment on the performance of the financial input should be carried out, and the government should promote the balanced development of resources in the city and countryside. And, we can learn from western countries to motivate the forces of the charitable donation. For example, the Red Cross at all levels

could establish the “Hospice Care Fund”, absorb part of the fund for security of the disabled, and develop the business insurance of the hospice care and so on. Meanwhile, we should stimulate the market forces to lever the social capital into the hospice care industry and to enable the industry to make contributions to safeguarding the quality of life for the terminate elderly under the guidance of the government. It is important to note that, the financial input would also be influenced by the characteristics of the hospice care service for the elderly, so it is shown as a double-sided arrow.

**Fourthly, use a combination of measures to prepare the long-acting “safeguarding” mechanism for the development of the hospice care service for the elderly.** The strong safeguarding mechanism is the foundation for the long acting development of this service. For this service, talents, facilities, and management are the most important factors of safeguard except finance. First is about the talents. We should spend great efforts to foster the talents working for the hospice care for the elderly in the medical colleges and some higher vocational colleges to improve the proportion of the paramedic to the terminate elderly with the help of fostering for the pension service engineer. Besides, we should learn from a fostering mode of talents for the hospice care for the elderly, popularize the knowledge on medical science, psychology, sociology, gerontology, and even religious studies to fully improve the quality of the service personnel of the hospice care for the elderly. Second is about the facilities. We should grasp the quantity demanded for the hospice care service for the elderly (including the hospices, the hospice care wards, and home-based hospice care service and so on) and establish more hospice care institutions (or beds) based on the present situation. We should also improve and perfect the function of hospice care service of existing pension institutions by installing related facilities, so that areas with suitable conditions could try to follow the international standards. Last is about the management. We should enhance the leadership of the government on the hospice care service for the elderly to make more elderly to enjoy the “welfare of the life”. We should also spend great efforts to foster management talents for the hospice care for the elderly and promote the development of its social organizations. Besides, the establishment of the safeguards and the hospice care service for the elderly are also mutual promotion and mutual restriction, so it is also shown as a double-sided arrow.

What is more, we can propagandize the ideal of hospice care by social organizations such as the Chinese Association for Life Care, the Professional Committee of the Hospice Care of the Chinese Association for Mental, the

Chinese Gerontology Society and push on the death education and education of bioethics to become the courses in elementary schools, middle schools and universities. We can carry out education “to die peacefully” in the whole society, rebuild the outlooks on the filial piety and medical science, and foster a cultural foundation for the development of the hospice care for the elderly.

#### Part IV. Four Summary and Prospect

Against the background of the aging society, it is a key to make great efforts to develop the hospice care service for the elderly if we want to comprehensively improve “the Quality of Death”. This essay first reviews the policies and practices of the hospice care for the elderly in China, and we discover that the development of this service in China is faced with great challenges. On one hand, the supply is far behind the demand of the increasing hospice care service for the elderly, which is caused by severe growing of aging population. On the other hand, difficulties in financing, the lack of high quality personnel, and low acceptance rate of the general public are a series of problems in the hospice care service for the elderly. Considering the current construction of socialized pension service system in China, we make institutional explorations in the development of the hospice care of the elderly in China. And we hold that these are key ways to develop this career to “get through” the lifeblood of the medical and health services and the hospice care service, “extend” the socialized system of elderly care service to this service, enhance the “input” in this service, and fully develop the long-acting “safeguard” mechanism for the development of this service. In the future research and practice, we should integrate the multidisciplinary (including medical health, gerontology, demography, economics, sociology, and ethics) resources to make full demonstration and improvement for the development of the hospice care for the elderly; and we should also accumulate first-hand materials of the hospice care for the elderly in China (for example: to include the hospice care into the scope of medical treatment and civil administration statistics, to establish the platform of shared statistics, to conduct statistic surveys on will of using the hospice care for the elderly, and so on) to provide basic data for the future multidisciplinary research and related efforts of improving the “Quality of Death” in China.

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