Current Situation and Development Trend of Hospice Care System "Based on Comparative Study of Existing Systems in Many Countries"

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Abstract. Nowadays, the aging trend of the global population is increasing, and people's desire to improve the quality of life in old age is becoming more and more strong. Hospice care is gradually recognized and accepted as a way of medical care. The service is mainly aimed at patients with terminal cancer, chronic diseases and dying patients, through the provision of physical, psychological, social and spiritual care, improve the quality of life of patients, so that they can enjoy dignity and peace in the final stage of life. This paper uses qualitative research methods to compare the hospice care system at home and abroad, so that we can see that the research on hospice care at home and abroad has achieved certain results. In foreign countries, hospice care has been widely recognized and applied, and has been guaranteed in laws, policies, medical systems and other aspects. In China, some big cities and medical institutions have begun to promote and apply, but it is still in the initial stage, China's hospice care still has a long way to go.

Keywords: Hospice care; population aging; development status.

1. Introduction

Today, the global population aging trend is increasing. According to the World Social Report 2023 released by the United Nations in January 2023, the global elderly population aged 65 and above has reached 761 million in 2021 and is expected to increase to 1.6 billion by 2050. At the same time, the elderly population aged 80 and above is growing at a faster rate.

In terms of geographical distribution, North America and Europe are relatively aging, but East Asian countries, especially China, are aging rapidly. By 2050, according to the United Nations, East Asian countries will have nearly as many elderly people as North America and Europe. The situation is particularly prominent in China, where the proportion of elderly people is expected to reach 40.6% by 2050, which will be a super-deep aging society.

With the deepening of the aging degree in our country and the significant improvement of people's material level, people's desire to improve the quality of life in their later years is increasingly strong. Hospice care is gradually recognized and accepted as a way of medical care [1].

The "14th Five-Year Plan" for the Development of the National Cause for Aging and the Plan for the Elderly Service System (2021) further puts forward new requirements for hospice care services, institutions, mechanisms, life education, talent teams, etc., which shows the urgency of the country's attention to the cause of hospice care [2]. According to the statistics of the National Bureau of Statistics and relevant government departments, by 2021, the number of elderly people aged 60 and above in the country will be close to 270 million, accounting for about 18.9% of the total population. According to the forecast, by 2023, China's aging rate may exceed 20%, which means that it has entered a moderately aging society. However, the level of hospice care in our country still has a significant gap with Europe and the United States and other countries. Facing the serious aging pressure in China today, hospice care is a service mode that is very compatible with the existing situation in our country. Therefore, the author will combine the advanced hospice care technology in Europe and the United States with the current situation of China to make a comparative analysis, so as to find China's own path of hospice care development, so as to alleviate a series of problems caused by aging to a certain extent.

2. Development Status of Hospice Care System in Foreign Countries

2.1. The UK

In the 1960s, Saunders, a British nurse, founded the world's first hospice institution, marking the beginning of hospice services. There is now a dedicated organization responsible for developing end-of-life care policies and standards, including guidelines and tools related to end-of-life care, detailed mechanisms and policies are in place to ensure the best interests of patients and adequate communication and respect in end-of-life care services [3,4].

At the same time, its symptomatic treatment and service delivery system has been very developed, the number of service institutions and high professional level, among which independent hospice is the mainstream, and there are hospice wards and home hospice services attached to general hospitals or other comprehensive health care institutions [5]. Therefore, with the support of the state and the government, and with professional medical teams and social volunteers, Britain can develop such a mature hospice care service.

2.2. The United States

In the 1970s, hospice services began to appear in the United States and gradually developed into a widely recognized medical model. The United States has also formed a unique hospice service system, which is generally led by professional social workers, supplemented by medical institutions, charitable organizations and religious groups participating in non-profit hospice centers or hospice hospitals to provide services, and the service team is composed of doctors, nursing staff, psychotherapists, rehabilitation therapists, professional social workers and religious personnel [6].

It is worth noting that in 1968, the Harvard Medical School Death Definition Review Committee proposed "irreversible loss of brain function" as a new death standard, that is, brain death as a criterion for judging human death, which is the first brain death standard in the world. This new death standard provides clearer guidance for end-of-life care. Before that, death was judged mainly based on physiological indicators such as cardiac arrest or respiratory arrest, but these indicators did not fully reflect a person's life status. The proposal of "irreversible loss of brain function" makes doctors and nurses have a more scientific and accurate basis for judging whether patients are in a terminal state. This helps them make better end-of-life care plans and provide more appropriate and effective care for patients.

Secondly, this new standard of death also promotes the development of the concept of end-of-life care. In the traditional view, people often think that as long as the heart is still beating, it means that life is still going on. However, the proposition of "irreversible loss of brain function" makes people begin to re-examine the nature of life and the definition of death. This helps people to face death more rationally and accept the limited nature of life, so as to better cherish and enjoy life.

Finally, this new death standard also provides a legal safeguard for the practice of end-of-life care. In some countries and regions, brain death has been recognized as a legal standard of death. This means that after a patient is diagnosed as brain dead, doctors and nurses can stop unnecessary treatment and rescue of patients according to the law, and instead provide them with more comfortable and dignified hospice care services.

2.3. Japan

Japan began to introduce hospice care in the 1970s, and was the first country in Asia to introduce hospice care,and it also included hospice care services in medical insurance as early as 1990 [7]. At present, hospice care in Japan has formed a hospice care team composed of doctors, nurses, psychological counselors, dietitians, medical social workers and other multidisciplinary talents, and has opened a humanized hospice ward [8]. Japan and European and American countries are different in culture, religion, etc., and then in the context of the national advocacy of home care, Japan has increased a large number of hospice facilities for patients to use, in general, Japan's hospice policy has gradually improved on existing technology to help more people.

3. Present Situation of Domestic Hospice Care System

3.1. System Development Process

China's hospice care was introduced to the Chinese mainland in 1988, which started relatively late and developed slowly. It was not until 2011 that the relevant policies of the Ministry of Health first mentioned the inclusion of hospice care into China's medical insurance. At present, this policy has not been implemented nationwide, but only in some provinces and cities such as Shanghai and Qingdao, which have invested subsidies for pilot projects [9]. It was first launched in Hong Kong and Taiwan in the early 1980s, mainly to learn advanced Western hospice thinking and technology. In the 21st century, with the accelerated aging of Chinese society and the continuous improvement of medical security level, hospice care has accelerated its development. However, there are still some problems such as incomplete policies, resulting in the lack of popularization of hospice care in China. Therefore, these problems need to be solved urgently.

3.2. Difficulties and Challenges

3.2.1 The development of hospice care in China is slow

Hospice care in China has a history of more than 30 years since it was introduced to the inland in 1988, but there are still many imperfections, such as medical care, policy and system, and there is still a big gap between China's hospice care and social needs. Specialized hospice care institutions in institutions are insufficient to meet the needs of society, and the average number of beds in various institutions is very small [10]. Compared with other countries, the theoretical research on hospice care in China started relatively late and its development is relatively backward. This leads to the lack of sufficient theoretical guidance in the practice process, which affects the overall development of the hospice cause. And hospice care needs a lot of medical resources, including medical institutions, medical personnel, medical equipment and so on. However, China's medical resources are relatively scarce, especially in some remote areas, which limits the popularization of hospice care services.

3.2.2 Research on hospice care in China is still partial

While collecting literature, the author found that there are very few research and related policies on the relationship between hospice care and medical care. Compared with other countries, the theoretical research on hospice care in China started relatively late and its development is relatively backward. This leads to the lack of sufficient theoretical guidance in the practice process, which affects the overall development of the hospice cause. At present, the Chinese government's policy support for end-of-life care is relatively limited. Although some local governments have issued relevant policies, but it is not enough to solve the substantive problems, the overall need to strengthen policy guidance and financial support to promote the development of hospice care.

3.2.3Chinese traditional view of life and death hinders the development of hospice care

Influenced by the traditional concept of death, moral values and medical philosophy of our country, some patients and their families do not want to accept hospice care, believing that accepting hospice is to give up treatment and admit death, and they should do their best to prolong the patient's life even knowing that treatment is ineffective [11]. China's traditional ethical concept has been respected by people since ancient times, which has profoundly affected the public's attitude, concept and behavior toward the dying, thus hindering the development of hospice care to a certain extent.

Nowadays, in hospitals, doctors also want to think from the perspective of dying patients, doctors often consult with patients' families outside when they find patients' conditions, and this kind of consideration is also invisibly depriving patients of their dignity [12]. Hospice care aims to improve the quality of life of patients and maintain the dignity of patients as much as possible. Therefore, when medical workers and patients' families attempt to negotiate without the patient himself in this way, it is obviously in conflict with the concept of hospice care, and also runs counter to the client

self-determination advocated by hospice care, which may hinder the implementation and development of hospice care.

However, with the development of society and the change of people's ideas, more and more people begin to accept the idea of hospice care. Especially with the dissolution of patriarchy, the rise of social organization ethics and the enhancement of people's awareness of rights, the influence of traditional ethical culture on hospice care is gradually weakening, and hospice care is increasingly integrated into people's lives.

4. Analysis and Comparison of Hospice Care at Home and Abroad

4.1. Comparison of Policies and Regulations

Hospice care in Britain, the United States, Japan and other countries started earlier, and the policies and regulations are relatively perfect, but China is still not perfect in the field of hospice care.

In 1990, the United Kingdom issued the National Health Service and Community Care Act, which included hospice care services in the medical insurance, and set clear application conditions for the establishment of hospice care related institutions, and now there is a special organization responsible for developing hospice care related policies and standards, including hospice care related guidelines and tools [13].

In the United States, course requirements related to hospice care in medical training, loan programs and scholarships have been added to health care policies to attract more talents to devote themselves to hospice care and promote the development of hospice care services [14].

In Japan, hospice care was covered by medical insurance as early as 1990. It is the f irst country in Asia to introduce hospice care system, but the development of hospice care is hindered to a certain extent by religious and other factors [15]. In China, it was not until 2011 that the relevant policy of the Ministry of Health mentioned for the first time that hospice care should be included in China's medical insurance. At present, this policy has not been implemented nationwide, but only some provinces and cities such as Shanghai and Qingdao have invested subsidies to carry out pilot projects [16]. Therefore, there are still many problems in the field of hospice care policies and regulations in China.

4.2. Comparison of Service Modes

In the UK, the government attaches great importance to the specialization of hospice care services and regards academic research and professional education as the cornerstone of the effective operation of the hospice care system. In 1987, the UK became the first country in the world to designate palliative medicine as a medical subspecialty. While serving patients, professional hospice hospitals also undertake vocational training related to hospice care [17]. In the United States, the cooperation among medical staff, emergency physicians, and general practitioners in the hospice care team is not a formal multidisciplinary team collaboration, and professional institutions and specialized organizations are working together to promote the standardization of end-of-life care [18]. In addition, community-based hospice services, which provide care primarily at home and allow patients to spend the final stages of their lives in a familiar environment, are also very common.

In Japan, in the first 10 years, 20 hospice institutions began to operate, and the forms are more diverse: in-hospital independent, in-hospital ward type, in-hospital dispersed type, home ward type, and out-of-hospital independent type, Japan has developed its own service model based on its own national conditions [19].

In China, the number of independent hospice hospitals is relatively small, and most of them are concentrated in developed areas. These institutions usually have professional medical teams and facilities to provide a full range of medical and nursing services for terminally ill patients. In contrast, hospice wards in general hospitals are more common. These wards are usually set up within general hospitals and use the hospital's existing medical resources and facilities to provide end-of-life care services to patients. There are also some differences in the service content. China pays more attention

to medical care and psychological support, and foreign countries pay attention to the multi-dimensional and comprehensive needs of patients.

4.3. Comparison of Family Participation

In the UK, family participation is highly emphasized, and in addition to professional medical care, there are active family participation in care, for them, family support is essential, therefore, the British government will also provide relevant professional training to enhance their ability to care.

Hospice care in the United States mainly adopts the service model of home care, so family participation is very important. This model makes family members more involved in the process of hospice care.

Japan, on the other hand, makes care plans with patients and their families through hospice care institutions, which guarantees the conscious right of the patient's client. Japan also emphasizes the importance of family, so family members are also very important to the care process

China's family participation in hospice care is far less than that of the above three countries. As a civilized country known for its filial piety culture since ancient times, China is undoubtedly involved in family participation. However, due to the lack of professional knowledge and skills, restrictions in the medical system, differences in cultural concepts and insufficient social support, children are unable to do enough. Or the doctors of some critically ill patients even do not allow the patient's family members to participate in the care, but also affect the family participation to a certain extent, some patients' families use so-called "white lies" to conceal the patient's condition, which violates the client's consciousness and right to know, and hinders the development of hospice care.

5. Conclusion

In the case of the rapid aging trend, hospice care is increasingly attracting people's attention. Therefore, it is appropriate to learn from the advanced technology and ideas of western countries, take its essence and discard its dross, so as to find China's own path of hospice care development.

In terms of opportunities, with the development of society and the intensification of the aging population, the demand for hospice care services is gradually increasing. More and more people are beginning to pay attention to the quality and dignity of life, hoping to receive appropriate care and care in the final stages of life. Secondly, the importance and support of the government and relevant institutions for the cause of hospice care are also increasing, which provides a strong guarantee for the development of the cause of hospice care. In addition, shifts in medical models and advances in medical technology have also provided more possibilities for end-of-life care, such as pain control, symptom management, etc.

In terms of challenges, first of all, domestic hospice care started late, and there is still a big gap compared with developed countries. At present, the supply of hospice care services is still insufficient to meet the needs of the majority of patients. Secondly, the level of specialization and standardization of hospice care services needs to be improved. At present, the number of medical staff and volunteers engaged in hospice services is insufficient, and the professional level is uneven, and there is a need to strengthen training and education. In addition, the cost of hospice services is also a challenge. Hospice care services need to invest a lot of manpower, material and financial resources, and there is no perfect hospice care service cost guarantee mechanism in China, so the cost problem has become one of the important factors restricting the development of hospice care.

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