Predictable deaths from diseases like cancer account for approximately 83% of deaths in China. Despite the growing numbers of terminally ill people from all diseases, palliative care is in its infancy. Factors that have slowed the development of palliative care include cultural values that encourage efforts to cure (even when such treatment is likely to be futile) over the alleviation of suffering, limited public policies and funding for palliative care, and poor education of healthcare professionals about end-of-life care. To improve the palliative care of people in China who are terminally ill, efforts should be made to integrate best practice into the healthcare system, while being sensitive to, and preserving cultural values. In this paper, suggestions are made for the future development of palliative care in China. Based on the World Health Organisation’s public health model for integrating palliative care into existing healthcare services, these suggestions focus on public policy, education and training of healthcare professionals, lobbying of policy makers, and public education and information campaigns. Through working on the issues highlighted in this paper, China has an opportunity to improve the end-of-life care of people who are terminally ill.

Abbreviations: WHO – World Health Organisation.

Key words: palliative care; cancer; comparison; Mainland China.

Introduction
By world standards, China has a high rate of mortality from non-communicable diseases. The World Health Organisation (WHO) reports that 21% die from cancer, 38% from cardiovascular disease and 15% from respiratory diseases. [1] The increasing prevalence of these illnesses, and the associated need to care for people who are predicted to die from these causes, comes at a time in China when traditional caring resources are being stretched [2] and palliative care is in its infancy. [3] A growing fragmentation of the extended family, with people seeking jobs outside of their community, is resulting in even fewer family members being available to care for those who are aging or terminally ill. [2] The care of seniors and others who are dying, including those who are dying from chronic and progressive diseases, necessitates consideration of new models of healthcare delivery. In a report in 2010 however, China was ranked 37th out of 40 countries across the world, in a study that measured and compared the overall quality of death. [4] Clearly, palliative care in China will need to be advanced to meet present and future needs of people dying from predicted illnesses. This...
paper provides commentary on what China may have to do to develop palliative care. First, however, a brief background to palliative care and its development in China is provided.

**Palliative care**
The WHO describes palliative care as ‘an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual’. [6 p.94] This model of care incorporates being responsive to the needs of the person, as situated in their support structure; delivering care holistically, underpinned by a biopsychosocial approach (as opposed to the dominant biomedical model); and using a range of disciplines to meet the person’s needs. [6]

Modern palliative care began in the United Kingdom in the 1960s as a response to the unmet needs of patients with progressive incurable illness and their families. [7] Palliative care has subsequently spread rapidly throughout the world, with locally responsive models in both developed and developing countries. [8] Unfortunately, the development of palliative care in Mainland China appears to be proceeding at a much slower pace.

**Palliative care in Mainland China**
In Mainland China, palliative care is an emerging specialty. [8] In 1988, the first institute for hospice care was established in Tianjin. [9] A decade later, China’s first free hospice care facility was established at the First Affiliated Hospital of the Shantou University Medical College, with funding from the philanthropist, Li Jiacheng. Now, the Li Jiacheng Foundation funds around 32 hospice units throughout China. [10] These units provide pain relieving drugs to dying people free of charge, but are reliant on this charitable funding to remain open.

In 2004, the WHO authorised the Huaxi International Collaborating Center for Palliative Cancer Care in Sichuan province to be one of eight collaborating centres for palliative care around the world. [11] Although this centre has stimulated the growth of approximately 200 hospice wards around the Sichuan province, in many other parts of Mainland China hospice and palliative care is either non-existent or in its infancy, and there remains no formal inclusion of palliative care services into Government-supported mainstream healthcare.

Why is Mainland China behind the rest of the world in palliative care?
There are three key constraints/barriers to the development of palliative care in Mainland China. These relate to attitudes towards palliative care and death, policy, funding and education.

**Attitudes to death and palliative care**
Chinese people’s attitudes towards adverse health issues, death and therefore, palliative care are shaped by the country’s socialist underpinnings and the philosophical legacies of Confucianism and Buddhism. [12] Terminal illnesses are widely believed to be the result of some wrongdoing on the part of the afflicted. Holding such perceptions means there is little hope for remission or cure. Families provide a buffer to the effects of such a pessimistic outlook, often colluding with healthcare staff to keep the truth about the type and severity of the illness from the patient.

Contemplating mortality is a source of discomfort for most people and in Chinese culture, it is usually met with denial. [13-14] Death is often considered to be a failure of medicine, rather than as the natural end of human life. Chinese people are encouraged to fight disease, based on the belief that scientific medicine can cure all diseases. As noted, in such a cure-oriented model, alleviating suffering is not valued as much as curing disease, and patients who cannot be cured feel distanced from the healthcare team concluding that when treatment has failed, they too have failed. The consequences are late or no referral to palliative care and dying in hospital is preferred.

Many health workers believe that palliative care is the ‘soft option’ to be adopted when ‘active’ therapy stops and this is the same in China. To date, palliative care has been regarded as the care employed when all avenues of treatment of the underlying disease are exhausted and further active medical treatment is considered inappropriate. [15]

Current international trends in palliative care, such as open disclosure of diagnostic information to the patient and the family, valuing individual autonomy and promoting dying at home, are based on assumptions that may not be shared among many Chinese communities. [16] Clinicians too often succumb to the temptation of using all available technology in order to avoid imminent death. At the same time, they seem to have special difficulties in accepting human finitude and death. Clinicians’ reluctance to discuss disease (particularly bad news) and death openly with patients stems from their own anxieties about death as well as misconceptions about what and how much patients
want to know about their illness. [17] They do not know how to effectively deal with their own feelings of sadness and grief concerning illness and death. [18]

**Policy and funding**

There are no guidelines and standards for palliative care in Mainland China. Although there are some guidelines for symptom management, [19] because the quality of palliative care services is variable, pain and symptom control remains inconsistent and inadequate.

Palliative care is delivered outside of the healthcare system. There is no government budget assigned to palliative care and there are no reimbursements for palliative care expenses. [3] The limited funding that palliative care services do receive comes via charitable donations and philanthropic activity.

Healthcare tends to be delivered in hospitals rather than via community and homecare health programs, which are rarely a priority. Few hospitals or other healthcare organisations, however, are interested in palliative care. Instead, the services of oncologists are highly valued. Given that little value is placed on hospice or palliative care, it is not a priority for public funding. The reason why the services of oncologists are so highly valued is because of the cultural emphasis on seeking cures through treatment. [13] The high expectations for curative treatment mean that there appears to be much funding wasted on high-cost medications, and unnecessary and futile treatments for incurable conditions.

Palliative care can be provided at very low cost at home or in very low budget facilities. [15] By increasing the proportion of community and homecare services, palliative care can reduce the costs associated with long hospital stays and emergency admissions. [20]

**Education**

The education of health professionals in Mainland China reflects the cultural focus on curative treatment. [13] Many healthcare professionals in Mainland China have minimal knowledge about palliative care, [21] and lack the knowledge and skills necessary to provide adequate pain and symptom control at the end-of-life. [21,22] In one recent study of 201 clinical physicians from two Chinese cities, 66% of participants did not have adequate knowledge about the dosage of morphine and 77% lacked knowledge about targeting analgesic effects. [22] The most prominent barriers to the clinical use of morphine included (i) limited training in analgesia; (ii) concerns about patients becoming addicted to the medication; (iii) preferences in prescribing alternative medications; and (iv) fear that the medications would be diverted to illegal practices.

For several years, the WHO has used morphine consumption as an indicator of adequate access to pain relief, one of the cornerstones of palliative care. [23] The use of morphine and other opioids for pain and symptom control is a fairly recent development in China, [24] with the Ministry of Public Health establishing a program for the improvement of cancer pain relief in 1992. Attitudes and beliefs about opioid use may be influenced by the Opium Wars that historically plagued the country, with concerns about addiction remaining. [25] Because opioid analgesics are insufficiently available, many patients die with inadequate pain relief.

Although the document *The Guiding Principle of Clinical Application of Narcotic Analgesic Medications* from the National Health Ministry was published in 2007, [3] Chinese healthcare professionals still seem to have inadequate knowledge and skills to assess and treat pain, and, in particular, knowledge of the WHO Three Step Analgesic Ladder. [26] Chinese healthcare professionals seem to have concerns about the possible side effects of pain medications, misconceptions about pain and opioids and misinformation about opioid tolerance and dependence issues. [27]

Education programs for health professionals are characterised by a strong medical orientation with little attention to psychosocial aspects of care, communication skills or education about death. Training for palliative care is rarely included in healthcare education curricula. [28] It was not until 1998 that the concept of end-of-life care was first included in a Chinese textbook in a chapter on community nursing. [29] Two years later, the first book about palliative medicine was published in China. [30] Palliative care education has not achieved widespread acceptance however, with respect to either the medical educational system or gaining the official status that other medical specialties hold, such as oncology. [31] Although some information about aspects of end-of-life care is delivered in schools of nursing, the lecturers are often not palliative care specialists and the number of class hours is insufficient.

**Suggestions for the future of palliative care in Mainland China**

Palliative care should be developed in China consistent with best practice in end-of-life care and Chinese values. Using the WHO public health model for integrating palliative care into existing healthcare services [32] is important for establishing palliative care services, and includes engaging
opinion leaders and establishing a steering committee, as well as conducting a situational analysis to assess the country’s socioeconomic and disease demographics and resources. There are four foundational elements of this model: policy development, education, drug availability and implementation.

Firstly, to set the foundation for integrating palliative care into healthcare systems, the Chinese government would need to incorporate palliative care strategies into national healthcare policy. Such a development would require budget and resource allocation for palliative care services to ensure availability, access and financial stability. Through using a model of shared service provision between the government health sector and non-governmental organisations (eg, volunteer or charitable groups), the government costs of developing palliative care services would decrease substantially. Supporting policies need to address aspects like palliative care availability and access, reimbursement and insurance issues.

Drug policies need to be developed and widely disseminated to ensure availability and accessibility to the patient population requiring palliative care. Specifically, access to opioid medications is vital. The WHO has suggested that a simple strategy to develop an estimate of opioid requirements is to assume that 60% of people with advanced cancer will require 100mg per day for the last 100 days of life, making a total of 10g per person. [32] Having opinion leaders responsible for drug availability as champions, will be vital in lobbying for the medications required.

Education related to palliative care is key to capacity building and should be promoted at all levels of society from providing specialist education for physicians and nurses to better equipping volunteers and informing the community. The inclusion of palliative care in undergraduate and postgraduate training programs in medicine, nursing and other health science disciplines is essential. The development of continuing education programs will help ensure that more healthcare providers acquire sufficient knowledge of palliative care and pain relief. The transfer of knowledge and experience will help all patients have adequate palliation of their pain and related symptoms.

Training in other areas, such as psychosocial care, counselling and communication is also important when considering the broader issues that palliative care must address. To develop a level of comfort and expertise in communicating with terminally ill patients and their families, healthcare workers must first consider their own experiences with, and values concerning, illness and death. Reflection, reading and talking with family members, friends and colleagues can assist them to examine beliefs about death and dying.

Strong and effective lobbying directed towards policy makers and healthcare organisations, non-government organisations and universities will help promote palliative care programs that deliver a range of services in a variety of settings including hospitals, hospices, homes and aged-care facilities. The types of services include admitted patient services, outpatient, home-based and respite care, as well as bereavement care for the family/carer following the patient’s death. In addition, the development of palliative care programs that have clear guidelines and strategies will raise awareness and popularise knowledge of palliative care in the community and among professional groups, improve palliative care quality and provide partnerships for the facilitation of palliative care across all sites of care.

Finally, public education and information campaigns are important in changing public attitudes towards palliative care and to the implementation of palliative care services. Public awareness at a national level can be a catalyst for the improvement of palliative care services. Utilising key opinion leaders, healthcare professionals must strive to disseminate knowledge about palliative care to the public through educational materials and the media. Community efforts need to be made to reduce fear of death and generate enough awareness of and demand for palliative care.

Conclusions
A significant percentage of people in China die predictably from a number of diseases. In a culture that seemingly values providing treatment ahead of alleviating suffering, palliative care has been slow to develop. Through policy development, funding and education, China has an opportunity to improve the end-of-life experiences of those who are terminally ill.

Competing interests
The authors declare that they have no competing interests.

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