

## Palliative Care in China: Current Status and Future Directions

Wei Gao\*

Department of Palliative Care, Policy and Rehabilitation, Cicely Saunders Institute, King's College London, London, UK

The World Health Organization defines palliative care as a holistic approach that improves the quality of life of patients and their families facing the problem 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 [1]. Since the modern hospice movement by Dame Cicely Saunders started in the United Kingdom in 1967, mounting research evidence demonstrates that palliative care is effective in improving quality of life of both patients and family members, improves quality of care, reduces costs and prolongs survival. While palliative care has become a standard and integrated health care practice in western countries, it is far underdeveloped in mainland China.

One of the greatest barriers for developing and implementing palliative care service in mainland China perhaps is cultural perception and misconceptions about palliative care. Chinese culture considers death as a taboo and believes that talking about death in front of a dying patient will bring bad luck and is not good for patient's health and recovery. Palliative care is commonly translated into "caring for a person approaching death", in Chinese it is "Lin Zhong Guan Huai". This causes misunderstandings about palliative care, not only among general public, but even among health care professionals. The majority of health care professionals in China share the view that patients would only be referred to palliative care wards or hospices when they think modern medicine can do little to help the patients, while family members consider palliative care wards or hospices as the places waiting for death. Certainly it is essential to educate health care professionals and general public what is palliative care all about. However, an important and effective first step in clearing cultural barriers to palliative care is probably to find a suitable name in Chinese (eg. "An Ning Hu Li") and promote its use.

Lack of professionally trained health care providers and administrators is another identified factor that prohibits the palliative care service development in China. A recent survey of 402 interns in a medical University in China showed less than 10% felt incompetent in

basic pain management and nearly 80% did not feel adequately trained in discussing death with patients and family members, highlights the needs for palliative care education [2]. However, currently only one medical university in China offers optional palliative care courses. As the future workforce of China's health professionals, medical students should be well-equipped with essential palliative care skills to meet the health care challenges of aging population. Therefore, palliative care education should be provided to the medical students as part of their training programme.

Although policy initiatives has been taking steps to promote and improve palliative care in China [3], the mainstream health care system in China is still structured in a way to prevent its development. Most hospitals, which are the major health care providers in China, have to generate their own incomes. Under such situation, money incentives may overshadow health care providers' compliance to principles of palliative care. For example, palliative care treats death as a normal life process that intends neither hasten nor postpone death. However, enabling to continue to give patients highly profitable medications, the doctor may do every effort to keep patient "alive". China's health care reform is underway; the voice of palliative care needs to be strong so that it can be firmly integrated into future health care system.

In summary, palliative care in China is at its very early stage. Many barriers are prohibiting its development and implementation, among which cultural, education and system are three major ones. Therefore, future efforts should be practised to address these issues.

### References

1. WHO (2002) National cancer control programmes: policies and managerial guidelines. Geneva, World Health Organization.
2. Jiang X, Liao Z, Hao J, Guo Y, Zhou Y, et al. (2011) Palliative care education in China: insight into one medical university. *J Pain and Symptom Manage* 41: 796-800.
3. Zhang H, Gu WP, Joranson DE, Cleeland C (1996) People's Republic of China: Status of cancer pain and palliative care. *J Pain Symptom Manage* 12: 124-126.

\*Corresponding author: Wei Gao, Department of Palliative Care, Policy and Rehabilitation, Cicely Saunders Institute, King's College London, Bessemer Road, Denmark Hill, London SE5 9PJ, UK, Tel: 0207 848 5570; Fax: 0207 848 5517; E-mail: [wei.gao@kcl.ac.uk](mailto:wei.gao@kcl.ac.uk)

Received January 25, 2012; Accepted January 27, 2012; Published January 30, 2012

Citation: Gao W (2012) Palliative Care in China: Current Status and Future Directions. *J Palliative Care Med* 2:e113. doi:10.4172/2165-7386.1000e113

Copyright: © 2012 Gao W. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.