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Commentary Open Access

Hospice Care in the Long-Term Care Facilities

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Commentary

The aging society is the global phenomena and Taiwan is also the case; since 1993, Taiwan has become an aging society, aged society in 2018, and will be the super aged society in 2026 [1,2]. Due to the busy working career of the children, aging or disable elders in Taiwan often live in the long-term care facilities without support systems. Those elders who live in the long-term care units do not know when their lives will be finished, in which way, what kind of situation when the time is up, and also how to handle the dying process for their family members as well as for the other elders in the long-term care facilities.

Therefore, the long-term care nurses and elders often keep silent when they are facing the dying and death of those elders who live day by day with them together. Dying and death looks like a taboo and secret topic for the long-term care facilities since the elders died is the normal process in one's life toward both the workers and survived elders. However, what if the 60 years-old elder faced the 90 years-old elder died, he/she might think the next one is him/her? How could the survived elders face such ambiguous and fearful life-gone process?

Yes, every country does have the Do Not Resuscitate (DNR) or Advanced Director (AD) for the elders in the long-term care facilities to sign in advance so that they and their family members do not have to worry and fear about the decision when the elders facing the dying and death. For instance, end-of-life decision-making in six European countries frequently precedes dying in all participating countries and patients and relatives were generally involved in decision-making [3]. Not only in the foreign countries, the AD plan could promote the hospice care, knowledge, and attitudes for the elders in Taiwan so that nurse should actively provoke the hospice care and AD plan earlier for the elders who could have the autonomy and self-decision [4] and enhance the motivation of an elderly patient with renal dialysis to sign the AD earlier [5].

Additionally, the earlier for the family members and healthcare team plan the end of life plan for the elderly patients, the less psychological stress for them and medical cost expenses [6]. For instance, one terminal dementia elders who was depending on the machine for a long time and the family member has signed the DNR for the patient's respiratory failure so that the elderly patient could have a good death which reduce the unnecessary pain and burdens from the terminal elders and family members [7].

However, the process of life dying and death is not just signing the DNR or AD for the elders. What else could we do for the elders and their family members as well as those who work in the long-term care facilities? Then we do not have to face the dying and death as silent without voices. Life education seems to be for the young kids, but the elders, in every society. What should we do the life education for the survived elders who are both healthy and sick in terms of being optimistic view and ways for them to handle their own dying and death? Do we have role-model of long-term care facilities for us to learn since we do know little in the areas?

Could we have the alternative activities such as the intimacy touch, music, art, horticultural, reminiscence, cognitive and psychotherapy therapies merging into the life education for the elders to self-aware and cope their own and other's dying and death? For instance, Taoist and Confucian philosophies have important influences upon elderly people's views of life in Taiwan [8,9]. Could we have the Chinese literacy or philosophy with nature phenomena merging into the hospice care for the elders? For instance, a liver cirrhosis terminal elders led by the nurse to conduct his life review of recalling the past meaningful life and own inner life process for assisting him accept and value himself to achieve the life-integrity [10].

Nevertheless, according to the attitudes of the public and healthcare professionals, the challenge is to find effective ways of encouraging dialogue and choice within the constraints of the current healthcare systems and personal circumstances for the AD planning discussions with frail and older people [11]. Additionally, research also have shown that nursing home hospice collaborations require effective communication around residents' changing care needs and that a range of barriers can impede the integration of hospice and nursing home care [12]. Therefore, the Life Album (2015) has developed by the CATHOLIC SANIPAX SOCIO-MEDICAL SERVICE & EDUCAION FOUNDAION in Taiwan for healthcare professionals and family members to follow when they are facing the hospice care for the terminal patients or elders [13]. The brochure included the unfinished will, money arrangement, dying photo, ceremony, ritual, way of buried, and words planned to talk to others which could write down the important things for the terminal patients or elders in advance so that family members or friends could help and assist them to complete their wishes or unfinished things earlier.

Overall, the provision of nursing home hospice has been shown the positive effects on non-hospice residents, suggesting indirect benefits on nursing home clinical practices [12]. Not only for the nursing home, qualitative thematic evidence revealed that hospice daycare services generate a renewed meaning and purpose for the terminal patient, and that home hospice services support families to sustain patient care at home [14]. As the literature have identified, no matter DNR or AD or the evidences of nursing home or home hospice care, the comfortable to talk and chat about dying and death is the major issue for the long-term care providers to communicate with the terminal elders and family members. It is hope that there is a protocol for the healthcare providers to communicate the dying and death with the elders by the alternative and innovative activities in the long-term care facilities. In the long run, the elders and care-takers in the long-term care facilities could face and accept own and the other elders' dying and death with verbal and non-verbal behaviors spontaneously and peacefully.

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