美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

Improving Access to Care and Achieving Health Equity for People with Serious Illness:
"Organizational and Community Perspective"

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Chinese American Coalition for Compassionate Care
The National Academies of Sciences, Engineering, and Medicine

Keck Center of the National Academies , Washington DC, 20001
Thursday, April 4, 2019

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宗旨Vision

Building a community in which Chinese-Americans are able to face the end of life with dignity and respect

在生命末期的議題上，為在美華人提供一個有尊嚴而且受到尊重的社區

December 2005

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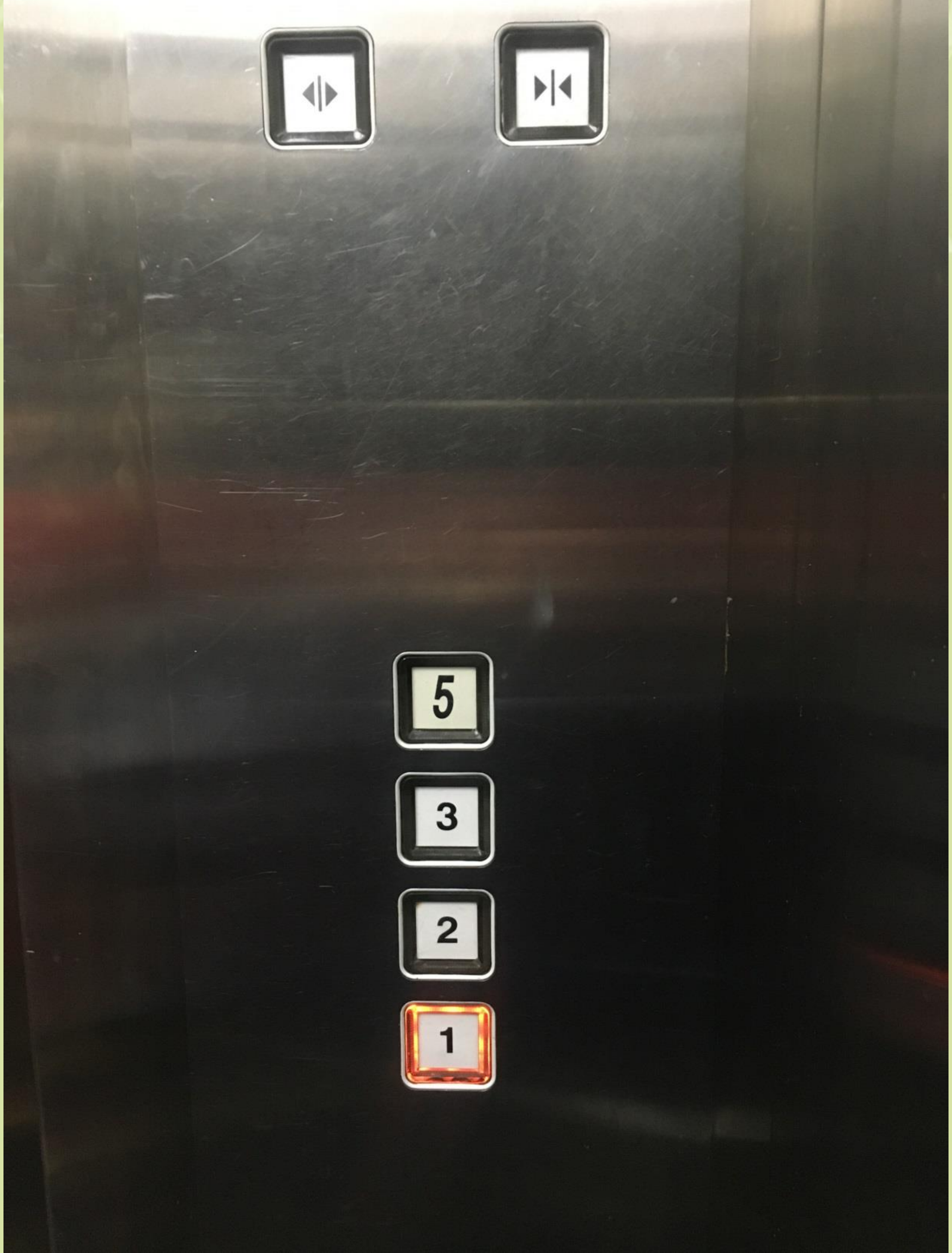
Why CACCC?

Provide end of life services for Chinese Americans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What the Chinese American Community Needed?

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Our Coalition Model

150 partner organizations &1,400 individual members

- Share Resources
- Train Bilingual volunteers
- Educate Health professionals

Hospice & Palliative Care Chinese Volunteer 30-Hour Training, El Camino Hospital

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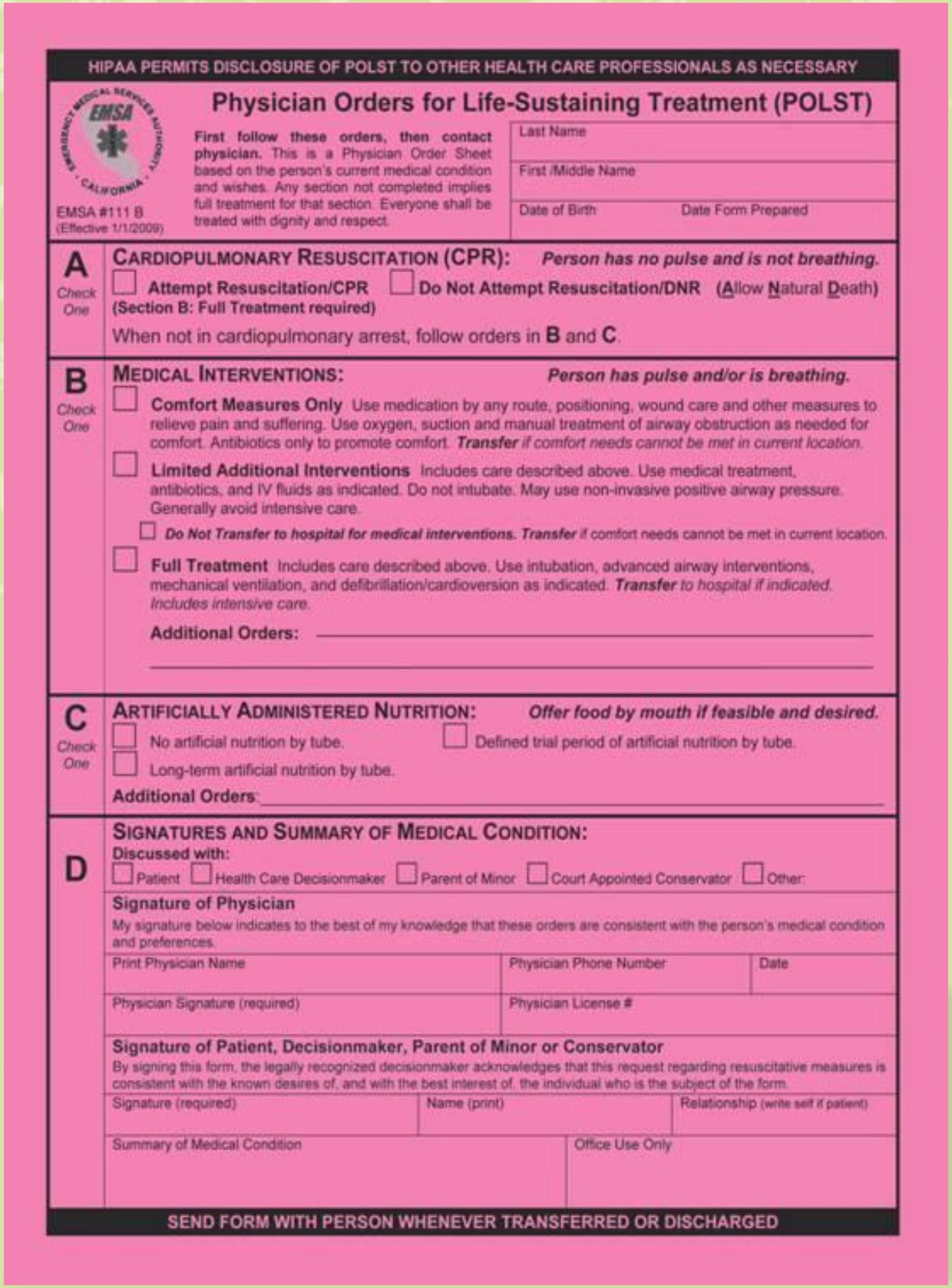
What CACCC Did to Meet Community Needs?

Translated and Developed Chinese End of Life Materials:

- Advance Health Care Directives
- POLST
- CCCC Decision Aids
- NHPCO Educational Series
- Hospice Foundation of America Series
- The Conversation Project
- Books, DVDs, short films
- Website: CACCC & Hawaii



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 1/1/2009)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name
First /Middle Name
Date of Birth | Date Form Prepared

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): ***Person has no pulse and is not breathing.***

☐ **Attempt Resuscitation/CPR** **(Section B: Full Treatment required)** ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B** and **C**.

B Check One

MEDICAL INTERVENTIONS: ***Person has pulse and/or is breathing.***

☐ **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. ***Transfer*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Do Not Transfer to hospital for medical interventions. Transfer*** if comfort needs cannot be met in current location.

☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. ***Transfer*** *to hospital if indicated. Includes intensive care.*

Additional Orders: ____________________

C Check One

ARTIFICIALLY ADMINISTERED NUTRITION: ***Offer food by mouth if feasible and desired.***

☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube.
☐ Long-term artificial nutrition by tube.

Additional Orders: ____________________

D

SIGNATURES AND SUMMARY OF MEDICAL CONDITION:

Discussed with:
☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other:

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

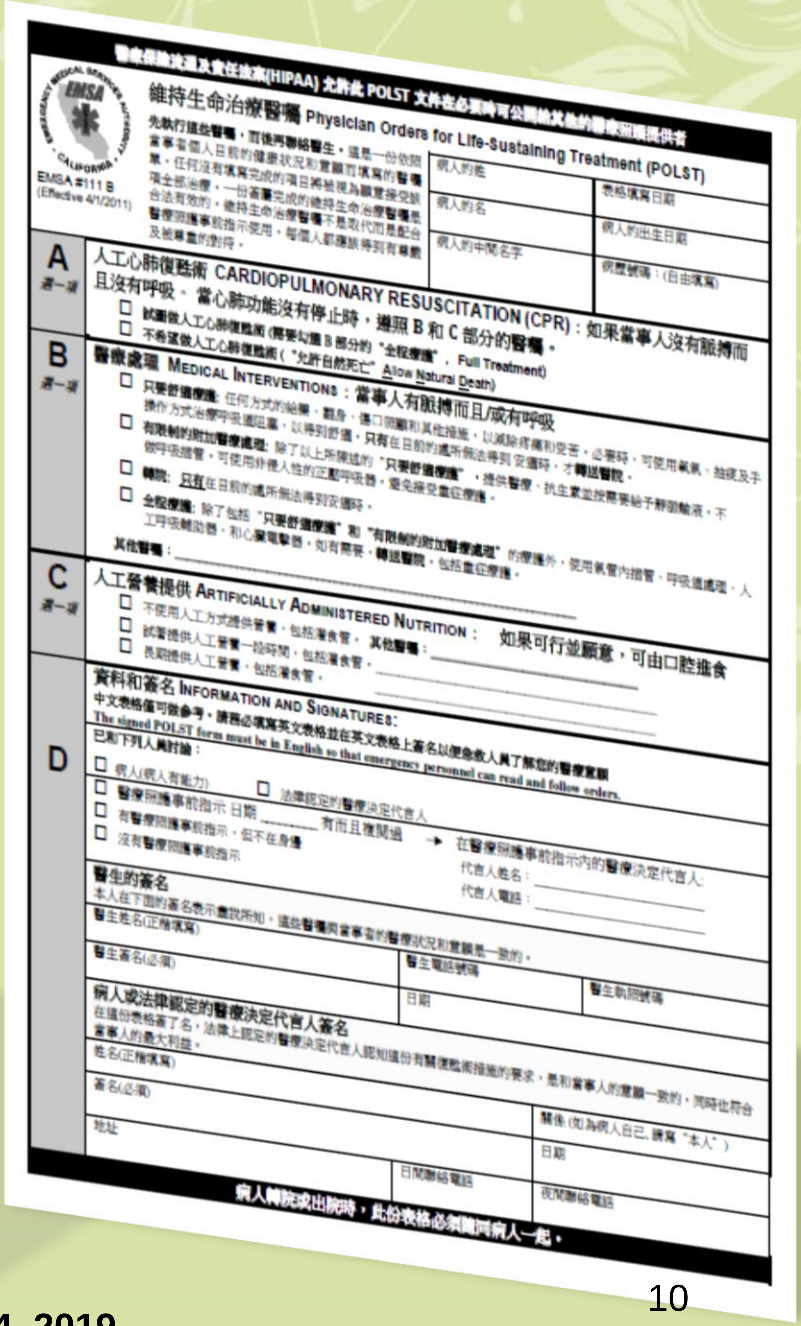
Print Physician Name	Physician Phone Number	Date
Physician Signature (required)	Physician License #	

Signature of Patient, Decisionmaker, Parent of Minor or Conservator

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required)	Name (print)	Relationship (write self if patient)
Summary of Medical Condition	Office Use Only	

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



醫療保險流通及責任法案(HIPAA) 允許此 POLST 文件在必要時可公開給其他的醫療照護提供者

維持生命治療醫囑 Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2011)

先執行這些醫囑，而後再聯絡醫生。這是一份依照當事者個人目前的健康狀況和意願而填寫的醫囑。任何沒有填寫完成的項目將被視為願意接受該項全部治療。一份簽署完成的維持生命治療醫囑是合法有效的。維持生命治療醫囑不是取代而是配合醫療照護事前指示使用。每個人都應該得到有尊嚴及被尊重的對待。

病人的姓 | 表格填寫日期
病人的名 | 病人的出生日期
病人的中間名字 | 病歷號碼：(自由填寫)

A 選一項

人工心肺復甦術 CARDIOPULMONARY RESUSCITATION (CPR)：如果當事人沒有脈搏而且沒有呼吸。當心肺功能沒有停止時，遵照 B 和 C 部分的醫囑。

□ 試圖做人工心肺復甦術 (需要勾選 B 部分的"全程療護"，Full Treatment)
□ 不希望做人工心肺復甦術 ("允許自然死亡" Allow Natural Death)

B 選一項

醫療處理 MEDICAL INTERVENTIONS：當事人有脈搏而且/或有呼吸

□ **只要舒適療護:** 任何方式的給藥、翻身、傷口照顧和其他措施，以減除疼痛和受苦。必要時，可使用氧氣、抽痰及手操作方式治療呼吸道阻塞，以得到舒適。只有在目前的處所無法得到安適時，才**轉送醫院**。
□ **有限制的附加醫療處理:** 除了以上所陳述的 **"只要舒適療護"**，提供**醫療**、抗生素並按需要給予靜脈輸液。不做呼吸插管。可使用非侵入性的正壓呼吸器。避免接受重症療護。
□ **轉院:** 只有在目前的處所無法得到安適時。
□ **全程療護:** 除了包括 **"只要舒適療護"** 和 **"有限制的附加醫療處理"** 的療護外，使用氣管內插管、呼吸道處理、人工呼吸輔助器，和心臟電擊器。如有需要，**轉送醫院**，包括重症療護。

其他醫囑： ____________________

C 選一項

人工營養提供 ARTIFICIALLY ADMINISTERED NUTRITION：如果可行並願意，可由口腔進食

□ 不使用人工方式提供營養，包括灌食管。 **其他醫囑：** ____________________
□ 試著提供人工營養一段時間，包括灌食管。
□ 長期提供人工營養，包括灌食管。

D

資料和簽名 INFORMATION AND SIGNATURES:

中文表格僅可做參考，請務必填寫英文表格並在英文表格上簽名以便急救人員了解您的醫療意願

The signed POLST form must be in English so that emergency personnel can read and follow orders.

已和下列人員討論：
□ 病人(病人有能力) □ 法律認定的醫療決定代言人
□ 醫療照護事前指示 日期 ________ 有而且複閱過 → 在醫療照護事前指示內的醫療決定代言人:
□ 有醫療照護事前指示，但不在身邊
□ 沒有醫療照護事前指示

代言人姓名：____________________
代言人電話：____________________

醫生的簽名

本人在下面的簽名表示盡我所知，這些醫囑與當事者的醫療狀況和意願是一致的。

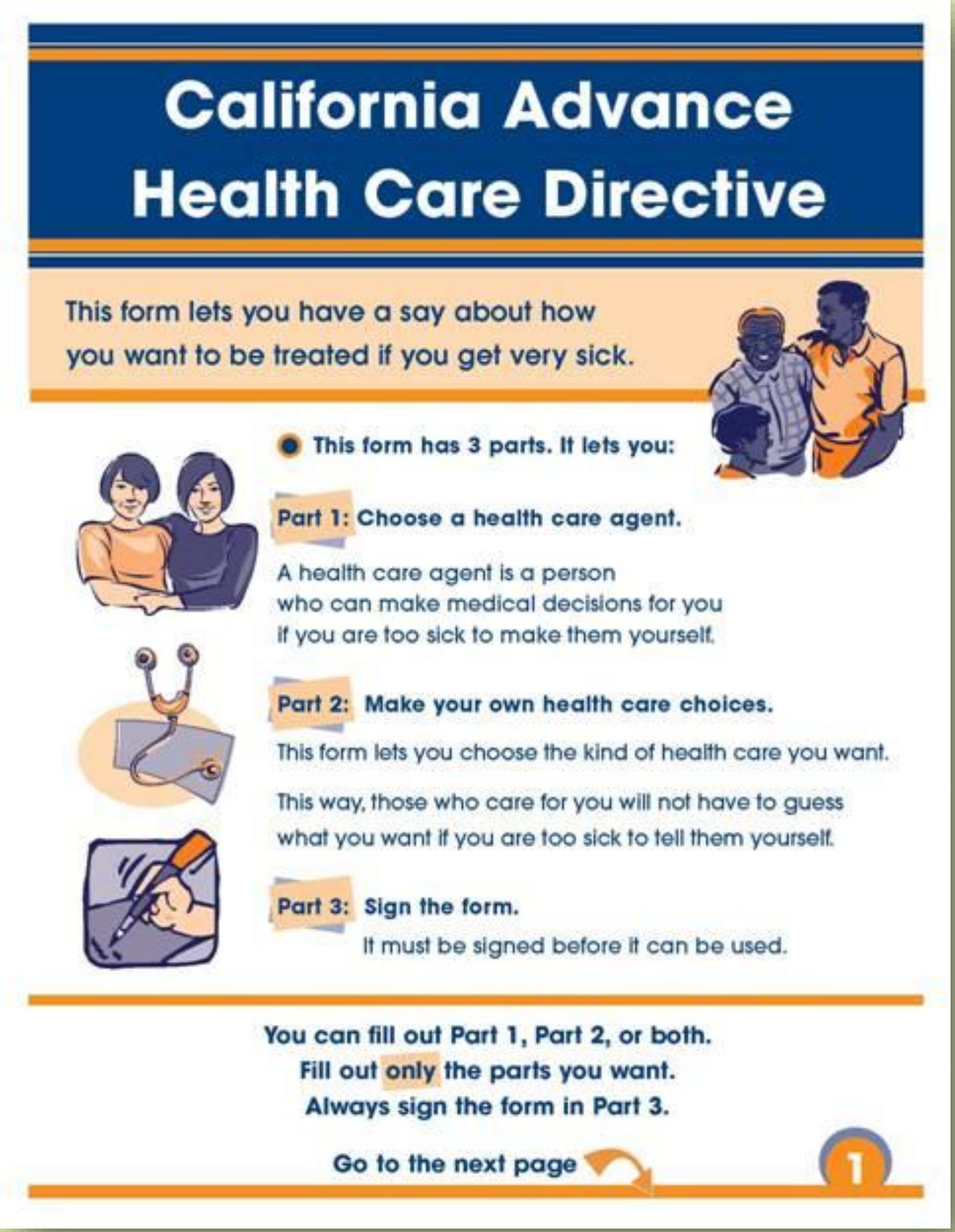
醫生姓名(正楷填寫)		
醫生簽名(必須)	醫生電話號碼	醫生執照號碼
	日期	

病人或法律認定的醫療決定代言人簽名

在這份表格簽了名，法律上認定的醫療決定代言人認知這份有關復甦術措施的要求，是和當事人的意願一致的，同時也符合當事人的最大利益。

姓名(正楷填寫)		
簽名(必須)		關係 (如為病人自己，請寫"本人")
地址		日期
	日間聯絡電話	夜間聯絡電話

病人轉院或出院時，此份表格必須隨同病人一起。



California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.

- **This form has 3 parts. It lets you:**

Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.
Fill out only the parts you want.
Always sign the form in Part 3.

Go to the next page

1

加州醫療照護事前指示

這份指示書讓您可事前表達在病重時希望得到何種的療護。

- **本指示書分爲三部份，它可讓您：**

第一部份：　選擇一位醫療代理人。

在您病重無法做任何醫療決定時，
醫療代理人會為您做決定。

第二部份：　自己做醫療決定。

本指示書讓您選擇自己想要的各項醫護服務。

如此一來，若您病得太重而無法表達意見時，
醫護人員及親友們就不用去猜測您的心意。

第三部份：　簽署指示書。

這份指示書必須簽字才會生效。

你可填寫第一部份或第二部份，或兩部份均填寫。
您只需填寫您想填寫的部份。
但一定要在第三部份簽名。

請翻到下頁

1

CCCC Chinese Decision Aids Series (4)

什麼是呼吸器?
What is a Ventilator?

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

呼吸器是幫助您呼吸的一個機器。它可以幫助因重病而無法自行呼吸的病人或需要長期呼吸輔助的病人來呼吸。

- 呼吸器並不能治癒或治療肺部的問題。
- 當醫生嘗試治療呼吸方面的問題時，會使用呼吸器。

呼吸器又可稱為機械通氣。

使用呼吸器時會是什麼樣的情形？
What is it like to be on a ventilator?

- 有一根管子會從口腔插進氣管（氣管插管）。
- 機器會經由管子，將空氣強制打入肺部。
- 為了減輕病人的不舒適，一般會給予藥物使病人昏睡。
- 病人通常是不清醒的，也不能講話或吃東西。

幾天後：

- 醫生會把使病人昏睡的藥量減低，以測試病人是否可以自行呼吸。
- 如果可以自行呼吸，就會拔除氣管插管。

幾個星期後：

- 醫生可能需要在氣管上做個切口，放入管子。這個過程叫做氣管造口術。
- 病人也許需要住進護理之家不然就需要特別的住家護理。

對於將呼吸管經由口腔插入，病人是怎麼感覺呢？
What do people say a ventilator feels like when a breathing tube is placed through their mouth?

當呼吸管穿過喉嚨時，有些人一直是昏睡的，並不記得曾經用過呼吸器。
但是，有些清醒的人可能感覺：

- 一切都好。
- 因插管或強制將空氣打入肺裡所造成的疼痛。
- 害怕，感覺被困住。
- 有吞嚥或咳嗽的問題。

什麼是管餵食？
What is Tube Feeding?

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

管餵食是專為因病而難以自行進食或吞嚥有困難的人，將流質食物藉由餵食管直接送進胃部。

- 若餵食管只需留置數天至數週，餵食管會經由鼻部放置到胃部。
  - 這類餵食管稱之為鼻胃管 (NG tube)。
- 若餵食管需留置超過數週，餵食管會藉手術經皮膚放入胃部或小腸。
  - 這類餵食管稱之為皮內視鏡胃造口管(PEG tube)。

餵食管有用嗎？
Does a feeding tube work?

這要看個人的疾病狀況與是否接近生命末期 。

對於嘴部或喉部有損傷，但會很快恢復的病人，

餵食管能幫助他們減輕因進食所造成的疼痛。

如果病人的腦部或神經有疾病，在他們生命末期的好幾年前，他們就可能有吞嚥問題。有些人因受傷或殘障而有吞嚥困難。餵食管可能會幫助這些人。

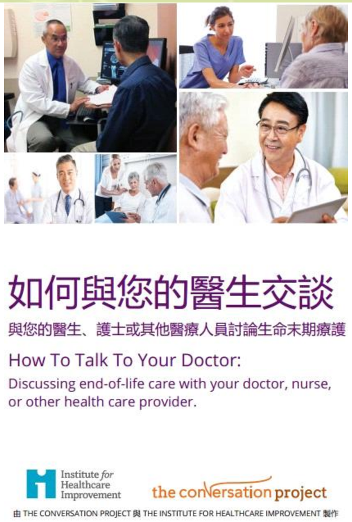
餵食管對於生命末期或末期失智症的病人有幫助嗎?
Does a feeding tube help people near the end of life or in the late stages of dementia?

對於生命末期的病人，餵食管有時不但無益於生命的延續，還會造成不必要的傷害。

對於生命末期和末期失智症的病人(嚴重的記憶力損失），您的身體會減緩並停止消化，這是正常的。

- 在生命末期，停止進食是正常的。
- 身體無法再吸收和利用食物。
- 因為無法再吸收和利用食物，管餵食可能會導致：
  - 胃痛與腹瀉。
  - 腿部積水。
  - 肺部積水，造成呼吸困難。

The Conversation Project Series (5)



如何與您的醫生交談

與您的醫生、護士或其他醫療人員討論生命末期療護

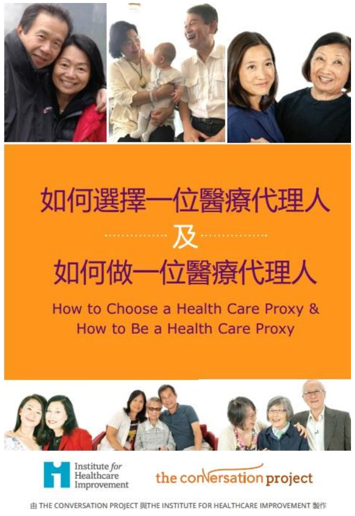
How To Talk To Your Doctor:

Discussing end-of-life care with your doctor, nurse, or other health care provider.

Institute *for* Healthcare Improvement

the conversation project

由 THE CONVERSATION PROJECT 與 THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 製作



如何選擇一位醫療代理人
及
如何做一位醫療代理人

How to Choose a Health Care Proxy &
How to Be a Health Care Proxy

Institute *for* Healthcare Improvement

the conversation project

由 THE CONVERSATION PROJECT 與THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 製作

The Conversation Project

您的對話入門手冊

當面臨生命末期的療護時，對話是非常重要的。

Your Conversation Starter Kit

When it comes to end-of-life care, talking matters.

Institute *for* Healthcare Improvement

the conversation project

由 THE CONVERSATION PROJECT 與THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 製作

您的對話入門手冊

供患有阿滋海默症或他類失智症患者的
家屬與摯愛們使用

Your Conversation Starter Kit

For Families and Loved Ones of People with Alzheimer's Disease or Other Forms of Dementia

Institute *for* Healthcare Improvement

the conversation project

由 BY THE CONVERSATION PROJECT 與 THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 製作

兒科對話入門手冊

與您病重的孩童對話

Pediatric Starter Kit

Having the conversation with your seriously ill child

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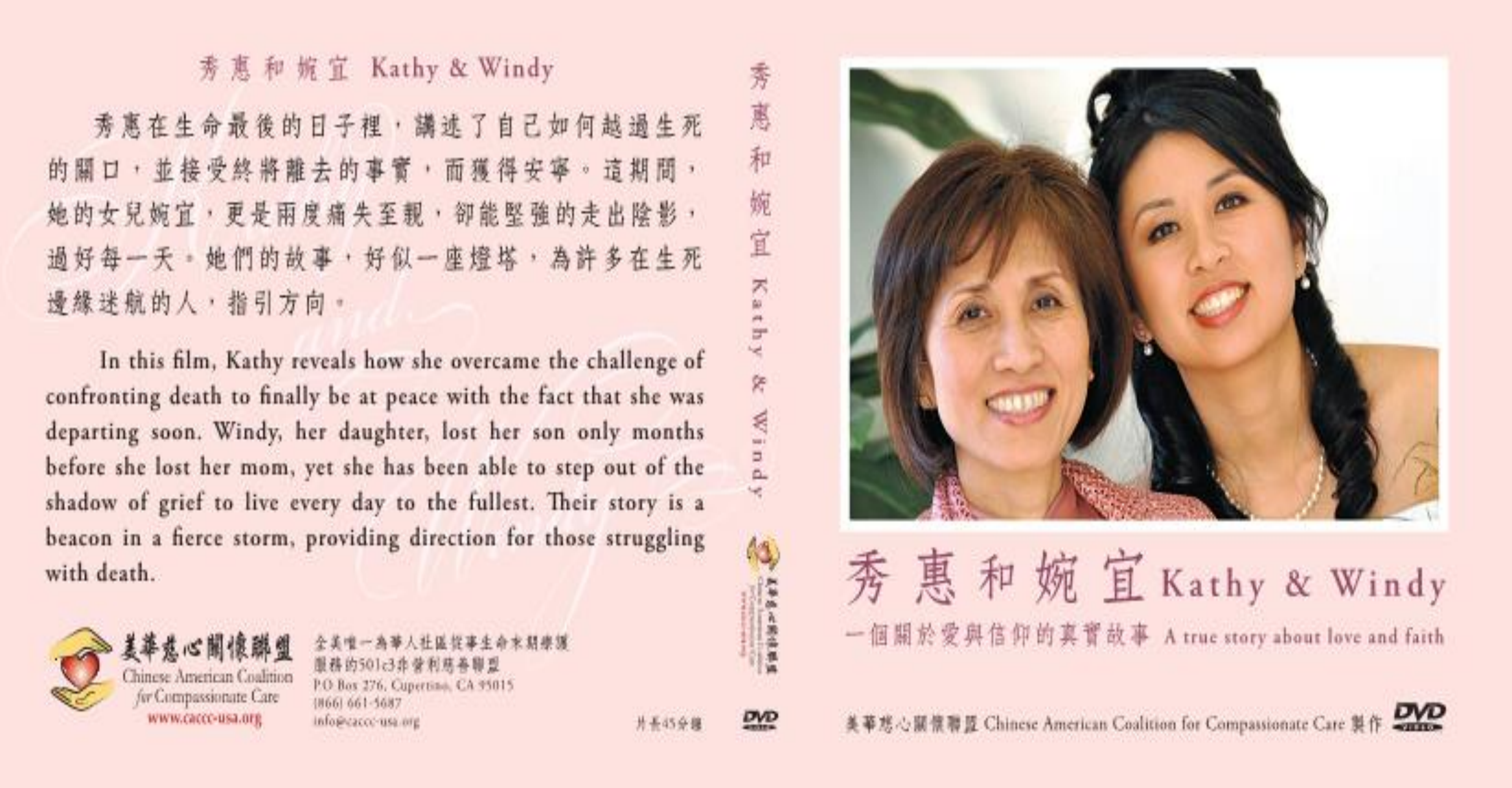
1

Kathy & Windy Documentary



秀惠和婉宜 Kathy & Windy

秀惠在生命最後的日子裡，講述了自己如何越過生死的關口，並接受終將離去的事實，而獲得安寧。這期間，她的女兒婉宜，更是兩度痛失至親，卻能堅強的走出陰影，過好每一天。她們的故事，好似一座燈塔，為許多在生死邊緣迷航的人，指引方向。

In this film, Kathy reveals how she overcame the challenge of confronting death to finally be at peace with the fact that she was departing soon. Windy, her daughter, lost her son only months before she lost her mom, yet she has been able to step out of the shadow of grief to live every day to the fullest. Their story is a beacon in a fierce storm, providing direction for those struggling with death.

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全美唯一為華人社區從事生命末期療護服務的501c3非營利慈善聯盟
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片長45分鐘

秀惠和婉宜 Kathy & Windy

秀惠和婉宜 Kathy & Windy

一個關於愛與信仰的真實故事 A true story about love and faith

美華慈心關懷聯盟 Chinese American Coalition for Compassionate Care 製作

NHPCO Series (5)

緩和療護

PALLIATIVE CARE

What is Palliative Care?

You may have heard of a new medical term – palliative care (pronounced PAH-LEE-UH-TIVE). For the last thirty years, palliative care has been provided by hospice programs for dying Americans. Currently these programs serve more than 1 million patients and their families each year.

Now this very same approach to care is being used by other healthcare providers, including teams in hospitals, nursing facilities and home health agencies in combination with other medical treatments to help people who are seriously ill.

Palliative care is care for persons with a serious illness, regardless of life expectancy. The goal of palliative care is to improve the quality of a seriously ill person's life and support that person and their family during and after treatment. Many of the providers of palliative care are also the same doctors, nurses, social workers and other professionals who provide hospice care.

To palliate means to make comfortable by treating a person's symptoms from an illness. Hospice and palliative care both focus on helping a person be comfortable by addressing issues causing physical or emotional pain, or suffering. Hospice and other palliative care providers have teams of people working together to provide care.

Hospice focuses on relieving symptoms and supporting patients with a life expectancy of months not years, and their families. However, palliative care may be given at any time during a patient's illness, from diagnosis on. Most hospices have a set of defined services, team members and rules and regulations. Some hospice providers provide palliative care as a separate program or service, which can be very confusing to patients and families. The list of questions below provides answers to common questions about the difference between hospice and palliative care.

Caring Connections
a program of the
National Hospice and Palliative Care Organization

美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

死亡過程

給家人照顧者的指導原則

每一個人和每個死亡都是不同的，但在死亡過程中發生的一些現象卻帶有共同性。這些變化是自然的，發生的時間可能是幾個月，幾天或幾個小時。您若有任何問題，請隨時與您的醫療團隊聯繫。

疏離親朋好友

- 在生命的最後幾個月裏，病人經常只專注於自己，這並不表示他們在生氣，抑鬱或不愛您。
- 他們可能對喜愛的電視節目、朋友、甚至寵物失去興趣。

當他們想說話時，他們可能會談論過去快樂的或憂傷的事情。他們或許想要處理未完成的事情，談論重要文件或紀念品保管的地方。可以在這個時候去傾聽他們認為重要的事情。

睡眠

- 病人可能比平時睡得更多，無論白天或夜晚，都可以睡上幾個小時。
- 當他們剛睡醒時，常顯得昏沉而迷糊。
- 若擔憂或掛念他們晚上睡不著，留在房間裏直到他們睡着或許對他們有幫助。但他們也許只想獨處，所以一定要問清楚。

逐漸虛弱

- 您的家人會越來越虛弱和疲倦，情況時好時壞，需要更多的日常生活照料並有人陪伴在側。
- 儘可能幫他們省力氣，這樣他們就可以去做他們認爲最重要的事情。

胃口

- 隨著身體功能的自然關閉，病人會吃得越來越少。給他們少量愛吃的食物。因為咀嚼太費力氣，所以他們可能較喜歡奶昔、冰淇淋或布丁。
- 只要他們還能順利吞嚥，儘可能給他們流質，若病人無法坐起來飲用，可用彎曲吸管；若無法吞嚥，可以給些碎冰塊含在口中。用護唇膏或軟濕布保持嘴唇濕潤。用軟濕布清潔口腔。

Caring Connections
a program of the
National Hospice and Palliative Care Organization

美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

Reaching the Community

- CACCC's Website
- Using the Media
- Community Outreach program

美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

World Journal Column

美華慈心生命教育系列 借來的寶貝

孩子

在每個父母親心目中，自己的孩子都是稀世珍寶。作父母的珍愛他，呵護他，培養他，灌注了無可計數的時間心血精神財力，眼看他一天天一年年成長。「我的孩子」，父母親當然這麼想，「我的血肉，我的愛。」

當這個小寶貝熟睡之後，你知道明天早上他會睜開眼睛，醒在你為他鋪好的小床上；當他早上揹著書包上學，你知道下午他會揹著書包衝進家門；當他出門遠足、參加夏令營、畢業旅行，你知道過不多久他會拎著一袋穿髒的衣服興高采烈的回家來；甚至當他完全長大成人了，到外地工作甚至成了自己的家，你還是知道他總會回來看你的，因為這裡是他最早的家，因為他是你的孩子。

這一切的認知和相信，給了天下為人父母最大的錯覺 － 你以為你的孩子，這件世間最貴重的珍寶，是屬於你的，永遠是你的。天長地久，不會也不可能改變。錯了。其實， 這件寶貝，是借來的。

為著何等奇妙的因緣，一個生命成了我的孩子。我悉心撫養他，愛他勝過愛自己；但是這並不保證他就是我的。他是我借來的 － 向誰借的我不知道，借多久我也不知道。可是，借，就是有期限的，只是沒有任何人能夠知悉這份約定的細節，尤其是年限。我只是有幸在借得他的這段期間裡作為他的守護者，盡責地愛護他保養他；眼看他長成一個壯碩豐盈的生命，作父母的就算是盡到了守護人的職責。

然後呢？如果我夠幸運，在我的有生之年，借來的珍寶須要歸還的年限尚未到，我可以繼續我的錯覺，忘記他是借來的，直到我自己的期限來到的那一天。然
而，如果我沒有那麼幸運，
我就會被告知：期限到了，
還你的孩子，你的寶貝。

不，不可以！我當然要抗
號、哭訴、懇求、不認賬，
提出交換條件，包括用自己
限來交換，當然這一切都是

為著我們永遠無法理解的
個孩子出借的期限有長有短
了 － 太短太短了，然而我
捨，不想不願不能還，也得
去，讓他回到他最最原先
方。我為他佈置得舒適妥
家，只是他被我借來時暫時

美華慈心與本報合作 推出生命教育系列

透過充滿愛心的安寧緩和療護和哀傷照護 肯定臨終病人的尊嚴和希望

生命末期教育系列

美華慈心關懷聯盟結合社區60個組織的資源，為華人社區服務，有周詳的培訓計畫，有素質整齊的義工。

●在幫助美華慈心關懷聯盟履行，改善華人生命末期生活品質的使命中，山谷安寧療護及美國癌症協會，是二個非常重要的友盟組織。

山谷安寧療護 (Hospice of the Valley, HOV)

「山谷」擁有全天候待命醫護人員，為疼痛病患隨時提供症狀控制及安適療法。「山谷」社區公關經理兼美華慈心關懷聯盟董事會長劉溫潔貞（Jeanne Wun）表示：「除了隨時待命的機動服務之外，「山谷」還為面臨喪親的成人、青少年和孩童們提供多面性的社區悲傷輔導。「安寧過渡Transitions」，是一項提升臨終病人生活品質的社區服務專案，免費提供心靈及情緒關懷、教育和社區資源轉介。」除此之外，也提供靈氣治療（Reiki）、寵物陪伴和音樂治療等貼心服務，並有超過150名義工提供協助。

「山谷」是聯盟的60多個聯盟機構之一。其醫療主任郭瑞濛（Monique Kuo）醫師是2008年聯盟董事，目前是聯盟的國際顧問董事。去年春天，「山谷」與聯盟合作以英語培訓聯盟義工，是發展聯盟的中文安寧與緩和療護課程的第一步，幾位受完訓的聯盟義工也加入了「山谷」，而「山谷」更同意讓聯盟將培訓資料譯成中文。

聯盟的雙語義工能同時為，「山谷」說中文和其他語言的病人服務，因為「山谷」有華人義工協助，得以讓聯盟安心地將病人轉介至「山谷」。誠如「山谷」總裁兼執行長Sally Adelus所說：「美華慈心關懷聯盟突破種種文化隔閡和誤解，鼓勵大眾針對生命末期安排及照護進行對話。他們在針對華人進行生命末期的教育和社區支援的努力，值得支持與喝采。」山谷安寧療護相關資訊，請上網 www.hospicevalley.org 或電408-559-5600。

美國癌症協會 American Cancer Society (ACS)

美國癌症協會是全國性並以社區為基礎的義工健康組織，致力於研究、教育、宣導和服務來預防所有癌症相關問題，以挽救生命、減少癌症帶來的痛苦。美國癌症協會佛利蒙市的加州華人分會（ACSCCU），擁有一群訓練有素的義工，在華人社區給予病人支持和教育，包括協助末期癌症患者。美國癌症協會也積極參與華人社區活動，如將於6月26日舉辦的一年一度華人生命接力。

除了提供各種癌症課題教育和活動之外，美國癌症協會也支持社區組織，包括聯盟。加州促進健康副總裁雷美綉（May Sung）說：「美國癌症協會的目標是透過預防來降低發病率，及早發現可降低癌症死亡率，進而提高癌症患者和他們家庭的生活品質，聯盟則是唯一專注於緩和療護和生命末期服務的組織。他們提供的生命末期教育與其他組織不重複，是華人社區相當重要的資源。我們的合作關係產生互補與協調作用，得以最大效用來服務更多的華人。」

美國癌症協會相關資訊，請上網 www.acsccu.org 或電 1-800-227-2345。

美華慈心與本報合作 推出生命教育系列

安寧療護 身、心、靈都得到關懷

●經過世界日報幾個星期刊登了安寧療護(Hospice)的故事後，「美華慈心關懷聯盟」得到不少讀者回響，在此再以安寧療護為題，進一步說明一般讀者的疑問。

安寧療護的目的是為重症末期病患及家屬提供專業療護，使其身、心、靈都得到關懷，除了減輕或消除末期病患的身體疼痛或心理壓力，陪伴病患在安詳的狀態下走完人生以外，也協助家屬面對病患離世的事實，達到生死兩相安、彼此無遺憾。而上述描述，世界衛生組織（WHO）有所定義。

安寧療護基本上分為三種，一種是住院療護，另一種是居家療護，還有一種是白天進療護院、晚上送回家的日間療
患及家屬之需要而選擇。
一種，本質都是協助病患控
對死亡，以及因疾病而造成
如沮喪、生氣或害怕，與
立信任、充分合作，提供
共度生命的最後一段時
團隊人員包括了醫師、護
師、親友、志工、營養

安寧療護？這是尊重生
患已經到了不可治癒
以也應該得到好的照
寧療護，就等於放棄

的態度面對生命最
得到應有的尊嚴，
完成的願望，而在
下，家屬得以勇敢
去的事實，走過
開人生的新頁。
是安樂死，其實
如同上述所言，
而不是放棄生命，更不是協助病患一了百了，病患應有的藥物和療護仍會進行。因此，以為送進安寧病房就是等死， 是絕對不正確的。

安寧療護可以協助病患緩解因疾病而產生的不適，包括疼痛、倦怠、噁心、嘔吐、呼吸不順、食慾不振、便秘、傷口潰瘍、腹脹、搔癢、憂鬱等等。透過醫護人員的專業和愛心，緩和病患的痛苦，維持病患的生命品質和尊嚴。

在灣區提供安寧療護的機構，包括山谷安寧療護（Hospice of the Valley）、VITAS、Asian Network Hospice、Pathways Hospice、Laguna Honda Hospital、禪宗安寧療護和安樂居 (OnLok)等等。

另有不少讀者來電詢問：雖知未來的日子不多，但不了解要如何準備，是否可以馬上填「粉紅表」？「美華慈心關懷聯盟」的回答是：「粉紅表」是要醫師處方，最適用於不可逆轉的重病患者，而一般年滿十八歲的人可以預先填寫「醫療照護事前指示」，本聯盟義工計畫在今年開始再度為華人提供表格填寫及說明。希望舉辦說明會的團體可向聯盟申請。

「美華慈心關懷聯盟」的網站是www.caccc-usa.org。電話：415-970-6499、510-894-8599、408-677-5199。

自下一周起，「美華慈心關懷聯盟」將介紹慢性病病人面對生命末期。

安寧療護的目的是爲重症末期病患及家屬提供專業療護，使其身、心、靈都得到關懷。

- UChannel TV: AHCD & POLST

Crossings TV:

Community Inspiration

- Allied Pacific TV:
  - AHCD & POLST
  - Heart to Heart® Café
  - Hospice Care
  - Palliative Care

MPCCC與長輩有約-11142013

Community Services

- Advance Health Care Planning
- The CACCC Speaker’s Bureau
- Outreach Presentations and workshops
- Caregiver Support and Training
- Warm Line
- Patient Visits
- Hospital Chinese Volunteer Ambassador Programs

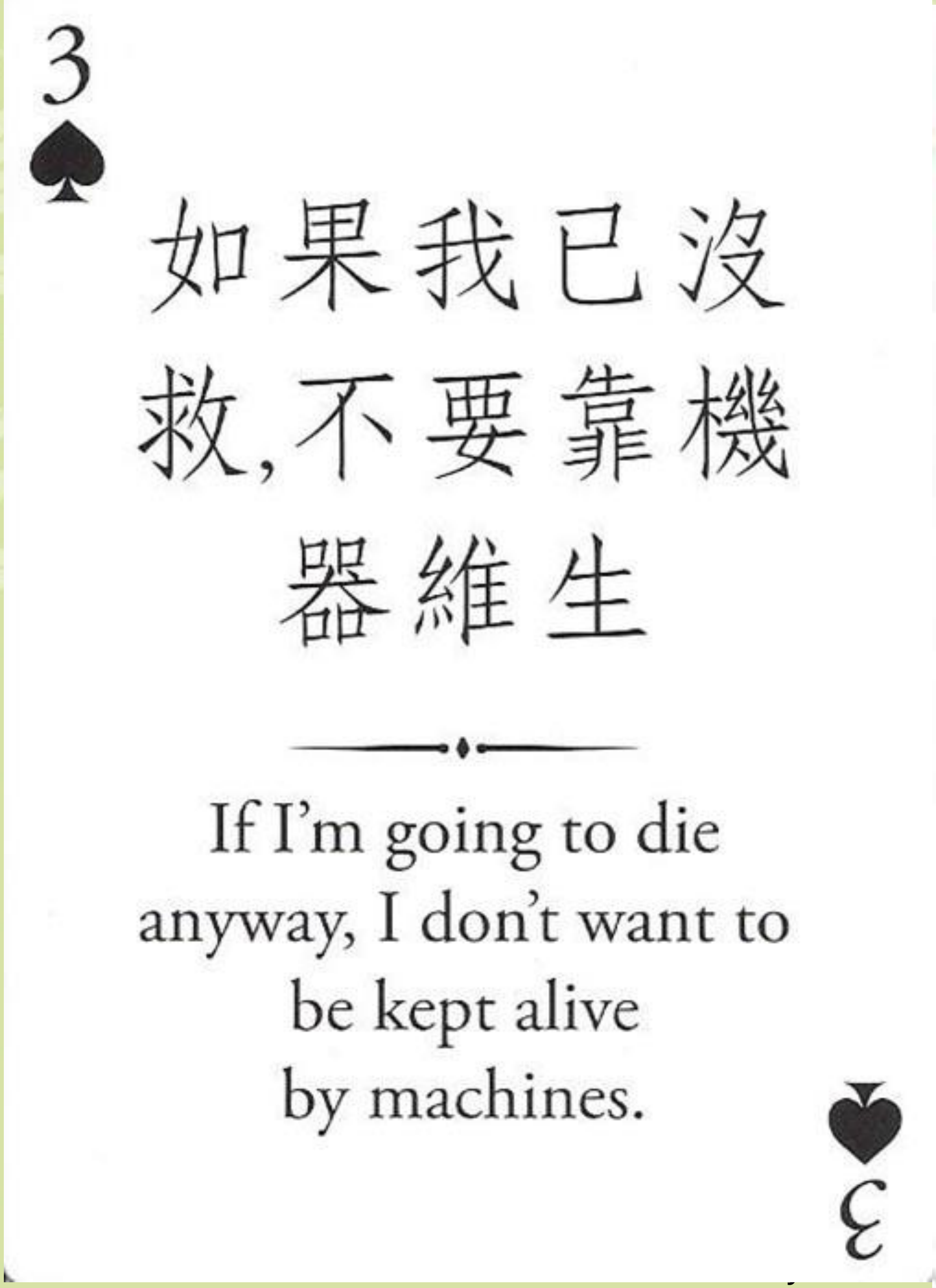
美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

Facing the Taboo

Heart to Heart® program

安心卡

Heart to Heart® cards



如果我已沒救,不要靠機器維生

◆

If I'm going to die anyway, I don't want to be kept alive by machines.

死後______小時內不要碰觸遺體

◆

After I die, don't touch my body for ___ hours.

Heart to Heart® cards

♥心靈需求Hearts: Spiritual concerns

♦財務需求Diamonds: Financial concerns

♣人際需求Clubs: Social concerns

♠身體需求Spades: Physical concerns

Heart to Heart® Café

At the Café…

People eat pastries, drink tea and use our Heart to Heart cards to talk about end-of-life issues in a friendly, non-threatening environment.

CACCC's continuing goals…

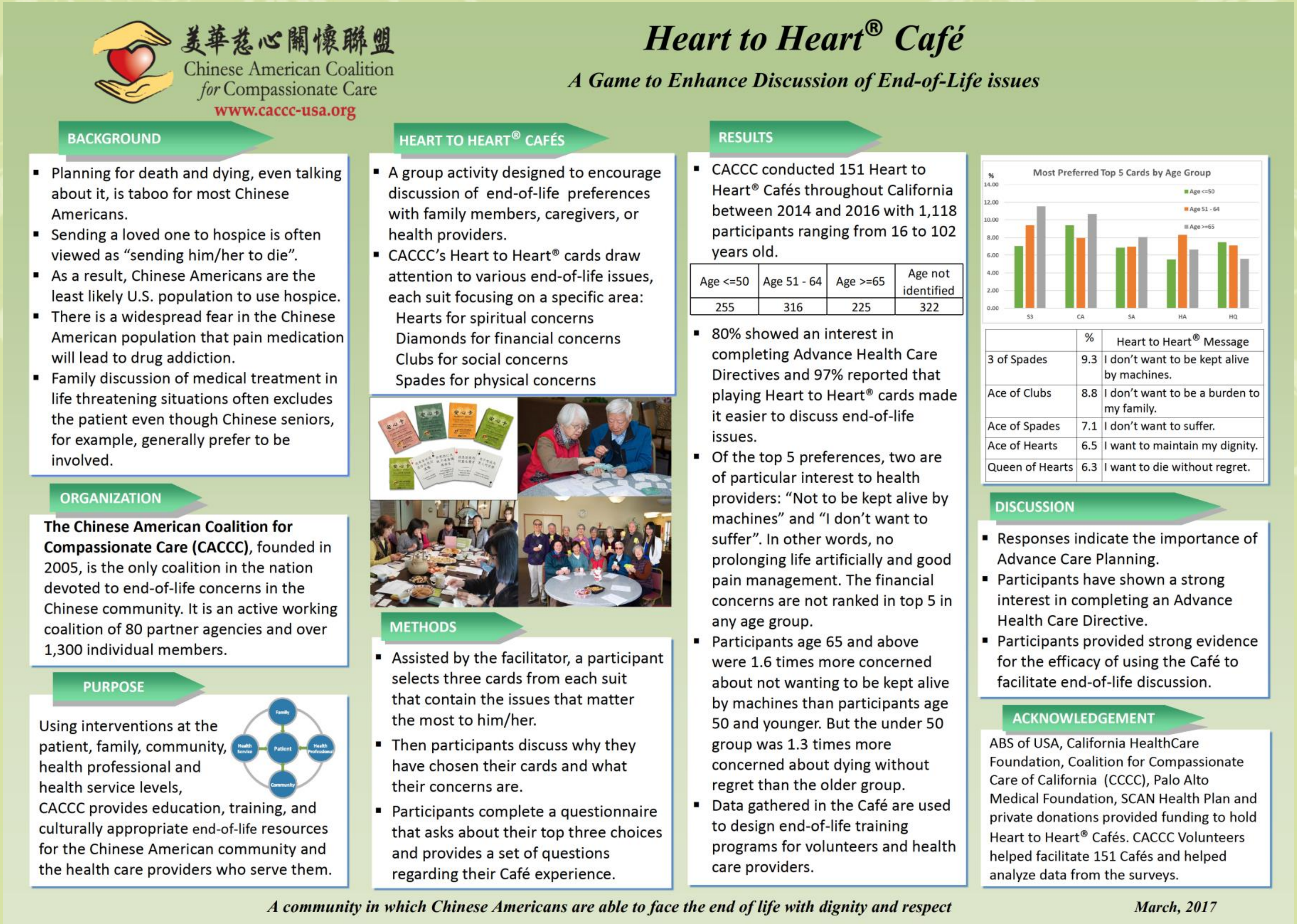
- Translate Chinese Advance Health Care Directives & MOLST/POLST for each state
- Expand our partnerships with agencies in the U.S. who serve Chinese-Americans
- Global partnerships with agencies in Chinese-speaking countries
- Share what we've learned with other diverse populations so they can replicate what we're doing
- Research project for Chinese Americans in EOL

Reimagine NY Heart to Heart® Café Facilitator Training, New York, 2018

Senior Home Care, Boston

Project HOPE - ELNEC Wuhan, China Train the Trainer Course, October 2017

Heart to Heart Cafés Poster



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Heart to Heart® Café

A Game to Enhance Discussion of End-of-Life issues

BACKGROUND

- Planning for death and dying, even talking about it, is taboo for most Chinese Americans.
- Sending a loved one to hospice is often viewed as "sending him/her to die".
- As a result, Chinese Americans are the least likely U.S. population to use hospice.
- There is a widespread fear in the Chinese American population that pain medication will lead to drug addiction.
- Family discussion of medical treatment in life threatening situations often excludes the patient even though Chinese seniors, for example, generally prefer to be involved.

ORGANIZATION

The Chinese American Coalition for Compassionate Care (CACCC), founded in 2005, is the only coalition in the nation devoted to end-of-life concerns in the Chinese community. It is an active working coalition of 80 partner agencies and over 1,300 individual members.

PURPOSE

Using interventions at the patient, family, community, health professional and health service levels, CACCC provides education, training, and culturally appropriate end-of-life resources for the Chinese American community and the health care providers who serve them.

HEART TO HEART® CAFÉS

- A group activity designed to encourage discussion of end-of-life preferences with family members, caregivers, or health providers.
- CACCC's Heart to Heart® cards draw attention to various end-of-life issues, each suit focusing on a specific area:
  Hearts for spiritual concerns
  Diamonds for financial concerns
  Clubs for social concerns
  Spades for physical concerns

METHODS

- Assisted by the facilitator, a participant selects three cards from each suit that contain the issues that matter the most to him/her.
- Then participants discuss why they have chosen their cards and what their concerns are.
- Participants complete a questionnaire that asks about their top three choices and provides a set of questions regarding their Café experience.

RESULTS

- CACCC conducted 151 Heart to Heart® Cafés throughout California between 2014 and 2016 with 1,118 participants ranging from 16 to 102 years old.

Age <=50	Age 51 - 64	Age >=65	Age not identified
255	316	225	322

- 80% showed an interest in completing Advance Health Care Directives and 97% reported that playing Heart to Heart® cards made it easier to discuss end-of-life issues.
- Of the top 5 preferences, two are of particular interest to health providers: "Not to be kept alive by machines" and "I don't want to suffer". In other words, no prolonging life artificially and good pain management. The financial concerns are not ranked in top 5 in any age group.
- Participants age 65 and above were 1.6 times more concerned about not wanting to be kept alive by machines than participants age 50 and younger. But the under 50 group was 1.3 times more concerned about dying without regret than the older group.
- Data gathered in the Café are used to design end-of-life training programs for volunteers and health care providers.

	%	Heart to Heart® Message
3 of Spades	9.3	I don't want to be kept alive by machines.
Ace of Clubs	8.8	I don't want to be a burden to my family.
Ace of Spades	7.1	I don't want to suffer.
Ace of Hearts	6.5	I want to maintain my dignity.
Queen of Hearts	6.3	I want to die without regret.

DISCUSSION

- Responses indicate the importance of Advance Care Planning.
- Participants have shown a strong interest in completing an Advance Health Care Directive.
- Participants provided strong evidence for the efficacy of using the Café to facilitate end-of-life discussion.

ACKNOWLEDGEMENT

ABS of USA, California HealthCare Foundation, Coalition for Compassionate Care of California (CCCC), Palo Alto Medical Foundation, SCAN Health Plan and private donations provided funding to hold Heart to Heart® Cafés. CACCC Volunteers helped facilitate 151 Cafés and helped analyze data from the surveys.

A community in which Chinese Americans are able to face the end of life with dignity and respect

March, 2017

Thank You 謝謝您

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手牽手心連心善待生命的每一天