Asia Pacific Science Press

Critical Humanistic Social Theory
ISSN(O): 3005-9291
ISSN(P): 3005-9283
https://doi.org/10.62177/chst.v1i2.78

Hospice Care Construction for the Elderly in Comparative Perspective: Experiences and Implications

Minrui Liu

Anhui University, College of Social and Political Science, Hefei, Anhui 230039, China

Abstract: Doing a good job of end-of-life care for the elderly in the context of aging not only reflects the moral level of the society and respect for life, but also helps to reduce the burden on the medical system, enhance the cohesion of the family and the society, and at the same time inherits the cultural value of respecting the elderly, and countries around the world have attached great importance to the construction of end-of-life care. This article first traces the historical origin of end-of-life care and explains the connotation of end-of-life care; then it compares the successful practices of countries around the world, especially the United States, the United Kingdom, and Japan, in building end-of-life care, and concludes that the four points of emphasizing the support of laws and policies, stressing the protection of the medical system, deepening the multidisciplinary cooperation, and guaranteeing the personalized needs are their beneficial experiences; finally, the article discusses the problems in carrying out end-of-life care in China at the present stage. Finally, the article discusses the problems and deficiencies in the development of end-of-life care in China at this stage, and argues that we should learn from international experience, actively promote end-of-life care policies, break through the limitations of traditional concepts, advocate a new concept of life and death, bring into play the combination of government-led system and practice, and promote the development of end-of-life care through inter-professional and multi-disciplinary cooperation.

Keywords: Hospice Care; Aging; Death Education; Social Work

Published: Oct 29, 2024

1. Introduction

The traditional Chinese virtue of "taking care of one's own aged parents and caring for the elderly" has always been respected in China, and it is the pursuit of children to do a good job of caring for the elderly. The Decision of the Central Committee of the Communist Party of China on Further Comprehensively Deepening Reform and Promoting Chinese Modernisation, adopted at the Third Plenary Session of the Twentieth Central Committee of the Communist Party of China (CPC), explicitly points out that it is necessary to actively cope with the ageing of the population, and to improve the policies and mechanisms for the development of the elderly care business and elderly care industry.

Since the new era, society and the public have been increasingly concerned about the quality of life of the elderly, not just the extension of life expectancy. End-of-life care has become an important topic, aiming to alleviate the pain of the elderly at the end of their lives and allow them to spend their last days with dignity under humanistic care. [1]At this stage, the speed and degree of localisation of end-of-life care in China lags far behind the process of ageing, and there are many problems in the implementation of end-of-life care. Hospice care reflects the needs of society and respect for humanity and human rights, and can be seen as a turning point in the development of social civilisation.

2. End-of-Life Care and the End-of-Life Care System

The origins of Hospice Care can be traced back to ancient times, such as the establishment of Buddhist hospices in China, which were set up to comfort the dying with the concept of compassion and to encourage them to do good deeds to reach the Western paradise. In addition, the Buddha's care for the families of the dying is documented in many Buddhist texts. [2]Medieval monasteries and churches often provided care and comfort for the dying. At the end of the 19th century and the beginning of the 20th century, some Christian nuns began to care for the terminally ill in hospitals and nursing homes, and this form of service gradually emerged and developed in a number of countries. It is important to note that the modern form of hospice care originated mainly in the mid-20th century, and the establishment of modern hospice care is often attributed to Cicely Saunders, a British medical doctor. Saunders founded St. Christopher's Hospice in 1967, which was truly the first modern hospice, emphasising the importance of symptom management, holistic care, and maintaining the dignity of the patient.During the 1970s and 1980s, the concept and practice of hospice care gradually expanded internationally. During the 1970s and 1980s, the concept and practice of hospice care gradually expanded internationally, and the United States and other countries began to establish similar institutions and programmes, which contributed to the popularisation and standardisation of hospice care.After the 1990s, hospice care gained further acceptance and development globally, and international organisations such as the World Health Organisation (WHO) began to support and promote hospice care services, emphasising their importance in improving the quality of life of patients. importance of hospice care in improving patients' quality of life.

Hospice care is generally considered to be the comprehensive care of patients facing serious, incurable illnesses with the aim of improving their quality of life. This model of care focuses not only on the relief of the patient's physical symptoms (e.g., pain, respiratory distress, etc.), but also includes comprehensive support for his or her psychological, social and spiritual needs. The core objective of hospice care is to alleviate patients' suffering and safeguard their dignity at the end of life, while supporting the overall well-being of patients and their families. Hospice Care" was initially translated as "end-of-life care" when it was introduced to China, but in areas such as Taiwan and Hong Kong, academics often use the terms "hospice care" or "palliative care". "palliative care" to describe the concept. Since 2017, the National Health Commission has unified the terms "hospice" and "palliative care" into "hospice" at the policy level. [3]This term covers not only the medical treatment of "palliative care", which is mainly aimed at alleviating patients' pain, but also the comprehensive care and attention provided to patients at the psychological, physical and social levels in "hospice care".

It should be noted that the Hospice Care System is a comprehensive care framework that aims to improve the quality of life of terminally ill patients and their families. The system consists of a number of key components whose common core is to safeguard and meet the rights and needs of terminally ill patients. For example, Hospice Inpatient Units (HIUs) provide round-the-clock medical and nursing care, focusing on patients with intensive care needs, with an emphasis on relieving pain and symptoms, and ensuring the patient's comfort and peace of mind; and Home Hospice Care (HHC) allows patients to be cared for in their home environments, and includes regular visits from nurses, Home Hospice Care allows patients to be cared for in a home setting, and includes regular visits from nurses, doctors and volunteers, as well as education and support for families to help them manage the patient's symptoms and care needs; Hospice Outpatient Services are for patients who do not need to be hospitalised, but who require specialised care, and provide outpatient-level pain management and psychological support; and

Hospice and Palliative Care Community Programs are for patients who do not require hospitalisation, but who need specialised care. Hospice and Palliative Care Community Programs enhance the social support network of patients and their families by providing psychological, social and spiritual support, and help patients and their families cope with emotional and spiritual challenges through counselling, spiritual comfort and religious services; Volunteers provide daily companionship, emotional support and family assistance to help patients at the end of life; Volunteers provide daily companionship, emotional support and family assistance to help patients at the end of life. Volunteers provide daily companionship, emotional support and family assistance to help patients maintain their dignity at the end of life; Education and Training provides healthcare professionals, volunteers and family members with the relevant knowledge to ensure quality care; Ethical and Legal Support addresses ethical and legal issues in end-of-life care, such as euthanasia, wills and medical decision-making, and ensures that patients' wishes are respected. Ethical and Legal Support addresses ethical and legal issues in end-of-life care, such as euthanasia, wills, and medical decision-making, to ensure that the patient's wishes are respected and regulations are met. Overall, the hospice system works to alleviate suffering, improve quality of life, and provide families with the support they need to cope with the challenges of the end stage through a full range of care and support.

3. Comparison of Cross-Country Experiences in End-Of-Life Care

In addition to the United States, the United Kingdom and Japan, which will be discussed in detail below, other countries around the world also have successful practices in developing end-of-life care to safeguard the rights and interests of end-of-life patients. For example, Germany has not only actively formulated relevant laws and regulations to promote the development of palliative care for the elderly, the Social Code and the Civil Code have made corresponding provisions for the different parties involved in end-of-life care, such as hospitals, patients and carers, etc., and has also established various professional societies to provide further guidance and support for the work of carers of the elderly and volunteers. In addition, German health insurance provides financial reimbursement for palliative care, covering both outpatient and inpatient services. [4]As the first country in the world to introduce evidence-based guidelines on palliative geriatric care, the practice of hospice care in Australia has its own characteristics. Australia's hospice system provides comprehensive outpatient, inpatient and home care services through the government-funded National End of Life Care Programme and complementary services in the private sector, including pain management, psychological support and spiritual care. "The concept of 'healthy ageing' influences national policy in Australia, and in 2012, the government-funded 'Living Longer, Living Better' Aged Care Reform Programme introduced an Aged Palliative Care In 2012, the government-funded Living Longer, Living Better Aged Care Reform Program introduced the Aged Palliative Care Counselling Service, which aims to provide better support to address unmet palliative care needs. [5]In addition, Australia has developed evidence-based palliative care guidelines and adopted advanced technologies and innovations to improve the efficiency and coverage of services. Korea has also been actively promoting the development of a hospice system. In 2007, the Korean government began to formulate relevant policies and regulations to promote the institutionalisation of end-of-life care, and in the following year (2008) introduced the "Long-Term Care Insurance for the Elderly" system, which was incorporated into the health insurance system in 2015, and in 2018 implemented the "Life-Sustaining Medical Care Decision Act" (LST-Act), which for the first time allowed for the interruption of invalidated services. In 2018, the Act on Decision on Extension of Life-Sustaining Treatment (LST-Act) was implemented, which for the first time allowed for the interruption of ineffective life-sustaining treatment, reflecting the importance of patients' dignity and rights. In addition, Korea has made numerous efforts to better serve terminally ill patients and their families in order to lead to improvements in the service system. For example, Korea's National Comprehensive Cancer Management Plan (2006-2020) has been implemented, which promotes a systematic end-of-life care system, provides diversified end-of-life care services, and has a set of effective goal tracking and feedback mechanisms. [6]

3.1 United States: Advocating for the Participation of Multiple Actors

As a leader in Western society, the United States of America (US), where the first hospice hospital was established in the 1870s, has a useful hospice system to learn from. Subsequently, hospice care was added to the U.S. health insurance programme by an act of Congress in 1982. [7] Financial support has eased the pressure on the costs of hospice care for the terminally ill, and this has marked the gradual maturation of hospice care in the United States. Like many widely promoted policies, the United States has extended the establishment and development of hospice care to all parts of the country, and by summing up its own characteristics, it has formed a more perfect way of care and humanistic care. Hospice service teams are usually composed of professional teams, and the United States has not only doctors, nurses and volunteers, but also religious figures and legal experts joining in, integrating cross-disciplinary knowledge from all walks of life to further broaden the coverage of hospice care.

Hospice care in the United States is designed to minimise the suffering of terminally ill patients and families, to improve quality of life, and to enable patients to pass away with dignity in their final days. This philosophy and plan of care has developed into a complete system that includes hospitals in the individual's area, family physicians, and outpatient clinics and wards that provide hospice care. In the United States, hospice is the only widely useful and comprehensive programme available to help critically ill patients at home. Instead of most diagnostic tests and life-prolonging treatments, hospice programmes advocate symptomatic relief, focusing on physical, psychological and spiritual care and humanistic concern.

Although talking about life and death is still a sensitive subject, Americans do not shy away from choosing to receive hospice care when they learn that their condition may not be curable or in remission. Additionally, hospice care in the United States is often provided in the patient's home, which not only saves healthcare resources, but also reduces healthcare costs so that those resources can be used for those who are more in need. For the few patients who are unable to receive care at home, they can also receive hospice care in medical institutions such as hospitals. In short, the hospice system in the United States is committed to providing patients with comprehensive care in the final stages of life in order to alleviate suffering and maintain dignity.

3.2 United Kingdom: Focusing on the Power of Religious Beliefs

The National Health Service (NHS) was established in July 1948 and is a central part of the social welfare system in the U.K. The main objective of the NHS is to provide free health care to citizens and legally resident foreign nationals, and is financed by taxes paid by citizens and other government revenues. The system incorporates hospice services to ensure that terminally ill patients have access to the same free services as other medical services. Patients may choose to receive hospice services from either the public or private sector, with all related costs borne by the State.[8]

Hospice services in the UK are made up of several components, each responsible for a different function. When a patient is admitted to hospital, a specialist physician will conduct a comprehensive health assessment. Once it is confirmed that the disease is incurable, treatment will be stopped and the patient will be transferred to the hospice area of the hospital. In this area, doctors will develop a personalised care plan for the patient. The patient can choose to continue to be cared for in the hospital or return to his or her home, and whichever option he or she chooses, he or she will receive a high standard of care. In addition, all healthcare professionals involved in the care must be legally qualified and professionally trained, and the care methods used must be approved by the relevant national authorities. These measures are designed to ensure that terminally ill patients receive comprehensive and meticulous care services.

As a Christian nation, the power of faith for the British people goes without saying. The modern hospice was founded by Cicely Saunders, a Christian, who saw the service as an expression of 'God's love'. As a result, there is a high level of public support and involvement in hospice care, with the public actively supporting organisations through donations and contributions. Meanwhile, volunteers play an important role in hospice care, not only providing services such as laundry and emotional communication, but also providing more than 4 million hours of care services to terminal patients every year. Through interaction with patients, these volunteers not only provide them with emotional support, but also gain a deep reflection on life and living during the exchange process, thus promoting their appreciation of life.

3.3 Japan: Provision of Professional and Targeted Services

Japan's hospice service system is comprehensive, covering the management of physical pain and psychological counselling to alleviate patients' fears. The system also includes funeral-related services for the deceased, such as changing clothes, cleaning the body and grooming the face, while inviting family members to participate in the final farewell. During the service process, nursing staff treat the deceased with respect and inform the deceased in a whisper before each service, reflecting humanistic care for the deceased and their families. The hospice model in Japan is divided into four categories: independent, where services are provided in specialised hospices; hospital-based, where hospice wards are set up within hospitals; guidance-based, where care counselling services are provided through outpatient clinics; and home-based, where end-of-life care is provided in the home environment when medical resources are stretched.[9]

The Japanese hospice system provides a worthwhile example of the public's conception of death by breaking away from the traditional perception of death and placing the individual wishes of the dying person at the centre of the care service. Specifically, the dying person is able to propose the type and content of care he or she wishes to receive according to his or her own requirements, and has the right to control his or her own physical condition and actual needs. Japanese people are able to express their needs for end-of-life care and choose customised services, and healthcare professionals provide personalised care based on these wishes. This approach not only respects the individual wishes of the dying person, but also reduces his or her psychological burden by meeting his or her psychological needs, thereby improving the quality of care and the quality of life of the dying person.

Hospices in Japan have a clear and strict division of labour among nursing staff. A chief physician is responsible for primary end-of-life care and pain management, and there is another rotating physician who specialises in dealing with special cases to ensure that the various needs of the dying are met. In addition, nurses are responsible for the day-to-day management of illnesses and life care, while ancillary nurses assist in the primary nursing care. The ratio of these four categories of personnel is nearly balanced, reflecting the comprehensive attention and careful consideration given to the terminally ill in Japanese hospices. This working model with clear division of labour and responsibilities not only avoids overlapping functions and confusion, but also reflects the mature development of the organisations in terms of service quality and work efficiency.

3.4 Useful Experiences in End-Of-Life Care

Emphasis on legal policy support. Countries such as the United Kingdom, the United States and Japan have significantly promoted the development of end-of-life care over the past several hundred years by continuously improving their policy and legal frameworks. These countries have not only formulated detailed laws and regulations, but also established a systematic policy support and service system to ensure that end-stage patients can receive high-quality care and support. The hospice laws and policies in the United States include health insurance support for the provision of hospice services, the Hospice Act, which requires healthcare providers to inform patients of their autonomy, the Family and Medical Leave Act, which allows for the creation of living wills and the designation of healthcare surrogates, and protects the rights of family members to take time off from work, as well as state-specific relevant laws. Together, these policies safeguard the medical care and personal wishes of patients in the final stages of life. In the UK, the Hospices and Support at the End of Life (Health and Social Care) Act to improve the quality of services, living wills and medical power of attorney allow patients to specify healthcare decisions, the Mental Health Act 2005 safeguards the best interests of patients who are unable to express their wishes, and the Hospices and Support at the End of Life (Quality and Integration) Act 2014 ensures high-quality care. [10]Together, these policies support patients' access to dignity and personalised care, while euthanasia and physician-assisted suicide are explicitly prohibited.

Emphasis on healthcare system security. In some countries with relatively mature hospice systems, adequate financial security is key to the effective implementation of services. For example, in Australia, as mentioned above, the Australian Medicare system includes comprehensive support for hospice care. Through Medicare, terminally ill patients have access to free public hospital services and partially subsidised palliative care costs. Private health insurance further complements these services by providing more choice and shorter waiting times. The Pharmaceutical Benefits Scheme (PBS) also subsidises needed prescription drugs to help reduce the cost of medicines for terminally ill patients. The state also ensures the quality and accessibility of hospice services through various policies and guidelines. End-of-life care in the United States is also provided primarily through Medicare and Medicaid, which helps to reduce the burden on terminally ill patients and their families. After a terminally ill patient chooses to receive care, the relevant costs and care programmes are covered by Medicare, thus reducing the financial pressure on the family. In addition, end-of-life care focuses mainly on psychological counselling and relief of physical pain, instead of treatment, thus reducing the cost of treatment. The cost of such care is covered by Medicare and Medicaid, helping to avoid unnecessary waste of medical resources. The U.S. system of end-of-life care is dedicated to improving the quality of life of patients so that they can live out the last stages of their lives with dignity.

Deepening multidisciplinary cooperation. Hospice care is a comprehensive service that encompasses medical, psychological, social, and legal fields, requiring careful, standardised, and orderly co-operation in all areas. In the U.S., the implementation of hospice services reflects the close collaboration of multiple fields. The care team includes not only doctors, nurses and medical technicians, but also psychological counsellors, religious figures and legal advisers. Through interdisciplinary collaboration, these professionals work together to ensure that patients receive comprehensive care and support at the end of life. Hospice care services in the UK similarly demonstrate a fine-grained division of labour and efficient collaboration. The professional team includes doctors, professional carers, clinical psychologists, social workers and volunteers. In this team, volunteers play a crucial role, and the humanistic care they provide has a significant effect on alleviating patients' sense of loneliness and anxiety. Although volunteers do not have professional medical qualifications, they have undergone specialised training to ensure that they are able to provide high quality companionship and support. In addition, physicians in the UK are not only required to possess basic medical qualifications, but are also required to undergo further assessment to ensure their professional competence and comprehensive quality in end-of-life care. This refined division of labour and rigorous appraisal system enables hospice services to better meet the comprehensive physical, psychological, social and spiritual needs of patients.

Safeguarding individualised needs. End-of-life care is not just about the relief of physical pain for the dying person, but also about attention to their psychological needs. Ensuring comprehensive support and respect in the final stages of life is the core objective of hospice care. Japan's practice in this area is particularly outstanding, reflecting the high degree of specialisation and humanisation of hospice services. In Japan, medical staff are committed to providing personalised care based on the specific needs of each patient. This tailor-made service model includes comprehensive consideration of the patient's personal wishes, family background, and cultural and spiritual needs. Hospice care in Japan not only relieves pain on a material level, but also provides great comfort and respect to patients on an emotional and spiritual level. In addition, Japan actively promotes public education and is committed to establishing a correct outlook on death. Various publicity and educational activities are carried out to help people understand and accept death and reduce their fear of death. Medical institutions and social organisations in Japan regularly organise lectures and seminars on end-of-life care to provide knowledge about the end-of-life stage and to promote a view of death centred on respect and tranquillity. Such guidance on the public's concept of death not only raises awareness of end-of-life care, but also contributes to the demand for and importance of end-of-life care services on the other hand.

4. Conclusions and Insights

How to enable the elderly to have a happy and fulfilling life in their twilight years is a major people's livelihood project and a topic of the times that must be faced. With population ageing gradually becoming a global trend, China entered an ageing society in 2000, and the phenomenon of "ageing before getting rich" poses a serious challenge. As a part of the old-age security system, end-of-life care should be valued and promoted. As an institutional innovation, hospice care challenges the traditional concept of life and death. Confucianism advocates that "life and death have their own destiny, and wealth and honour are in heaven", Taoism preaches "life and death, death and life", and Buddhism believes that "the root sinks and changes, and the leaf cannot escape", all of which have had a profound impact on the Chinese concept of life and death. All these have had a profound impact on the Chinese concept of life and death. The concepts of "hair, skin and body are all influenced by one's parents" and "buried in the ground" still affect life today. Traditional attitudes have led to negative attitudes towards death, and filial piety has also prevented children from choosing hospice services. Many people spare no effort to save the lives of their loved ones even when they know that their condition has deteriorated to the point of being incurable, and the lack of life education has led to the public's preference for excessive medical treatment. [11]However, this practice not only puts patients and their families under tremendous psychological pressure, but also a heavy financial burden. If the cause of end-of-life care is to be advanced, life education must be strengthened.

At present, there is a shortage of hospice personnel in China, and the existing personnel are not professional enough. As hospices are mostly concentrated in hospitals, doctors and nurses tend to conceal the patients' conditions and only tell their families the real situation. Moreover, medical personnel hardly talk about death, so it is difficult to talk about providing professional services for the dying. Social workers, on the other hand, can play an important role in hospice care. They can not only help patients release the negative emotions of facing death, but also help them find the meaning of life through the life review method. In addition, social workers have unique advantages in needs assessment and resource integration, and can assist clinicians in choosing the appropriate hospice model and coordinating resources from families, hospitals and the community to ensure that patients pass away with dignity. In order to enhance the quality of hospice care services, it is necessary to cultivate a correct outlook on life and death among professionals, provide systematic education on knowledge, and raise their salaries and benefits to enhance their sense of achievement at work. Through these measures, the professional strengths of social workers can be brought into full play to enhance the overall standard of hospice care services.

In China, the lack of a relevant legislative system in the field of end-of-life care has become one of the main obstacles to its development. Various social security systems should first insist on legislation, depending on the timing of the development of social security in each country. As hospice care is an integral part of long-term care, the government should clarify its status as the main body of governmental responsibility through relevant legal provisions, as well as the government's financial support, especially how to allocate assets and labour force between the central and local governments, in order to promote the development of hospice care and to avoid shirking responsibilities. In addition, China's hospice care system is not yet complete, lacking unified standards and rules for the allocation of funds. Currently, hospice services in China rely mainly on government funding and out-of-pocket payments by patients, but there is a lack of uniform standards for service provision and fee collection across provinces and cities. The high costs make it unaffordable for many low-income groups, leading to an imbalance between demand and supply as some patients in need are unable to obtain the necessary care due to financial difficulties. Therefore, solving the funding problem is the core task of promoting the development of hospice services in China, and policy support and financial input are the prerequisites for ensuring the smooth implementation of all services.

Improving the health-care service system, establishing a sound insurance mechanism, clarifying the admission criteria for hospice services and promoting the implementation of the relevant provisions will help to cope with the growing demand for hospice care and enhance the quality of life and dignity of older persons at the end of their lives. Hospice care, as part of elderly care services, will ultimately consume medical resources and must therefore be included in the health insurance system for reimbursement. On the one hand, it can alleviate the psychological burden of elderly people receiving hospice care services who worry about spending too much money. On the other hand, a more comprehensive social security system in line with international standards can be established. However, it is important to distinguish between medical care and excessive medical care, and to include hospice care in the scope of medical care to avoid wasting medical resources. However, in China, healthcare has a starting line and a top line, but different people behave differently at different stages of hospice care. For example, some elderly people may only need a few days of care at the end-of-life stage, which is below the starting line of healthcare. Therefore, we should consider removing the starting line for hospice healthcare. The reimbursement rate for hospice families can be increased to attract more families to receive hospice care services. On the one hand, the measure of increasing the reimbursement rate of health care insurance is just a drop in the bucket compared with the medical resources saved, but on the other hand, it greatly reduces the financial burden and mental stress of families in need of hospice care.

References

[1] Decision of the Central Committee of the Communist Party of China on Further Comprehensively Deepening Reform and Promoting Chinese-Style Modernization, Chinese Government website, https://www.gov.cn/zhengce/202407/content_6963770.htm

[2] Luo Tao, Zhao Yue, and Liu Lanqiu, “Current Situation and Countermeasure Suggestions for the Construction of China's Hospice Service System under the Perspective of Healthy Aging,” in Chinese Family Medicine, Vol. 19, No. 2022, pp. 2315-2319, 2324.

[3] Liu, Shengnan et al. “Policy Experiences and Implications of Palliative Care in Foreign Countries,” in Medicine and Philosophy, Vol. 12, 2019, pp. 24-27, 32

[4] “Living Longer, Living Better. Aged Care Reform Package April 2012”, Australian Government Department of Health and Aged Care, https://www.health.gov.au/sites/default/files/documents/2019/10/foi-request-1295-extra-service-fees-living-longer-living-better-aged-care-reform-package-april-20120.pdf

[5] Chunlan Gao, “Policies and Practices of Hospice and Palliative Care in South Korea,” in China Social Security, Vol. 12, No. 1, 2017, pp. 82-83.

[6] Chen Jing and Wang Xiaolei, “Development status and reflection of hospice care,” in Nursing Research, Vol. 7, No. 7, 2018, pp. 1004-1007.

[7] Liu Qian and Fang Chao, “The Development History of Hospice Institutions in the United Kingdom and Implications,” in People's Forum, No. 6, 2024, pp. 61-65.

[8] Hu Zhehao, “An overview of the practice and research of hospice policy in European, American and Asian countries (regions),” in Population and Development, Vol. 6, No. 6, 2019, pp. 117-124.

[9] Xiao Diwen and Ma Weihong, “Government and society in the development of the hospice system: a comparative analysis based on the Anglo-American experience,” in China Administration, Vol. 12, No. 12, 2019, pp. 33-40.

[10] Wenli Li, "Probing into the Dilemma of Hospice Care for the Elderly in China," Scientific and Social Research, Vol.3, No.6, 2021, pp.27-31.

[11] Huang Chenxi, "Hospice Care in China: Current Situation, Difficulties and Countermeasures Suggestions," in People's Forum, No. 7, 2023, pp. 68-72.