
Ningxia Hospice Care Status and Practice

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[Abstract] How to carry out hospice care work and improve the quality of hospice care work in the Hui nationality area of Ningxia, according to the practical experience of carrying out hospice care work in the Hui nationality area of Ningxia, the necessity of hospice care in Ningxia mainly due to the pressure of social aging, changes in family structure and the reasons for the death of disease in Ningxia was analyzed and the seven major problems facing Ningxia hospice care at present were discussed. That is, there are fewer professionals who are enthusiastic about hospice care, lack of hospice care institutions, low social attention, serious psychological treatment, and shortage of social volunteer resources, the hospital and the outside world have less concern for hospice care workers and patients and their families have higher expectations for hospice care. The six experience points of carrying out hospice care practice in Ningxia were summarized.

[Keywords] Hospice care; Ningxia hospice care status; Ningxia hospice care practice

1. Introduction

Hospice care refers to the overall care provided to patients and their families who cannot be cured by today's technology. It is to improve the quality of life of patients and their families by relieving the pain and other symptoms of the patient and integrating physical, psychological, social and spiritual care. Hospice care focuses on an organized care program that is offered weeks or even months before the patient is about to die. It is a new and marginal interdisciplinary subject in the field of modern medicine. It is a symbol of social needs and the development of human civilization.

Hospice care includes physical care, psychological care and spiritual care. The main targets are the elderly, critically ill patients and their families. The goal of hospice care is to "people-oriented, whole-person service", to relieve the suffering of the patient's body, mind and spirit, to improve the quality of life of patients in the final stage of life, to make patients live more meaningful, more dignified, to be alive. No regrets, the people who passed away have peace of mind, to achieve life and death.

2. The Necessity of Carrying out Hospice Care in Ningxia

2.1 The Pressure of Aging in Ningxia

According to a survey conducted by the Statistics Bureau of Ningxia Autonomous Region, the resident population of Ningxia Hui Autonomous Region at the end of 2012 was 6.252 million. Among them, the elderly population over 60 years old was 631,100, accounting for 10.19% of the total population.^[1] According to the ageing

standard of over 60 years old (including 60 years old), the population of Ningxia has become aging. Faced with the reality of Ningxia's "not getting rich first", how to deal with the problem of population aging, "the old and the sick, the disease has a doctor", the elderly's demand and dependence on the society is enhanced, and the tasks of health care and hospice care are aggravated.

2.2 Changes in Family Structure in Ningxia

Ningxia is the same as the whole country. The proportion of single-child families is getting bigger and bigger. The most direct result is the change of family structure. It is becoming more and more common for a couple to support four elderly people, which is more prominent in urban areas.^[2] Due to various limitations such as time and energy, when family members enter the end of life, their loved ones cannot invest their efforts to take care of them, which not only brought great pressure to the children themselves, but also made the elderly's care and medical care and other issues face severe challenges.

2.3 The Challenge of the Cause of Death in Ningxia

According to relevant statistics, by 2020, Ningxia will have three-quarters of deaths related to geriatric diseases as in the country. The change in the cause of death is also a huge challenge for the hospice cause. It is worth mentioning that malignant tumors will become the second most important cause of death among urban and rural residents in Ningxia. It is predicted that the incidence and mortality will increase significantly in the next 20 years.^[3]

According to statistics, the annual incidence of new cancer cases in Ningxia is the same as the national incidence, showing an increasing trend year by year. According to the World Cancer Report Globocan 2008, there are 2.82 million new cancer cases and 1.96 million cancer deaths each year in China. It is estimated that by 2020, the number of new and dead cancer cases will reach 3.88 million and 2.76 million per year.^[4] Most of these cancer patients need palliative care, which is both a huge challenge and an urgent need for Ningxia's hospice care.

3. The Main Problems Facing Ningxia's Current Hospice Care

In recent years, the author and his team have discovered and experienced in the practice of hospice care in Ningxia that the main problems facing Ningxia's current hospice care are as follows:

(1) Lack of hospice care professionals: few professionals who are enthusiastic about hospice care;

- (2) Lack of hospice care institutions: There is only one Ningxia People's Hospital Hospice hospital, a specialized institution for hospice care at home. (As of November 2010, Ningxia has a total population of 6.4 million square kilometers and the total population of the district is 6 301 350. people). The hospice academic echelon for the care of hospice patients with analgesic treatment, comfort care, psychological counseling, bioethics and death education, and social support is weak;
- (3) Low social attention: the government has no input, lacks institutional norms to guide the development of hospice care; the hospital still lacks a sound management system, and the media attention is low;
- (4) Psychological treatment is seriously inadequate: At present, most general hospitals in Ningxia have not carried out mental and mental health work, and it is very difficult to carry out psychological treatment work for "hospice care";
- (5) Shortage of social volunteer resources: the size of the patient group is large, but the strength of the volunteer team is weak;
- (6) Less care for medical staff: The front-line care frontline staff is under tremendous psychological pressure, but rarely receives recognition and encouragement from the hospital and the outside world;
- (7) Patients and their families have high expectations for treatment, and there are certain difficulties in the notification of the condition.

4. Ningxia's Current Experience in Hospice Care Practice

4.1 The Development of Ningxia Hospice Care

Ningxia hospice began in September 2009 with the advocacy, naming and donation of Mr. Li Ka-shing, which was established by the Ningxia Hui Autonomous Region People's Hospital. Supported by the China Red Cross Society in 2013, Ningxia Red Cross commissioned Ningxia People's Hospital Hospice Hospital, invited Ningxia Medical University experts, several communities, Ningxia Volunteer Association, Ningxia Red Cross volunteers, Ningxia Red Cross hospice care The project staff completed the first phase of the cancer hospice project.

4.2 Advancing the Hospice Care Business in Ningxia Is a Good Strategy with Vision and Insight

The development of hospice care in Ningxia has followed the trend of the transformation of the medical model, in line with the objective requirements of the accelerated population aging trend, that is, in line with the requirements of human

survival and development. At the same time, it is also an inevitable requirement for the self-improvement of China's health care system. It is in line with the regional conditions of Ningxia. It is the embodiment of China's fine traditional culture of "respecting the elderly and respecting the elderly" under the new historical conditions for thousands of years, and has far-reaching social significance. Ningxia Red Cross's participation in hospice care is an innovation of the Red Cross work. The Ningxia Red Cross can play the role of the Red Cross's century-old brand, and it plays a role in two "hospice care" models, namely, a hospital-one community. Family integration "hospice care" model and "hospice care" volunteer team concept and work model ("hospice care" volunteer team includes Ningxia Volunteer Association volunteers, Red Cross volunteers, community volunteers and medical social workers volunteers).

4.3 Promote the Development of Hospice Care and Vigorously Carry out the Popularization and Promotion of Hospice Care Knowledge in Ningxia

Carrying out hospice care services is inseparable from the understanding and support of the whole society. Only through various channels and various forms of publicity, let people understand the concept and purpose of hospice care and benefit from it in order to promote the healthy and orderly development of this cause. At the same time, we must also carry out life ethics education and death education, carry out the hospice care and education work of Islam in the Hui nationality gathering place,^[5] and respect the Hui people's concept of death and hospice care tradition. In addition, the training of hospice care workers should be strengthened. In the past, the concept of medical staff has not adapted to the development of hospice care, lacking the professional skills of hospice care and related psychosocial and humanities knowledge. If we neglect professional training and knowledge update, stick to the traditional medical model, rely on traditional technology and experience to go to the hospice care hospital, the results are no different from ordinary hospitals, and it may lead the hospice care to astray.

4.4 Establish a New Model of Hospice Care According to the Situation of the District to Promote the Development of Hospice Care in Ningxia

Continuously improve the original old hospice care model and establish a new hospice care model, that is, the guiding ideology is based on the needs of the most needy people, medical insurance, personal payment and unit, social support, relying on hospitals, based on the community, facing Family, establish a low-level, wide-coverage and quasi-professional hospice care service. Based on the needs of the

neediest people, the two meanings are that the service should give priority to those who need the most help - advanced cancer patients and critically ill patients with a life span of less than 3 months. Second, fully consider their needs characteristics and wishes. . Medical insurance, personal payment and unit, and social support have combined to determine the financing mechanism for hospice care. The mechanism is supplemented by state and collective capital contribution, supplemented by individual apportionment, supplemented by social support, which is beneficial to the supplier's willingness to contribute. The formation of a long-term double-effect situation that is willing to use; relying on hospitals, basing on the community, and facing the family, means that technical support must rely on medical institutions above the second level. The focus of service and the main body are communities rather than large hospitals, and the family refers to the clients, including patients and Family members; low level and wide coverage means that the overall level of service cannot create a large number of hospice care facilities with home-like wards, but benefits most patients with advanced cancer and end-stage chronic diseases. Taking full account of the situation in Ningxia, in the short term, most of our hospice care services are mainly based on general care services. It is not a professional hospice care service, but it is higher than the basic health care services provided by general medical institutions, so it is a kind of Quasi-professional hospice care services, and based on the actual situation of Ningxia District, cancer patients and critically ill patients and the family economy, scientific, rational and humanistic care, avoiding unscientific, unreasonable and unhumanized over-medical care And consumption.

4.5 Promote the Development of Hospice Care, the Concept and Working Methods of the “Hospice Care” Volunteer Team and Hospice Care in Ningxia

With the continuous development of hospice care, Ningxia has formed a concept and working method model combining the Red Cross and medical social work. First of all, the Red Cross and medical social work activities are a professional helper activity, and the professional value is the soul of social work. Second, the Red Cross has different professional service processes from medical social workers. Again, the Red Cross and the medical community tools have professional ethics codes. Therefore, it is possible to propose the possibility of the Red Cross and medical social workers involved in hospice care cases: to play the psychological role of the Red Cross and medical social workers, to carry out death education, to change the concept of death, to break the traditional hospice model, and to play the Red Cross. It will coordinate with the medical social workers to emphasize the importance of medical social workers to supervise volunteers. However, it is not difficult to conclude that the Red Cross Society and the medical social workers have many commonalities in the hospice care and medical social workers. For example, both are a kind of helping activities; the service target; fully respects the personal and social needs of the client;

there are many similarities between the professional concept of medical social workers and medical ethics. While these profoundly explain the close relationship between the two, they also provide a certain opportunity for medical social workers to intervene in the field of hospice care.

4.6 The Confusion and Challenge of Hospice Care

The object of hospice is the person facing death, and almost no one has prepared for it before. When faced with death, the patient shows not only the helplessness and fear of death, but also the confusion of life. Is this life a hundred years? Will there be another world after death? The “action” of this life will have no effect on the “afterlife”. What is the impact? The regrets of this life, the unfulfilled wishes and the confusion of the “future” are one of the conflicts between the dying patients and the incomprehensible and intractable. There is no satisfactory answer to this in science, but no one dares to admit that “this is a question that should not be answered.” This issue does challenge the disciplines of culture, education, and philosophy. It seems that only religion has a clear understanding of this topic, which also evokes the pursuit of faith, especially for dying patients. The difficulty is that the “life and death view” of religion is also far apart, and it is not always possible to find consistent and convincing answers. Patients in Islamic culture believe that “life comes from God, and the duration of life is stipulated by God. Therefore, death is attributed to God’s will and is inevitable “customization.” Therefore, in the face of death, it must be calm. Death means the end of life in this world and the beginning of life in the future. This is a turning point for the Muslims who believe in the truth, from the happiness of this world to the happiness of later generations. Therefore, death is not fearful. But most people do not

Recognition: Buddhism emphasizes “no self”, and believes that there is no love in the heart, no greed, no pain, and thus enter a realm of no life, no death, no change, no difficulty, big break, big interest, this is “liberation.” The purpose of the doctrine is to alleviate the mental suffering of people, especially to eliminate people’s fear of death. Christianity believes that the world after death has the distinction of heaven and hell. They believe in the repentance of life (including faith in God and love for man). Size) and “rebirth” determine where to go after death, based on this belief that Christians, especially “repentant” Christians, before death the degree is relatively positive, because they believe that the soul has a “resting place.” This question does challenge the multidisciplinary of culture, education, philosophy, religion, etc. It is worth pondering that hospice care is a kind of care that requires faith and is truly unconditional. The cause of love in the sense of equality is a light of humanity, transcending humanitarian practices of national boundaries, races, and ideologies.

5. Conclusion

From the perspective of faith, death does have values that cannot be ignored, but how do you choose? This issue has indeed challenged many disciplines such as culture, education, philosophy, and religion. It is worth pondering.

Hospice care is a kind of care that requires faith. It is a truly unconditional, equal-educated love career. It is a humanitarian practice that flashes the light of humanity and transcends national boundaries, races, and ideologies.

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