

論壇六：	生命末期照護與生死教育
作者：	Joanna KI TAM
機構：	Kiang Wu Nursing College of Macau
題目：	Health and social care professionals' knowledge, self-efficacy and practice of advance care planning in Macau
摘要：	<p>Background: The process of decision making is often complex, particularly when it concerns individuals who are nearing the terminal phase of their lives. Advance care planning (ACP) entails an ongoing communication and decision-making process that involves patients, their families and healthcare providers. Its purpose is to ensure that future care aligns with patients' wishes and preferences. The role of health and social care professionals holds pivotal significance in facilitating patients to identify and express their goals and care preferences. This enables patients to receive treatment in accordance with their personal inclinations.</p> <p>Aim: The aim of this study is to explore the knowledge, attitudes, and experiences pertaining to ACP among health and social care professionals.</p> <p>Method: A cross-sectional survey was carried out employing a structured questionnaire. The questionnaire contained four sections: 1) the sociodemographic data of respondents, 2) the knowledge of ACP, 3) self-efficacy of respondents in implementing ACP, and 4) the practice of ACP. The study enrolled health and social care professionals (HSCPs) functioning within both tertiary and primary healthcare settings in Macau. Data was collected between December 2022 to May 2023.</p> <p>Results: A total of 213 responses were valid. The respondents' professional distribution encompassed nurses (n=143, 67.1%), physicians (n=14, 6.6%), therapists (n=16, 7.5%), and social workers (n=40, 18.8%). Within this cohort, a notable portion of respondents (n=123, 57.7%) were affiliated with hospital settings, while the remainder were divided between community centres for older adults (n=45, 21.1%) and long-term care facilities (n=45, 21.1%). Both the knowledge of ACP and self-efficacy concerning its implementation exhibited correlations</p>

with the actual practice of ACP. Respondents with master's degree or above, and those who have received ACP trainings were more inclined to engage in ACP practices. This finding is consistent with existing studies, underscoring that knowledge about ACP and the confidence to execute ACP are significantly associated with the practice behaviour of ACP. Furthermore, the study found that respondents were more inclined to engage in ACP practices when their respective organisations had already initiated ACP implementation. Deviating from existing evidence, the current study identified a linkage between respondents working at community centres for older adults and a negative association with the practice of ACP, in contrast to those working within hospital settings. Conversely, no statistically significant association in the practice of ACP was established for respondents affiliated with community long-term care facilities.

Conclusion: The current study highlights the implementation of ACP practice is relatively inadequate amongst HSCPs in Macau. The study also discovers a negative association between ACP practice and respondents working at community centres for older adults and long-term care facilities when compared with respondents working at hospital settings. This indicates the practice of ACP still mainly happens in hospital settings in Macau and indicates the need for further understanding of ACP practices in different healthcare contexts.

論壇六：	生命末期照護與生死教育
作者：	Helen YL CHAN
機構：	The Chinese University of Hong Kong
題目：	Preparing Healthcare Providers for Advance Care Planning Practice
摘要：	<p>Background: Healthcare providers play a vital role in facilitating individuals to communicate their choices and values for end-of-life care with significant others through advance care planning (ACP).</p> <p>Aim: This study aims to examine the association between training and the readiness of healthcare providers to integrate ACP into their practice.</p> <p>Methods: This is a pretest-posttest study. Four ACP training workshops were conducted in collaboration with three non-government organizations in Hong Kong between February and May 2023. Healthcare providers, including social workers, nurses, allied health and administrators, who attended the workshops were recruited. Apart from theoretical aspects, participants practised their communication skills by using a conversation guide and a decision aid on life-sustaining treatments with simulated patients. Reflective learning was fostered through debriefing. Participants were asked to complete a questionnaire about their attitudes toward ACP before and three-month after the workshop. It includes three items about their readiness in terms of perceived relevance, willingness and confidence in conducting ACP, rated from 0 to 10, and their confidence in completing eight discrete ACP behaviours from 1 to 5. Higher scores mean more positive ratings. Pairwise comparison was performed using Wilcoxon signed rank test.</p> <p>Results: A total of 116 participants were recruited. Most of them were female (68.1%) and social workers (78.4%). At baseline, over half of them (56.9%) had received training related to ACP and the experience of discussing end-of-life care matters with their clients. Generally speaking, they had lower confidence in explaining care options (1.94 ± 0.90) and arranging documentation of care decisions (2.03 ± 0.90). Of them, 73 participants completed the 3-month follow-up assessment. Comparing with baseline, they reported significantly higher</p>

	<p>levels of confidence in conducting all ACP behaviours ($p < 0.05$), but a lower level of willingness in conducting ACP with their clients ($p = .007$).</p> <p>Conclusion and Implications: This study provides empirical evidence that the participants perceived themselves as more competent in conducting ACP after the training. However, the participants reported a lower level of willingness in implementing ACP after the training. Our findings suggested that a multifaceted approach is needed to support healthcare providers in integrating ACP into their care practice. More works are required to explore the challenges they encountered in the implementation process.</p>
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論壇六：	生命末期照護與生死教育
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機構：	台灣中正大學成人及繼續教育研究所、台灣空中大學生活科學系
題目：	探討高齡者參與「高齡善終」方案設計之實施成效與解決對策
摘要：	<p>背景與目的：</p> <p>一、研究背景：</p> <p>臺灣在 2018 年從一個「高齡化社會」進入「高齡社會」，對於人數增長的高齡人口，引領其邁向活躍老化固然重要，但是晚年遭逢生病、死亡，高齡者却多持排斥的態度，認為談論身後事是避諱的話題，顯然為高齡者實施善終教育是有待開發的課題。</p> <p>二、研究目的：</p> <p>本研究以雲林縣某樂齡學習中心為研究場域，年齡介於 70-92 歲之間，每次上課參與人數約 25-35 人左右。由於大多是沒有就學，因此多數不識字。並採取立意取樣的 3 位高齡者，在徵得同意後，進行課後的訪談。研究目的有三：</p> <ol style="list-style-type: none">1. 為高齡者設計一套「高齡善終」的方案。2. 實施方案教學，以觀察、瞭解其對身後事的態度轉變情形。3. 根據結果，從教學者的角度來反思教學成果與解決對策，提供有關單位參考。 <p>方法：本研究應用三明治教學法設計課程，研究者親自透過多元教學活動，課中觀察高齡者的反應與互動。期望高齡者瞭解到善終教育的重要，進而付諸行動規劃自己的人生下半場。課後採立意取樣，徵求 3 位高齡者進行訪談。</p> <p>結果：本研究發現高齡善終單元主題以「盤點過去、立足現在、展望未來」來目標，應用三明治教學法進行 8 堂課程，引導問答或情境模擬進行課堂互動與分享。透過「生前整理」整理人生的物品、財產與善終，找到個人生命的自我價值與生命意義，重新解構與建構自我生命，實踐自我健康促進，邁向成功老化。</p> <p>結論及建議：</p> <p>一、結論</p> <ol style="list-style-type: none">(一) 從過去談到現在與未來為時序：從過去接觸善終經驗或故事開始，接著反思現在的人生位置，最後規劃未來可以自己作主的事項。(二) 從生活經驗或社會事件為媒介：從生活或社會事件來導入，在忌諱死亡的觀念下，先談談別人的善終，再來看看自己的人生最後一哩路。

	<p>(三) 從生前整理到無憾人生為目標：反思別人故事與自己經驗後，從心動到行動的生前整理，期望能讓此生無憾的畢業。</p> <p>二、建議</p> <p>(一) 課程設計融入高齡者年代的社會經驗或重大事件，與高齡者有同理心</p> <p>(二) 課程教學多由高齡者來分享，教學者準備高齡善終問題庫，方便不同情境或案例的引導</p> <p>(三) 注意高齡者的情緒，適時給予關懷與紓壓，視情況轉介專業人員協助</p>
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論壇六：	生命末期照護與生死教育
作者：	Vivian WQ LOU, Tommy HF CHUNG, Artemis SK FUNG, Shirley KW WONG, Bobby HK CHAN
機構：	The Salvation Army (Hong Kong)
題目：	Pilot Evaluation of the Configuration, Rejuvenating, and Upholding of Relational Personhood (CORE-UPHOLD) model assessment for capturing end-of-life needs in Chinese older adults
摘要：	<p>Background: Under the joint effort between The Salvation Army and Sau Po Centre on Ageing of the University of Hong Kong since 2016, a cultural-sensitive evidence-based psychosocial step-care model has been successfully constructed for identifying and sustaining personhood of older adults in residential care homes in Hong Kong, namely Configuration, Rejuvenating, and Upholding of Relational Personhood (CORE-UPHOLD) model, by extending the concept of relational personhood to achieve optimal care in their end-of-life care. An assessment tool has been devised to identify unique personhood configuration of older adults in residential care homes in Hong Kong, which also include a proxy version to apply on those with difficulty in communication or with dementia.</p> <p>Study aim: This study piloted the application of CORE-UPHOLD model to evaluate the effectiveness of the CORE-UPHOLD model assessment and to derive recommendations for its application through analyzing unique personhood configuration of Chinese older adults in residential care homes.</p> <p>Methods: We recruited 92 older adults residing in residential care homes for the elderly (RCHEs) in Hong Kong from 2018 to 2022. EoL needs were theorized to be a nine-aspect construct informed by the intersection of Individual-Relational-Societal (IRS) personhood and Sensory-Emotional-Existential (SEE) support. The CORE-UPHOLD assessment was designed to capture the nine aspects and was compatible with interviewing older adults and their proxies.</p> <p>We descriptively analyzed EoL needs and visualized them in a 3×3 matrix (IRS-SEE, forming a nine-grid table). Correlational analyses and exploratory factor analyses (EFAs) were used to explore the associations among the EoL needs.</p>

	<p>Results: The CORE-UPHOLD assessment demonstrated satisfactory internal consistency for all nine aspects. Independent samples t-tests revealed no significant differences between results of direct user version and proxy version. Among the participants, 59.8% (n=55) reported relational-emotional needs (REm), 55.4% (n=51) reported relational-sensory needs (RS), and 50.0% (n=46) reported individual-sensory needs (IS). Demented individuals had significantly more REm and societal existential needs (SEx) (REm: $t(92) = 2.754, p=.007$; SEx: $t(92)=2.030, p=.045$), but not sensory needs. Pearson correlation analyses revealed REm was significantly and positively associated with IS, RS, and societal-sensory needs (SS), while negatively associated with individual-emotional needs (IEm). Subsequent EFAs revealed that the nine aspects of EoL needs could be further reduced into four general facets.</p> <p>Conclusions: The CORE-UPHOLD model assessment is a validated tool for assessing EoL needs. Relational needs were highly prevalent among older adults at their late stages of life, and REm might be the core for sustaining relational personhood. The significantly greater REm and SEx in demented individuals might highlight a preference for sensory-focused EoL interventions in the RCHEs for demented older adults. Addressing IS, REm, and individual-existential needs (IEx) needs in advance might effectively stabilize older adults' relational personhood. Overall, the CORE-UPHOLD model delineates a process to guide healthcare professionals to sustain relational personhood of older adults by targeting the unmet end-of-life care needs informed by the IRS-SEE framework. It is recommended to further promote the application of the CORE-UPHOLD model and build up capacity of healthcare professionals to adopt this model in Hong Kong's long-term care setting.</p>
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作者：	樓妍、劉金龍、程琳、韓豫、繆群芳、張海月、徐毓露、馮欣悅
機構：	杭州師範大學健康與護理研究院
題目：	醫學本科生安寧療護課程多形式教學效果的探究
摘要：	<p>目的：探究多形式教學在醫學本科生安寧療護課程的應用路徑與效果。</p> <p>方法：2019.09-2023.07，共計 235 名學生。通過多階段教學改革，在課程中融入多種教學方法，應用質性與量性研究結合的形式評價應用效果。(1) 多形式教學：包括模擬教學、小組討論、海報設計、反思教學、見習、志願者服務；(2) 質性研究評價：採用方便抽樣法，選取 2020 年和 2021 年秋季學期選修該課程的醫護本科生進行訪談。共計 21 名，小組訪談 13 名，一對一訪談 8 名；(3) 量性研究評價：2022 年秋季選修 (N=41) 與未選修 (N=67) 該課程的護理本科生進行課程前後開展問卷調查，應用死亡恐懼量表、護士安寧療護自我效能問卷、杰弗遜共情量表進行評價。</p> <p>結果：(1) 質性研究結果：共提取四個大主題：①強化以患者為中心的理念，理解全人照護的內涵；②促進共情的各維度提升；③提升對職業角色的理解與職業認同感；④促進自我價值的反思；(2) 量性研究結果：與非課程相比，課程組死亡恐懼感上升($P < 0.001$)，安寧療護自我效能提高($P = 0.001$)，共情能力情感維度顯著提升 ($P = 0.043$)。</p> <p>結論：多形式的教學有助于醫學本科生安寧療護核心能力的培養，可進一步優化教學方法的實踐形式，以提升教學效果。</p>

論壇六：	生命末期照護與生死教育
作者：	伍慧兒、謝淑玲、黎想、朱明霞
機構：	澳門鏡湖護理學院
題目：	大灣區的華人面對父母生命末期照顧「盡孝」的態度及行為
摘要：	<p>背景：孝道作為中國傳統社會及家庭的價值觀及規範，約束著華人生活上的各種習俗、禮儀等，但在父母生命末期時子女如何表現才算盡孝則缺乏具體規範，特別關係到華人年老父母能否得到「善終」。粵港澳大灣區正向經濟和生活融成一體的方向發展，安老善終質量是生活水平的重要指標。</p> <p>目的：瞭解大灣區的華人面對父母生命末期照顧對「盡孝」的態度及行為界定及其之間的差別。</p> <p>方法：採取橫斷面描述性研究，使用「子女于父母生命末期照顧中的盡孝表現量表」向粵港澳大灣區五個城市（澳門、香港、江門、珠海、廣州）華人以方便抽樣進行問卷調查。</p> <p>結果：有效問卷共 3221 份，量表四個維度中整體及各市以「度過最後日子」得分最高，「披露壞消息」得分最低；而「接納死亡」和「披露壞消息」兩個維度中，澳門和香港的受訪者的得分相對其他城市高。態度取向與行為取向在量表總分及四個維度上均存在顯著差異（$p < 0.001$），除「披露壞消息」分量表外，行為取向得分均高于態度取向的得分（$p < 0.001$）。</p> <p>結論：大灣區五個城市的受訪者面對父母生命末期，傾向履行「尊重與安慰」、「度過最後日子」、「接納死亡」以孝敬父母，且其行為傾向高于態度，但他們態度上接納「披露壞消息」是盡孝的，但其行為傾向則顯著較低。五市中以澳門及香港華人較認同「接納死亡」和「告知壞消息」是孝道的。</p> <p>建議：在澳門及大灣區城市，善終及舒緩服務宜結合華人家庭履行孝道的考慮，加強區內醫護人員的臨終關懷培訓，提升地區居民的死亡質量。同時應加強善終和舒緩服務的正面宣傳，提升居民的死亡素養。</p>

論壇六：	生命末期照護與生死教育
作者：	程子航、陸杰華
機構：	北京大學社會學系
題目：	身不由己：中國大陸生前預囑的實施窘境探究
摘要：	<p>當前，中國大陸生前預囑事業尚處於起步階段，整體發展相對滯後，生前預囑的實施仍面臨著許多深層次因素的制約。我國大陸學界對於有關生前預囑的實施窘境和阻礙因素的研究較少，其中尤為缺乏基於中國大陸情境的實證研究。基於此，本研究在主體建構的理論視角之下，借助敘事分析的研究分析方法與“結構—關係—主體”的分析框架，嘗試描述和分析臨終患者在生前預囑設立與實施過程中所面臨的窘境和阻礙因素。</p> <p>結合在 B 市 S 醫院安寧療護中心的田野調查與“清華大學中國臨終關懷多樣性研究項目”的敘事文本，本研究對中國大陸生前預囑實施所面臨的窘境及其背後的制約阻礙因素進行了較為深入的分析。研究結果發現：在臨終情境之際，在病情告知不及時、以家庭為中心和以醫生為中心的醫療決策，以及現有法規制度的制約之下，患者自主參與醫療決策受到限制；患者及其家屬在設立生前預囑的過程中面臨著情感與認知的雙重障礙，這使得患者與家屬的臨終溝通受阻；治療護理缺乏連續性、醫患溝通時間有限、部分醫護缺乏溝通技巧以及模糊的預後診斷等來自醫療衛生系統的障礙也是大陸地區生前預囑實施所面臨的主要制約因素。</p> <p>本研究認為，法規制度、傳統文化以及醫療體系的限制構成了我國大陸地區生前預囑實施過程中宏觀結構層面的障礙，患者、家庭和醫患之間的溝通障礙是中觀關係層面的限制，認知缺乏、情感限制和溝通技巧缺乏等因素是微觀主體層面的限制。在此基礎上，本研究嘗試提出一個面向社會公眾、患者、患者家庭和醫護人員的綜合性的社會工作幹預與介入框架，以期推動和促進臨終情境下生前預囑的簽署設立與實施應用。</p>

論壇六：	生命末期照護與生死教育
作者：	雷愛民
機構：	北京物資學院
題目：	臨終決策原則與臨終者主權概念
摘要：	<p>臨終決策在當前中國社會是比較糾結難辦的事情，由于人們對死亡與臨終的看法存在諸多問題，臨終者到底應該具有怎樣的權利與福祉並沒有被真正重視，而醫護人員與家屬的意志在臨終期仍起著明顯的主導作用。臨終者主權，是人們走向臨終的時候形成的一種特殊的權益和要求，它可以轉移、代理和終止。最重要的是，臨終者主權概念要求臨終場景中的人們必須以臨終者的意志、權利、福祉作為臨終期所有問題的出發點與落腳點，臨終者主權還會延伸至人們死後諸多事宜。臨終者主權概念可以引申出死亡權利，從而為人們在臨終場所的決策奠定堅實的基礎，為人們的善終提供最大的可能性和保障。</p>

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機構：	南京市鼓樓區心貼心老年人服務中心
題目：	「互聯網+」居家安寧療護模式的探索與實踐
摘要：	<p>《“健康中國 2030”規劃綱要》中提出要建立老年健康連續照顧體系，安寧療護是這個照顧體系中的最後一環。居家安寧療護模式，就是為居住在家中的疾病終末期老年患者，在臨終前提供照料和人文關懷，保障患者在舒適和安寧的環境中度過餘下的時光，提高生命質量，讓生命有尊嚴的謝幕。</p> <p>本文通過一個個鮮活的案例，為大家講述居家安寧療護的實踐歷程。在居家養老服務中，探索構建了“互聯網+”居家安寧療護幹預模式，利用移動應用程序（APP）、網絡服務平臺、可穿戴智能化設備等，為獨居、高齡、失能、失獨等困難老人提供生活照料，包括：舒適的個人衛生護理、科學的膳食營養補充、溫馨的居家環境營造等；情緒支持和心理安慰，包括：疏導老人的情緒，幫助老人打開心結；傾聽老人的需求，提供心理慰藉和陪伴；減輕老人的疼痛，協助安排好老人的身後事等。居家安寧療護促進老人與家人的溝通，探索生命的意義，解決內心的衝突和矛盾，達到安寧離別的目的。</p>