

# Probing into the Dilemma of Hospice Care for the Elderly in China

Wenli Li\*

School of Political Science and Law, Jinan University, Jinan 250022, China

\*Corresponding author: Liwen Li, jinanliwenli0718@163.com

---

**Abstract:** With the aging of the population gradually become a worldwide trend, China has entered into the aging society in 2000, the phenomenon of “getting old before getting rich” has caused a severe challenge. As a part of the pension system, hospice should be paid attention and promoted. However, due to the influence of China’s traditional view of death and the fact that hospice is not included in the medical insurance system, the idea of hospice has not been widely publicized. Based on Maslow’s hierarchy of needs theory, this paper analyzes the current situation of hospice care for the elderly in China and explores the specific difficulties encountered in its development, then we hope people re-understand the saying “a good death is better than a lazy life” and choose hospice care services rationally.

**Keywords:** Chinese elderly; Hospice care; Maslow’s hierarchy of needs

---

**Publication date:** December 2021; **Online publication:** December 29, 2021

## 1. Introduction

In 2019, data from the National Bureau of Statistics showed that there were 176.03 million people over the age of 65 in China, 38.9% of whom suffered from one chronic disease, 31.7% from two chronic diseases, and 29.4% from three or more. In the chronic disease patients, there are about half of the elderly with terminal diseases need treatment all year round, which not only causes a waste of medical resources, but also brings physical and mental suffering to patients and their families: On the one hand, the quality of life of dying patients is not guaranteed, they can only be in pain, fear and sadness in the last stage of their life, of course, it is impossible to satisfy the respect to Maslow’s hierarchy of needs theory; on the other hand, their family members must bear family stress caused by the high medical costs, and then bear the family economic burden. With the increasingly number of the elderly, especially those in terminal stage, the seriousness of this problem will be more prominent and lead to a series of social problems <sup>[1]</sup>.

## 2. The development background and current situation of hospice care in China

### 2.1. The view of life and death in traditional Chinese culture <sup>[2]</sup>

Confucian advocates “life and death have destiny, wealth in heaven,” Taoist propagates “life and death, death and life” and Buddhism believes “roots sink and change, leaves cannot escape.” All of those have a deep impact on the Chinese view of life and death. The ideas that “the body, hair and skin are subject to the parents” and “buried in the earth” continue to affect our life nowadays. The saying “it is better to die a good death than to live on” vividly explains why Chinese people will spare no efforts to save their loved ones’ lives even when they know their relatives’ illness has deteriorated to incurable condition. However, this practice not only causes the patients and their families to suffer great psychological pressure, but also bears

a heavy economic burden.

## 2.2. Chinese culture of filial piety

Since ancient times, China has cultivated the culture of respecting the elderly. Filial piety is the ethical foundation of family pension and provides moral constraints. And failure to do so would not only result in moral condemnation, but also legal sanctions. Under the pressure of both law and morality, it is their filial duty to make children try their best to save their parents' lives no matter how bad their parents' condition deteriorates. Especially in rural areas where they know each other, if someone accepts hospice care, public pressure from nearby villages may also make it impossible for the family to live in their hometown.

## 2.3. Development status

Hospice care develops slowly in China. Tianjin is the birthplace of hospice care in China, and then related hospice care institutions appear successively. However, one of Chinese provinces has formulated a series of laws and regulations, which provide legal guarantee for the development of hospice care institutions, and further promote the development of this measure in China. In a word, hospice care has become a global activity, all countries are committed to the study of hospice care and jointly promote the development of hospice [3].

## 3. The current situation of hospice care for the elderly in China

### 3.1. The family security function is weak, lack of hospice care

Since ancient times, families have played an extremely important role in providing for the aged. However, due to the accelerated urbanization process and unbalanced regional development, the scale of flow of population is huge, and the phenomenon of separation of household is widespread. In particular, the elderly are separated from their children in two provinces (**Table 1**), which make it difficult to provide nursing care [4].

**Table 1.** Number of old people and children of different ages living outside the province

Age group	60-64	65-69	70-74	75-79	80-84	85+
Not living outside	10730	8290	6025	4647	3015	1813
Living outside	56650	43668	30784	24184	16416	10270

Data source: The fourth sample survey on physical condition of the elderly in urban and rural areas.

### 3.2. Children support pressure, heavy economic burden

According to the Data of China Statistical Yearbook 2019, the dependency ratio of children is 23.7% and that of the elderly is 16.8%, which also aggravates children's neglect of their parents' pension problems to some extent. In particular, the number of people living alone generally increases with age (**Figure 1**), which is due to the fact that older people bereft one's spouse and their children do not live with them. Therefore, there is no timely decision for them to receive hospice care in case of emergency.

### 3.3. The income gap is widening, and the identity of hospice care is obvious

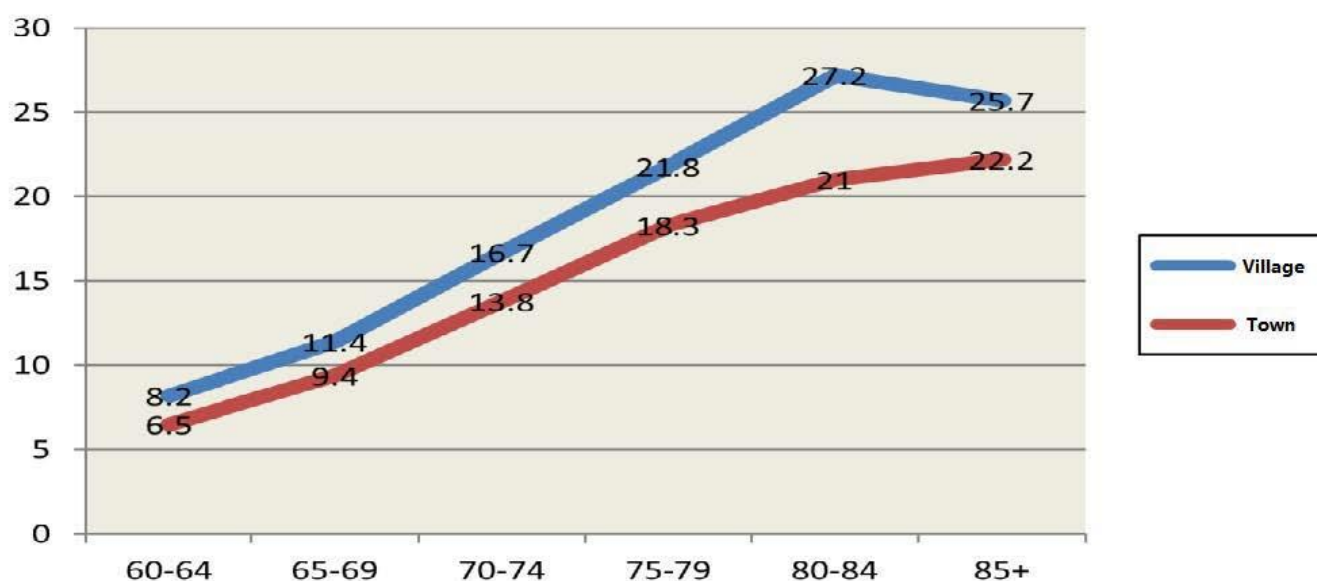
There is a gap between urban and rural areas in China's social security system [5]. For example, the average monthly pension of the urban elderly is 1616.60 yuan, while that of the rural elderly is 186.99 yuan. The gap between the two is very obvious, which further widens the divide between urban and rural areas, making

the enjoyment of hospice care with identity mark. Table 2 shows the number of urban and rural elderly people buying commercial insurance. SPSS software is used to conduct t-test on paired samples of the two groups of data in **Table 2**. Sig value in 95% confidence interval is 0.076, so there is a significant difference in the number of urban and rural residents buying commercial insurance. In addition, the social security of urban residents is obviously better than that of rural residents, and their ability and consciousness of purchasing commercial insurance is also ahead of that of rural residents.

**Table 2.** Number of commercial insurance buyers of urban and rural residents (persons)

Age group	60-64	65-69	70-74	75-79	80-84	85+
Urban	2638	1305	716	470	337	316
Rural	1044	596	375	291	190	171

Data source: The fourth sample survey on physical condition of the elderly in urban and rural areas.



**Figure 1.** Percentage of urban and rural elderly living alone by age (%)

### 3.4. Unbalanced resource allocation, hospice care is not included in medical insurance

At present, there is a lack of personnel hospice care in China, and the existing personnel are not professional enough [6]. Because hospice care institutions are mostly concentrated in hospitals, doctors and nurses often conceal patients' conditions and only tell the real situation to their families. Moreover, medical staff are hardly talk about death, so it is difficult to talk about providing professional services for the dying.

Hospice care, as a part of old-age care services, will eventually consume medical resources, so it must be included in the medical insurance system for reimbursement. On the one hand, it can reduce the psychological burden of the elderly who receives hospice care services fearing to spend too much money. On the other hand, it can establish a more perfect social security system in line with international standards. However, it is necessary to distinguish medical care from medical care, and hospice care should be included in the scope of medical care so as to avoid the waste of medical resources [7].

## **4. Conclusion and prospect**

### **4.1. Accelerate the construction of multi-level security in the field of hospice care**

At present, China's social security system is a multi-level social security system, hospice care should also be multi-level security to promote the active participation of all social forces in hospice care construction<sup>[8]</sup>. By 2015, there were 2,103 hospice medical institutions in China, 7,791 geriatric hospitals providing corresponding services, and 289 nursing homes. However, many of them are for-profit institutions without the help of social charities, which make it extremely difficult for individuals to bear high expenditures. China's social donation system must be reformed to solve the problems of government monopoly, low public trust and excessive restrictions in charitable organizations. Local civil administration systems should provide more financial support and policy preference, and relax or remove unnecessary restrictions. Charitable organizations only focus on education and disaster, so there is still a lot of room for improvement in the operation of these charitable organizations, such as cooperation with medical institutions and improvement of their own public trust system. We call on more social volunteer organizations to pay attention to and join in hospice care service construction, and call on more social volunteer organizations to join in hospice care service construction.

### **4.2. Improve laws on end-of-life care**

In China, the lack of a relevant legislative system in the field of hospice care has become one of the major impediments to its development. Various social security systems should adhere to legislation initially, depending on the growth time of social security in various countries. Because hospice care is a component of long-term care, the government should clarify the subject's status as a government responsibility through relevant legal provisions, as well as the government's financial support, particularly how to allocate assets and labor between the central and local governments to avoid buck-passing.

### **4.3. Creation of specialized vocational nursing schools**

Colleges and institutions that specialize in hospice care education have created specialized professions. For example, when the government cultivates community doctors, they must take courses in hospice care and only pass an exam to become community doctors. As a result, it is vital to develop our community doctors so that they can become more professional in our country and satisfy the people who reside there. These steps can help us achieve our goal of providing a community-based service system for the elderly who live at home.

Hospice work necessitates professional services, thus volunteers should pursue specialized courses at the same time, so that these courses can be taught by professional teachers and professors at colleges and universities. Otherwise, volunteers can use cloud services to create their own online training courses.

### **4.4. Integrate hospice care into the health insurance system**

Professional hospice services are required. It should be covered by health insurance because it is an element of medical care. However, in China, health care has a starting line and a top line, but different people perform differently at different stages of hospice care. For example, some elderly people in the final stages of care may only require a few days of care, which falls short of the health care starting line. As a result, we should consider cancelling hospice care in order to meet the health care starting line. It can increase the reimbursement ratio for hospice care families and attract more families to receive hospice care services. On the one hand, the component that improves the proportion of medical insurance reimbursement is a drop in the bucket when compared to the medical resources saved, but on the other hand, it considerably lessens the financial strain and mental stress on families that require hospice care<sup>[8]</sup>.

## Disclosure statement

The author declares no conflict of interest.

## References

- [1] Elizabeth L, Cobbs MD, 2001, Improving Quality in End-Of-Life Care: Dying at Home. *American Geriatrics Society*, 49: 831-832.
- [2] Zhu Z, Zhou Y, Chen Y, 2015, The Influence of Chinese Traditional Ethical Culture on Hospice Care. *Chinese Journal of Gerontology*, 35(21): 632-6303.
- [3] Du P, Wang Y, 2015, Practice and System Exploration of Hospice Care for the Elderly in China. *Research on Socialism with Social Characteristics*, 95-101.
- [4] Zhou Y, Zhong H, Xu S, et al., 2016, Practice of Hospice Care Combining Community Quality Service and Family Care for 60 Patients at the End of Life. *Chinese Journal of Nursing*, 23(14): 71-75.
- [5] Zheng G, 2000, *Social Security: Concept, System, Practice and Speculation*. Beijing: The Commercial Press, 186-192.
- [6] Li Z, Chang J, Wang X, 2016, Analysis of Causes and Countermeasures of Nursing Staff Shortage in Hospice Care Institutions in China. *Chinese Medical Ethics*, 29(2): 274-276.
- [7] Huang S, Huang Z, Huang H, et al., 2017, The Enlightenment of the Typical Model of American Community Home Care to the Development of China's Combination of Medical Care for The Elderly Service. *Labor Security World*, (17): 13-14.
- [8] Wang M, 2018, Development and Enlightenment of Hospice Care for the Elderly. *Journal of Jilin Medical College*, 39(4): 267-26.