WEBINAR SERIES:

AGING IN ASIA

Ethical and Policy Issues in Healthy Aging and End of Life Care Across the Asia-Pacific Region

Organized jointly by Winston Tseng, Health Research for Action School of Public Health, University of California Berkeley; Duan-Rung Chen, Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University; and the Institute of East Asian Studies, University of California Berkeley

AGENDA

September 9: TAIWAN AND THE U.S.

Chair: Winston Tseng, PhD., Associate Director of Research, Health Research for Action, School of Public Health, University of California, Berkeley

Welcome Remarks:

Kevin O’Brien, Alann P. Bedford Professor of Asian Studies and Professor of Political Science and Director, Institute of East Asian Studies

Presentations:

Gender Difference and Discordance of Perceived End of Life (EOL) Decisions on Behalf of Parents, Spouse, and Self
Duan-Rung Chen, PhD, Professor, Director, Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan

Current Status of Advance Care Planning in Taiwan
Shao-Yi Cheng, MD, MSc, DrPH, Associate Professor, Attending Physician, College of Medicine, National Taiwan University, Taipei, Taiwan

Ethical Legal Challenges in Withdrawing Life-Sustaining-Treatment from Non-Terminal Patients and The Legislation of the “Patient Right To Autonomy Act” in Taiwan
Daniel Fu-Chang Tsai, MD, PhD, Department of Social Medicine, College of Medicine, National Taiwan University
Abstracts and Brief Biographical Statements

Gender Difference and Discordance of Perceived End of Life (EOL) Decisions on Behalf of Parents, Spouse, and Self

Duan-Rung Chen, PhD, Professor, Director, College of Public Health, Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan
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Abstract
Most end-of-life decisions were made by family surrogates without patients’ advance directives in Taiwan. Taiwan legalized the “Patient Right to Autonomy Act” (hereafter, PAA) in 2016 and it was implemented in 2018. PAA allows competent adults to specify in advance how they want to be treated, extending respect for autonomy into periods of decisional incapacity. Yet, many patients do not know the PAA, nor complete an advance decision (AD). The study aims to explore the sex difference on the knowledge, attitudes, behavioral intention toward advance care planning (ACP) and AD after one-year implementation of PAA. It also examines the discordance of perceived EOL decisions when people decides for parents, spouse, children and self. Policy implication were discussed.

Methods: A structured questionnaire and face-to-faced interviews were employed, 80 out of 100 family members of hospitalized patients in the intensive care unit, medical, and surgical wards in an university hospital in Taipei had filled out the questionnaire.

Results: Only 49.8% of the subjects were aware of the PAA. More than 90% of the subjects were willing to engage in advance care planning; however, only 51.25% of them were willing to sign an AD. Sex differences are significant. Men are more likely than to think that after signing the PAA, the medical staff would stop providing treatments or care (2.03 vs 1.74, p<0.0001), that signing it was equivalent to simply waiting for death (2.05 vs 1.62, p=0.016), the quality of care can’t be trusted (2.42 vs 1.98, p=0.02). Significant discordance was found when the decisions were made for parents and the subjects themselves. Additionally, as compared to themselves to have aggressive care in end-stage dementia, men are more likely than women to decide for their parents and children aggressive care. Sex differences are significant.

Conclusions: Men showed more distrust than women for the PAA. The sex difference on the perceived surrogate role for parents, spouse and children needs further study. Men in the Asia family often take the actual role of surrogate medical decision. The results indicate that the government should strengthen awareness of AD especially among male population, thereby avoiding decision-making quandaries in cases of terminal illness.

Biographical Statement
Duan-Rung Chen, PhD, MS, is a professor and director of Institute of Health Behaviors and Community Sciences in the College of Public Health at National Taiwan University. She is also the president of Taiwan Population Association. Dr. Chen has a PhD in medical sociology at Columbia University. She has extensive research experiences using multilevel models, network
analysis, propensity score matching and GIS spatial models. Her primary research interest has focused on community/neighborhood aspects of health inequality, Sociology of obesity, and social networks dynamics. Her research focus on the social determinants of health, and social network mechanisms that explain how health behaviors/and knowledge are formed, copied and transmitted, with particular interests on issues related to obesity. She is currently working on the issues related to social inequality of active ageing and dying. Dr. Chen has published more than 50 articles on sociology of health and community health in peer-reviewed journals such as Social Science and Medicine, Health and Place, Applied Geography, Geospatial Health, Journal of School Health, Journal of Public Health, Journal of Management, Taiwanese Journal of Sociology, and Taiwan Journal of Public Health.

Current Status of Advance Care Planning in Taiwan
Shao-Yi Cheng, MD, MSc, DrPH, Associate Professor/ Attending Physician, Department of Family Medicine, College of Medicine and Hospital, National Taiwan University, Taipei, Taiwan
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Abstract
Learning objectives:
1. The significance of advance care planning in end-of-life care
2. The difference between Natural Death Act and Patient Right to Autonomy Act
3. Clinical promotion and application of advance care planning.

Issues: Aging has been recognized as one of the most critically important healthcare issues worldwide. It is relevant to Asia, where the increasing number of older population has drawn attention to the paramount need for healthcare investment, particularly in end-of-life care. The advocacy of Advance Care Planning (ACP) is a mean to honor patient autonomy. Since most East Asian countries are influenced by the Confucianism and the concept of “filial piety”, patient autonomy is consequently subordinate to family values and physician authority. The dominance from family members and physicians during a patient’s end-of-life decision-making is recognized as a cultural feature in Asia. Physicians often disclose the patient’s poor prognosis and corresponding treatment options to the male, family member, rather to the patient him/herself. In order to address this ethical and practical dilemma, the concept of ‘relational autonomy’ and the collectivism paradigm might be ideally used to assist Asian people, especially older adults, to share their preferences on future care and decision-making on certain clinical situations with their families and important others. Taiwan is the first Asian country to legalize the Patient Right to Autonomy Act following the Natural Death Act in 2000. In today’s talk, we would exam the current status of ACP in Taiwan from policy, practice and academic perspectives.

Description: The Natural Death Act guarantees dying patients the right to withhold and withdraw Life Sustaining Treatment (LST); however, the family can decide for the patient and the context is limited to LST and the act comes into play only when the patient is imminently dying. The Patient Right to Autonomy Act goes one step further compared to the Natural Death Act; it is applicable to healthy people, the content includes issues related to artificial hydration and
nutrition as well as LSTs; and it could only be amended by the patient himself or herself. The
Patient Right to Autonomy Act was passed by the Legislative Yuan in Taiwan in the end of 2016
and enacted on January 6, 2019. This Act is established to ensure respect for patient autonomy,
protect the right of patients to a good and natural death and promote harmonious physician-
patient relationship. It advocates Advance Directive through the process of Advance Care
Planning consultation. It is aimed for person under any of the five clinical conditions: person
diagnosed with terminally ill diseases; with irreversible coma; in vegetative state; with terminal
dementia or incurable diseases.

Lessons learned: From clinical perspective, it seems that healthy people have engaged in advance
directive more than those terminally-ill and how to best initiate ACP remains a challenge.
Academically, our collaborative study with Japan has demonstrated that the Taiwanese people
has greatly enhanced death literacy at the end-of-life. Patients, regardless of cancer or non-
cancer, are willing to discuss ACP earlier than physicians.

Recommendations: From policy perspective, more terminally ill patients should be introduced to
advance directive through the process of ACP during their treatment or clinical visits. ACP
should be incorporate and regarded as part of the treatment protocol. A culturally adapted
consensus on ACP should be documented in the future.

Biographical Statement
Dr. Shao-Yi Cheng is currently Associate Professor of Department of Family Medicine, College
of Medicine, National Taiwan University. She is also Director of Health Center, National Taiwan
University. She received her M.D. and MSc from National Taiwan University and completed the
training in Family Medicine from National Taiwan University Hospital. She completed her
DrPH in Health Policy and Management from Johns Hopkins University Bloomberg School of
Public Health in 2011. Her research interest involves cancer screening, women’s health, end-of-
life care and quality of dying. In recent years, she has founded palliative care research network in
Taiwan and has been collaborating with Japan and Korea for cross- cultural studies. After
comparing the physician perceived quality of dying in three countries, she has moved into cohort
II project named as EASED (East-Asian Collaborative Study to Elucidate the Dying process).
She is currently one of the members of the Scientific Committee of Asian Pacific Hospice
Network (APHN) and working on Asian consensus on ACP. She is also actively involved in the
design and implementation of cancer screening project in Taiwan. Dr. Cheng is Editor-in-Chief
of Taiwan Journal of Hospice Palliative Care. She is reviewer of many internationally renowned
journals such as Journal of Pain and Symptom Management, Palliative Medicine, Journal of
Palliative Medicine, BMC Palliative Care, Oncologist etc.

Ethical Legal Challenges in Withdrawing Life-Sustaining-Treatment from Non-Terminal
Patients and The Legislation of the “Patient Right To Autonomy Act” in Taiwan
Daniel Fu-Chang Tsai, MD, PhD, Social Medicine Department and Research Institute of
Medical Education and Bioethics, College of Medicine, National Taiwan University
Abstract
Achieving a good death has been regarded as one of the “Five Blessings (Wu Fu, 五福)” in traditional Chinese culture. However, the introduction of modern Western medicine and the practice of “cardio-pulmonary resuscitation (CPR)” and “life sustaining treatment (LST)” have made such blessing not always easy to realize for many who accept end-of-life care in contemporary hospital settings. In this presentation, I will use some clinical ethics consultation cases to illustrate the scenarios and ethical-legal challenges of withholding or withdrawing life-sustain-treatment from terminal or non-terminal patients. Common ethical controversies included “is withholding and withdrawing LST ethically different?”, “is withdrawing LST an act of euthanasia or assisted dying?”, “can non-terminal patients refuse LST such as ventilator”, “can medical futility be a cause for withdrawing LST”, “can LST be removed from patient in permanent vegetative status (PVS)” and etc. These ethical dilemmas are commonly encountered by many clinicians and nurses. The legislations of “Hospice and Palliative Care Act (2000)” and “Patient Right to Autonomy Act (2019)” in Taiwan, both were the first ones of their kinds in Asia, allow certain types and processes of withholding or withdrawing of LST and do-not-resuscitation (DNR) practices in certain patients but not for all cases, which will also be explored and analyzed. With the introduction of the “Patient Right to Autonomy Act (2019)”, patients can discuss “advanced care plan (ACP)” with care givers and set up “advanced directive (AD)” to ensure their “negative right” is not to be interfered by LST in certain clinical conditions. Yet for those who didn’t express such wishes and establish AD, ethical dilemma will occur like before, which employs further resolution and legal amendment.

Biographical Statement
Daniel Fu-Chang Tsai is a family physician and bioethicist. He graduated from National Taiwan University College of Medicine in 1989 and received family medicine resident training at National Taiwan University Hospital. He earned his PhD in bioethics from the University of Manchester, U.K. in 1999, and has been working in the field of bioethics and clinical ethics since then. He was formerly the Head of the Department of Social Medicine. He is the founding professor of the Department and Research Institute of Medical Education & Bioethics, National Taiwan University College of Medicine, and is jointly appointed in the Department of Family Medicine, the Institute of Medical Device and Imaging, and the Graduate Institute of Clinical Medicine at the National Taiwan University College of Medicine. He is also an attending physician in the Department of Medical Research at National Taiwan University Hospital.

Dr. Tsai is also the Director of the Center for Biomedical Ethics at National Taiwan University. In the past years, he has been in charge of the Ministry of Education commissioned projects on “Promoting education in Science, Technology and Society (STS),” “National project in enhancing humanities and social science education in medical education”, and currently the “Program for Research Ethics Education,” and the Ministry of Health and Welfare (MOHW, formerly Department of Health) commissioned “Project of building Taiwan clinical ethics network,” and the Ministry of Science and Technology (MOST, formerly National Science Council) commissioned “Project of ELSI office for National Research Program for Biopharmaceuticals.” He was the Convener of “Medical Education Discipline” under the Ministry of Science and Technology. He was commissioned by the MOST as the Principal Investigator of the “Humanities and social reflection and governance on the COVID-19 pandemic impact project.”
Dr. Tsai has publications in *Journal of Medical Ethics, Hastings Center Report, American Journal of Bioethics*… etc. and has published books on the subject of bioethics, informed consent, clinical ethics committee, case-analysis in medical ethics, research ethics, big data research, family medicine, and another 100 papers published in Chinese language journals, and papers collected in 20 books. He is also on the editorial board of *Journal of Medical Ethics, Asian Bioethics Review,* and many medical/bioethics journals. He was awarded Honorary Membership by the UNESCO Chair of Bioethics in 2015 and served as the Vice President of International Association of Bioethics (IAB) in 2016-17. He is currently the President of Taiwan Association of Institutional Review Boards (TAIRB) 2018-2021, a member of the Merck Bioethics Advisory Panel since 2017, and awarded Goldman-Berland Lectureship in Palliative Medicine in 2019. His special research interests include: cross-cultural bioethics, genetic ethics, transplantation ethics, clinical ethics and ethics consultation, research ethics, research integrity, and medical ethics education.

**September 16: JAPAN AND KOREA**

**Chair:** Andrew Scharlach, Kleiner Professor of Aging, Emeritus, University of California, Berkeley and Founding Director, Center for the Advanced Study of Aging Services

**Welcome Remarks:**

Dean Eiji Miyoshi, Professor, Division of Health Science, Osaka University Graduate School of Medicine

**Presentations:**

*Factors Associated with Healthy Longevity Focusing on Medical and Physical Aspects in Community-dwelling Peoples – Findings from SONIC Study*

Kei Kamide, Division of Health Sciences, Osaka University Graduate School of Medicine, et al.

*Longitudinal Study of Social Factors Related to Loss of Independence Among Older Japanese*

Mai Kabayama, Division of Health Sciences, Osaka University Graduate School of Medicine; and Kei Kamide, Division of Health Sciences, Osaka University Graduate School of Medicine

*Advance Planning for Life Sustaining Treatment (LST) and medical treatment among the elderly population in South Korea*

Ilhak Lee, M.D., Ph.D. Associate Professor, Department of Medical Humanities and Social Sciences Director, Division of Medical Law and Ethics Assistant Vice Dean in Education Affairs, Yonsei University College of Medicine
Abstracts and Brief Biographical Statements

Factors Associated with Healthy Longevity Focusing on Medical and Physical Aspects in Community-dwelling Peoples – Findings from SONIC Study
Kei Kamide, Division of Health Sciences and Department of Geriatric Medicine; Mai Kabayama, Division of Health Sciences; Yasuyuki Gondo, Department of Human Sciences; Ken Sugimoto, Department of Geriatric Medicine, Kazunori Ikebe, Department of Dentistry, Osaka University Graduate School; Yasumichi Arai, Keio University; Yukie Masui, Tokyo Metropolitan Healthy Longevity Center; Tatsuro Ishizaki, Tokyo Metropolitan Healthy Longevity Center; Hiromi Rakugi, Department of Geriatric Medicine

Abstract
Issues: In Japan, super-aged society, in which the highest rate of old population in the world, healthy longevity is thought to be the most important goal for the old people. The factors associated with healthy longevity are very complicated. Therefore, we have started the multi-disciplinal epidemiological study, the SONIC (Septuagenarians, Octogenarians, Nonagenarians Investigation with Centenarians) study to investigate factors associated with healthy longevity. At this time, we will present factors associated with healthy longevity focusing on medical and physical aspects in community-dwelling peoples – Findings from SONIC study.
Description: The purpose of the SONIC study is as follows: investigate factors influencing healthy aging, longevity and psychological well-being in the community.
- Medical (general health check-ups, atherosclerosis, respiratory function, genetic factors (DNA, RNA), serum biomarkers, medication records, etc.)
- Psychological (cognition, emotion change and compensation; personality, psychological development)
- Social (socio economic status, social relationship)
- Dental (oral health) and Nutritional (nutritional intake)
The study design is following:
- Longitudinal study for 20 years
- Describe aging process and age-related changes; large sample size for 70, 80 ages, modest sample size for 90, 100 and more
- Sequential narrow age range design(3 years); Focus on individual difference
- Multi disciplinal variables; Medical, Psychological, Social, Physical, Dental, Nutritional
- 4 survey regions; West vs. East; City vs. Rural Variety of environment
Lessons Learned: The appropriate management for life-style related diseases such as hypertension and diabetes would be very important for the healthy longevity. And bone-joint diseases and walking speed are also strongly associated with the healthy longevity.
Recommendations: Both prevention for diseases and physical function’s decline and management for life-style related diseases are very important for healthy longevity.

Biographical Statement
Kei Kamide MD., PhD., Professor, Vice Dean, Department of Health Promotion Science, Division of Health Sciences, Osaka University Graduate School of Medicine
Education:
1990 Kochi Medical School, Awarded the degree of M.D.
Research and professional experience:
1990-1991  Resident physician, Department of Geriatric Medicine, Osaka University Hospital
1991-1993  Resident physician, Department of Cardiology, Osaka Medical Center for Cancer and Cardiovascular Diseases
1996-1999  Research fellow, Division of Endocrinology and Metabolism, Sepulveda VA Medical Center, UCLA School of Medicine
1999-2001  Research fellow, Department of Geriatric Medicine, Osaka University, Awarded the degree of PhD.
2001-2009  Staff physician, Division of Hypertension and Nephrology, National Cardiovascular Center
2009-2013  Lecturer, Department of Geriatric Medicine and Nephrology, Osaka University Graduate School of Medicine
2013- Professor, Department of Health Promotion Science, Division of Health Sciences, Osaka University Graduate School of Medicine
2020- Vice Dean, Division of Health Sciences, Osaka University Graduate School of Medicine

Award: Japanese Society of Hypertension, 2004 Young Investigator’s Research Award
Publications: Original paper 211 (English 190 & Japanese 21), Review and Book Chapter 130 (English 17 & Japanese 113)

Research Interest:
1. Factors related to healthy longevity
2. Role of insulin resistance in the progression of hypertensive cardiovascular complications
3. Relationship between insulin resistance and renin-angiotensin system
4. Secondary hypertension
5. Genetic aspects of hypertension and aging
6. Clinical and molecular mechanisms of aging

**Longitudinal Study of Social Factors Related to Loss of Independence Among Older Japanese**

**Mai Kabayama** R.N. P.H.N. Ph.D., and **Kei Kamide** M.D. Ph.D., Division of Health Sciences, Osaka University Graduate School of Medicine

**Abstract**

Background: For effective preventive interventions aimed at extending healthy life expectancy in the community, it is necessary to clarify the factors related to loss of independence not only from the physical aspect but also from the social aspects. The purpose of this study was to longitudinally examine the factors related to loss of independence after 3 years, mainly in terms of social aspects.

Methods: The survey was exclusively carried out by the local government for people aged ≥ 65 years who were independent at baseline living in H-City (approximately 410,000 population), a mid-sized urban city in western Japan. The participants answered a self-administered postal questionnaire, and we obtained data regarding their loss of independence status from administrative records 3 years later. The data regarding loss of independence were based on information of the city official registration related to participants’ long term care (LTC) eligibility levels. Japan’s LTC insurance system is a mandatory, explicit and universal
entitlement for every person aged ≥65 years based on physical and mental disability. It uses a nationally standardized needs certification system to objectively, fairly and efficiently determine service eligibility. The multinomial logistic regression was used to analyze the independent association of the physical (age and present illness) and social factors (living alone, working status, and social participation) with the levels of independence loss (mild or severe). Ethical approval for the study was obtained from the ethics committee at the Division of Health Sciences, Osaka University Graduate School of Medicine (approval number 230-1).

Results: There were 23,694 returned questionnaires, and the valid number was 23,363 (response rate: 83.4%; validity rate: 82.2%) for the baseline survey. A total of 22,328 participants were followed up after 3 years. The baseline mean age was 71.6 years old. At follow up, 998 (4.3%) participants were dependent, with 606 requiring partial support for daily living such as in toileting or in bathing (mild loss of independence), and 392 requiring complete support (severe loss). Factors independently associated with mild and severe loss of independence after 3 years for both men and women were advanced age, non working (not related with sever loss in women), and no social participation. The present illness was associated with loss of independence among men only, but not among women. Living alone was associated with mild loss of independence both for men and women, but it didn’t show the relationship with severe loss of independence.

Conclusions: We clarified the social factors such as living alone, no working, or no social participation were independently associated with the loss of independence 3 years later. Those social factors predicted the loss of independence stronger than the physical factors such as advanced age or present illness. The relationship differed depending on the sex. The present study’s findings have important clinical implications for the development of better preventive care in the community to establish a society of healthy longevity.

Biographical Statement

Mai Kabayama’s main research interests are community health promotion; from a view point of social capital and the preventive care for the community-dwelling frail older people. Based on about 10 years of experience as a public health nurse in Osaka Japan, she is engaged in many joint research projects with local governments and communities to promote the healthy community development. She is interested in the preventive intervention for the people with life-style related diseases, and currently serves as a committee Chair of the Certified Educators for Hypertension and Cerebro-cardiovascular Disease Prevention and Control in the Japanese Society of Hypertension.

Dr. Kabayama is currently involved in the research project entitled “The older people’s health initiative by home blood pressure self-measurement,” an exhaustive community intervention (Nose-town study), a healthy longevity study (SONIC), a randomized control trial concerning alcohol regulation in maintaining optimal blood pressure control (OSAKE study) and the Osaka home care registry study (OCARE). She received her PhD and MS in Osaka University graduate school of Medicine and also her MS in University of Oregon as a Fulbrighter.
Advance Planning for Life Sustaining Treatment(LST) and Medical Treatment among the Elderly Population in South Korea

Ilhak Lee, M.D., Ph.D., Associate Professor, Department of Medical Humanities and Social Sciences; Director, Division of Medical Law and Ethics; Assistant Vice Dean, Education Affairs, Yonsei University College of Medicine

Abstract

Learning Objectives

1. This analysis seeks to understand end of life medical decisions, especially how it is legally regulated in South Korea.
2. The current Korean law guide concerning end of life advance directive; how its use suggests societal response to end of life care; and how the decisions are made.
3. The cultural background that affects the end of life care decisions in a medical context. The aging population poses new, difficult problems about end of life care, but society is learning how to respond.

Issues: Empowering the elderly patient with the power to decide what life-sustaining-treatments (LST’s) suit them is closely related to the general wellbeing of the population. In South Korea, this right to decide is protected by the “Act on decisions on life-sustaining treatment for patients in hospice and palliative care or at the end of life(2016)” (End of life decision act, ELDA). The law recognizes advance directive (advance statement on LST, according to the act) and documents of advance care planning (life-sustaining treatment plan, LSTP) as a legitimate expression of care preferences. The healthcare facilities which implemented the treatment preferences must report to national authority, so we can have general ideas about the way the choices are expressed and fulfilled.

Description: According to the national data from February 2018 to December 2019, there are four modes of LST decisions according to ELDA: patient’s verbal expression, advance directive, proxy witnessing (presumed will), and substitutive decision. We found the usage of advance directive is very low compared to the other three (1443 to total 95235 of cases), and proxy decision constitute 60% of all decisions made. It is quite troubling when, according to public surveys, the majority of the population shows strong support for autonomous decisions regarding LST decision. Sometimes family and healthcare providers postpone the LST decision till the patient loses decision-making capacity and consequently make the decision without involving the patient. Tentative interpretation is as follows:

1. This difference between expressed preferences and execution of AD is due to the age and health status of those who make an AD, so it is only temporary. With popular awareness of AD and as healthcare professionals gain experience and knowledge concerning AD for end of life decisions, this problem will be alleviated.
2. This difference reflects the ethos of Korean society toward the elderly, who are dependent on their children for healthcare, financially and physically. Korean culture expects the elderly to accept decisions by their family, especially decisions about issues such as birth, marriage, and death.
3. When it comes to the death-life issue, cultural understanding that life is invaluable affects the decisions. Children feel guilty about mentioning the possibility of forgoing LST’s because they feel medical treatment constitutes an act of filial piety (Hyo, 孝).
4. The duty to behave according to filial piety requires children to keep their parents comfortable as long as possible. As many people think knowing a poor prognosis would be painful or unbearable, this information is kept from patients till the very end of the illness trajectory.

Lessons Learned: This tendency to marginalize the elderly from LST decisions results in overtreatment and poor quality of life, conflict among family members, and, most problematic, denying the dying the chance to choose what’s best for them. But at the same time, there are issues concerning the motives in writing AD, especially those related to the financial burden of treatment, as the high rate of suicide among the elderly becomes a social concern. Factors such as the heavy burden of medical care, social marginalization of the aged, and lack of adequate information, leads to confusion, when they might be killed peacefully with an AD.

Recommendations: Helping the elderly population understand the meaning of an AD and encouraging them to look at the AD as a means to think about end of life care still needs time in South Korea. There are campaigns and educational sessions at various level of community and those activities slowly but surely change attitudes toward the end of life care. Public and private cooperation in making better choices for care should be enhanced.

Biographical Statement
Ilhak Lee is an Associate Professor in the Department of Medical Humanities, Yonsei University Medical College. Professor Lee has graduate YUMC (M.D.), and received M.A and Ph.D. (Bioethics) degree from Yonsei University (2010). He was a visiting fellow at the Center for Ethics in Medicine, the University of Bristol from August 2016 to February 2018. His major areas of research interest are: end of life decision making, clinical ethics consultation, ELSI studies in human genomics and neuroscience. He published in journals and contribute book chapters on bioethics policies. He is regarded as an expert in end of life and genomic ELSI study and consults health and research policy makers. He critically studies Korean perspective on the relationship between the elderly and younger populations. Currently he is working on a national scheme for advance planning on the LST with Ministry of Health and Welfare (MOHW) and genomic data ELSI study roadmap with Korean Center for Disease Control (KCDC). Professor Lee currently serves as a director of Division of Medical Law and Ethics, YUCM. He serves as a member of various ethical committees, and serves as member of national bioethics advisory committee expert groups. He is an active board member in many academic societies such as Korean Association of Medical Ethics and Korean Association of Medical Law.
Research for Action: Identifying Service Needs of Mongolian Older Adults and Sustaining Senior Center in Ulaanbaatar

Uyanga Batzogs, University of Hawaii at Manoa, Myron B. Thompson School of Social Work; and Kathryn Braun, University of Hawaii at Manoa, School of Social Work

Addressing Needs Triggered by the COVID-19 Pandemic: Emergency Response Plan (ERP) of Health and Long-term Care for Older Adults in China

Xiaoting Liu, School of Public Affairs, Zhejiang University; and Shuoao Huang, postgraduate student, Department of Social Work, Zhejiang University

Mongolian Hospice Music Therapy Effectiveness of Psychosocial Interventions in Complex Palliative Care Patients: A Quasi-Experimental, Cohort Single Center Study

Burenjargal Bultuush, School of Medicine, Mongolian National Health Science University; and Davaasuren Munkhzul, Hope Hospice, Ulaanbaatar, Mongolia

Well-Being, Healthy Aging in Asians and Asian Americans

Ann Hsing, Stanford University

Abstracts and Brief Biographical Statements

Research for Action: Identifying Service Needs of Mongolian Older Adults and Sustaining Senior Center in Ulaanbaatar

Uyanga Batzogs, University of Hawaii at Manoa, Myron B. Thompson School of Social Work; and Kathryn Braun, University of Hawaii at Manoa, School of Social Work

Abstract

Learning objectives:

• Learn about aging population in Mongolia, especially about the older adults living in Ulaanbaatar, capital city of Mongolia.
• Describe the perceived needs of older adults based on 427 participants. This is one of the very few surveys conducted in Ulaanbaatar.
• Demonstrate how service needs assessment helped a non profit to set up a senior center to address the needs in the community. Learn about successes and challenges of starting and sustaining senior center.

Background: Mongolia has a population of roughly 3 million people. More than 21% of the Mongolian people live below the poverty line. Adults age 60 years and older represent a mere 6% of the total population. Because of local laws and customs, Mongolians retire early, at around 55 years for women and 60 years for men. Many of those who retired have only social security
payment as their main source of income. The United Nations estimates that by 2050, people aged 60 and older in Mongolia will increase to 19% of the population from 6% in 2012.

The Mongolian government’s financial indicators are poor, and Mongolia accessed bailout help from the International Monetary Fund (IMF) in 2017. With little government funding, eldercare services are limited, creating a large gap between services needs and availability. Before an effective system of eldercare can be developed, in-depth understanding of older adults’ needs and resources is required.

Methods: A mixed methods design was used. Four-hundred twenty-seven Mongolians aged 55 years and older were surveyed in 2015. Two focus groups with 11 older adults and eight in-depth interviews with senior center stakeholders were conducted in 2019. Descriptive statistics were run to determine frequencies of participants’ services (home care, day care, transportation, residential care). Linear regression examined the relationship between age groups, service needs, and ability to pay for services. Senior citizens identified their concerns in the survey. Focus group and interview transcripts were analyzed for underlying themes.

Results: This study found that there was high demand for services among older adults, but ability to pay for services was very limited. Retirement homes, assisted living, home care, and place to socialize were identified as the most needed services. Ability to pay for services had negative relationship with age groups. Lack of employment opportunities and income source concerned them the most. Qualitative analysis yielded two themes: importance of senior center and lack of resources for sustainability. Primary reasons for initially coming to senior center were for social connectedness and self-development. Social and health benefit of senior center participation was the most valued by seniors.

Discussion and Action: Key finding was that Mongolian seniors want and need all types of services, but unable to pay for the much needed services themselves. As Mongolians retired, they worried about low income for themselves and their children. Initial finding helped a small group of passionate and business minded individuals to begin their endeavor to provide services to the seniors by pioneering senior center in Mongolia via Quality Life NGO at the end of 2015. Starting pilot senior center and creating jobs for older adults were the services non-profit provided first because it met the needs of the seniors, especially the ones who were experiencing economic challenges. The result from the study contributed to expanding services to Mongolian seniors and became a reference for individuals and organizations.

Further research on economic and social needs of older adults, especially in rural community setting, is needed. Starting and sustaining networks of supporting services for older adults living in Mongolia is critical. Increasing employment and volunteers opportunities by collaborating with businesses and sharing of innovative, lower cost program models for social connectedness are necessary to sustain services for Mongolian seniors.

Biographical Statement
Uyanga Batzogs is an East-West Center Graduate Fellow, and is currently pursuing her PhD degree at the University of Hawai`i School of Social Work. Ms. Batzogs was the CEO of Proliance LLC, a medical equipment distributor company in Ulaanbaatar, Mongolia. She also
established “Quality Life” NGO in 2015 and has been serving as the Executive Director. This organization supports seniors to have active lives by socializing and provides an opportunity for seniors to have part time employment and contribute to the community in the areas of education, healthcare and business administration. In addition, she was the Chief Financial Officer (CFO) at Waimanalo Health Center, a non-profit community health center in Hawai`i, for 5 years. Her experience in the medical sector of America facilitated her in pursuing her passion to improve quality care in her home country of Mongolia. Ms. Batzogs received her Master’s degree in Business Administration (MBA) degree from the University of Hawai`i in 2006, and she graduated from Northwest University, USA, with her Bachelors in Business Administration degree with honors and a full scholarship in 1999.

**Addressing Needs Triggered by the COVID-19 Pandemic: Emergency Response Plan (ERP) of Health and Long-term Care for Older Adults in China**

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**Abstract**

**Issues:** Suffering from COVID-19 pandemic, the current health and social care service system in China which have been subjected to unprecedented impact, is experiencing difficulties in meeting the needs of older people, especially those with disabilities or dementia. While the elderly is at higher risk of being infected by COVID-19 and confined to their homes or nursing homes, their satisfaction of medical needs and long-term care needs is negatively influenced in various degree. Among patients aged 70 to 79, the fatality rate in China has been estimated at 8.0%; for patients aged 80 and above, the estimate climbs up to 14%. More seriously, the older adults with non-communicable diseases were unable to access health care as most hospitals and doctors were assigned to care for COVID-19 patients only. Such dilemma is caused by the strict quarantine measures implemented by the Chinese government to mitigate the spread of virus that leads to the stagnation of nearly all social activities. However, compared with western countries, China has contained the impact of the epidemic on elderly care system relatively better to provide experience to other countries.

**Description:** This project identified the health and social care needs of older adults under the public health crisis in China using qualitative research methods. And the mechanism analysis on current health and social service system and related policy in China could provide in-depth understanding of existing public service system and underlying problems. With the results drawn from the empirical study, we are able to clarify the gap between the emerging needs of older people and the delivery of present health and social care services, based on which an emergency response plan (ERP) was established to help the government and relevant industries to better cope with similar contingency.

The major contents of this project are as following:

1. The researchers carried out need assessments on the elderly living in the communities as well as in the nursing homes using qualitative method to identify their needs deriving from the impact of the COVID-19 pandemic;
2. The existing public policies concerning health care and long-term care for the elderly were analyzed to figure out how the Chinese government cope with the impact caused by the pandemic and the potential problems in these policies;
3. Chinese experience in meeting the needs of older people with disabilities living in community or institutes under COVID-19 was abstracted and the internal deficiencies in practices were distinguished;
4. This project promoted an ERP to offer plausible experience for other countries plagued by the COVID-19 and to help governments better deal with challenges imposed by similar public health crisis.

Lessons Learned: This project constructed 2 service lists of health and long-term care during the public health crisis for older residents living in the home and nursing home separately. The basic services for community dwellings should contain the basic living services, health and nursing care, rehabilitation service, long-term care service and psychological consulting service; while the nursing homes should provide infectious disease prevention care as early as possible, including blocking the door, visit management, caregiver management and drug distribution service except for above mentioned health and social care services in the communities. After the identification of gaps between Chinese Center for Disease Control and Prevention (CDC) and other government sectors in charge of health and long-term care services delivery by doing field work in 8 counties in Zhejiang province, the ERP of Health and Long-term Care for Older Adults has been formulated as well.

More importantly, the hierarchically integrated care model in the county level has been designed to guarantee the efficient delivery of social and long-term care after the COVID-19 epidemic by the resource reallocation between fragmented government departments, hospitals, street level offices, community health centers and social care provision organizations. Different with previous models, the intelligent information system and big data technique provide strong supports to the continues care system.

Recommendations: At first, the formulation of ERP from this project can help government and related industries to better handle similar situation in the future when another emergency occurs to protect the basic social rights for older adults. Secondly, how the Chinese government, related industries and individuals deal with the challenges will provide significant experience for other countries where the pandemic has not been effectively contained. In addition, it is still a challenge how to deliver integrated care for older adults under the fragmented governance structure in the post COVID-19 period in China, that county level practice and long-term care insurance might be new initiatives.

Learning objectives:
· This project proposed a prospective plan in health and long-term care services delivery under COVID-19 epidemic to cater to multiple needs of the elderly in China which will also offer available experience for other major public health crisis.
· The aforementioned plan can be an effective tool to cope with the predicament of health and social care system resulting from pandemic, which would be beneficial to most countries which are still stuck in the mud of the COVID-19 pandemic.
This project also identifies a hierarchical model to integrate health care and long-term care especially for older people living in the home and communities with disability or dementia at the county level to involve the participation of related stakeholders, such as governments, social organization and health facilities based on the support by long-term care insurance and information platform.

Biographical Statement
Dr. Xiaoting Liu received her Ph.D. Degree in Social Welfare from Department of Social Work at the Chinese University of Hong Kong. Currently, she is an Associate Professor in the School of Public Affairs of Zhejiang University in China. She is the Vice Director of Center for Aging & Health Study in Zhejiang University, which is one of the national-level ageing centers in China. She is also a committee member of National Social Security Association and an executive member of National Social Welfare Council of China. Dr. Liu was a visiting scholar in the School of Social Welfare at University of California, Berkeley in the US and the Center of Research on Aging at University of Southampton in UK.

Her research interests are health care policy, gerontology, and long-term care service. Much of her research has focused on the impacts of healthcare reform on health equity among older adults, and the long-term care financing, service and policies, especially for the elderly with cognitive impairment. She has published more than 20 papers on SSCI/SCI and CSSCI journals and books. Dr. Liu has experiences in undertaking National Social Science and Science Fund Projects, ESRC sponsored project, and WUN consultant project. She is currently responsible for an Asian Development Bank Consultant Project with the title of “Development of a Comprehensive Elderly Care System-Rural Elderly Care and Survey” and a Social Science Project of “The Flynn Effect on Cognitive Function for Older Adults in China” sponsored by Ministry of Education in China.

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Mongolian Hospice Music Therapy Effectiveness of Psychosocial Interventions in Complex Palliative Care Patients: A Quasi-Experimental, Cohort Single Center Study
Burenjargal Bultuush, School of Medicine, Mongolian National Health Science University; and Davaasuren Munkhzul, Hope Hospice, Ulaanbaatar, Mongolia

Abstract
Background: Mongolia began palliative care development in 2000 with the creation of the Mongolian Palliative Care Society and the Palliative Care Department. Palliative care is included in the Mongolia’s Health Law, Health Insurance Law, Social Welfare Law, National Cancer Control Program, and the National Program for Non-Communicable Diseases, and has approved Palliative Care Standards and Pain Management Guidelines. Palliative care education is included in the undergraduate and postgraduate curriculum in all medical universities. Six hospice units in Ulaanbaatar have 50 beds; each of the nine districts and all 21 provinces have up to four to five palliative beds, and there are 36 palliative care units, for a total 190 beds for three million people. In 2014, a pediatric palliative care inpatient unit was established with five beds. Essential drugs for palliative care have been available in Mongolia since 2015. The pharmaceutical company IVCO produces morphine, codeine, pethidine, and oxycodone in Ulaanbaatar. According to a
survey completed in 2007, Mongolia ranked 35th in the world in palliative care development and integration into the health system. One thing you might not think of is “a good place to die.” Yet Mongolia is punching above its weight in palliative care, the branch of medicine that supports people with terminal or complex illnesses. Palliative care takes a magpie approach, borrowing from other medical disciplines and addressing a whole range of issues at once, ranging from pain and other symptoms to spiritual, social and psychological support.

Objective: Music therapy is a growing service provided in end-of-life care with music therapists doing a psychosocial intervention in hospitals each year. This study sought to determine whether specific psychosocial interventions using music therapy can ease discomfort in palliative care (PC) patients, particularly in those with high levels of pain or emotional distress.

Methods: Changes in the psychological parameters of 15 patients were assessed in a quasi-experimental, cohort, single-center, single group, pre-test/post-test study. Psychosocial care was delivered by 1 psychosocial care teams (PST; 1 professional). Pre- and post-intervention changes in these variables were assessed: mood, anxiety, emotional distress. Patients were classified as complex, when presented high levels of anxiety, mood, suffering (or perception of time as slow) and distress (or unease, or discomfort), or non-complex (5-12). These groups were compared to assess changes in suffering-related parameters from baseline.

Results: Psychosocial interventions reduced patients’ suffering. These interventions were more effective in complex patients. A total of 15 patients followed up during hospitalization in their social, emotional, physical changes, ten show significant differences supporting the use of music therapy in this area (13).

Conclusions: After successive psychosocial interventions, the level of suffering in complex patients decreased until close to parity with non-complex patients, suggesting that patients with major complexity could benefit most from specific psychosocial treatment. These findings support the importance of accessing and treating patients’ end-of-life care needs. Palliative care development continues to improve the quality of life of patients and families in Mongolia.

Keywords: psychosocial intervention, effectiveness, palliative care, distress, suffering, cohort studies.

Biographical Statement
Burenjargal Bultuush, MSc, is Lecturer of Palliative care in the School of Medicine, Mongolian National Health Science University, and Ulaanbaatar, Mongolia. She is General Doctor and Founder, Palliative care physician, Pediatrician, Psychologist at Hope Private Hospice at UB, Mongolia. She is also member of Khuree Rotary Club as a Rotarian and implementing projects to supporting Mongolian youths and remote areas.

Dr. Burenjargal’s research has focused on psychosocial intervention of health. She collaborates Rotarian with underserved and problem-solvers who see a world where people unite and take action to create lasting change – across the globe, in our communities, and to understand their assets and needs, and develop, test, and implement community-defined interventions and policies to strengthen their community infrastructure for improving the health and social conditions. Her
research focus areas has included homeless single person care and an under-skin needling method to decreasing piercing for palliative care patient, healthy aging, and social and behavioral health.

Dr. Burenjargal Bultuush currently serves as an advisor on the Mongolian Palliative Care Society (MPCS) at UB, Mongolia. She served as an advisor Ministry of Health Mongolia’s Palliative care department. The Mongolian Palliative Care Society recognized Dr. Burenjargal in 2015 as among Best Workers, Best Researchers, and for her leading national palliative care policy research. She was the Mongolian finalist for the Rotary humanitarian award "The One" 2015 at Hongkong, China. She received her MSc, in Palliative Care from Mongolian National Health Science University, UB, Mongolia and her Psychology in Adult from Mongolian Education and Psychology Academy.

Well-Being, Healthy Aging in Asians and Asian Americans.
Ann Hsing, Stanford University

Abstract
Background: Stanford WELL for Life Study (WELL) is an international, longitudinal study that uses novel methods to define, assess, and promote the multiple dimensions of well-being in the U.S. and globally. We define well-being as a holistic synthesis of a person’s biological, psychological, and spiritual experiences, resulting from the interplay between individuals and their social, economic, and physical environments, that comprise a fulfilling life.

Study Design: WELL, established in 2016, is an active and ongoing study that has recruited over 28,000 individuals from four study sites, including China, Taiwan, Singapore, and the U.S. In addition, we recently added a Thailand component. We aim to enroll 2,000 individuals from Thailand in 2020-2021 into the WELL Global Study. The WELL Asia Biobank includes 22,000 individuals with collected biospecimens. WELL uses a 76-question de novo WELL survey with 10 domains to measure well-being. The ten domains are: experience of emotions, exploration and creativity, financial security, physical health, purpose and meaning, sense of self, social connectedness, spirituality and religion, and stress and resilience. The WELL algorithms sum the scores of the 10 domains and assign an overall score for each individual, ranging from 0 to 100. Of the 28,000 individuals, 31% are over the age of 60, with 2.6% over the age of 75.

Results: Baseline data from the U.S. site showed a positive relationship between age and well-being, with individuals over the age of 70 having a significantly higher overall WELL score than those younger than 60 in both the China and US sites. With the exception of the exploration and creativity domain, the age-difference is evident in most of the domains, but is most pronounced in the financial security domain. Surprisingly, older adults (>age 70) in China and the US also have a higher score in the social connectedness domain relative to younger individuals. More results will be shared at the meeting.

Conclusions: Self-perceived well-being in older adults is generally better than that in young adults in the Stanford WELL for Life Global Study. The multi-dimensional, longitudinal nature
of the WELL score and the breadth and depth of the data provide a unique opportunity to clarify the role of well-being in healthy aging.

**Biographical Statement**

Dr. Ann Hsing is a professor of medicine at Stanford University and a co-leader of the Population Sciences Program at Stanford Cancer Institute. A senior fellow for the Center for Innovation in Global Health at Stanford University, Dr. Hsing has conducted population-based epidemiological studies on four continents, including North and South America, Asia, Africa, and Europe. She is a leading expert in the epidemiology and etiology of prostate, hepatobiliary, and thyroid cancers as well as in hormonal carcinogenesis and circadian rhythm. Throughout her 22-year tenure at National Cancer Institute, Dr. Hsing developed extensive expertise in molecular epidemiology, global oncology, cancer prevention, and population-based studies in international settings. She has served on numerous committees and advisory boards, most recently as a member of the Editorial Board of Cancer Epidemiology, Biomarkers & Prevention and as an academic editor of PLOS ONE. She also has served as an adjunct professor in the Department of Epidemiology and the Department of Urology at the George Washington University in Washington, D.C., as well as in the Department of Public Health of Fu Jen Catholic University’s School of Medicine in Taiwan. Dr. Hsing has authored more than 270 peer-reviewed articles, written seven book chapters, and mentored over 50 post-doctoral fellows and scholars.