

HOSPICE IN KOREA

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In January 2001 I went to South Korea. It was minus 23 degrees centigrade when I stepped off the plane at 7 am. My host, Dr Kim Min Jung, took one look at me and said “You can’t survive like that!” That afternoon she appeared at the Columban convent where I was staying with two large plastic bags of clothes. “Put these on”, she said. Overcoat, boots, socks, lined woollen shirt, sweater, scarf, gloves, even floral pyjamas which she instructed me to wear as underwear. Thus began one of the most fascinating weeks of my life as I was taken to visit several hospice home care programs in Seoul and Chuncheon City, and then met the staff of hospital based hospice programs.

I was surprised to learn that hospice started in Korea in 1964 when the Little Company of Mary opened Calvary Hospital for dying patients. These Catholic nuns still run an excellent hospice home care service, the Mor Hyun Hospice, from a community house in Seoul.

There are now about 60 hospice programs throughout South Korea. However, hospice there is still in an early stage of development. Some of the problems they face include a lack of awareness of hospice among the public, health care professionals and government authorities. Because many of the hospices were started by Catholic nuns, hospice is seen as a Christian social welfare institution, rather than medical service. It is often thought to be solely a nursing service, rather than as multidisciplinary service with medical leadership. Few doctors wish to train in an area of medicine that is not yet recognised as a medical specialty. Furthermore, although slow release preparations of morphine are available at government hospitals, there is no oral immediate-release opioids, such as morphine mixture, available for titration or for breakthrough pain.

I was very moved by the poor living conditions of some of the patients I saw. Most were living in one room with a galley-sized kitchen nearby. They were sleeping on a thin mat on the heated floor. (Traditionally Korean houses have always had floors heated by pipes from the kitchen fire.) Most were living alone. Many were breathless. Others had disfiguring fungating wounds. Some were in pain.

These patients were renting rooms in the basements of large houses that had been built in the last decade and where middle class families were now living, or were living in primitive huts adjacent to high-rise apartment blocks. This close proximity of the poor and the moderately affluent surprised me.

The digital camera has been a wonderful tool for communicating with patients and their families. It always seems surprising that patients will agree to have their photos taken when they are so ill. However, when the first photo has been taken and shown to the patient in the viewfinder, they are usually delighted and agree to further photographs. When I sent back prints to the Holy Family Hospital, the staff wrote to me to say that one woman cried when she saw the photograph. She told them that she had never before had a photograph of her now deceased husband.

There are many positive developments in Korea. A WHO Collaborating Centre for Hospice/Palliative Care was established at the College of Nursing at the Catholic University of Korea in 1995 with Dr You Ja Ro as Director. This Centre trains professional hospice nurses. On completion of a course with 640 hours of teaching, the nurse is awarded a hospice nurse specialist certificate. The Centre also conducts research and publishes the Korean Journal of Hospice/Palliative Care.

More recently, the three hospice organisations (the Korean Society for Hospice and Palliative Care, the Korean Hospice Association and the Korean Catholic Hospice Association) agreed to form an umbrella body, the Korean National Hospice Council, in March 2001. It is hoped that this organisation will be able to persuade government officials that palliative care is a medical specialty and that this type of care should therefore be eligible for national medical insurance.

More importantly, there are many dedicated doctors and nurses working in hospice. They are setting standards by providing excellent palliative care in programs that are appropriate for the patients under their care. One such program, run by the Jeon Jin Sang Clinic in Seoul, provides 24 hour hospice home care for very sick, very poor patients within fifteen minutes travelling time from the clinic. They have no beds but have a day care centre where simple procedures can be performed. The Director of this group is Dr Marie Helene Brasseur. Marie Helene came from Belgium as a young nurse to work in the slums of Seoul soon after the Korean War. She and her colleagues decided that they could not really help the people unless one of them was a doctor. Marie Helene elected to go to the University of Seoul to study medicine in Korean. She graduated with honours. She and the friends who supported her still live and work in the same area of Soeul. It is no longer a slum but it houses many who are desperately poor, sick and dying. It is people like Marie Helene who inspire us all. They are the heart and hope of hospice throughout the world.



This woman had never before had a photograph taken of her husband, a patient in the Holy Family Hospital, Hospice Ward, in Seoul.



The home of a dying man in Chuncheon city.



Dr You Ja Ro, Director of the WHO Collaborating Centre for Hospice/Palliative Care and Professor KS Lee, Chairman of the Korean Society of Hospice & Palliative Care.



Dr Marie Helene Brasseur and the nurse from the Jeon Jin Sang Clinic visit a hospice patient.