The word “Death” has been avoided in the Chinese tradition. Even the mere talking of it represents misfortune. Hence, we have not been trained with education that is related to death, dying and grief while we were young. By the time when we have finished our higher education and have become a full grown adult, yet sadly enough, we are still not yet prepared for things that are related to important issues of our life, such as the knowledge about death, how to comfort our dying relatives, and how to face grief and sorrow, etc. The key point is the fact that we have never received any kinds of “Life and Death Education”.

The 9·21 Taiwan earthquake, the 5·12 Sichuan earthquake, the 4·14 Qinghai earthquake, and the most lately 3·11 Japan Fukushima’s earthquake, Tsunami and nuclear leakage crisis, and so on, have all unveiled the simple fact on the fragility of human lives. Clearly, the way to assist modern people in the understanding of and in directly perceiving and experiencing the important issues of “life and death” has now become a most basic and fundamental issue for us all to face squarely.

Conceived in this broad sense of the term, then “Life and Death Education” can be considered as an education that walks us back from death towards life. The Taiwanese scholar, Shu-Mei Wang, stated that: “By approaching the nature of Death and through different phenomena that are related to dying and grief, it will allow us to reflect and rethink in a profound manner the kinds of relationships among ourselves and others, society, nature and the whole universe, such that it becomes an education that enables us to examine the ultimate meanings and values of life.”

To be understood in a more narrow sense of the term, “Life and Death Education” is equivalent to the Western study on “Thanatology” (that is, Death Education). In the
Life Enlightenment

“Life and Death Education” is simply known as “Death Education”. As a result of the taboo in Chinese cultural tradition, in which “Death Education” becomes a forbidden zone, and so it is all the more difficult for its promotion. In order to escape from this forbidden zone, Chinese people, especially in the Mainland and Hong Kong, have been using the name of “Life and Death Education”. Hence, it is in this narrow sense of the term that both people in the Mainland and Hong Kong have adopted.


In recent years, the cry for “Life Education” is getting louder and louder, yet it is, indeed, a rarity for people to have a better understanding on the study of “Life and Death Education”. Even so, we could still see a very strong relationship between the two:

Firstly, there is this intersection between “Life and Death Education” with “Life Education”. Some scholars believe that a broader sense for “Life Education” should include human relationship, ethics, Life and Death Education, religion, funeral etiquette, and so on. Hence, “Life and Death Education” should already be included within “Life Education”. However, some other “Life and Death Education” experts refute this kind of argument because they believe “Life and Death Education” should include all kinds of education in different stages from life to death, and thus “Life Education” should be incorporated into the holistic “Life and Death Education”. It may be rather meaningless to have such kinds of debates, but at the same time, we can see a very close relationship between them.

Secondly, the interdependence between “Life and Death Education” and “Life Education”. The beginning of “Life and Death Education” will have to depend upon the support of “Life Education”. Yet, at the same time, the deepening of “Life Education” will have to rely upon the beginning and continuation of “Life and Death Education”, simply because not discussing the issue of Death will only make “Life Education” to be rather superficial. Taiwanese scholars, such as Lin Su-Shia and others, have divided up “Life Education” into two orientations, namely: ethical orientation and Life & Death orientation. At the present moment in the Mainland, “Life Education” only emphasizes on the issue of ethical orientation. In this regard, we may conclude that “Life and Death Education” is the important partner to drive on the development of “Life Education” to become more profound and well-balanced in actuality.

3. The Recent Development of “Life and Death Education”

After World War II, it was during an international psychological conference in 1956 that Professor Herman Feifel of the Medical School of the University of Southern California has presented some of his findings on death studies. Later in 1959, he has published an important book “The Meaning of Death”, which was to become one of the major works on the subject area of death studies. Since then, “Death Education” slowly developed in America, and some US universities and colleges gradually began to advocate “Death Education” in the curriculum.

Elisabeth Kubler-Ross, M.D., Thanatology’s expert, has published another important book “On Death and Dying” in 1969. This and other works slowly became the classic teaching materials for “Death Education”. By 1974, 41 medical schools have already offered formal training programs on “Death Education”. With those great efforts made by the experts in “Thanatology”, “Death education” has
now been flourishing in various campuses across the USA. Rela-
tively speaking, most of the students who took these programs and courses are still mainly medical doctors or nurses, but there are also a few students who are coming from other faculties like religion, philosophy, psychology, sociology, education, etc.

Professor Charles Wei-Hsun Fu (more commonly known as the Father of "Life and Death Education" in Taiwan) in Taiwan has made great efforts to establish the Institute and Department of Life-and-Death Studies at the Nanhua University in the 90s of the last century aiming at the elevation on the human quality of life, as well as on the human dignity and respect for death. The Department has already translated many publications into Chinese that are related to "Life and Death Education".

Relatively speaking, both the Mainland and Hong Kong have lagged behind in this respect. The Mainland started to publish books on "Life and Death Education" only in the late 1990s, such as books by Professor Zheng Xiaojiang:

- "Good Death and Dying: Chinese View on Life and Death" (1999), and
- "In Search of the Truth in Life: Exploring the Issues of Life and Death" (2002), etc. While in Hong Kong, the Chinese University of Hong Kong has established a general education program on "Death and Immortality" only recently, and Lingnan University has offered a similar program as well. At the same time, there are those in the Mainland and Hong Kong who have conducted research studies on "hospice" or "palliative care". However, the real meanings of "Life and Death Education" and its relevant curriculum still seem to be something that are unheard of, whether it is for medical students, university students, or for the general public.

4. The Future Development of "Palliative Care" and "Life and Death Education" in Asia

Among the various Chinese communities in Asia: "palliative care", "hospice" and related services are offered in Hong Kong as a direction towards a "good death" for the people; in Mainland China, this is known as "end-of-life care" services; whereas in the cases of Taiwan and Singapore, these are known as "palliative care" services.

(A) Taiwan

It began in the 90s of the last century. By then, it already had different voluntary agencies to work in various ways to promote "Hospice or Palliative Care" and related services. These include: (i) Christian Church’s Mackay Memorial Hospital, in which its Zhuwei Hospital has formally established the "Hospice Ward" back in 1990; (ii) Catholic Church’s Cardinal Tien Hospital has established the "St Joseph’s Family Ward" in 1994; (iii) National Taiwan University Hospital has established the "Palliative Care Ward" in 1995.

With the official adoption of the new law on "Hospice Palliative Care Act" in 2000, gradually many more organizations have established the
“Hospice Wards”, such that these services are promoted in different hospitals across the whole of Taiwan. Currently, there are 46 hospitals that have “Hospice Palliative Care Ward”, totally 683 beds; 66 hospitals have offered “Hospice Home Care Service”; 73 hospitals have offered “Hospice Shared Care Service” in their general wards and tumor wards. Prof. Chen Jung-chi, the Chairman of the Board of Directors for the “Buddhist Lotus Hospice Care Foundation” and who has been highly acclaimed to be Taiwan’s “Hospice Helmsman”, is one of the leading figures in promoting the whole “Hospice Palliative Care” movement in Taiwan.

Administrative Region Government has employed a “holistic care” approach as their principle, and endeavor to materialize a “humanistic” service to meet the various needs on the “physical, mental, social and spiritual” aspects of individuals.

It began to provide “hospice” services more than 10 years ago, from merely a hospitalized model to today’s comprehensive integrated service. Currently, there are 10 palliative care centers and 6 tumor centers, which are dedicated to provide “palliative” services for cancer patients. These palliative care centers are composed of 100 medical professionals, 1500 volunteers, and have already provided for more than 130,000 times of services to more than 8000 patients.

As a whole team, their shared belief is: “these terminal-cancer patients had made contributions to our society before, and now the utmost torture to them is the suffering of pains. If we could release them of their pains, and let them remember the best of things in their lives, and allow them to walk peacefully through the last stage of their lives in a dignified manner, which will be the best reward to them from those of us who are still living.”

In order to develop the local “palliative care” service so as to benefit more patients, the Hospital Authority has received generous supports from the “Li Ka Shing Foundation” (with the “Heart of Gold” program under the “Li Ka Shing Foundation”), together they promote the “Hong Kong Palliative Care Scheme”, which started its first phase in October 2007. The service has been fully launched in April 2008 for those terminal-cancer patients (including children and adults) to let more patients to receive a comprehensive and humanistic care service before and after death.

This “scheme” is operating under the basis of the existing “palliative care” service of the govern-
ment hospitals. It relies on the tumor center of each government hospital’s cluster to develop a comprehensive and integrated “palliative care” service. And the scheme will expand its “palliative care” service to all the seven hospital clusters in Hong Kong, and extend to the community’s full participation.

The Hospital Authority’s multi-disciplinary professional medical teams aim to provide supports to those terminal-cancer patients so as to release their physical pains, to provide the necessary end-of-life care, and to enable these patients to live up till the last moment of their lives in a dignified manner. The trial period for this “scheme” is of three years and is hoped to open a brand new chapter for the palliative care service in Hong Kong. (Please refer to the website of the ‘Heart of Gold: Hong Kong Hospice Service Scheme’ under the “Li Ka Shing Foundation”: http://www21.ha.org.hk/sub/lks/tccenter.html).

In 2011, when the “Heart of Gold: Hong Kong Hospice Service Scheme” under the “Li Ka Shing Foundation” has developed towards its second phase, with the further supports from the Hospital Authority, 10 hospice centers, and the Centre on Behavioral Health of the University of Hong Kong, it has kicked start the “Hospice Home” website - www.hospicehome.hk, which encompasses the power of science and technology, charity and community sense to engage everyone by overcoming the limitations of place and/or time in providing care and blessings, such that no matter where they are, those people of Hong Kong with a kind heart could rely on the website of “Hospice Home” to offer their kind supports, encouragements and blessings to those patients and to the Anti-Cancer Teams.

When Mr. Li Ka Shing, the chairman of the “Li Ka Shing Foundation”, spoke of his own belief in sponsoring the scheme, he is, indeed, really showing his care, love and concern for the patients and the scheme: “We are grateful to be the sponsor of this scheme and to expand it further, as the world should not belong to those who are benumbed and unresponsive. As was revealed in the “Economist Intelligence Unit” on the 2010 “Quality of Death” Index survey, the Hong Kong ranking has reminded us that we need to do more. I particularly appreciate and would like to thank all those colleagues of the hospice care services, you have enabled those unfortunate patients to rely on your caregivers’ arms to walk through their life journeys, and to allow their tired family members to have consolations. Your kind hearts are shining forth a beautiful last scenery to all those patients.”

(C) China

Indeed, the “Li Ka Shing Foundation” has built up the first hospice hospital in the Mainland when the medical school of Shantou University was estab-
lished in China back in 1998. At the same time, the “Li Ka Shing Foundation” has also begun the “Heart of Gold: National Hospice Service Scheme”, by going directly to their homes in providing free pain relieving treatments and psychological counseling services for the poor terminal-cancer patients, the first of its kind in China. The scheme has already benefited more than 100,000 cancer patients by now. In fact, the “Foundation” has already made donations of more than 400 million Hong Kong dollars to 31 hospice centers across the Mainland, and another 10 centers in Hong Kong. Approximately more than 20,000 patients have received the services each year, while more than 12,000 volunteer workers have participated in the scheme. (Please refer to the report in the “Hospice Home” website - www.hospicehome.hk)

In 19th May 2010, the CCTV has reported that the Beijing Geriatric Hospital has officially established the “Palliative Ward” in Beijing, the capital city of China. This is the first Grade 3 Geriatric Hospital in Beijing to establish the first “Life Care Ward”. Beijing Geriatric Hospital is the basic medical insurance and occupational injury designated hospital in Beijing. From this, we can understand that China has started to take emphasis on "end-of-life care" services, and so this development trend is likely to flourish in the future.

(D) Singapore

The “Palliative Care Association of Johor Bahru” was established in 1995 in Johor Bahru, the place adjacent to both Malaysia and Singapore. At that time, it was an organization under the “Rotary Club”, and was providing a limited degree of “Palliative Care” service. In fact, it was merely a supporting service. By March 2007, the organization has officially become an independent social organization and continues to carry out its mission in providing free palliative care service for the patients. Its president Dr Angamuthu Rajoo said that: "Palliative care is a kind of merciful and kind heart care and concern for the dying patients and their relatives. In addition, the association will also provide physical, emotional, mental and welfare supports…. All these services are free of charge. We are a non-governmental organization, and our expenditure to support these services is all relying on donations from the general public and the private organizations. Hence, there is no need for the patients to worry about the expenses for these services."

At the same time, there is another charity organization known as the "Lien Foundation" in Singapore has begun to actively promote and provide the “Palliative Care” services since 2006. It has also established the "Palliative Care Research and Education Institute" (known as the "Lien Center of Palliative Care with its website - http://www.duke-nus.edu.sg/web/research/centers/lien-center-palliative-care), the first of its kind in Asia.

The "Lien Foundation" has also set up the "Life Before Death" program (Website: http://www.lifebeforedeath.com) so as to promote a better “End-of-Life Care”. This program has employed social media, art, movie and photography to influence people’s minds. This program also aims at letting people to think about and talk about death and the dying process, and to emphasize on an urgent need for a better care and service for the group of dying persons.

(Remark: The "Lien Foundation" was founded by Singapore business leader and Diplomat, Dr. Lien Ying Chow, and is aiming to be a philanthropic foundation. Its model of radical philanthropy pioneers new ground by investing in innovative solutions. The Foundation aims at strengthening the social vulnerable groups to have chances to receive education,
the elderly to have quality nursing service, and a sustainable water and hygiene environment.

Singapore’s “Lien Foundation” has also aroused the attention of the general public and the government not only on the quality of life, but also take “End-of-life Care” (or Palliative Care) seriously. Thus, they specially commissioned the “Economist Intelligence Unit” to provide a detailed full report on the global “Quality of Death” Index. This report was released globally on 14th July 2010, and is considered the first of its kind in the whole world. It has surveyed and interviewed doctors, experts and medical professionals from 40 countries, asking them about the “Quality of Death” of people in their own countries. The survey items included many different aspects, such as “end-of-life care, whether patients could receive pain relief service immediately, and the transparency of doctors, etc.”

This research report reveals that globally over a hundred million dying patients and their family members would need the “end-of-life care” service each year, but only less than 8% of the total number could have enjoyed these services. This gives us a very strong signal that even through the standard of living has increased in Asia in recent years, but the standard of “palliative care” has not been elevated simultaneously. Even for those countries with strong economic growth like the “BRIC” countries, they are still lagging far behind. The report states that: “Even though the ‘Quality of Life’ is a daily vocabulary, but the ‘Quality of Death’ is still another matter altogether.”

According to this study, the majority of those related organizations that specialized on “palliative care” are “not included under the National Heath Insurance system.... Few countries, and even for those wealthy countries that have advanced health insurance system, have brought in palliative care under their holistic health insurance policy.” Even for the supply of pain relief drugs have been “negligible for the majority of the countries”, and the reason is simply because it is fearful that these drugs would be used and traded illegally. And their para-medical professionals have also lacked the related medical training on injections.

Another challenge is to overcome people’s view on “Death” and the cultural taboo, in order that the “palliative care” and related services could be uplifted. The report further states that as the aging population is increasing in the global scene, the demands for “palliative care” across the world will continue to grow. Hence, governments, voluntary organizations and service providers of different fields will have to race against time so as to cater for and fulfill this trend of ever-increasing social needs.

Finally, this report also provides a league table of ranking for the service quality of “palliative care” in different countries. Among the 40 countries under consideration: the UK ranked No. 1, Australia No. 2, New Zealand No. 3, Ireland No. 4, Belgium No. 5, Austria No. 6, The Netherland No. 7, Germany No. 8, Canada No. 9, the USA No. 10…. (Asia) Taiwan No. 14, Singapore No. 18, Hong Kong No. 20, Japan No. 23, South Korea No. 32, Malaysia No. 33, China No. 37, and India No. 40 (which is the last one).

(T) Holistic Picture in Asia

Taiwan has the highest quality accreditation of “Palliative Care” service in Asia. According to the detailed evaluations and comparisons in the report, Taiwan ranked (within this global ranking) for the four key dimensions respectively: end-of-life care medical infrastructure: No. 15; whether providing end-of-life care: No. 19; fees for the end-of-life care: No. 10; and quality of the end-of-life care: No. 10.

According to the report, the UK, Australia and New Zealand have incorporated “palliative care” into their National Medical Policies, and so these governments have ensured that their people could be
able to receive “palliative care” service when needed; and also the UK is the first country in promoting “palliative care” service in the world.

The report also states that the reason why Taiwan could be No. 1 in Asia is because it has already ensured the need for “palliative care” much earlier than most other Asian countries. In addition, “palliative care” has already been included in their National Health Insurance policy; in this respect, there are still many countries in the world, even for those wealthy advanced countries, that could not act on this.

The report also mentions that why Taiwan’s performance is much better than that of Singapore is because Singapore’s medical insurance expenditure only accounts for 3.3% of its GDP, which is much lower than the world average of 8.8%; on top of that, when comparing with those advanced countries like Japan, Singapore’s aging population is not that high.

Even though Hong Kong ranks No. 3 in Asia, only next to Taiwan and Singapore, yet its palliative care service providers affirms that the “Life and Death Education” in Hong Kong has only started up very late. Hence, the general mindset of the Hong Kong people is still trying to avoid the speaking of “Death” matters. In this way, as people still cannot face up with this issue of confronting “Death” as a natural process, it seems likely that this so-called modern city of Hong Kong will fall short of its name as an “International Metropolis”, but will only be lagging behind still in the feudal age. Obviously, cursing someone “not to have good death” is an evil act, but it could easily become the portrayal of our Hong Kong society.

Frankly speaking, will the last journey of life to be taken care at in an all-rounded fashion, so that people could pass away peacefully and with dignity? This is, indeed, the real meaning for “good death”. Thus, the revelation of this report is that, with regards to the promotion and provision of the service and quality of “palliative care” within Asian countries, there is still a great need for greater efforts in order to solve a series of social problems that will be associated with the aging population. Among which, we think that “Life and Death Education” is one of the crucial elements that should not be neglected. It is hoped that those caring people from all walks of life could use education as the guiding principle, and as the key to solve those problems.