

ABSTRACT

Alimurung Lecture

高橋政代

理化学研究所 多細胞システム形成研究センター

網膜再生医療研究開発プロジェクト

プロジェクトリーダー

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1986年、京都大学医学部卒業。1992年、京都大学大学院医学研究科博士課程（視覚病態学）修了。京都大学医学部助手を経て1995年にソーク研究所研究員となりここで網膜治療に幹細胞使用の可能性を見出す。2001年、京都大学医学部附属病院探索医療センター開発部助教授。2006年、理化学研究所 発生・再生科学総合研究センター 網膜再生医療研究チーム チームリーダー。2014年11月より現職。

Masayo Takahashi M.D., Ph.D. is Project Leader of the Laboratory for Retinal Regeneration Research at RIKEN. She received her M.D. from Kyoto University in 1986, and her Ph.D. in Medicine at the same institution in 1992. After serving as an assistant professor in the Department of Ophthalmology, Kyoto University Hospital, she moved to the Salk Institute in 1995, where she first learned of the potential of stem cells as a tool for retinal therapy. She returned to the same hospital in 1997, and since 2001 has served as an associate professor at the Translational Research Center. She joined RIKEN as a team leader of the retinal regeneration research team in 2006.

【Abstract】

Retinal cell therapy using iPS cells

Masayo Takahashi MD, PhD CDB, RIKEN

The first in man application of iPS-derived cells started in September 2014 targeted the retinal disease called age-related macular degeneration (AMD). AMD is caused by the senescence of a layer of the retina called retinal pigment epithelium (RPE). It is the major cause of visual impairment in advanced countries. We aim to develop a treatment that replace damaged RPE with normal, young RPE made from patients' own iPS cells to rescue photoreceptors in the neural retina.

In the clinical study, we generated iPS cells from patient's skin fibroblast. RPE cells were differentiated from iPS cells. Picking up the brown cluster of cells, hiPS-RPE cells were purified. Cells were evaluated their purity, function, various genetic examination and tumorigenicity test using mice to check the safety. We judged the outcome 1 year after the surgery. Primary endpoint; the safety was successfully achieved in the first case as we expected.

However, autologous transplantation is time consuming and the cost is high. It is necessary to prepare allogeneic transplantation to establish a standard treatment. RPE cells are suitable for allogeneic transplantation because they suppress the immunoreaction and it is possible that the rejection is considerably little if we use the HLA matched iPS cell. After we confirmed that HLA matched iPSC-derived RPE show no immune rejection in model animals, we announced the new clinical research using allogeneic transplantation of iPSC-derived RPE.

In Japan pharmaceutical law has been changed and a new chapter for regenerative medicine was established. This is the first law specific for regenerative medicine in the world. It was determined in the co-operation with ministry & academia and its success will depend on the co-operation of regulatory authorities, academia and companies.

**~Instead of adding days to life add life to days~
Nurturing Elderly Clergy's Health**

Waldemar Kippes

NPO The Clinical Pastoral Education & Research Center

Health.

“Hi! How are you?” in daily life means more or less “I recognize you as a fellow human being. You are not a nobody!” The response “Thanks. Fine Thank you!” does not necessarily mean “everything is alright”. It is more or less a stereotyped ‘polite answer’ for being recognized by someone else.

Health means not just physical health but “wholeness of the total person”. Health is an entity of the physical, mental, emotional/psychological, social and spiritual realm. Spiritual health includes both philosophy and faith, i. e. meaning and/or purpose of life, conscience (one’s own differentiation between good and evil) and lived faith convictions. Thus health means first of all the quality of one’s inner life.

Life

The worth of life consists not in its length but in its content. The axiom “Rather adding days to one’s life it is better to add life to one’s days” is a healthy stimulus for a fulfilled life. For a Christian life does not end. The present life will be the preparation for being united with “Life itself”. There is no “live ending” but “preparation for life itself”. Life doesn’t/cannot end, as long as it is life!

Inner Growth Enhancement

While being cared for one’s physical needs is of great help, a retired clergyman (or religious woman) needs a trustful inner growth enhancing environment. During one’s active life as a priest ~contemplative monks being different~ religious services, religious teaching and administration were the center of one’s duties. Following duties and fixed rituals often resulted in neglecting growth of one’s personal inner (faith) life. Thus retirement can/should be a time to further one’s own inner convictions and beliefs. For this purpose a person or persons who can be trusted, who live their own personal beliefs, have a personal philosophy of life and its meaning are of great help.

Growth enhancing stimuli

- Being respected (e.g. proper names/titles)
- Being encouraged for respecting oneself (e.g. proper clothing)
- Being challenged to use one’s assets for cooperation (e.g. getting a specific task)
- Being asked for sharing his life experience(s), (e.g. hints for living fully)

Diocesan Commission for the Health Care of the Clergy and Religious

Peter Anthony Fok

The Guild of St. Luke, St Cosmas and St. Damian Hong Kong

The Commission was appointed by the Bishop in 2004 to advise him on the needs and provisions of health care and retirement services for the clergy and the religious in the Diocese and to coordinate the implementation of measures for such purposes.

Membership includes representatives of the religious and missionary communities and lay Catholics.

Our services are under expansion and now include (a) Medical Support Scheme for Clergy Working in Parishes; (b) Medical Advisory Team for the Religious; (c) preparing useful information on the health care of the clergy and the religious in the Commission's website "<http://www.healthnews.catholic.org.hk>"; (d) talks on medical topics and health care issues given by medical experts regularly or on request; (e) general support services for member of the religious communities and (f) Advisory Team on Retirement Facilities and Services that provide expert advice to religious communities on how to go about providing facilities for the care of the infirm and the elderly.

FOUNDING A SUPPORTING SYSTEM FOR RETIRED PRIEST AND NUNS IN AN AGING SOCIETY

Shigeki Hitomi¹, K Hamaguchi²

¹*President of Japan Catholic Medical Association, Emeritus Professor of Kyoto University, Kyoto Japan,*

²*Director of Nibuno Villa Nursing home for Clergy in Himeji Japan, Catholic Arch Diocese of Osaka*

Object:

To make a system with which doctors and flocks can support elderly priests and nuns medically, economically and spiritually.

Methods:

- 1) To study the age distribution of priests and nuns.
- 2) To interview priests to enquire about their hopes about how to spend the rest of their lives.
- 3) To study the retirement houses for them, both Catholic nursing homes and non-Catholic public nursing homes.
- 4) We will make a system with which doctors and flocks can support them.

Result:

- 1) Average age of 1,428 priests is 63 years and two months.
- 2) Percentage of over 65 years old priests is 49 %
- 3) Their life's purpose is prayer, missionary, sacrament and public activities.
- 4) Where and how they want to live: Catholic nursing home/hospital is 50 %, Care house for retired priest is 14 % and public nursing home/ hospital is 7 %.
- 5) Costs: When they have difficulty walking.
 - 1) Care houses for retired priests cost about \$5,000 monthly.
 - 2) Catholic nursing home/hospitals cost \$1,750 monthly,
 - 3) Public nursing home/hospitals are \$1,750 as same as 2),
 - 4) Living in priests' home / convent with public care: Lowest-priced, because there is no room charge.
- 6) Things which we can do:
 - 1) Support food & nutrition of priests who live alone.
 - 2) Make a system in which Catholic doctors can work for priests/nuns.
 - 3) Make system in which flocks can support priests/nuns in priest's home/convents.
 - 4) Donate money to build homes for retired priests/nuns.

Conclusion:

We have to

- 1) Build up donations.
- 2) Build up the supporting system for the elderly priests/nuns.

RECENT STATUS OF HEALTH CARE SYSTEM FOR ELDERLY RETIRED CLERGY IN KOREA.

Joon-Ki Kang^{1,2,3}, Kang-Jun Yoon³

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²*Emeritus President of the Korean Federation of Catholic Medical Association,*

³*Director of St. Peter's Hospital, Seoul, Korea.*

One of the big problem among the old aged clergy who are lived alone for holy affairs and formal obligation in the church, are welfare of the elderly retired clergy. For the investigation of the recent status of health care system for elderly retired clergy in Korea.

We reviewed as follows;

- Status Korean Catholic Church,
- Status, retired elderly clergy,
- Usual Life of the elderly retired clergy,
- Welfare system of the retired fathers and sisters.
- Further resolving problems of the elderly retired fathers and sisters in future

We investigated the recent status of Korean Catholic Church, elderly retired clergy (fathers and sisters), usual life of the retired clergy and welfare systems in retired clergy with Catholic Bishops Conference of Korea 2014. The number of the Catholic is 556,971 among the 52,419,477 of the national population and the proportion of Catholic's are 10.6%. Estimated number of Catholics served by a priest is 1124. In Korea Catholic Dioceses, Province is 3, Archdiocese 3 and Diocese 15. Clergy by ages in Korea, there were 172 fathers between 65 and 69 years, 123 between 70 and 74 years, 93 between 75 and 79 years and 58 over 80 years. As we know the retired old fathers were served a formal holly jobs for God's Activities for over 40 years and they had no family and only they did sacrificing with the Bibles and Christian with God. For the maintaining the good health, mentally, physically we have to made a continually programs of retired father's health and provided the health fund by parish administration and Christian duty. The otherwise we have to establish the scientific residence that are lived after retirement.

THE HEALTH CARE SYSTEM FOR ELDERLY CLERGY IN TAIWAN

Arlene Te¹, Mary Ann Lou Yiu Chin²

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²*Department of Breast Surgery, Cardinal Tien Hospital, New Taipei City, Taiwan ROC*

Objective:

To provide integrated Clinical Care for our elderly Clergy who offer their lives for our Lord and to maintain a good quality of life, life with dignity and respect, in their remaining years here on earth.

Materials and Method:

Over the past 17 years, the Family Medicine Department in the 3 Catholic Hospitals in Taipei Diocese are asked to be responsible for:

1. Priests 65 years old and above who are still active in their Parish work or in their apostolate
2. Priests who are in the Nursing home, who need assisted living care, long term care, home care or hospice care.

Result:

In Taiwan, we have National health insurance for > 97% of the population. We offer many different levels of health care to our elderly Clergy. Because of the good health care system we are able to keep our elderly Priests healthy and well cared for. We offer yearly physical check up, yearly flu vaccines, cancer screening and psychological evaluations. We also offer spiritual care at our Nursing Home for elderly priests. Cardinal Tien Catholic Hospital in Taipei serves Clergy and Religious as our priority apostolate.

Conclusion:

Every Priestly vocation is a gift from God. These men offer their entire lives to our Lord. It is our duty as Catholics to serve our priests, to take good care of them by providing quality medical care, to attend to their personal need, to take time to visit them, listen to their stories, keep them active and most of all to extend to them our love. Our late Cardinal Tien established this hospital so that the diocesan priests can have good medical care. One of our main objectives is to love God and serve him by providing practical and comprehensive health care for His priests entrusted to our care.

OUTCOME OF HIV PREGNANT WOMEN: PERSPECTIVE OF FAMILY PLANNING AND REPRODUCTIVE HEALTH

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Human Immunodeficiency Virus (HIV) infection has a significant and growing impact on family especially in poor resource setting. The most significant way to effect the HIV epidemic in children is to prevent the new infection in unintended pregnancies. The success of family planning and reproductive health requires effective targeting of the sexually active individual, including male partners and adolescent. Preventing unintended pregnancies among women living with HIV is a critical step toward reducing mother to child transmission.

In Indonesia, the number of new HIV infection in 2013 was 73,000 people. The total number of people living with HIV was 690,000 and out of that, 250,000 was women. Until June 2014, the Indonesia Ministry of Health reported a cumulative figure of 55,623 AIDS cases and 142,961 HIV. The majority of that 78,598 were in the age group of 25 to 49. Children under 14 years of age account for 1,640 (18.1%); 1,499 (91%) of those children were perinatally transmission.

Hasan Sadikin hospital as the tertier referral hospital in Bandung, West Java is providing services with currently more than 3000 patients; 1,444 active on anti retroviral (ARV) treated patients until December 2015. Program of Prevention Mother to Child Transmission (PMTCT) began on 2010 in this hospital. Until now we have 198 pregnant women who has joined the PMTCT program. From those women, 139 (70.2%) underwent sectio caesarian, and 3 cases (2.2%) of them transmit HIV to their child . The total HIV positive children were 236, and of those only 101 children on ARV until now.

It is important to achieve perinatal HIV infection reduction. However, perinatal transmission of HIV continued to occur, and infant infections could be associated with the fail of interruptions of care. Need more exploration about the role of health care worker to solve the family planning and reproductive health.

Key words : Family planning, reproductive health, HIV, PMTCT

OPTION-OUT APPROACH TO HIV TESTING IN PREVENTION MOTHER TO CHILD TRANSMISSION AMONG INDONESIAN PREGNANT WOMEN

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Indonesia is amongst the countries in Asia with the most rapid HIV prevalence growth. According to the Indonesia AIDS Commission, the number of HIV cases increased at least three-fold between 2009 and 2014. Previously, injecting drug user was the most prevalence population among the HIV infected individuals. However, the proportion of women in HIV care in Hasan Sadikin hospital increased in 2012 (39.9 % (129/323)) compared to 2007 (22.2 % (24/108)). The findings is in line with national estimation of an increasing proportion of women from 34.4 % in 2008 to 42.3 % in 2013. Unfortunately, female partners of men who inject drugs and male sex male remain undiagnosed until they develop symptoms or lose a child due to HIV/AIDS. The delay in HIV detection in women will cause sexual and reproductive health issue and furthermore the risk HIV transmission to children or other partner(s) will be higher. Around 3% of AIDS cases in Indonesia are paediatrics resulting from mother to child transmission. To prevent mother-to-child transmission, HIV screening is performed during antenatal care in Indonesia. The HIV test is based on voluntariness dan confidentiality, so every person has to access voluntary counselling and testing (VCT) before they have the test. In antenatal care clinics, the HIV test is recommended to all pregnant women unless they decline the test (opt-out). Only a small proportion of pregnant women have undergone HIV test. In Hasan Sadikin hospital 250 of 1090 (23%) pregnant women had HIV testing with option out approach. The barrier of pregnant women in Indonesia having HIV test therefore needs to be explored.

Keywords: opt-out, HIV test, pregnant women

THE PICTURE OF HIV IN MALAYSIA TODAY

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Malaysia has an estimated HIV population of 100,000 people (prevalence \approx 0.3%). Around 30% are on antivirals. In 2015, there were 3,300 new cases, which is a plateauing of a previously declining transmission rate.

In 2010, 37% contracted HIV through sexual transmission, while 57% were through sharing of needles. In 2015, HIV through sex increased drastically to 78%, while sharing of needles declined to 16%. The large majority have been men who have sex with men (MSM). There is also a significant shift towards those under 30 years old, contributed by increased usage of designer drugs and sex stimulants.

This change in epidemiology has raised uncomfortable questions, particularly on sexual behavior and attitudes, to the largely conservative Malaysia, including the church. There is difficulty acknowledging and dialoging about lifestyle choices of the young, especially sexual orientation and sexual permissiveness. This unfortunately contributes to people living with HIV/AIDS (PLWHA) presenting late for treatment, leading to increased risk of death or disability and worse still, an increase in transmission. The Church has, since the 1990s, been actively involved in treatment, care and support of PLWHAs. The first church-run shelter home was set up in 1997 and continues to cater to PLWHAs of all nationalities, religion, race or mode of transmission. The Archdiocese-Office-of-Human-Development (AOHD) and the St Vincent de Paul (SVDP) directly fund homes for PLWHAs. The Catholics Doctors Association and other organizations like ACTS directly or indirectly support the medical needs of PLWHAs.

There remains room for improvement. HIV efforts still appear feeble, fragmented and uncoordinated, largely relying on small groups or individuals on the ground. The HIV agenda is not a mainstream issue and there is no specific ministry to address PLWHAs. It can also contribute more on preventing transmission. There is a need for increased support, funding, volunteerism, and organizational skills to better tap on the good will of individuals and match them to where the needs are the greatest.

PRESENT STATUS AND CHALLENGES OF HIV/AIDS IN JAPAN.

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The number of reported cases of both of HIV infection and AIDS in Japan increased from 1985 to 2007. After reaching 1,500 cases in 2007, the number of reported cases has leveled off. 30% of the reported cases which number around 450 was AIDS. Although free and anonymous HIV test is available at public health centers (PHC) throughout Japan, those AIDS patients spend 5 to 10 years without knowing they were infected with HIV. The number of HIV test in PHC peaked at 147,000 in 2008 and has decreased to 100,000 to 110,000 per year. Lack of public awareness of HIV/AIDS is considered as one of the reasons why the number of HIV test has not increased.

According to a survey of people living with HIV/AIDS (PLWH) by a research team in Japan, only 15.3% have faced discrimination always or sometimes. The figure seems quite low. However it would be necessary to consider that many PLWH disclose the fact of their infection of HIV only to a very limited number of people around them. PLWH can live more healthily and longer due to the progress of medical treatment, but they must face discrimination and difficulties in their lives.

“HIV/AIDS Desk” under the Catholic Bishops’ Conference of Japan started in 1995. It is comprised a bishop, priests, a nun, a medical doctors, nurses and others and has carried out several activities, such as workshops and publishing of booklets to increase public awareness of HIV/AIDS.

CARE FOR AGED PATIENTS IN THE TERMINAL STAGE - ADVANCED DIRECTIVE PERSPECTIVE

Freddie Loh

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Immediate Past President AFCMA, Past President Catholic Doctors Association of Malaysia,
Visiting Doctor to Little Sisters of the Poor Old Folks Home*

Introduction:

All religions teach us to do good and accept the concept that 'THOU SHALL NOT KILL'.

This talk will focus on the caring for the aged patients in the terminal stage from the Advanced Directive perspective.

What is an Advanced Directive?

An Advanced Directive is defined as a document written with instructions made by a person before he/she reaches terminal phase of a terminal illness or a persistent vegetative state and is incapable of asking decisions about medical treatment when the question of administering the treatment arises. Before discussing Advance Directives any further it is important to understand certain terminologies which might be mentioned in the Advance Directives eg. Death(Brain Death), Terminal illness, Euthanasia, Ordinary and Extraordinary Care, DNR or Do Not Resuscitate, Physician Assisted Suicide etc.. All these conditions are associated with End of Life Care and will be described briefly.

Death and Brain Death:

Dictionary's definition of death is the cessation of life; permanent cessation of all bodily function.

From the medical point of view, Death can be diagnosed and certified when the heart stops and spontaneous breathing stops (conventional definition) or when the brain including the brain stem stops functioning (Brain Death definition).

Terminal illness:

This is an incurable condition caused by death or injury from which there is no reasonable prospect of a temporary or permanent recovery.

Euthanasia:

This word is derived from Greek which means 'good death'. Pope John Paul II defines euthanasia in his encyclical The Gospel of Life or Evangelicum Vitae as "an act or omission which of itself and by intention causes death with the intention of eliminating all suffering".

Ordinary and Extraordinary Care:

Extraordinary treatment is treatment or care that does not offer a reasonable hope or benefit to the patient, or which cannot be accomplished without excessive pain, expense, or other great burden.

Artificial Nutrition and Hydration (ANH) however is regarded as Ordinary Care and cannot be withheld even though death is imminent.

History of Advance Directives:

Advanced Directives began to be developed in the U.S. in the late 1960's.

Categories of Advance Directives:

Advance Directives generally fall into 3 categories viz Living Will, Power of Attorney or Durable Power of Attorney for Healthcare (DPAHC) and Healthcare Proxy.

Physician Orders for Life Sustaining Treatment (POLST):

Here is an example of an Advance Directive Form signed by the Doctor and Patient.

POLST Orders include a DNR (Do Not Resuscitate) and an AND (Allow Natural Death) which is to withhold Assisted Nutrition and Hydration.

PHOTOS of a few Aged Patients from the Little Sisters of the Poor Old Folks Home:

Conclusion:

Care for aged patients in the terminal stage from the Advanced Directive perspective have been described. While Advanced Directives are commonly used in America and are legalised in Asian countries only Singapore has legalised it.

Advance Directives and so-called Living Wills: The Good, the Bad, and the Ugly

George Isajiw

Catholic Medical Association, USA

Advance Directives, initially intended to promote patient autonomy and avoid burdensome (extra-ordinary) treatments at the end of life, have, unfortunately become misused as an instrument of "stealth euthanasia", even in Catholic health care institutions. This talk will explain Catholic teaching regarding ordinary and extra-ordinary treatments and how this teaching applies to advance directives, as well as explain the pitfalls of the terminology associated with so-called "end of life" decisions which transform them into "ending life" decisions, including the increasing dangerous use of the order "allow natural death" to substitute for legitimate "do not resuscitate" orders. Reference will be made to Dr. Isajiw's article in the August, 2015 Linacre Quarterly ("Medical Education in the shadow of 'stealth euthanasia' among Catholics: Are we fighting secularism or heresy?"), a reprint of which will be included in the conference handouts.

"NATURAL DEATH" OF THE AGED PEOPLE AT NURSING INSTITUTES OR AT THEIR HOMES.

Buichi Ishijima

St. John's Sakuramachi Hospital, and St. John's Special Nursing Home

The recent progress of life-sustaining techniques has given rise to the increasing number of patients who are put on the artificial hydration and nutrition (AHN) at their terminal stage. AHN is proposed because of the swallowing inability due to severe brain damages or to senile frail etc. Those patients, however, have no prospect to regain the swallowing ability, and die in a miserable bed-ridden state after repeated infections.

People began to realize this fact in Japan, and more and more patients and their families are apt to reject AHN recently. It is true especially in the nursing homes. When a client becomes gradually inactive and less-eating, staffs begin to discuss with families whether he/she should be put on AHN. Most families choose a course of "natural death". Staffs try to let him/her eat more, but not forcibly. Finally he/she does not take anything at all, and several days later, he/she stops breathing quietly.

Some families take the patient back from the hospital to his/her home and take care of him/her at his/her familiar long lived home, with a help of visiting-home-doctor without putting him/her on AHN until the peaceful end of life.

We will discuss about the problems of the life-sustaining treatment for the aged patients in the terminal stage.

Human Dignity at the End of Life

Peter Au-Yeung

Guild of St Luke St Cosmas & St Damian Hong Kong

Treatment aims and goals change at the end of life, from curing disease and controlling pathologies to symptom control and palliation. Giving up on burdensome life sustaining therapies (such as mechanical ventilation, dialysis, cardiopulmonary resuscitation, etc) is also part of this shift in emphasis for both the healthcare team and the patient alike. Yet the switch from adding days to life to adding life to days does not involve abandoning the principle of sanctity of life, nor of acknowledging any diminution in the humanity and dignity of the person whose life is nearing its end.

Yet the modern trend of emphasizing patient autonomy has polluted this healthy recognition of our mortality with a radical self-centredness which urges people to retain absolute control over such matters as death, by lobbying for euthanasia, assisted suicide and the like. Good medicine requires a prudent balance between therapeutic obstinacy on the one hand and actively helping the patient to die on the other. This presentation examines some current developments relating to end-of-life care in the context of respect for human dignity from birth to natural death as taught by the Church.

Kids on the Market

Sharon Gopalan

LifeCare Diagnostic Medical Centre, Kuala Lumpur, Malaysia

Under the international law, child trafficking is a hidden criminal act involving fundamental violation of rights of recruitment, transportation, transfer, harbouring or receipt of a child, exposing them to exploitation, abuse and violence. Trafficking threatens a child's long-term development and in some extreme cases, his or her very survival as well.

Global enslavement of children affects countless numbers of victims, who are trafficked within their home countries or transported away from their homes regionally or internationally and treated as commodities to be bought, sold and resold for labour and commercial sexual exploitation.

By far, the commonest identified form of human trafficking is sexual exploitation at 79%, followed by forced labour at 18% and others including organ removal at 3%. All over the world, girls are particularly likely to be trafficked into sex trade where they constitute 98% of those trafficked for commercial sexual exploitation.

Health and safety standards in exploitative settings are extremely low and the degree of experienced violence is severely linked with adverse physical, psychological and social-emotional development.

People want to know what to do individually and collectively. Why aren't the respective governments and United Nations doing more? Some people are even willing to mobilize resources to fight the crime, but for whom and how? The human rights based approach to child trafficking provides a comprehensive conceptual framework whereby victim focused and law enforcement responses may be developed, implemented and evaluated. The crisis we face of fragmented knowledge and disjointed responses intensifies a crime that shames us all.

References:

1. Global Report on Trafficking of Persons, 2009, 2014 - United Nations Office on Drugs and Crime (UNODC)
2. Yvonne Rafferty, 2013, Child Trafficking and Commercial Sexual Exploitation: A Review of Promising Prevention Policies and Programs. American Journal of Orthopsychiatry, vol. 83, issue 4, pp 559-575.

Child Abuse Prevention in Japan

Makiko Okuyama

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Although the first academic paper about child abuse in Japan was reported to a pediatric journal in 1971, social awareness rapidly increased only early '90s, when regional multi-disciplinary NGO movement started at Osaka and Tokyo followed by many area in Japan. At mid 90's Ministry of Health and welfare became concerning about child abuse and Child Abuse Prevention Law was enacted on 2000.

Since then the case reporting increase rate became more than before, and Child Guidance Center (CGC), authorized organization belongs to prefecture government, became overwhelmed. Then MHLW revise the law to create the official local multi-disciplinary network system belongs to the city or town government. At year 2013 reports to CGC reached more than 70,000 and about the same number of cases are reported to local government. Serious shortage of the human resource became the major issue now.

Child death is the most tragedy of child abuse. More than 100 children died by child abuse in Japan. The report by the committee for child abusive death review at MHLW showed that about 40% of child abusive death occurred below one year old and prenatal factors are strongly related to it. The lack of medical management is also risk factor for child abusive death.

Our hospital started SCAN (Suspected Child Abuse and Neglect) team at 2002 and now we are dealing with more than 100 cases a year. We also try to find the maternal risk factor at pregnant period and provide counseling and social support for them. We hope those effort can prevent next generation child abuse.

“The Cradle of the Stork” and Pregnancy and Child-rearing Counselling Service

Taiji Hasuda

Chairman and Executive Director Jikei Hospital

Purpose: To offer relief to mothers, pregnant women, newborn babies and toddlers in situations in which continued child-rearing is difficult.

Subjects: Mothers and pregnant women

Methods: 1. “The Cradle of the Stork”, a baby hatch via which babies that cannot be properly cared for can be anonymously deposited into the hospital’s care.
2. Free 24-hour advice hotline
3. Interviews

Results: 1. No. of babies deposited into “The Cradle of the Stork”

2007 = 17 babies, 2008 = 25 babies

2009 = 15 babies, 2010 = 18 babies

2011 = 8 babies, 2012 = 9 babies

2013 = 9 babies, 2008 = 11 babies

2015 = 11 babies.

Total = 112 babies

2. No. of telephone consultations

2007 = 501 calls, 2008 = 472 calls

2009 = 513 calls, 2010 = 591 calls

2011 = 690 calls, 2012 = 1000 calls

2013 = 1445 calls, 2008 = 4036 calls

2015 = 5466 calls.

Total = 14714 babies

Conclusions: 1. In total, 112 babies have been left in our care. However, 40-50 newborn babies are abandoned each year, causing several deaths. There are various reasons why newborns are abandoned. Some mothers may not know about the baby hatch. Others come from overseas, because welfare and medical standards in their country are insufficient.

Babies left in the baby hatch are almost all brought up first in an orphanage, via the child consultation centre. We want to ensure that these children are afforded familial-like care.

2. The number of consultations is extremely high. In cases in which continued child-rearing is difficult, we arrange for the special adoption of the baby. 268 such cases have arisen up to 31st March 2016.

CHILD MALTREATMENT INTERVENTION ~ CALL FOR OUR ATTENTION

Waty Sumiati

*Children Dental Clinic, Borromeus Children Medical Centre,
St Borromeus Hospital, Bandung, Indonesia*

A member of Komunitas Dokter Katolik Jawa Barat-Indonesia

*Bina Iman Remaja Paroki Maria Sapta Duka
(Teens Sunday School Beatae Mariae Virginis 7 Dolorum, The Catholic Church Parish of
the Blessed Virgin Mary, Mother of the Seven Sorrows), Bandung, Indonesia*

Child maltreatment is any act or series of acts of commission or omission by parents or other caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission are deliberately and intentionally.

Consequences of child maltreatment include impaired physical and mental health, poorer school performance, and job and relationship difficulties. Child maltreatment can contribute to slowing a country's economic and social development. One of social phenomenon that related with child maltreatment is street children.

Street Children live on the street; some work on the street; some street children maintain relationships with their family whereas others break all contact; some are on the streets currently and some are off the streets but could be easily drawn back there. All of them have strong connections to the street. Street children often experience direct exposure to violence. Girls on the street are at particular risk of sexual violence, and particularly vulnerable to contracting HIV and other sexually-transmitted diseases.

Preventing child maltreatment before it starts is possible and requires a multisectoral approach.

Government and community? includes church's collaboration needed in holistic intervention for child maltreatment includes street children of which Catholics doctors and dentists may participate in especially by facilitating them to have better access to healthcare awareness and education.

FAIR TRADE - CAST YOUR VOTE FOR THE BETTER WORLD.

Tomoko Hitomi

Department of Fair Trade Promotion, Sisam Inc., Kyoto, Japan

Objectives: FAIR TRADE can be a positive option for changing the world in a better way. In the developing countries or “South”, there are thousands of socio-economic problems we need to tackle with, such as poverty, gender discrimination, depopulation of rural areas, city slums, drug abuse, human trafficking and etc..

On the other hand, we should not overlook the facts that people who live in the already-developed countries or “North” need to look back their lifestyles where they overuse the energy and consume more than they need, which now exceeding the level that the ecological system can sustain. And the way of consumption in North is often creating or deepening the problems in South in this closely and globally connected world.

I have been running a FAIR TRADE social enterprise in Kyoto for last 17 years to combat with poverty in South.

Methods: Creating socio-economic positive changes by connecting the poor in South with the market in North through FAIR TRADE with the helps of local NGOs in South.

Results: Sales from FAIR TRADE are directly uplifting the living standard of the producers in South. There is also a great chance of mutual understandings and friendship between people in North and South.

Conclusions: Selecting FAIR TRADE can give a great impact to solve the social problems as well as to educate the consumers in North.

FIFTY YEARS AGO : THE CREATION OF F.I.A.M.C. AS AN INDEPENDENT AND DEMOCRATIC FEDERATION, WITH STATUTES APPROVED BY THE HOLY SEE

François BLIN

President of F.E.A.M.C, former Secretary General of F.I.A.M.C.

After the creation of an "International Secretariat of National Associations of Catholic Doctors" in 1924 by Dr Pasteau, French President, the first Catholic Medical International Congresses before WW2 took place in Brussels 1935, and in Vienna 1936.

In 1947, *Pax Romana* (World Student Association founded 1921) held its Congress in Rome, and split into 2 branches :

- "International Movement of Catholic Students"
- and "International Catholic Movement for Intellectual and Cultural Affairs", already including secretariats of engineers, lawyers, pharmacists, teachers, writers, artists, economists, and scientists.

An "International Medical Secretariat" was created inside it, and its presidency entrusted to *Associazione Medici Cattolici Italiani*, chaired by Prof. Luigi Gedda, remaining "*de facto*" its president until 1966.

Then Catholic Medical International Congresses met in various European cities, still without statutes, and with the same president. In London in 1962 it was decided that the next Congress would leave Europe, and be held in Manila (November 2-5, 1966), with new Statutes.

The theme of this Congress was "The catholic Physicians and the problems of population". There were four plenary sessions : (1) Genetics, Fertility, Sterility... ; (2) Socio-economic problems; (3) Population control - Medical problems; (4) Population control - Moral Problems.

Participants came from 22 countries. Because of the considerable delay in the submission of the Statutes to the Holy See, several European associations were not represented at the General Assembly (November 5). Mgr Silvio Luoni, represented the Secretary of State. President Gedda, having already sent a letter of resignation to the Secretary of State, presented the new statutes, approved by the Holy See. Were elected unanimously : President, Mariano Alimurung (Philippines) — Vice-Presidents, Fred Taylor (USA), Ernest Borges (India) — Secretary General, J. Farrugia (Malta) — Treasurer, Hans-Bernhard Wuermeling (Germany). Conclusions of the Congress, and report of the General Assembly were sent to the Holy See.

Collaboration Among the Japan Catholic Medical Association, the Japan Catholic Nurses Association and the Japan Catholic Medical Institute Association.

Hiroji Shima

*President, Japan Catholic Medical Institute Association,
President, Social Medical Corporation Our Lady of the Snow St. Mary's Hospital*

The Catholic mission in Japan started in 1549 when Francisco de Xavier first stepped foot on Japanese soil. It wasn't until several years later, in 1557, that Luis de Almeida, a member of the Society of Jesus, built the country's first hospital fashioned after the Western model in Oita City as we know it today. After that, at least 12 more hospitals were established in different regions before the Edo Shogunate prohibited Christianity in the country. It was the Misericordia congregation that played a critical role in the activities of such hospitals, and it was this group that was the driving force behind the survival of a lengthy period of suppression, which eventually led to the discovery of hidden Christians in Nagasaki.

When the Edo Period gave way to the Meiji Period, healthcare activities were resumed by Christians who had withstood oppression and religious orders from overseas, etc. 67 Catholic healthcare facilities are currently proven to have existed during that time, and it was the activities of some of the believers working as the main players in the facilities which led to the establishment of respective healthcare institutes today.

The Japan Catholic Medical Association was established in 1942; the Japan Catholic Nurses Association in 1957; and the Japan Catholic Medical Institute Association in 1965. Fr. Bunkei Totsuka, a founding member of the Medical Association, was largely involved in the establishment of many Catholic hospitals incl. Sakuramachi Hospital, while Dr. Takashi Nagai of Nagasaki University was involved in the establishment of the Saint Francis Hospital. In addition, Yae Ibuka, first President of the Japan Catholic Nurses Association, had close ties with Koyama Fukusei Hospital.

In 2008, these three organizations agreed on the goal to "respect the independence of the three bodies, enhance collaboration to allow mutual assistance while striving to improve healthcare and welfare according to the spirit of Catholicism in order to spread the gospel of Christ in Japan" and established the Japan Council of Catholic Medical Associations, working together. The steering committee meets twice a year, and the annual meeting is conducted biannually to promote mutual interaction and collaboration.

The administration structure of member institutes of the Japan Catholic Medical Institute Association varies: some institutes rely on their dioceses, some were established by monastic orders and are run by the church members, and some were established and are run solely by church members. In all three of these organizations the involvement by the dioceses in the administration can be seen only in a few institutes, although there is some engagement of and spiritual guidance by priests, incl. fathers and bishops. At present 27 institutes are members of the Association and the competition among hospitals is harsher than ever, thus further complicating management. Moreover, both the medical and nurses associations are suffering from a decline in membership, and the number of religious vocations/calls to become priests is also decreasing. With healthcare at the frontline of evangelism, it might be high time that we consider new avenues of collaboration in order to spread the gospel of Christ in Japan.

SUPPORT ACTIVITIES OF JAPAN CATHOLIC MEDICAL INSTITUTES ASSOCIATION IN THE BIG EARTHQUAKE-DISASTERS

Kenichiro Ide

St. Mary's Hospital (Kurume)

Japan Catholic Medical Institutes Association (JCMIA) performed the support activities in three big earthquake-disasters, Hanshin-Awaji-Earthquake, East-Japan-Earthquake and Kumamoto- Earthquake. The activities of JCMIA in these disasters will be reported.

Hanshin-Awaji-Earthquake occurred on January 17, 1995. The death was 6,434. JCMIA immediately started the activities. Rescue teams set up three bases in Kobe city and continued activity for 3months. East-Japan-Earthquake occurred on March 11, 2011. It was characterized by huge Tsunami, and 15,894 persons died mainly by drowning. Four hospitals of JCMIA sent the rescue parties. They were recruited in JMAT(Japan Medical Assistance Team). The temporary rescue clinic was opened in Rikuzentakada City. The activity was continued for five months.

Kumamoto-Earthquake occurred on April 14 and 16, 2016. Forty-nine persons died in this disaster. We did not send the staffs, because the rescue system of Kumamoto was set up so quickly.

There are two rescue systems in Japan, DMAT(Disaster Medical Assistance Team) and JMAT. They were established from the experience of Hanshin-Awaji-Earthquake. At East-Japan-Earthquake, DMAT was dispatched immediately, but was soon broken up, because almost all catastrophes were due to Tsunami. In Kumamoto, there are many hospitals, which are closely connected each other. The victims were quickly transported to the non-effected hospitals. So, we did not need to send the rescue party.

JCMIA supported the victims who were left out of the rescue system of the government. Our activities stood on the ideology of catholic hospitals, to do something for the “least of our brethren”, which is the main theme of this Congress. This is the most important stand point of the catholic hospitals, as well as of the staffs with the catholic faith, not only in the daily works, but at the time of crisis.

HOW TO SUPPORT VICTIMS SPIRITUALLY AFTER DISASTERS?

Kazu Kobayashi

Director, Seiryoku Clinic Kobayashi, Kobe-city, Japan

Now, the word “Trauma” became very popular among the people in earthquake-rich Japan.

Dr. Sigmund Freud established this concept. I am doing my daily clinical practice on the basis of psychoanalysis which was originated by him.

I was involved in the Great Hanshin-Awaji Earthquake in 1995 as a victim and a supporter, and then in the Great East Japan Earthquake in 2011 as a supporter. Through these experiences, I learned many things. I would like to pick up an important viewpoint among them in this report.

In supporting activities for victims, the most important thing is to save their lives first, and next is to ensure their daily lives. When the victims come to regain the normal daily lives, and if they can find a worth of living or working to take a step forward, I am sure that they can change their negative experience of disasters into the active energy for their lives.

A thirteen-year-old girl lost her grandparents, her house and her home town at the Tsunami in 2011. After the tragic disaster, she found her course of life to become a nurse which she thought would make her life valuable. Another young man who was thinking that he had been only wasting his time in his simple task until the disaster, could find a sense of identity of his life through his experience of organizing the supporters for victims.

In conclusion, when we support victims, if we could have the following viewpoint, we might be able to gain more effective result of activities: “What kind of support is useful for victims to find their worth of living or working individually?”

Because, it is the true road to God that one finds the worth of living and working in one's life.

REPORT OF SUPPORT ACTIVITIES OF SENDAI — CHAPTER OF JCMA IN THE GREAT EAST JAPAN EARTHQUAKE

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On March 11th 2011, the great Earthquake and huge Tsunami attacked the north-eastern area of Japan. Many cities and villages along the north-east-coast of Japan beyond the compass of 500km in length were utterly destroyed.

The Office of JCMA (Japan Catholic Medical Association) immediately opened a bank account for the relief fund, and called for the donation to the members of JCMA. Approximately 16 million yen was gathered, in which 14 thousand USD from the Medical Associations of Asian Countries were included. Thirteen million yen was sent to Sendai Chapter and 3 million yen to Fukushima and other rescue centers. Sendai Chapter started support activities mainly in the areas of Miyako, Ofunato and Kesenuma Cities. We offered drugs and medical supplies to affected areas. Many members of JCMA, not only from Sendai Chapter, but from other Chapters worked as volunteer doctors at temporary medical office in Rikuzentakada City from the end of April to the beginning of July. Members of JCNA (Japan Catholic Nurses Association) also supported and cared affected people with Catholic Sisters at the biggest shelter in Kesenuma City from the beginning of June to the end of August. From the end of August 2011 to March 2013, individual counseling supports and lectures about PTSD were held with the cooperation with the psychiatrist several times of every month for the affected people. We offered the economical supports twice to Kesenuma Nursing School, and it has been still continued with the fundraising campaign. We will report the details of our support activities.

Finally, we express our cordial thanks to the Catholic Medical Associations of Asian Countries for their large amount of donations.

Bereavement care : the interactional approach for local NPO staff ~Looking back 5 year-activity at the Great East Japan Earthquake area~

Keiko Ito

Purpose

The importance of bereavement care toward families of the deceased became remarkable after the Great East Japan Earthquake which occurred in March, 2011 . This report is considered about educational support of the local NPO staffs who work for bereavement care.

Target

The NPO doing activity of bereavement care in Miyagi-ken

Way

Information arrangement using the lower activity records is performed while aiming at the effect of monthly intervention which analyzing the change every year and the number of citizen participation in time series,

- (1) Activity records before March, 2011
- (2) Activity records from March , 2011 until March, 2016.
- (3) Records of educational intervention for the staff education for 5 years

Result

- (1) Complicated problem in the NPO activity direction before great earthquake . because the NPO had started from care of families around suicide, but a criterion also developed in bereavement care to families lost of members on natural death , and more especially interests to needs to the schoolchild separated from a parent for traffic accidents.
- (2) Taken up by Medias after earthquake, a lot of volunteer visit NPO substantially from the whole country"" , bereavement care activity in group meetings became under unstable and fragile condition,
- (3) The previous staffs who had participated before the earthquake was leaving NPO gradually by confusion of activity plans, and load to the experienced staff abundant became heavier
- (4) Around 3 years since the earthquake, staff educations has been recognized as more important part, i.e. workshops and classes by invited lecturers.

Conclusion

By unexpected large-scale Tsunami at the Tohoku district, 2011, many family included children in school hood experienced severe mental damage at the same time , so NPO's local staff in these areas also have come up gradually to make more efforts to figure out what they would get instead of grief among other people .

**THE TASK ABOUT MENTAL HEALTH CARE IN THE EVENT OF
A DISASTER UTILIZING PALLIATIVE CARE
~ THROUGH THE EXPERIENCE OF 'DOCTOR'S OCHAKKO' AT
OTSUCHI - CHO IN IWATE PREFECTURE ~**

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【Objective】

'Doctor's Ochakko' (Which shall be called "'Ochakko'" in the following.) is a tea party that has been opened at Otsuchi-cho in Iwate prefecture after The Great East Japan Earthquake.

We are involved in palliative care, and has been facing patient and families who are in anguish, depression or grief. So, we expanded the Lounge as it is lounge of a temporary dwelling. The results of ongoing involvement, there is a possibility that became one of the mental health care. After the Great Hanshin/Awaji Earthquake, mental health care was given attention. DPAT(Disaster Psychiatric Assistance Team) was organized after The Great East Japan Earthquake and they did first activities at Hiroshima landslide. Through the experience of Ochakko, we report the existence of Depression /mental health problems among natural disaster Victims and want to deliberate and find source for solutions on the issues.

【Method】

Ochakko has been opened just three lounges of a temporary dwelling. Our objective is making the lounges a safe and secure place and anybody can join the discussions whenever they want. People who support people affected by the disaster (people of Town Hall, police, firefighters) can join, too.

【Result】

From October of 2011 to December of 2014, shows that there were 172 times of Ochakko Meetings. In there, people told us experience of the tsunami and the disaster, memories of lost family and Anxiety of everyday.

【Consideration】

Many of the people affected by the disaster don't have Mental illness, so, it is considered that there is no need about mental health care. But, their suffering is all human depression, so through the continued involvement, many people could finally expressed about their emotions and pains. It's very important to have the sensibility to catch the needs, face the people according to the pace and snuggle continuously believing in the underlying strength of the people. Also, the system that can support the public health nurses to care the people is required.

Increased incidence and medical expenses in elderly hemodialysis in Taiwan: an importance issue in palliative care

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Catholic Mercy Hospital

Objective:

Hemodialysis in elderly patient (aged over 75 years) had a higher frailty and burden than younger hemodialysis patients. There is a trend of increase elderly hemodialysis patients in the United State of America. The aim of the present study is to evaluate the medical expenses and its implication in elderly hemodialysis from 2009 to 2013 in Taiwan.

Material & Methods:

Data was obtained from National Health Research Institute and National Health Insurance Bureau (NHIB) in Taiwan for analysis.

Results:

In 2013, new elderly hemodialysis (over 74+ year old) was 3280 patients (30.6% of new hemodialysis) compared to 2684 patient in 2009 (28% of new hemodialysis). The prevalence of elderly hemodialysis patients was 16584 (22.6% of total hemodialysis populations), which was significant higher than 12389 (20% of total hemodialysis population) in year 2009.

In 2009, elderly patients had 17278 hospitalized events (29% of total hospitalization in hemodialysis population) and used up 22.6 Trillion points of payments in NHIB. In years 2013, there were 22870 hospitalized events and used up 27.6 Trillion point of payment (31% of total payment for hospitalization in hemodialysis population). In addition, unadjusted death rate was 217.3/1000pt, which was significant higher than 110/1000pt in hemodialysis population in year 2013.

Conclusion:

In Taiwan, there is a trend of increase both in incidence and prevalence in elderly population. This specify groups of patients had a higher hospitalization events and higher medical expenses. More important, they had a higher mortality in hemodialysis population which implied that palliative care is an importance issue in elderly hemodialysis patients.

HEALTH INFORMATICS ERA EVOLVING HEALTH CARE OF THE ELDERS

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Objectives: The cost of health informatics is down, and becoming more practical and friendly. Population of the elders is growing over the majority of countries. Although the older generation easily falls behind with the rapid evolution of digitalized life style, the evolution also heads to easy to use and merging into daily activities. We are interested in the advantages and new problems derived from the digitalized means and facilities involving the health care of the elders.

Methods: The items of digital facilities and informations about the health care for the elders are collected. They are sorted into hospital care aspect, home care aspect, and social media aspect to analyze their effectiveness, cost and drawbacks.

Results: The effects of hospital care aspect are satisfactory, more mature, advancing and extending to home care system. The health informations on the internet is abundant but not readily accessible for the elders. The convenient health-related informations from social media might be not correct or precise enough for every smart phone or computer users, but could express the poster's enthusiasm.

Conclusions: The techniques and data of health informatics are indeed helpful, and improving the health care system of the elders obviously. However, care providers for personal contact and encouragement, professional judgement and adjustment, as well as technical support and maintenance still play the important roles in the blossoming health informatics era.

KNOWLEDGE OF AGING AND ATTITUDES TOWARD ELDERS AMONG LONG-TERM CARE FACILITIES STAFFS IN TAIWAN.

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Objectives: Aging populations are a powerful and transformative demographic force. As many elderly adults require care in Long-term care facility, the development of age-friendly medical environments has become increasingly crucial. In Taiwan, it's 12% of elderly in the total population which is second highest rate of elderly population in the Asia. Health care workers' knowledge and attitudes towards elderly will influence the quality of care. They would affect treatment strategies for elderly patients, the way of care, and allocation of medical resources. This study is to investigate the knowledge and attitude towards elderly amongst Long-term care facility staffs, before the age-friendly institution certification.

Methods: A purposive sampling, use a structured questionnaire online, survey working of all staff. This study adopts a cross-sectional survey. Using Palmore's Facts on Ageing Quiz 1(FAQ1), and the UCLA Geriatrics Attitudes Scale (GAS).

Results: There were 126 subjects involved in the study (mostly Female, Nurse Assistants, and 46 to 50 years old). The research found that facility staffs had a low level of knowledge (average score was 54.1 points) on elderly and the have positive attitudes (average score was 4.7 points) with elderly. In addition, the majority of the subjects showed positive attitudes towards elderly except those who felt uncomfortable relating to elderly.

Conclusions: We found that knowledge about the psychological and social dimensions of aging were weaker, which partially agreed with the results of other studies. These findings highlight the importance of assessing knowledge of ageing, geriatrics attitudes, and influence factors. This study has concluded that facility staff' knowledge and attitudes towards elderly were generally positive, however more support needs to be provided for staff in understanding and providing care for elderly in facility. It is necessary to arrange the age-friendly education in the future.

The Health Consequences of Korea's Rapidly Aging Population

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Owing to continuous economic growth, an increased standard of living, and improvements to health care in Korea, the life expectancy of Koreans rose from 69.0 years in 1985 to 71.3 years in 1990, and continued to rise throughout the 1990s. By 2015, it reached 78.5 years for the Korean males and 85.1 years for females. Similarly, the proportion of the Korean population that is 65 years of age or older increased from 3.1% in 1970 to 7.1% in 2000, and is expected to reach 14.0% in 2018. Thus, according to this estimate, Korea will have evolved from an "aging society" to an "aged society" in only 18 years which is unprecedented speed of population ageing in the world. In the case of other countries, this same transformation has generally taken 2 to 5 times longer.

One of the major issues related to Korea's rapidly aging population relates to the health problem of the elderly. According to the recent National Health Survey Report, 87.6 percent of the elderly were reported to have at least one chronic disease. In other words, almost 9 out of every 10 elderly persons in Korea are suffering from one or more chronic illnesses. This means that the quality of life of the Korean elderly is very low. And, this clearly places a significant economic burden on Korean society, particularly in the form of increased health care costs. In Korea the healthcare cost increased by 10.4 percent in 2015, mostly due to the increased number of those aged 75 or older who sought medical help particularly for dementia and cerebrovascular diseases. This paper examines the increasing prevalence of chronic diseases within Korea's rapidly aging population and suggests some possible short- and long-term solutions to cope with the increased burden being placed on Korea's health care system. These include the basic health services at the local health centers for the elderly and the national life-long health promotion programs that aim to correct unhealthy behavior, such as smoking, excessive use of alcohol, and poor eating and exercise habits from the young age. Preventive measures to combat ageing-related diseases especially dementia are urgently needed in Korea.

PROMOTING A GOOD DEATH FOR NURSING HOME RESIDENTS

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Objectives: Nursing home residents rarely survive to discharge after attempted cardiopulmonary resuscitation (CPR). The aim of this report is to share the policies of promoting do-not-resuscitate(DNR) directives in a hospital-affiliated nursing home which successfully reduce futile CPR and promote a good death for the nursing home residents.

Methods: From 2013 to 2015, we formulated and implemented the following policies: (1) ensure that residents or family members are informed of their right to accept or deny written advance directives prior to admission, (2) include blank documentations of advance care planning in the contract during admission, (3) voluntarily discuss and document care goals with residents and family members after admission, (4) always recheck goals of care and resuscitation decisions whenever the resident's medical condition changes (5) record the prevalence of DNR directives every three months.

Results: After implementation of the above-mentioned policies, the prevalence of DNR directives in our nursing home rose from 22.5% to 40% in 2014, and kept rising to 60% in 2015. Among the 124 residents who died between 2013 and 2015, 74.6% had a DNR directive before death, and only 4.2% of those who did not have a DNR directive in advance actually received CPR.

Conclusions: Our results show the significant impact of policy implementation on promoting DNR directives in nursing homes. To improve the quality of end-of-life for frail elderly in nursing homes, it is warranted for policy maker to carry out further regulations and education programs about advance directives in Taiwan.

Using Geriatric Comprehensive Assessment to Enhance Autonomy Preliminary report of assessment of geriatric patients in Cardinal Tien Hospital

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With the aging and medical progression, the elderly health care and autonomy have gained increasing public awareness. Using 「comprehensive geriatric assessment」, we could explicitly identify the subclinical health hazards, provide appropriate management and plan suitable care plan. With the implementation of advance directive, we encourage the elderly to involve in their own medical decision making, in order to enhance their own autonomy.

Cardinal Tien Hospital has been involved in elderly health care during the past thirty years. We have begun geriatric medicine since 1987. Geriatric service team dedicating to elderly care was set up on 2001. Integrated geriatric medicine clinic started business on 2011. Using the 「Simplified screening checklist for elderly in Metro-Taipei medical network」, we enrolled 85 elderly in 2014-2015 period. The data showed that elderly with advance directive, including Do-Not-Resuscitate code, before screening was 46 persons only (54.11%). During the screening check, we implement the discussion of personal health goal, applying helping resource and medical intention on end-of-life care. Via record tracking, we found that up to 82 elderly (96.47%) had expressed their wish of Do-Not-Resuscitate before passed away. The results remind us that planning and discussion of end-of-life care in advance are important in elderly health care. This movement also will enhance the consolidation of autonomy of the elderly.

A Psychosocial Analysis of Elderly Karaoke Activity

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Introduction:

The purpose of this study is to understand elderly Karaoke activity from a psychosocial perspective. Recently in Taiwan, the government in order to encourage senior citizens “aging healthy and joyful in the community”, more and more community centers for older individuals are funded and developed. Almost all of the community centers provide senior citizens with Karaoke as entertainment. This situation contains abundant cultural, gender, and psychosocial causes, however, there are only few studies regarding this subject have been published. Therefore, the writers try to analyze elder citizens’ emotional, cultural, life experiences’ attachment with Karaoke from a psychosocial perspective.

Material and Methods:

First of all, field research will be majorly applied in this study. The participants will be given an individual interview. The close answer questions are designed for collecting some general information, which will help the researchers to find the shared characteristics among senior citizens who enjoy Karaoke. The open answer questions are provided for the researchers to understand the unique life experiences and individual emotional attachment to Karaoke activity.

In addition, the field observation will be applied in this study. The researchers will participate in and closely watch members’ “Karaoke behaviors” as the materials to be analyzed.

Finally, several studies about senior citizens’ Karaoke activities will be used as references.

Results:

The result shows that most of the participants state that Karaoke can help them express emotion, which they had been educated to repress since they were younger. In certain environment, they feel safe to express emotion through singing songs they are familiar with. They also feel being heard and understood by the peers in the community center.

Conclusion:

Karaoke has been an important interactional tool for elderly in Taiwan. Throughout Karaoke, many elderlies can find a way to express their feelings that are often ignored or repressed in their life experiences. Secondly, Karaoke seems decrease elderlies’ fear of being isolated, they feel being heard and admired by others.

A MULTICENTER STUDY ON THE PRACTICE OF INFORMED CONSENT AND ASSENT IN PEDIATRIC CARE

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Objectives: With the growing importance of informed consent and pediatric assent coupled with notable differences existing in national regulations, socio-cultural perspectives and religious dimension, a study is needed to explore local perspectives on the practice of informed consent and assent in pediatric care. This cross sectional study aims to identify and analyze factors affecting the practice of informed consent and assent in pediatric care in four health institutions and to come up with recommendations on the practice of the said principle.

Methods: A 14-item pretested questionnaire consisting of eight open ended, three multipart multiple choice and three simple multiple choice items with questions ranging from theoretical items to clinical approach was utilized. Demographic profile of respondents was also included. Categorical data was summarized using percentage frequency distribution and quantitative data was analyzed with mean and standard deviation.

Results: The respondents have good knowledge of informed consent however 71.7% were not aware of the term pediatric “assent”. The practice of informed consent and assent is concentrated on providing information and the percentage of procedures requiring informed consent showed a mean of 81.59±25.30. Only thirty-seven percent answered that 100% or all procedures and intervention need informed consent. Children have limited roles and are minimally involved in decision making with age as the most considered factor (mean age 13.71± 4.452), followed by patient maturity. Parents and resident physicians/medical officers are always involved in the discussion.

Conclusion: A multidisciplinary, holistic and locally accepted approach is recommended consisting of strengthening Bioethics curriculum/programs/modules, establishing consultative and advisory ethics committee, creating and reviewing hospital guidelines and policies and educating and advising parents and surrogates. All of which are directed to support and respect a child’s developing capacity and autonomy as health care providers aspire for the patient’s best interest and full potential.

BENEFITS OF PARTICIPATING IN AN INTERGENERATIONAL PROGRAM IN A SENIOR HOME FOR YOUNG CHILDREN

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Objectives:

Most of intergenerational studies were focused on the benefits of elderly people, and they found elderly people could decrease depression and increase self-esteem from getting connection with young children. In contrast, young children lack the opportunity to learn how to communicate with elderly people, it is also important for young children to build the connecting bridge with elderly people. The objective of this study was to explore the benefits of participating in an intergenerational program in a senior home for young children.

Methods:

A designed intergenerational program as an activity camp was included four major themes: knowledge of age-related physical and mental changes, experience of aging simulation, service learning for elderly with disability, and interactive competition for teenagers and elderly people. All participants needs to complete a semi-structured questionnaire and a group interview. Descriptive statistics and the records of interviews were analyzed.

Results:

There were 23 teenagers (15.9±1.8 yr.; 14 female) from high school and 21 elderly people (82.8±8.5yr.; 13 female) from senior home participated in this program. The interview analyses revealed the following results (1) understanding age-related physical impairment after aging simulation, (2) learning how to assist elders with disability from service learning, (3) building two-way communication with positive attitude, and (4) personal growth of cherishing life and family.

Conclusions:

The successful short-term intergenerational program provide the opportunity for teenagers to interact closely with elderly people who are not their grandparents or neighbors across intergenerational gap. This program provided meaningful engagement for young children considered important for ability to assist elderly people in society. Further research is needed to parse out exactly how short- and long-term effects of intergenerational program arise for young children and elderly people.

ABORTION GRIEF: A DISENFRANCHISED GRIEF.

Anne Lastman

Victims of Abortion Trauma Counseling & Information Services: Victoria, Australia.

BA Psy/Rel Stds. Dip. Edu (Sec). MA Theo Stds, MA Rel. Educ. Post Grad Certificate Trauma Grief & Loss. Ongoing professional development and short courses on grief and trauma. 20 years. Speaker on post abortion grief. Speaker at international conferences, Australia, Rome, Portugal, Germany, Austria, Spain, France, UK, Prague, Wigratzbad, Bratislava, Linz, India, New Zealand, Papua New Guinea, Sarawak, Author *Redeeming Grief*, and *Hidden Pain an Insight into Childhood Sexual Abuse*, Broken Branches Newsletter, pamphlets, and articles. Memb ACA Level 3, Memb ACA College Loss & Grief Level 3. Memb Couns .Assoc Singapore. Clinical Counsellor. Post Abortion grief counsellor specialty.

It needs to be understood that for many women an abortion, like any other type of neonatal loss is perceived as a death experience. However, unlike other types of neonatal death, following an abortion, a woman is generally unsupported in her need to grieve and as a result is unable speak about her experience of pain. This disenfranchisement of her pain can lead to a complicated grief and the behaviors attendant to this grief.

The work of post abortion grief counseling presents some difficulties, not least of which is the denial of such grief by society which views abortion as a right and legal.

Abortion grief counseling, while still in its early mode of practice is of necessity something which can no longer be denied or left to volunteers.

The volume of abortions performed annually and with some studies reporting up 15% severe post abortion grief affecting mental health of women, the time has come for serious attention to be given to this new type of grief.

Recovery and healing from abortion wounds requires management and programs for this type of care are of utmost urgency. The medical profession needs to be alert to this new grief and its implications for mental health and its after effects.

The disenfranchised nature of this grief makes it difficult to discuss and for women difficult to seek the help that is needed in order to recover and so we rely on the medical profession to be aware of the signs that there is a hidden pain desperately seeking to be recognized.

5 keywords

Disenfranchisement, Abortion, grief, mental- health, counseling.

PROFESSIONAL COMPORTMENT AND ETHICAL RESPONSIBILITIES OF HEALTH CARE PRACTITIONERS ON SOCIAL MEDIA

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Background and Objectives: Information dissemination on social media across multiple platforms has become a cornerstone in today's information boom. Consequently, it has become easier for health care practitioners, particularly physicians, to share medical information and clinical experiences online. With the increasing popularity of the use of social media in disseminating and obtaining information about health and illnesses, the risks of breaching personal-professional boundaries and patient privacy, disseminating poor-quality and/or false information, and tarnishing professional behavior have consequently increased. This article aims to discuss the benefits and risks of the use of social media in health care and to enumerate the ethical responsibilities of health care practitioners in utilizing this tool.

Conclusions: When used prudently, social media can promote individual and public health in general, the professional development of practitioners, and the advancement of managing health care information. However, when used with little or without caution and skepticism, the risks to the patients, the health care providers, their fiduciary relationship, and to the public at large can be high. It is, therefore, recommended that ethical guidelines be drafted and implemented by governing and professional regulatory bodies.

A solution to solve health care problem in Indonesia

Lie Dharmawan

Consisted of more than 17.000 islands, is Indonesia the biggest archipelago in the world.

260 million people live in this country and make it the 4th populous state in the world.

The big size of the country, the many islands and 260 million Indonesians, make the health care service in Indonesia problematic.

We, as a group of private doctors, provide a small wooden boat of 23,5m X 6,5m in a floating hospital.

This small floating hospital is equipped with operating theatre, a small laboratorium etc like a normal hospital on land as we know.

In the last three years, we treated more than 70.000 people, performed more than 2.000 operations and so on.

We believe, floating hospital is a solution to overcome the health problem in Indonesia.

ETHICO-MORAL ASSESSMENT OF THE COMPASSIONATE USE OF MEDICAL CANNABIS IN THE PHILIPPINE SETTING

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Background and Objective: Medical cannabis (or medical marijuana), the use of cannabis and its cannabinoids in medical therapeutics, has not been rigorously scientifically tested, often due to production restrictions. There is a dearth of evidence suggesting cannabis can be used to reduce nausea and vomiting associated with cancer chemotherapy, to improve appetite in patients with HIV/AIDS, and to treat chronic pain and muscle spasms, among others. Its safety and efficacy profiles are yet to be elucidated. In the Philippines, marijuana is illegal and is controlled by the black market. The Philippine government has been unsuccessful in trying to curb its use and distribution. However, after groups that support medical cannabis have successfully lobbied their cause, Philippine lawmakers were encouraged to file the Compassionate Use of Medical Cannabis Act, a bill which seeks to decriminalize the use of the Cannabis plant for patients with debilitating medical conditions in the country. The Philippine Medical Association has expressed strong opposition to this bill, raising questions on the safety and effectiveness of marijuana and with fear of possible abuse should the Filipino people be given wide access to the drug. This paper aims to discuss the ethics, morals, risks, and benefits of the compassionate use of medical marijuana in the Philippine setting.

Discussion: The intended good effects of marijuana are its probable therapeutic effects, while the foreseen but unintended evil effects include negative health effects such as addiction, psychosis, transient memory loss, etc., the use of harder drugs, and increased recreational use. The authors believe that it is morally irresponsible to allow the use of cannabis or any other narcotic or psychotropic drugs when not medically indicated and when there are alternative intervention and treatment available that would not pose the same risk as with the use of these substances. Moreover, the greatest risks of medical cannabis may not be any biological risks arising from its use, but rather psychological and sociological.

Conclusion: With its risks appearing to outweigh its benefits, the use of medical marijuana in the Philippines should not be permitted.

A COMMUNITY SERVICE EXPERIENCE OF EARLY CHILD DEVELOPMENTAL INTERVENTION IN A CATHOLIC HOSPITAL OF TAIWAN

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"Introduction: Over the past decade, there has been great challenge in both the planning and delivery of early intervention services for children with developmental disability in New Taipei City. The disabled children were unable to receive the needed medical services before entering elementary school. Both the school's referral and public clinic's referrals for early developmental intervention of disabled children were relatively low.

Material and method: In the year 2011, 202 kindergarten children were screened and 25 (12.4%) did not pass the screening test, and none were referred out nor received any treatment. For the love of God, a voluntary community outreach program for the early intervention was designed by the Early Child Developmental Intervention Center of Cardinal Tien Hospital. The kindergartens in the 29 administrative regions of New Taipei city with their kindergartens received community developmental screening services (Taipei II Developmental Scale).

Result: From October 1, 2011 to October 31, 2014 we completed 93 community screen services for a total of 4,006 children. Slowly, more and more cases were being referred out and received treatment. Finally, in the year 2014, a total of 326 cases were screened and 48 (14.7%) unpassed cases found. 36 (75%) were referred out and received treatment and only 12 (25%) did not seek medical help.

Conclusion: After we integrated health care, education and social welfare resources in community. Since 2014, majority of the suspected development delayed children with his/her family were able to access to these early developmental intervention services. We promoted the acceptance of such intervention by the family before their child enters the elementary school.

KNOWLEDGE, ATTITUDE AND BEHAVIOR OF MEDICAL STUDENT ON ABORTION IN JAKARTA, INDONESIA

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²The Department of Public Health Sciences, Atma Jaya

Objectives. This study aims was to assess knowledge, attitude and behaviour of medical students on abortion in Jakarta, Indonesia.

Material & Methods. This study design was cohort of 206 medical (FoM) students that will be followed for six years every other year to see changes of knowledge, attitude and behaviour. Given that abortion involves law and religion, 128 law (FoL) students and 16 theological education program (ThEP) students were included as comparison. Statistical test used were descriptive, Chi-square, Kruskal Wallis and Mann Whitney

Results. (1) **Characteristics.** Women respondents, FoM 65%, FoL 42% and ThEP 57%. The most respondents's age: FoM 18 years, FoL 19 years and ThEP more than 20 years. Respondents' religion: Catholic 44%, Christian 35%, Moslem 10%, Buddha 10%, Hinduism and Confucianism each 4%. (2) **Spirituality.** Rely on religious beliefs as a guide to daily life present in 50% FoM and 75% ThEP as very important, 48,86% FoL as important. (3) **Knowledge.** Poor knowledge in 63.6% FoM, FoL 90,6% and ThEP 74,28% students. (4) **Attitude.** (a) abortions performed in the state that threatens the lives of mothers: 57,77% FoM and 64,84% FoL agree and 31,25% ThEP respondents disagree. (b) maximum fetal age limit allowed for doing abortion is 40 days: 44,17% FoM respondents disagree, 41,41 % FoL respondents agree and 68,75% ThEP respondents disagree. (c) abortion to pregnancy with congenital defects that make it difficult for the baby to live outside the womb: 30,10% FoM respondents equally somewhat agree and somewhat disagree, 35,16% FoL respondents agree and 50% of ThEP respondents disagree. (5) **Behaviour.** Two respondents reported ever having an abortion, unmarried, under 20 years old, because of unwanted pregnancies.

Conclusions. There are differences in knowledge, attitudes and behavior among respondents from the three places of education.

Key words: abortion, knowledge, attitude, behavior, first year medical students

Love and Truth-Doctors

Etienne Gaisne

GAISNE Etienne Love and Truth Doctors, NANTES, FRANCE

In France, medical students lack anthropological bases during their studies

Problem:

they may have judgment difficulties whilst applying technical protocols

Here are the 2 challenges to overcome

- 1) How to provide students with a solid Catholic education for the formation of their judgment?
- 2) How to support physicians to be faithful to their convictions and to the Church Teaching?

Our proposition: Love and Truth- Doctors(L&T)

- Created in 1980
- Pastoral and apostolic branch of the Emmanuel Community
- For the benefit of couples, families and for respect for human life

Since 2007, specific activities for doctors, house physicians and medical students, have 100 been organized in the light of reason and of the Catholic faith

24 countries in the world

206 members in Europe (145 in France)

L&T-Doctors has provided 2 solutions

International activities for students education

- International Seminar of Doctors and Medical Students • Participation to the Bioethics Seminars
- Partnership with FIDESCO (NGO)

Local activities for physicians

- Regular doctors' fraternity
- Punctual pilgrimages and informal meetings

Seminars in Paray le Monial : This is a specific place which offers the possibility to:

Experience Jesus-Christ merciful

Take time to receive the Teaching of the Church

Learn from the testimony of others involved in medical activities 200

Local activities for physicians

- Regular doctors' fraternity • Punctual pilgrims and outstanding meetings
- Our learnings :
- Diversity in medical practices: private-public, generalist-specialist • Being humble with colleagues
- Learning to pray to Jesus not only during difficulties • Desire to invite other doctors (evangelisation)
- A real Fraternity in CHRIST, The Saviour 248

WHOLENESS THE AIM OF MEDICINE Spirituality within Medical Treatment

Waldemar Kippes

NPO The Clinical Pastoral Education & Research Center

There are both “whole persons” living with diseases and “unhealthy persons” without disabilities. Medicine is meant for “wholeness”, a “whole person”. In “Cancer Pain Relief” 1990 WHO called for “a comprehensive pattern of care which encompasses the physical, psychological, social and spiritual aspects of suffering” i.e. wholeness. Until now the spiritual aspects of suffering are almost neither known nor addressed in a concrete way. Thus the inner life (faith and convictions) of medical practitioners and nurses etc. are called to fill in this gap.

For existential pains there are neither medications nor surgeries. They need an existential involvement i.e. a person to person encounter. This provides the sufferer with the opportunity to come to grips with his suffering, and to enable and empower him to find out for himself a way of living through his suffering which will finally include dying and death. To provide such a freeing environment and space an authentic person is a sine qua non. It is a person who values “being” more than “having” and/or “doing”, is accustomed to silence in a life-enhancing way and can deal positively with being bored has a sound and reflected personal belief/faith is aware of his values and philosophy of life is familiar with different philosophies, faith/religions and values systems is somewhat competent in communication and human relation skills, especially listening and sharing is credible through his transparency in word and action is willing to be put to the test regarding his religion, philosophy and way of living prays (silently) for and blesses his suffering clients calls ~if possible~ a spiritual care giver when asked for by the patient.

Be it said that religious activities should never become an escape from a real encounter, an existential being with the sufferer.

Spiritual Care means to take seriously each person as an individual with an inalienable right to being respected. A personal encounter gives dignity and strength to both the sufferer and the medical doctor, nurse, etc.

HOW TO FLOURISH JESUS’ MESSAGE – “Whatever you did for one of the least of these brothers of mine, you did for me” – AMONG MANAGERS OF CARDINAL TIEN HOSPITAL IN TAIWAN?

Mariola Zofia Stawasz

Missionary of The Holy Spirit, Catholic Cardinal Tien Hospital in Taiwan

1. Introduction

“Love God, Love People, and Respect Life” – this statement expresses the core value of the Cardinal Tien Catholic Hospital (CTH) which consists in spreading God’s love through excellent medical service and holistic care for the patients, their families, and the medical staff.

2. Objective

My contribution tries to present one of the models for medical workers how to better understand core values of the CTH. This is a way to let our medical personnel more deeply know the Christian spirit of love which should be then integrated into their behavior and skills, especially in view of the fact that 80% of them are non-Christians. However, being in a Catholic hospital, they everyday are facing Catholic faith and its values.

3. Material and Method

CTH is a medium-sized hospital with more than 1,700 employees. In February 2013 CTH opened a new branch at Ankang district, New Taipei City. Since then new employees and the newly appointed management of the innovative hospital branch has had to face an escalation of challenges and pressure. The most profound question was: “How to integrate the mission of CTH and its core Catholic values in fulfilling its service, i.e., setting the standard of excellence in patient care?” In order to positively answer this question, the Pastoral Care Department of CTH designed and provided eight intensive, 90-minute courses from March to June in 2015. Several distinguished lecturers were invited to give a talk on the following subject matters like leadership, management, spirituality, medical ethics, and other related topics. The Pastoral Care Department held an open question survey after each course.

4. Result

An average number of attendance was 113.6 employees pro lecture. However, the total number of medical workers is around 219. The outcome of these surveys proved that the highest satisfaction enjoyed the three dimension of this course: richness of content (89.07%), offer of a new knowledge and ideas (87.84%), and the need for this kind of activities (87.55%).

5. Conclusion

The open question survey, conducted at CTH, has clearly shown that newly appointed employees need more knowledge and support to face innovation challenges, especially if it appears for them in a different faith- and culture-oriented environment. In our case, it was an effort to integrate the mission of CTH and its core Catholic values in fulfilling its service, i.e., setting the standard of excellence in patient care. The experience, gained by our non-Christian workers during eight courses, seems to have empowered them and gave a new self-confidence to overcome various difficulties.

Moreover, these eight courses gave them the opportunity to be a part of a greater plan by – in this case more theoretically – growing in the medical service for others and fulfilling the ultimate mission that God gave us in the teaching of Jesus Christ: “whatever you did for one of the least of these brothers of mine, you did for me” (Mt, 25:40).

What should we do for the least of our brethren?

Brian P Hung M.D. Attending surgeon

Department of Surgery Cardinal Tien Hospital, New Taipei City, Taiwan

Introduction

“Without a solution to the problem of the poor, we will not solve the problems of the world.”(Pope Francis). Inequality of the wealth distribution among the different social classes is one of the existing phenomena and the reason, which approximately half (50%) of the global wealth is in the hands of the richest 1% of world population (GO Oxfam 2015) for the problem of the poverty. The least of our brethren are those who are the most in need in material and /or spirituality to whom we need to extend our helping hands.

Illustrations:

The legacy of the striving for the poorest of the poor, Mother Teresa and Yamamuro Gunpei, was briefly described to demonstrate what we can and should do toward the least of our brethren in the modern age.

Current needs:

There are still so many problems existed such as social inequality, slavery, human trafficking, genocide, severe famine resulting in human hungry and life loss, female sexual organ mutilation, prostitution, abortion as a notion of being unwanted which require our great attention and effort to solve.

Conclusion:

Only agape love can change everything around us and “Where there is love, there is God.” Mother Teresa.

“Love your neighbor as yourself. There is no commandment greater than these” Mk 12:31.

“Whoever does not love, does not know God, because God is love.” 1 Jn 4:8.

HOLISTIC CARE FOR YOUNG BREAST CANCER PATIENTS

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Objective :

Breast Cancer is increasing in the world, especially in Taiwan. The peak incidence is about 10 years younger than in Western countries. We are seeing more and more young patients (under 40years old). More attention maybe needed for their special needs to reduce their sufferings and improve their survival.

Material and Method :

Through review of literature and data in our hospital's Breast Cancer Registry as background, we gathered the personal experiences of our special Breast Surgical Service of the past 25yrs, to analyse the special needs of those young breast cancer patients, and develop a system to better care for them with our 4-Holistic Care Principles.

Result :

Although young Breast Cancer patients account for only 6.6% in the world literature, they are 8.8% in our Hospital. Their special risk factors are : low body weight, high fat intake, long term use of contraceptive hormones, and genetic factors. Their diagnosis is often delayed for lack of alertness of both the doctor and the patient. Their cancers are more aggressive (more ER, PR negative, more Her-2 positive). Therefore their prognosis is less good : more local recurrence, more distant metastasis and higher mortality for stage I and II than older patients. The unmarried may have more concerns about their body image, hopes for marriage & childbearing. We offered oncoplastic surgery & NaPro Technology consultations for fertility problems.(applicable to Catholics too)

Conclusion :

More publicity is needed to alert doctors and women to the possibility of breast cancer even in young age. Aggressiveness in diagnosis and thoughtful planning in curative management should help reduce mortality of young women. But to reduce their suffering it is necessary to care for the whole person (Physical, Emotional, spiritual , & Psycho-social concerns), for the whole family (family numbers, close friends, significant others), for the whole journey of illness, and with a competent whole team. This illustrates our motto of 4-HOLISTIC CARE Principles.

KNOWLEDGE OF THE GENERAL PRACTITIONERS FROM BANDUNG TOWARDS THALASSEMIA CARRIER: IMPLICATION ON PROMOTION AND PREVENTIVE PROGRAM OF THALASSEMIA IN WEST JAVA INDONESIA

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Objectives: Thalassemia is an autosomal recessive genetic disorder. Various thalassemia diagnostics have been recently well-developed. In our Catholic perspective, prenatal diagnostics leading to pregnancy termination is opposed to perform. Our province West Java – Indonesia harbors 6 to 10% carrier thalassemia, therefore, good promotion and education about thalassemia might give a better option to reduce thalassemia cases, especially since thalassemia is one of Indonesian's catastrophic diseases. This study explored knowledge of the general practitioners (GPs) from Bandung – Indonesia towards thalassemia and thalassemia carrier screening.

Methods: In February 2016, a seminar was organized for GPs to update various knowledge and therapy. During this seminar, a set questionnaire of 18 questions was distributed. After informing the aim of the study, those who agreed to participate returned the questionnaire. Knowledge was assigned as good, moderate and poor when participants had >12, 7-12, and <7 correct answers, respectively.

Results: In total, 171 of 300 (57%) participants have returned the answer sheets resulting in 14.4% good, 70.7% moderate and 14.9% poor knowledge of GPs. The same questionnaire was distributed previously to the first year medical students. Interestingly, when comparing the knowledge of GPs and first year medical students, the score was not significant different with median score of 10 and 9, respectively. About 43.7% of the GPs found that the Ministry of Health should lead the initiative for screening promotion and only a small proportion (6.6%) would participate individually. All participants suggested carrier screening was best before marriage, especially in high school (37.8%), university (26.2%) and right before married (36.0%).

Conclusions: To promote thalassemia carrier screening, awareness among GPs needs to be raised as GPs play a significant role in the primary health care. The thalassemia educational and screening program need to be seriously taken in to account to reduce the thalassemia burden in this country.

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10 years of Surgical Mission for Lepers with Missionaries of Charity (Mother Teresa) in Shantinagar (India)

Etienne Gaisne, Philippe Bellemere, Claude Le Lardic, Thierry Loubersac,
Yves Kerjean, Alexandre Fournier, Ludovic Ardouin, Marc Leroy
GAISNE Etienne, Clinique Jeanne d' Arc, NANTES, FRANCE.

Since 2006, 13 surgical missions have been organised with the Help of Mother Teresa 's sisters.(MC.)

Organisation of a mission :

Members

From France : 3 orthopedics surgeons specialised in Hand Surgery, with the help of a physiotherapist coming from France

Local : 1MC sister (MD of the Leprosy Centre), 3 nurses and a physiotherapist who all have been cured from leprosy deases.

Patient demographics

50 patients (less than 40 years old) coming from the leprosy centre. Most of them are coming from the neighborhood covered by the Leprosy Centre.

Agenda

First morning : examination of all the patients and photo-recording of the deformities (hand and foot). For some of them, re-examination of the post-surgery results.

Preparation of the patient : skin oinment if necessary, pre-surgery cleaning.

Monday to Friday : surgery (local or general anesthesia).

Orthesis for each patient

Dressing

Physiotherapy advisories.

Results

Since 10 years :322 patients operated middle age 24 years old.

Perspective :2 surgery missions /year

Team members : young and senior surgeons working together

Record all patients with photo pre and post surgery on computer.

BUILDING THE FAITH OF CATHOLIC MEDICAL STUDENTS WHO STUDY IN A NON CATHOLIC UNIVERSITY

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Less than 10 % of medical students who study in our institution are not Muslim and among them only 2-4% are catholic. This presentation would like to describe of catholic medical students building and keeping their faith during their study in this institution.

This was a descriptive study done in 2010 to 2015 year. The catholic medical students who were accepted in this institution were 6 to 12 (2-4%) out of 300 students per year. There was a forum named Catholic Student Family (CSF), with the philosophy behind that name is: family means nobody get left behind. Each catholic student was the member of the family. St Cosmas and Damianus were chosen as guardian saints. The aim of the forum is to keep the brotherhood and sisterhood among the catholic students so they can grow in knowledge in medicine as well as the faith in catholic.

The CSF activities were: holding a regular praying group, recollection, retreat and pilgrimage. Beside that building a good relationship by sharing knowledge, help the junior as a brother or sister in their study and daily life, doing some sports together, choir practice for the mass, celebrate Christmas with all doctors and medical staffs who are Christian, and social activities by visiting orphans' houses or nursing home. During this period the students also learn how to become a good Christian doctor, serving the poor and the patients with love, without differentiating their color, race or religion.

The catholic student family had an important role for catholic medical students to keep growing their faith during their study in a non-catholic medical school.

CULTIVATE STUDENT'S HEALING POWER

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Objectives: It is important to cultivate medical student's professionalism and resiliency. This educational goal is difficult to achieve in the traditional and didactic class. The curriculum of the Healer's Art was designed by Dr. Remen, UCSF, California and is a 15-hour elective course. Each three hour session is divided into a large-group and small-group activity and emphasizes on generous listening and group sharing. Main purpose of the curriculum is enabling students to uncover and recognize the personal and universal meaning in the daily work of medicine, to increase their power of healing. Taiwan is one of the eleven countries offers this curriculum for medical students. Fu Jen Medical School is the only one offering this curriculum till now in Taiwan. This presentation will share our experiences of this curriculum.

Methods: One staff from the Department of Medicine and another one from the Department of Clinical Psychology, both staffs received formal training by Dr. Remen in 2011. Then the course was given at FJMS in the year of 2012, 2014 and 2016. Quantitative data and qualitative analysis were obtained from the end-course evaluation questionnaire and the course reviews from each student.

Results: A total of 21 students took this elective course, 3 seventh year, 4 sixth year, 11 fifth year medical students, and 3 third year nursing students. Students highly agreed that as a result of this course they felt more committed to medicine, to patient centered care, more supportive of their classmates, and understand better what being a good doctor entails. Among the course activities they like the reflection, and sharing the story most. They are all willing to recommend this curriculum to other students.

Conclusions: An authentic and supportive community between students and physicians would encourage the exploration of the personal meaning and values in the practice of medicine.

Session 7

P002 APPLY SERUM AMINO-TERMINAL PRO-B-TYPE NATRIURETIC PEPTIDE(NT-PRO BNP) LEVEL TO PREDICT CARDIOGENIC PULMONARY EDEMA WITH HEAR FAILURE

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Object: serum levels of NT-pro BNP are a diagnostic tool for heart failure (HF), but found in pulmonary edema have negative prediction value to exclude heart failure. The aim of this study was to evaluate the association between cardiogenic pulmonary edema and serum NT-pro BNP level among hospitalized HF patients.

Methods: This retrospective study was conducted enrolling adult patients with hospitalization-requiring HF who fulfilled the predefined criteria during the period of January, 2011 to December, 2013. The parameters between heart failure which with cardiogenic pulmonary edema and without non-cardiogenic pulmonary edema groups upon hospitalized HF patients were compared and predictors for cardiogenic pulmonary edema were further evaluated.

Results: Two hundred and sixty-nine patients (145 female, mean age 74.45±13.59 years) were enrolled. Hospitalized patient heart failure with cardiogenic pulmonary edema had higher serum NT-pro BNP level(17538.68±14801.23 pg/ml, P < 0.001) and was associated with higher length of stay in hospital and higher proportion of admission in ICU (P<0.001), invasive (P<0.001) and non-invasive (P=0.001) ventilation support. By logistic regression method, serum NT-pro BNP level was independent predictors for HF with cardiogenic pulmonary edema and had good predictability after adjustment.

Conclusions: Serum NT-pro BNP measurement is a simple and useful tool to predict the occurrence of cardiogenic pulmonary edema.

P003 PATIENT'S ADOPTION OF DIET THERAPY IN HOSPICE AT ST. MARTIN DE PORRES HOSPITAL, TAIWAN

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Department of Nutrition, Sisters of Our Lady of China Catholic Medical Foundation, St. Martin De Porres Hospital

Objectives: The feature of hospice care is patient-centered. 4 particular is concerns as follows: holistic care, family care, team care, continuing care. The aim of our study is to apply diet therapy for teaching easily and taking high calorie foods (ex: mug cake, multi-layer gratinated toast etc.). It helps patients to forget temporarily their discomfort, and to relieve pressure of team members.

Methods: 262 hospice patients were included in this study during the year 2013 to 2015 at St. Martin De Porres Hospital, structured nutrition program which include nutrition meal teaching classes and counseling. Energy and protein intakes were be analyzed by using 24 hrs. dietary recall. 5 groups of diet therapy were held by dietitians during 2014-2015. Satisfaction questionnaire with Likert scale was used.

Results: The average age of patient was 68.17±13.84 and frequency of consultation was 1.67±1.19. Energy and protein intake of patients with NG feeding were significantly higher than oral (P<0.001). Energy (P=0.004) and protein (P=0.016) of patients during 2014-2015 were significantly higher than 2013, but it was no significant differences between 2014 and 2015. The diet therapy may be able to encourage them eating more. The satisfaction questionnaire of 2014 and 2015 was 4.82 and 4.76.

Conclusions: The group therapy may be able to increase the amount of meal taking, by the other hands, it also encourage their families' to make many kind of high calorie diet, and it can relieve pressure of the team members at hospice. Patients are in uncomfortable, lets food make them warm.

Key word: Hospice Care, Structured Nutrition Program

P004 THE NUTRITION CARE EXPERIENCE OF LOW COPPER DIET IN A OVO-LACTO VEGETARIAN PATIENT WITH WILSON'S DISEASE

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Objectives:

Nutrition assessment and intervention are for providing the low copper, dietary education and advice, to improve the nutritional status of a Wilson's disease case.

Methods:

We study this case for male patient, ovo-lacto vegetarian, and his mother serves as the primary caregiver. Although it's a long-term care cases, it remained an anxious care diet. The dietitian had put nutrition diagnosis (PES) into the nutrition care process model (NCP), provided appropriate dietary recommendations to improve the nutritional status of the case.

Results:

Nutrition Care Process

1. The first visit: Nutritional Assessment - tube feeding was prescribed. Nutrition Diagnosis: excessive mineral intake. Nutrition intervention - the low copper formulations (1550 Kcal / day, 62 g protein / day, and copper 0.6mg / day) was supplied. According to physician's order, we maintained outer tube feeding diet and try the oral semi-liquid diet at the same time.

2. The second visit: Nutritional Assessment – The patient dieted well. The nasogastric tube was removed. The diet was adjusted to a low copper diet. Nutrition Diagnosis: Food and nutrition related knowledge deficit. Nutrition intervention: given health education to diet, (1) limit the amount of dietary copper <0.9 mg / day. (2) Consider the vegetarian's of protein requirements, it is advisable to take moderate soy products category in.

Conclusions:

After the dietary education, the patient and his mother own the instruction to handle low oil and low copper dietary principles. By sharing the care experience, we could provide timely dietary care skilled health education to reduce the patient with his family's anxiety.

P005 EXPERIENCE OF APPLYING HYDROFIBRE DRESSING FOR A BUCCAL CANCER PATIENT WITH FUNGATING WOUND IN HOME CARE

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Objectives: Nurses have a great challenge dealing with malignant fungating wounds in patients with terminal cancer. These wounds are hard to heal and symptoms consist of cacosmis, exudation, and hemorrhage. The study focuses on the nursing experience of taking care of patients with buccal cancer with fungating wounds. Patients having buccal cancer with infecting fungating wounds lose oral functionality and suffer from facial deformities due to the swelling on the infectious site post treatment but also cacosmis, exudation, and hemorrhage. These symptoms and physical changes greatly impact the patients' quality of life. Patients become hopelessly concerned about the worsening condition during treatment.

Methods: Medication treatment the author implemented was applying hydrofiber dressing (Aquacel) on the fungating wound of a buccal cancer patient in the home care.

Results: Conditions of cacosmis, exudation, and hemorrhage were successfully under control. This allowed a reduction in pain during the treatment to the wound and eliminated any secondary damage to the wound as well.

Conclusions: In addition, the efforts of the hospice care team, wound therapists, and social workers greatly have improved the patients' self esteem and confidence during the medical treatment. The study provides a reference to nursing staffs for understanding and caring similar patients and motivate to patients quickly adapt to the facial changes caused by malignant fungating wound.

P006 THE RELATIONSHIP BETWEEN CLINICAL DIMENSION AND SELF-MANAGEMENT IN TYPE 2 DIABETES PATIENTS

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Objectives: An estimated 387 million people worldwide suffer from diabetes every seven seconds there is a death. The purpose of this study explored the correlation with clinical dimensions (age, education years, BMI, Diagnosis years, and HbA1C) and diabetes self-management in Type 2 Diabetes patients .

Methods: This was a cross-sectional correlational study. Patients (n=102) were recruited from Endocrinology outpatient department in a regional hospital in southern Taiwan. Eligible subjects assessed using the Summary of Diabetes Self-Care Activities Questionnaire (SDSCA) and background Information Form. The data analysis was conducted with descriptive statistics, t-test, and chi-square. All calculations were made using SPSS for Windows, version 20.0(Chicago, IL, USA).

Results: Among the 102 Type 2 Diabetes patients participated in this study, The mean age was 60.27(±13.85) years, and 37.25% of them were elderly. The Mean Body Mass Index (BMI) was 27.70(±4.90)(kg/m²), mean diagnosis years was 11.50 years (±7.96years), HbA1C value was 8.08% (± 1.44), have exercise habit 63.7%. The Mean Body Mass Index and Diagnosis years are positive correlation (moderate) significant with HbA1c value. The elderly type 2 diabetes patients General diet and exercise self-management scores are significant than patients with younger (p<0.05).

Conclusion: Body Mass Index (BMI), HbA1C, Diagnosis years, Diabetes Self-management are significant correlation in the Type 2 Diabetes patients. Age can affect the General diet and exercise self-management activities. This study may provide clinic dimension assessment for Type 2 Diabetes patients in clinical setting and self-management activities .

Keywords: Type 2 Diabetes, clinical dimension, self-management.

P007 FACTORS ASSOCIATED WITH DISFIGUREMENT AND BODY IMAGE IN FEMALE PATIENTS WITH HEAD AND NECK CANCER: COMPARISON OF RATINGS AMONG HEALTHCARE PROFESSIONALS VERSUS PATIENTS

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Objectives: The purpose of this study was to compare the differences of rating and the factors associated with disfigurement and body image in female patients with head and neck cancer (HNC) among healthcare professionals versus patients.

Methods: A cross-sectional study recruited 105 females with HNC at a medical center. Measures of facial disfigurement and body image, as well as demographic and clinical characteristics, were collected. Multivariate multiple linear modelling was used to identify the differences of rating and factors associated with disfigurement and body image and in female HNC patients among healthcare professionals versus patients.

Results: Disfigurement rating by healthcare professionals was positively associated with body image by patients self-perceived. Medical treatment, cancer stage, radiation dose, and cancer site were significantly associated with disfigurement. Medical treatment was an important predictor of perceived body image.

Conclusions: These findings indicate a moderate prevalence of disfigurement among female with HNCs. Female with more disfigurement were more likely to have dissatisfaction with their body image. Nursing professionals need to carefully assess the appearance of females with HNCs. Camouflage interventions can be administered to help these females appropriately cope with the disfigurement and to achieve satisfaction with their body image.

P008 A PROJECT TO IMPROVE THE COHERENCE OF INTERDEPARTMENTAL REPORTS BETWEEN LONG-TERM CARE INSTITUTION AND HEMODIALYSIS CENTER.

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Objectives: Promoting the effectiveness of communication among health care professionals was declared as a goal of patient safety by the Taiwan Joint Commission on Hospital Accreditation in 2014. Nurses at the long-term care (LTC) institution as frontline care providers play an important role to achieve this goal; however, they frequently encounter communication problems during transferring clients between the LTC institution and the hemodialysis center. These nurses working in different departments have limited understanding from each other's specialties, so it results in incoherence of interdepartmental reports and discord between two departments. Although a notebook was used to document the client's conditions during hemodialysis, no standard information was written in the notebook. This project is aimed to develop a structured communication toolkit to increase the quality and patient safety of the interdepartmental reports between the above settings.

Methods: This project involved all nurses in the two departments and was conducted from November 13, 2015 to January 12, 2016. The contents of the structured communication toolkit were based on the agreement of nurses from the two departments. Nurses at the LTC institution also received a 30-minute training program about how to care clients who just had hemodialysis.

Results: This study showed that nurses were satisfied with the newly developed communication toolkit. Compared with the previously used notebook, nurses expressed their satisfaction about fully understanding the client's conditions. Also, it was more time-saving by using the communication toolkit .The level of knowledge about hemodialysis was increased from 61.1 ± 15.7 (pre-test) to 69.4 ± 11.3(post-test) among nurses at the LTC institution.

Conclusions: A sufficient communication toolkit and the educational training program could increase the quality of interdepartmental reports and patient safety. The communication toolkit could use as a reference for other nurses in the future.

P009 IMPROVING THE QUALITY OF MEDICAL CARE IN SURGICAL INTENSIVE CARE UNIT(SICU) THROUGH TEAM RESOURCE MANAGEMENT (TRM)

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Purposes : Teamwork plays a significant role in patient care in the health care system. The main goal of Team Resource Management (TRM) is to bring patient care quality to a higher standard through improving communication among team members. The purpose of this study is to investigate the intensive care unit (ICU) members' awareness of in a medical center.

Methods : This study was applied with a cross-sectional research technique. In 2013, we passed 115 questionnaires to the (ICU) members at a hospital, 81 participants (74%) had responded to the survey. The statistic was later analyzed by the SPSS 19.0.

Results : The result shows that patient safety in the surgical intensive care unit (SICU) can be improved by using TRM. The result also shows significant differences in the areas of "satisfaction" and "working conditions" in the working environment (p<0.05). Patient safety is strongly connected with team members' cooperation, the more the members communicate and cooperate with each other, the better health care quality is expected.

Conclusions : Therefore, we will continue applying the finding of this study in our working environment. The study also remains us to have more classes and training regarding team work technique to improve patient safety and care quality.

P010 THE IMPROVE PERFORMANCE OF VOLUNTEER MANAGEMENT BY ANALYSIS 「THE SATISFACTION QUESTIONNAIRES SURVEY OF VOLUNTARY APPLICATION UNITS IN THE HOSPITAL」 -- THE MECHANISM OF THE COORDINATION AND COMMUNICATION BETWEEN VOLUNTEERS AND VOLUNTARY APPLICATION UNITS IN CARDINAL TIEN HOSPITAL DURING 2012-2015.

Chiung Ying Lee

Social Worker of Cardinal Tien Hospital Taiwan

Volunteers, usually play the indispensable role to the hospital, and always do their best and most for the least of our brethren; and social workers, represent the supervisor of volunteers, who used to be the role of coordinator to volunteers and the units in the hospital who apply volunteers. In addition, for the honor that the volunteer team of Cardinal Tien hospital awarded a number of awards from Government in the past years, supervisor try to do an survey by questionnaires report of voluntary application units in the hospital, to realize the improve performance of volunteer management. The approval result of the questionnaire 「I can find the way to negotiation with when the volunteer we applied can not acts the role」 & 「The relationship between volunteers and members of voluntary application units is harmonious」 were improved year by year. For these result, we might say that the mechanism (treatments) of the coordinate between volunteers and voluntary application units might be one of the contributing factors.

P011 A NEW AND DEVELOPING NEED: NURSE PRACTITIONERS IN BREAST SURGERY

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Objective: With increase in breast cancer and decrease in young doctors and nurses, we advocate of special training of Breast Surgery Nurse Practitioner to strengthen nursing and medical care, to prevent and reduce errors in care, strengthen health education for patients & family.

Material & Method: Through 30 years of experience of having Breast Surgery Service at Cardinal Tien Hospital, we recognized that the breast cancer patient are particularly fragile and have many physical and emotional needs. They benefit so much from our 4 holistic care principles i.e. care of the whole person, the whole journey, the whole family and with the whole team. By specific training of the NP in caring for the breast cancer patients, the aim of continuity and integration of multidisciplinary medical and nursing care can be best achieved.

Result: The NP role in Breast Surgery became more defined: 1. patient care, 2. medical assistance, 3. promote specialty education, 4. participate in research and program development. In (1) and (2) the duties include: assess patient history, physical examination, keep medical records, develop care plan, inform and teach patient, family, ward and clinic nurses assist doctor in patient care. In (3) and (4), we establish standard for NP training, with up to date information and references collect NP training teaching material guide new interns & nurses.

Conclusion: Now, with natural shortage of nurses and residents, and breast cancer being the #1 women's cancer in incidence, women are still reluctant to accept routine screening mammography, and lack of stimulus for breast cancer prevention and education. Therefore, Breast Surgery Nurse Practitioner has a need to exist. With training, we expect Breast Surgery Nurse Practitioner to become a breast patients Navigator, and medical profession should give rightful recognition and encouragement to the Breast Surgery Nurse Practitioners.

P012 APPLYING TEAM RESOURCE MANAGEMENT TO REDUCE OF UNPLANNED EXTUBATION EVENTS OF ENDOTRACHEAL TUBE IN SURGICAL INTENSIVE CARE UNIT

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Objectives: There are more than 80% patients who stay in Intensive Care Unit (ICU) has to precede endotracheal intubation treatment due to severe respiratory failure. Unplanned removal of endotracheal tube during stay in ICU not only could prolong the treatment period and increased the length of stay in hospital, but also threaten life. Most patients admitted to intensive care unit are intubated with endotracheal tube (ETT). Dislocation of ETTs not only endangers the patients' life but also consumes additional medical resources and increases the difficulty in nursing care. In a surgical intensive care unit of a northern Taiwan teaching hospital from January 2012 to December 2015, ETTs were placed 8411 patient-days. And dislocation of ETTs occurred 35 times; the dislocation rate of ETT was 0.42%. Dislocation of ETTs may result from several factors, e.g. the presence of foreign body in nasopharynx, patients experienced uncomfortable and were irritable; patients were not well-educated about the ETTs; SOP for patient constrain was not well established and proper practice, etc.

Methods: In order to improve the quality of nursing care and patients' comfortable, we tried to practice the team resource management (TRM) process on reducing the unplanned extubation and improving patient safety. By means of effective teamwork, we could find out the optimal timing of extubation to make patient feel more comfortable and keep the quality of respiration care. TRM was proved and directed by patient safety and surgical quality committee, the policy was preprocedured for one year and implemented since January, 2012. The trial stage was carried out in the first four months and it was established after May 2012. Results showed the case load of unplanned extubation in 2012 and 2015 were 14 and 5, respectively.

Results: The unplanned extubation rate in the same period of 2012 and of 2015 were 0.62% and 0.26% respectively.

Conclusions: TRM could enhance a variety of relationships for the health-care team members to improve the communication skills between surgical-nursing staffs and patients as well as their families. The effectiveness of TRM reflected upon the significant reductions of the unplanned extubation rates and of the mechanic ventilation periods.

P013 THE EFFECTS OF NON-TECHNICAL SKILL SIMULATION PROGRAM FOR NOVICE NURSES

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Nowadays, simulation techniques are being used in a variety of programs designed to enhance the skills of healthcare providers.

We can find many training programs for the nurses, using simulation techniques. We know that those trainings are quite useful maintaining medical skills such as emergency status and risk management in any nursing level. Some research show that the simulation training programs are supporting novice nurses enhancing their levels of skill and competency.

It is very important for the novice nurses to learn nursing technical skills which is "usable from tomorrow", and those programs are also making themselves "feeling secure". Although, non-technical skills (e.g. communication, situation awareness) are also important for the novice nurses, they are not explicitly taught or assessed, and it is difficult for the young nurses to be learned in a day. We have made and tried a simulation program for the novice nurses to learn non-technical skills, in our simulation center "Himemaria". Here we would like to present the non-technical skill simulation programs, and discuss about the effective education programs for the novice nurses.

P014 EXPERIENCE OF USING SCREENING TOOL TO IDENTIFY HEALTH PROBLEMS OF GERIATRIC SYNDROME

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Objectives:The aging problem became an urgent issue in every countries of the world, especially in the developed. The functional declining, multi-comorbidities and heavy care loading related to aging also became a headache burden to every societies. Taiwan government started to promote 「Integrated Care Plan for Patients with Multi-Comorbidities」 in 2009. Cardinal Tien Hospital started to run 「Integrated geriatric medicine clinic」 in 2011. Identification of aforementioned elderly becomes important in providing good health care.

Methods:Beside comprehensive geriatric assessment, we use the 「Simplified screening checklist for elderly in Metro-Taipei medical network」 to identify the subclinical health problem related to geriatric syndrome.

Results:The results showed that the first three problems identified in outpatient were 3-item recall, pain and polypharmacy. For inpatient, the first three problems identified were polypharmacy, intubation and pressure sore.

Conclusions:These results revealed the clinical difference between elderly inpatient and outpatient. These will provide health care workers of providing different strategies and care plans to different patient groups. We hope that by using this tool we could identify health problem of the elderly as early as possible, in order to promote their health benefit and quality of life.

P015 MAKING A WIN-WIN INTERGENERATIONAL PROGRAM

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Intergenerational relations are weakening gradually due to low birth rate, aging population and changing social structures. In order to retrieve a better interaction between children and the elderly, intergenerational learning programs are more and more important while promoting an active aging society in recent years. Intergenerational learning means that the younger generation and the elderly generation learn and exchange with each other, and then behave reaching individual's and social's interests.

Julung Senior Home handled a total of 14 sessions of intergenerational learning with 423 elderly and children participated from January 2015 to April 2016. Senior Home, non-profit organizations and community groups all involved in this program. Tabletop games were used as a tool to increase the interaction between elderly residents and children. We try to reinforce the self-identity and the feeling of being cared of the elderly through children's company. The table games can stimulate the brain activities of the elderly as well. In the other hand, children get the opportunity to recognize aging issues, learn to respect and get along with the elderly in this intergenerational learning program. It is a win-win situation.

P016 AN EXPLORATORY STUDY OF THE CARE NEEDS AND COLLABORATIVE MODEL DEVELOPMENT FOR THE ELDERLY IN DAY CARE CENTERS

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Objectives: With the increasing population of frail elders with dementia, more senior day care centers have been established recently. However, a shortage of the care needs and development of collaborative models becomes an issue of the quality of care. The aims of this study were to explore and describe the elderly living experiences and as well as the development of the collaborative model by nurses.

Methods: Researchers conducted a phenomenological study of living experiences using qualitative interviews that were in-depth, face-to-face, and semi-structured by snowball-sampling based on the Giorgi analysis (1985).

Results: The findings contained two parts of the study in terms of the perspectives from the elders and the nurses. The first part included two themes of care needs for the frail elders with dementia: (1) Establish meaningful activities and peer friendship; (2) Meet the basic physiological needs through staff and environment. The second part included two themes of the care model provided by the nurses: (1) Strengthen the communication among health care workers and the elders' family, in order to confirm the emotional and cognitive status of the elderly; (2) Connect governments' resources and community networks to provide the elderly-centered care.

Conclusions: The result of the study provides valuable insights and interpretation message to healthcare providers. Developing collaborative model for the elderly, included individualized care plan, safe and familiar environment, caring and respective atmosphere, social and family links to expand community resources. The result of the study can be used as the reference of developing community health promotion programs.

P017 END-OF-LIFE PREPARATION FOR THE ELDERLY IN JAPAN

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Backgrounds: Our country is facing an unexampled aging society in recent years. In 2014, 24.1% of the total population in Japan was elderly. One third of the population in Japan will be over 65 years old in 2035. Under these circumstances, the number of people with dementia and elderly living alone will increase greatly in the future. It will be important and challenging tasks for the caregivers to support decision-making process for the elderly with dementia or elderly in severe illness.

Methods: We held a group meeting for the elderly living in the rural community. The meeting program started from a lecture by Clinical Nurse Specialist in Gerontology. The title of the lecture was "The better life with dementia". After the lecture, group discussion was held by elderly. The theme of the discussion was "If you are going to have dementia, where and how do you want to be, and who do you want to be with?" 68 elderly and 48 community care staff were participated. We divided the elderly into 12 group and they had some discussions. The community care staff supported and facilitated the discussion.

Results: Most elderly presented that they want to die in their own home with their family members. They think that they want to have good habits such as eating properly, having hobbies and exercising. They tend to think that they don't want to have life prolonging treatments. Most of them didn't have a chance talking about their decision-making process with their family members.

Conclusions: Although most elderly want to stay home with their family as long as they can, and they don't want to take life prolonging treatments, they were not preparing for their decision-making process. The elderly need to have educations about decision-making process.

P018 THE EFFECTIVENESS OF AN INTERACTIVE VIDEO GAME REHABILITATION PROGRAM IN PATIENTS WITH MILD TO MODERATE DEMENTIA

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Background: The elderly population is rapidly increasing in Taiwan. The incidence of elderly suffering from dementia will increase by age. Patients with dementia may result in cognitive impairment and often accompanied by behavioral and psychological symptoms, which may affect the patient's memory, thinking, behavior, social and ADL ability. Thus, it will increase the burden on families and society. Interactive video game rehabilitation program is a new treatment method. The advantage of the interactive video game program is that it can easily appeal for subjects, provide feedback immediately and stimulate more vision, auditory and attention demand. It is also effective to improve cognition and reaction time but there were few studies used it in dementia patients and discuss the effective of this therapy program.

Aim: The aim of the study was to exam the effect of the interactive video game software program on cognition and ADL ability of elderly with dementia. Matrial and Methods: The diagnosis of subject is mild to moderate dementia and can independent walking. The program of the study was consisted of will fit (running and skiing) and XaviX (up stairs and memory assortment). Subjects need to join the intervention for 3 days a week for 2 months. Assessments are done at baseline and immediately after intervention. The analysis of the study was descriptive statistics and Wilcoxon signed ranks test. The outcome measure was Cognitive Abilities Screening Instrument (CASI) and Barthel Index (BI). Results: The 15 subjects completed the study (age: 79.9±7.21, height: 155.11±9.11, weight: 58.13±12.15). The outcome of the CASI and BI was in table1. Conclusions: The interactive video game software program can significant improve the mild to moderate dementia elderly in attention and long term memory of CASI score but not significant improve the BI score.

P019 SENIOR HOME DEVELOPE INTEGRATED COMMUNITY THROUGH CONGREGATED MEAL PROJECT

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Taiwan is aging much faster than most western countries. The ratio of Taiwan's elderly population will increase from 7% to 14% in only 24 years. The government has been trying to create a long-term care network, providing different services for the elderly with different health situations. Senior home service is one of the options for healthy, self-managing citizens aged more than 65 years old.

Da-Long Senior Home was opened in June 2013 and started a congregate meal project for seniors in July 2015. The project encourages senior residents of Da-Long to participate in community activities, and also the community seniors to join the Senior Home in meal time and other health-promoting activities. Elderly can have more companions to support and care each other through this project. We try to create an active aging, integrated community where seniors can learn, dine, and enjoy their lives together.

P020 AGGRESSIVE BEHAVIOR IN THE CONTEXT OF DEMENTIA

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The rising population of elderly lead to increment in old age diseases such as arthritis, diabetes, heart disease, macular degeneration, dementia and Alzheimer. Among of these diseases, dementia is neither a specific disease nor an easy diagnosis on early symptoms because of the subtle and vague symptoms. Dementia defines a collection of symptoms which are caused by brain disorders. It affects thinking, behavior and the ability to perform daily tasks. This cognitive impairment is the leading chronic disease contributors to disability and, particularly, dependence. It can be valuable and bothersome to caregivers. Therefore, early diagnosis and treatment of dementia is important. Among the pharmacological and non-pharmacological treatments of dementia, currently, there is no prevention or cure for dementia. Hence, it is important to focus on how to control aggressive behavior in dementia, which would improve the life style of dementia patient, reduce medical costs and decrease the burnout rate of caregivers.

P021 LEPROSY AND CHURCH IN JAPAN - HISTORICAL ASPECT

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Objective: The author have worked in a Japanese Hansen's disease (leprosy, H.D.) sanatorium since 1983. Here, I review the history of Japanese H.D. in relation to Christianity.

Material & Method: Literature review of published works in Japan

Results:

1. St. Xavier's era (1556-): Many H.D. hospitals were established by Franciscans and Jesuits in Japan, but all were closed by 1620 because of Anti-Christian Edicts.
2. Meiji era (1967-): Both Catholic and Protestant missionaries opened H.D. sanatoria.
 - Koyama Fukusei Hospital, Shizuoka, Fr. Germain LégerTestvuide of Missions Étrangères de Paris, 1989-
 - Tairoin Hospital, Kumamoto, Fr. Jean Marie Corre with Franciscan sisters, 1898-
 - Ihaien, Tokyo, Ms. Kate Youngman, 1894-1942.
 - Kaishun Hospital, Kumamoto, Ms. Hannah Riddell, 1895-1941.
 - St. Barnabas' Hospital, Gunma, Ms. Cornwall Legh, 1916-1941.
3. Churches in the sanatoria: In the 13 national H.D. sanatoria established in 19-20th centuries, churches were built and many Christians have worked.
4. Infant home in Amami-Island: Among the 13 sanatoria, only Amami-Wakoen permitted the patient's couples to give birth to children by the effort of a Catholic general manager and a priest Fr. Patrick Finn. They opened a nursery Tenshien nearby.
5. End of Leprosy Prevention Law (1996): Christian Dr. Iwao Arakawa maintained the early repeal of segregation law, but his idea was minor until 1994. Japanese Leprosy Association established an ad hoc committee to deal with this problem, and two of five members were Christians. The committee concluded that the law should have been abolished much earlier.
6. Lawsuit for state compensation (1998): A Christian patient was a leader of plaintiffs. Her Christian friends opposed the suit, but finally her claim was approved in 2001.

Conclusion: Christians have been engaged in the relief of the people affected with Hansen's disease since 16 century. Today, we mainly support the independence and dignity of the affected people.

P022 **STUDIES ON THE BALANCE BETWEEN IMPROVEMENT OF GLOBAL HEALTH AND GUARANTEE OF SUSTAINABLE DEVELOPMENT**

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Objectives: Continued improvement in global health can never be achieved without sustainable development of emerging countries, and knowledge of facts concerning these nations is essential in dealing with countless problems of the world. Young people brought up in developed countries, however, usually do not know the difficult situations of developing countries. This kind of indifference is the main cause of economic and other disparities.

Methods: The Republic of Timor-Leste, which practically became independent in 2002, was the subject of the research, which was conducted through volunteer work, visits to Japan Embassy and Japan International Cooperation Agency, and study on the present situations of the nation.

Results: The Republic of Timor-Leste is facing many unique problems. While unlike other developing countries electricity is distributed to more than 80 percent of its households including those in mountainous regions, they have still got many problems concerning water supplies. While the medical insurance system is seemingly perfect, there is not a single school of medicine in the nation, and the medical care system is anything but satisfactory. These circumstances are largely ascribable to its extremely immature government.

Conclusions: Foreign aid programmes have to be separately arranged according to the situation of each aid receiver. In order to improve the current conditions of developing countries, their situations have to be carefully observed and to be made widely known.

P023 **MULTIMEDIA DVD INVESTIGATE THE EFFECTIVENESS OF HEALTH EDUCATION AND CARE TO IMPROVE THE ANXIETY OF PATIENTS AFTER WOUND**

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The purpose of this study was the multimedia DVD in the effectiveness of their health education to improve the postoperative wound care and anxiety, before harvest experimental, post-test design, case selection conditions and agree to comply with the participants, The object is a North Teaching Hospital surgical ward, the patient diagnosis by a specialist. Randomization Main body with a simple computer assigned to the experimental group and a control group, total of 43 people participated in the study, the experimental group after a day watching DVD multimedia health education, control group received usual care.

The results: A total of 43 subjects in the experimental group 20, control group 23 men 24 (55.8%), 19 females (44.2%), mean age 65 years. Anxiety Scale Assessment hospital (Hospital Anxiety Scale) prior to the control group and the experimental group test, t-test detected less than a statistically significant difference ($p = 0.281$), measured to detect the two groups t-test statistics after less than two groups a significant difference ($p = 0.913$). Patient spectral analysis the two groups in the post-test average scores decline.

Due to the more challenging clinical care, we use the multi-media informative video to provide standardization of health education. The standardization education can promote more two-way communication, which is beneficial for both post-operative wound healing and self-care. We hope the results provide a guidelines for future clinical practicing in nursing.

P024 **A QUALITATIVE STUDY OF NURSES' ATTITUDES TOWARDS' AND PATIENTS' EXPRESSIONS OF RELIGIOSITY AND FAITH IN CRITICAL CARE.**

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Objectives: To investigate nurses' attitudes towards and patients' expressions of religiosity and faith in critical care. Holistic care for people with intensive care units patients' religiosity and faith. Nurses' and patients' religiosity have not been studied extensively even though nurses report a lack of experience and knowledge regarding religious care.

Methods: Four focus group interviews with 16 nurses and 5 care workers in four intensive care units were conducted from May 2014–June 2015. The interview text was analysed using van Manen's hermeneutic phenomenological approach and Lindseth and Nordberg's structural analysis.

Results: The following three main themes reflected the nurses' and care workers' attitudes towards and patients' expressions of religiosity and faith: (i) unknown religious practice vs. known religious practice, described as 'religious practice that was scary' or 'religious practice that was recognizable'; and (ii) death vs. life, described as 'difficulty talking about death' or 'focusing on life and the quality of life'.

Conclusions: Nurses and care workers were uncertain and lacked knowledge of the patients' expressions of religiosity and faith in terms of both their substance and their function. Nurses struggled with ambivalent feelings about patients' religious expressions and with unclear understanding of the significance of religiosity.

P025 **DECREASING THE RATE OF EXCEPTIONAL EVENT IN CHILDREN'S FALLS IN OUR WARD**

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Objectives: The falls of children have become a major exceptional event in pediatric ward. It causes body injury, longer hospitalization time and medical cost. In addition, it could lead to the medical entanglements and increase the working pressure of nurses. The goal of study is how to decrease the rate of exceptional event in children's fall events in pediatric ward.

Methods: This is a prospective study, we collected data, reviewed papers and discussed with each other over meetings from September, 2014 to March, 2015. executive process of project plan below: (1) To conduct education course and Nursing Information System animation graphics. (2) To conduct the community health education. (3) To make warning signs. (4) To use graphic manuals of equipment. (5) To use short movies and illustrated story books.

Results: The rates of children's fall declines from 0.14% to 0.03% during the period of study.

Conclusions: This strategy will provide effective result for children's accidental fall injury in the pediatric ward, and it could be a reference of care plans for clinical nurses.

P026 NURSING CARE FOR TECHNOLOGY-DEPENDENT CHILDREN IN PUBLIC SCHOOLS IN JAPAN

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Objectives: In Japan, the enforcement of the Act on the Elimination of Disability Discrimination in 2016 has enabled technology-dependent children to enter mainstream schools. Our objective here was to provide a literature review of children with disability, their technology dependence, and nurses at schools, thereby addressing future potential issues.

Materials & Methods: We searched the websites of the Japan Medical Abstracts Society and Citation Information by National Institute of Informatics (CiNii) by using the keywords “technology-dependent,” “school,” “nursing,” and “region.” The contents of the websites of the Ministry of Health, Labor and Welfare and the Ministry of Education, Culture, Sports, Science and Technology (MEXT) were also searched.

Results: According to MEXT surveys, the numbers of technology-dependent children and nurses in schools for the medically challenged were 5901 and 707, respectively, in the first (2006) survey; those numbers were 7350 and 1049 in the 2010 survey and 7774 and 1450 in the 2014 survey, showing a marked increase. There were 976 technology-dependent elementary and junior high school students, of whom 227 required “tube feeding,” 208 “tracheotomy suctioning,” 53 “artificial respiration,” and 277 “urethral catheterization.” According to the survey by Shimizu (2014), 295 nurses were employed in 26 prefectures (68.8%); of these nurses, 18.9% were full time and 72.6% part time. The number of nurses who had been in continuous employment for more than 2 years was 132 (44.7%).

Conclusion: These children with disability tended to have severe conditions that increased their technology dependence. In addition to caring for technology-dependent children, nurses’ tasks encompass giving advice to schoolteachers, consulting with parents, and coordinating with family doctors and after-school daycare services. Management by the board of education is required and budgets for nursing personnel should be secured by the national government.

P027 A TRACHEOSTOMY CHILD GOES TO SCHOOL — RESPIRATORY THERAPIST AND TEACHERS JOIN IN THE CARE

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Objectives: Because of prematurity, congenital tracheo-bronchial malacia, some children have undergone many surgical procedures for their throat and swallowing problems. Then they have to face the training process to be weaned off the tracheostomy and learn to swallow properly. Often they experience choking and turning blue. The mother and school teachers are very concerned about how to care for the children who entered in school.

Method: In 2014, because of concern when a tracheostomy child entered kindergarten, we, the members of the Respiratory Therapist Association, the Helpkids Association, together with the doctor and nurse, offered our services as volunteers, put on a special training program for the teachers of an elementary school in our area, call “Help-Kids School Safety Seminar”. The training included: Understanding tracheostomy and its emergency care; what is artificial nose, speaking valve, and oxygen cylinder; daily care for the tracheostomy. From the lectures and practice sessions, the teachers also learned some care for children’s emergencies, helping them not to be fearful or panic in such situations.

Result: With the strong support of the principal, nearly 50 elementary school teachers actively participated in this seminar. It was touching to see how earnest and eager they listened and asked questions, as they practiced some of the skills in urgent care.

Conclusion: Based on our Catholic spirit of charity, we hope to use such activities to decrease the anxiety of the teachers, decrease the risk in the care of the tracheostomy child, increase school safety, and help the child to grow up happily. This is also the enjoyable duty of the Respiratory Therapist!

Key words: Tracheo-bronchial malacia, tracheostomy, Helpkids