

# Research on the Current Status of End-of-Life Care Services for the Elderly in Harbin and Policy Recommendations

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**Abstract:** This study focuses on the end-of-life care needs of the elderly in Harbin, evaluating existing services and proposing strategies for improvement. The research, through field surveys and data from service agencies, analyzes issues related to end-of-life care policy support, service content, resource allocation, and education on end-of-life care. Recommendations include the establishment of industry norms, enhancement of service content, strengthening of welfare nature, optimization of medical insurance policies, improvement of professional standards, and intensified promotion of end-of-life care education to improve service quality and the living standards of the elderly.

## 1. Introduction

### 1.1. Preface

In order to reduce the suffering of the elderly from illness and to avoid unnecessary overtreatment, allowing them to complete the last journey of life with dignity amid humanistic care has become an important aspect of elderly care services and a widely discussed issue in society. In the context of the new era, the elderly place more emphasis on improving the quality of life rather than merely extending the length of life. End-of-life care reflects the needs of society as well as the respect for humanity and human rights, and it can also be seen as a turning point in the development of social civilization. This study aims to explore the specific needs of the elderly in Harbin for end-of-life care as an emerging elderly service project, the current status of services, existing problems, and solutions. Through this research project, we hope to improve the policies and service content of end-of-life care in Harbin, enhance elderly care services, and contribute to the construction of an elderly-friendly society.

### 1.2. Research Subjects

Ensuring that the elderly can die with dignity is an important issue for healthy aging. The subjects of this study are primarily elderly terminal patients who are disabled, have dementia, or suffer from chronic diseases, tumors, or cancer. Statistical data shows that cancer has become the leading cause of death among residents in Harbin, with an annual incidence rate increase of 2.9%, and more than 7,900 new cases of cancer are diagnosed in the city each year. According to the "2021 Harbin National Economic and Social Development Statistical Bulletin," the population over 60 years old accounts for

24.9% of the registered population in Harbin, which is higher than the national and provincial levels of population aging[1]. Harbin has entered a stage of moderate aging development, and with a large elderly population comes a substantial demand for end-of-life care services. Since the elderly group constitutes a large proportion of terminal patients, the services they need are more systematic and comprehensive. These elderly terminal patients often suffer from chronic diseases and cancers that are long-term, costly to treat, and greatly reduce their quality of life. Therefore, developing end-of-life care services has become an urgent task to meet the needs of the elderly.

### 1.3. Significance of the Study

With the improvement of the economic level and the pension security system, the material quality of life for the elderly has significantly improved. Accordingly, they have developed a deeper understanding and higher demands regarding the quality of life and the value of life. Harbin is currently in the midst of moderate aging development, facing the increasingly severe challenge of an aging population. Therefore, more and more elderly people are updating their understanding of life and death, hoping to improve the quality of their lives before passing away, alleviate physical, psychological, and spiritual suffering, and wish to depart from this world peacefully, gracefully, and with dignity.

End-of-life care services are not only about the quality of life and dignity of terminal patients but also a significant indicator of social civilization's progress. This is a livelihood issue that has attracted widespread attention from society and is an indispensable part of realizing the Healthy China strategy. The inevitability of old age discussions on end-of-life and death means that improving Harbin's end-of-life care services can better

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prepare for society's elderly care services, allowing them to spend the last journey of their lives peacefully and with dignity. This paper aims to study how to develop end-of-life care services suitable for the local elderly terminal patients in Harbin and provide effective development paths to further improve Harbin's end-of-life care services, prepare for the last stage of elderly care services, and bring benefits to the elderly in the final stage of their lives[2].

#### **1.4. The Concept of End-of-Life Care**

As medical standards improved in the mid-20th century, chronic diseases became the main cause of death at that time. This led to an increasing concern for the psychological well-being of patients. Initially, end-of-life care was provided by professional teams offering comprehensive services to terminal patients and their caregivers, including ethics, psychology, nursing, medical care, and social support. Since the introduction of the modern concept of end-of-life care to China in 1982, its core principle has been to reduce unnecessary medical interventions when facing incurable diseases and to focus more on patient dignity and comfort of body and mind. This concept has also been extended to include grief counseling and support for the patient's family, aiming to achieve peace from the suffering of disease and care for life's dignity[1]. In this paper, end-of-life care is defined as services provided by medical personnel and volunteers for patients in the final stages of illness or elderly terminal patients. These services include managing uncomfortable symptoms, alleviating pain, and providing physical, psychological, spiritual support, and humanistic care. The goal of these services is to improve the quality of life for both patients and their families, allowing patients to pass away comfortably and with dignity.

## **2. Survey on End-of-Life Care Services for the Elderly in Harbin**

### **2.1. Design of the End-of-Life Care Service Questionnaire**

The questionnaire design covers the following three main aspects: the satisfaction and needs of elderly terminal patients regarding services, the assessment of service content and satisfaction by the families of elderly patients, and the expectations and needs of the elderly population for end-of-life care services.

In the survey on the satisfaction and needs of services for elderly terminal patients, we included two main parts: a basic situation survey and a needs satisfaction survey. The basic situation survey covered eight questions regarding gender, age, payment method, economic pressure, caregiver presence, social security coverage, type of institution, and residence. In the needs satisfaction survey, we divided it into three parts: physiological needs, psychological needs, and other needs, with a total of 14 questions.

In the survey on the service content and satisfaction from the perspective of the families of elderly patients, we included two main parts: a basic situation survey and a needs assessment. The basic situation survey consisted of 12 questions covering gender, age, income status, educational background, employment status, health condition, service hospital, and residence. In the needs and assessment survey, we divided it into three parts: physiological needs and assessment of the patient, psychological needs and assessment of the patient and family, and other needs and assessment, with a total of 14 questions.

For the survey on the expectations and needs of the elderly population regarding end-of-life care services, we included two main parts: a basic situation survey and a service needs survey. The basic situation survey covered 11 questions including gender, age, insurance coverage, income, educational background, employment status, health condition, death education, and residence. In the service needs survey, we explored the importance that the elderly population places on different aspects of end-of-life care services, with a total of 8 aspects[3].

### **2.2. Survey Results on End-of-Life Care Services for the Elderly in Harbin**

This survey collected 600 questionnaires, with an effective recovery rate of 96.2%, totaling 577 valid questionnaires. Among them, there were 152 surveys on the satisfaction and needs of elderly terminal patients, 128 surveys on family needs and evaluations, and 297 surveys on the expectations and needs of the elderly population.

According to feedback from 152 elderly terminal patients, there was a high demand for pain control (80%), sleep quality (67%), and environmental comfort (70%). The aspects most concerning to family members were patient companionship (77%), dignity maintenance (66%), and financial support (82%). However, satisfaction was significantly lower than demand in areas such as financial support (11%), communication meetings (20%), entertainment activities (17%), and psychological counseling (34%).

The elderly population showed high concern for professional staff teams and the burden of costs, with 64% of the non-patient group expressing importance in the 3-5 range (5 being the most satisfied).

From these results, we can see that end-of-life care services in Harbin are doing well in meeting physiological needs, but there are significant shortcomings in psychological support and economic burden. This suggests that more support is needed in terms of medical insurance subsidies and service costs.

Based on the above survey results, it can be seen that in Harbin's end-of-life care services for the elderly, the satisfaction and demand for physiological needs are relatively high; although psychological needs occupy a certain proportion, their satisfaction is not high; the greatest need and lowest satisfaction are in subsidy and medical insurance support, indicating a greater demand in terms of service costs[4].

### **2.3. Survey Content on End-of-Life Care Institutions in Harbin**

In Harbin, institutions providing end-of-life care services mainly include public medical institutions and private hospitals. These institutions offer different services according to their capabilities. To fully understand the content and level of end-of-life care services, we selected 6 representative end-of-life care service institutions in Harbin for on-site research based on criteria such as service scope, influence, and target population.

#### **2.3.1 Public Medical Institution End-of-Life Care Service Survey Content**

In public hospitals, the Palliative Care Department of Harbin Medical University Cancer Hospital is a representative tertiary specialized hospital. Established in 2001, it is a result of the cooperation between the "Li Ka Shing Foundation National Palliative Medical Service Plan" and Harbin Medical University Cancer Hospital. The plan aims to improve the quality of end-of-life care services through cooperation. Unlike traditional palliative care, the Palliative Care Department only provides home medical services without setting up hospital wards. It offers a range of free home services for impoverished late-stage cancer patients, including physiological pain relief and psychological counseling home services, as well as domestic services provided by nursing aides and volunteers. All services, including pain relief medications, are free. While caring for patients, the Palliative Care Department also provides psychological counseling for patient families, assesses pain relief effects, and guides them on how to care for and communicate effectively with patients. Additionally, Harbin Medical University Cancer Hospital has joined forces with social organizations to form volunteer teams and has established a professional palliative care medical personnel training base to promote knowledge of end-of-life care and education about life and death at home[5].

As a tertiary rehabilitation specialized hospital directly under the Provincial Health Commission, Heilongjiang Sailor General Hospital is a public medical and nursing institution mainly serving elderly people with rigid needs such as disability, dementia, chronic diseases, advanced age, and those in need of palliative care. The hospital's end-of-life care ward is set up as single rooms, including a companion bed, totaling two beds with an independent bathroom. The daily cost is 300 yuan without a nursing aide; if a nursing aide is included, the daily cost is 400 yuan. Notably, even though professional services are provided, medication and hospitalization costs are currently not covered by medical insurance, which may impose an economic burden on patient families. They offer professional personalized services for elderly people at the end of life and their families. By employing various methods such as palliative medicine, spiritual comfort, comfortable care, and spiritual support, they aim to alleviate the physical and mental pain, anxiety, and fear of the elderly and their families, thus maximizing the quality of life for the elderly and maintaining their dignity[6].

#### **2.3.2 Private Hospital End-of-Life Care Service Survey Content**

Private hospitals often emphasize psychological and spiritual humanistic care when providing end-of-life care services. This is partly because, while seeking economic benefits, they also recognize the demand for these services in the market. Currently, the end-of-life care services provided by private hospitals in Harbin are generally similar, including drug analgesia, ventilator maintenance, feeding services, psychological counseling, and humanistic care. Although these services are broadly similar in basic content, there are significant differences in price and the quality of the provided environment.

The number of private hospitals providing end-of-life care services for cancer patients in Harbin is increasing. This article will focus on comparing and analyzing four relatively representative private hospitals.

HuaHai Hospital Rehabilitation and Nursing Home's special care ward decides whether to accept patients based on their specific condition. Among the private hospitals we surveyed, its ward costs are at a medium level, with a daily room rate of 350 yuan, which does not include nursing services. It offers relatively fewer services and places less emphasis on end-of-life care.

Yijian Elderly Hospital is a tertiary specialty hospital for the elderly. Its ward cost starts at 1500 yuan, with a daily fee of 500 yuan. If a ventilator is needed, the daily cost is 1500 yuan. All wards are single rooms with private bathrooms. Although this hospital does not provide nursing services and the cost is relatively high, its environment is better. It should be noted that the end-of-life care services in this hospital are not reimbursed by medical insurance.

Denai Rehabilitation Hospital requires a starting line of 1500 yuan for ward costs; after staying for more than three days, the daily fee for multi-person rooms drops to 150 yuan, while for single rooms it is 300 yuan. Among the private hospitals we surveyed, this hospital has the best ward environment, and the wards are more warmly decorated. Heilongjiang Huihao Hospital's ward conditions are 50 yuan per day, which are all three-person rooms. In addition, each room is equipped with a dedicated nurse, and their service fee is an additional 150 yuan per day.

#### **2.3.3 Current Status of End-of-Life Care Service Institutions**

Among the medical institutions we surveyed, Harbin Seamen's Hospital and Yijian Elderly Hospital do not support medical insurance reimbursement for ward and drug costs. By contrast, other hospitals only offer reimbursement for drug costs, while ward and nursing fees must be paid by patients themselves. [7] According to our survey, end-of-life care wards mainly focus on providing drug analgesia services and do not involve other therapeutic services. Therefore, the main expenses that patients need to pay are for the ward and nursing care. In our survey, we found that patients with spouses usually choose family members to accompany them, while patients without spouses are more inclined to choose

nursing care. The main responsibilities of nurses are to help patients turn over, monitor drips, clean, etc. Since terminal patients and their families need private space, end-of-life care wards are usually set up as single rooms. For example, the Palliative Care Hospital affiliated with Harbin Medical University requires a certificate of late-stage cancer diagnosis or a discharge summary from a level II (inclusive) or higher hospital as a condition for admission. If there are other pathological, imaging, or laboratory reports, they also need to be provided together. Once confirmed, the patient can be admitted. Other hospitals have no threshold for admission or conduct examinations after admission.

This article chooses to compare and analyze these four private hospitals because they have high visibility and influence in the field of end-of-life care services in Harbin and represent different service models and cost structures[8].

### **3. Problems with End-of-Life Care Services in Harbin**

As society's material and spiritual civilization continues to improve, people's expectations for the quality of life, including end-of-life care, are increasing. According to our research on end-of-life care services in Harbin, we have identified an urgent and growing need among patients suffering from severe illnesses for these services[9]. However, Harbin currently faces several challenges in providing end-of-life care, including a lack of unified industry standards and clear service content, difficulties encountered during service implementation, and various obstacles encountered in the development of services.

#### **3.1. Lack of Industry Standards and Content in End-of-Life Care Institutions**

##### **3.1.1 Absence of Standardized Service Standards and Regulations**

Compared to Western countries, end-of-life care services in China are still in their infancy. Currently, Harbin has not established standardized norms and standards for the provision of end-of-life care services. Existing policies lack clear institutional access standards and a regulated service system. In Harbin's end-of-life care services, there is a lack of clarity and unity in the definition of 'end-of-life status,' with the same set of standards being applied to patients with different conditions and symptoms. This vague definition may lead to the exclusion of some patients who genuinely need end-of-life care services because they do not meet the current ambiguous standards. Patients who truly need end-of-life services may find it difficult to access these services due to not meeting the existing entry criteria.

Additionally, there is a lack of multi-level and diverse service offerings. Different patients require different types of care services, including life care, medical services, and psychological care, with varying needs that

the current service provision model does not adequately meet due to a lack of clear regulations and standards. Establishing clear access criteria and detailed service standards is a crucial step in promoting the development of end-of-life care services in Harbin.

##### **3.1.2 Insufficient Service Content in End-of-Life Care Institutions**

Firstly, the scope of coverage for end-of-life care services in Harbin is limited. Currently, these services primarily focus on patients with late-stage cancer, while those with other terminal illnesses are often not included as the main target group for end-of-life care services, thus unable to receive appropriate care and support.

Furthermore, the support services provided to patients' families are also insufficient. Families also experience significant stress during a patient's end-of-life phase and need support services such as psychological counseling, funeral guidance, and grief counseling to cope with emotional distress.

On the other hand, the development level of end-of-life services in Harbin is relatively low. Existing services are mainly focused on providing medical treatment and life care. However, according to the "Palliative Care Practice Guidelines (Trial)" issued by China's National Health Commission, end-of-life care should include psychological support and humanistic care for patients. High-quality end-of-life care services should not only involve physical treatment and nursing but also pay close attention to and support the psychological state of patients, enhancing communication with them. Through spiritual consolation, psychological comfort, and empathetic listening, the suffering of patients can be reduced, their dignity protected, and their quality of life at the end of life improved[10].

#### **3.2. Difficulties in the Provision of End-of-Life Care Services in Harbin**

In many areas of China, including Harbin, the development of end-of-life care services mainly relies on the efforts of individual institutions. There is a general lack of awareness and importance placed on this service in society, leading to insufficient policy support. Furthermore, since most end-of-life care providers are private medical institutions, they often face the problem of meager profits due to a lack of policy support. Limited reimbursable items exacerbate the financial stress on terminally ill patients and their families.

##### **3.2.1 Scarcity of Resources in Service Institutions**

Interviews and field surveys reveal that existing service institutions for end-of-life care in Harbin are facing a shortage of resources. These institutions, mainly private or small to medium-sized care homes, such as nursing homes and elderly care centers with small medical facilities, focus more on providing daily life care and nursing for the elderly. Their caregivers' primary responsibility is to manage the daily living of the elderly.

As such, these institutions are not equipped with medical equipment and drugs like ventilators and analgesics, nor do they have the funds to purchase them. Additionally, nursing staff often lack knowledge related to end-of-life care, rendering them unable to meet patients' physiological and psychological needs. The high cost of comprehensive nursing services means many patients cannot afford them due to financial reasons. Private institutions generally face lower levels of trust compared to public ones, affecting their ability to receive support from charitable organizations and making fundraising more challenging. Many hospices rely on medical income to maintain operations, contrary to the original intention of conserving medical resources with end-of-life care services. With low returns and high consumption, many hospices face operational difficulties; hence, most can only offer bed and medical material services, leaving the responsibility of medical care almost entirely on the patient's family. This scarcity of resources significantly hinders the development of end-of-life care services.

### **3.2.2 Inadequate Medical Insurance System for Specialized Care**

Harbin has yet to introduce clear medical insurance policies for end-of-life care services at this stage. In the current medical insurance system in Harbin, only outpatient and inpatient costs are reimbursable. However, drugs used to alleviate discomfort during end-of-life care and necessary examinations are often not included. Specific service costs are not reimbursed, and there is a waiting period for reimbursement of inpatient costs. Some hospitals do not offer reimbursements for terminally ill patients at all. The cost of end-of-life care varies with the patient's condition and health status, with most institutions charging by bed or overall medical services without a unified and clear pricing standard. For families with financial difficulties or long-term illnesses, the high cost of end-of-life care adds to their economic pressure and brings additional psychological burdens.

The current situation suggests a need for a more robust policy framework and resource allocation to support end-of-life care services in Harbin effectively. This would involve developing clear standards for service provision, improving access to care for all terminally ill patients regardless of their illness, and integrating end-of-life care into the broader healthcare system with adequate insurance coverage to ensure that these essential services are accessible to those in need without imposing undue financial burdens on individuals and families.

### **3.3. The development of palliative care services faces several obstacles**

Particularly in Harbin and across China. The primary challenges include a lack of professional talent and overall low levels of expertise in the field, as well as a cultural resistance to discussing death, which hinders the recognition and widespread adoption of end-of-life education.

### **3.3.1 Deficiency in Professionalism Among Palliative Care Personnel**

Research indicates that the main concerns for the elderly at the end of life are fear of death and physical pain. The palliative care teams in Harbin, which consist of doctors, nurses, and volunteers from various fields, are primarily focused on physical rehabilitation due to the medical system's ethos of saving lives and treating patients comprehensively. This focus often leaves medical staff feeling helpless when facing terminal illnesses and death. Currently, the development of palliative care services in Harbin is slow, with professionals lacking in-depth education in death and dying, which is essential for providing quality end-of-life care.

There is also a shortage of volunteers and non-professional workers in palliative care, which impacts the quality of care due to their lack of professional knowledge. Furthermore, the high turnover and instability among volunteer teams contribute to a lack of continuity and consistency in care quality. The attitude of palliative care workers towards death directly affects the quality of death for the elderly terminally ill. Positive attitudes towards death can help healthcare professionals deal effectively with end-of-life situations.

### **3.3.2 Low Recognition and Difficulties in Popularizing End-of-Life Education**

End-of-life education, an integral part of life education, aims to cultivate reverence for life. However, such education is generally absent in China's traditional culture and is often considered taboo. The reluctance to discuss death results in a lack of communication and understanding regarding it, limiting the effectiveness of end-of-life education in alleviating symptoms, psychological distress, and aiding peaceful passing.

In contrast to some other countries where end-of-life education begins in childhood and continues throughout life, the attention given to such education in China, including Harbin, is insufficient, resulting in low levels of acceptance and slow development. The fear of death and the reluctance to acknowledge its nature are significant barriers to the widespread adoption and deep development of end-of-life education.

In summary, the development of palliative care services in Harbin faces significant challenges due to a lack of professional training and cultural attitudes towards death. To improve the situation, it is crucial to integrate palliative care education into professional training programs and address cultural taboos surrounding death to enhance acceptance and understanding of end-of-life care.

## **4. Strategies and Suggestions for Improving Palliative Care Services in Harbin**

### **4.1. Improve Palliative Care Service Standards and Content**

To meet the significant demand for palliative care within medical and elder care institutions and to promote sustainable development of these services, it is first necessary to establish unified industry standards, defining the entry requirements and quality norms for elder care institutions providing palliative care services. Secondly, comprehensive palliative care service content should be provided to fully realize the positive effects of these services.

#### *4.1.1 Establish Industry Standards and Norms for Palliative Care Service Provision by Institutions*

Qingdao has introduced specific policies to clearly regulate palliative care services involving medical institutions, elder care institutions, communities, and families across society. In 2020, the Shanghai Municipal Health Commission formulated standardized care service processes, stipulating that the Karnofsky Performance Scale (KPS) be used to preliminarily assess patient functional status and the Palliative Performance Scale (PPS) to evaluate expected survival time. Treatment decisions for home or inpatient care are then made according to these standards.

When establishing service standards, Harbin should refer to Qingdao's experience and provide comprehensive services covering physiological, psychological, spiritual, and other aspects based on the specific conditions and needs of the elderly at the end of life. Physiological services mainly include daily care and medical nursing; psychological services include psychological support and comfort; spiritual services include spiritual care. After determining the levels of service and standards, the content and methods of service provision should be clarified to guide the practice of palliative care services in elder care institutions.

Harbin can develop admission and assessment standards suitable for the elderly at the end of life in Harbin based on Shanghai's patient assessment criteria. By taking into account the actual conditions of the elderly residents in various institutions and the actual service resource capacity of these institutions, a clear definition of "end-of-life status" can be established. This definition will determine which elderly individuals are considered to be in the end-of-life phase and thus eligible for corresponding palliative care services from institutions. This will standardize the principles for admitting patients into palliative care services, ensuring that every elderly person who meets the service provision standards can enjoy palliative care resources, avoiding waste of these resources [11].

At the same time, for those elderly who are not in the end-of-life stage but have physiological and psychological needs, medical and elder care institutions

should develop specific service standards and models to differentiate from palliative care services, ensuring that the specific needs of this group are properly met.

#### *4.1.2 Provide Comprehensive Palliative Care Services*

Under the framework of China's existing palliative care policies and guidelines, elder care institutions should use their multidisciplinary teams to provide comprehensive services around the specific needs of the dying elderly and their families, including life care, medical support, psychological counseling, and spiritual comfort. The dying elderly generally face physiological, psychological, and spiritual needs during their final stages. Given the individual differences among the dying elderly in terms of physical health, disease state, family background, and religious beliefs, medical and elder care institutions need to conduct an in-depth assessment of these factors at the beginning of service provision to develop personalized service plans, thereby enhancing the adaptability and meticulousness of care services [12].

The service process should include the establishment of dynamic care records, detailed recording of each service, and timely adjustment of plans according to service progress, effectiveness assessments, and changing needs of the elderly and their families to optimize care effects and enhance the care recipients' experience. At the same time, it is essential to fully respect the wishes of the elderly and their families and to discontinue services in a timely manner when confirmed ineffective, to prevent imposing unnecessary burdens on care recipients [13].

### **4.2. Provide Support for Palliative Care Service Institutions**

In recent years, with the promotion of policies in Heilongjiang Province, China's hospice care has developed rapidly. Although the policy framework for hospice care in Harbin has initially taken shape, precise support policies for specific issues still need to be improved, making it difficult for macro policies to be implemented. Drawing on Qingdao's experience, the following suggestions may provide precise support for Harbin:

#### *4.2.1 Leverage the Welfare Nature of Palliative Care Services*

Considering Harbin's fiscal situation, palliative care services should refer to the model of the Hospice Hospital affiliated with Harbin Medical University, which is to obtain funding and social donations through joint charity organizations to make full use of its welfare nature. To further promote the development of hospice care, it should first be clarified as a non-profit medical service [14]. Relevant departments need to formulate specific policies and coordinate the development of hospice care within the city through the establishment of a municipal leadership group. By effectively utilizing social resources and increasing financial investment in hospice care

institutions, infrastructure can be upgraded to improve service capabilities [15].

#### **4.2.2 Adjust Basic Medical Insurance Support Policies for Palliative Care Services**

Referring to Taiwan's experience of incorporating hospice care into the National Health Insurance system since 2000, Qingdao has proposed establishing a complete long-term medical care insurance system. Harbin should accelerate the inclusion of hospice care services into the medical insurance reimbursement system in light of the current situation where nursing service costs are a major expense. This policy should be implemented in phases, initially prioritizing coverage for cancer patients with limited treatment options and gradually expanding to other patients with serious terminal illnesses. Under the guidance of Harbin's municipal government, a community hospital-based hospice care system should be established, and cooperation with commercial insurance companies to launch new insurance products should be explored [16]. At the same time, support should be provided for economically disadvantaged patients through major illness insurance or medical assistance as well as preferential policies such as tax reductions and government subsidies.

### **4.3. Enhance the Importance of End-of-Life Education**

In China, traditional concepts often avoid topics related to death, which poses challenges for the promotion of end-of-life education. To raise the importance of end-of-life education in society, we need to start from two aspects: one is to improve the professionalism of end-of-life care service personnel; the other is to increase the popularization of death education.

#### **4.3.1 Improve the Professionalism of End-of-Life Care Service Personnel**

Shanghai has clearly defined the training of a professional team including community workers, pharmacists, nutritionists, psychological counselors, caregivers, and volunteers. Qingdao encourages higher educational institutions to cultivate talents needed by the end-of-life care industry, such as nutritionists, psychologists, lawyers, nurses, medical students, etc., to expand the talent pool and improve overall quality [17]. Harbin can refer to these practices and formulate corresponding training strategies and measures in line with local conditions.

As elderly individuals spend more time in elder care institutions, those initially healthy may gradually enter the end stage of life. At this stage, traditional elder care services can no longer meet their needs. Therefore, providing professional end-of-life care services becomes a necessity [18]. Harbin should focus on improving the professionalism of the end-of-life care team and expand its scale. This includes regular training and assessment of end-of-life care service personnel to enhance their professional capabilities. At the same time, the proportion

of various professionals such as nutrition doctors and psychologists in the service team should be optimized to establish a scientifically reasonable talent structure and form an efficient professional end-of-life care team. In addition, the Harbin municipal government needs to establish a sound legal system to provide legal protection for practitioners and enhance their professional attractiveness.

Social workers play an important role in the field of end-of-life care. Therefore, medical and elder care institutions need to introduce a group of high-quality social workers and form a professional team. They can not only soothe the emotions of the dying elderly and their families but also coordinate relationships among various service teams and promote resource integration. Meanwhile, attention should be paid to the mental health of volunteers and provide necessary professional training and certification for social workers so that they can better engage in end-of-life care work.

#### **4.3.2 Increase the Publicity of End-of-Life Education**

Medical colleges are the starting point for death education. However, a 2020 survey showed that only 41.23% of medical students' institutions offered death education courses, with more than half of medical students never having been exposed to this field. This indicates that the popularization of end-of-life education in China is not yet adequate. The Harbin municipal government should introduce policies to support end-of-life education and gradually carry out publicity activities aimed at changing the public's traditional views on death. At the same time, the government should increase funding support for research in this field.

On a societal level, we need to advocate for a correct understanding of death and create an environment conducive to end-of-life education. Schools should start related courses from elementary school, allowing students to come into contact with and understand death from an early age to alleviate future pressures on hospice care work [19].

The popularization of death education in Harbin requires joint efforts from the government, society, and schools. Different methods should be adopted for different age groups to maximize the popularization of death education. The acceptance of hospice care is closely related to the extent to which death education is popularized; strengthening publicity will lay a solid foundation for hospice care.

At the end of life, when medical means can no longer provide help, we should use humanistic care to give meaning to life. End-of-life education can effectively reduce overtreatment behaviors and guide elderly people to accept palliative treatment and end-of-life care, alleviating their pain in the final stages of life. We should allow elderly people to depart this world with dignity and peace, without pain and worries[20].

## 5. Conclusion

In China, end-of-life care services for the elderly mark the final link in the elder care service system. With the continuous improvement of social living standards and medical technology, society has gradually paid attention to optimizing the quality of life at the end of life for the elderly. This study conducted an in-depth analysis of end-of-life care services in Harbin and found that the city faces multiple challenges in this regard: incomplete industry standards and service content, insufficient service institution resources, defects in the medical insurance system, inadequate professional talent training, and a low level of end-of-life education popularization. To improve this situation, efforts from the government, society, and all relevant institutions are required. It is recommended to strengthen government support for end-of-life care service policies, formulate and improve industry standards, and optimize medical insurance policies to better support end-of-life care services[21]. At the same time, it is important to enhance societal awareness and importance of end-of-life education, strengthen professional training for end-of-life care personnel, and expand public education and outreach. In addition, service institutions should accurately grasp audience needs, provide more comprehensive and reasonable services, leverage their welfare nature, and thus enhance the overall capability of Harbin in end-of-life care services[22].

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