接受安寧住院及安寧共同照護病人生活品質的比較

—以某醫學中心為例

Comparison of Quality of Life between Hospice Palliative Care and Hospice Shared Care Patients

－Example of a Medical Center

中文摘要

安寧療護推動已逾 10 年，2006 年台灣設有安寧病房的醫院共計 37 家，病床總數有 448 床，佔床率僅達 55.66%。根據行政院衛生署 2008 年公佈資料得知，96 年國人因癌症死亡人數為 40,306 人，占所有死亡人數的 28.9%，然而接受安寧住院療護的病人為 6,954 人，只佔癌症死亡人口數的 17.25%，由此可見安寧療護的觀念至今仍未普及。

行政院衛生署國民健康局於 2004 年開始致力推動安寧共同照護，使更多癌末病人能享有安寧緩和療護。至 2006 年共有 34 家醫院參與此項計劃，而試辦計畫成果的分析則顯示，接受安寧共同照護的病人及家屬之整體滿意度達 4.87 分(滿分 5 分)。

某醫學中心於 2001 年起，開始進行安寧療護住院之服務，每年服務量約 350 人。該院並於 2004 年加入國健局安寧共同照護計畫，約 2005 年至 2006 年兩年間共有 442 位病人接受安寧共同照護會診之服務。安寧病房之住院病人與接受安寧共同照護之病人其在生活品質上的提升程度是否相同是一個值得探討的問題本研究遂以個案醫院之住院病人及安寧共同照護之病人，以中文版簡式「安寧緩和療護結果量表」(Simple Palliative Outcome Scale, Simple POS)，及「安寧療護滿意度調查」問卷進行資料的蒐集及分析，以了解病人於接受照護後生活品質的差異。於研究期間共回收安寧住院組有效問卷 122 份(73%)，於安寧共同照護組共回收有效問卷 101 份(66%)。

研究結果顯示，個案醫院之安寧住院病人與安寧共照的病人於人口學特性的同質性不高，且兩組個案所罹患疾病的病程時期不同，生活功能狀態差異大，所以兩組研究對象於照護後有差異。研究結果並顯示，個案醫院安寧共同照護的病人照護成效上較優於安寧住院的病人，生活品質改善程度的感受亦較高。雖然本研究結果顯示安寧共照組照護成效較優於安寧住院組，但因兩組研究對象的差異性略大，所以此結論無法推論到其他接受安寧照護的病人。

研究結果並顯示，兩組在整體照護後生活滿意度均呈現高度滿意結果，其平均值及標準差分別為 3.40 (標準差＝0.409)、3.73 (標準差＝0.355)(總分為 4 分)。因此，接受安寧住院照護及安寧共同照護兩種模式，均能顯著且有效地緩解病人的症狀困擾，並獲得靈性安適、增進倫理決策，達到良好的心理、社會層面的生活品質

及善終的良好照護。綜而言之，安寧照護對於癌症末期病人，是一個重要且能提升病人生活品質的照護方式。

英文摘要

Hospice care has been promoted for more than 10 years. In 2006, there were 37 hospitals with a hospice ward, with a total of 448 beds, and the bed occupation rate was only 55.66%. According to 2008 data published by the Ministry of Health, Executive Yuan, the number of deaths due to cancer in Taiwan in 2007 was 40,306, which accounted for 28.9% of total deaths. However, there were only 6,954 patients receiving hospice care, accounting for 17.25% of total cancer deaths. It is apparent that the concept of hospice care is not widely known.

The Bureau of Health Promotion of the Ministry of Health, Executive Yuan began to promote for Shared Hospice Care in 2004, so more patients with terminal cancer can receive supportive hospice care. In 2006, a total of 34 hospitals participated in this project. Analysis of this pilot project revealed that, the overall level of satisfaction from patients who received hospice shared care and their family members reached a score of 4.87 (total: 5 points).

A particular medical center has, since the year 2001, begun service for hospitalized hospice care. The service volume per year is approximately 350 people. The hospital also participated in the shared hospice care project by the Bureau of Health Promotion in 2004. Between 2005 and 2006, 442 patients received shared hospice care visits in the hospital. Whether hospitalized hospice care patients and patients that receive shared hospice care have the same increase in the quality of life deserves further investigation. Therefore, in this study, individual cases in the hospice ward and patients that receive shared hospice care are studied. A Chinese-version of “Simple Palliative Outcome Scale, Simple POS” and “Hospice Care Level of Satisfaction Scale” are provided to those patients for data collection and analysis, in order to understand the difference in quality of care after receiving care. In the duration of the study, a total of 122 valid questionnaires from the hospitalized hospice care group (73%) are received, and 101 valid questionnaires are received from the shared hospice care group (66%).

Results from the study indicate that, the cases in the hospitalized hospice care group and patients receiving shared hospice care do not have high homogeneity in the epidemiological characteristics. Also, the two groups have different disease staging, and large differences exist in functional status of daily living. Therefore, differences can be found in the two groups after receiving care. Results also demonstrate that effectiveness of care is superior in the patients receiving shared hospice care, compared to patients hospitalized in the palliative ward, and the sense of

improvement in quality of life is higher in the shared hospice care group as well. Findings from the study reveal that the shared hospice care group has better care effectiveness than the hospitalized hospice group, but due to large differences in the two groups of subjects, this conclusion cannot be applied to other patients receiving palliative care.

Results from the study also find that, both groups are highly satisfied in terms of overall satisfaction of life after care. Their averages and standard deviations are 3.40 (standard deviation = 0.409) and 3.73 (standard deviation = 0.355) (overall score is 4 points), respectively.

Hence, both hospitalized hospice care and shared hospice care can significantly and effectively relieve burdens of patients due to their symptoms, and they can receive spiritual comfort, improve ethical decision-making, achieve good mental and social quality of life and good care at the end stage of life. In conclusion, hospice care is an important option of care that can improve the quality of life for patients with terminal cancer.