

## HUMANISING END-OF-LIFE CARE IN CHINA: ETHICAL REFLECTIONS ON THE BARRIERS TO HOSPICE DEVELOPMENT

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**Abstract:** Hospice care represents the 'last mile' of a person-centred health system, mitigating physical suffering while addressing existential, psychosocial and spiritual needs at life's end. China has recently incorporated hospice services into national health strategies; yet provision remains uneven and, in many regions, embryonic. Drawing on an ethical-humanistic framework that integrates principlism with insights from Confucian care ethics, this review examines the principal barriers to a truly humanised hospice system. We synthesise policy documents and empirical literature to map four interlocking impediments: (i) the marginalization of hospice care in national health priorities; (ii) economic constraints in hospice care access; (iii) lack of scientific understanding of death and hospice care in society; and (iv) inadequate investment in hospice infrastructure and education. Ethical analysis reveals that these barriers compromise the core values of autonomy, beneficence and justice, and undermine the Confucian ideal of yang-sheng shan-zhong (caring for life and dying well). To advance a humanistic hospice model with Chinese characteristics, we propose: (1) optimizing top-level design and government-led mechanisms; (2) increasing financial input and reforming medical insurance policy; (3) optimizing hospice care through education and cultural integration; and (4) accelerating supply-side reform in hospice care. Addressing these ethical and structural deficits is essential to honouring patient dignity and realising equitable, high-quality end-of-life care across China.

**Keywords:** hospice Care, end-of-life ethics, humanistic care, development barriers, China

### Humanización de los cuidados paliativos en China: Reflexiones éticas sobre las barreras para el desarrollo de los hospicios

**Resumen:** Los cuidados paliativos representan el último escalón de un sistema de salud centrado en la persona, mitigando el sufrimiento físico a la vez que se atienden las necesidades existenciales, psicosociales y espirituales al final de la vida. China ha incorporado recientemente los servicios de cuidados paliativos a las estrategias nacionales de salud; sin embargo, la prestación de estos servicios sigue siendo desigual y, en muchas regiones, incipiente. Basándose en un marco ético-humanista que integra el principlismo con perspectivas de la ética confuciana del cuidado, esta revisión examina las principales barreras para un sistema de cuidados paliativos verdaderamente humanizado. Sintetizamos documentos de políticas y literatura empírica para mapear cuatro impedimentos interrelacionados: (i) la marginación de los cuidados paliativos en las prioridades nacionales de salud; (ii) las limitaciones económicas en el acceso a los cuidados paliativos; (iii) la falta de comprensión científica de la muerte y los cuidados paliativos en la sociedad; y (iv) la inversión insuficiente en infraestructura y educación en cuidados paliativos. El análisis ético revela que estas barreras comprometen los valores fundamentales de autonomía, beneficencia y justicia, y socavan el ideal confuciano de yang-sheng shan-zhong (cuidar la vida y morir bien). Para impulsar un modelo humanista de cuidados paliativos con características chinas proponemos: (1) optimizar el diseño de alto nivel y los mecanismos gubernamentales; (2) aumentar la financiación y reformar la póliza de seguro médico; (3) optimizar los cuidados paliativos mediante la educación y la integración cultural, y (4) acelerar la reforma de la oferta en cuidados paliativos. Abordar estas deficiencias éticas y estructurales es esencial para honrar la dignidad del paciente y lograr una atención paliativa equitativa y de alta calidad en toda China.

**Palabras clave:** cuidados paliativos, ética del final de la vida, atención humanista, barreras al desarrollo, China

### Humanizando Cuidados de Fim da Vida na China: Reflexões Éticas sobre as Barreiras para o Desenvolvimento de Hospedarias de Cuidados Paliativos

**Resumo:** Uma hospedaria de cuidados paliativos representa a 'última milha' de um sistema de saúde centrado na pessoa, mitigando sofrimento físico à medida que aborda necessidades existenciais, psicossociais e espirituais ao fim da vida. A China recentemente incorporou esses serviços nas estratégias de saúde nacionais; no entanto, sua oferta continua desigual e, em muitas regiões, embrionária. Com base numa estrutura ético-humanística que integra principlismo com compreensões da ética de cuidados confucionista, essa revisão examina as principais barreiras para hospedarias de cuidados paliativos verdadeiramente humanizadas. Nós sintetizamos documentos de políticas e literatura empírica para mapear quatro impedimentos interligados: (i) a marginalização de hospedarias de cuidados paliativos dentre as prioridades de saúde nacionais; (ii) restrições econômicas no acesso a hospedarias de cuidados paliativos; (iii) falta de compreensão científica da morte e de hospedarias de cuidados

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paliativos na sociedade; e (iv) investimento inadequado na infraestrutura e educação de hospedarias de cuidados paliativos. Análise ética revela que essas barreiras comprometem os valores centrais da autonomia, beneficência e justiça, e debilitam o ideal confucionista de yang-sheng shan-zhong (cuidando da vida e morrendo bem). Para avançar o modelo de hospedarias de cuidados paliativos humanísticos com características chinesas, nós propomos: (1) otimização do projeto de alto nível e dos mecanismos liderados pelo governo; (2) aumentar a contribuição financeira e reformar as políticas de seguro médico; (3) otimização das hospedarias de cuidados paliativos através da educação e da integração cultural; e (4) acelerar a reforma do lado da oferta em hospedarias de cuidados paliativos. Abordar esses deficits éticos e estruturais é essencial para honrar a dignidade dos pacientes, proporcionando cuidados de fim de vida equitativos e de alta qualidade em toda a China.

**Palavras-chave:** hospedarias de cuidados paliativos, ética de fim da vida, cuidados humanísticos, barreiras ao desenvolvimento, China

Hospice, or palliative, care is a person-centred, multidisciplinary model in which physicians, nurses, psychotherapists, social workers, spiritual counsellors and other professionals collaborate to address the full spectrum of physical, psychological, social and existential distress experienced by people with incurable, life-limiting illness(1). Rather than pursuing curative treatment, hospice aims to maximize comfort, preserve dignity and enrich the quality of the remaining time. Its remit extends to families through bereavement support and counselling, acknowledging the relational nature of suffering. Equal access to such care for those with advanced illness is now widely recognised as an essential element of the right to health(2). In practice, hospice care crystallises medical humanism by affirming the intrinsic worth of each individual and responding to suffering in all its dimensions.

China's rapid advances in healthcare and social-welfare systems have spurred the emergence of hospice programmes in many provinces, and public demand for end-of-life support is steadily increasing. Yet the palliative-care landscape remains nascent. Deep-rooted cultural reticence toward open discussion of death, pronounced urban-rural and wealth disparities, and a limited, unevenly distributed workforce constrain service reach and quality. These contextual factors preclude the wholesale transplantation of Western hospice models. Therefore, a nuanced appraisal of China's existing infrastructure-its gaps and the cultural, economic and organisational forces that sustain them-is therefore imperative. Only through such analysis can a hospice model with Chinese characteristics be shaped, one that aligns with national values, leverages available resources and meets the evolving needs of society.

## 1. Overview of hospice care development in China

Hospice care first took root in China during the early 1980s. Over the past decade, central authorities have issued a policy directives that prioritise end-of-life services, earmark funding, and encourage local innovation. This top-down commitment has accelerated the expansion and diversification of palliative-care delivery nationwide. Several municipalities have emerged as

test-beds for best practice, most notably Shanghai and Changchun--two of the earliest national pilot cities. Their integrated, community-based programmes, multidisciplinary training schemes, and supportive financing mechanisms now serve as influential reference points for other regions seeking to scale up hospice services across China.

### 1.1 The Development of Hospice Care Service in China

Hospice care remains in a transitional phase within China's health system. Although widely acknowledged in global health as a basic human right, hospice care in China lacks a dedicated legislative framework, and references to it appear only sporadically across a handful of general laws and policy documents. To date, there is no unified national law governing hospice care as an independent and specialized sector. Instead, hospice services are largely embedded within broader domains such as medical care, eldercare, and social welfare policies, resulting in fragmented governance and limited institutional integration.

A major turning point occurred in 2006 with the founding of the *Chinese Association for Life Care*, which articulated a mission to develop a hospice model with Chinese characteristics. This marked a formal transition into a new phase of institutional recognition and coordination at the national level. However, the groundwork for hospice care had been laid much earlier. In 1987, Dr. Li Wei established the first hospice ward at a cancer hospital in Beijing, which later evolved into Songtang Hospital, China's first facility dedicated to hospice care. The following year, Tianjin Medical College inaugurated the Hospice Care Research Center, formally initiating hospice care as a distinct academic and service field in China. Further institutional momentum came in 1998, when the Li Ka-shing Foundation funded the country's first hospice sanatorium at the First Affiliated Hospital of Shantou University Medical College, targeting impoverished terminal cancer patients with home-based services.

Over time, governmental attention has gradually increased. In 2012, the *12th Five-Year Plan for the Development of Health Services* encouraged private sector participation in hospice care development.

This was followed by more concrete directives: *The Law on the Promotion of Basic Medical and Health Care* and the *Guidance on Establishing and Improving the Elderly Health Service System* both identified hospice care as an integral part of China's broader effort to build a full-cycle, coordinated health service network. Notably, the *2017 Regulation on the Administration of Medical Institutions* formally included hospice centers within the official classification of medical institutions. That same year, the National Health Commission selected Beijing, Shanghai, Changchun, and two other cities to pilot integrated hospice service reforms, gradually expanding the program's reach.

The momentum continued into the current decade. *The 14th Five-Year Plan for the Development of National Undertakings for the Aged and Elderly Care Services*, along with the *CPC Central Committee and State Council's Opinions on Strengthening Elderly Work in the New Era*, reiterated the need to expand hospice care pilots, promote community- and home-based hospice models, and establish an effective, sustainable service mechanism.

Taken together, these milestones demonstrate that while hospice care in China is still in an emergent phase, it has garnered increasing institutional support.

## 1.2 Local Practice of Hospice Care in China

The pace of hospice care development in China has accelerated significantly in recent years, largely due to the issuance of supportive national policies and the implementation of localized pilot initiatives. Despite these gains, China has yet to establish a unified and standardized national hospice care delivery system. Current service provision remains largely fragmented and depends heavily on pilot cities and regions that adapt their approaches according to local demographic, economic, and institutional conditions. Among them, Shanghai and Changchun, two of the earliest designated pilot cities, offer instructive and representative models of hospice service delivery in the Chinese context.

Shanghai has pioneered a community-based, home-oriented hospice care model that has be-

come a hallmark of its end-of-life care infrastructure. As one of China's most rapidly aging cities, Shanghai began developing hospice services over a decade ago. It remains the only provincial-level city to implement hospice care pilot programs comprehensively across all districts. In 2012, Shanghai launched the '*Hospice Care Government Practical Project*', and in 2017, hospice care was formally incorporated into the Healthy Shanghai 2030 Plan. Over the subsequent years, various municipal departments issued guiding documents such as the *Shanghai Hospice Pilot Implementation Plan* and the *Shanghai Hospice Service Specification*. According to information released during the *2023 World Hospice and Palliative Care Day* events in Shanghai, all community health service centers in the city now provide hospice care, creating a broad and accessible community-led network for end-of-life support(3).

Changchun, another early pilot city, has taken a distinctive path by embedding hospice care within the medical insurance system. As early as 2014, the city's Human Resources and Social Security Bureau launched pilot projects to offer full-process hospice services--encompassing daily care, symptom management, and psychological counseling--to terminally ill patients covered by insurance. In 2017, Changchun reformed its reimbursement structure by introducing single-disease fixed payments, making it the first city in China where hospice services received independent support from the medical insurance system(4). Further institutional progress was marked on December 27, 2023, with the establishment of the Changchun Hospice Quality Control Center. This body issued the first set of local quality control standards, covering domains such as nurse training, pharmaceutical management, and facility design. This development signals a new stage in the professionalization and standardization of hospice services in Changchun.

These two models—Shanghai's community-led, service-integrated approach and Changchun's insurance-driven, institutionalized pathway—together illustrate the range of strategies currently shaping hospice development in China. Their experiences offer valuable policy and implementation insights for other regions aiming to advance equitable and culturally responsive end-of-life care.

## **2. The Development Dilemma of Hospice Care Service in China**

In recent years, China has made notable strides in promoting hospice care, supported by increasing governmental attention, policy initiatives, and pilot program expansion. The overall development trajectory is encouraging. Nevertheless, the hospice care system remains in a nascent stage, having emerged relatively late compared to many high-income countries. Its growth has been shaped—and in many ways constrained—by a complex interplay of cultural, economic, institutional, and systemic factors. These persistent challenges continue to hinder the equitable, scalable, and sustainable delivery of hospice services across the country.

Key obstacles include the influence of traditional cultural attitudes, particularly the widespread taboo surrounding death and dying, which limits public acceptance and open discussion of end-of-life care. Meanwhile, policy fragmentation and the lack of a dedicated legislative framework weaken coordination across healthcare, social services, and insurance systems. The shortage of trained hospice professionals and gaps in inter-professional education and public awareness, further restrict service capacity and quality. Addressing these interwoven dilemmas requires structural reform and policy innovation but also a culturally grounded redefinition of hospice values that integrates indigenous ethical traditions. Only by tackling these multifaceted barriers can China develop a hospice care system that is responsive, inclusive, and rooted in the lived realities of its aging population.

### **2.1 Insufficient Policy Support**

Policy support plays a pivotal role in shaping the development trajectory of hospice care, as evidenced by both national initiatives and local pilot programs in China. A well-structured hospice care system not only reflects the level of social welfare in a country but also contributes to social stability by addressing the needs of aging and terminally ill populations. However, in China, hospice care is still predominantly perceived as a medical issue, rather than a broader social and public health concern. This narrow framing limits

its integration into the national health and social service infrastructure. Although the government has issued a series of policies in recent years aimed at encouraging the development of hospice care, these measures remain largely advisory in nature—focused on advocacy and moral encouragement rather than enforceable mandates. Critically, China has yet to enact dedicated legislation governing hospice care. Most existing policies fall under the category of ‘soft law,’ offering general guidance without clear accountability, implementation mechanisms, or legally binding standards.

Furthermore, key components required for systemic development—such as sustainable financial investment, regulatory frameworks, and infrastructure planning—are inadequately addressed. The current policy environment lacks clarity regarding essential operational details: What are the formal entry and accreditation standards for hospice institutions? How should essential medications, specialist equipment, and staffing resources be sourced, financed, and regulated? Who holds responsibility for ensuring quality control and long-term service continuity? This regulatory ambiguity results in fragmented service delivery and inhibits large-scale, coordinated development. Without robust legal and financial foundations, hospice care in China remains largely experimental and localized, unable to achieve the comprehensive, equitable, and institutionalized presence seen in more mature systems. Bridging this policy gap is a fundamental step toward scaling and systematizing hospice care nationally.

### **2.2 Economic Constraints**

The high cost of care for terminally ill patients is a universal challenge, and China is no exception. Despite achieving a ‘complete victory’ in the national campaign against poverty, significant regional and household-level economic disparities persist. In particular, low-income families in underdeveloped areas remain vulnerable to financial distress in the face of prolonged illness. For many, the cost of aggressive treatments during the late stages of illness can quickly exhaust household savings, leading families to forgo further treatment or withdraw prematurely due to unaffordable expenses. Within this context, hospice care—despite being a cost-effective and

humane alternative to futile curative interventions—remains financially out of reach for many families. Although China's medical insurance system provides partial reimbursement for some terminal care expenses, the overall coverage remains insufficient. Terminal patients requiring long-term hospitalization often exceed the average reimbursement threshold, placing pressure on hospitals to limit their length of stay or discharge them entirely. As a result, patients in relatively stable but deteriorating conditions are frequently persuaded to transfer, denied admission, or repeatedly turned away, eventually leading to an involuntary exit from institutional care.

Moreover, the financial strain extends to hospice institutions themselves. Due to limited government subsidies and an underdeveloped financing model, many facilities struggle to remain economically viable. The combination of high operational costs, low profit margins, and insufficient insurance reimbursement mechanisms has led to closures or reductions in service capacity. Without structural reforms to funding and insurance policies, the economic barriers facing both patients and providers will continue to hinder the expansion and sustainability of hospice care in China. To ensure equitable access and institutional stability, it is essential to develop a multi-channel financing system that includes public funding, insurance support, and social donations, along with clear reimbursement guidelines tailored to the unique cost structure of hospice services.

### 2.3 Cultural and Conceptual Barriers

The development of hospice care in China represents not only a medical and policy innovation but also a profound cultural challenge to traditional understandings of life and death. As a model of care that emphasizes dignity, comfort, and acceptance of death, hospice care often runs counter to longstanding cultural norms that view death as a taboo subject to be avoided rather than openly discussed. While public awareness and acceptance of hospice care have grown in recent years, deep-rooted cultural resistance continues to constrain its broader integration into mainstream healthcare.

One of the most significant cultural barriers

stems from traditional Confucian notions of filial piety, which emphasize doing everything possible to prolong the lives of one's parents. In practice, this often translates into the pursuit of aggressive, sometimes futile, medical interventions at the end of life. Families may experience moral conflict or social pressure when considering hospice care, fearing judgment from relatives or society that such a choice constitutes abandonment or a lack of filial devotion. This internalized tension makes it difficult for families to reach consensus or make timely decisions about palliative options. Additionally, religious and spiritual beliefs can influence end-of-life decisions. For instance, in some faith traditions, life is regarded as sacred and divinely ordained, with only a higher power holding the authority to determine its end. As noted by Trotzuk and Gray(5), such beliefs may lead to the rejection of hospice care if it is perceived as passive or indicative of 'giving up.'

Another major barrier is the lack of death education in Chinese schools and public discourse. Despite significant advancements in general education, curricula on death, dying, and hospice philosophy remain scarce. While safety topics like fire drills and drowning prevention are commonly taught, death remains largely absent from both formal education and societal dialogue. As a result, many individuals enter adulthood with limited understanding of hospice care and a generalized fear or anxiety about death. This leads to widespread misconceptions—such as equating hospice care with 'waiting to die'—and perpetuates a preference for aggressive, often excessive, medical interventions until the final moments of life.

These misunderstandings also contribute to communication breakdowns between medical teams and families. Physicians may encounter reluctance or hostility when initiating end-of-life conversations, and families may resist hospice referrals, fearing they represent medical abandonment. In some cases, this cultural disconnect can even escalate into conflict, further undermining trust and impeding the timely provision of compassionate care.

Overcoming these barriers requires a multi-faceted cultural shift—one that includes integrating

death education into school curricula, normalizing end-of-life discussions in public discourse, and reframing hospice care not as surrender, but as a form of active, humane support aligned with the values of dignity and relational responsibility.

## **2.4 Insufficient service supply**

As China experiences accelerated population aging, the demand for hospice care services is rising sharply. However, the current capacity of the system remains significantly inadequate to meet this growing societal need. The mismatch between demand and supply manifests in three interrelated dimensions: infrastructure deficits, workforce shortages, and a narrow service structure.

First, there is a notable lack of infrastructure and material resources. Many regions—particularly less-developed or rural areas—either lack hospice facilities altogether or are only in the early stages of development. Even in urban areas, the number of dedicated hospice hospitals, palliative care wards, beds, and specialized equipment remains far below demand. In many general hospitals, hospice services are not available, or are confined to a few under-resourced wards. This limits access and constrains continuity of care for terminal patients.

Second, the shortage of qualified professionals further hampers service delivery. Hospice care is inherently interdisciplinary, requiring the collaborative efforts of physicians, nurses, psychotherapists, social workers, and spiritual care providers. These professionals must not only possess clinical expertise but also be trained in communication, emotional support, bereavement care, and ethical decision-making. Yet, China faces a significant shortage of such personnel, and many current practitioners lack access to systematic, specialized training. This gap in human resources leads to variations in care quality and further discourages the expansion of services.

Third, China's hospice service model remains overly dependent on hospital-based care, with limited development of community and home-based hospice services, which are often more accessible and cost-effective. While hospitals can offer high-level medical care, hospice is not a

prioritized department within most institutions, especially those under resource constraints. Consequently, existing services are limited in scope and availability, and the potential of community health centers and home-based models—central components in mature hospice systems globally—remains underdeveloped.

To address these structural weaknesses, China must invest in a multi-level hospice care delivery system. Only through coordinated investment and systemic reform can China ensure the scale, quality, and sustainability of hospice care services necessary to meet the needs of its aging population.

## **3. Underlying Causes of the Development Dilemma in Hospice Care in China**

Hospice care plays a critical role in optimizing the healthcare system by addressing the needs of terminally ill patients through compassionate, cost-effective, and patient-centered services. However, despite growing policy attention and pilot programs, the development of hospice care in China remains constrained by multiple structural and systemic barriers, including insufficient policy support, economic disparities, cultural resistance, and limited service capacity.

To move beyond these entrenched challenges and chart a scientific, evidence-based path forward, it is essential to conduct a comprehensive and multi-dimensional analysis of the underlying causes behind the current developmental impasse. This requires not only identifying what the obstacles are, but also exploring why they persist—how policy, financing, culture, education, infrastructure, and workforce systems interact to produce inertia or fragmentation in service delivery. Moreover, the formulation of a sustainable and effective national hospice strategy hinges on addressing two core questions:

- (i) What needs to be done to build a hospice care system that is equitable, culturally appropriate, and institutionally integrated?
- (ii) How can it be done in a way that aligns with China's social realities, healthcare reforms, demographic trends, and traditional values?

The answers to these questions must guide the development of targeted interventions from legislative reform and multi-source financing, to death education, workforce development, and the expansion of community and home-based care models. Only through such a strategic and context-sensitive approach can China break through the current development bottlenecks and advance toward a hospice care system that truly reflects humanistic values and public health priorities.

### **3.1 The Marginalization of Hospice Care in National Health Priorities**

The World Health Organization (WHO) has long advocated for healthcare systems that are accessible, acceptable, high-quality, and cost-effective, emphasizing the importance of nursing and palliative services in achieving universal health coverage and advancing the Sustainable Development Goals (SDGs)(2). As a crucial component of these global health objectives, hospice care not only alleviates physical and psychological suffering but also upholds the dignity of terminally ill patients through comprehensive, multidisciplinary support. Ethically grounded and cost-efficient, hospice care should be recognized as an integral pillar of public health infrastructure.

However, in China, the importance of hospice care has not been sufficiently embedded within the national health strategy. Despite commendable progress in pilot programs, the service remains policy-marginalized and structurally underdeveloped. The formulation of health policies in China continues to align primarily with public expectations that prioritize life extension and disease prevention, rather than quality of life at the end of life(6). Within this policy landscape, hospice care is often seen as secondary or optional, rather than essential.

One of the most significant institutional limitations is the absence of a comprehensive legal framework specifically governing hospice care. Existing regulations are fragmented and lack the enforceable provisions and funding mechanisms necessary for systematic development. Consequently, hospice care continues to be guided by soft policy instruments, non-binding guidelines, and pilot directives that encourage experimenta-

tion without providing sufficient financial or infrastructural backing.

This structural weakness is further compounded by the foreign origin and late introduction of hospice care in China, which has limited its cultural resonance and slowed its integration into domestic policy frameworks. While many cities have achieved notable progress in recent years through localized experimentation, the accumulated body of replicable, context-specific experience remains insufficient. This poses a challenge for national-level policymakers who must navigate between universal principles such as palliative rights and patient autonomy, and contextual particularities such as filial obligations(7) and rural-urban disparities(8). As a result, current policies lack the grounded evidence base necessary to ensure their effectiveness across diverse settings.

Ultimately, the failure to position hospice care as a core element of China's health undertaking has led to weak policy enforcement, insufficient funding allocation, and minimal strategic integration. Reversing this trend requires not only a shift in public health priorities, but also a reframing of hospice care as a humanistic, ethical, and systemic necessity, rather than a peripheral or charitable service.

### **3.2 Economic Constraints in Hospice Care Access**

Alleviating the physical, emotional, and financial burdens associated with life-limiting illnesses is not only a humanitarian obligation but also a foundational element of a fair and inclusive health system. Yet in China, significant economic disparities, a still-maturing medical insurance infrastructure, and an uneven distribution of personal income continue to hinder the widespread and equitable development of hospice care services. Compared to high-income countries, China's economic capacity to fund comprehensive end-of-life care remains limited. The current basic medical insurance system, while expansive in its population coverage, is still primarily designed to support curative treatment and disease prevention--leaving end-of-life care underprioritized and underfunded. As a result, hospice services are often accessible only to higher-income groups,

while economically disadvantaged populations, who equally suffer intense physical and psychological distress, are often excluded from care due to cost.

This inequity directly contradicts the traditional Chinese cultural ideal of a ‘good death’, which includes not only dying peacefully, but also doing so with minimal pain and psychological suffering. For many low-income families, however, such ideals are financially out of reach. The cumulative costs of prolonged hospital care, coupled with the limited reimbursement available for hospice services, force some families to abandon treatment altogether—not out of choice, but out of necessity. In extreme cases, this economic burden can lead to psychological breakdowns, intrafamilial conflict, or delayed or denied care, further compromising patients’ dignity and social stability.

In response to similar challenges, some high-income countries have adopted all-inclusive medical security models that guarantee access to hospice and palliative care. However, China’s development stage, population scale, and fiscal constraints make such a model unrealistic in the near term. With limited public funds and competing demands for investments in areas such as primary care, chronic disease management, and health infrastructure, end-of-life care continues to receive minimal financial prioritization. This situation is further compounded by policy-making logics that emphasize health investments that yield high returns in productivity and longevity—often at the expense of those at the end of life, whose care needs are deemed less economically justifiable(2). As a result, government funding allocations rarely extend to terminally ill patients, perpetuating the cycle of underdevelopment in hospice services and reinforcing health inequities between rich and poor.

To address these challenges, China must adopt a tiered, context-sensitive financing strategy. While universal, all-inclusive hospice coverage may not be immediately feasible, incremental measures—such as targeted hospice subsidies for low-income families, expanded insurance reimbursement pilots, and increased support for community-based models—can significantly expand access while remaining fiscally responsible. Additionally, public

financing priorities should be reframed to recognize that supporting a humane death is not a luxury, but a social right, integral to both individual dignity and collective social stability.

### **3.3 Lack of Scientific Understanding of Death and Hospice Care in Society**

Public perception and cultural attitudes toward death play a critical role in shaping the acceptance, timing, and effectiveness of hospice care. In the context of China, the absence of a scientifically grounded and socially normalized understanding of death remains a major obstacle to the widespread adoption of hospice services.

First, deeply rooted traditional beliefs and cultural taboos contribute to widespread death avoidance. Death is often viewed as inauspicious and is seldom discussed openly, especially in family or medical contexts. Influenced by Confucian values and religious beliefs, many continue to regard life as sacred and divinely controlled, believing that only higher powers have the authority to determine life and death(5). These beliefs discourage proactive conversations about dying and contribute to societal discomfort with end-of-life planning.

Second, hospice care is frequently misunderstood as equivalent to “giving up” on life or withdrawing active treatment. Many patients and their families interpret the initiation of hospice as a form of abandonment or surrender, rather than as a shift in focus from cure to comfort. As a result, discussions about hospice are often delayed until all curative options have been exhausted, by which time the optimal therapeutic window for initiating palliative interventions has already closed.

Third, patients’ and families’ understanding of death often fluctuates depending on the stage of illness. During critical phases, the reality of death may temporarily prompt reflection and acceptance. However, once the patient stabilizes, there is a common tendency to confuse stabilization with recovery, fostering false hope and renewed insistence on curative treatment. This cyclical denial complicates efforts to establish timely care plans that include palliative options(5).

In essence, China—like many other countries—operates within a death-denying social framework, where discussions of mortality are routinely postponed or avoided altogether. This creates a situation in which hospice care is often initiated too late—only when death is imminent and families are forced to confront reality. At this point, the patient's condition may be so advanced that the benefits of hospice care (pain management, psychological support, dignity preservation) can no longer be fully realized. As Greenstein, Policzer, and Shaban(9) note, such delayed referrals reinforce a false narrative that 'hospice is where patients go to die,' further entrenching public mistrust and misunderstanding.

Addressing this cognitive gap requires systemic investment in death education and public awareness campaigns, integrated into schools, community programs, and healthcare settings. Normalizing conversations about end-of-life care and reframing hospice as an active, compassionate, and empowering choice—rather than a passive acceptance of death—is essential to building a society that embraces death as a natural phase of life. Only through this cultural shift can hospice care be accessed earlier, accepted more widely, and practiced more effectively.

### **3.4 Inadequate Investment in Hospice Infrastructure and Education**

The level of resource investment—both material and human—is a key determinant of the scope and quality of hospice care services. In China, the development of hospice care remains constrained by insufficient funding, structural imbalance in service delivery, and underinvestment in workforce education and training.

From a financial perspective, the allocation of healthcare resources remains disproportionately focused on life-prolonging interventions and productivity-oriented outcomes, such as disease prevention and curative treatment. As discussed earlier, public misunderstanding of hospice care and policy emphasis on 'living longer' rather than 'dying well' have led to chronically low levels of government investment in hospice infrastructure. This underfunding has produced widespread shortages of essential medications, medical equip-

ment, beds, and hospice ward coverage. Many hospitals lack dedicated hospice units altogether, and those that do exist are often under-resourced and unable to meet growing demand.

Additionally, the service delivery structure remains overly centralized, with hospice care largely concentrated in tertiary hospitals. Community, and home-based hospice models—which are critical for increasing accessibility and reducing the burden on hospitals—remain underdeveloped. As a result, patients must often seek hospice care in hospitals regardless of the severity of their condition or their personal preference for home-based end-of-life care. Yet hospice is typically not a priority department within hospital systems, leading to limited ward allocation, low staff capacity, and suboptimal service delivery, particularly during periods of acute demand.

Beyond physical infrastructure, the shortage of trained, multidisciplinary personnel significantly weakens hospice service capacity. Hospice care requires holistic, team-based coordination to address the multifaceted needs of terminally ill patients and their families. Physicians and nurses focus on managing physical symptoms, while psychotherapists, social workers, and caregivers provide psychological, emotional, and practical support. However, this ideal team structure is difficult to implement in practice due to the limited availability of trained professionals and the low visibility of hospice as a legitimate medical career pathway. A core reason for this workforce shortfall is the insufficient integration of hospice care education into China's formal education system. Although some medical students are introduced to the basic principles of palliative care, few universities offer specialized courses or degree programs in hospice care. Non-medical students—such as those in social work, psychology, or community health—rarely encounter end-of-life care content in their curricula(10). This results in a limited talent pipeline and a lack of interdisciplinary coordination essential for effective hospice care.

Furthermore, due to public misperceptions and persistent cultural taboos surrounding death, few healthcare workers are willing to specialize in hospice care. The emotional demands of caring for dying patients, combined with the low social

recognition of this profession, discourage long-term engagement. In many settings, hospice services rely heavily on untrained volunteers, whose participation is often irregular and unsustainable. While volunteerism can complement formal care, reliance on it without professional support undermines the consistency, quality, and scalability of hospice programs.

To address these interrelated deficits, China must increase fiscal investment in hospice care infrastructure, diversify service settings beyond hospitals, and integrate hospice education into professional training pipelines across multiple disciplines. Strengthening both material and human resource foundations is essential to building a resilient, equitable, and high-quality hospice care system aligned with the country's demographic and ethical imperatives.

#### **4. The Development Path of China's Hospice Care Service**

Although hospice care does not aim to prolong life, it plays a vital role in relieving the physical, psychological, and existential suffering of terminally ill patients, thereby preserving dignity and enhancing the quality of life in the final stage. As such, it should be regarded as an essential component of a comprehensive and humane healthcare system. However, the development of hospice care in China remains incomplete and uneven, constrained by institutional, financial, cultural, and educational barriers.

To overcome these multifaceted challenges, a multi-dimensional and coordinated development strategy is urgently needed. Rather than relying on isolated pilot initiatives or temporary policy incentives, the country must work toward establishing a systematic, scalable, and sustainable hospice care service model that integrates policy reform, economic support, cultural transformation, and professional capacity-building. Ultimately, the path forward for hospice care in China lies in balancing international standards with local values, drawing on successful global models while tailoring implementation to China's unique demographic, cultural, and institutional context. By advancing hospice care as both a human right and a public health imperative, China can build

a more compassionate, inclusive, and ethically grounded healthcare system for its aging population.

#### **4.1 Insufficient Policy Support: Optimizing Top-Level Design and Government-Led Mechanisms**

As a vital component of China's evolving healthcare and elderly care systems, hospice care aligns with national development goals and public expectations, helping to address pressing social issues related to aging, end-of-life care, and equitable access to services. It also reflects the Party and government's commitment to improving the well-being and dignity of citizens, particularly the most vulnerable(11). Given hospice care's public welfare nature, its structure, accessibility, and sustainability are heavily dependent on governmental planning, regulation, and investment.

To accelerate the development of hospice care in China, it is essential to elevate it to a strategic priority within national healthcare and social service systems, and to optimize its top-level design through comprehensive, government-led mechanisms. Several strategic reforms are needed to build a solid institutional foundation for large-scale, equitable hospice service delivery:

First, there is an urgent need to establish a comprehensive and independent legal and regulatory framework for hospice care. This framework should clearly define the rights and obligations of stakeholders, including service providers, patients, families, and regulatory bodies. It must also delineate essential operational elements—such as the provisioning of medications, equipment, personnel, and facilities—to ensure consistent quality and resource availability. Assigning responsibility to designated agencies for the management and distribution of these resources would enhance implementation and accountability.

Second, policymakers should explore the creation of an independent hospice care department within the National Health Commission. This specialized unit would serve to institutionalize the strategic importance of hospice care, enhance administrative efficiency, and facilitate effective

oversight of local implementation. It would also act as a coordination hub, strengthening interdepartmental collaboration across sectors such as healthcare, civil affairs, social security, and education.

Third, the government should expand and diversify hospice care pilot programs across a wider range of regions, with particular emphasis on urban-rural comparability. By documenting and analyzing localized experiences, successes, and challenges, the state can build an evidence-based foundation for future national expansion. Lessons drawn from Shanghai, Changchun, and other pioneers should be synthesized to guide scalable models of care tailored to regional needs.

Finally, while private-sector participation can complement service provision, the government must retain a leading role in ensuring equity and consistency. Excessive marketization—particularly in the absence of strong public oversight—risks generating service disparities and undermining public trust. Through macro-level regulation, resource reallocation, and policy harmonization, the state can promote the healthy development of the hospice care market and mitigate the inequalities caused by geographic, economic, and institutional variations.

In sum, the future of hospice care in China depends on a strong, integrated, and responsive governance framework. This requires not only legal and administrative reforms but also visionary leadership and cross-sectoral coordination—anchored in the principle that dying with dignity is a public good and a moral imperative within a just and humane society.

#### **4.2 Economic Limitations: Increasing Financial Input and Reforming Medical Insurance Policy**

The sustainable development of hospice care requires not only supportive policies but also robust and stable financial investment. Hospice care typically targets patients with a prognosis of six months or less and encompasses not only symptom management but also care for comorbid conditions, psychological support, and family counseling. Given the complexity and long-term

nature of care, hospice services must be embedded within a comprehensive financing system that alleviates the economic burden on patients, families, and providers.

Currently, the financing of hospice care in China is primarily reliant on government subsidies and out-of-pocket expenditures by patients and their families. However, after prolonged curative treatments, many terminally ill patients are financially depleted, and their families often face economic hardship or even poverty due to high medical expenses. This financial strain is exacerbated by the lack of standardized charging mechanisms and inconsistent reimbursement practices across regions.

To address this, policymakers should draw on successful local pilot experiences and integrate hospice care into the national medical insurance system. This would involve: (i) Establishing uniform service pricing standards; (ii) Standardizing reimbursement policies; and (iii) Expanding insurance coverage to include both hospice diagnoses and associated care needs.

These steps would help reduce not only the financial burden but also the psychological distress of patients and caregivers. In tandem, targeted social support programs should be introduced to prevent families from sacrificing basic living needs to care for terminally ill loved ones.

Importantly, China should not attempt to replicate the all-inclusive models used in some high-income countries, but instead tailor reforms to fit its own socioeconomic and institutional realities. For example, local governments with stronger fiscal capacity could allocate designated hospice care funds within the insurance system. Alternatively, a tiered reimbursement structure could be developed, differentiating between patients with long-term hospice needs and those requiring intermittent or short-term care, and adjusting the support levels according to service setting (hospital, community, or home).

Nonetheless, incorporating hospice care into insurance coverage brings its challenges. As coverage expands, the share of insurance expenditures dedicated to hospice services will rise, potentially

reducing the operating margins of hospice institutions. Without adequate compensation, this may discourage provider participation or lead to the closure of financially vulnerable facilities.

To mitigate these risks, the government should implement supplementary fiscal measures, such as: (i) increasing direct investment in hospice infrastructure and service capacity; (ii) offering tax incentives or exemptions to hospice institutions; and (iii) subsidizing operational costs for non-profit or community-based hospice providers.

By simultaneously reforming the insurance system and providing financial safeguards for service providers, China can build a more equitable, accessible, and financially sustainable hospice care system that protects both patients and the institutions that serve them.

#### **4.3 Cultural Concept Differences: Optimizing Hospice Care Through Education and Cultural Integration**

Hospice care represents a paradigm shift in how societies approach death and dying--moving from a focus on life extension at all costs to a holistic concern for quality of life in the final stage of illness. However, in China, this shift faces cultural and psychological resistance, deeply rooted in traditional views of life and death, and in Confucian ideals of filial piety. Under such influences, death is widely perceived as a taboo subject, and conversations surrounding it are often avoided. Within this atmosphere of fear, denial, and moral ambivalence, hospice care remains misunderstood and marginalized.

To change this, it is imperative to advance public life education and promote a culturally resonant understanding of 'a good death'. However, this process must be gradual and context-sensitive. Rather than directly opposing traditional values, hospice education should aim to integrate the positive elements of Chinese cultural heritage--such as reverence for elders, family unity, and compassion--into modern palliative care principles. Through a dialectical approach, traditional beliefs can be reinterpreted to support rather than hinder hospice care awareness.

Practical strategies for popularizing hospice knowledge include: (i) hosting community-based educational lectures and workshops to foster open dialogue about death, dying, and end-of-life care; (ii) leveraging new media platforms such as WeChat, Weibo, RED (Xiaohongshu), and Bilibili to disseminate accessible and engaging content about hospice care; (iii) embedding hospice-related themes into TV series, films, short videos, and documentaries, which can help destigmatize hospice care by emotionally resonating with broader audiences(10).

Such initiatives can cultivate a more informed, accepting, and ethically supportive environment, ultimately positioning hospice care as a public health priority and a legitimate, even preferable, end-of-life care choice.

Equally important is the need to differentiate hospice care from common misconceptions, particularly from abandonment of treatment or euthanasia. Due to the unpredictable trajectories of many life-limiting illnesses, patients' prognoses are often uncertain, leading to delays in initiating hospice care due to hesitation from families or physicians. In this context, hospice care should be presented not as a binary alternative to curative treatment, but as part of a dynamic care continuum, where palliative and life-prolonging treatments coexist and gradually shift in emphasis according to the patient's evolving needs(12).

From a clinical perspective, it is crucial to educate both healthcare providers and the public that hospice care is not synonymous with end-of-life care alone. Rather, it is an integrated, multidisciplinary model aimed at improving the quality of life for patients with serious illness at any stage. This reframing can help alleviate fears that choosing hospice care equates to giving up hope or withdrawing medical attention. Instead, it can be recognized as a form of proactive, compassionate care that affirms dignity and human connection at one of life's most vulnerable moments.

By transforming public perception through cultural integration, strategic communication, and professional education, China can lay the ethical and social groundwork for the broader acceptance and timely adoption of hospice care services.

#### 4.4 Insufficient Service Supply: Accelerating Supply-Side Reform in Hospice Care

Although hospice care in China has advanced in recent years, its development remains constrained by economic limitations, unbalanced service structures, and a lack of professional capacity. With increasing life expectancy and changing disease patterns, hospice care is no longer an optional or marginal service—it is becoming a structural and ethical necessity in the health system. To meet growing and diversifying demand, it is urgent to pursue comprehensive supply-side reform of hospice care services.

First, China must build a multi-tiered, integrated hospice service delivery model grounded in the collaboration of ‘family + community + hospital’. At present, hospice care is largely confined to hospital settings, where wards and facilities remain limited, underfunded, and under-recognized within institutional hierarchies. However, for many terminal patients—especially those with stable symptoms or non-acute needs—home-based and community-based hospice services are more practical, accessible, and aligned with patients’ end-of-life preferences.

In this respect, the Shanghai community’s home hospice care model offers a compelling reference. This model should be expanded, adapted, and scaled nationwide to address resource gaps and reduce the over-reliance on hospital-based care. To support this shift, governments should increase financial investment, optimize resource allocation, and expand hospice infrastructure, including the number of dedicated hospice beds, ward space, and essential medical equipment. These improvements would significantly enhance the overall capacity and flexibility of hospice service delivery.

Second, the success of any hospice system depends fundamentally on the strength and quality of its professional workforce. A multidisciplinary hospice care team—comprising doctors, nurses, psychotherapists, social workers, and chaplains—must be equipped to offer not only medical care, but also psychosocial, emotional, and spiritual support to patients and families. However, there is a shortage of qualified personnel in this field, and the existing workforce often lacks systematic training.

To address this, several parallel efforts are necessary:

In-service training for clinical staff in departments frequently involved in end-of-life care (e.g., oncology, geriatrics) should be institutionalized. These programs should help healthcare professionals cultivate scientific understanding, positive attitudes, and practical competencies in hospice care through regular continuing education delivered by trained specialists.

Pre-job orientation programs for newly recruited hospice care staff should ensure that caregivers enter the field with a foundational knowledge of palliative principles, ethical considerations, and team-based practices(10).

Establish a system of peer-led reflection and clinical exchange, allowing interdisciplinary teams to share experiences, discuss complex cases, and refine care protocols. Regular debriefings and clinical rounds contribute to collective learning and service improvement(9).

Promote academic research and scholarly dialogue in the hospice care field. This includes not only summarizing domestic pilot experiences but also actively learning from international models and evidence-based practices, adapted to China’s sociocultural context.

Finally, strengthen hospice education within the formal higher education system. Universities should integrate hospice-related content as compulsory courses for medical students and elective courses for students in social work, psychology, and other relevant disciplines. This approach will both expand awareness and encourage career interest, fostering a new generation of hospice professionals and researchers(10).

In sum, to meet the anticipated increase in hospice care demand, China must move beyond hospital-centric, resource-limited models toward a diversified, community-rooted, and professionally supported hospice system. This transition requires not only physical infrastructure and financing, but also a deep investment in human capital, service innovation, and sustained policy commitment.

## 5. Conclusion

With increasing life expectancy and shifting epidemiological patterns, the demand for hospice care services in China is steadily rising. Although the development of hospice care began relatively late, recent years have seen encouraging momentum--reflected in evolving policy support, the expansion of pilot programs, and growing public discourse. These developments have laid a promising foundation for the institutionalization of hospice care across the country.

Nevertheless, major structural and systemic challenges persist. Hospice care has yet to be fully recognized as a core component of China's health system. Key constraints--such as insufficient policy support, economic limitations, cultural misconceptions, underinvestment in infrastructure and education, and imbalanced service supply--continue to hinder its comprehensive development. These issues not only delay the delivery of compassionate, patient-centered end-of-life care but also limit the overall optimization of the nation's medical service system.

Hospice care is not an optional supplement--it is an ethical imperative and an institutional necessity for any health system that aspires to dignity, equity, and quality across the life course. To move beyond the current developmental bottlenecks, China must prioritize reforms in several strategic areas:

- (i) Strengthening government-led mechanisms and top-level design to provide legal and financial stability;
- (ii) Accelerating supply-side reforms to diversify care models and expand access;
- (iii) Innovating the medical insurance system to reduce financial barriers for patients and institutions;
- (iv) Promoting national life education to reshape cultural attitudes and normalize hospice care as a humane and proactive choice.

Only through coordinated, multi-sectoral efforts grounded in China's specific national and local realities can the country develop a sustainable, equitable, and culturally responsive hospice care system. Such a model--rooted in both global standards and traditional values--will not only improve end-of-life care for millions but also represent a significant step forward in advancing the moral and humanistic foundation of China's healthcare undertaking.

## Author Contributions

The authors confirm being the cooperative contributor of this work and has approved it for publication.

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