

Review Article



Comparison of legislation, regulations, and national health policies for palliative care in three East Asian countries: a review of the literature

Eric Osei ^{1,2} Dong-Hyun Lee,³ So Yoo Kim⁴

¹Department of Population and Behavioural Sciences, School of Public Health, University of Health and Allied Sciences, Ho, Ghana

²Department of Public Health, Yonsei University Graduate School, Seoul, Korea

³Ban Ki-moon Centre for Sustainable Development, Institute for Global Engagement and Empowerment, Yonsei University, Seoul, Korea

⁴Asian Institute for Bioethics and Health Law, College of Medicine, Yonsei University, Seoul, Korea



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Correspondence to

Eric Osei


Department of Population and Behavioural Sciences, School of Public Health, University of Health and Allied Sciences, PMB 31, Ho, Volta Region, Ghana.

Email: eosei@uhas.edu.gh

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ORCID iDs

Eric Osei 

<https://orcid.org/0000-0001-6567-1591>

Conflict of Interest

The authors declare that they have no competing interests.

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ABSTRACT

Background: This paper compares the existing legislations, regulations, and health care policies and strategies regarding palliative care in Japan, South Korea, and Taiwan.

Methods: We performed a literature review including studies published in peer-reviewed journals as well as in grey literature addressing the research questions. Inclusion of grey literature was restricted to scientific research groups or websites from national organizations and limited to the three participating countries. Comparative analysis of country-specific information was performed afterwards.

Results: Specific palliative care regulations existed in South Korea and Taiwan in addition to Cancer Control laws and regulations. Japan, on the other hand, did not have specific law but have regulations within Cancer Control law. An explicit right to palliative care was mentioned in all countries policies, varying from explicit regulations to policy intentions in national plans. Also, all countries had a national policy on palliative care, although sometimes mainly related to national cancer plans. The most service delivery model was the palliative care unit of general hospitals in all countries. Differences existed in policy regarding palliative care training, advance directives, and national funding mechanisms.

Conclusion: Although all participating countries have policies and regulations on palliative care which are largely related to cancer control, countries differ in the presence of legislation and regulations on palliative care as well as the included topics.

Keywords: Palliative care; Hospice; Legislation; Health policy; East Asia

INTRODUCTION

Currently, there remains a huge unmet need for Hospice and palliative care in most parts of the world.¹ Yet basic palliative care that can prevent or relieve most suffering due to serious or life-threatening health conditions can be taught easily to clinicians and nurses, can be provided in the community, and requires only simple, inexpensive medicines and equipment.² According to the World Health Assembly (WHA), palliative care is an ethical

responsibility of health systems and that as countries work towards achieving universal health coverage, it is essential to integrate palliative care into the public health care systems.³ Hence, palliative care is not a choice but a medical and ethical obligation that should be made accessible to all that need it at every level of the health care system.

To this end, the World Health Organization (WHO)² formulated recommendations for the integration of palliative care into the national health care systems and suggested that any person in need of palliative care should have access to it without undue delay. The organization added that public health policy must take into consideration people's right to high-quality palliative care regardless of the nature of the disease they suffer from, and this should not depend on the financial abilities of patients or their informal caregivers.

Even though access to palliative care is increasing globally, the progress varies considerably by region. The development of palliative care in the Asia-Pacific region, for instance, remains limited. According to the mapping of palliative care development levels report, less than two-thirds of Asia Pacific countries provide only limited or no palliative care services at all.⁴

East Asia is traditionally regarded as a typical family centred region and comprises of eight main countries including China, Hong Kong, Macau, Mongolia, North Korea, South Korea, Japan, and Taiwan with varied levels of palliative care services and programmes at different levels of the health care system. Because several East Asian countries already have national initiatives regarding palliative care, it is imperative to consider to what extent these countries incorporate the recommendations from the WHO in their health care systems. For the stable establishment of palliative care, standard guidelines of palliative care, the establishment of a stable financial support system, and the development of specialized curriculum must be accompanied by policies of related societies, organizations, and governments (**Fig. 1**).¹ As part of an integrated quality approach to palliative care, investigating differences in health legislation and policy is pivotal. This paper, therefore, focuses on regulations, legislation, and national health care policies and strategies regarding palliative care in three developed East Asian countries to answer the following 3 research questions;

1. What kinds of laws or regulations concerning palliative care exist in the participating countries?
2. Are there health policies and plans regarding palliative care and are they being implemented according to WHO's guidelines?
3. What are the existing similarities and/or difference in national/regional palliative care laws, policies, and plans among the participating countries?

METHODS

This study was conducted through a literature review of studies and reports in Japan, Taiwan, and South Korea using the "most similar nations" case-oriented comparative design, with focus on historical interpretive rather than causally analytic.⁵ The countries were selected because they have established palliative care models at varying levels of health care integration and have similar healthcare delivery systems as well as similar culture.

To identify relevant papers, we performed a literature review including studies published in peer-reviewed journals as well as in grey literature addressing the research question. Inclusion of grey literature was restricted to reports from scientific research groups or

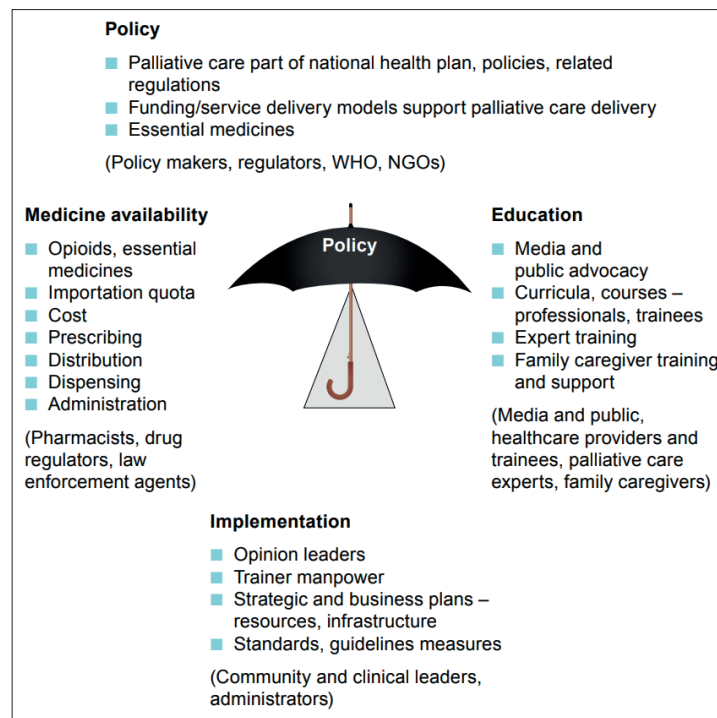


Fig. 1. Public health model for palliative care development.¹

websites from national organizations and limited to the three participating countries. A keyword search from internet databases such as the PubMed/MEDLINE, Google Scholar, Google, Science Direct, and the WHO library was conducted. We restricted the search to include studies and papers published from January 2000 to December 2021 because initial searches of the literature showed that most relevant studies were conducted after 2000. Studies were identified by searching literature published in the English language. The search terms included palliative care, cancer, hospice, law, legislation, Act, regulation, policy, strategies, dying, death, and country-specific names. Boolean terms (AND, OR) were used to separate the keywords during the search. A hand search of eligible studies from the list of references of included studies was also performed. The WHO's guide for planning and implementing palliative care services⁶ was used as the basis for our analysis of palliative care policies and strategies in the participating countries.

Ethical approval was not required as this study was based on reviewing published literature.

RESULTS

Palliative care legislations and regulations

Even though Japan has no specific law regarding palliative care, regulation concerning hospice and palliative care, enacted in 1990, set special fees for hospice and palliative care units. This new system promotes a national network of hospitals treating cancer patients required that all designated hospitals fulfil the standard of structural and process evaluation for palliative care.⁷ Additionally, the regulation obliges all designated cancer hospitals to establish hospital palliative care teams (PCTs) and to obtain payment from national insurance.⁸ Under this regulation, a designated palliative care ward receives a fixed amount of

payment for medical expenses from the national medical insurance. In addition, the National Health Insurance began to cover home and nursing services in 1992, hospital palliative care in 2002, and clinics with a home hospice function and day-care hospice in 2006.⁹ The Cancer Control Act, passed in June 2006 and came to force in April 2007, has played a crucial role in developing palliative medicine in oncology in Japan. The Act was enacted in response of the growing burden of cancer patients and focused on three key domains: 1) prevention and early detection of cancer; 2) equalization of cancer medical services; and 3) research. The second domain required that palliative care be promoted in an attempt to sustain and improve the quality of life of cancer patients undergoing medical care.¹⁰

South Korea enacted the Cancer Control Act in 2003 in response to the growing cancer burden in the country and in early 2006, the comprehensive second ten-year cancer control plan was forged to strengthen the cancer control efforts and to provide a legal framework for strengthening support for rehabilitation and palliative care for cancer patient.¹¹ Additionally, in 2008, the Ministry of Health and Welfare legislated the Notification of Palliative Care Institution Designation Standards, which set guidelines on manpower, devices, education for all designated palliative care units in an attempt to ensure the quality of care in participating institutions.¹² Through the amendment to the Cancer Control Act in June 2011, the government instituted more progressive HPC systems to improve the quality of life for terminally ill cancer patients and their families. In July 2015, the National Health Insurance Service began to cover care cost for terminally ill cancer patients in palliative care units. Palliative care Act No.14013 of February 2016 was enacted in January and came into force on February 3, 2016, to allow terminally-ill patients to refuse life-sustaining treatments, and to facilitate further development of HPC services.¹³ According to the law, every patient has the right to access hospice and palliative care and to receive accurate information about their illness and the subsequent medical services with maximum autonomy. The law defines hospice and palliative care as the care provided to patients at the terminal stage of illness or patients at the end of life and their families by comprehensively evaluating and providing physical, psychosocial, and spiritual treatment, including pain and symptom relief. It mandates the ministry of health and welfare to establish and operate hospice and palliative care units and to develop and disseminate policies on hospice and palliative care.¹⁴

Taiwan was the first country in Asia to have specific law concerning hospice and palliative care; the “Natural death Act” (An Ling Huan He Yi Liao Tian Li), passed in 2000, guarantees terminally ill patients the right to sign a living will of intent to decide in advance whether they want to receive hospice palliative care at the end-of-life as well as establishes their right to sign a ‘Do Not Resuscitate’ order. The Act also gives the right to the patient to withdraw the signed document whenever he or she wishes. The Natural Death Act provides medical personnel with a legal basis to make medical decisions following the living will of patients.¹⁵ The law has undergone several amendments and in 2013, the third amended law allows for the withdrawal of life-sustaining devices for the terminally ill patient if at least one family member agrees.¹⁶ The Cancer Control Act of 2003 listed the availability of hospice services for terminal cancer patients as one of the five obligations of cancer control.¹⁷ The “Patient Autonomy Act” announced on January 1, 2016, was designed to give autonomy to the terminally ill patient to decline medical treatment according to his/her own will to safeguard the patients’ right to a “good death.” This regulation pertains not only to cancer patients but also to those in an irreversible coma, persistent vegetative state, suffering from severe dementia, or are experiencing unbearable pain and suffering. The law gives the patient a right to choose and make decisions regarding treatment options after receiving information about

Table 1. Legislation and other national/regional regulations regarding palliative care

	Japan	South Korea	Taiwan
Laws about palliative care	<ul style="list-style-type: none"> · Cancer control Act No. 98, June 2006 to ensure palliative care is promoted to improve the quality of life of cancer patients. 	<ul style="list-style-type: none"> · Cancer control act of 2003 provides a legal framework for strengthening support for palliative care for cancer patients. · Act14013, 3 February 2016 designed to ensure the best interests of the patients and respect their self-determination. (also known as the “Well dying act”) 	<ul style="list-style-type: none"> · Hospice palliative care Act 2000, a law designed to protect the right of terminally ill patients to decide whether to receive hospice palliative care (also known as the “Natural Death Act”) · The 2003 Cancer Control Act · The patient right to autonomy Act 2016 allows terminally ill patients to refuse life-sustaining treatments in advance.
Other regulations concerning palliative care	<ul style="list-style-type: none"> · The 1990 regulation introduced the Palliative Care Unit Admission Fee 	<ul style="list-style-type: none"> · September 2008, Notification of Palliative Care Institution Designation Standards · Presidential Decree No. 28206, Jul. 24, 2017 describes matters necessary for the enforcement of the hospice and palliative care Act 	<ul style="list-style-type: none"> Standards for hospice home care, hospice inpatient care and guidelines for pain control in terminal cancer patients.

his/her diagnosis and treatment options available without any interference from concerned parties. The law advises Taiwanese to prepare advance directive rather than having to decide their fate when they fall ill or leaving it to their families when they cannot think for themselves anymore.¹⁸ **Table 1** presents a summary of palliative care regulations in the countries studied.

Overview of National plans, policies, and models of palliative care

National plans and policies

In Japan, based on the Cancer Control Act of 2006, the government formulated the Basic Plan to Promote Cancer Control Programmes in June 2007. The Plan specified that alleviation of physical symptoms and support for psychological issues be provided, not only in the terminal phase of the disease but also from the early stages of care. The second Plan to promote cancer control was formulated in 2012 and specified the provision of total care for all kinds of pain and suffering patients and their families go through from the time of diagnosis and effective public education for healthcare and welfare professionals and the general public to raise awareness of the importance of palliative care.¹⁹

Palliative care and its provision are defined in the South Korean legislation and the cancer control Act. A comprehensive 10-year cancer control plan (2006–2015) was established in 1996 in the quest to conquer cancer in the country and in 2006, the second 10-year cancer control plan was introduced, which states that the expansion of hospice and palliative care shall be actively supported. The plan envisioned to provide hospice palliative care to 40,000 terminal cancer patients by 2015, representing nearly half of the targeted population.²⁰ The revised Cancer Control Act 2011 requires the Ministry of Health and Welfare to carry out the following: 1) formulate and disseminate guidelines on pain control for terminal cancer patients; 2) foster palliative medical facilities and train healthcare professionals for palliative care; 3) implement home visiting programmes for terminal cancer patients; and 4) develop palliative care education programmes for patients and families, and 5) implement a home visit programmes for cancer patients.²¹ The third comprehensive Cancer Control plan (2016–2020) announced several initiatives to improve palliative care. Among them were the "palliative Care" project, establishing a system for providing small hospice, improving the quality of hospice care, and expanding service types to include home-based care.²⁰ According to the palliative care Act of 2016,²¹ a comprehensive 5-year plan for hospice Palliative care, and determination to terminate life-sustaining treatment would be established by the Ministry of Health and Welfare (MOHW). The MOHW would also prepare and implement an annual implementation plan based on a comprehensive plan.

The Taiwanese government launched the first comprehensive Cancer programme in 2005, which was updated in 2010 and 2014. The long-term goal of the programme was to reduce the cancer incidence and mortality rates through the core strategies to 1) promote primary prevention of cancer; 2) extend the coverage and encourage adoption of cancer screening to facilitate early detection and treatment of cancer, and 3) enhance the capacity and quality of cancer treatment and palliative care services.²² The Ministry of Health set up standards for hospice home and inpatient care and guidelines for pain control in terminal cancer patients.¹⁶

Service delivery models and financial mechanisms

Service delivery models

There are forms of specialist-level palliative care settings in Japan: palliative care units, hospital PCTs, and specialized home-care clinics. The Palliative care units (PCUs), also called inpatient hospices, offer intensive pain and symptom relieve care for patients with an incurable disease and their families. PCTs are expected to provide specialised palliative care to all cancer patients. The Cancer Control Act requires all designated cancer hospitals to have PCTs.⁹ Home care services for terminal patients are provided by 3 kinds of providers: physicians working at clinics, specialised home-care clinics, and home care divisions of hospitals.⁷

In Korea, efforts have been made to develop palliative care models for terminal patients. These models include inpatient Hospice Palliative Care Units (free-standing hospice institutions), the most common type for offering hospice and palliative care services for patients with terminal cancer which take place in general hospitals, home-based care for terminal cancer patients, which started in the 1990s after the Medical Act 56 was legislated to allow nurses to visit homes of patients to render services, home hospice palliative care where community health centres visit homes of low-income patients to offer services, hospices in independent institutions and inpatient hospices in tertiary hospitals.¹²

The hospice and palliative care models available in Taiwan include in-patient hospice care (Hospice wards), hospice home care team (home visits by the nurses and other interdisciplinary staff regularly) and hospitals consultation/combined care team.

A community care programme was developed by the Taiwanese Public Health Department in 2013. This includes providing early palliative care in outpatient clinics and home visits by regional hospitals' doctors and registered nurses. The service aims to introduce palliative care in primary care settings.¹⁷

Financial mechanisms

Japan has a universal National Health Insurance (NHI) coverage for all health care, including palliative care. The NHI started to cover hospital in-patient palliative care services since 1990, which was later expanded to community home care nursing services in 1992. In 2002, hospitals palliative care teams were reimbursed by the NHI scheme, and in 2006, both home hospice clinics and day-care hospices were reimbursed.²¹

In South Korea, funding for palliative care comes from a combination of patient contributions and charitable donations. There are government subsidies for certain types of palliative care services, usually those provided by government hospitals.²¹ The NHI reimbursed hospice and palliative care services provided by institutions involved in the pilot project in a form of a flat rate per diem per day according to provider type and size since 2008 and has from 2015 being extended to all institutions providing hospice and palliative care services.¹²

Table 2. Comparison of national palliative care plans, care models, and financial systems in participating countries

	Japan	South Korea	Taiwan
National PC plans	<ul style="list-style-type: none"> Basic plan to promote cancer control programmes ('12) 	<ul style="list-style-type: none"> 2nd (2006–2015) and 3rd (2016–2020) national cancer control plan Comprehensive 5-year plan for hospice palliative care 	<ul style="list-style-type: none"> Comprehensive cancer programme ('05)
Delivery systems/care models	<ul style="list-style-type: none"> Palliative care units (hospital hospice) provide care for terminal patients. Hospital palliative care teams provide care to all cancer patients. Specialized home-care clinics provide home care services for terminal patients. 	<ul style="list-style-type: none"> Palliative care units provide care to terminal patients in general hospitals Home hospice, low-income patients are visited by health centre staff Specialized paediatric palliative consultation team in tertiary hospitals 	<ul style="list-style-type: none"> In-patient hospice care (Hospice wards) Hospice home care team Hospital consultation care team
Financial system	<ul style="list-style-type: none"> National insurance covers all types of hospice and palliative care Government grants and philanthropic funding for freestanding facilities 	<ul style="list-style-type: none"> NHI reimbursement services provided by government institutions NHI covers inpatient, consultative, home-based hospice service for terminal cancer patients Long term care insurance 	<ul style="list-style-type: none"> NHI covers inpatient and home care services

NHI = National Health Insurance.

The Taiwan NHI covers hospice and palliative care in hospice inpatient services, hospice shared-care, hospice home care services and community hospice services for terminal cancer and non-cancer diseases such as acute renal failure, chronic terminal brain degeneration, chronic liver disease etc. The NHI began to give subsidies for hospice home care for cancer patients in 1996 and an inpatient care system in 2000 and added motor neuron disease in 2003.¹⁶ **Table 2** presents a comparison of national palliative care plans and service delivery models.

Similarities and/or difference in national palliative care laws, policies, and plan

In this review involving three East Asian countries, the following matters appeared as subject to palliative laws, regulations, and national plans: definition of palliative care, rights to palliative care, access to palliative care, quality assurance, advanced directives, funding mechanisms, and palliative care research. All countries have palliative care defined in either their laws or national plans. Both Korea and Taiwan have specific laws regarding palliative care mostly to ensure the right of patients to choose hospice and palliative care and life-sustaining treatment. Conversely, Japan does not have a specific law on palliative care. The cancer control Act in Japan, however, was meant to ensure patients' right to access palliative care. There is no explicit mention of access to palliative care in any of the countries laws and policies, however, palliative care provision was mentioned by all countries, varying from regulations to national policies and plans (**Table 3**). Additionally, all countries have a national policy or plans on palliative care, even though sometimes mainly related to national cancer plans. Only Korea has a specific palliative care plan, in addition to the cancer control plan. Korea and Taiwan have advance directive mentioned in their palliative care Acts, though differences exist. Similarities in the three countries are that they all deal with quality assurance, research, and funding for palliative care. In all countries, the major source of funding was the NHI scheme. Training was explicitly mentioned in the Korean palliative care Act (**Table 4**).

DISCUSSION

Japan, South Korea, and Taiwan are among the most liberal democratic nations in Asia. Besides the similarities in political democratisation and cultural backgrounds, a milieu of Confucian thought is also widespread in these three societies.²³ Hospice and palliative care have progressively gained root in these three countries and despite the similarities between these conservative societies, differences in palliative care laws and policies exist among them.

Palliative care in three East Asian countries

Table 3. Overview of palliative care laws, regulations, and national plans

	Japan	South Korea	Taiwan
Specific PC laws	x	√	√
Other PC regulations	√	√	√
Specific national PC plan	x	√	x
National cancer plan including PC	√	√	√

PC = palliative care; √ = evidence available; X = evidence not available.

Table 4. Coverage of existing legislation and regulations regarding palliative care

	Japan	South Korea	Taiwan
Definition of PC mentioned	√	√	√
Right to PC	√	√	√
Access to PC	x	x	x
PC provision	√	√	√
Quality assurance	√	√	√
Advance directives	x	√	√
National funding PC services	√	√	√
PC Training	x	√	x
Research	√	√	√

PC = palliative care; √ = evidence available; X = evidence not available.

Even though, of the three countries studied, South Korea was the first to initial hospice and palliative care services, Taiwan was the first country in Asia to protect the right of patients to die with dignity through the promulgation of the natural death Act in 2000,¹⁸ that set the example and established a landmark for patient autonomy in Asia. The law in Taiwan safeguards the patient's right to hospice palliative care services and requests that they are not resuscitated or reject other medical treatment at the end of life. Similarly, South Korea passed the hospice and palliative care Act six years after the Taiwanese first law, to give the right to terminally ill patients to decide whether to receive life-sustaining treatment or not. In contrast to Taiwan and South Korea, Japan was the first country in Asia to legally implement a form of passive euthanasia through judicial decisions, even though this is yet to be backed by a standard legislative.²⁴ The hospice concept originated from Christian-based foundations in the West and was introduced to Asian countries through Christianity.²⁵ Not surprisingly, the development of hospice palliative care in Taiwan and South Korea, which have much higher Christianity followers, has been much successful than in Japan with only 0.7% Christian population. Furthermore, spiritual care is an important aspect of hospice palliative care. However, Japan does not permit access to hospitals and hospice units by religious personnel to assist with hospice care, instead employ psychologists to play the spiritual care role.²⁵

According to the WHO, a palliative care policy can take different forms.² Countries can have a stand-alone national palliative care policy, palliative care integrated into their national health plan, or palliative care as part of a national non-communicable disease, HIV/AIDS or cancer control strategy. In any of these cases, the policy should seek to provide palliative care to all patients in need through a continuum of care, achieve universal coverage through financing and insurance schemes, set standard to ensure quality, and mobilizing resources to support palliative care.² All countries studied have national policies or plans regarding palliative care, although most are elements of national cancer control strategies. The right of patients to palliative care provisions is dealt with in all national palliative care regulations and/or policies. Additionally, quality assurance, funding mechanisms and research have all been addressed by all countries as part of their palliative care policy.

All countries were however silent on the access of patients to palliative care in their legislations and regulations and this policy gap needs further attention. Although all the

three countries promote Advance Care Planning (ACP), the approaches differ in considerable ways. While Taiwan and South Korea have legislations to safeguard patients' right after they have signed the advance directive, Japan utilises ACP through an ethical point of view and urges local government to promote ACP through the home medical care system. Vanessa Lin, chief executive officer (CEO) of Hospice Foundation of Taiwan, observed that Japan considers the dying process a natural human right, and does not necessarily need to be legislated. Although Japan's measure has no legal bases, local governments serve the same purpose to communicate effectively with patients and families about dying well and the value of life.²⁶

According to the WHO, palliative care services can be established in many different ways such as home-care, community-based, paediatric palliative care, and stand-alone palliative care centre or hospice.² Similarities exist in the palliative service delivery model among the three countries. The most common model among all the countries was the palliative care units, where inpatient palliative care services are offered to patients with incurable diseases and their families and home-base care. This approach is commendable as it allows for patients who cannot afford expansive hospital care to remain at home and still be provided with the needed services. It has been established that many patients prefer to be attended to in their homes where they feel comfortable than in a health-care setting.⁶

Although a thorough literature review was done in this study to compare regulations and national plans regarding palliative care, it remains difficult to get a complete and actual overview of a whole country, especially if important literature were not published. Hence conclusions should be interpreted with care.

The countries differ considerably in their legislation and policy regarding palliative care, although there are similarities in their cultural and political background. A right to palliative care is established in all countries studied, whereas all countries have policies on palliative care provisions, quality assurance, national funding schemes, and research, which are been implemented in accordance with the WHO's guidelines. Differences exist in policies covering, advance directives, national funding, and palliative care training. Considering the ageing populations and the rise of noncommunicable and other chronic diseases worldwide, the need for developing and strengthening regulations and policies regarding palliative care cannot be overemphasised. We therefore recommend the following to countries starting and attempting to integrate hospice and palliative care into their public health system;

1. The focus on hospice and palliative care should not only be on patients with cancer but all patients with terminal illness should be considered.
2. Specific laws and regulations are necessary for the development of national hospice and palliative care systems.
3. Like in South Korea, specific national palliative care plan is recommended to ensure that all elements of care are integrated into the public health system for easy evaluation and improvement.

REFERENCES

1. World Palliative Care Alliance. Global atlas of palliative care at the end of life. <https://www.thewhpc.org/resources/category/global-atlas-of-palliative-care-at-the-end-of-life>. Updated 2014. Accessed January 28, 2022.
2. World Health Organization. *Integrating Palliative Care and Symptom Relief Into Primary Health Care: A WHO Guide for Planners, Implementers and Managers*. Geneva: WHO; 2018.

3. World Health Organization. Strengthening of palliative care as a component of comprehensive care throughout the life course. https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf?ua=1&ua=1. Updated 2014. Accessed January 28, 2022.
4. Lynch T, Connor S, Clark D. Mapping levels of palliative care development: a global update. *J Pain Symptom Manage* 2013;45(6):1094-106.
[PUBMED](#) | [CROSSREF](#)
5. Ragin CC. *The Comparative Method: Moving Beyond Qualitative and Quantitative Strategies*. Berkeley, CA: University of California Press; 2014.
6. World Health Organization. Planning and implementing palliative care services: a guide for programme managers. <https://apps.who.int/iris/handle/10665/250584>. Updated 2016. Accessed January 28, 2022.
7. Morita T, Kizawa Y. Palliative care in Japan: a review focusing on care delivery system. *Curr Opin Support Palliat Care* 2013;7(2):207-15.
[PUBMED](#) | [CROSSREF](#)
8. Yamaguchi K. Overview of cancer control programs in Japan. *Jpn J Clin Oncol* 2002;32 Suppl:S22-31.
[PUBMED](#) | [CROSSREF](#)
9. Mori M, Morita T. Advances in hospice and palliative care in Japan: a review paper. *Korean J Hosp Palliat Care* 2016;91(4):283-91.
[CROSSREF](#)
10. Takenouchi S, Tamura K. Palliative care in Japan. In: Ferrell BR, Coyle N, Paice JA, editors. *Oxford book of Palliative Nursing*. New York, NY: Oxford University Press; 2015., 1130-5.
11. Chang YJ. Policy on hospice and palliative care in Korea. *Korean J Hosp Palliat Care* 2012;15(4):183-7.
[CROSSREF](#)
12. Rhee YJ. Hospice and palliative care services in South Korea supported by the National Health Insurance (NHI) program. *Health (Irvine Calif)* 2015;7(6):689-95.
[CROSSREF](#)
13. Kim HS, Hong YS. Hospice palliative care in South Korea: past, present, and future. *Korean J Hosp Palliat Care* 2016;19(2):99-108.
[CROSSREF](#)
14. Ministry of Health and Welfare. *Act on Hospice and Palliative Care and Decisions on Life*. Sejong: Korea Law Translation Centre; 2016.
15. Blank RH, Merrick JC. *End-of-Life Decision Making in Taiwan in End-of-Life Decision Making: A Cross-National Study*. London, England: The MIT Press; 2005.
16. ehospice. Hospice and palliative care in Taiwan. https://ehospice.com/international_posts/hospice-and-palliative-care-in-taiwan/. Updated 2015. Accessed June 5, 2020.
17. Hospice Foundation of Taiwan. Hospice & palliative care in Taiwan. <https://www.hospice.org.tw/content/2468>. Updated 2013. Accessed May 10, 2020.
18. Hospice Foundation of Taiwan. Patient right to autonomy act. <https://www.hospice.org.tw/content/2470>. Updated 2016. Accessed May 7, 2020.
19. Tsuneto S. Past, present, and future of palliative care in Japan. *Jpn J Clin Oncol* 2013;43(1):17-21.
[PUBMED](#) | [CROSSREF](#)
20. Kim CG. Hospice & palliative care policy in Korea. *Korean J Hosp Palliat Care* 2017;20(1):8-17.
[CROSSREF](#)
21. Chan N, Menon S, Goh CR. Policies on palliative care for older people in Asia. In: Van Den Block L, Albers G, Pereira SM, Onwuteaka-Philipsen B, Pasman R, Deliens L. editors. *Palliative Care for the Older People: A Public Health Perspective*. 1st ed. London: Oxford University Press; 2015.
22. Legislative Council. Cancer strategy in Taiwan. <https://www.legco.gov.hk/research-publications/english/1819fs07-cancer-strategy-in-taiwan-20190624-e.pdf>. Updated 2018. Accessed May 22, 2020.
23. Chen CC. Legislating the right-to-die with dignity in a Confucian society-Taiwan's patient right to autonomy act. https://repository.uchastings.edu/hastings_international_comparative_law_review/vol42/iss2/4. Updated 2019. Accessed January 28, 2022.
24. Hayashi M, Kitamura T. Euthanasia trials in Japan: implications for legal and medical practice. *Int J Law Psychiatry* 2002;25(6):557-71.
[PUBMED](#) | [CROSSREF](#)
25. Glass AP, Chen LK, Hwang E, Ono Y, Nahapetyan L. A cross-cultural comparison of hospice development in Japan, South Korea, and Taiwan. *J Cross Cult Gerontol* 2010;25(1):1-19.
[PUBMED](#) | [CROSSREF](#)
26. Hospice Foundation of Taiwan. Reflecting on advance care planning (ACP) from the heart. <https://www.hospice.org.tw/content/2906>. Updated 2020. Accessed June 13, 2020.