The awareness of the pragmaticism and the traditional culture ——the conflict between no providing for the aged and showing filial piety

当今务实与传统文化

养小不养老与孝为先的意识冲突

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中华传统文化 Chinese traditional culture

- 百善孝为先
- Filial piety is the most important of all virtues





一.当前中国老年化社会的挑战

The challenge of the aging society in China

1. 子代赡养能力的局限性

- 1) 无力提供医护专业照护
- 2)精力(长时间)、经济"难以承担"
- 3) 老人照顾长者能力受限:(65Y,85Y、98Y)



1.Limitations of child's support

- 1) Being unable to provide professional care
- 2) Lackness of energy (long time), financial difficulties
- 3) Problems concerning the elderly care for the elderly (65Y, 85Y, 98Y) ——Long life

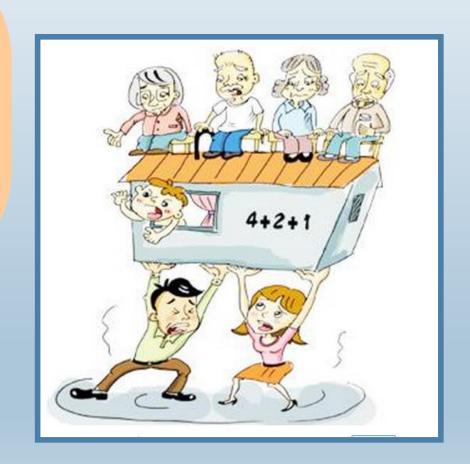
2.独生子女赡养力自然削弱 中国正遭遇"4-2-1"的家庭赡养困 局。子女数量减少家庭养老负担加重

2.one child policy increases the burden of

family pension







3.家庭经济负担重

- 1) 政府养老金只能兜底
- 3)教育成本增高奴
- 5) 社会养老院逐利

- 2) "养儿防老"已落空
- 4)多数家庭成房奴

3 .family economic burden is high

- 1) the government pension is running out
- 2) No longer rely on the offsprings' support
- 3) higher education costs
- 4) Mortgage of house
- 5) social nursing home pursues material gain



人类无法脱离经济形

态学利益模式

Human beings can

not break away

from the economic

mode1

4.认识不足:"老年医学及护理"是医学科学

4. lack of understanding: "geriatrics and nursing" is a medical science

1) 政策策划者们要认识

<u>A.老年特殊医学需求:</u>

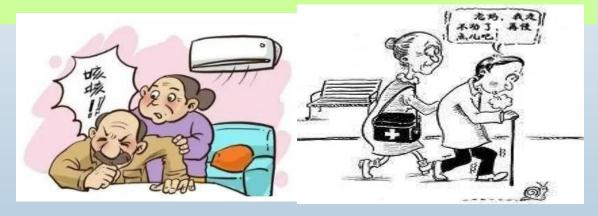
多系统、精神心理、部分或完全失智失能......

例1,当前护理院医疗队伍,滥竽充数.....

例2,床脚药丸

B国情:小家、农村老人占全国的75%养老压力

C政策的后续效应



- 1) policy makers to understand Special requirements
- A. Special medical needs of the elderly:
- **B**. National conditions:
- C. Policy effectiveness

4.认识不足:"老年医学及护理"是医学科学

4. lack of understanding: "geriatrics and nursing" is a medical science

2) 大众认识

例,某媒体报一子女不孝,将老人关入地下室,老人每晚嚎叫扰民,子女告知,我们也受不了才这样...... 但他们不知道老人已是病态的。

2) public awareness

Case, it reported a unfilial children locked the elderly into the basement...

The reason is that they can't stand the elderly cry at night.

But they don't know this is sick.

4.认识不足:"老年医学及护理"是医学科学

4. lack of understanding: "geriatrics and nursing" is a medical science

3)专业人员认识 规范提供医疗服务

临床检测指示正常 # #

器官功能调节有限

3) professional knowledge Standardize the provision of medical services

例,给临终患者使用吗啡引诉讼

2015年2月詹女士被诊断为胃癌晚期,在陆军总医院接受了手术、抗感染等治疗无效,转肿瘤科姑息治疗,患者心肺功能衰竭,准备次日出院;当晚出现心率200次/分、呼吸困难,主治医生常规处理无效,为减轻痛苦注射吗啡3次,共30mg,22点42分,詹女士呼吸减慢,停止了心跳。

其子认为:临终前"过量的吗啡"让其更早承受了丧母之痛。诉讼医院,索赔24万余元。 2016年12月15日,北京市某法院对此进行公 开审理,并请鉴定专家接受质询。



Case, Using morphine for the dying patient to release pains. But the son said: "excessive morphine" made the earlier coming of death, so sued the hospital.

5. 社会养老院不靠谱

A.民政批许,管理、专业、服务人员 缺长效机制,专业及服务人员队伍不保证 退休医务(非本专业)人员兼职、挂牌、流动 B.无力解决老年特殊医学需求



5. social nursing homes is not reliable

A no professional

C.逐利、监管缺陷

B unable to solve the special medical needs of the elderly C pursue profits, regulatory deficiencies



6.医学发展对老年人疾病诊治观念的冲击

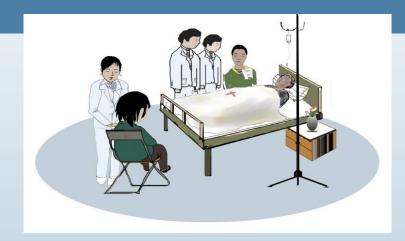
医疗技术的快速发展和医疗成本的增加,有相当大的比例是老年病人所在家庭承担。这导致"孝为先"的传统文化与"务实"观的冲突。

6. The impact of medical development on the diagnosis and treatment of diseases in the elderly

With the rapid development of medical technology and the increase of medical cost, there is a large proportion of elderly patients in the family. This leads to the conflict between the traditional culture of filial piety and the concept of "pragmatism".

6.医学发展对老年人疾病诊治观念的冲击

The impact of medical development on the diagnosis and treatment of diseases in the elderly



老年病人去医院的真实目的,可能不是康复,而是善终。

A case describes that offsprings' false filial piety sending the eldly to hospital, but expects that the doctor might understand, and saves the money without offering the treatment.

- 7.家庭结构不稳定对养老义务的挑战
- 1)合法继承权分散导致赡养义务减弱
- 2) 久病床前无孝子(多个子女在长期赡养老人时不约而同地减少付出)



- 7. Family structure unstable bring her obligations is not clear
- 1) The decentralize of legal inheritance leads to the decentralize of support obligations.
- 2) Multiple children alike to reduce pay when supporting the elderly for a long time.

- 7.家庭结构不稳定对养老义务的挑战
- 3) 离异上升影响赡养:子代教育、抚养、情感
 - 例,浙江省有一母未养女,病后法院诉讼,要求女儿付赡养费,女
- 儿诉:未尽抚养谈何赡养.....
- 4)特殊时期:近40年将普遍呈现空巢老人、失独家庭
- 7. Family structure unstable bring her obligations is not clear
- 3) the rise of divorce
- 4) special period: the empty nest elderly and the family which lost the only one child

1.临床抉择Clinical choice

个体能力有限,政策不到位,"悟实"的养小不养老.....

Individual ability is limited, the old-age policies of is not in place, Being pragmatic to raise the young rather than support the elderly.

- 1)识别、判断choice include: Doctor+ patient +family +society
- 2)规范程序和行动program
- 3) 谁的意愿置首? Whose choice is preferred





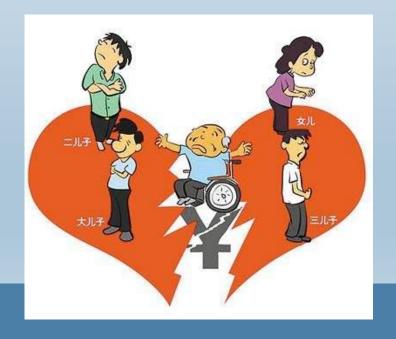
- 2. 推诿不是良策 Prevarication is not a good idea
 - 1) 在其位谋其政:社会护理院,自养老、空巢.....

The government, the public and medical professionals should raise awareness and responsibility.

- 2)子女推诿:情感、经济、角色、能力和价值判断.... Who is willing to pay more for a long time
 - 3) 医者推诿: 拒收或请出院

Assessment indicators caused prevarication behavior

- ▶病床紧张、高龄、病情危重
- ▶复杂,风险较大、纠纷多
- >考核指示:影响病床周转率、治愈率



3.为数不少学者支持"医生应协助自杀"

A large number of scholars support "physician assisted suicide"

理由:

- 1) 医生是帮助病人解除病痛的,他们痛不欲生,不能恢复健康
- 2) 老者不能再提供生产力、无赡养价值
- 3) 医生就应协助自杀,减轻其痛苦和家庭、社会负担

Reason:

- 1) The doctors help patients to relieve pain
- 2) The elderly can no longer provide productivity, no value?
- 3) Doctors should assist in suicide, reduce their pain, release burden?

二.研讨Discuss 4.放弃医疗的临床判断 Clinical judgment of giving up treatment

- 1) 临床医学判断
- medical judgment
- 2) 社会价值判断
- Social value judgment



生命结束自然/<u>非自然</u> 法律法规、社会、经济、文化、宗教信仰 End of life/Unnatural Laws and regulations, Social, cultural and religious beliefs



例,送医帮助"诊"本意可能

判断治疗价值?能活多久?能否减轻其痛苦?

Case , what kind of medical help is patient's expects?

Judge the value of treatment?

How long can you live?

Can it relieve the pain?



例,风俗:要求回家落气

73、84老人再不出门,死在外魂招不回

Case, respect Customs:

73y, 84y old people do not go out,

if die, the soul might not recruit.



例,不可逆的创伤或灾难 国家、医务、亲属、社会不惜一切代价救治 社会意义:体现政府、社会义务和责任 敬畏生命和人间关爱

Case, Irreversible trauma or disaster

State, society and family relieve the victims of a disaster at all costs.

Social significance: obligations and responsibilities

Reverence for life and love

5.创建良好的社会保障制度

Create a good social security system

1

1)调查研究科学策划 1) Research and scientific planning 2

2)政府责任和义务 2) Government responsibiliti es and obligations 3

学合理公平 利用 3) Fair and equitable utilization of resources

3)资源科

4

4)医改应结合国情,多方合力4) Health care reform should be combined with national conditions, multi force

5

5) 医务资质证 全国通用,使有 限资源放大 5) National medical qualification certificate, so that limited resources to be enlarged

6.建立长效 服务机制

6.Establish long-term service mechanis m

专业梯队建设与培养

Professional construction and training

提高生活质量:高质专业服务、精神赡养服务

improve the quality of life: high quality professional services, mental support services

公立医院托管护理院或医养结合

public hospital combined with nursing homes

创建公共伦理培训及咨询服务平台

to create a platform for public ethics training and consulting services

4

8. 机构伦理委员会应引导临床行为

8.Institutional ethics committees should guide clinical practice

全国培训 National Training

> 医沟通通、协调能力 communication and coordination ability

临床抉择能力 Ability of clinical decision

医者评估判断力

the physician's assesment

