

里長在社區安寧志工的角色

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近年來臺灣的安寧照護由醫院延伸到社區，以五全照顧（全人、全家、全程、全隊、全社區），讓病人回到最熟悉的地方，能安心有尊嚴的善終。臺大醫院金山分院自2012年6月起於新北市新金山地區，提供社區安寧照護服務，使病患及家庭獲得身、心、靈、社會的完整支持。期間團隊因對社區的地理環境、風俗文化認識不足及因時間、空間所造成的資訊和溝通上的限制，造成團隊與病患及家庭認知上的落差，為改善情況，決定邀請熟識地方事務的里長擔任社區安寧志工，參與照顧在宅善終病人的行列，經志工里長參與後，利用本身之資源與經驗，使團隊在醫療層面外，對於社會及文化層面更臻完善，落實連結結全社區的照顧，達到五全照顧的理想。

關鍵詞：里長，社區安寧，角色

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前 言

為落實在地老化、在地善終的心願，臺大醫院金山分院（以下簡稱金山分院）早於2012年6月起，就開始在新北市金山地區推動社區安寧照護，以傳統五福臨門（長壽、富貴、康寧、好德及善終）的觀念。進而推動「活的快樂、病的健康、死的尊嚴」的理念。金山分院所提供的社區安寧照護服務，目的是為了使病患及家庭獲得身、心、靈、社會的完整性支持，金山分院安寧照護團隊深入偏鄉社區，服務臨終病患，陪伴病人在家走完人生最後一哩路。金山社區安寧卓越的推動經驗，獲得地方

政府的肯定，並且在地方政府的支持之下，全面拓展開來。2013年7月，新北市政府就根據金山分院經驗，提出「新北市社區安寧照護計畫」，將全市29區劃分成7大責任區，連結在地的醫護團隊，提供末期病患及家屬就近在地的區安寧居家療護服務，共同建構安寧照護社區化網絡。2015年1月開始，亦在臺北市立聯合醫院強力主導下，開始推動臺北市之「臺北市社區安寧照護」。

對於醫院的安寧照護團隊而言，要離開熟悉的醫院，而走進社區服務臨終病患，從團隊的組成開始，到如何順利走入社區進行安寧照護服務，皆是非常艱難的挑戰。而團隊也會

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The Role of Head of Neighborhood in Community-based Palliative Care

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In recent years, palliative care in Taiwan has extended from hospital to community, and operates under “five whole cares” (whole person, whole family, whole process, whole team, and whole community). Patients return to the place they are familiar with, and die with peace and dignity. Jin-Shan Branch of National Taiwan University Hospital first began to provide community palliative care services in June 2012 in Jin-shan district, New Taipei City. It aims to offer full support for the body, mind, spirit, and society of the patients and their families. Because our caring team was unfamiliar with the geographical environment, customs and culture of the local community, and that time and space limited

the information and communication, a perception gap grew between the medical professionals and the patients as well as their families. To improve the situation, we decided to invite the head of neighborhood of the community who was familiar with the local affairs to be a community palliative volunteer and participated in the home hospice care. Apart from the medical treatment provided by the medical team, personal resources of the head of neighborhood and experiences were used to refine the management involving social and cultural aspects. This linked the community members together and the ideal of “five whole cares” was achieved.

Key words: role, head of neighborhood, community palliative care

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