



美華慈心關懷聯盟十七週年慶

Virtual Celebration of 17 Years Compassion in Action

懷著希望，迎向世界

Embracing the World with Hope

17週年慶活動 17th Anniversary Events

- 8.20.22 懷著希望，迎向世界徵文比賽 Essay Contest
- 8.20.22 年會講座—當走向生命盡頭時，什麼是最重要的？
What Matters Most at the End of Life?
- 8.27.22 正念的自我照顧 Mindful Self-Care
- 9.17.22 安心茶話屋 Heart to Heart® Cafe
- 9.24.22 事前療護計劃 Advance Care Planning
- 10.1.22 安寧緩和療護 Hospice & Palliative Care



美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care

在生命末期的議題上，為在美華人提供一個有尊嚴而且受到尊重的社區
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17週年刊目錄 Table of Contents

美華慈心17週年慶邀請函	4
A Letter from Emiley Chang, MD , CACCC Board Chair 2022	6-7
A Message from Sandy Chen Stokes, RN, MSN, CACCC Founder	8
A Message from Gary Lee, MD, CACCC Board Member and 2022 Fundraising Chair	9
美華慈心17週年慶活動海報	10-11
美華慈心關懷聯盟董事會 CACCC Board of Directors	12-14
創新與傳承 - 楊秀慧 Shirley Pan, 美華慈心關懷聯盟 主任	15-16
你也可以用正念來照顧自己- 雷叔雲 Teresa Cheng 正念的自我照顧專案組長與講師	17
正念的自我照顧課程學習感想	18-20
正念讀書會感想	21-23
美華慈心17週年活動相片	25
美華慈心17週年捐款活動	26
Mettle Health 與美華慈心聯合製作教育影片	31
UCSF 與 CACCC 聯合製作三支中英文字幕影片	32
「懷著希望，迎向世界」2022 年美華慈心關懷聯盟徵文活動	33
徵文活動得獎作品 -	
社會組 第一名: 奉茶 Ching Jen 曾真	34
社會組 第二名: 死亡，曾多次地貼近我 Chong Lai San 张莉珊	35
社會組 第三名: The Last Breath is Breathtaking by Jeanne Wun 劉溫潔貞	36-37
醫事人員組 第一名: Carlos M. Salazar, RN, PHN, MSN, DSD	
Embracing Life with Faith, Hope and Love: Death is Part of Life's Journey	38-39
醫事人員組 第二名: 离別与遺憾 Shiyin Luo	40-41
醫事人員組 第三名: 22天的约定 谷心智	42
CACCC's 2022 Community Award - Judy Thomas, JD	43-44
CACCC Acknowledgments - Special Thanks and Gratitude	45-46
名醫論壇—人生大事系列	48
正念與減壓講座	49
美華慈心生命末期療護詞彙 CACCC English/Chinese Glossary of End-of-Life Care Terms	50-54
美華慈心教育文宣 CACCC Education Materials	55-56



Building a community in which Chinese Americans are able to face the end of life with dignity and respect

June 2022

Dear Friends of CACCC,

In celebration of our 17th year, the **Chinese American Coalition for Compassionate Care (CACCC)** is extending sponsorship opportunities for our 2022/2023 virtual education and fundraising event ***Compassion in Action: Embracing the World with Hope*** on **Saturday, August 20, 2022** from 4:00 PM – 5:30 PM (PT) featuring **keynote speaker BJ Miller, MD**, – author of *A Beginner's Guide to the End* – hospice and palliative care physician, co-founder of Mettle Health, and renowned thought leader on the topic of living well in the face of illness and death.

CACCC is an internationally recognized 501(c)(3) nonprofit corporation (tax ID# 26-0895114), providing comprehensive end-of-life education and training on advance care planning, hospice & palliative care, pain management, grief, and mindful self-care in Mandarin, Cantonese, and English with simultaneous interpretation for patients, caregivers, volunteers, and healthcare professionals who serve the Chinese community. Beyond the U.S., CACCC has been providing end of life training and education to doctors, nurses, chaplains, and social workers in China, Taiwan, Hong Kong, Malaysia, and Canada.

CACCC's coalition model has led to partnerships with local, state, national, and international organizations that have extended and expanded our outreach. CACCC continues to be an innovative leader especially with our Heart to Heart® Café and Heart to Heart® cards. During the pandemic, CACCC developed three new initiatives: Mindful Caregiving Stress Reduction, Mindful Self-Care for Caregivers, and Redefining What Matters.

We hope you will decide to join other community leaders in recognizing CACCC's 17 years of compassionate service to the community. Sponsorship information is attached for your review. Please respond by July 15, 2022 so we have time to include everything the community needs to know about you and your organization in our marketing efforts.

If you have any questions, please feel free to contact Shirley Pan (shirley@caccc-usa.org, 626-277-5775), or Sandy Stokes (sandystokes@caccc-usa.org, 916-835-4007).

With gratitude,

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A Letter from Emiley Chang, MD CACCC Board Chair 2022

COVID-19 forced the U.S. healthcare system to suddenly adapt and change in response to a global emergency. In particular, it highlighted persistent gaps in how we provide ACP counseling and education to prepare our most vulnerable patients and their families for the unimaginable across race/ethnicity and language, as well as prompting a re-examination of the way we support our patients when they are facing end-of-life.

As a physician on the front line, I witnessed the shock and grief of family members when their loved ones were emergently intubated. I witnessed patients become increasingly anxious and hopeless as they remained on maximum support on high flow nasal cannula for weeks on the edge of life and death, watching as other patients disappeared one by one from their isolation room.

When the mRNA vaccines became widely available, we were convinced that this dark chapter would come to an end. However, while deaths from COVID-19 plummeted, we continue to see COVID-19 separate patients from family members at the moment that patients need the most emotional support. As patients struggle through their illness journey in airborne isolation rooms, their family members can only watch through the window.

CACCC is a volunteer-driven 501(c)(3) nonprofit that seeks to bridge these gaps through education and training of community members, caregivers, agencies, and healthcare providers to ensure high quality, language-appropriate, and culturally-sensitive advance care planning and end-of-life care. We have assisted multiple agencies with patient-centered Chinese translations of critical educational materials so that our health care providers and palliative care specialists have the tools they need to help patients and families.

As we enter our third year living with COVID-19, we continue to provide education virtually for our most vulnerable patients and their families to ensure that their wishes are honored at the end of life. I am so proud of the way our staff and volunteers have stepped up during this crisis to provide community support services and trainings virtually when they were no longer able to enter hospitals and homes. We also began a new mindfulness self-care workshop series and book club to address burnout and isolation among caregivers. Our monthly lecture series now reaches an international audience.

A Letter from Emiley Chang, MD CACCC Board Chair 2022

Highlights of the past two years include:

- Mindfulness self-care workshops
- Redefining What Matters: monthly community lectures
- Heart to Heart® Cafe: trained over 60 facilitators in the US, Malaysia, China, Taiwan and Singapore
- Mindful Caregiving Stress Reduction: weekly events that provide mindfulness practice and guest speaker presentation
- UCSF collaboration: created video series “Improving Advance Care Planning for the Chinese American Community”
- NHPCO (National Hospice and Palliative Care Organization) partnership: new Chinese American Resource Guide, to improve equity and increase access to hospice and palliative care

Finally, we are honored to announce that palliative care physician Dr. B.J. Miller will be our keynote speaker for our 8/20 virtual event to share his inspirational personal journey from patient to physician. We are excited to have the opportunity to have his talk simultaneously interpreted into Mandarin. Please share his message widely with your family and friends.

Thank you for supporting CACCC!



**張伊琍 Emiley Chang, MD, MPH, MS
CACCC Board Chair 2022**



A Message from Sandy Chen Stokes, RN, MSN CACCC Founder

When we receive requests for our books, DVDs, brochures, training materials, etc. – all containing information about how to prepare for and improve the chances of achieving a peaceful and dignified death for ourselves and others - of course we direct them to our website or reach for the filing cabinets, the computer files, or the boxes and get them out asap ... feels so good that all this is available. When we are asked for or need help preparing an end of life event in the community or setting up another training, of course we call one of our many partner agencies and often talk with a friend we've worked with for years to get that going. It's such a good feeling that so much is in place, ready to go, ready for replication, such a good feeling knowing all of that is the result of the effort and time of so many volunteers and partners.

Having that base has allowed us to meet challenges as they've arisen. When COVID showed up, we went virtual and Zoomed to places we hadn't served much or at all. The popularity of our Heart to Heart cards and the Heart to Heart Café brought us to Canada, Malaysia, Taiwan, Singapore and China. We returned virtually to Wuhan hospitals, where we'd done on-site trainings for three years. Our Mindful Self Care Program, developed with Zen Hospice, was finished in time to provide emotional support for caregivers, patients, volunteers and general public we couldn't reach in person.

We produced new educational films in Mandarin, Cantonese, and English with UCSF and with our keynote speaker, Dr. BJ Miller, co-founder of Mettle Health. Our new bereavement program, developed with By the Bay Health, SF and other partner agencies, will also allow us to help those who are beyond our physical reach. The CACCC planning committee is working on a bereavement training curriculum for our volunteers and Chinese experiencing loss and grief. I'm so happy that our virtual time has been well spent.

I am honored to be working with our board, and our staff, and all our caring volunteers who have kept us going.

A handwritten signature in black ink that reads "Sandy Stokes".

**陳明慧 Sandy Chen Stokes, RN, MSN
CACCC Founder & Board Member**



A Message from Gary Lee, MD CACCC Board Member and 2022 Fundraising Chair

I am honored to welcome all of you to CACCC's 17th Anniversary Celebration. I hope you are inspired as we celebrate together what CACCC has accomplished and look forward to what the future has in store. We are particularly excited to have Dr. BJ Miller join us as our special guest and keynote speaker.

My own journey with CACCC began many years ago, when I was still a primary care physician with the County of Santa Clara. I had many elderly patients of Asian descent in my practice, but as an American-born Chinese, I needed to learn how best to communicate with my patients around issues of serious illness. "Googling" had not become a verb yet, but I somehow discovered a booklet called Medical Decisions Near the End of Life: Mrs. Lee's Story. Sandy Stokes mailed it to me with a nice handwritten note, and my relationship with CACCC began.

In 2012, after my aunt had a stroke, she wanted to complete an advance directive and POLST, but I could not explain it to her in Cantonese. CACCC was so kind that they sent a Cantonese interpreter to my aunt's home so that I could walk my aunt through the process of making her wishes known in writing.

In 2017, I had the privilege of participating in my first Heart to Heart café with other members of my extended family at the Chinese Presbyterian Church in Oakland Chinatown.

And in 2019, I represented CACCC in Wuhan, China, along with Sandy Stokes and representatives of Project Hope, to help teach a train-the-trainer course on end-of-life care to Chinese nurses.

Even though I have been a speaker at CACCC events and participated in other activities, it was only after joining the board in 2019 that I realized how much this organization has impacted the Chinese community, beginning in California, and extending across North America and into Asia. Because of the coalition model and the enthusiasm of its volunteers and staff, this small non-profit organization has leveraged its resources to do far more than anyone imagined. You will see examples of what CACCC has accomplished during the presentations on August 20.

As the fundraising chair for this year, it is my role to encourage you to donate to CACCC, and to give generously if you are able. I can guarantee that no matter the size of the gift, CACCC will use it wisely, and the effects of your gift will be magnified to improve the end-of-life experience for the Chinese community around the world.



李國良 Gary Lee, MD

CACCC Board Member and 2022 Fundraising Chair

Virtual Celebration of 17 Years of Compassion in Action
**Chinese American Coalition for
Compassionate Care**

presents...

Embracing the World with Hope

FEATURING KEYNOTE SPEAKER



BJ Miller, MD

Author of *A Beginner's Guide to the End*, hospice and palliative care physician, and co-founder of Mettle Health

To RSVP and register for FREE upcoming events, please scan QR code below.

Who should attend: General public and healthcare providers: RN, SW, MFT, LEP, LPCC & MCLE

For healthcare providers, 1.0 contact hour (1.0 CE*) is available.

RSVP: <https://tinyurl.com/CACCC17th>



Upon completion of this program, participants will:

- ◇ Learn how to explore what matters most at the end of life, for yourself and others.
- ◇ Describe culturally appropriate Advance Care Planning materials.
- ◇ Recognize and utilize culturally appropriate communication tools and resources.
- ◇ Access NHPCO's Chinese American Resource Guide.

DATE: Saturday, August 20, 2022

TIME: 4:00 PM—5:30 PM PT
7:00 PM—8:30 PM ET

WHERE: Virtual via Zoom

*CE Provider Institute on Aging



美華慈心關懷聯盟
Chinese American Coalition
for Compassionate Care
www.caccc-usa.org

Celebrating 17 Years

Chinese American Coalition for Compassionate Care

presents

Compassion in Action: Embracing the World with Hope

**Saturday, August 20
4:00PM—5:30PM PT
7:00PM—8:30PM ET**



Program Agenda (PT)

- 3:50 PM **Pre-program** (video)
- 3:55 PM **Moderators: Jeanne Wun**, CACCC Past Board Chair & **Jiayu Jeng**, CACCC Board Member
- 4:00 PM **Welcome and Thank You**
Gary Lee, MD, CACCC Fundraiser Chair
- 4:05 PM **BJ Miller, MD** of Mettle Health, author of *A Beginner's Guide to the End*
- 4:10 PM **Keynote: BJ Miller, MD**—*What Matters Most at the End of Life*
- 4:40 PM **Q&A** with BJ Miller, MD
- 5:00 PM **Sandy Chen Stokes, RN, MSN**, CACCC Founder
CACCC Educational Materials and Resources and Upcoming Programs
- 5:10 PM **Fundraise** (Text to Donate), Jiayu Jeng
- 5:15 PM **Emiley Chang, MD**, CACCC Board Chair, 2022 Community Award
Judy Thomas, JD, CEO CCCC, 2022 CACCC Community Award Recipient
- 5:20 PM **Shirley Pan**, CACCC Director
2022 *Embracing the World with Hope* Essay Contest Awards
- 5:25 PM **Fundraise** (Text to Donate) Jiayu Jing
Closing & Evaluation: Jiayu Jing and Jeanne Wun
- 5:30 PM **Program Concludes**

Must be present for the entire program, complete and submit program evaluation to receive one (1) contact hour (1.0 CE). CE provided by the Institute on Aging.



美華慈心關懷聯盟董事會 CACCC Board of Directors



陳明慧 護理師 Sandy Chen Stokes, RN, MSN
美華慈心關懷聯盟創辦人 CACCC Founder

二十年來致力於推動全美華人生命末期、老人、公共衛生及精神科療護的志工服務，提供生命末期教學及服務。MBSR卡巴金認證正念減壓課程培訓師。製作安心卡，書籍及影片並發表安寧緩和療護相關的文章。

CACCC Founder, Sandy was responsible for getting the Chinese American End of Life Movement started. She initiated the creation of CACCC's Heart to Heart cards and its popular Heart to Heart Café. She is a MBSR Kabat-Zinn Certified Mindfulness and Stress Reduction Course Trainer.

Sandy provides end of life education globally to Chinese volunteers, health professionals, and patients and families through online presentations, workshops, and trainings.



張伊琍 醫師 Emiley Chang, MD, MPH, MS
美華慈心關懷聯盟董事會主席 CACCC Board Chair

畢業於斯坦福大學醫學院。她在加州戴維斯醫學中心修習一般內科，並在加州大學洛杉磯分校做老人科研究。目前她是加州大學Harbor-UCLA醫學中心的普通內科和老人科教職員，與緩和療護團隊在教育項目和住院諮詢方面密切合作。

Emiley graduated from Stanford University School of Medicine. She trained in internal medicine at UC Davis Medical Center and completed a subspecialty geriatrics fellowship at UCLA. Currently she is a faculty member in General Internal Medicine and Geriatrics at Harbor-UCLA Medical Center, where she closely collaborates with the Palliative Care team on education projects and inpatient consultations.



陳明芳 美華慈心財務長 Cindy Wang, CACCC Treasurer

Cindy 有12年的會計經驗，她從2011年開始就成為美華慈心關懷聯盟的志工協調員，在董事會擔任財務多年。

is Accounting Manager at a Palo Alto consulting firm, where she has worked for more than 12 years. She has been the CACCC's South Bay Volunteer Support Group Coordinator since its formation in 2011.



李國良 醫師 美華慈心秘書 Gary S. Lee, MD, CACCC Secretary

李醫師是內科、腸胃科及老人科醫師。他目前擔任舊金山Suncrest Hospice (SH) 的主任。他曾任職Santa Clara Valley Medical Center (VMC) 一般內科及老人科醫師達25年之久，並協助創辦該院的老人科。

李醫師現半職服務於SH和VMC的緩和療護團隊。

Gary is a board-certified internist, geriatrician, and palliative medicine physician. He worked for over 25 years at Santa Clara Valley Medical Center, and he helped start the palliative care program. He currently works part-time as a hospice medical director with Suncrest Hospice and with the palliative care team at Valley Medical Center.

美華慈心關懷聯盟董事會 CACCC Board of Directors



曹知行博士 Alex Tsao, PhD

美華慈心關懷聯盟董事，並擔任講師團召集人，負責協調社區教育宣導講座，推動華人社區對生命末期關懷的認識。從事科技方面的工作30餘年，近年來投入社區義工服務，現在擔任阿滋海默協會全國理事會的理事及北加州暨北內華達州分會華人諮詢委員會的主席。

Alex is a CACCC board member and CACCC's speakers bureau lead. Alex has worked in the technology industries for more than 30 years. In recent years, he has been active in community volunteer work. He is currently a member of Alzheimer's Association's National Board of Directors. He is also an advisory board member for the Chinese Health Initiative project of El Camino Hospital and the New Hope Chinese Cancer Care Foundation. Alex is also a volunteer of Tzu Chi Foundation.



沈卉Peggy Sheng

現任亞美醫師協會首席運營長，並擔任 CAIPO 管理服務組織及CAIPO Care, LLC (紐約州認證的醫療組織)的執行長。沈卉女士在亞美醫師協會服務已超過25年。沈卉女士創辦了非營利機構：亞美醫協基金會。以醫師會員的捐款為基金，設立了為華人長者服務的兩個“中美護健活動中心”。致力於提高和協助華裔長者能夠健康獨立的生活，保持最佳生活品質的狀態。Peggy currently serves as the COO of the Chinese American IPA, Inc. (CAIPA). She is the CEO of CAIPA Management Service Organization and CAIPA Care LLC, an NYS accountable care organization. Peggy has been with CAIPA for over 25 years. Peggy established CAIPA Community Service Fund for the development and improvement of culturally competent, community-oriented service programs as well as research and educational projects that benefit the Asian-American communities in New York City.



鄭建宏博士, C. Rocco Cheng, Ph.D

他於1996拿到加州臨床心理師執照，在太平洋診所 Pacific Clinics, 的非營利行為健康機構，工作達21年。鄭博士於2015年成立 Rocco Cheng and Associates (RCA) 諮詢公司，他也曾擔任加州心理健康部，健康服務部，及心理健康督導委員會的資深顧問。他希望藉著美華慈心，能幫助照護者提供生命末期的支持。

Rocco is a licensed clinical psychologist since 1996, has worked at the Pacific Clinics for 21 years. He started a consulting firm, Rocco Cheng and Associates (RCA), in 2015 to provide culturally and linguistically responsive training, consultation, and technical assistance to local and statewide projects. He was an expert consultant to California State Department of Mental Health, Department of Health Care Services, and Mental Health Service Oversight and Accountability Commission (OAC). He's also the founding director of a Tibetan Buddhist center in LA County for 11 years until his retirement in 2020. With CACCC, he's interested in providing support to caregivers who support others for the end-of-life issues.

美華慈心關懷聯盟董事會 CACCC Board of Directors



周志清 藥劑師暨中醫師 Simon Chow, RPh, LAc, MS

現任加州獄政司醫療服務處藥品服管部經理，為34所加州州立監獄的更生受刑人提供數位科技自動化醫療處方調劑服務；曾於Kaiser Permanente 歷任門診藥房部經理及HIV諮詢藥師。2020年起擔任美華慈心「正念的自我照顧」課程講師迄今。

Simon is a California registered pharmacist and acupuncturist. He works as a supervisor at the Central Fill Pharmacy of California Department of Correction and Rehabilitation. He used to be a pharmacy manager and a HIV Clinical pharmacist at Kaiser Permanent. He has been an instructor for the CACCC “Mindfulness for Caregivers” training class since June 2020.



孫嘉麗 Jiali Sun, MD, PhD, MPH

畢業於復旦大學醫學院，曾在上海的三級醫院任腸胃科主治醫師。於休士頓貝勒醫學院取得免疫學博士學位，並於2018年獲得美國ECFMG機構的醫學博士學位認證。目前在德州的社區醫療中心網絡（CHN）任醫療顧問，致力於推廣基於社區的緩和療護項目，同時擔任休士頓最大的非營利安寧療護機構董事會秘書和董事。她於2021年三月加入美華慈心志工團隊。

Graduated from Fudan University Shanghai Medical School (certified by ECFMG in 2018). She completed her PhD study on tumor immunotherapy at Baylor College of Medicine. Due to her interests in end-of-life care, Jiali is currently working as a medical consultant with the Community Health Network (CHN) to promote community-based palliative care services. She also serves as the secretary and member of the Board of Directors of Houston Hospice. She joined the volunteer team of CACCC in March 2021.



鄭家瑜 Jiayu Jeng

台灣政治大學廣播電視系學士，聖荷西州大新聞傳播碩士。台灣正聲廣播公司新聞部記者，美國星島中文電台製作/主持人，灣區無線六十六台節目部統籌，KTSF二十六台節目部經理/主持人。

Jiayu has over 25-years' experience in the Broadcast Industry. She earned a bachelor's degree in Radio & Television at the National Cheng-Chi University and a Master Degree in Mass Communication & Journalism at San Jose State University. Jiayu served as a reporter for the largest private radio company in Taiwan and hosted the radio broadcast of the Golden Bell Awards Ceremony in 1993. She arrived in the Bay Area in 1996 and has worked for many of the major Chinese broadcasting companies in the market.



創新與傳承

楊秀慧 美華慈心關懷聯盟 主任
Shirley Pan, CACCC Director

在2005年,有一群理念相同的朋友支持陳明慧護理師創辦了美華慈心關懷聯盟,經歷了17個年頭,這樣一個談論華人忌諱話題的小小慈善團體,在不被大家看好的情況下,居然能夠存活下來,而且還越做越好,是很多人始料未及的。要感謝志工們的熱心付出和創辦人Sandy的堅持與努力不懈。美華慈心的經費不是來自政府,而是來自大眾的捐款,以及向各基金會申請grant。所以美華必須「勤簡持家」,決不浪費一分一毫,辜負眾人所託。

我在2014年參加了美華慈心的安心茶會屋活動,隨及填寫了志工申請表。2015年參加志工訓練,2016年擔任美華慈心的執行長職務。後因家人生病需要人陪伴,辭去職務,改為半職工作。我一直很遺憾沒來得及和父親道謝、道愛、道別,所以總是希望能多辦一些活動,多做不同的嚐試以期吸引更多來學習生命教育。

創新：美華慈心這兩年有不少的創新，幫助我們把影響範圍擴大到美國各州，甚至到亞洲、歐洲、澳洲等10個國家。

一、正念的自我照顧課程

這原是設計給照顧者的課程,一期只接受12位學員,但因為很多非照顧者也想要學習,我們便修改課程,增收學員,每堂課要至少有4位講師、一位助教和一位職員參加。為了讓學員上完課後能夠繼續的練習和成長,我們安排了兩週一次的分享圈給畢業的同學參加,讓他們得到繼續的支持;兩週一次的正念讀書會,讓大家繼續學習正念;還有每年兩次的正念同學會。

二、名醫論壇—人生大事系列

美華慈心邀請美、中、台醫學界的傑出講師來分享我們每個人都關心的「人生大事」。時間為每個月第一個禮拜三,太平洋時間下午4:30-6:00。嘉賓有台北市立聯合醫院的總院長黃勝堅醫師,紐約長老會皇后醫院緩和療護及老人科醫學主任潘欣心醫師,北京清華長庚醫院疼痛科主任路桂軍醫師和新竹馬大元診所院長馬大元醫師。他們精彩的演講都在美華慈心的網站上供大家重複收看。

(請到美華慈心的網站www.caccc-usa.org:在教育資訊下面的名醫論壇-人生大事系列)

三、正念與減壓

2020年春,COVID-19的疫情讓大家惶恐不安,關在家中感覺孤立無助,美華慈心為此在每週三推出了正念與減壓的活動,帶領大家做15分鐘的正念練習,接著由嘉賓作各種不同主題的演講。這個活動讓參加者的心能安定下來,每星期的參加者也從剛開始20人一直增加到80-100人。嘉賓精彩的演講都在美華慈心的網站上供大家重複收看。(請到美華慈心的網站www.caccc-usa.org:在教育資訊下面的正念與減壓)

創新與傳承

楊秀慧 美華慈心關懷聯盟 主任

Shirley Pan, CACCC Director

四、線上安心茶話屋

COVID-19讓美華慈心不得不取消病人探訪和所有的實體活動。但是我們改變形態，讓最受歡迎的安心茶話屋也可以在線上玩。雖然沒辦法將安心卡拿在手上，但是投影片配合引導員的帶領，讓我們得到和實體安心茶話屋一樣的效果。

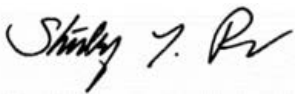
五、哀傷與失落

美華慈心將於9月開始，將每兩個月一次，邀請合作夥伴到每週三的正念與減壓活動來講和哀傷與失落相關的話題。明年春季更會有新的相關課程，歡迎大家一起來學習。

傳承：我們急需培養新血，傳承美華慈心的宗旨與使命

美華慈心去年培訓了一批馬來西亞的志工完成安心茶話屋引導人訓練，他們隨即展開了多場安心茶話屋的活動，在美國的志工們也大力支援，培養出良好的默契。在今年二、三月間我們又訓練了一批新志工，新志工與資深志工一起合作帶領安心茶話屋，得到了很多老志工傳授的經驗和技巧。我們也在四~五月間訓練了兩批中國醫療專業人員共40多人，有關事前療護計畫和如何引導病人和家屬利用安心卡來打開話題，了解病人對生命末期的療護意願。五、六月在美國加州我們也與在 Santa Clara County的幾家醫院合作，參與培訓醫事人員事前療護計畫，同樣的課程將在9月中再舉辦一次。

傳承在美華慈心是很重要的，我們希望志工可以跟著美華一起成長。美華慈心創辦人陳明慧的大哥—陳大雄博士近年來從事人才開發，協助企業培育管理人員。他為美華慈心的職員和志工設計了六堂課共12小時的「管理技能培訓：提升自我，提升社區」課程。我們將邀請熱心服務的美華慈心志工和職員9月中一起來上課。唯有傳承我們的中心價值與使命，美華慈心才能走得更長遠。請大家一起來，再接再厲的為了華人生命末期運動努力吧！



楊秀慧 Shirley Pan

美華慈心關懷聯盟主任 CACCC Director



你也可以用正念來照顧自己

雷叔雲 Teresa Cheng

正念的自我照顧專案組長與講師

原來僅僅靜下來、慢下來，就可以增加幸福感！上完課後，發現自己身心更加沉穩，更有能力面對人生中的大小事！

美華慈心關懷聯盟的最新課程「正念的自我照顧」不時收到這樣的評語。

美華慈心向來關注的是生命末期的議題，然而試想，每一位生命末期的人士身旁，都有默默關懷的照顧者，他們由於承擔壓力，角色艱鉅，給身體和心理健康上帶來不少隱憂。美華慈心為他們尋找解方，特與位於舊金山的 Zen Caregiving Project 合作，以他們的 MCE (Mindful Caregiving Education) 課程為藍本，發展出這一套適合華人文化的全新課程。

美華慈心從2019年九月開始籌劃課程，培訓講師、翻譯並編寫教材、估計投入約1000小時的人力，真可謂眾志成城。聯盟創辦人陳明慧護理師是此一課程的催生者，雷叔雲是專案負責人，講師曹知行、廖明煌、鄭建宏、高淑麗、周志清全力投入教學行列。課程順利上路，已訓練十梯次的學友。

這套十六小時的課程，以正念應用為基調，討論到了開發正念、培養慈心、自我照顧、正念溝通、人我分際、失落與哀傷、分享圈種種主題。每一堂課有講解，有靜坐，也有分享。結業之後，仍有分享圈、讀書會、同學會，繼續支持並滋養學友的正念練習和自我照顧。

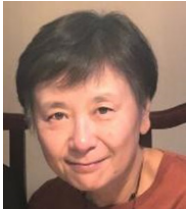
在上課過程中，參與者直抒胸臆及困境，在聆聽和表達之間，有機會正念反思自己的生活方式。也許因為這門課打造了一個溫暖的體驗和學習環境，參與者當初的陌生感，很快就化為彼此關懷與切磋。

這一套課程，由於廣受歡迎，美華已調整教材，開放給大眾。在這資訊過剩、人際紛雜、壓力爆表的世界，陪伴世界各地華人，增添一份安頓的力量。



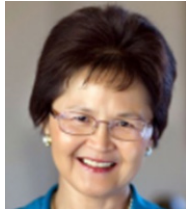
Teresa Cheng

正念的自我照顧



雷叔雲

Teresa Cheng



陳明慧

Sandy Stokes



高淑麗

Shirley Chang



曹知行

Alex Tsao



廖明煌

Mike Liaw



鄭建宏

Rocco Cheng



周志清

Simon Chow

從2020年8月至今，已經有超過200位學員上過美華慈心正念的自我照顧課程。以下是同學們的回饋。



分享我在美華慈心學習正念的感想

Clara Lam

非常高兴有机会学习正念。以前因病也有接触过 Kaiser Permanente 的 Mindfulness 课程。参加当时觉得帮助,但过后就没有劲儿跟进。

这一次在美华慈心的学习不一样。因以前学不成，今次我極有動力学好这课题。Teresa老师的讲解提到 Jon Kabat-Zinn。他是西方尤期在美国正念练习 (Mindfulness Practice) 的始创人。除了上课，我开始听他写的书，逐渐对 mindfulness 这个概念有較清楚的認識。他的其中一本书是 Wherever You Go There You Are (中译名《繁花当下》，是Teresa老师翻译,译名恰切)。这是 Kabat-Zinn 解释正念的一本精华之作。我反覆听了有聲版本多次，得益甚多。这书也是上期正念读书会的選讀書籍，不可错过。

美華慈心的七週課程把正念细分成不同的主题单元。每个单元，像正念基礎認識、培養慈心、自我照顧、正念溝通、人我界限等，都加深了我对正念的認識和应用。每週課的分享部份，让我厘清概念。举个例子，我是听过同学的分享才真正明白“觉察”的意思。另外，逢星期三的“正念与减压”讲座又从另一角度加深我们如何在日常生活应用正念。Teresa 老师在五月份的两个“非暴力语言”讲座是个例子。

在练习方面，我是較多做“非正式”练习，少做“正式”坐在地上或椅子上的练习。非正式练习包括專注日常活動：像做運動时，打掃園子，做饭做菜，同吃饭時将电子設備擺開等。我觉得相对修课以前，现在我比較容易入睡。睡醒后头腦較平靜，不像以前充滿雜念。梳头的時候，头发也掉少了一点。人也变得平靜。

谢谢各位老师、美华慈心工作人员、及各位同学。

Clara Lam

二〇二二，五月二十九日



分享我上「正念的自我照顧課程」感想

史佩雯

昨天下課因為趕著去上班，沒來得及說謝謝，感謝昨天Rocco老師的自我照顧的課程，也很謝謝在帶分享時，Rocco老師給了每位同學個別化的建議，讓我感覺好像回到研究生時期一樣，很精實又快狠準的感覺，很希望多點時間繼續探討下去。也很感謝 Mike老師在討論的最後簡短卻中肯的分享和建議。昨天也很開心和感謝有上到課，還有課程同學的陪伴。

想另外分享，自從雷老師建議每天最好都練習正念靜坐後，我每天都有實行，時間充裕的話，甚至一天會有兩三次的靜坐，我感覺到自己的身心放鬆和清明不少，也感受到自己舊有的煩和急躁的習慣(或是自然的反應)，靜坐時也會感受到自己一天下來接收到很多訊息都藏在腦海裡面，透過靜坐好像有點讓他們一一被看見和離開，整理自己的腦袋和精神，整個人變得比較沉穩。此外，也感受到幸福和滿足感，讓我體悟到，原來靜坐下來，就可以很好的照顧自己，就可以很幸福，完全不需要外在的東西來妝點，更深刻的體悟到照顧自己就是最好最大的幸福，而只需要每天撥一點時間靜坐，或是在生活中不時落實停下來，深呼吸一下，正念的感受自己就可以了。真的非常開心和感謝，也謝謝美華慈心關懷聯盟舉辦這個課程，願大家都美好、平安。

我今天又沉澱出一些心得，我覺得每天的靜坐，還有正念活在當下的觀念，都在其中幫助著我，所以我也寫下這篇文章，希望回饋給講師也與大家分享，也希望能夠助人：

我最近開始運動了，我大約停了9個月完全沒運動。在此之前我有很頻繁的運動習慣，也維持了很多年，我以前練重訓(自由重量)，又有練踢拳/泰拳，但是去年冬天我被困在憂鬱裡面，沒動力也沒能量，就停下運動了，當然內心非常挫折和傷心。到了今年夏天，我的狀況又好多了，但是因為很怕又感受到憂鬱時的那種不舒服，我遲遲沒有再開始運動，只投入在其他的興趣裡，但我是有想運動的，也知道運動對自己會有多大的好處，只是很怕再經歷一次不舒服，因為不確定自己能否承受，會不會又掉下去。後來我想想，自己改變很多了，也不停的嘗試建立新的迴路、想法，而且如果自己要用逃避、切割是沒有不行，只是難道我要因此一輩子不運動嗎?趁現在狀況還可以的時候，來嘗試看看吧，因為現在的自己又和之前的自己有所不同了，要給自己一個機會。

但我有稍微篩選一下，決定從在家裡和附近公園運動開始(以前都是和一群朋友一起重訓和練拳)，在家裡練了壺鈴，去公園吊單槓捲腹和拉脊椎，儘量都是一個人不會接觸到別人，好好的和自己共處，也留意自己的狀況，有任何不舒服可以停下休息。過程中也因為自己太久沒運動，訓練量完全跟以往不能相比，然後也覺得過程像快往生，但是都抱持著有開始都比原本好的想法。第一次運動完，隔天當然全身痠痛如同被痛揍，第二次運動完，過程雖然都是快往生的感覺，可是隔天的痠痛減緩不少，而且覺得痠痛感也比緊繃感好(因為我是久坐辦公室族，不運動的話身體會很緊繃，都維持同個姿勢)。然後感覺自己也睡得更沉了，平常再晚我都是早上六、七點一定會起床，今天直接睡到八點，醒來以後發現枕頭被太陽曬得好燙，自己竟然都沒感覺。醒來後也感覺自己更有能量了，也有食慾吃早餐，雖然吃得真的很少，但是也很好(我平常都不吃，也吃不下早餐的)。吃得下東西這件事對我很重要，是因為憂鬱之後我的食慾幾乎都消失了，不再喜歡吃東西，覺得吃東西只是不餓就好，沒有興趣嘗味道，也因此食量大減，也變瘦不少，我自己會覺得很多的營養都吃不到，會擔心自己的身體，也有感覺到自己的力量變小，變虛弱，所以能吃得下東西我很高興。補充一下，讓我真的起來運動最關鍵的原因，是因為我在我家四樓(頂樓)種了很多的植物，每天會上去兩次澆水，假日有空也都會上去打掃，然後我想到如果我扭傷腳，我爸媽上樓梯也很吃力，這樣就沒人幫我顧植物了，所以我就有動力要好好運動，保健身體，為了我最愛和陪伴我的植物們。

其他同學的分享：

- 非常感謝有這次的學習過程。我受到很多的震撼與啟發。每一個課程都是在開拓我的視野，挑戰我的極限。處在優渥的環境，都可說「生死皆自在」。但是遇到境界時，就有感覺到被境給綁住了。感謝所有的講師，真誠的帶領與分享，讓我能穩住自己的心性，盡力把我自己照顧好，也進而照顧好我身旁的家人。無限感恩！
- 講師團的上課方式真是超強設計啊！老師們都是灣區頂尖的人物，能夠上這個課程真是好福氣。
- 講師們的性格不同、各有所長，卻是心念一致地為我們傳授正念慈心。有如百花齊放，卻都是迎著陽光(正念)，在微風中撒播種子(慈心).....他們一致傳授的，自然是我們努力領受的。而從自己最相應的老師的全人展現中，每個學員都能夠感受到各自歡喜信受的身教。非常喜歡這樣色彩繽紛的課堂氛圍。雖然，大家各自面對生命的難處，但是，在老師的引領與同學的回饋中，總能夠心開意解、重新/從心出發，在往後的考驗中更迅速地回到正念慈心。非常感恩美華慈心的工作人員和老師們！
- 「正念的自我照顧」這八週的課程真是簡捷有力，提供我們相當好的基礎，引導我們從不同角度了解身為一個照顧者，可以由不同角度的自我照顧來提升自己照護別人的能力。非常感謝老師專業的教授和支持，以及同學們充滿愛心溫馨的分享與鼓勵！
- 我每個星期都跟著所學的課程走，同學之間也互相打電話，互相支持。這個課程在我最需要的時候，幫助我走過痛失親人的哀傷。
- 這個課程讓我看到不同的自己，原來我可以不必陷入家人情緒的漩渦。謝謝老師分享照顧長輩的經驗，這個課程讓我學到很多正念的法寶，也看到未來可以為照顧自己和家人做的事情。
- 原來，要照顧別人，應該要先照顧好自己。自己不快樂、不健康，就沒辦法照顧好別人。自我照顧是必需品，不是奢侈品。這句話很震撼！
- 正念讓我學會聆聽和耐心，不僅自己和家人受惠，我的朋友也因為我分享了上課學到的法寶而得到幫助。
- 正念和慈心相輔相成的關係，每個人都會碰到可控制和不可控制的事情，要懂得如何慈愛己。
- 非常感謝有這次的學習過程。我受到很多的震撼與啟發。每一個課程都是在開拓我的視野，挑戰我的極限。處在優渥的環境，都可說「生死皆自在」。但是遇到境界時，就有感覺到被境給綁住了。感謝所有的講師，真誠的帶領與分享，讓我能穩住自己的心性，盡力把我自己照顧好，也進而照顧好我身旁的家人。無限感恩！



體驗 【當下，繁花盛開】 Wherever You Go, There You Are: Mindfulness Meditation In Everyday Life by Jon Kabat-Zinn, PhD; 譯者：雷叔雲

正念讀書會感想 方慧民

緊接8週的【正念自我照顧課程】以及進行了3個月【support group分享圈】，叔雲老師開了【正念讀書會 - 當下，繁花盛開】，與分享圈隔週一次地連成一氣，因此，每週都有正式的正念聚會。

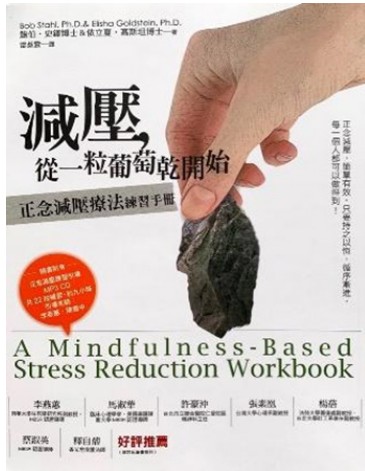
如果說分享圈是正念自我照顧的實習課，那麼，正念讀書會是涵蓋所有的博士班課程。叔雲老師除了時刻帶我們回到正念、適時引導同學分享自己的感想並給予其他同學深度 support、更是以其學養不時旁徵博引，帶領我們進入更深的領悟....

多數人在正念修習上是新手，難免習慣於一般讀書會的討論方式，有時，一不小心會離開正念的軌道，評斷他人、雜念紛飛... 幸好，老師長期翻譯靈修書籍的學養、扎實的實修功夫、以及一向的包容謙遜與靜定，總能溫柔地帶著大家回到《正念》《慈心》。

作者 Kabat-Zin 博士的文筆飽含理念與實例卻充滿感性，篇篇引人入勝，在老師的引領下，讀書會不時展現著包含日常運用、學理探討、心靈領悟的深度氛圍。在一片朗淨的晴空下，像春風、像清泉、像月光... 徐徐涓涓地滋養著心地。就如書名所揭示的，常能看到《當下，繁花盛開》的課堂景致、心內風光。

感恩 Dr. Jon Kabat-Zin！感恩老師！感恩學友們！感恩美華系列的正念課程！

PS：與你分享正念讀書會中幾個我非常喜歡的經典，如果您錯過了第一期讀書會，可以看看書，也歡迎與我們分享，或許，可以再現當時繁花盛開的景象。〔雖停不住浪，卻可以學浪〕P54〔禪修 造就完整的人〕P100〔願景〕P95〔修習便是道〕P105〔禪修：勿與正向思考混為談〕P109〔不修行即修行〕P166〔慈心禪〕P168〔什麼是我此生的使命〕P205〔無害-Ahimsa〕P216.... 其實每篇都很棒，包括老師的序。全書漸次地深入，到了最後真是好酒沉甕底，如果有時間，非常值得精讀。



減壓，從一粒葡萄乾開始

A Mindfulness-Based Stress Reduction Workbook by
Bob Stahl, Ph.D. and Elisha Goldstein, Ph.D.

譯者：雷叔雲

正念讀書會感想
陳桂珍

吃葡萄乾，細嚼慢嚥。嚼到糜爛時，和唾液混合，嚐到深甜；嚥到喉嚨，潤、甜、稠、糊適當；吞到胃中，和胃液混合，這時的養份被發揮到極致，身體吸取得最好。葡萄乾是外因，唾液和胃液是內因，兩者互相接納共融，身體才得到營養滋潤。

書中設計的正式和非正式練習，就是要把學到的正念融進生活的每個細節，讓內因和外因產生化學作用，從而成為情緒健康和無壓生活的養份和動力。

讀”減壓，從一粒葡萄乾開始”這本書時，是我人生中的一段很特別的時光。去年底，我決定退休和回香港帶我九歲大的男孫，一個在學習上嚴重落伍的小三學生。從幼稚園起，每個學期尾他能否升級都是一家人最頭痛的大事情，我回去的目的之一是希望手把手幫他一把。

我和朗朗的頭三個月蜜月期過後，我們開始因為功課和溫習時間長短的問題有矛盾。我很清楚地知道自己正在學習減壓，我一定不能迫他去讀書，不能為學習成績向他施壓力。於是，我做了！可是當他默書拿到零分，測驗不合格時，我真的不知道怎樣去平衡心裏的矛盾，那個希望在學習上幫助他進步的壓力。

在一次讀書會上，書友們分享書中的”如實知悉，接納””順其自然，放下！”這些話語如醍醐灌頂，我的腦袋一下子清明起來。對！我要接納這就是我的小孫子，一個抗拒讀書的小靈精；我要放下，放下我的虛榮心。

我運用在正念課中學到的”同理心”，用他喜歡的運動去鼓勵他，和他一起去游泳、打乒乓球；給他玩電玩的時間去換取一點點的溫習時間。一次不成，兩次，兩次不成，三次 我們之間有吵、有鬧、有別扭，但是每次事件完結後我都跟他說”我愛你，我最愛的是你！”突然有一天，他一本正經地對我說：“嫻嫻，我吃完飯，玩十分鐘電玩就開始做功課和溫書。”他講完了就去玩電玩，我卻停在原地，驚喜的淚水在眼眶裏滾滾而下。

每當他坐在我的膝蓋上溫習的時候，每次我都感動地抱住他，儘管幾分鐘後他就會跑掉，但我知道，他 - 就是我學習正念的功課！

剛剛完結的學年期考，他考到尾三，進步了兩個名次，主課全部及格，可以順利升讀四年級。

在美華學到的正念可以致用，做事慢下來，心在當下，尊重彼此間的界線，把效果看淡，生活就從容下來。



正念讀書會－非暴力溝通

Nonviolent Communication: A Language of Life:
Life-Changing Tools for Healthy Relationships,
by Marshall B. Rosenberg, PhD.

如果「暴力」指的是會造成傷害的行為，生活中有許多習以為常的溝通方式其實是暴力性的，例如：用好壞、是非、對錯作為判斷標準、倚強凌弱、根據怒氣偏見反應、指責、歧視、批評謾罵、侮辱、貶損、比較、分析和為人貼標籤等等。這些思考和溝通模式，導致情感和精神上的創傷，使人與自己、與他人之間的關係愈加疏離、冷漠，人際衝突也就在所難免。

每個人的價值觀和生活方式或許不同，但卻有共同的感受和需要。非暴力溝通透過「觀察、表達感受、需要、做出具體請求」這四個步驟，使我們能真誠地表達自己，也能深入地傾聽他人，建立心與心之間的連結，無須妥協即可化解衝突，豐富彼此的生命。

開始日期：2022年 9月 8日

時間：美西 隔週四晚上 6:00-7:30，美東 9:00-10:30。

台港星馬京滬 隔週五早上 9:00-10:30

「正念的自我照顧」課程

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- 歡迎與感謝 9/27/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 基礎課程-正念 10/4/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 與自己相處-慈心 10/11/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 與自己相處-自我照顧 10/18/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 與他人相處-正念溝通 10/25/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 與他人相處-人我分際 11/1/22 星期二 7:00-9:00pm PDT(太平洋夏令時間)
 - 失落與哀傷 11/8/22 星期二 7:00-9:00pm PST(太平洋標準時間)
 - 總結與分享 11/15/22 星期二 7:00-9:00pm PST(太平洋標準時間)
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BJ Miller, MD

What Matters Most at the End of Life
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CACCC 17th Anniversary
Aug. 27, 2022



Teresa Cheng

Mindful Self-Care
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BJ Miller, MD and Shoshana Berger

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With love,

BJ Miller MD, co-author

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With Love, BJ

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A Chinese book about Mindfulness - 當下, 繁花盛開

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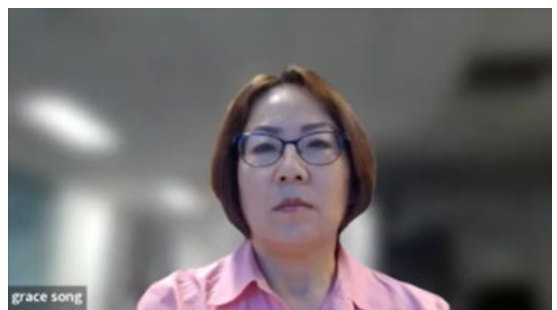
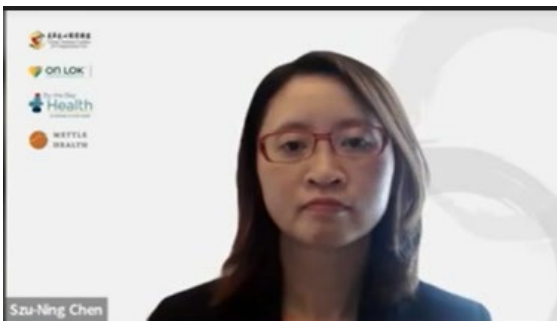
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Mettle Health 與美華慈心聯合製作教育影片



什麼是醫療照護事前指示和維持生命治療醫囑 (AHCD和POLST) 表格？誰應該填寫這兩份表格？

What are Advance Health Care Directives and POLST forms and who should complete them?



美華慈心與 Mettle Health 合作，爭取到 Stupski Foundation 的贊助，拍攝了 6 支有關生命議題的教育影片。我們選出 37 個題目讓大家票選出他們最想問的問題，我們最後選出大家最想問的 6 個題目來拍攝這 6 支影片。每一個題目我們要請了 3 位對這些主題很熟悉的三位嘉賓來回答。他們分別是：

Dr. BJ Miller, Mettle Health 共同創辦人

Szu-Ning Chen 陳思甯

Regional Social Work Manager, On Lok

Rev. Grace Song 宋杍光

Spiritual Support Counselor 靈性輔導師,

By the Bay Health

這 6 個問題分別是：

1. 在照顧家人時，如何掌握兄弟姐妹間的互動？
How can I navigate sibling dynamics in care for a relative?

2. 什麼時候應該考慮為我的家人要求安寧療護和/或緩和療護？

When should I think about hospice and/or palliative care for my family member?

3. 該問醫生哪些問題，才能得到我所需要的資訊？

What questions should I ask doctors to get the information I need?

4. 對於死亡過程，我們該有什麼預期？這個時候我的家人能做什麼？

What should we expect with the dying process? What can my family do at this time?

5. 什麼時候該考慮來自專業療護照顧者的協助？
When is it time to think about outside help from caregiving professionals?

6. 什麼是醫療照護事前指示和維持生命治療？誰應該填寫這兩份表格？

What are Advance Health Care Directives and POLST forms and who should complete them?

UCSF與CACCC聯合製作三支中英文字幕影片

教育影片：<https://www.caccc-usa.org/ch/resource/videos.html>



如何開啟生死對話 (Starting the Conversation)

對華人家庭來說，生死話題是一個禁忌。孝順，雖然是一種傳統美德，但在和病人溝通時，卻成為了一種障礙，家人不想讓病人知道病況，而病人也為了順從家人的決定，忍受著痛苦和治療，久而久之累積了隔閡和傷痛。為了幫助家庭打開生死話題，美華慈心關懷聯盟製作了安心卡，讓家人能一起來邊玩安心卡牌邊聊生死話題，增加家人之間的關係。

美華慈心關懷聯盟在開啟生死對話影片中邀請到了美華慈心關懷聯盟北加州志工張凱雯，UCSF 病患與照顧者教育部門主任 Judith Redwing Keyssar, RN, Santa Clara 凱撒醫療中心緩和療護醫師的羅偉醫師，美華慈心關懷聯盟董事會2021共同主席曹知行博士，及 By the Bay Health 靈性輔導師宋杓光。他們將告訴您，和家人討論生死議題時可能面對的挑戰，以及如何使用安心卡幫助您開啟生死議題。



什麼是事前療護計劃 (Advance Care Planning)?

完成事前療護計劃有多重要？如何開始事前療護計劃的對話？華人家庭在談論事前療護計劃時會有什麼樣的文化隔閡？

美華慈心關懷聯盟在影片中邀請到了UCSF病患與照顧者教育部門主任Judith Redwing Keyssar, RN, Santa Clara 凱撒醫療中心緩和療護羅偉醫師，美華慈心關懷聯盟董事會2021共同主席曹知行博士，安老自助處的個案管理項目主任余秀玲，為您從醫療專業和文化的角度講述事前療護計劃。

緩和療護及安寧療護 (Palliative Care & Hospice Care)

什麼是緩和療護？什麼是安寧療護？他們兩者之間有什麼區別？為何情緒和和靈性輔導在病人療護中如此重要？為什麼醫療團隊會需要專注家人的情緒和靈性需求？

Website: www.caccc-usa.org; Voicemail: 866-661-5687; Email: info@caccc-usa.org

“Embracing The World With Hope”

2022 CACCC Essay Contest

「懷著希望，迎向世界」2022 年美華慈心關懷聯盟徵文活動

有八成民眾認為應在健康時做好生命末期的療護計劃，但只有三成的人完成醫療照護事前指示。有七到八成的美國人希望在家中過世，但實際上只有三成的人能達成心願。

面臨生與死的大自然規律，我們總會有一天要說再見。不管我們身在何處，都希望能和家人、朋友平安地渡過最後的時光。我們如何能不留遺憾？如何能將愛傳達？何不寫下對生死的經歷和看法，重新思考如何做好事前療護計劃，表達自己的醫療意願。

美華慈心關懷聯盟于 2005 年成立於北加州。成立的宗旨是在生命末期的議題上，為在美華人提供一個有尊嚴而且受到尊重的社區。我們從事社區教育宣導並訓練志工、照顧者和醫療專業人員；加強在美華人參與事前療護計劃及療護決定，以提昇重症和生命末期的療護品質。美華慈心關懷聯盟舉辦徵文活動，鼓勵民眾討論生死議題、探討自己對生命的態度、並及早做好療護計劃。也希望臨床醫護人員寫出面臨病人生死壓力下看見的生命百態，對重病及臨終病人的療護經驗，以及對生死議題的體驗。

此次徵文比賽已評審完畢，以下是得獎名單及作品。謝謝大家的踴躍投稿，並恭喜所有得獎人。

一般民眾組 得獎名單 Community Category

Prize	Name	Essay Title
第一名 First Prize	Ching Jen, 曾真	奉茶
第二名 First Runner Up	Chong Lai San, 張莉珊	死亡，曾多次貼近我
第三名 Second Runner Up	Jeanne Wun, 劉溫潔貞	The Last Breath is Breathtaking
佳作 Honorable Mention	Yung-Chi Sung,	人生五十重開機
佳作 Honorable Mention	Fang-Ko Hsiao, 蕭方歌	花花回家了
佳作 Honorable Mention	Yuanmei Hsiao, 蕭元媚	妳離開的意義

醫療人員組 得獎名單 Community Category

Prize	Name	Essay Title
第一名 First Prize	Carlos M. Salazar	Embracing Life with Faith, Hope and Love
第二名 First Runner Up	Shiyin Luo	離別與遺憾
第三名 Second Runner Up	谷心智	22 天的約定
佳作 Honorable Mention	龐允娟	生命一笑到最後一刻
佳作 Honorable Mention	國仁秀	生如夏花、死如秋叶
佳作 Honorable Mention	王冰菲	我在安宁疗护里的自我救赎

社會組 第一名

奉茶

Ching Jen 曾真

小時候每逢初一十五，家裡總要泡壺熱茶，放在餐桌當水喝，也祭上神案。上香前點燭、奉茶，彷彿神明與至親得沾上幾口暖茶，舒暢了精神，才聽得見持香者念念的祈求與心事。

7歲那年，父親車禍過世。我趴在棺木口看爸爸最後一眼——鐵青泛紫的臉縱橫交錯著一條條蜈蚣疤，縫補的皮肉底下塞滿來不及交待的遺言。母親擦乾眼淚後叮囑孩子們不能向外人說自己沒爹。從此，“在很遠的外國工作”成了父親永遠缺席的最佳說辭。死亡如此自欺欺人、不可告人。

爸爸，請喝杯綠茶。

您的生命像即時殺青的未熟茶，咱的父女緣分亦如曇花，但您許我的生命和名字卻是黑夜裡的月光，接續著您的愛與壯志未酬，一吋吋開在生命之流。爸爸的離世讓我謹記：再美好的存在都會瞬間凋零，愛，要及時。

我39歲那年，母親腦中風半癱，經歷三年多無法自理、行走與言語的艱難歲月，於一個安靜的凌晨獨自離開。她說過，能把五個孩子拉拔長大，各自成家立業，已一生無憾。母愛如碩大雨樹，常含淚撐開雙臂努力遮蔭家人，暮色中低頭，卻猛然發覺自己是棵空心樹，空——空——空，發出不知如何回應的虛空。沉重的母職讓人找不回自我的靈魂，死亡夾帶失語、病痛、倦乏與老朽，留下無法言說的遺憾。

媽媽，請喝杯鐵觀音。

打罵與羞辱如燒紅的鐵，烙在我的肉身，讓我們相愛卻無法靠近，半熟茶的滋味何時化苦為甘？當死神勾住媽媽的背脊，我才開始焦慮：如何溝通？如何原諒？如何放下？世上很多人生問題，包括生命的意義、價值、自由、正義、平等……千年來許多智者已給出了對應的思想或哲理。我在學術著作裡覺察性別與社會角色的糾纏，從文學藝術經典中瞧見瞬間靈光。

閱讀、書寫，讓我梳理自身，慢慢突破盲點找到生命的位置。回頭漸漸明瞭，這些能力是母親拼了命，為我以眼淚向觀音菩薩祈求而來的慈悲與滋養。亡母的功課，亦是我一生功課。

親愛的家人朋友，來杯普洱吧！

在時間裏發酵的茶韻，需要懂茶的人來沏泡品茗。60歲的我還能行動自如嗎？70歲剩多少記憶？80歲會不會無意識地躺在病榻？

倘若我病入膏肓，請誠實相告，讓我把該見的見上，該說的說完。器官捐贈助人，不要插管急救延長無謂時光，時間該用來言愛道別；

倘若我失去意識或失智，請經常為我讀詩或繪本故事，像小時候給孩子們說故事那樣；記得為我帶上長袖外套，套上溫暖的白襪。我願跟隨佛陀去修煉，請協助臨終助唸，保持正念；

骨灰勿灑大海，我怕搖晃，怕飄泊寒涼，請把我安葬在愛人身旁；

把藏書與畫作都送出，朋友取完，剩下的身外物一并銷毀；

文章結成小集留給孩子，想媽媽時讀幾篇，細嚼媽媽的生命情感；

喪禮上有我愛吃的軟糖嗎？我喜歡綠色，更愛文心蘭；

常為我泡上一壺茶，以文字音樂或繪畫連結我，讓我聽你說一說心底的話。

臨終前的我想跟現在的自己說：謝謝你如此勇敢堅持，清楚自己想成為一個對閱讀書寫保持熱情，並努力學習溝通，與人建立真誠關係的人。這世間，你無悔走過，留下了愛和關懷。

最後，敬自己一杯茉莉花茶，喝下一生輕盈與芬芳。

社會組 第二名

死亡，曾多次地貼近我

張莉珊 Chong Lai San

“Beep… beep… beep…” ，好熟悉的声音…… 我緩緩且吃力地睜開雙眼，身上插着許多不同大小的管子，动弹不得的我，更是感受到那股疼痛的巨大威力，毫无反抗的余地，更别说移动身子，苦不堪言。我的呼吸速度被逼跟着呼吸辅助器的节拍，肺部就像气球一样，由机器把氧气吹进肺部，完全不由得我自主呼吸。咦？小纸条还在床边，那是在麻醉前所写下的一句“Thank you for saving my life”，当下的我多渴望再次活过来。原来，要争取每一口氧气是必须费尽九牛二虎之力；原来，在没有医护人员和医疗的配搭下，是无法保全生命。这副残酷的画面，却绘画出铁一般的事实。

16岁年少的我，莫名地被套上了医学名称，被诊断患有重症肌无力症。当时，病情不受控制，每况愈下，常常因血氧不足而需要插管连接呼吸辅助器。奈何，我所经历的一切有如家常便饭。与其说，惧怕死亡，不如说，我不甘心就这样死去。是，我极其不甘心！在我追求着梦想时，我不甘心那么快就得向这世界说声再见，所以我顽强地抓紧每一个生存的机会。

死亡，曾多次地贴近我；心底负面情绪暗潮汹涌，我该何去何从？每每在生死间徘徊时，我眼中就只有家人。我非常期待在不受病情的干扰下，和他们有更多的精心时刻。多年来，我在医治过程的痛和无助，家人为我扛起医药费所面对的压力，以致我心底不停地呐喊：“我不要成为家人的负担！”。然而，生命无价，我怎么可以不负责任地逃避，选择放弃生命呢？日子难过，天天过……。时光荏苒，如今回头一望，20年后的我仍然活着。感恩，在上帝的眷顾下，我学会接纳自己并与病共处、爱自己和身旁的人，把握学习机会、数算生命的恩典。去年，在知己的推荐和鼓励下，我第一次参加了线上安心话茶屋。谈论生死，我不曾避忌，这对我来说一点也不陌生。眼前银幕中安心卡内容，多么地贴切，差不多每一项似乎已安放在我心中的某个角落，甚至是赋予行动中。如：希望家人记得我们在一起的快乐时光、我想到户外接触大自然、请遵照我所选择的宗教仪式、如果没救，我不要再靠机器维生等。当年，我选择在器官捐赠的表格上签下大名，那段期间，我常常被送入加护病房，我与自己的生命对话，这一个我到底能活多久呢？当下的感动转变为行动，我想就算我熬不过来，也要把自己的器官捐给有需要的人，因我能深深感受病痛的煎熬，愿我能助人一臂之力，成为他人的祝福。

谈论死亡，其实没有想象中的恐怖。我鼓励大家也鼓励自己，尚有呼吸时，一定要鼓起勇气向家人表达自己的爱和意愿，把该计划的、要交代的，安排的、甚至是心底最深的渴望，和你所爱的人分享，这也能避免万一自己处在生命末期时，家人陷入不必要的惊慌混乱中。

安心话茶屋，确实是一个很棒的平台，让大家在轻松的环境下，藉着安心卡，让人毫不避忌地畅谈生死。在你、我、他的分享中，彼此带着感动、带着好奇，便能扩张大家对生死话题的视野，拿捏生命的重心。哪怕有一天，死亡是那么地贴近自己时，也要努力活出自己独特生命的色彩，此生无憾。

Community - Second Runner Up 社會組 第三名

The Last Breath is Breathtaking

by Jeanne Wun 劉溫潔貞

Auntie died at age 94. Sometimes, I wonder if I had known it was the last year, the last six months or even the last three months of her life, what would I have done differently, if anything? I will never know the answer. I am human. I cannot help but wonder what would I have done differently? Not a thing. Auntie lived until she died.

My mom, a nonsmoker, was diagnosed with lung cancer that had metastasized. Her three-month prognosis was devastating and her passing was challenging and hard for our family. Mom was our North Star and it was the first time our family experienced a death of a loved one.

Mom did not want any medical intervention; she wanted to go home, so we honored her wishes. The oncologist referred Mom to hospice. During the last three months of Mom's life, there would be a lot of firsts for the family. My siblings, my father and I would learn first-hand how to care for Mom at home with the support services of the local hospice. We were fortunate. Mom was easy to care for. She did not experience any pain. Just a low-grade fever.

When Mom died, I was home. My youngest sister Nancy, just minutes away, was driving up from Southern California. Another younger sister Barbara was moving her car. I let Dad know it was time. We were there when Mom peacefully took her last breath.

It has been 29 years since Mom's passing. And every now and then, I think of the decisions I made on her behalf, even after sharing with my father and siblings what Mom's expressed wishes were. In retrospect, I could have handled things differently and better. At the time, I was dealing with my own grief and loss. I am ashamed that I did not recognize that Dad was hurting and grieving, too. His wife of 54 years was gone. I apologized to Dad, years later.

"Mom, I did the best that I could to honor your wishes."
"Dad, please forgive me." He did.

Fourteen years, after Mom's passing, Dad would be referred to hospice by his cardiologist. The last six years of Dad's life, I took over from Barbara, the responsibility of making and taking Dad and Auntie to their doctor appointments. Auntie came to live with her brother after Mom died. Prior to caring for her brother, Auntie had been employed as a live-in caregiver for an elderly Chinese couple in the Central Valley.

Dad's cardiologist knew I worked for a nonprofit hospice. I asked him if it was possible, if he would provide a six-month window when the time came. I remember the conversation to this day. I knew this day would come, but did not know it was going to be that day. I had a sense, but I was still not prepared. I don't think anyone ever is.

The cardiologist addressed my father and then looked at me, nodded and said, "It's time." The manner in which he conveyed the news to my father was genuinely gracious and kind. I will never forget his kindness and the positive effect it had on Dad. He extended his hand to shake my dad's hand. He leaned in and gave him a hug and a pat on his shoulder and proceeded to tell Dad that it has been a pleasure being his doctor all these years. After this visit, he would no longer need to come to see him. A nurse will come to the house to check his vitals. My dad's response, "Alright." Meanwhile, I am fighting back the tears and laughing at Dad's joyous reply.

Community - Second Runner Up 社會組 第三名

The Last Breath is Breathtaking

by Jeanne Wun 劉溫潔貞

The cardiologist continued that it's quite remarkable that you are still here. It must be the great care your sister and daughters are giving you." My dad agreed.

Still fighting my tears, before driving home where I knew Auntie was waiting, I had the presence of mind to ask Dad if he was up for a short drive through his old stomping grounds: Salinas Chinatown, Confucius Church and the National Steinbeck Center—the location where his café once stood, the United Café. Dad said, "Yes."

During our brief sightseeing trip, Dad was very animated and engaged. He was excited as he recalled where he lived when he first arrived in Salinas as a teen. On the way home, we drove by the home where he worked as a live-in house boy for a wealthy family.

When we arrived at home, Auntie greeted us at the door. In my best Chinese, I shared Dad's news, while Dad, nodded, smiled and confirmed what I was saying.

Full disclosure, the doctor and I never told my father that he had six months or less to live. I believe Dad knew without saying this out loud, as I had explained to him that he will be receiving the care like Mom had. I think that was all that was needed to be said.

When Dad was in his room, Auntie asked me, "What does this mean." Again, in my best Chinese, I thought, how do I soften this news? I sat her down, held her hands, looked into her eyes and mindfully told her that Dad has six months or less. Shock and disbelief came over Auntie; her demeanor changed. She asked, "Does your father know?" I said, "No". Auntie said not to tell him. We never did; but I believe in my heart, Dad knew.

In the last six months of Dad's life, he was able to attend his grandson Andrew's wedding. Four months prior to Dad's passing, I arranged for hospice. The day we scheduled to have the hospital bed delivered was a gut-wrenching and emotional day. My father was adamant that he did not want the hospital bed or changes to his room. My siblings had already dismantled his bed and moved furniture to accommodate the hospital bed. I arrived minutes prior to the bed being delivered.

I sat with Dad, trying to calm and reason with him. I told him the hospital bed was more for us, so that we could better care for him and protect our backs. Plus, the bed moved up and down and it had a railing to keep him from slipping off the bed. I reminded Dad that over a year ago he slipped off the bed and Auntie had to help him. When Dad transitioned to the hospital bed, later that day, he never got up out of bed again. I think Dad knew this. I placed a sleeping cot next to his bed. This is where I slept when I was home.

Dad was easy to care for. The day Dad died, Barbara and Auntie were in the garden. They came to Dad's room just in time. We were there when Dad peacefully took his last breath.

In hindsight, during the last year of Auntie's life, she was ready to go; there were signs. It was me who was not ready. With Barbara on the phone, I was there when Auntie peacefully took her last breath.

The last breath is breathtaking.

Healthcare Professional - First Prize

Embracing Life with Faith, Hope and Love: Death is Part of Life's Journey

by Carlos M. Salazar, RN, PHN, MSN, DSD

Life is a journey; an inevitable part of that journey is dealing with death and dying. If one is to fully embrace life with love, faith, and hope, then one must learn to cope with end-of-life issues. This essay will share glimpses of my transformation as a person, as a family member, and as a registered nurse as I tackle life and death issues of close family members.

My journey in death and dying started in 2009 when my father passed away. Life had given me a lot of opportunity to prepare for his death because my dad lived for 15 years after he was diagnosed with a terminal illness. One might say that I had plenty of time to prepare myself; however, the passing of time and my trainings in Theology, Psychology, and Nursing did not fully equip me with the intricacies of dealing with my father's dying and death. The extent of my conversation with my dad was that he did not want to be cremated so I buried him in our family plot. "You can wrap me in a mat and throw my body in the river, but don't ever burn my body" my Dad used to say jokingly. After his death, majority of other decisions like who will take custody of my minor siblings, disposition of his business, belongings and properties, funeral arrangements, etc. fell on my lap being his oldest son. In the Filipino culture, death and dying is not something that we openly discussed. Therefore, most of the decisions I made were what I thought my dad would have wanted. Trying to guess what my dad would have done if he were still alive was a very difficult task during a very stressful time.

As fate would have it, I was given the opportunity to redeem myself in 2018 when my aunt designated me as her fiduciary trustee and surrogate medical decision-maker after she was diagnosed with cancer. It was an opportune time as part of my job as a nurse project manager at Santa Clara Valley Medical Center (SCVMC) was to promote completion of Advance Directives. As part of my self-enrichment, I found myself playing cards in the Heart to Heart Cafe facilitated by the Chinese American Coalition for Compassionate Care (CACCC) where I learned how to start the conversation on advance care planning (ACP). What I learned there I applied to myself by completing my own advance directive; then, I used that experience to find out my aunt's wishes regarding areas of medical, financial, familial, religious, psychosocial, and personal preferences. In the five months prior to her death, I had full understanding, verbally and in writing, how she wanted to be treated before, during, and after her death.

Now, as a subject matter expert in the field of Advance Care Planning (ACP) and a registered nurse at the Quality Incentive Program (QIP) at SCVMC, and in partnership with CACCC in training the trainers to advance the cause of ACP, I was given another opportunity to advocate for improving quality of life and promoting self-dignity and respect for a dying patient. On June 15, 2022, I buried my uncle, but not without any complications. Complete with an Advance Directive, Durable Power of Attorney, Physician Order for Life Sustaining Treatment (POLST), medical consents, and a full understanding of my uncle's wishes, I found myself fighting for my uncle's rights for self-determination, respect, and dignity as a hospice patient. When my family and I could no longer care for my uncle at home, we agreed to hospitalize him in a nursing home with all the COVID-19 restrictions. However, the nursing home where my uncle was hospitalized for the last 66 days of his life wanted him to conform to the stereotype of a dying patient confined to his death bed waiting to take his last breath. Instead, my uncle thrived and started living his life. He started ambulating on his own and wanting to engage in activities fit for the living. When my uncle

Healthcare Professional - First Prize

Embracing Life with Faith, Hope and Love: Death is Part of Life's Journey

by Carlos M. Salazar, RN, PHN, MSN, DSD

started driving his scooter to go shopping and dining out, the nursing home confiscated his scooter key without his consent. When he wanted to spend time with his pet dog, the nursing home threatened to call animal control stating that animals are not permitted. When he wanted live plants by his bedside, they said that plants are not allowed in patient's rooms. When he managed his pain with THC, they accused him of using drugs. The nursing home tried to discharge my uncle without notice with a 5-day motel voucher, 14 days before he died, telling him that he no longer meets hospice criteria. Needless to say, as a caring family member and a fully informed healthcare provider, I was able to advocate for my uncle enlisting the assistance of the Ombudsman, licensing department, and Patient's Rights advocate. In the end, my uncle died with respect and dignity and was laid to rest in our family plot as he wished.

My metamorphosis as an Advance Care Planning expert would not be complete if not for my affiliation with the County of Santa Clara Health System (CSCHS). CSCHS has an interest in increasing the occurrence and effectiveness of ACP activities within our system and affiliated primary care practice settings. ACP is also a project under QIP and the California Department of Health Care Services. CSCHS aims to engage their primary care providers and educate support staff in ACP so that conversations with patients and completion of documents occur on a regular basis for target groups. CSCHS, in partnership with CACCC, provides ACP education, skills training, and support to the enterprise providers and staff with the goal of increasing their ACP knowledge, expertise, and conversation skills for ACP discussions. This education and training will increase the likelihood that the conversations occur with greater regularity and earlier in the course of a patient's care.

My personal transformation, and my metamorphosis from novice to expert in the field of ACP came because of my life's circumstances, and professional affiliation; however, the same can happen by design. There are educational programs provided by organizations like SCVMC and the CACCC that aim to equip people with knowledge and tools on ACP. Studies have shown that higher levels of participation in ACP will benefit patients, families, and providers by clarifying goals, improving end of life care and increasing patient and family satisfaction and reducing stress, anxiety, and depression in surviving relatives (Detering, et. al, 2010). Additionally, ACP will promote care concordant with patient wishes and will reduce the costs associated with expensive or intensive care that is not in alignment with patient wishes. My challenge to anyone reading this essay is to fully embrace life with love, hope and faith by accepting that death and dying is part of life's journey. Embark on your personal journey to equip yourself with knowledge on ACP and start advocating for someone. You never know that someone may be yourself or someone very dear to you...

Detering, K, Hancock, A, Reade, M, and Silvester, W; The impact of advance care planning on end-of-life care in elderly patients: randomized control trial: BMJ, March 24, 2010: 340:c1345. [The impact of advance care planning on end-of-life care in elderly patients: randomised controlled trial | The BMJ](#)

醫事人員組 第二名

离别与遗憾

Shiyin Luo

许多因死亡的离别，都是突如其来的。

也因此，当离别来临时，我们或毫无防备，或忌讳莫深，或各种原因，常有遗憾。

作为一个面对重症病人的医务社会工作者，我想分享三个关于离别与遗憾的片段。

一憾

江先生家有个秘密。

这个秘密江太太知道，江先生的兄弟姐妹知道，就连江先生刚成年的孩子也知道，但没人跟江先生分享这个秘密。

江太太偶尔会坐在我面前，谈起今天医生跟她说江先生病情的不乐观，谈起她跟家人背着江先生开始为他看墓地，或谈起亲友打电话问起江先生病情，她如何刻意回避他，江先生要是问起，她会避开眼神，心虚地说：“没事，跟你没关系。”

明明是江先生的人生大事，怎么就跟他没关系呢？

有次我问江先生：“你会想过病可能治不好了，要为自己做什么安排么？”

江先生面带不耐地甩手摇头：“不想这个，想了不吉利。”

原来秘密来自于对死亡的忌讳。

江太太无所适从，她一直习惯听从丈夫的，然而丈夫拒绝沟通任何有关死亡的话题。于是江太太只能找别人拿主意，还得悄悄的，因为她怕江先生知道会生气，觉得她在诅咒他。

于是围绕着江先生的密谋继续在进行，而江先生似毫无察觉。

家里的秘密江先生知道么？他会希望在剩余有限的时间内减少遗憾么？

大概只有江先生才知道。

遗憾，是我们忌讳死亡，却少有想到向死而生。

二憾

病人曾先生去世两年后，他的女儿突然来访。

没等我多发问，曾小姐径自开始回忆父亲弥留的日子：曾先生在新冠疫情封城期间突然病重入院，随后被送进重症病房。曾小姐作为唯一被允许探访的家属，每天只能隔着冰冷的玻璃看望昏迷的父亲。

曾先生在病房停留一个星期后猝然离世，丧亲的哀伤却笼罩着曾小姐，甚至在两年后使她越发纠结。

曾小姐问我，为什么她父亲病情突然加重，为什么遇上新冠疫情，为什么在最后的日子里，他只能在病房里孤独离世？

我看着她的满脸泪水，听出她在诉说更复杂深沉的情感，是丧亲者的不愿接受和愤怒，是照顾者的内疚和无力，也是亲人对亡者深深的悼念。

遗憾，是我们来不及在死亡来临时，好好告别。

醫事人員組 第二名

離別與遺憾

Shiyin Luo

三憾

林先生告訴我，林太太兩周前去世了。

在那個時刻來臨之前，他們已做好心理準備。在林太太最後的時間裡，是他握着她的手送她離開。

林太太的身後事也早有準備，一切按部就班。

說着一切早有準備，林先生依然哭得哽咽。

他說：“即使心裡做再多的準備，當（死亡）真正來的時候，還是難以面對，還是會傷心，還是忍不住想，如果當初能如何如何。”

遺憾，是面對死亡帶來的離別時，即使我們殫精竭思，却總是意難平，無法圓滿。

是呀，生離死別，談何圓滿？

我們都期盼離別能來得更晚一些，但如果離別不可避免，趁還來得及，我們是不是能做些什麼減少遺憾呢？



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醫事人員組 第三名

22 天的約定

谷心智

吴先生于2017年秋天在我科住院，吴先生已经离开5年了，住院期间曾多次对我表示“你值班我踏实”的话语，我与吴先生之间的故事，我仍旧记忆犹新。

吴先生罹患咽部恶性肿瘤10月余，出现进食困难、声音嘶哑；来住院时数天不能进食、骨瘦如柴；吴先生对自己的病情非常了解，明确诊断后，未进行手术及放化疗。住院后给予止痛及营养支持，吴先生的身体状况有所好转，我还与吴先生聊聊家长里短。

我了解到吴先生是老北京人，给我说关于老北京的故事，还对我说：“你每次去大街的时候，你会看到路边的院子有一颗柿子树，树的枝条都伸出墙外，每年都会结很多柿子，那就是我家”。吴先生家人对于吴先生的选择刚开始不解，我多次与吴先生家人沟通，家人逐渐理解，并尊重吴先生的决定“对于咽部恶性肿瘤不采取任何手术及放化疗，只给予对症止痛营养支持治疗”。

我们聊到生死的事情，吴先生微笑着用嘶哑的声音告诉我“不怕死，只要最后让我少受点罪”，我竖起大拇指，给予肯定和支持鼓励。聊到吴先生的老伴和儿子，表示最放心不下的就是他们娘俩，孩子没有成家，我走了剩下老伴一个人，只希望他们娘俩好好的生活，再过些天拆迁的事情就办完了，也不知道我能不能坚持到那个时候，聊到这时候，吴先生会泪流满面。

查房的时候，吴先生总是笑着与我们打招呼。有一次到了吴先生床旁，吴先生在床上蜷缩着瘦小的身体，侧身躺着，我说“吴先生，您现在怎么样，我看您越来越不好了！”吴先生给我竖起大拇指，沙哑的声音说“我最喜欢你了，你从来不说假话，不像有的人，说我看来好多了，我这么多天不吃饭，能好吗？我听到那些话心里并不好受！我问你，我还有多少天才能走？”我俯身，耳朵贴近吴先生的嘴边，认真的听吴先生说话。我当时看着吴先生的眼睛，透露出诚恳的眼神，我愣住了，接着俯身靠近吴先生的耳边，说“病在您自己身上，您自己感觉有多少天能走？”吴先生思考片刻，吴先生微笑着用嘶哑的声音告诉我“22天”，我竖起大拇指回应吴先生。

第22天吴先生走了，最终没有等到拆迁的事情办下来就走了。吴先生最后的日子并没有太受罪。吴先生住院期间，老伴一直陪伴照顾。每次与家属沟通，家属以泪洗面，能感觉到家属不舍以及对吴先生的爱。

我时常想起吴先生，吴先生住院期间见到我每次的笑容，深深的印在我的脑海里，记在我的心里。今天把我与吴先生的故事写出来，也是对吴先生的怀念与感恩，感恩遇见。我偶尔去大街的，还会看见吴先生家的柿子树，树枝伸出墙外，到了丰收的季节，树上长满柿子，早就没有人去摘，吴先生的家人早就搬走了。

对于罹患严重疾病的患者及家属，沟通很微妙，往往是“沟”了，没有“通”，作为医务人员要走进患者及家属的心里，需要建立彼此信任的关系。强调“在”比“做”更重要，“听”比“说”重要，只有陪伴才是最长情的告白。安宁疗护关乎你我他，有时间说再见，好好的“道爱、道谢、道歉、道别”，让生命最后有尊严有质量，尽量完美的谢幕。



CACCC's 2022 Community Award

CACCC is proud to recognize **Judy Thomas, JD, (茱蒂 湯姆斯)** CEO of the Coalition for Compassionate Care of California (CCCC), as the recipient of CACCC's 2022 Community Award. Judy has made extraordinary, significant, and demonstrated contributions and advancement to the betterment of all Californians, and has made a national impact, as well.

For the past 25 years, Judy's leadership, advocacy and seminal work in advancing healthcare for Californians – from serious illness, end-of-life care, advance care planning, Physician Orders for Life Sustaining Treatment (POLST), long-term care, palliative care, to cultural considerations, development of standardized curriculum, public policy, to on-the-ground program implementation – has been exemplary.

CACCC is honored to acknowledge Judy's leadership, unwavering advocacy and resolute commitment to advancing end-of-life care and improving the quality of life for all Californians.



Celebrating CACCC's 17th Year

By Judy Thomas, JD

Seventeen years ago, Sandy Chen Stokes shared with me her vision for a coalition that was devoted to creating a community in which Chinese Americans are able to face the end of life with dignity and respect. As the leader of a coalition with a similar mission, the Coalition for Compassionate Care of California (CCCC), I immediately agreed to help.

Nearly one-third of Californians are Chinese. At the time, I believed that people who share the Chinese culture and language would be the best people to reach the Chinese community with this important information. Little did I know how true that would be.

In those early days, CCCC provided administrative and grant writing help to the Chinese American Coalition for Compassionate Care (CACCC). Turns out, I was not the only one Sandy began recruiting. When we held the first meeting of CACCC, there were several dozen like-minded people. All of them full of passion and a desire to support the Coalition's mission and help Chinese Americans families and caregivers caring for loved ones at the end of life.

One of the first projects CACCC took on was the creation of a two-day comprehensive volunteer and caregiver training on end of life in Chinese with simultaneous English interpretation. I've never seen a group of volunteers put together such a high-quality program so quickly. The turnout for that first training was amazing with 99 people in attendance.

CACCC quickly grew and took on more projects, including translation of materials, production of videos, development of more training, creation of the very innovative Heart to Heart® deck of cards, hosting of Heart to Heart® Cafes and more! Every step along the way, CACCC's reputation for excellent work grew.

Over the years, CACCC's presence also grew beyond the original focus on the San Francisco Bay Area to include Los Angeles, New York and Taiwan. CACCC's influence, however, goes beyond those locations to include all of California and the United States as a result of CACCC's expertise in linguistic and cultural translation of information about end of life. CACCC is the go-to organization for translation of this sensitive subject into Chinese not only for CCCC but for essentially all organizations in the nation devoted to end of life. Materials translated by CACCC, including those featured in CCCC's advertisement in this program booklet, are used throughout California and the nation.

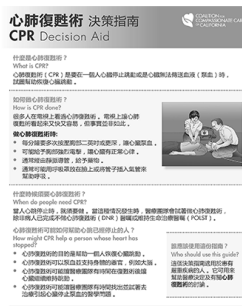
In retrospect, one of the greatest pleasures in my professional career has been being a founding member, board member and an ongoing collaborating partner of CACCC. I am deeply honored and humbled to be the CACCC's 2022 Community Award recipient.

Looking forward

Changing attitudes and spreading knowledge about the end of life involves a cultural shift and culture changes slowly. A lot of progress has been made by CACCC over the last 17 years. At the same time, the need for CACCC's knowledge, expertise and leadership continues.

For all that has been accomplished and all of the great work that CACCC will do in the future, I am deeply grateful to the volunteers and staff who keep CACCC going strong. Here's to the next 17 years!

The Coalition for Compassionate Care of California offers these valuable resources in both English and Chinese



Advance Care Planning

- **Fact Sheet:** on advance healthcare directives
- **Thinking Ahead:** An advance directive workbook containing words, symbols, and pictures that facilitate discussions and decision-making regarding values, goals, and treatment preferences at the end of life

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An educational series that explains the complex topics of potentially life-sustaining treatments, using consumer-friendly language with evidence-based information. Topics:

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Download:

- Guide to POLST
- POLST in Chinese (traditional)
- POLST in Chinese (simplified)

CoalitionCCC.org

The Coalition for Compassionate Care of California is a proud partner of the Chinese American Coalition for Compassionate Care!

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特別感謝 **Special Thanks**

8.20.22	Event:	BJ Miller, MD; Judy Thomas, JD; Emiley Chang, MD; Gary Lee, MD; Jeanne Wun; Jiayu Jeng; Sandy Chen Stokes, RN, MSN; Shirley Pan
8.27.22	Event:	Teresa Cheng; Roy Remer; Alex Tsao, PhD; Mike Liao, PhD; Rocco Cheng, PhD; Shirley Chang; Simon Chow, RPh, LAc, Shirley Pan; Sandy Chen Stokes, RN, MSN; Andrea Lai; Belinda Chu; Clara Lam; Lucy Jehng; Nell Peng; Rai Peng; Susie Chen
	Interpretation:	Jean Yih, MBA; Alex Tsao, PhD
	Program Book & Website:	Shirley Pan; Gail Lam; Jeanne Wun; Peggy Li, PhD; Ling Chiu; Sandy Chen Stokes, RN, MSN

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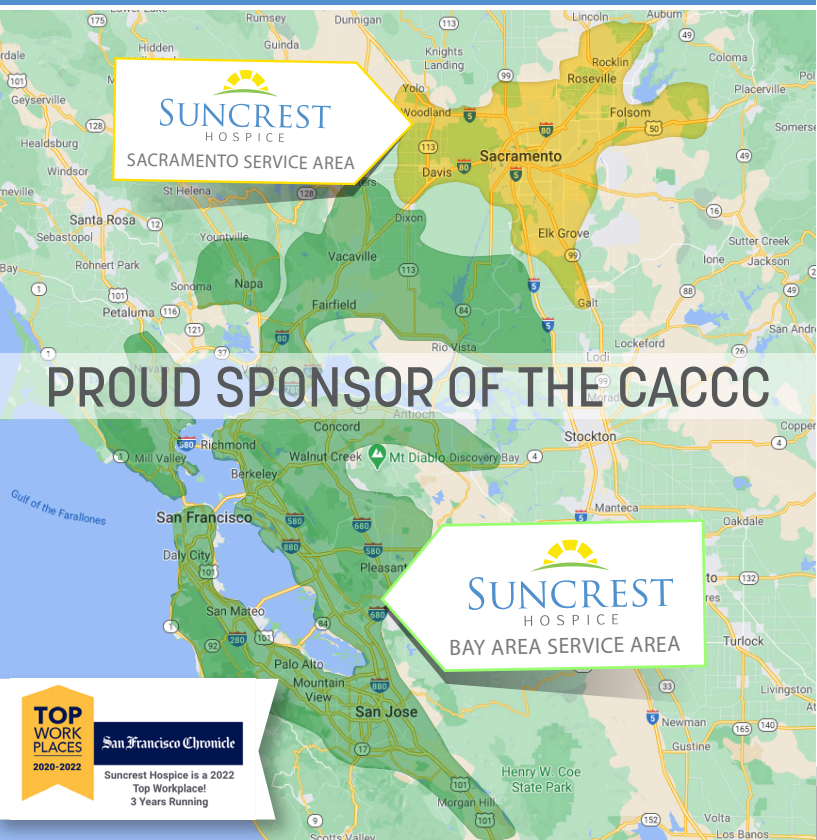
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名醫論壇－人生大事系列

美華慈心在每個月的第一個星期三邀請美、中、台醫學界的傑出講師來分享我們每個人都關心的「人生大事」。時間為每一個月第一個禮拜三的下午 4:30-6:00 PT (美國加州太平洋時間)。嘉賓有台北市立聯合醫院的總院長黃勝堅醫師，紐約長老會皇后醫院緩和療護及老人科醫學主任潘欣心醫師，北京清華長庚醫院疼痛科主任路桂軍醫師和新竹馬大元診所院長馬大元醫師。Zoom ID：859 6624 2894. 密碼：2005



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www.caccc-usa.org → 教育資訊 → 名醫論壇－人生大事系列

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如何面對死亡與喪失	路桂軍醫師
見證生命見證愛	路桂軍醫師
安寧療護評價體系：三安，四評，五滿意	路桂軍醫師
愛是生命盡頭的信仰	路桂軍醫師
文化療癒傷痛	路桂軍醫師
輕鬆好眠	馬大元醫師
青少年情緒與溝通的奧妙	馬大元醫師
如何不靠藥物改善失眠	馬大元醫師
MIT 心靈影像自療法	馬大元醫師
原來你也可以這麼放鬆	馬大元醫師
哈佛人都在學的正向心理學	馬大元醫師
幫助人改變的溝通技巧	馬大元醫師
幫助情緒、專注與睡眠的大腦營養	馬大元醫師

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www.caccc-usa.org → 教育資訊 → 正念與減壓講座

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認識安寧療護	Carrie Chan
在生命的盡頭真正重要的是什麼	Dr. BJ Miller
如何規劃人生最後一段旅程	Dr. Jennifer Cheng and Dr. Chow
精神/心裡健康	Elaine Peng
聯邦醫療保險的知識和選擇	Felicia Wu
椅子瑜珈	Jeanne Wun
深入了解老人院的選擇	Sophia Chan
口罩後的笑容-監獄藥師與正念的練習	周志清 藥劑師
自我照顧和緩解壓力	周芳玉 博士
與失智症患者有效的溝通策略	曹迪中
擁抱生活上的挑戰：洗腎病人的生活挑戰和展望	曾雅鈞 社工師
睡眠科技 - 過去，現在和將來	江秉穎醫師
照顧患有癌症的家屬	蔡成鴻 博士
Dr. BJ Miller 訪談	鄭家瑜
正念幸福系列 4-修練幸福的 24 堂課	鄭建宏 博士
正念幸福系列 3-真實的快樂	鄭建宏 博士
正念幸福系列 2: 幸福的魔法	鄭建宏 博士
「更快樂」第二部份-實際操作	鄭建宏 博士
正念幸福系列 1: 更快樂	鄭建宏 博士
如何透過有效的溝通與家人相處	陳佳蔚
認識憂鬱症	陳佳蔚
如何對抗老年人的孤独感	陳佳蔚
能量管理-自我照顧的實踐	陳大雄博士
自我照顧的關鍵：能量、正念、慈心	陳大雄博士
情感夜線：生命的學習 - 愛在當下	陳明慧護理師
護理師與您談生論死	陳明慧護理師
後疫情的正念- 面對苦難的勇氣	陳淑麗
正念輕鬆談	雷叔雲
非暴力溝通	雷叔雲
家人參加安寧療護的經驗	顏貴紗
退休護理老師照顧老伴的甘苦談	顏貴紗

Chinese American Coalition for Compassionate Care 美華慈心關懷聯盟
English/Chinese Glossary of End-of-Life Care Terms 生命末期療護詞彙

English 英文	Traditional Chinese 繁體中文	Simplified Chinese 简体中文
active dying	瀕死	濒死
addiction	上癮	上瘾
advance care planning	事前療護計劃	事前疗护计划
advance health care directive/ advance directive	醫療照護事前指示	医疗照护事前指示
agitation	躁動	躁动
antibiotics	抗生素	抗生素
antidepressant	抗憂鬱藥	抗忧郁药
antipsychotic drugs	抗精神病藥物	抗精神病药物
anxiety	焦慮	焦虑
apnea	呼吸暫停	呼吸暂停
aromatherapy	芳香療法	芳香疗法
art therapy	藝術療法	艺术疗法
artificial nutrition and hydration	人工營養及水份補充	人工营养及水分补充
autonomy	自主權	自主权
autopsy	驗屍	验尸
bedsore/pressure sore	褥瘡/壓瘡	褥疮/压疮
benefit versus burden	利益 vs 負擔	利益 vs 负担
benign	良性	良性
bereavement	傷慟/喪慟	伤恸/丧恸
bioethics	生命倫理	生命伦理
bladder distention	膀胱膨脹	膀胱膨胀
blood transfusion	輸血	输血
bowel obstruction	腸阻塞	肠阻塞
brain death	腦死	脑死
cardiac arrest	心臟停止跳動	心脏停止跳动
cardiopulmonary resuscitation (CPR)	心肺復甦術	心肺复苏术
caregiver	照顧者	照顾者
catheter	導管	导管
chaplain	靈性輔導師	灵性辅导员



code status	急救意願	急救意願
coma	昏迷	昏迷
comfort care	舒適療護	舒适疗护
communication	溝通	沟通
congestive heart failure	充血性心衰竭	充血性心衰竭
constipation	便秘	便秘
convulsion	抽搐/痙攣	抽搐/痉挛
coroner	法醫/驗屍官	法医/验尸官
COVID-19	新冠病毒	新冠病毒
cramps	抽筋	抽筋
cyanosis	皮膚發紫	皮肤发紫
death and dying	死亡及瀕死	死亡及濒死
death rattle	瀕死時的喉音	濒死时的喉音
delirium	譫妄	谵妄
dementia	失智症	失智症
depression	憂鬱	忧郁
diagnosis	診斷	诊断
do not intubate (DNI)	不做氣管內插管	不做气管内插管
do not resuscitate (DNR)	不做急救	不做急救
drug tolerance	耐藥性	耐药性
dysphagia	吞嚥困難	吞咽困难
dyspnea	呼吸困難	呼吸困难
edema	水腫	水肿
emergency room/department	急診室	急诊室
emesis/vomiting	嘔吐	呕吐
empathy	同理心	同理心
end-of-life care	生命末期療護	生命末期疗护
End of Life Option Act	生命終結選擇權法案	生命終結选择权法案
ethical dilemma	倫理兩難困境	伦理两难困境
euthanasia	安樂死	安乐死
fatigue	極度疲倦	极度疲倦
goals of care	療護目標	疗护目标
grief	哀傷	哀伤
guided imagery	引導想像/想像治療	引导想象/想象治疗
hallucinations	幻覺	幻觉
health care provider	醫療提供者	医疗提供者



healthcare agent/proxy/ power of attorney	醫療代理人/法定代理人	医疗代理人/法定代理人
hematuria	血尿	血尿
hemorrhage	出血	出血
hospice care	安寧療護	安宁疗护
infection	感染	感染
informed consent form	知情同意書	知情同意书
insomnia	失眠	失眠
intubation	氣管内插管	气管内插管
isolation	隔離	隔离
jaundice	黃疸	黄疸
kidney dialysis	洗腎/血液透析術	洗肾/血液透析术
laxative	輕瀉劑/通便藥	轻泻剂/通便药
life-threatening	生命威脅	生命威胁
living will	生前預囑	生前预嘱
long term care	長期療護	长期疗护
malignant	惡性的	恶性的
Medicaid/Medi-Cal	州/加州醫療保險;白卡	州/加州医疗保险;白卡
medical decision-making capacity	醫療決定能力	医疗决定能力
medical futility	醫療無效	医疗无效
Medical Orders for Life-Sustaining Treatment (MOLST)	維持生命治療醫囑	维持生命治疗医嘱
Medical record	醫療紀錄	医疗记录
Medicare	聯邦醫療保險;紅藍卡	联邦医疗保险;红蓝卡
medicine	藥物	药物
memory loss	記憶喪失/失憶	记忆丧失/失忆
metastasize	(癌症)轉移	(癌症)转移
mindful/mindfulness	正念	正念
monitor	監測器	监测器
mood swings	情緒波動	情绪波动
morphine	嗎啡	吗啡
mottling	皮膚紅紫斑	皮肤红紫斑
mourning	哀悼	哀悼
muscle spasm	肌肉攣縮	肌肉挛缩
music therapy	音樂療法	音乐疗法
natural death	自然死	自然死

nausea	噁心	恶心
next of kin	近親	近亲
nursing home	護理之家/療養院	护理之家/疗养院
occupational therapy	職能治療	职能治疗
ombudsman	監察員/申訴員	监察员/申诉员
operation	手術	手术
organ donation	器官捐贈	器官捐赠
oxygen/ oxygen tank	氧氣/氧氣筒	氧气/氧气筒
pain management	疼痛控制	疼痛控制
palliative care	緩和療護	缓和疗护
paralysis	癱瘓/麻痺	瘫痪/麻痹
pass away	去世	去世
patient-centered care	以病人為中心的療護	以病人为中心的疗护
patient-controlled analgesia (PCA)	病人自控止痛	病人自控止痛
physical therapy	物理治療	物理治疗
Physician Orders for Life-Sustaining Treatment (POLST)	維持生命治療醫囑	维持生命治疗医嘱
physician-assisted-dying/physician-aid-in-dying	醫師協助死亡	医师协助死亡
post-traumatic stress disorder (PTSD)	創傷後壓力症候群	创伤后压力症候群
pre-existing condition	(保險前)已存在的病況	(保险前)已存在的病况
prescription drug	處方藥	处方药
privacy	隱私	隐私
prognosis	預後/病情進展	预后/病情进展
prolonging dying	延長瀕死期	延长濒死期
pulmonary edema	肺水腫	肺水肿
pulse oximeter	脈搏血氧儀	脉搏血氧仪
quality of life	生命品質/生活質量	生命品质/生活质量
quarantine	隔離	隔离
radiation therapy	放射治療	放射治疗
registered nurse	註冊護士	注册护士
rehabilitation medicine	復健醫學	复建医学
relaxation technique	放鬆技巧	放松技巧
religious belief	宗教信仰	宗教信仰
renal failure	腎衰竭	肾衰竭
respiratory arrest	呼吸停止	呼吸停止

respiratory failure	呼吸衰竭	呼吸衰竭
respite care	喘息療護	喘息疗护
restlessness	躁動	躁动
sedation	鎮靜劑	镇静剂
seizure	癲癇	癫痫
self-care	自我照顧	自我照顾
serious illness	嚴重疾病	严重疾病
shock	休克	休克
side effect	副作用	副作用
sleeping pill	安眠藥	安眠药
social worker	社工師	社工师
spiritual care	靈性照護	灵性照护
stool impaction	大便阻塞	大便阻塞
surgery	手術/開刀	手术/开刀
symptom	症狀	症状
thrush	口瘡	口疮
titration	(給藥時的) 劑量調整	(给药时的) 剂量调整
tracheostomy	氣切	气切
Traditional Chinese Medicine (TCM)	傳統中醫	传统中医
tranquilizer	鎮靜劑	镇静剂
trauma	創傷	创伤
tremor	顫抖	颤抖
tube feeding	管餵食	管喂食
tuberculosis (TB)	肺結核病	肺结核病
tumor	腫瘤	肿瘤
unattended death	無醫師在場見證的死亡	无医师在场见证的死亡
urinary retention	尿滯留	尿滞留
urinary tract infection (UTI)	尿道感染	尿道感染
urine incontinence	小便失禁/尿失禁	小便失禁/尿失禁
ventilator	呼吸器	呼吸器
vomiting/emesis	嘔吐	呕吐
water retention	水份積留	水分积留
witness	見證人	见证人

教育文宣

Education Materials



安心卡

生命末期時的意願。健康的人也能透過安心卡，讓親友知道在自己生命受到創傷或疾病威脅時的需求與意願。

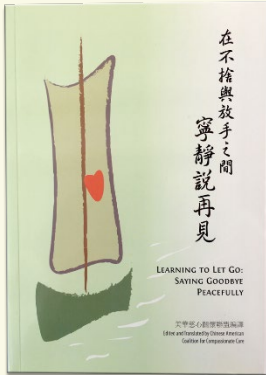
Heart to Heart® cards are designed to facilitate communication about issues surrounding the end of life.

在不捨與放手之間：寧靜說再見

這本書是關於在美華人走到生命末期時的態度與抉擇。本書中的這些病人、家屬、志工、及醫事人員分享了他們心中的每一個歡笑、每一刻的傷痛，及每一分的感動。它告訴了我們，每個人都可以從容無憾的選擇一個完美的結局。

Learning to Let Go: Saying Goodbye Peacefully

This is a book about Chinese Americans and their attitudes and choices at the end of their lives, about the personal experiences of patients, family members, volunteers, and health care professionals dealing with end of life. The book teaches Chinese Americans how to increase the chances of a peaceful and guilt-free death.

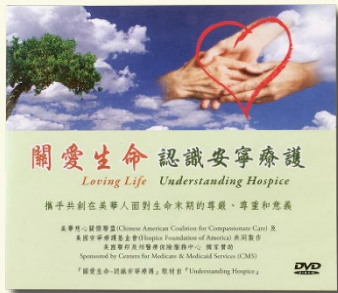


『關愛生命-認識安寧療護』影片

影片介紹了安寧緩和療護、生命末期的疼痛及症狀控制、兒童面對死亡、誰有資格申請安寧療護服務？以及填寫『醫療照護事前指示』與『維持生命治療醫囑』。

Loving Life-Understanding Hospice

This film, introduces Hospice & Palliative Care, Pain & Symptom Management, Children Facing Death and Dying, Who qualifies for Hospice Care, and the Importance of Completing an Advance Health Care Directive and the POLST Form.



『秀惠及婉宜』紀錄影片

紀錄了這對摯愛的母女，在互道再見的時刻，傳達了怎樣的關懷與信念。他們的故事更提醒我們該如何在有方向，有信心之下，為我們生命的最後樂章做好準備。請來學習如何在醫療團隊的陪伴下，讓所愛的人得到優質的安寧看顧，安適且有尊嚴地走完人生最後一段旅程。

“Kathy & Windy” Documentary

“Kathy & Windy”, featuring a mother and daughter’s journey confronting mortality. Death is inevitable, but how does one prepare for death? How does one talk about death? How does one cope with bereavement? The Kathy and Windy story is not just a film about their personal journey; their story sheds light on how we can prepare for and navigate the final chapters of our lives with direction, purpose, and confidence.



美華慈心教育資訊 <https://www.caccc-usa.org/ch/resource/documents.html>

Website: www.caccc-usa.org; Email: info@caccc-usa.org; Voicemail: 866-661-5687

教育文宣

Education Materials

對話指南 The Conversation Project (<https://theconversationproject.org>)

你的對話入門指南
Your Conversation Starter Guide

如何討論重要的醫療護理議題，並擁有你的醫療決定權。
How to talk about what matters to you and have a say in your health care.

選擇醫療代理人指南
Your Guide to Choosing a Health Care Proxy

如何選擇一位可以為你代決，並協助你在醫療團隊方面發言的代理人。
Choose an advocate who could speak for you—and help you have a say in your health care.

醫療代理人指南
Your Guide to Being a Health Care Proxy

如何擔任你所關愛的人的醫療代理，作為他們的代理人，並為他們的醫療護理代決。
How to be an advocate for someone you care about, as their proxy—and help them have a say in their health care.

你與醫療團隊的對話指南
Your Guide to Talking with a Health Care Team

如何討論適合你或你所照顧的人的醫療照護。
How to talk about the care that is right for you or someone you care for.

你的對話入門指南
Your Conversation Starter Guide
提供給阿茲海默症或他類失智症照顧者

如何開始與患有嚴重的兒童腦部疾病的兒童談話適合他們的醫療照護。
How to start talking with a child who is living with a serious illness about the health care that is right for them.

你的對話入門指南
Your Conversation Starter Guide
提供給重症兒童照顧者

如何開始與患有嚴重的兒童腦部疾病的兒童談話適合他們的醫療照護。
How to start talking with a child who is living with a serious illness about the health care that is right for them.

生命中什麼對我是重要的
為重症患者準備的一本練習簿

姓名:
日期:

ARADIAN LABS the conversation project

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醫護人員決策指南 CCCC Decision Aid (<https://coalitionccc.org>)

什麼是人工補液?
What is Artificial Hydration?

人工補液是一種專門為無法自己飲用足夠水分及鹽份的病人或吞嚥有困難的病人所提供的醫療方式。

人工補液可透過以下方式提供：

- 靜脈注射或皮下注射
- 導尿管
- 以手動將液體灌入胃或小腸設備

人工補液有甚麼用?
Does artificial hydration work?

選擇病人的人工補液以及是否提供生命末期護理決定，有些人可以在使用人工補液的情況下改善生活。

對於尚未接近生命末期的病人，人工補液是可能無幫助的。

當人在生命末期或生命末期（嚴重失調）時，不再提供是最佳選擇。

- 在生命末期，身體已無法使用水以維持生命。
- 因此人工補液會造成：
 - 腫脹
 - 口渴

當人在生命末期，人工補液無法防止病人口渴。

- 在末期，人們通常沒有口渴。
- 大多數病人在人們告訴他們不要時。

什麼是心肺復甦術?
What is CPR?

心肺復甦術是心臟驟停後，當有人：

- 已停止呼吸及心跳，或
- 他們心臟跳動但漸漸停止而死亡。

心肺復甦術究竟怎麼進行的呢?
What does CPR look like?

您可以在電視上看到心肺復甦術。電視上讓心肺復甦術看起來又快又好，但事實並非如此。

- 應將胸部壓入深度，每分鐘100次。
- 將一層材料放在患者胸部，防止空氣打入肺部。
- 可能將一個呼吸器插入嘴裡。
- 可能給予電擊。
- 可能使用自動呼吸器，給予藥物。

如何評估心肺復甦術後可以存活：

- 他們往往需要接上呼吸器。
- 此外，大多數的人都不清醒，也不能說話。

心肺復甦術效果如何?
How often does CPR work?

研究顯示，約1%無生命跡象的人可以存活。

- 也就是說，每100個接受心肺復甦術的人，只有1人會存活，85人會死亡。
- 如果您是在醫院裡接受心肺復甦術，您的存活率是20%左右。

心肺復甦術的缺點，主要決定於：

- 心臟停止跳動的起因。
- 心臟停止跳動之前，病人的健康情況。
- 在心肺復甦術之前，心臟已停止跳動多久。

什麼是呼吸器?
What is a Ventilator?

呼吸器是協助呼吸的一種機器。它可以幫助因疾病無法自行呼吸的病人或需要長期呼吸協助的病人呼吸。

- 呼吸器並不能造成或消除肺部的問題。
- 病人通常無法說話，不能攝食或吞嚥。
- 呼吸器又稱為機械通氣。

使用呼吸器適合什麼樣的情形?
What does it mean to be on a ventilator?

- 有一根管子會從口腔插入肺部（通常插喉）。
- 機器會將空氣吸入肺部，將空氣排入肺部。
- 為了幫助病人呼吸，一根管子會插入病人肺部。
- 病人通常無法說話，不能攝食或吞嚥。

每天：

- 醫生會評估病人身體的傷害程度，以幫助病人是否可以自行呼吸。
- 如果病人可以自行呼吸，就會將管子拔掉。

每星期：

- 醫生可能會在耳鼻喉科插入管子，這會幫助其呼吸。
- 病人也許需要住在護理之家不然就轉到特別的住家護理。

對於將呼吸器經由口腔插入，病人是怎麼感覺呢?
What do people say a ventilator feels like when a breathing tube is placed through their mouth?

對於將呼吸器經由口腔插入，病人是怎麼感覺呢？

- 感覺：有些病人的人可能會感覺：
 - 一切都不好。
 - 因為管子或機器將空氣吸入肺部所造成的一種痛。
 - 窒息；感覺悶在。
 - 有呼吸困難的感覺。

什麼是管餵食?
What is Tube Feeding?

管餵食是為因疾病而無法自行進食或吞嚥的病人，將液體食物由管餵食直接送進胃部。

- 管餵食只需用數天至數週，管餵食會經由鼻部或腹部開口。
- 通常管餵食是為胃腸（G-tube）。
- 若管餵食是為腸胃（J-tube）。
- 管餵食管是為腸胃（J-tube）。

管餵食有甚麼用?
Does a feeding tube work?

通常病人因疾病或因疾病而無法自己進食。

對於生命末期或生命末期，管餵食可能無幫助。

管餵食可能幫助他們減輕因進食所造成的一種痛。

如果病人在生命末期或生命末期，他們可能無法吞嚥食物，他們可能無法吞嚥食物。但病人及家屬或護理人員有時會誤解。

管餵食可能幫助病人。

管餵食對於生命末期或生命末期的病人有幫助嗎?
Does a feeding tube help people near the end of life or in the late stages of dementia?

對於生命末期或生命末期的病人，管餵食可能不但是協助生命的延續，還造成不必要的痛苦。

對於生命末期或生命末期的病人，管餵食可能無法防止口渴，這是不正常的。

- 在生命末期，停止進食是正常的。
- 身體已無法使用水和食物。
- 因為無法防止口渴和食物，管餵食可能會導致：
 - 腫脹
 - 口渴
 - 口渴
 - 口渴

美華慈心教育資訊 <https://www.caccc-usa.org/ch/resource/documents.html>

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