

# Comparisons of Life Images and End-of-Life Attitudes Between the Elderly in Taiwan and New Zealand

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**ABSTRACT:** Rapid advances in medical technology may in the near future make “natural” aging and old age diseases the main causes of human death in affluent societies (apart from accidents). When dealing with end of life issues, medical sociology will need to focus more on life and death in seniors. Understanding the attitudes of older persons toward life and death is important for both performing end-of-life medical care and in developing end-of-life policies. Descriptive bioethical analysis of attitudes in different cultures can aid a fuller understanding of the views inside each culture and the trajectories of conflict situations within each culture. In-depth interviews were conducted with 112 senior citizens in Taiwan and with 25 senior citizens in New Zealand. All interviews were transcribed verbatim; qualitative data analysis was used to examine people’s views on life and death. Their images of life and end of life attitudes were compared. Analysis of the key concepts they mentioned revealed distinctive views in life attitudes between these two groups. However, in spite of differences in culture and traditions, most life and end-of-life attitudes among elderly people in the two groups were rather similar. According to these similarities, an interpretation of these values was made within a Confucian and Taoist framework that might be applicable to non-Eastern cultures as well.

**Key Words:** attitude toward death, life attitude, Taoism, Confucianism, bioethics.

## Introduction

This paper is part of a larger life and death study that compares images of life and end-of-life concepts in two distinct cultures, that of New Zealand (NZ) and Taiwan. We predicted that many images of life among elderly populations reflect cultural values, which are predominantly Christian in New Zealand and include Confucianism, Buddhism and Taoism in Taiwan. Elderly people are a group of people less remote from death and with full life experiences. They therefore can be expected to have philosophies of life to share. Data from these elderly people can provide us with a holistic approach to the consideration of end-of-life issues.

From biological, ecological, medical, sociological, cosmological, philosophical and ethical views, “death” is always

an inevitable event in human life (Buckley, Muggeridge, & Pilpel, 1979; Grogono, 2000). According to Eastern understanding, anything with shape will crumble away. The world and life, far from being permanent, are in constant motion and subject to change (Jeng, 1994; Khroutski, 2002). From the western viewpoint, death seems an “an inalienable way to keep the cycle of metabolism and to achieve the ecological balance of the world” (Young, Ofori-Boateng, Rodriguez, & Plowman, 2003). “Declining and dying in very old age should be part of a natural process that has positive as well as negative dimensions” (Zimmermann, 2001). For example, “death makes way for the birth of children just as others made way for our existence” (Jonas, 1992).

However, life expectancy is much higher than before. Judging from the efforts of modern medicine, more and

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more medical technologies appear to regard death as an enemy that we should combat. As a consequence of this, death is less of a reality in our lives than before. Our attitudes towards death may therefore be changing and we may have great difficulty with the idea of death and, therefore, try avoiding it at any cost. A contemporary human misery is the use of high-tech medicine to prolong "biological" life in the sterile atmosphere of the modern hospital. This is completely alien to ideas, held for thousands of years, that death is part of the normal cycle of life and should take place normally in one's home or, alternatively, in nature (McCue, 1995; Wyatt, 2000).

Attitudes toward life (and death) were found to be the strongest predictor for end-of-life decision making (Hansdottir, Gruman, Curry, & Judge, 2000). A range of views toward life can be seen in different traditions which are supposed to be the original source of different priorities on life and death issues. For example, in western countries (especially American), liberal views of human life have led to a belief that respect for the autonomy of a dying person is the first priority in end-of-life care. However, in Eastern societies, like Taiwan, several obstacles are believed to inhibit implementation of autonomy for dying elderly. One of these is the belief that death is a taboo subject (Chiu, 2005); another is that the role that family has traditionally played in making medical decisions on behalf of dying relatives (Tai, 2003). Additionally, traditional Chinese social norms dictate that a person should keep elderly relatives alive to uphold filial piety (Qiu, 1991). Thus, end-of-life decision making with regard to elderly is practiced more conservatively in Taiwan.

Taiwan and New Zealand were selected to represent eastern and non-eastern culture, respectively. Both countries have universal health care systems, long life expectancies and relatively advanced medical care. In both societies, a person is most likely to die of old age and death is most likely to occur following a chronic disease. Moreover, the three leading causes of death among the elderly (cancer, cerebra-vascular disease and heart disease) are the same for both countries. Nevertheless, the two countries also have many differences. The appeal of a different lifestyle has inspired many Taiwanese senior citizens to emigrate to New Zealand. In New Zealand, there is a higher degree of social security support and independence for persons. The New Zealand medical system also gives more respect to individual needs than the system operating in Taiwan. Until recently, it was common in Taiwan to provide extensive

invasive medical care to sustain the life of elderly patients in the hospital, even against their wishes (Hsin & Macer, 2003; Kuo, 2002). However, the recently passed Taiwanese Palliative Medicine Act now allows terminal patients to refuse and withdraw resuscitation treatment when dying (Chiu, 2005; Yang, 2003). In New Zealand, palliative care is regarded as both providing effective care and meeting social care obligations (MacLeod, 2001). Euthanasia is still illegal in these two countries, however surveys show that the majority of medical staff in both Taiwan and New Zealand feel that it is acceptable to increase medication to alleviate symptoms even knowing if doing so could hasten death (Chiu, Hu, Lue, Cheng, & Chen, 2001; Mitchell, 2004; Mitchell & Owens, 2003). Essentially, both societies still require greater commitment to the provision of appropriate end-of-life care, and the establishment of an open dialogue on the subject.

The purpose of this study was to gather the in-depth data of life image and end-of-life attitudes among elderly people in Taiwan and make comparisons with New Zealand. This data should help to foster a more holistic consideration of the appropriateness of human death.

## Methods

### Design

Research examined the image of life and end-of-life attitudes among the elderly. In-depth interviews with 112 senior citizens (persons 60 years and older) were conducted in Taiwan. To establish comparison with a non-eastern culture sample, 25 senior citizens in New Zealand were interviewed by the same interviewer. The medical university at which the author works endorsed this study. Informed consent with participant signatures was obtained before interviews with participants.

### Sample

For this survey, healthy senior citizens aged 60 years and older were invited as participants from several settings, including: (1) homes; (2) communities (approaching persons inside a games or retirement club); (3) parks; and (4) institutions (persons visiting a day care center, residential house, adult college and nursing home).

### Data Collection

Qualitative data was collected through a two-stage interview process. Persons who agreed to participate were

first given an initial written survey of four questions that asked them to give open responses on their images of life, general life attitudes, expectations from medicine and their perfect end-of-life scenario. The purpose of these initial questions was two-fold; firstly, to inspire in-depth thinking on the research topic in advance of the more detailed second interview and, secondly, to give participants a chance to confirm their willingness to discuss related topics in detail. Participants then consented (in writing) to the next stage, a structured interview with 15 main written questions. Tape recorders were used during the one-to-two hour interviews. No one refused an audio tape recording.

### Data Analysis

All interviews were transcribed verbatim and entered into a computer. Then, qualitative data analysis using a content analysis method was conducted to examine key ideas that participants had regarding life and death. Analysis began by listening to participants' verbal descriptions, followed by reading and re-reading verbatim transcriptions and written responses. Significant statements were then identified and extracted. These statements were then recorded in a data management file for ease of ordering later in the process. For the final phase, the essential relationships among these statements were identified and comments were categorized into key concepts. All significant statements in comments were thus placed into one or two categories depending on the number of different ideas that they contained. In this paper, comparisons between key concepts frequencies are represented by percentages, following accepted methods of descriptive bioethics research (Macer, 1994).

### Trustworthiness

Open-ended interviewing techniques, tape recordings, and verbatim transcriptions from those tapes were used to increase data collection accuracy. Transcripts were reviewed and coded independently by two researchers, who drew upon their expertise in clinical medicine and bioethics. The two stages of data collection were designed to increase validity. Ideally, after completing the initial written survey, participants would immerse themselves in the questions for a few days, and then be prepared to give deliberate answers during the lengthier in-depth interview in the second stage. The qualitative methodology, features of the density of data collection, and the inductive way of analysis were all chosen to maximize the validity of the motifs in order to study senior citizens' attitudes.

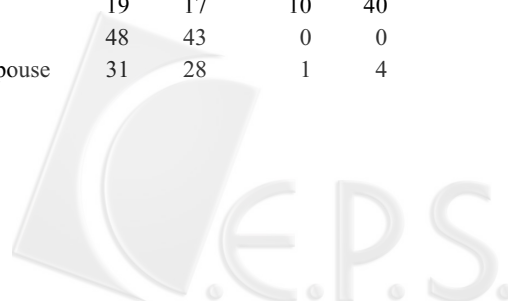
## Results

### Sample Characteristics

The two groups were not comparable in demographics (Table 1). The sample in Taiwan was gender balanced, with 51% of participants female. Of the 112 persons, 56 were from the home group, 24 were from parks and the community and 32 were from institutions. The sample of

**Table 1.**  
**Characteristics of the Sample in Taiwan and New Zealand**

Variables	Taiwan (n = 112)		New Zealand (n = 25)	
	n	%	n	%
Gender				
Male	55	49	9	36
Female	57	51	16	64
Source				
Family	56	50	14	56
Community and park	24	21	6	24
Institute	32	29	5	20
Age				
60-69	26	23	3	12
70-79	60	54	10	40
80-89	23	21	8	32
90+	3	2	4	16
Living Area				
Urban	77	69	25	100
Rural	35	31	0	0
Religion				
Buddhism	22	20	0	0
Taoist	21	19	0	0
I-Kuan Tao	22	20	0	0
Folk religion	13	12	0	0
Christian	10	9	23	92
Catholic	3	2	1	4
None	21	19	1	0
Marriage Status				
Single	5	4	0	0
Married	53	56	11	42
Widowed	54	48	14	58
Living Status				
Alone	14	13	14	56
With spouse	19	17	10	40
With children	48	43	0	0
With children & spouse	31	28	1	4



Number of Children				
0	3	3	0	0
1	3	3	1	4
2-4	55	49	22	88
4+	51	46	2	8
Education Background				
None	29	26	1	4
Primary school	40	36	5	20
Middle school	11	10	-	-
High school	26	23	16	64
College and above	6	5	3	12
Health Satisfaction				
Good	15	13	18	72
Not bad	42	38	5	20
Not good	37	33	2	8
Bad or poor	18	16	0	0
Activity (frequency of getting out every week)				
None	12	11	0	0
1-2 times	31	28	1	4
3-5 times	9	6	6	24
5-10 times	31	28	9	36
more than 10 times	29	26	9	36
Frequency to Visit a Doctor				
More than once a week	5	5	0	0
1-4 times a month	63	56	1	4
1-12 times a year	32	29	22	88
Less than once a year	6	5	2	8
Other	6	5	0	0

25 persons in New Zealand were all of European ancestry, and thus do not necessarily reflect the views of the ethnic Maori minority or other non-European immigrant groups. In New Zealand, 64% were female. Five of them were recruited from a rest home, six from a retiree club, and the rest from their own homes (with introductions). Other characteristics of sample and the comparison between two groups can be seen in Table 1.

**Images of Life**

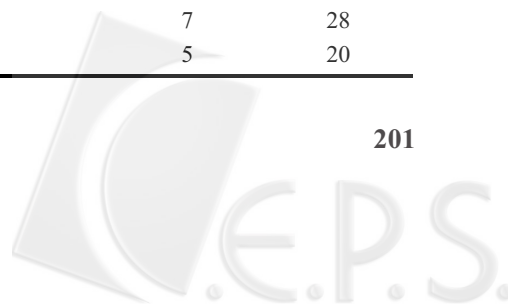
The first question in the interview addressed participants' image of life. Categories were used to analyze responses to the question: "Will you please express freely the images which come to mind when you hear the word 'life', and/or any ideas you have on 'life'." (Table 2).

The most common concept of the images of life in Taiwanese senior citizens is of life as "the course of Nature"; uncontrollable and unpredictable. This view suggests that people must follow their fate to seek harmony with nature rather than always trying to change it. These concepts can be understood through Taoist philosophy, which advocates human recognition of the patterns of nature, the enjoyment of harmony and inner peace of mind and avoiding attempts to disrupt the flow of the cycle of nature (Dreher, 2000; Jeng, 1994). For example, some subjects from the Taiwan group commented:

*"Birth, aging, illness and death - that is human life. You can hardly control or predict it. Just follow nature, and do not worry too much." Or "Life offers nothing to pursue. Just flow with nature to reach harmony"*

**Table 2.**  
**Images of Life: Comparing Taiwan and New Zealand Senior Citizens**

Reasons	Taiwan		New Zealand	
	n	%	n	%
Number of comments/Number of respondents	172/112	146	48/25	188
Natural course – from birth to death	44	39	7	28
To be treasured	22	20	7	28
Health and disease	20	18	4	16
Inherited and continues	10	9	3	12
Donation, responsibility	18	16	3	12
To be enjoyed	18	16	10	40
Hard to say	4	4	0	0
Spiritual comment	15	13	1	4
Life is a struggle	12	11	7	28
New life and growing	0	0	5	20



While in NZ, the most popular concept of life image is **“to be enjoyed”**. These people recommended that life should be happy and enjoyable. Many senior citizens were very positive and simply gave comments that *“life is good”, “wonderful”, “what more I can say.”*

Even while some in the New Zealand group commented that life follows a natural course, they did not express the notion that life is a course that one cannot predict or control. Instead, they focused more on the need to make decisions in life and that there are things to be learned all the time. However, some agreed that people need to adjust to whatever life gives them. For example; *“People will adjust to getting old and frail... and things like that. They shouldn't have to worry about whether they will live or die.”*

The second most common comment about life in both countries was that life **“should be treasured”**. Elderly people from NZ stated that life is so good that we should use it well, protect it from harm and live it to the fullest. While in Taiwan, many who gave this type of response expressed their appreciation for life by indicating that life is inherited from parents and “Heaven”. This way of thought is derived from Confucian ideals. These subjects feel they should protect and conserve their lives to the last minute and that no one (including oneself) but God has a right to take life away. The typical Confucian-centered comment was: *“Your body, hair and skin come from your parents, so humans should treasure themselves and take good care of their life.”*

**General Life Attitude**

The most common comments in response to the question “how do you see your life” in the NZ group were **“I**

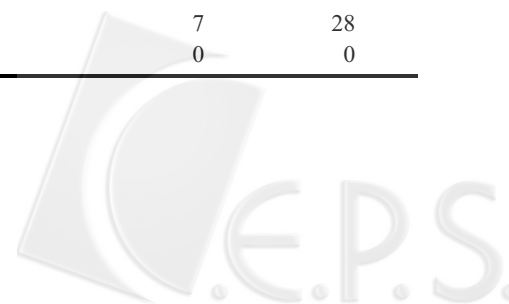
**have always enjoyed my life.”** (Table 3). It was a more positive way to respond than the typical comment from the senior citizens in Taiwan **“I just want to enjoy the rest of my time”**. Also, in NZ more than half who were interviewed said that they appreciated having children and families, and admitted that their families brought them great joy and made their lives very enjoyable. Although this has a certain degree of difference from the category of **“family and children are the center of life”** identified in Taiwan, both Taiwan and NZ senior citizens said that their families and children gave them a purpose in life, and viewed their lives as full.

Comments in the NZ group to **“I must accept what I've got”** were similar to the Taiwanese concepts of **“just follow the natural way”**. This common value of Taiwanese senior citizens did not appear frequently in NZ. Moreover, even though some of the NZ senior citizens admitted that people should accept their reality, they would not follow and cooperate with nature passively like many senior citizens in Taiwan. For example in NZ, some senior citizens replied when asked about life: *“I think it's OK, it's quite reasonable. I accept what I have.”* In Taiwan, people commented in a more aggressive manner about cooperating with nature: *“I always recognize life's patterns and flow with nature.”*

Compared to senior citizens in Taiwan, the concept of **“give and take, a meaningful and balanced life”** is not so prominent in the New Zealand group. The subjects often used words and phrases like “lucky,” “fortunate,” “satisfied” or “have no complaints,” however we did not see the words “appreciate” and “thankful” which were common in the Taiwanese group when subjects talked about their lives.

**Table 3.**  
**Senior's View of Their Life, With Comparisons Between Taiwan and New Zealand Senior Citizens**

Category	Taiwan		New Zealand	
	n	%	n	%
Number of comments/Number of persons	180/112		47/25	
Just do and follow the natural way (got to accept what I got)	56	50	- (6)	- (24)
Family and children are the center of life (I've got a good life with good family)	27 -	24 -	- (13)	- (52)
Enjoy the rest of my time (I have been enjoying life)	13	12	- (18)	- (72)
To give and take, a meaningful life	36	32	1	4
Since I worked hard, life is now getting easier	26	23	7	28
Health is my only hope now	12	11	0	0





In contrast with the Taiwanese subjects, New Zealanders neither mentioned any logic of give and take, nor affirmed that the balance of paying and receiving might make them feel at peace with themselves. Many responses from the Taiwanese and NZ fit into the category ***“since I worked hard, life is now getting easier”***. These were moral concepts that senior citizens concluded as feedback from their life.

Also, none of the 25 senior citizens from New Zealand mentioned health as their only hope - not even at this late stage in their lives. It may explain their aggressive view of life but it is unclear whether this means that they are less serious in making efforts to earn a good future as is common under Buddhist ways of thinking common in Taiwan.

In general, senior citizens from NZ and Taiwan have their own distinctive views of life attitude. Participants in New Zealand maintain a positive view of their life. Most concluded that their life had been full and fortunate and accepted the ups and downs. They didn't seem to focus on life's obstacles, but instead tend to have a brighter view of life when compared to seniors in Taiwan. The Taiwan sample, with the exception of reoccurring key concepts of fatalism and the natural flow of nature, focused on the logic of “give and take”, “work hard and enjoy” and appreciation of the value of “worthy” and “rewarding”. It is important for senior citizens to incorporate previous experience into their current life view, giving them insight into the present and creating a more inspiring future. Children and family are always the main prospect and center of this philosophy.

### Perfect End-of-Life

A number of persons in both countries mentioned that they would like to have a “quick death”, without a prolonged dying process. Moreover, more than half of the sample in NZ would prefer to ***“die during sleep, unconscious,”*** compared to only 18% in Taiwan who stated that. On the other hand, only 12% of New Zealanders proposed that a “perfect death” should allow for ***“enjoyment of the fullness of age”***. This is much less than in Taiwan where senior citizens usually held the concept that to die of old age is perfect. Taiwan participants expressed that death of old age is nothing to be pessimistic about. Taoist philosophy teaches that life is a cycle, changing like the four seasons, and death and dying should be accepted and appreciated as a rest or returning to one's origin (Dreher, 2000).

In addition, quite a number of NZ participants desired ***“a peaceful dying process.”*** The Taiwanese senior citizens, however, used the words ***“naturally”*** to describe a

peaceful process, with comments such as; ***“pass away naturally”*** ***“shouldn't be forced, just follow nature,”*** ***“good deaths should flow with nature,”*** and ***“return to nature.”*** Compared to Taiwanese, New Zealand participants tended to have more concrete ideas about dying peacefully, believing it less harmful on family members and good for them in their old age.

### Expectation From Medicine When Dying

Persons were asked, “What you expect from medicine in the dying process?” Most interviewees held a very unified and concrete idea that they did not want to use medicine to prolong life when they knew they would not get better. The reasons were similar in both countries, ***“to follow nature”***, ***“let nature take its course and not artificially continue...”*** It is also impressive that some persons also gave reasons such as saving resources and not imposing burdens on their family.

However, only NZ held a common concept of “keep me comfortable, with no pain”. as one said. ***“Dying easily is better than dying slowly.”***

Quite a few senior citizens questioned emphasized the idea that they want “No resuscitation, make it quick,” They preferred to die quickly, and for the process not to be prolonged. Some even agreed to the idea of using medicines, like morphine, to shorten life. For example:

*“I wouldn't really want them to keep me alive and would perhaps want for them to take me off of medicines to help speed my death. Not to delay the dying”*

Although it might be expected that the Western values of autonomy and the high value given to the independence of senior citizens, some participants in the New Zealand group expressed ideas similar to participants in Taiwan, expressing that they preferred to leave end-of-life decisions to their doctors or younger generations. In the New Zealand group, some had concrete ideas, say that they expected to receive proper care that would look after their basic needs. They also wanted doctors to abide by their wishes.

One significant difference between the two groups is that no one said that they “do not try to consider these issues” in New Zealand, while, one fifth of Taiwanese senior citizens made that comment. In both places, the comment that they do not expect anything is not because they lost their courage to fight to live, but they can see the

truth through their age. For example: *"If I am not conscious or something like that, and it looks to them inevitable, I do not want them to prolong my remaining time. I've had a pretty good life...."*

## Discussion

### Image of Life, Life Attitude and Culture

In general, there were not striking differences between the diversity of life images held by senior citizens in Taiwan and in New Zealand. However, the ranking of such image concepts differed in a way which could be said to reflect different value systems and moral natures (Table 2). Taiwanese tend to flow with nature, and have respect for their fate and Karma. Although some participants in New Zealand also commented that life follows a natural course, they were unwilling to admit life is a course that one cannot predict or control. NZ participants agreed that people need to adjust to whatever life gives them but focused more on the need to make decisions in life and identified themselves as the individual responsible for their healthy and long life. When asked about their views of their own life, the NZ group discussed how they treasured a lifestyle that is close to nature. "Enjoyable" was the most common word used to express their satisfaction about life. In Taiwan, participants used the word "worthwhile" (值得) and "successful" (成就) to summarize their life and express satisfaction about their children. Within the above statements about life image and attitudes regarding their own life, the former concept is closer to the Taoist philosophy of natural harmony and the latter is a more Confucian and aggressive attitude about having a fulfilled life. While we can see both aggressive and harmonious aspects in both groups, compared to New Zealand, the senior citizens in Taiwan are less forward about making their own decisions about carrying through life goals on their own initiative. This may also reflect on the prevalent lack of planning for future end-of-life arrangements and the rejection of advance directives in Chinese society (Bowman & Singer, 2001).

The findings through these in-depth interviews suggest that attitudes toward life expressed by these two groups reflect cultural mores. Being aware of these mores helps our understanding of the different behavior in end-of-life management that exists in different societies. If we are honest in interpreting qualitative research, there will be ideas which are more naturally represented by similar but

distinct categories of ideas, and this is important in cross-cultural studies.

### End-of-Life Consideration

Other questions in the interview found that the concept of a "perfect end-of-life" is quite uniform regardless of cultural background. Feeling no pain is the first priority for most subjects that described their ideal death as sudden and peaceful. As many described, spiritually: *"When the time comes, I want to just die with a perfect end"*. However, the wish to live out the full life span or to die of old age was only commonly voiced by the senior citizens from Taiwan. It seems that to die of old age is not perfect enough for senior citizens of New Zealand. They emphasized a peacefully dying process; age of death has a relatively smaller effect on senior citizens' view of a "good death". Because of the importance placed on living a worthy life, relying on machines to maintain bodily functions at the end-of-life is less likely to happen in New Zealand than in Taiwan.

The concept of *"follow a natural course"*, *"Life and death should be natural"* and *"just live and live in harmony"* reflect concepts embodied in Taoist thinking. *"Do your best"*, *"protect yourself"*, *"preserve and live to the fullness of life"* are similar to Confucian teaching. Both are remarkable ideas held by Taiwanese senior citizens as central life values. These concepts were also recorded in the comments of senior citizens of New Zealand. For example one stated; *"It is nice to have everybody happy and agree with each other, and not arguing, just living"* or *"let nature takes its course and not be artificially continued..."* However, to die of old age and die peacefully may not be the same thing in our modern medical system. If we overlay the principle of autonomy and appreciate it as the only value in end-of-life issues in clinical practice, senior citizens may need to recognize the truth that humans should do something to accomplish their wish to just follow the natural course of things.

### Family Center and Filial Piety Morality

Eastern people like to define their living style as centered around family-centered thinking. People in most western countries, however, value individualism and personal autonomy more. In our study, what was impressive in the NZ sample, given the general culture of individualism, was that some still considered their family's situation as their first priority. For example, one person thought that a short illness and a peaceful death would be the best for his

children and friends (who would, therefore, have time to adjust to his death). Others would like to have a period to say good-bye to family and friends. Those ideas were not mentioned by the Taiwanese senior citizen group when they considered their perfect death situations. Nevertheless, the Chinese sayings “die a natural death in your own place” (壽終正寢 *Shou-chung-cheng-chin*) and “die surrounded by your children” (子女隨侍在側 *tzu-nu-sui-shih-tsai-tsie*) represent such social norms with regard to dying that almost all Taiwanese have these words printed in their obituary. Even though a similar proportion of senior citizens in Taiwan mentioned they did not want to bother or encumber the young generation, most Taiwanese could not give an actual concrete description of what they would do. The New Zealand sample of senior citizens seemed to have more deliberate ideas about how they hoped to show their affection for younger family members upon their death.

In contrast, Chinese culture and Confucian “filial piety” (*Hsiao*) morality define strict social norms that expect that children will take care of their parents during old age. Children are expected to attend to their parents’ needs during and after death and to arrange a respectful funeral. It was confirmed through interview findings that quite a few senior citizens expressed that “family and children are the center of their life”. Those senior citizens focus on their success by having good children and family. They feel proud of their children’s achievement and recognize that their hard work had value. This social notion can be seen among the interview cases. Well over half (70%) of Taiwan participants lived with their children, while only 13% lived alone and the others (17%) lived with their spouse. However, nowadays elderly people are inevitably in a disadvantaged situation in today’s economic-oriented society. The social norms, rooted in traditional attitudes toward family relationships, do at times cause strains across generations. For example, social norms dictate that children must take turns taking care of their parents. Although the elderly worry that they are imposing a heavy burden on their young generation, they cannot help but feel proud and content at meeting society’s norm of “*Hsiao*”. The senior citizens’ conflicting feelings between satisfying social norms and not wanting to be a burden may prevent parents from showing children their true feelings about end-of-life desires. For example, they may be reluctant to part from their children or to soothe the bereaved emotions of their children. They also may be unable to consider what is best for themselves and their children.

### Cross-Cultural Implications

To comprehend the insight and thoughts relating to end of life is not only an interesting research goal, but it often can be an effective and ethical way to solve the problems we face and endure our worldly realities. When discussing the appropriateness of modern medicine and social policy to make the dying process in elderly persons more appropriate and humane, we should know something of elder people’s views, which is also necessary part of any process that respects their autonomy.

There are important implications for end-of-life care and policy. In multicultural countries, cultural sensitivities are regarded as a basic requirement of health care providers (Fleming, 2003; McKinley, Garrett, Evans, & Danis, 1996; Schmidt, 2001). In New Zealand, both eastern and non-eastern healthcare providers are now taking care of many immigrants from Asian countries who are now in declining stages of life and are going to face end-of-life situations. The findings of this study provide for a chance to better appreciate culture, tradition and ethical backgrounds through the insight of senior citizen perspectives.

Our data shows that in end-of-life issues, perspectives from other cultures expressed in common discourse sometimes exaggerate the differences between east and west. Respect for autonomy has been often given precedence to explain cultural differences in end-of-life issues. However, many other common views of life and death among senior citizens might be cues to understand the trajectories of end-of-life decisions. Examples include the aggressive view to live a healthy long life and the concept of Karma or logic of a sustainable life. In this sense, cross cultural studies should be encouraged.

Elderly people in both countries expressed concern about becoming a burden on their family during their dying process. Compared to Taiwan, elderly people of NZ placed a much higher value on living independently. A healthy long life counts for much in maintaining their dignity during advancing age. However, in Taiwan, the elderly cannot help but feel proud to have younger generations taking care of their needs in old age. Moreover, a worthy life should be recognized as a good return from your children. As we may suppose that in Taiwan for the welfare of aged groups, nothing - not even full social welfare or generous medical pay - can replace the function of the family to fulfill an aged life. Policymakers should understand these aspects of cultural differences and never try to adopt in an unrefined



form social welfare and public healthcare systems from the western world.

## Conclusion

This study has shown that Taoist and Confucian philosophies have important influences upon elderly people's views of life in Taiwan, and that some similar but distinct views can also be found in New Zealand. To follow nature is to flow with the way of "Tao", which will promote a life in harmony with oneself and the cosmos. In this way of thinking, most people can more easily accept the definite truth of their own death as part of the natural process. However, to protect their life and to maintain a healthy body as a way to live through the "fullness of your time", which was given by nature, is also one's responsibility. Thus, in Chinese thinking, an immature or "unnatural" death is totally different from death as a result of aging. With this consideration, the concept of natural death, free of artificial maintenance therapy for the senior's dying process, can be completely understood. The same difference is also seen in the European immigrant culture of New Zealand. With public agreement, modern medicine should reconsider its role and perform proper end-of-life care which may promote higher humanity during the deaths of the aged.

Ethical debates regarding appropriate care for the dying are as old as medicine itself. In the religious world, the sanctity of life was often extolled as the paramount standard, while in many philosophies and modern value system, quality of life considerations have assumed equal or greater importance. Nowadays, modern life-prolonging technologies heighten the debate by allowing these two standards to conflict dramatically (Cowley, Young, & Raffin, 1992). Physicians in acute hospital settings are able to do much more than cure disease and alleviate suffering by critical care technologies. They are also able to prolong physical functions in human beings. The medical technologies are not, however, without cost. The cost includes huge medical fees and the long-term suffering of patients caused by the artificial prolongation of life (Kuo, 2002; Sayers & Perera, 2002). Even now, with the Law of Palliative Medicine, a complicated dying process that makes significant demands on the resources of the intensive care ward may represent death's most "modern form" in Taiwan. It is no doubt that such deaths contradict the definition of senior citizens' perfect end-of-life. Calling for a dialogue and getting a consensus of what is a good or appropriate death could be an effective way to ameliorating this area. We sug-

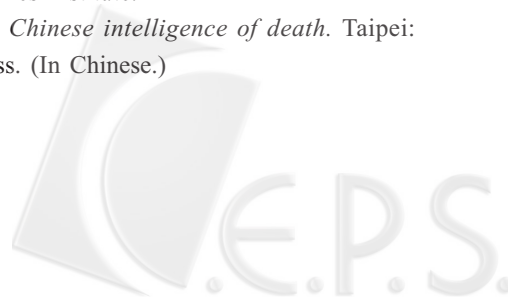
gest that further international studies should be conducted to examine the attitudes of senior citizens toward life to help find the most appropriate medical policy for end-of-life care.

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## 臺灣與紐西蘭老年人之生命印象與 對末期生命態度之比較

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**摘要：**醫療科技快速進步的結果已使得在不久的將來，除了意外死亡外，自然老化及老年疾病將會成為人類死亡之主因。醫療界在處理末期生命議題時，應多關注老年人之生死問題。了解老年人之生死態度對執行末期照顧及擬定末期醫療政策皆很重要，而對不同文化之生死態度作描述性的生命倫理分析，更有助於全盤了解各文化內部之觀點及其造成倫理衝突情境的軌跡。本研究深度訪談了 112 位台灣老人，以內容分析法分析訪談之內容，了解其對生命之印象及對末期生命之態度，並與 25 位紐西蘭老人做比較。分析年老者對生命之主要概念後顯示，台灣與紐西蘭老人在生命態度上各自擁有其特質，然即使有著文化及傳統上的差異，兩組老人之生命印象及對末期生命之態度卻有著相當程度的共通性。由於這些共通性，用來闡釋這些價值觀的儒家與道家思想應當也可應用在非東方的文化上。

**關鍵詞：**死亡態度、生命態度、道家、儒家、生命倫理。

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