

Satisfaction with Hospital Care Services and Changes Experienced after Hospitalization among the Cancer Patients of General Cancer Wards and Hospice Wards in South Korea

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Abstract

Objectives: The purpose of this study is to compare differences in satisfaction with hospital care services, and changes experienced after hospitalization between cancer patients of general cancer wards and hospice wards.

Methods/Statistical Analysis: A cross-sectional descriptive study design was used. Using quota sampling strategy, 100 participants of the general cancer wards and 100 participants of the hospice wards were recruited in South Korea. Data were collected from 25th August to 26th September in 2014 using a structured questionnaire. Data were analyzed using the IBM SPSS 23.0 program. Descriptive statistics, chi-square tests, independent t-tests were conducted. **Findings:** Comparing two groups, age and type of religion were statistically different. There were differences in stage of tumor, recurrence, activities of daily living, level of pain and/or discomfort, and level of anxiety and/or depression between two groups. The levels of satisfaction among the patients of hospice wards were significantly higher than those who were in general cancer wards in most domains. The patients of hospice wards were more satisfied mainly with “respecting their religion”, “inspiring them to have positive thinking and hope”, and “respecting their family and/or visitors” than those who were in general cancer wards. The levels of changes experienced among the patients of hospice wards were significantly higher than those who were in general cancer wards in most of the questions. The patients of hospice wards experienced more positive changes mainly in good hygiene, sufficient pain control, and relieved fatigue. **Improvements/Applications:** As hospice cares have considerable effects on physical, emotional, family and spiritual aspects, we recommend expanding the services of hospice care to help terminally ill cancer patients live comfortably.

Keywords: End-of-life, Hospice, Hospitalization, Palliative Care, Satisfaction

1. Introduction

Prevalence and mortality of cancer have been increasing continuously¹ and cancer is the leading cause of death in Korea^{2,3}. The latest data show that there are 76,611 death a year from cancer that account for 28.6% of all-cause death². As most of the cancer patients died at health institutions nowadays¹, it could be more important to help

terminally ill cancer patients end their life with dignity in the health institutions.

Most terminally ill cancer patients suffered from various symptoms that threaten their quality of life⁴. They commonly experienced pain, fatigue, anorexia-cachexia syndrome, nausea, vomiting and dyspnea⁴. Despite the fact that death is inevitable for terminal cancer patients, it's important to manage their symptoms, which tortured

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them, to improve the quality of life in terminally ill patients.

Hospice care focuses on the quality of life, providing humane and compassionate care for terminally ill people having incurable disease, so that they could live comfortably during the final stage of their life⁵. It mainly provides care services such as pain and symptom control, home care and inpatient care, spiritual care, family meetings, coordination of care, respite care and bereavement care⁵. For terminally ill cancer patients, it is necessary to support them to end their life comfortably, so that they might maintain a human dignity^{6,7}.

Nowadays, perception and need on hospice care are increasing and spreading for patients with cancer and their families in Korea⁸⁻¹⁰. Although end-of-life care for terminal cancer has developed and improved over the past decade according to government policies, only 13% among those who died from cancer received palliative care yet¹¹. More empirical evidences should be established to evaluate effectiveness of hospice care service and to improve quality of hospice care. Although there are many researches on demand on hospice for patients' caregivers until now, the effectiveness perceived by the patients have remained uncounted for. Furthermore, prior to the enhancement of understandings for utilization of hospice care, the user's characteristics should be identified preliminary.

This study was conducted to compare differences in the patient's characteristics, satisfaction with the hospital care services, and changes experienced after hospitalization between cancer patients of general cancer wards and hospice wards, so that this research would provide a basis to help enhance understanding and evaluate effectiveness of hospice care services.

2. Research Method

2.1 Study Design

A cross-sectional descriptive study design was used to compare differences in the patients characteristics, satisfaction with the hospital care services, and changes experienced after hospitalization between the cancer patients of general cancer wards and hospice wards in South Korea.

2.2 Setting and Sample

This study used raw data from the "Report on perception

towards hospice and palliative care (2014)" performed by Health Insurance Research Center of National Health Insurance Corporation. Using quota sampling strategy, 100 participants of the general cancer wards and 100 participants of the hospice wards were recruited. Participants included the cancer patients who were hospitalized in 50 hospitals of 1st, 2nd, and 3rd medical institutions nationwide in South Korea.

2.3 Measurements

The survey consisted of four domains assessing socio demographic characteristics, disease-related characteristics, satisfaction with hospital care services, and changes experienced after hospitalization.

Socio demographic characteristics included gender, age, education, marital status, religion, monthly income, and type of private insurance. Disease-related characteristics included type of cancer, staging of tumor, recurrence, treatment methods, experience of uncontrolled symptoms, activities of daily living, subjective health status, pain and/or discomfort, anxiety and/or depression, and subjective happiness. In order to assess satisfaction with health care services, we used 26 questions on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire included the parts of physical, emotional, family, spiritual, and educational domain. In order to assess changes experienced after hospitalization, we used 19 questions on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire included the parts of physical, psychological changes, spiritual changes, and changes in family relationships.

2.4 Data Collection

Data were collected from 25th August to 26th September in 2014. Participants completed a structured questionnaire.

2.5 Data Analysis

Data were analyzed using the IBM SPSS 23.0 program. Descriptive statistics were used for each question. Chi-square tests were conducted to determine the differences in socio demographic and disease-related characteristics of the participants according to the type of hospital. Independent t-tests were conducted to determine the differences in satisfaction with hospital care services and changes experienced after being hospitalized according to the type of hospital.

3. Study Results

3.1 Socio Demographic Characteristics

Socio demographic characteristics of the respondents were shown in Table 1.

Among the 100 respondents hospitalized in the general cancer wards, 51 patients were men, 49 patients were in the age group of 50s, and 57 patients graduated high school. 80 patients were married and 63 patients had no religion. 80 patients had a monthly income under 2,000,000 won and 52 patients had private health insurance that covered fixed costs.

Among the 100 respondents hospitalized in the hospice wards, 62 patients were men, 45 patients were aged over 60, 50 patients graduated high school. 68 patients were married, 40 patients had no religion. 68 patients had a monthly income under 2,000,000 won and 43 patients had private health insurance that covered fixed costs.

Comparing two groups, age and type of religion were statistically different. The patients of hospice wards were likely to be older ($X^2 = 10.16$, $p = .017$) and catholic ($X^2 = 12.65$, $p = .006$), compared to the patients of general cancer wards.

3.2 Disease-Related Characteristics

Disease-related characteristics of the respondents were shown in Table 2.

Among the 100 respondents hospitalized in the general cancer wards, 26 patients had stomach cancer, 18 patients had colorectal cancer, and 15 patients had lung cancer. 38 patients were in the third stage of tumors, 34 patients were in the second stage of tumors, and 21 patients were in the fourth stage of tumors. 74 patients had non-recurrent cancer. 76 patients had surgeries, 85 patients had chemotherapies, 23 patients had radiation therapies, and 8 patients had immune therapies. 64 patients had experienced uncontrolled symptoms. 43 patients were partially dependent and 40 patients were independent on activities of daily living. 43 patients perceived their health status as bad. 55 patients had no or a little pain and/or discomfort and 55 patients had no or a little anxiety and/or depression. 42 patients responded that they felt happy.

Among the 100 respondents hospitalized in the hospice wards, 19 patients had colorectal cancer, 18 patients had stomach cancer, and 14 patients had pancreatic cancer. 21 patients were in the third stage of tumors and 74 patients were in the fourth stage of tumors. 50 patients

Table 1. Differences in socio demographic characteristics among the cancer patients hospitalized in general cancer wards and hospice wards (N = 200)

Variables	Categories	n (%)		X ² (p)
		Cancer wards (n=100)	Hospice wards (n=100)	
Gender	Male	51(51.0%)	62(62.0%)	2.46
	Female	49(49.0%)	38(38.0%)	
Age	<40 years	7(7.0%)	4(4.0%)	10.16*
	40-49 years	20(20.0%)	17(17.0%)	
	50-59 years	49(49.0%)	34(34.0%)	
	≥60years	24(24.0%)	45(45.0%)	
Educational level	≤Middle school	18(18.0%)	19(19.0%)	1.13
	High school	57(57.0%)	50(50.0%)	
	≥University	25(25.0%)	31(31.0%)	
Marital status	Married	80(80.0%)	68(68.0%)	3.74
	Unmarried	20(20.0%)	32(32.0%)	
Religion	Buddhism	10(10.0%)	12(12.0%)	12.65**
	Catholic	11(11.0%)	26(26.0%)	
	Protestantism	16(16.0%)	22(22.0%)	
	None	63(63.0%)	40(40.0%)	
Monthly income (Won)	<2million	80(80.0%)	68(68.0%)	4.00
	2~<4million	13(13.0%)	23(23.0%)	
	≥4million	7(7.0%)	9(9.0%)	
Type of private health insurance	Fixed costs	52(52.0%)	43(43.0%)	7.58
	Upfront costs	14(14.0%)	6(6.0%)	
	Both	14(14.0%)	23(23.0%)	
	None	20(20.0%)	28(28.0%)	

* $p < .05$, ** $p < .01$, *** $p < .001$

had recurrent cancer. 67 patients had surgeries, 70 patients had chemotherapies, 36 patients had radiation therapies, and 8 patients had immune therapies. 75 patients had experienced uncontrolled symptoms. 59 patients were dependent and 37 patients were partially dependent on activities of daily living. 51 patients perceived their health status as bad. 53 patients had severe or extreme pain and/or discomfort and 35 patients had no or a little anxiety and/or depression. 44 patients responded that they felt happy.

There were differences in stage of tumor, recurrence, activities of daily living, level of pain and/or discomfort,

and level of anxiety and/or depression between two groups. The patients of hospice wards were likely to have the fourth stage of tumors (75.5% versus 21.0%, $X^2=67.43$, $p<.001$) and to have recurrence cancer (51.0% versus 26.0%, $X^2 = 13.10$, $p<.001$) than the patients of general cancer wards. The patients of hospice wards were more likely to be dependent (59.0% versus 27.0%, $X^2 = 53.12$, $p<.001$), to have severe or extreme pain (53.0% versus 26.0%, $X^2=18.01$, $p<.001$) and/or discomfort and anxiety and/or depression pain (35.0% versus 15.0%, $X^2=11.00$, $p=.004$) than those who were in general cancer wards.

Table 2. Differences in disease-related characteristics among the cancer patients hospitalized in general cancer wards and hospice wards (N=200)

Variables	Categories	n(%)		X ² (p)
		Cancer wards (n=100)	Hospice wards (n=100)	
Type of cancer	Stomach cancer	26(26.0%)	18(18.0%)	4.89
	Colorectal cancer	18(18.0%)	19(19.0%)	
	Lung cancer	15(15.0%)	11(11.0%)	
	Pancreatic cancer	8(8.0%)	14(14.0%)	
	Breast cancer	9(9.0%)	12(12.0%)	
	Liver cancer	8(8.0%)	6(6.0%)	
	Etc.	16(16.0%)	23(23.0%)	
Stage of tumors [†] (n = 198)	≤1 st	7(7.0%)	0(0.0%)	67.43***
	2 nd	34(34.0%)	3(3.1%)	
	3 rd	38(38.0%)	21(21.4%)	
	4 th	21(21.0%)	74(75.5%)	
Recurrence (n = 198)	Yes	26(26.0%)	50(51.0%)	13.10***
	No	74(74.0%)	48(49.0%)	
Treatment methods (n = 197)	Surgery	76(76.0%)	67(69.1%)	1.19
	Chemotherapy	85(85.0%)	70(72.2%)	4.84
	Radiation therapy	23(23.0%)	36(37.1%)	4.67
	Immunotherapy	8(8.0%)	8(8.2%)	0.00
Experiences of uncontrolled symptoms	Yes	64(64.0%)	75(75.0%)	2.85
	No	36(36.0%)	25(25.0%)	
Activities of Daily Living	Independent	40(40.0%)	4(4.0%)	53.12***
	Partially dependent	43(43.0%)	37(37.0%)	
	Dependent	17(17.0%)	59(59.0%)	
Subjective health status	Bad	43(43.0%)	51(51.0%)	3.78
	Moderate	42(42.0%)	29(29.0%)	
	Good	15(15.0%)	20(20.0%)	
Pain and/or discomfort	Not at all/a little	55(55.0%)	28(28.0%)	18.01***
	Moderate	19(19.0%)	19(19.0%)	
	Severe/extreme	26(26.0%)	53(53.0%)	
Anxiety and/or depression	Not at all/a little	55(55.0%)	45(45.0%)	11.00**
	Moderate	30(30.0%)	20(20.0%)	
	Severe/extreme	15(15.0%)	35(35.0%)	
Subjective happiness	Unhappy	19(19.0%)	26(26.0%)	2.31
	Moderate	39(39.0%)	30(30.0%)	
	Happy	42(42.0%)	44(44.0%)	

Note. †Fisher's exact test was performed.
* $p<.05$, ** $p<.01$, *** $p<.001$

3.3 Satisfaction with the Hospital Care Services

The levels of satisfaction with the hospital care services were shown in Table 3.

In the general cancer wards, the respondents were highly satisfied with “providing the proper analgesics” (3.88/5.0), “explaining their symptoms and/or prognosis” (3.81/5.0), and “respecting my opinions” (3.80/5.0).

In the hospice wards, the respondents were highly satisfied with “providing the care with interest” (4.32/5.0), “explaining their treatments” (4.32/5.0), and “respecting their religion” (4.30/5.0).

The levels of satisfaction among the respondents of hospice wards were significantly higher than those who were in general cancer wards in every question except “providing dietary therapy as required”. The differences in

satisfaction between two groups were greater mainly in “respecting their religion” ($t = -6.03, p < .001$), “inspiring them to have positive thinking and hope” ($t = -5.83, p < .001$), and “respecting their family and/or visitors” ($t = -5.83, p < .001$).

3.4 Changes Experienced after Hospitalization

The levels of changes experienced after hospitalization were shown in Table 4.

In the general cancer wards, the respondents highly positively answered the questions about changes in recovery of family relationships (3.80/5.0), sufficient pain control (3.73/5.0), healthy skin condition (3.73/5.0) and mind of forgiveness for others (3.73/5.0).

In the hospice wards, the respondents highly positively

Table 3. Satisfaction with the hospital care services among the cancer patients hospitalized in general cancer wards and hospice wards (N = 200)

Items	M±SD [†]		t (p)
	Cancer wards (n=100)	Hospice wards (n=100)	
The medical staffs protected my privacy.	3.69±0.97	4.14±0.70	-3.79***
The medical staffs changed my position regularly.	3.62±0.84	4.02±0.72	-3.39**
The medical staffs provided with the care to maintain physical cleanliness.	3.60±0.82	4.12±0.77	-4.48***
The medical staffs provided the dietary therapy as required.	3.79±0.89	3.84±0.82	-0.34
The medical staffs provided the skin care as required.	3.67±0.88	4.07±0.75	-3.14**
The medical staffs provided the proper analgesics.	3.88±0.87	4.29±0.67	-3.74***
The medical staffs assisted me to move and/or to do activities.	3.72±0.84	4.08±0.74	-3.12**
The medical staffs checked vital signs and/or my conditions.	3.66±0.89	4.24±0.70	-4.98***
The medical staffs assisted me to urinate and/or to defecate.	3.66±0.74	3.99±0.75	-2.82**
The medical staffs explained my treatments.	3.78±0.79	4.32±0.60	-5.46***
The medical staffs explained my symptoms and/or prognosis.	3.81±0.73	4.31±0.65	-5.22***
The physicians and/or nurses provided the care with interest.	3.83±0.79	4.32±0.60	-4.89***
The medical staffs listened carefully to my complaints.	3.77±0.76	4.23±0.67	-4.60***
The medical staffs respected my opinions.	3.80±0.78	4.27±0.65	-4.56***
The medical staffs stayed with me as required.	3.61±0.87	4.13±0.67	-4.45***
The medical staffs respected my family and/or visitors.	3.68±0.78	4.27±0.61	-5.83***
The medical staffs encouraged me and my family.	3.72±0.74	4.28±0.64	-5.63***
The medical staffs encouraged me to express my feelings.	3.66±0.78	4.19±0.74	-4.84***
The medical staffs respected my religion.	3.62±0.79	4.30±0.72	-6.03***
The medical staffs inspired me to have positive thinking and hope.	3.65±0.80	4.26±0.66	-5.83***
The medical staffs encouraged me to meditate.	3.58±0.74	4.05±0.62	-4.61***
The medical staffs provided religious books or something.	3.64±0.74	4.11±0.81	-3.92***
The medical staffs helped me attend religious rituals.	3.76±0.81	4.18±0.75	-3.47**
The medical staffs let me learned to prepare my end.	3.61±0.80	4.06±0.74	-3.74***
The medical staffs help me well prepare my end.	3.66±0.75	4.18±0.74	-4.44***
I'm satisfied with the care services overall.	3.66±0.73	4.19±0.58	-5.69***

Note. †the cases that answered “not applicable” were excluded.

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4. Changes experienced after hospitalization among the cancer patients hospitalized in general cancer wards and hospice wards (N = 200)

Items	M±SD		t (p)
	Cancer wards (n=100)	Hospice wards (n=100)	
The pain has been controlled sufficiently.	3.73±0.75	4.13±0.68	-3.94***
The good hygiene has been maintained.	3.72±0.66	4.23±0.70	-5.19***
The skin conditions have been maintained healthy.	3.73±0.68	4.10±0.76	-3.45**
The urinary or bowel problem shave relieved.	3.71±0.88	4.03±0.73	-2.71**
The sleep pattern have improved.	3.60±0.76	3.94±0.83	-2.91**
The respirations have been maintained stably.	3.73±0.82	4.06±0.78	-2.92**
The fatigue and feelings of helplessness have relieved.	3.42±0.88	3.87±0.85	-3.65***
The nausea and vomiting have relieved.	3.54±0.75	3.76±0.83	-1.87
The dizziness has relieved.	3.54±0.77	3.73±0.79	-1.68
The anxiety has been reduced.	3.61±0.97	3.77±0.96	-1.15
The loneliness has been reduced.	3.50±0.96	3.87±1.01	-2.60 ⁺
The emotional status has been maintained stably.	3.61±0.95	3.94±0.89	-2.50 ⁺
The depression has been diminished.	3.52±1.00	3.82±0.86	-2.17 ⁺
I have recovered the family relationships.	3.80±0.85	3.82±0.78	-0.24
I have got to have the mind of forgiveness for others.	3.73±0.87	3.84±0.75	-0.90
The religion has been a comfort to me.	3.59±0.78	4.02±1.03	-3.02**
My thought about end-of-life have been changed.	3.55±0.80	3.96±0.78	-3.32**
The spiritual conflict has been diminished.	3.62±0.80	3.97±0.95	-2.51 ⁺
I have got to believe in afterlife.	3.60±0.80	3.89±0.90	-2.23 ⁺

*p<.05, **p<.01, ***p<.001

answered the questions about changes in good hygiene (4.23/5.0), sufficient pain control (4.13/5.0), and healthy skin condition (4.10/5.0).

The levels of changes experienced among the respondents of hospice wards were significantly higher than those who were in general cancer wards in most of the questions. The differences in change experienced after hospitalization between two groups were greater mainly in good hygiene (t = -5.19, p<.001), sufficient pain control (t = -3.94, p<.001), and relieved fatigue (t = -3.65 p<.001).

4. Discussion

As the palliative care institutions, which supported by Ministry of Health and Welfare, had been established and expanded, in 2013, 9573 cancer patient used 57 palliative care institutions¹. This study focus on differences in the patient's characteristics, satisfaction with the hospital care services, and changes experienced after hospitalization between the cancer patients at the general cancer wards and at the hospice wards in South Korea.

In this study, regarding the characteristic of the patients who use hospice care service, the patients who are catholic were more likely to use hospice care services.

Because a catholic general hospital started hospice care services in the 1980s in South Korea¹¹, awareness and needs on hospice among catholics might be high respectively. The results show that the patients who had worse health conditions, who were older, had higher stages of tumor or recurrent cancer, dependent, and had much difficult symptoms, were likely to use hospice care services. It seems to be shown in results because hospice care is to provide for terminally ill patients⁵.

Satisfaction with hospital care services among the patients of hospice wards were generally greater than those of general cancer wards. Especially, the patients of hospice wards were more satisfied with emotional, family and spiritual care than those of general cancer wards. Although it is difficult to compare to a prior result because there are only a few reports on satisfaction of cancer patients using hospice service in Korea, the results of this study were somewhat different from the result of a prior study that education/referral and physical satisfaction were greater than psychological and spiritual satisfaction¹⁰. As a prior study showed that psychological satisfaction was affected by the support of medical expenses, and spiritual satisfaction was affected by age and functional status¹⁰, it might be caused by differences

in the characteristics of the patient. Meanwhile, the health care providers should consider the patients' background first to improve satisfaction with hospice care services when they provide hospice care.

In this study, the patients of hospice wards more likely to experience changes positively in physical aspect after hospitalization than those who were in general cancer wards. It shows that physical needs are properly managed in hospice wards. But, in some parts of spiritual aspect and family relationship, there was no significant different from general cancer wards. Health care providers should provide terminally ill cancer patients with spiritual care as well as symptom control so that the patients are well prepared for their end-of-life.

As shown in an advanced research, hospice care in hospice wards may help reduce medical costs and provide a more specific care for terminally ill patients with cancer^{12,13}. The findings of this study show that hospice care services have considerable effects on physical, emotional, family and spiritual outcomes.

5. Conclusion

In this study, the patients who hospitalized in hospice wards were more satisfied and positively experienced changes in physical, emotional, family, spiritual, and educational aspect. As proven by positive effects of hospice care in various aspects, we highly recommend expanding the services of hospice care to help terminally ill cancer patients live comfortably and to improve quality of life at the final stage of their life. Because many cancer patients didn't know about hospice care for sure, more information on hospice care should be provided for them. Furthermore, in order to improve quality of care, health care plans should be established systemically in physical, emotional, family, spiritual, and educational support.

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