



A Witness of Taiwan's Medical History after the 2nd World War

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Conflicts of Interest

- There is no conflicting financial interest with the materials discussed in this speech, as well as in the speakers' affiliations and organizations, within the past 5 years and in the foreseeable future.



Contents of my speech

Before &
17th century

Pre-historical & Austronesian medicine

1865~1895

Presbyterian missionary medicine

1895~1945

The period of Japanese rule
after World War II

1945~

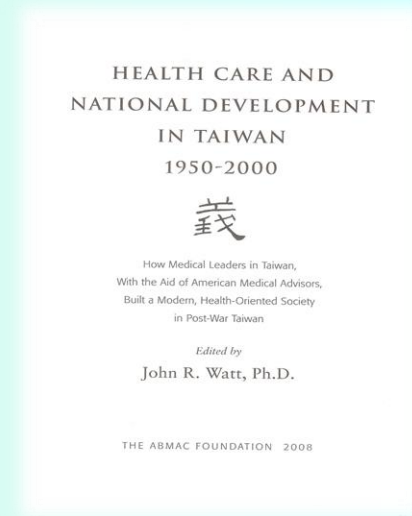
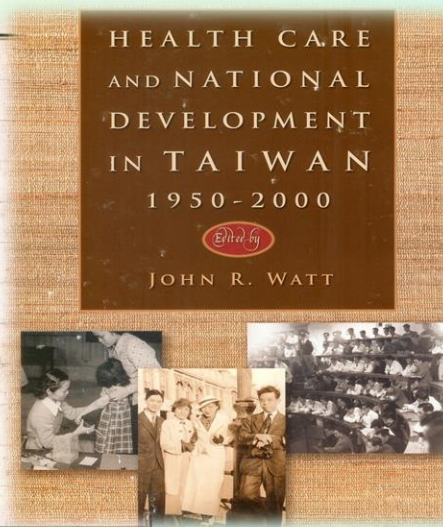
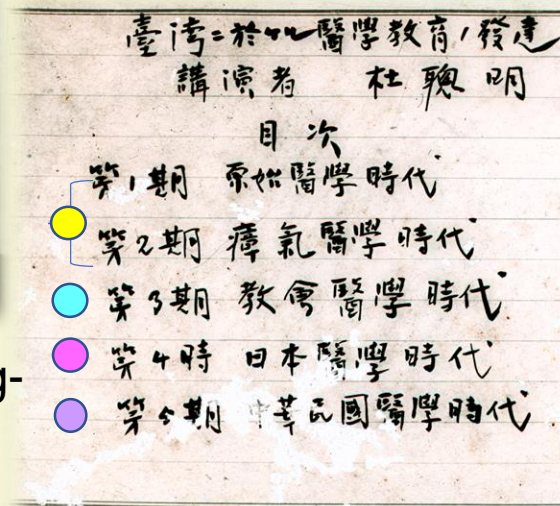
Modern medicine

- Public health
- National health insurance
- Hospital accreditation
- SARS
- Transformative justice
- Medical ethics & medical service
- Long-term health care

The stage of medical history defined by Dr.Tu and ABMAC

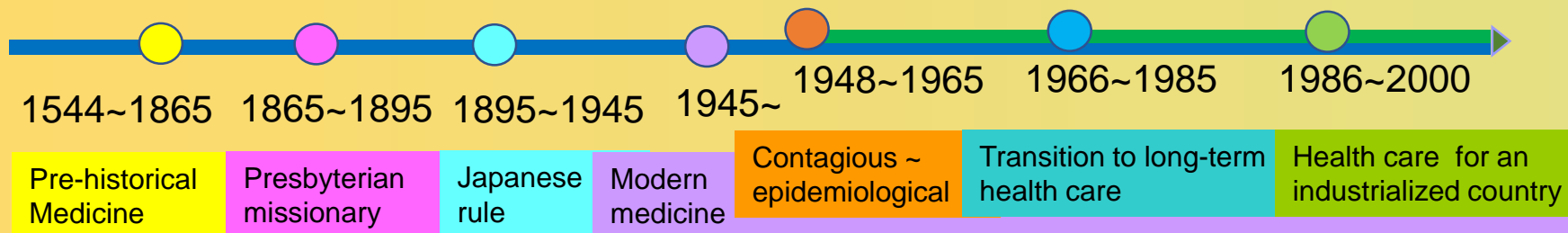


Dr. Tu Tsung-ming



Green line → American Bureau for Medical Advancement in China /Taiwan (ABMAC)

Blue line → Dr.Tu



Before & 17th

► Pre-historical and Austronesian medicine

1544~1865

Pre-historical
Medicine

Before 17th and western medicine was yet into Taiwan, people often suffered from the local diseases of unknown etiologies. The medical need was related to a belief of religion, aboriginal medicine, local way of treatment and herb doctor, and traditional medicine.

During the Dutch occupation period, the medical system and personnel were mainly engaged in commerce and the army (few were missionaries).

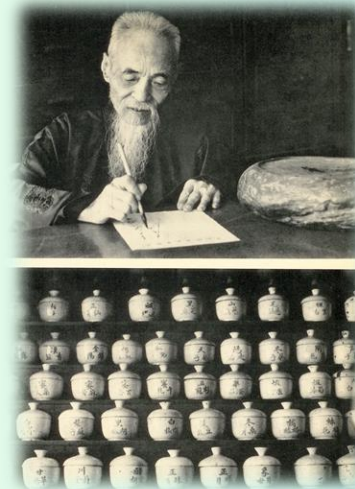
However, medical service also offered for aborigines but did not well keep data because of a lack of Chinese translation.

Presbyterian
missionary

Japanese
rule

Modern
medicine

Defined
By Dr.Tu



1865~ 1895

History of Presbyterian missionary medicine

After the war with Britain and French in Qing dynasty, Tienchin Treaty was signed which allowed foreigners to travel and inhabit in China and opened the gateway for missionaries to enter the territory of China (include Taiwan).

Thereafter, Britain took over Chinese customs and western medicine was introduced into Taiwan, custom officials and missionaries provided medical service to both European and local residents.



Pre-historical
Medicine

1865~1895

Presbyterian
missionary

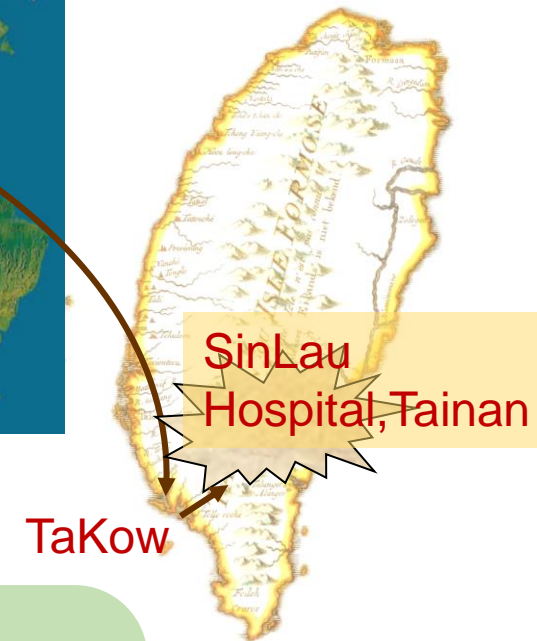
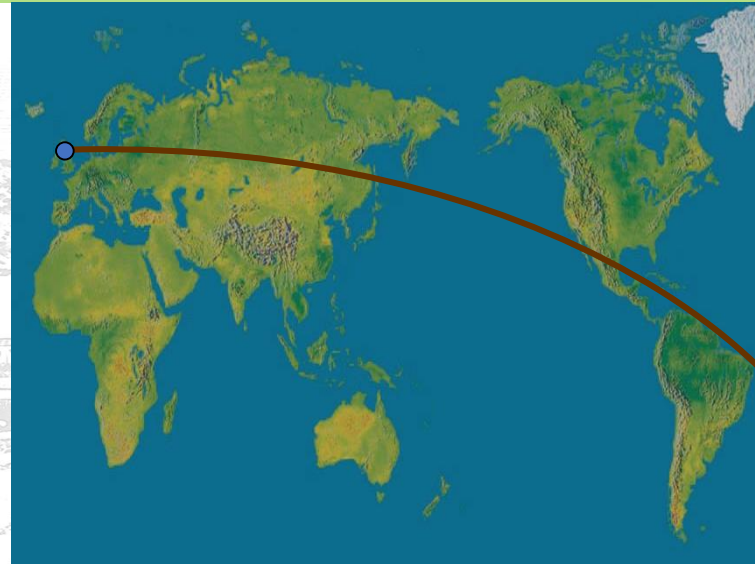
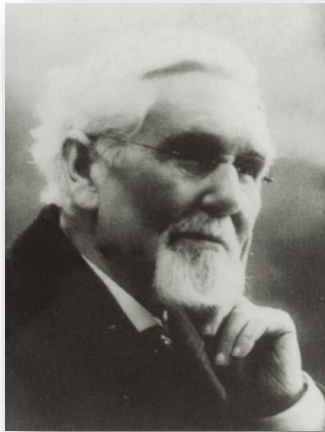
Japanese
rule

Modern
medicine

Defined
By Dr.Tu

1865~1895

Presbyterian missionary and custom medicine



▶ The first Presbyterian missionary to Formosa

Dr. James L. Maxwell 1836~1921

- ✓ born in Scotland, arrived in Taiwan at 1865,
- ✓ brought in western medicine and made the major impact of Christianity on Taiwan
- ✓ humane medicine

<http://www.myblog.yahoo.com/neuron-neuron>



1865~ 1895

Presbyterian missionary and custom medicine

Contribution of Presbyterian Missionary

- ▶ Medical personnel introduced
- ▶ Western-style hospitals and treatments established
- ▶ Medical education and training
- ▶ Disease analysis
- ▶ The development of neurological practice in Taiwan

In Taiwan, western medicine was introduced by British customs officials and Presbyterian missionaries in 1865, they provided medical service, built western-style hospitals and educated for better health of Taiwanese people.

1865~ 1895

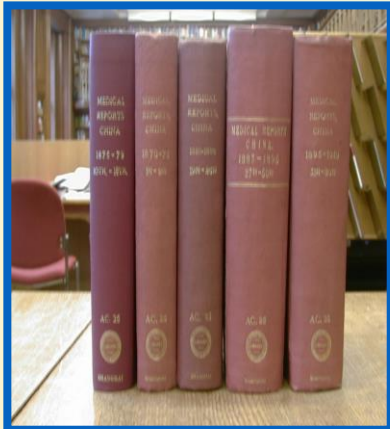
Presbyterian missionary and custom medicine

Western-style hospitals and medical school established

1865, Patrick Manson, 1st Dr. for Customer service, pioneer of tropical medicine

1879-1886, David Manson Memorial Hospital was the first in Taiwan (Takow) for remembering Dr. David Manson and Patrick Manson toward their contribution.

The hospital was first in charge of Dr. W. W. Myers, and build in western-style and constructed at most 30 native beds, about 4,000 patients in 1884- 1885.



1865~ 1895

Presbyterian missionary and custom medicine

examination paper

Medical education and training

This hospital had medical school to teach a proper person in the practice of medicine. They needed to be good in English, study for more than one year the following subjects, viz., anatomy, physiology, elementary chemistry, and systematic surgery. Also, clinical experiences were required before the certificate was granted.

PAPERS ON ANATOMY, PHYSIOLOGY, SURGERY and CHEMISTRY set at Second Quarterly Examination (1st Year), DAVID MANSON MEMORIAL HOSPITAL MEDICAL SCHOOL.

ANATOMY (HEAD AND NECK). (2nd Examination.)

Ten hours allowed for this paper, and all questions may be attempted.

1. Describe the third ventricle of the brain.
2. Describe the medulla oblongata,—
 - (a.) Structure,
 - (b.) General form,
 - (c.) Relations,
 - (d.) Connexions with cerebrum, pons, cerebellum and spinal cord.
3. Describe the course of the vena cava; give its relations and the veins opening directly into it.
4. Give the course and relations of the pneumogastric and phrenic nerves on both sides in neck and thorax, with branches and their distribution.
5. Describe the digastric triangle,—
 - (a.) Boundaries,
 - (b.) Contents;stating the parts to be removed for its exposure.
6. Give the course and relations of the subclavian arteries on both sides.
7. Describe the cervical fascia, and state how it would influence matter forming in lower part of neck.

8. Describe the sympathetic system in the neck, giving its branches and their distribution.
9. Name the nerves of the larynx; describe their origin, course and distribution.
10. Describe a lobule of the lung.

31st May 1884.

PHYSIOLOGY. (1st Examination.)

Eight hours allowed for this paper, and all questions may be attempted.

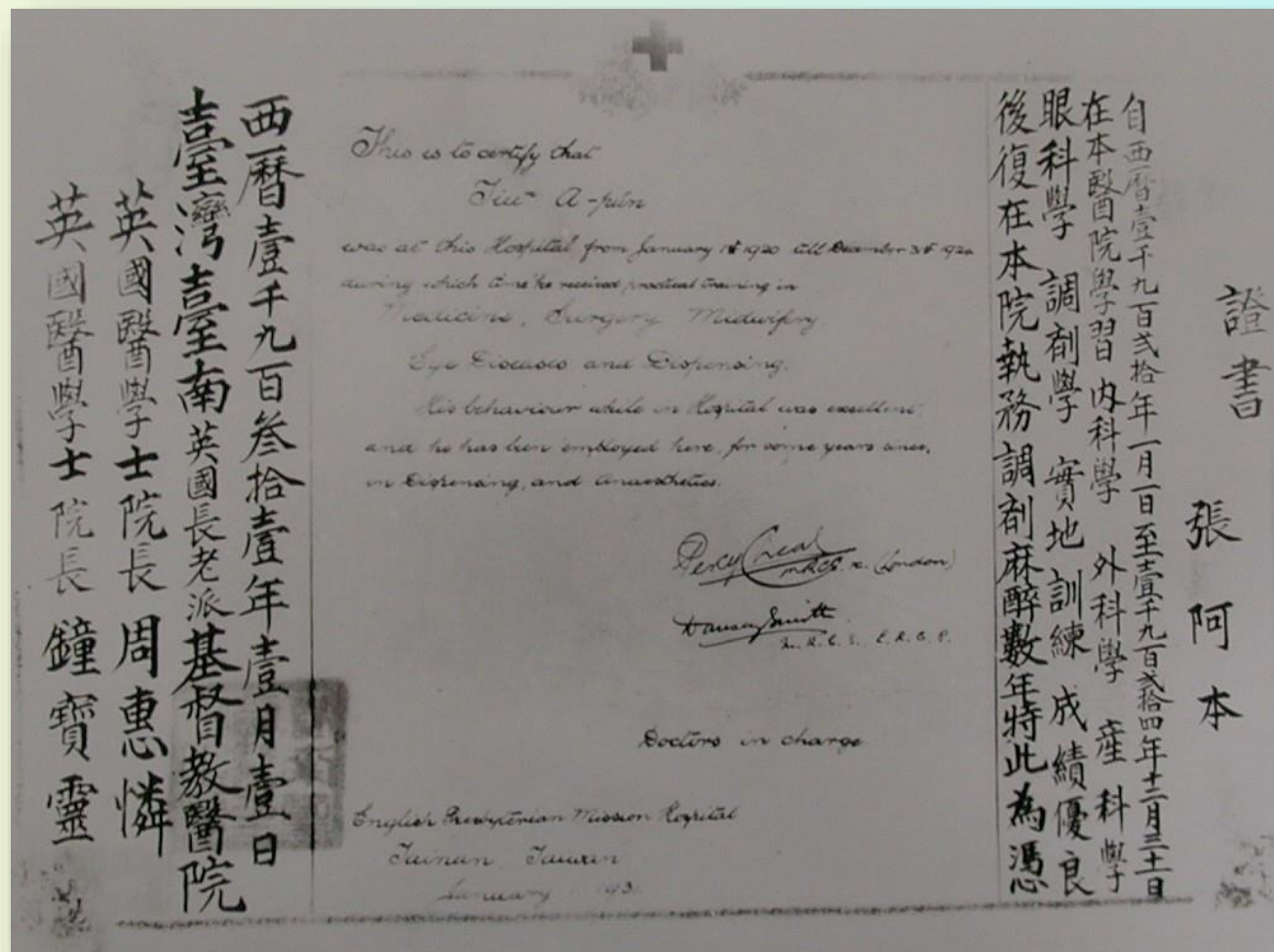
1. What are the ultimate constituents of the body; and what proportion does water bear to body weight?
2. What are the organic compounds of the body divided into? and give examples of each.
3. What quantity of blood is estimated to be in man's body? and describe the *formed* elements of blood, giving the numerical proportion each bears to the other.
4. Describe the process of coagulation in blood; what circumstances favour it, and on what does it depend?
5. Do serous fluids *spontaneously* coagulate, and how can they be made to do so?
6. What are the two gases in blood? and give their relative proportion.

1865~ 1895+

Presbyterian missionary and custom medicine

Medical education and training

Certificate of local students Chang, A-ban, 張阿本 by SinLau hospital Tainan.



1865~ 1895

Presbyterian missionary and custom medicine

The development of neurological practice in Taiwan

Pre-historical
Medicine

1865~1895

Presbyterian
missionary

1895~1945

Japanese
rule

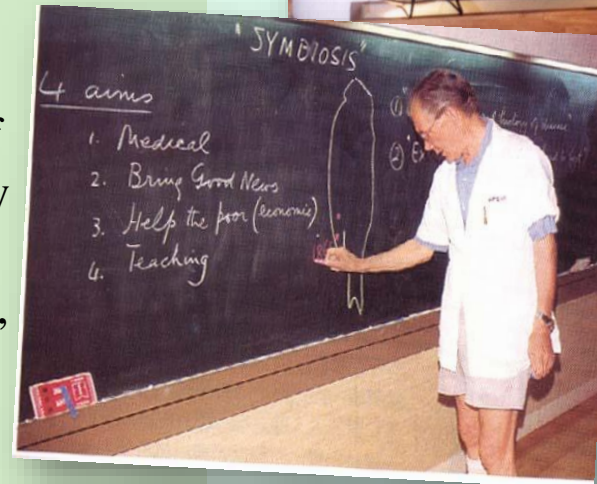
Modern
medicine

These missionary doctors contributed to set up the neurological practice, and published textbooks for neurological training and referencing. Take Dr. David Landsborough III as an example, he helped to found the hospital in

Changhua and his son was born in Taiwan, but well-trained also in the specialty of neurology from the University of London and brought new clinical skills and instruments, as well as led the neurology-psychiatry into neurology and psychiatry two department.



Dr. Landsborough IV
teaching



1895~1945
The period of Japanese rule

► The period of Japanese rule

Following the first Sino-Japanese War 甲午戦争 in 1895, the Qing dynasty ceded Taiwan and the Penghu island to Japan for 50 years. (In 1945, the end of World War II, the KMT, took over Taiwan.) During these 50 years of Japanese rule, the Japanese government introduced new medical treatment, methods, education, and devices to improve Taiwan's hygienic environment.

Pre-historical
Medicine

Presbyterian
missionary

1895~1945

Japanese
rule

Modern
medicine

Sanitary condition

- ✓ Epidemic diseases (plague, cholera, smallpox, malaria, etc)
- ✓ Parasites, poisonous snakes, tuberculosis, leprosy, syphilis, psychiatric diseases.
- ✓ Skin diseases, opium addiction, environmental pollution, and drinking water sanitation.

1895~1945

The period of Japanese rule



- The founder of modern medicine on colonial Taiwan, ruled Taiwan by 「biological principles」



Gotō Shinpei 後藤新平 1857~1929

- ✓ establish public health surveillance system
- ✓ improve Taiwan's hygienic environment
- ✓ population census
- ✓ public hospital service and medical college
- ✓ set up regulations for medical professionals

1895~1945

The period of Japanese rule



Japan



台灣醫學衛生之父

The pioneer of medical sanitary in Taiwan,

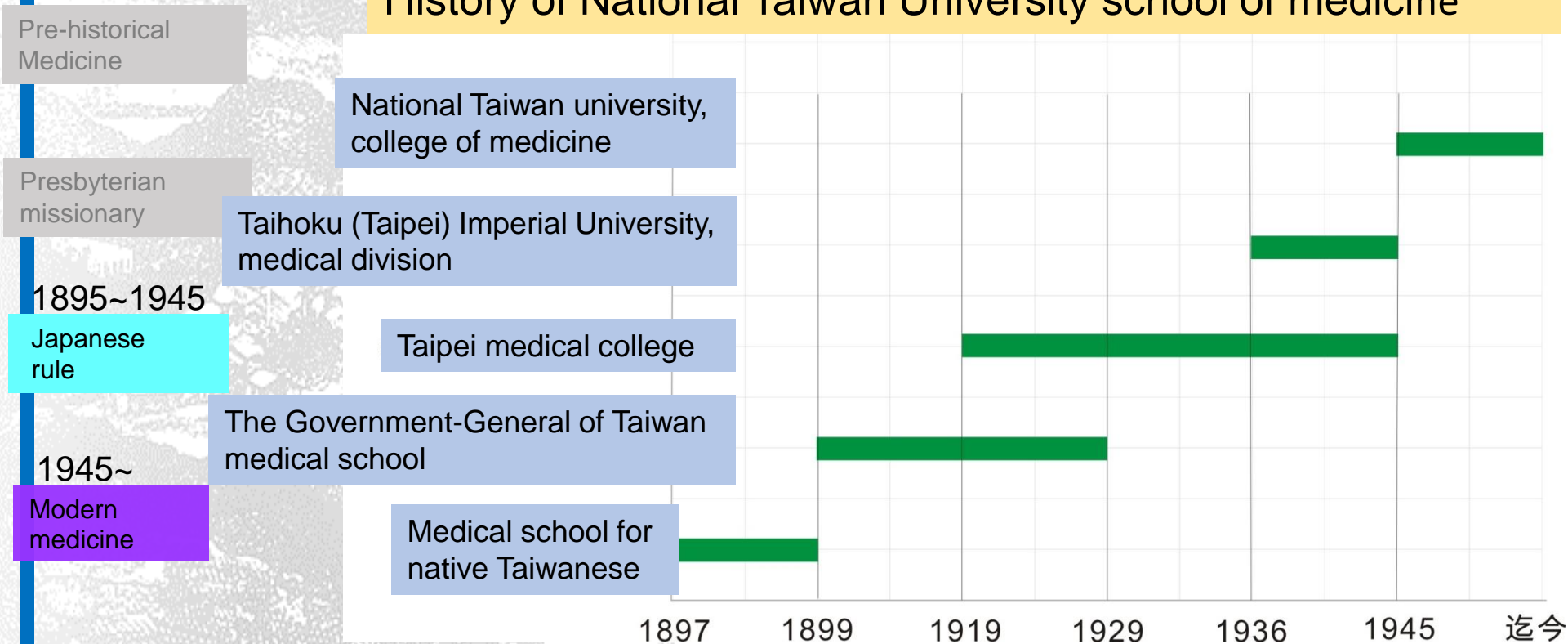
Takagi Tomoe 高木友枝 1858~1943

- ✓ establish Research Institute of Central Government
- ✓ built electricity infrastructure
- ✓ epidemic prevention and control (plague, malaria, cholera ,etc)
- ✓ **medical education**
- ✓ founder of the Formosan Medical Association

1895~1945 & after

Medical education

History of National Taiwan University school of medicine



1895~1945 & after WW II

► The first Doctor of Medical Sciences of Taiwan



Dr. Tu Tsung-ming, 1893~1986

- ✓ opium addiction treatment
- ✓ the toxicology of snake venom
- ✓ the pharmacology of traditional medicine
- ✓ Aboriginal medical training

<http://www.myblog.yahoo.com/neuron-neuron>

TaKow

Taipei
Tamsui

Japan

Pre-historical
Medicine

Presbyterian
missionary

1895~1945

Japanese
rule

1945~

Modern
medicine

1895~1945 & after WW II

► Followed Dr Tu's step ~~Set up
Aboriginal and Austronesian medical service



Professor Xie Xianchen 謝獻臣, led the first medical service team of Kaohsiung medical university to Hualien 花蓮 to engage in parasitic investigation and medical practice. (1956/8)



► **Aboriginal and Austronesian medical service**
cooperation with Kaohsiung county health bureau
(served at the Bunun and Tsou tribe)

right above : Mobile medical at the event center,
church or home (1998/2)

right middle : In front of the Taoyuan district health
center for adult health education
(1997/11/26)

right bottom : Outpatient (1998/3)



After 1945~

► After World War II & modern medicine

The origin of modern medicine in Taiwan after WWII was from German-Japan, and Chinese mainland under US influence. They were merged and helped to build-up the medical basis of industrialized countries.

After 1945 we will cover

- ✓ Public health
- ✓ Taiwan's national health insurance
- ✓ Hospital accreditation
- ✓ SARS
- ✓ Transitional justice
- ✓ Medical ethics & medical service
- ✓ Long-term health care

1945~

Modern
medicine

1948~1965

Contagious ~
epidemiological

1966~1985

Transition to long-term
health care

1986~2000

Health care for an
industrialized country

ABMAC

1945~

Modern medicine

1945~

Modern
medicine

1948~1965

Contagious ~
epidemiological

1966~1985

Transition to long-term
health care

1986~2000

Health care for an
industrialized country

Taiwan has one of the highest levels of life expectancy in Asia.
In 1952 was 57.4 (M) / 60.3(F), in 2017 was 77.3 (M) / 83.7(F).
In the last 50 years, government and citizens have been working hard
towards a healthier nation. (→ **medical policies and health promotion**)

Medical policy

- ✓ Training of the doctors at government expense
- ✓ The countryside medical care program
- ✓ The community medical service disciple center plan
- ✓ The medical service network plan
- ✓ Medical insurance
- ✓ **1995 The national health insurance**

Health promotion

- ✓ After 1950 Disease control (smallpox, cholera, plague and rabies) vaccine → measles, poliomyelitis, tetanus, diphtheria and whooping cough
- ✓ The family plan and the women and children's hygiene
- ✓ The promotion of tobacco hazard prevention
- ✓ Blackfoot disease, poliomyelitis

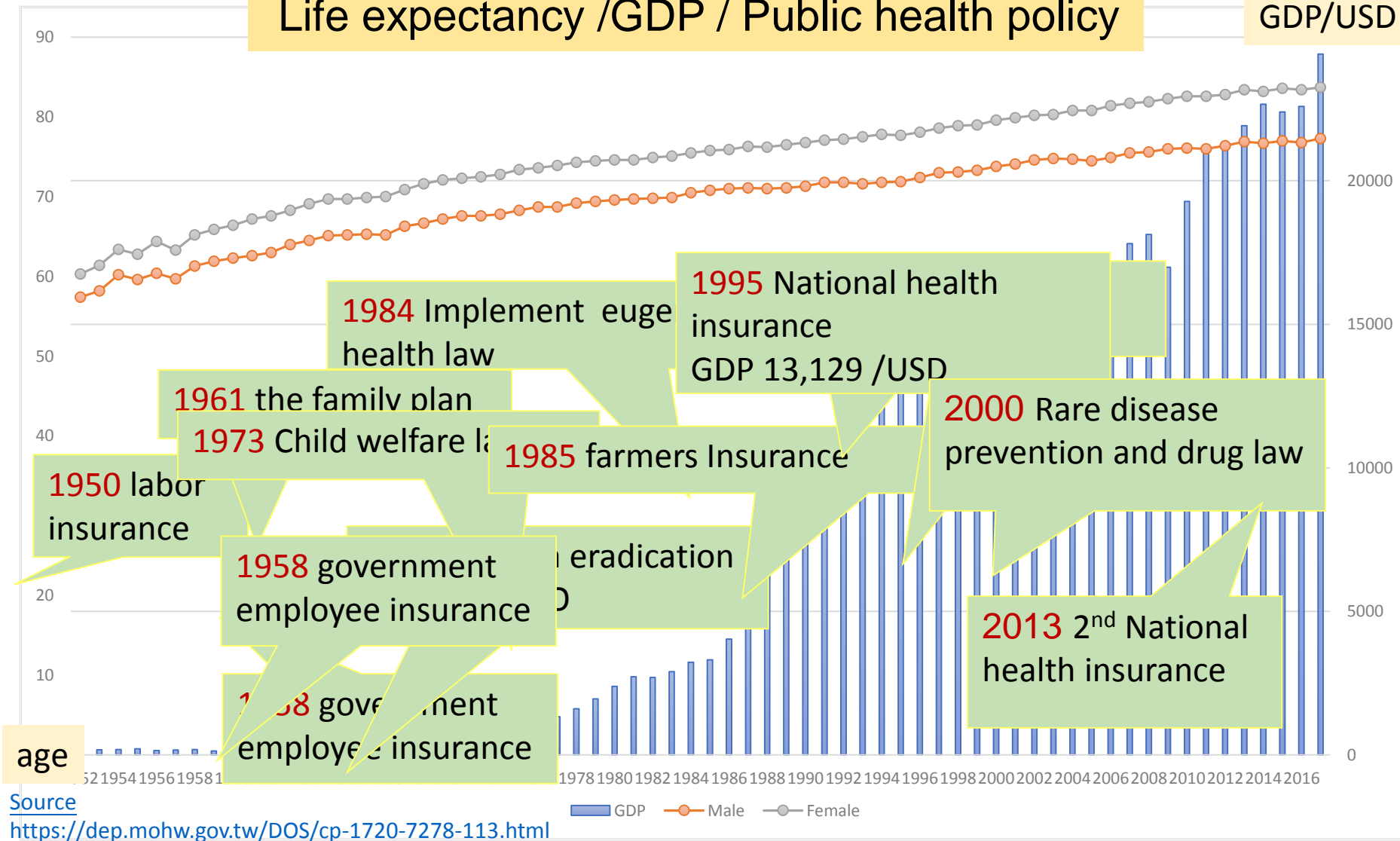
Source

百年台灣公共衛生歷

1945~ Modern medicine

Life expectancy /GDP / Public health policy

GDP/USD



1945~ Modern medicine

Life expectancy /GDP / Public health policy

1950~1960	<ul style="list-style-type: none">• 1950 labor insurance• 1958 government employee insurance• 1959 vaccination shot for newborns
1981~1990	<ul style="list-style-type: none">• 1984 Implement hepatitis B vaccination program eugenic health law• 1985 farmers Insurance• 1990 Low income household insurance
1991~2000	<ul style="list-style-type: none">• 1992 MMR vaccination• 1995 National health insurance• 1998 Free flu vaccine for over 65 yrs• 2000 Rare disease prevention and drug law passed
2001~	<ul style="list-style-type: none">• 2013 2nd National health insurance
	<ul style="list-style-type: none">• 1973 Established balckfoot disease prevention Center Child welfare law• 1978 Mandatory immunization of measles vaccine for infants and children

1966~1985 & 1986~2000
Health care for an industrialized country

Transformative justice

► Development of Taiwan's national health insurance 健保

Modern
medicine

1948~1965

Contagious ~
epidemiological

1966~1985

Transition to long-term
health care

1986~2000

Health care for an
industrialized country

Integrated with labor insurance (1950), government employee insurance (1958), farmers Insurance (1985), and set up a planning commission (1987), and formed the National Health Insurance in **1995**. 2013, started the 2nd generation National Health Insurance (New NHI).

Aim

Health insurance for all people

NHI Introduction 全民健保

https://www.youtube.com/watch?time_continue=34&v=FlxXcG3b-1k

Taiwan NHI Characteristics

NHI payment system

Coverage	1996 Fee for service
Administrat	1998 Global budget
Financing	2001 Pay for performance
Benefits	2004 Resource-based relative value scale (RBRVS)
Providers	2010 Tw-DRGs (Inpatient)
	2012 Capitation (pilot)
Payment	Plural payment programs under the global budget
Privileges	Premium subsidies and copayment waivers for the disadvantaged

1966~1985 & 1986~2000

Health care for an industrialized country

Transformative justice

► Benefits of Taiwan's NHI

Disease

Injury

Maternity care

- ✓ Inpatient care
- ✓ Outpatient care
- ✓ Prescription drugs
- ✓ Dental service (orthodontics, prosthodontics excluded)
- ✓ Traditional Chinese medicine
- ✓ Daycare for the mentally ill
- ✓ Home nursing care

1966~1985 & 1986~2000

Health care for an industrialized country

Transformative justice

Taiwan's NHI Smart Card

Taiwan NHI Health Care Network

Simplified
management

Daily use
visit data

Infection
tracing

Health
& management

- High international recognition
- High administration efficiency
- High medical quality

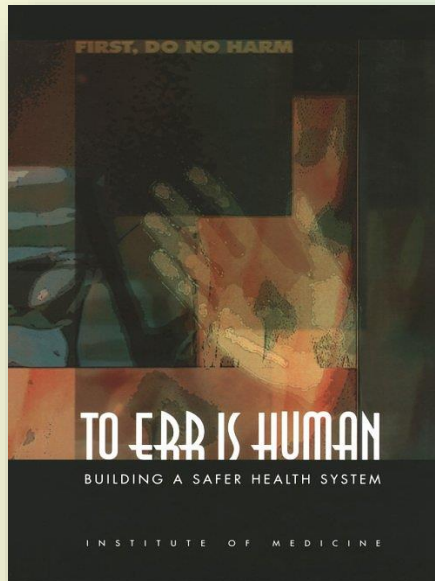
- Comprehensive benefit coverage
- Care for the disadvantaged
- Secured foundation in disasters

- Convenient access
- Mutual assistance
- Affordable cost

- Universal coverage
- High equality
- High public satisfaction



▶ Hospital accreditation



Institute of Medicine of the National Academics (IOM) 1999,
First report the goal of To err is human :
building a safer health system

Points

- ✓ To err is human
- ✓ To build a safer health system
- ✓ **Patient safety**
- ✓ Safety than the quality of healthcare

Modern
medicine

Contagious ~
epidemiological

1966~1985

Transition to long-term
health care

1986~2000

Health care for an
industrialized country

1986~2000+

Health care for an industrialized country

Transformative justice

► Hospital accreditation

Institute of Medicine of the National Academics (IOM) 2001,
Second report the goal of Crossing the quality chasm : A new health
system for the 21st

Overhauling U.S. Health Care

America's health system is a tangled, highly fragmented web that often wastes resources by duplicating efforts, leaving unaccountable gaps in coverage, and failing to build on the strengths of all health professionals, says **Crossing the Quality Chasm: A**

New Health System for the 21st Century, a new report by a committee of the Institute of Medicine. The report calls for immediate action to improve care -- in all aspects and for everyone -- over the next decade, and offers a comprehensive strategy to do so.



Points

- ✓ Crossing the quality chasm
- ✓ A new health system for the 21st
- ✓ More important and broad conclusion
- ✓ Patient-centered care

告知、共識、提供學習自我處理的醫療環境

1986~2000+

Health care for an industrialized country

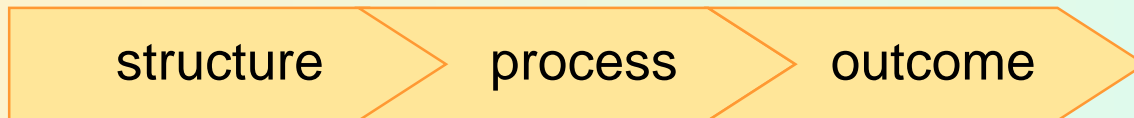
► Hospital accreditation in Taiwan 評鑑

The Hospital Accreditation System (HAS) has been implemented in Taiwan since 1977, that originally was for medical student internship and divided into three levels ;

- ✓ Academic Medical Centers
- ✓ Metropolitan Hospitals
- ✓ Local Community Hospitals

Aim Quality of medical care

S-P-O model



(Feedback)

以最適的成本，達到適當的健康狀態。

(Donabedian ,1982)

Hospital
accreditation
in other
countries

1951 USA

1959 Canada

1974 Australia

1986~2000+

Health care for an industrialized country

Transformative justice

Reform and implementation of the hospital accreditation in Taiwan 評鑑

Base on IOM's criterion system, hospital accreditation adapted in Taiwan

Health bureau supervising routines;

- ✓ patient safety
- ✓ setting standard
- ✓ certificate inspection
- ✓ fire safety building
- ✓ infection control
- ✓ community health

For IOM 6 aims

- ✓ Safety
- ✓ Effectiveness
- ✓ Patient-centered
- ✓ Timely
- ✓ Efficient
- ✓ Equitable

Promote

- Patient safety
- Quality care

Patient-Focused Method (PFM)

- onsite survey
- surveyor evaluation

✓ Medical record management

✓ Drug control

✓ Human resource management

✓ Patient safety environment

✓ Medical device management

1986~2000+ Health care for an industrialized country

Transformative justice

SARS

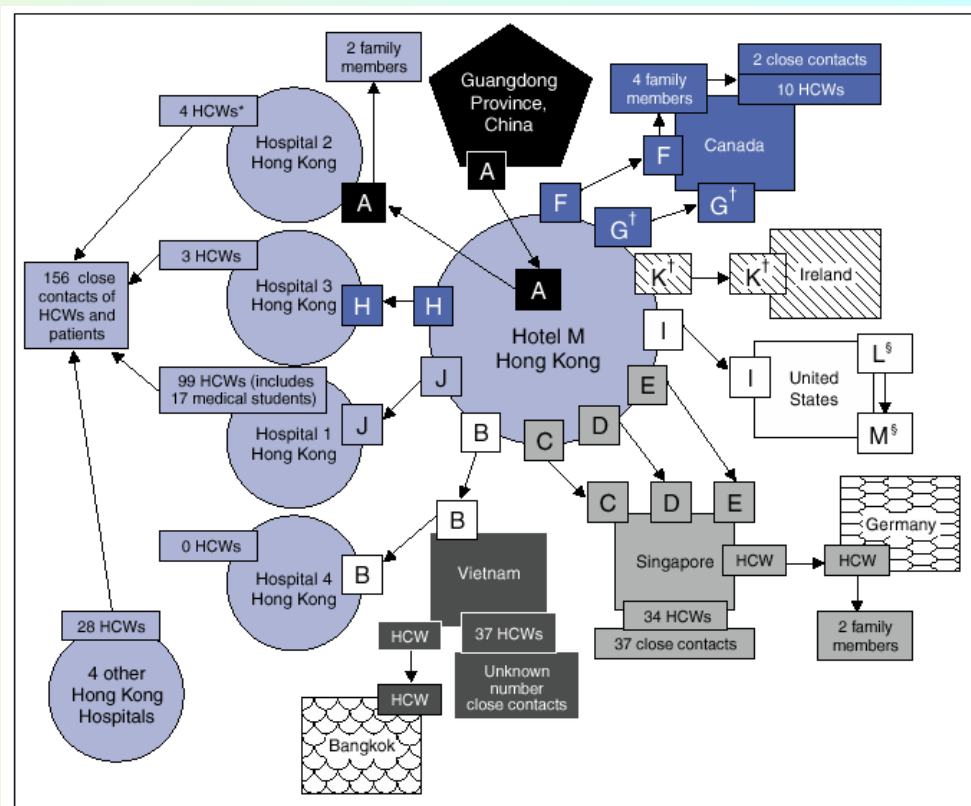
2002/12-2003/07/31

8,096 worldwide cases

Most cases appeared,

China	5,327
Hong Kong	1,755
Taiwan	346
Canada	251
Singapore	238

chain of transmission among guests at Hotel M-Hong Kong, 2003



* Health-care workers.

† All guests except G and K stayed on the 9th floor of the hotel. Guest G stayed on the 14th floor, and Guest K stayed on the 11th floor.

§ Guests L and M (spouses) were not at Hotel M during the same time as index Guest A but were at the hotel during the same times as Guests G, H, and I, who were ill during this period.

source

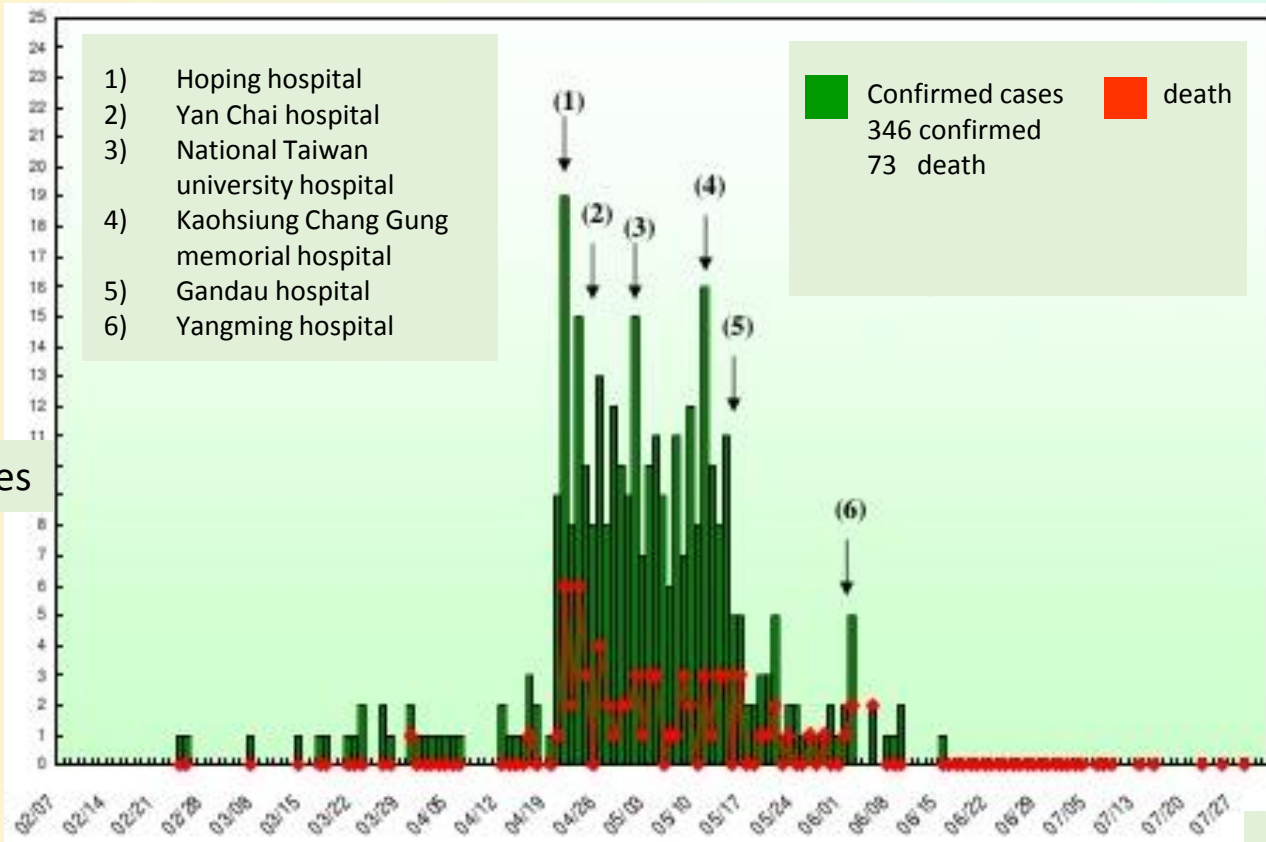
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5212a1.htm>

1986~2000+
Health care for an industrialized country

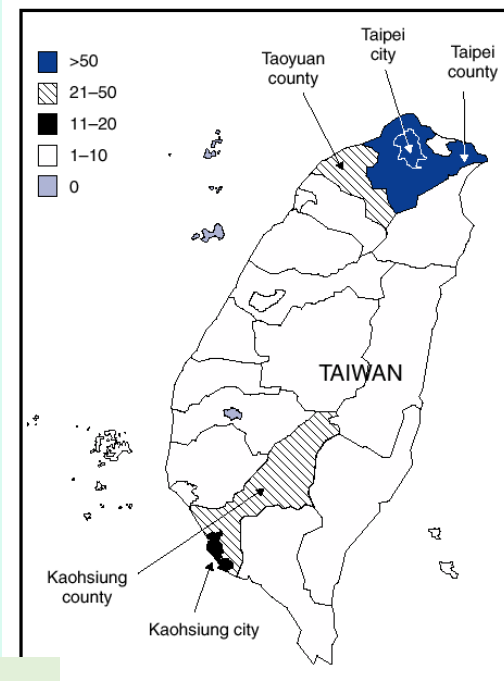
Transformative justice

SARS in Taiwan

2003/02/07~07/27 confirmed case epidemiology curve in Taiwan



Geographic distribution of probable cases



Source

<https://www.cdc.gov.tw/File/Get/InG8jagjxffXBDW1UexnrA>

1986~2000+ Health care for an industrialized country

Transformative justice

The Motive Power of Clinical Ethics Faith/ Mission/ Goal/ Patient centered, KCGMH

Building : Medical 、Children 、Rehabilitation
Total superficial measure : 644,406m² (+12.5%)
Bed No. : 2,624 (+6.9%)
OPD No. : 1,732,116 (+0.3%)
IPD occupied bed : 679,892 (+6.4%)
Attending No. : 434 (+8.2%)
Position : 271/204 (+70.4%)
Research No. : 778 (+41.9%)

Community health program
Integrated disease screen
Community health education/ Ethical education
Community epidemiology
Emergency medical service

高雄長庚紀念醫院
Kaohsiung Chang Gung Memorial Hospital

MBO/PDCA
Automatic patient safety/
Medical & Nursing
Surveillance
RCA/FMEA

Etic codes/Ethic
education/Case study
/ethic drama/ethic role
paly

Patient right/Inform
consent/Patient safety/
EBM guideline
SOP of legal issues

Introspection/
Shape patient
safety culture

Shape
ethics culture

Accreditation
requirement

Staff qualification
Improving chart recording
TJCHA's Accreditation

Media reporting

Medium reporting
events analysis/
Project review/
Ethical review

Patient self-
awareness

SARS



Advanced
Medicine

Advanced equipment
New medical
technology
Internationalized

Medical quality
improvement

Medical environment improved
Team work/Joint outpatient
service
Monitoring/audit/ISO certificate
Research/Education0Training

Community
Medicine

Infection Control
excellence

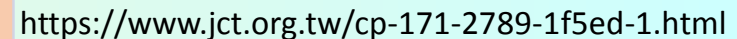
Space remodeling/
responsible area
Train for infection control
Antibiotic control
Emerging disease prevention

Group competition

MBO analysis
NHI data analysis
Sub-speciality data
analysis



Aim After SARS, physician training adopted Post Graduate Year Program (PGY), for comprehensive physician training.



1986~2000+
Health care for an industrialized country

Transformative justice

Taiwanese transitional justice referendum

衛生十大信條歌

親愛的小朋友們 大家來講衛生 衛生十大信條 信條要遵守
衛生第一條 洗手記得牢 飯前大小便後 一定要洗手
衛生第二條 東西要分放 茶缸碗筷毛巾 不借給別人
衛生第三條 青菜豆腐湯 加上水果雞蛋 吃了保平安
衛生第四條 大便要按時 最好每天一次 再也不能少
衛生第五條 手帕記得帶 咳嗽或打噴嚏 蒙著口鼻鼻
衛生第六條 姿勢要端正 坐著立著走著 胸膛要挺挺
衛生第七條 常常要洗澡 至少每天一次 越多也更好
衛生第八條 戶外遊玩好 每天兩個小時 再也不能少
衛生第九條 刷牙記得牢 早晚各刷一次 牙刷要刷到
衛生第十條 晚上睡得好 睡足十個小時 窗戶要關好
親愛的小朋友們 大家來講衛生 養成良好習慣 活潑又聰明



1969 Maternal and Child health management plan

1987 Criminal code article 100

2008 Act to admission to WHO & UN

2013 Soldier's death sparks massive protest

2015 Former President Chen medical parole

2016 Taiwan committed to gender equality

2019 Legal same-sex marriage



Developing: Near A Quarter Million Taiwanese Gathered to Protest for Human Rights



International Support & Give back: Taiwanese Neurologists in the World



Oversea trained neurologists in Taiwan **N=168, P=146/358(40.8%)**

1932~1986~2000+
Health care for an industrialized country

Transformative justice

Medical ethics & medical service

From policy and education to implement the maternal and child health plan



1932



1962



1972



1964



1972

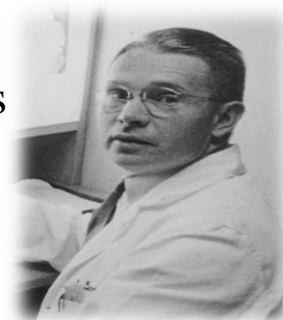
Medical ethics & medical service

The early medical service for remote areas started with

1958	public aboriginal physician
1969	nursing training program
1985	integrated into health network
1999	NHI

However, the medical works of missionaries did make a big impact.

e.g.→Mennonite Overseas Relief Commission of the Mennonite Central Committee (MCC) 門諾 began the first mobile clinics.



Dr. Brown

most service area



1986~2000+
Health care for an industrialized country

Transformative justice

► Medical ethics & medical service

Besides Taiwan, we were committed to providing medical expertise to nations in need to strengthen its role as a global health partner and give back to the international community.



Medical service

Technical support & training

Humanitarian aid

Medical assistance & donation



Source

<https://www.medicaltravel.org.tw/Article.aspx?a>

1966~1985 & 1986~2000

Health care for an industrialized country

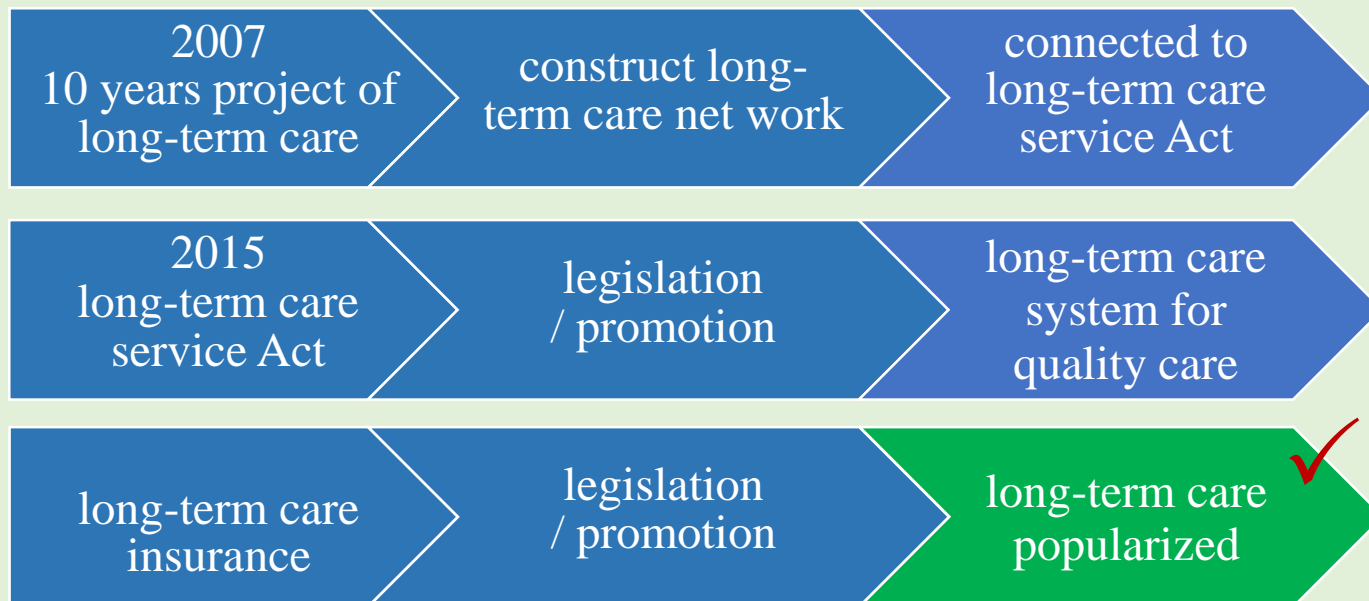
Transformative justice

Long-term health care 長照

According to WHO, defined relationship between health and function
Disease — Impairment — Disability — Handicap

Taiwan's long-term care policy and system

originally from poverty relief, housing and resettlement



Development of long-term care

Brief introduction of long-term care development models in the main countries

Founding	Countries	Who pays?	Government responsibility
Insurance	Germany	employers & individuals pay 50% each.	government has less responsibility
	Japan	insurance & government tax pay 50% & employers and individuals pay 50%	government has more responsibility than Germany
Tax	UK	Tax (public health system)	government has MOST responsibility
Compound	USA	public Medicare and Medicaid salary tax and insurance pay 50% & individuals pay 50%	government has more responsibility than Germany & Japan, less than UK
Compound	Taiwan	government tax, insurance tobacco health welfare tax estate and gift tax & individuals	government has more responsibility

1966~1985 & 1986~2000 Health care for an industrialized country

Transformative justice

What we do LTC

who

- ✓ Over 65yrs disabled
- ✓ Over 50yrs dementia
- ✓ Over 55yrs disabled aborigines
- ✓ Disabled with proof of disability

what

Home care

- ✓ Medical care
- ✓ Transportation (medical care or rehabilitation)
- ✓ Assistive device and barrier free environment
- ✓ Respite care

how

- ✓ Care center,
- ✓ Hospital discharge preparation service
- ✓ Service no. dial 1966

how much

Subsidy for different income levels

- ✓ Medical care
- ✓ Transportation
- ✓ Assistive device and barrier free Environment
- ✓ Respite care

長照2.0 長照申請與服務資訊，
懶人包 一次告訴您！
107年12月修正版



使用服務需要付錢嗎？怎麼計算？

照顧及專業服務	交通接送服務	輔具及居家無障礙環境改善服務	喘息服務
中央負擔每月給付 10,020-36,180元	中央負擔每月給付 1,680-2,400元	每月給付 40,000元	中央負擔每月給付 32,340-48,510元
一般戶： 給付額度 X 部分負擔比率 16% 中低收入戶： 給付額度 X 部分負擔比率 5%	一般戶： 給付額度 X 部分負擔比率 21%~30% 中低收入戶： 給付額度 X 部分負擔比率 7%~10%	一般戶： 給付額度 X 部分負擔比率 30% 中低收入戶： 給付額度 X 部分負擔比率 10%	一般戶： 給付額度 X 部分負擔比率 16% 中低收入戶： 給付額度 X 部分負擔比率 5%

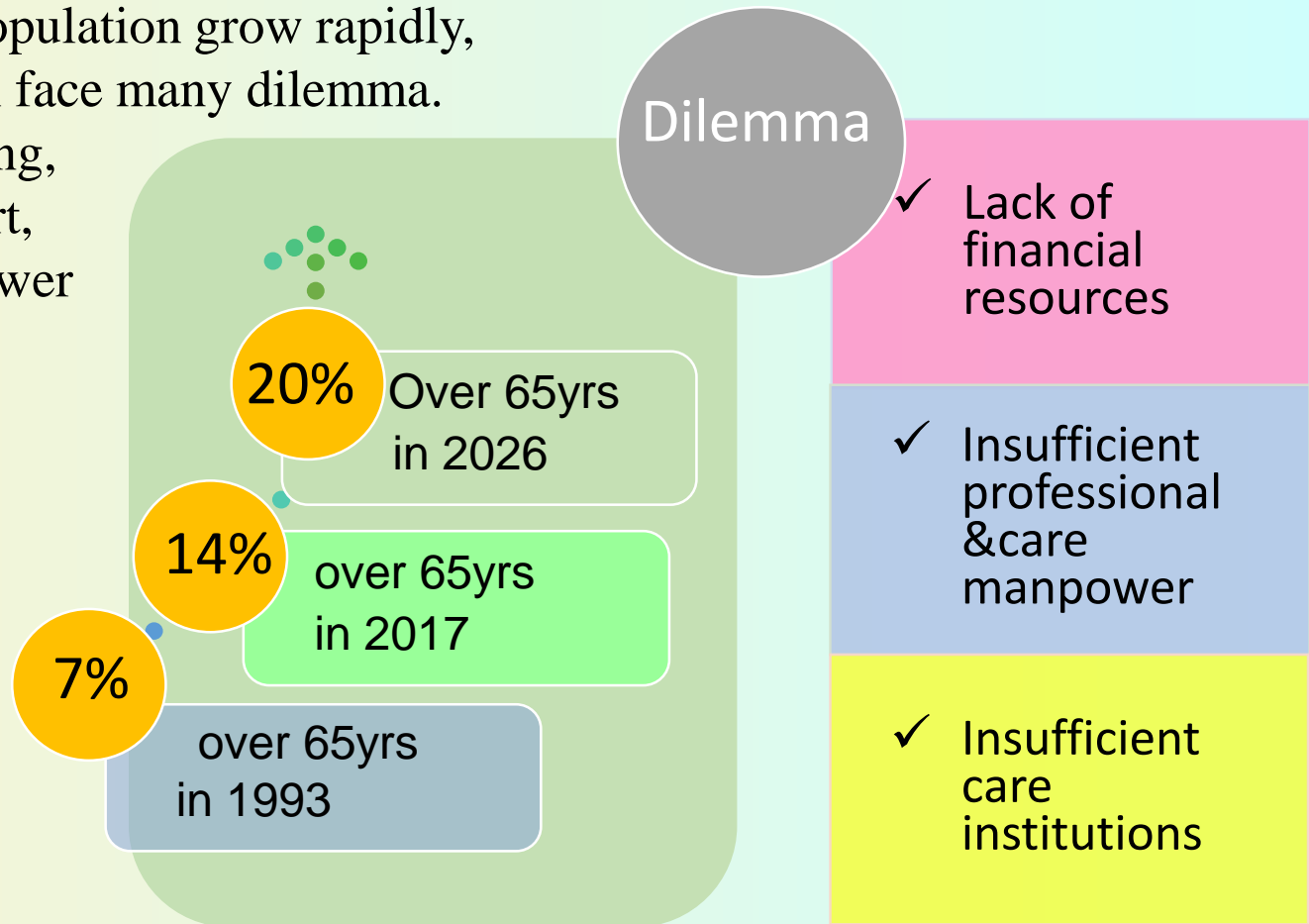
* 低收入戶由政府全額補助，免部分負擔

* 給付標準：服務項目及給付標準請參閱本局公告之給付標準及服務項目

Development of long-term care 長照困境

Taiwan's elderly population grow rapidly,
long-term care will face many dilemma.

e.g. population aging,
no financial support,
insufficient manpower





Conclusion

We explore the unfolding of Taiwan Medical History and the significant evolution of healthcare services since the 2nd World War. We have look over the captivating pre-war tropical background of Taiwan, the involvement of Austronesian medicine and fundamental of hygiene improvement and medical educational system during the period of Japan control.

In Taiwan, through the thinking of transformative justice has improved the quality of medicine, and establish the healthcare, in which cover fields of public health, medical education, hospital accreditation, medical ethics & medical service and long-term health care.