they are, our field will remain in its infancy, even as the body of evidence to which we can turn is maturing.

Odette Spruyt, MBChB, Dip Obs, FRACP, FRAChPM
Pain and Palliative Care
Peter MacCallum Cancer Centre
University of Melbourne
Melbourne, Victoria, Australia

Brian Le, MBBS (Hons), MPH, FRACP, FAChPM
Palliative Care Service
The Royal Melbourne Hospital
Parkville, Victoria, Australia

Jennifer Philip, PhD, FAChPM, MMed, Grad Dip Pall Med, MBBS
Palliative Care Service & Centre for Palliative Care
St. Vincent's Hospital
Melbourne, Victoria, Australia

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References

1. Hardy J, Fazekas B, Plummer J, et al. Randomized, double-blind, placebo-controlled study to assess the efficacy and toxicity of subcutaneous ketamine in the management of cancer pain. J Clin Oncol 2012;30:3611–3617.

2. Jackson K, Franco M, William L, et al. Ketamine and cancer pain: the reports of my death have been greatly exaggerated. J Clin Oncol 2013;31:1373–1374.

3. Leppert W. Ketamine in the management of cancer pain. J Clin Oncol 2013;31:1374.

4. Bell R, Eccleston C, Kalso E. Ketamine as an adjuvant to opioids for cancer pain. Cochrane Database Syst Rev 2012;11:CD003351.

5. Bell R, Eccleston C, Kalso E. Ketamine as adjuvant to opioids for cancer pain. A qualitative systematic review. J Pain Symptom Manage 2003;26:867–875.

6. Price DD, Finniss DG, Benedetti F. A comprehensive review of the placebo effect: recent advances and current thought. Annu Rev Psychol 2008;59:565–590.

Palliative Care in Taiwan

To the Editor:

We have read the Special Article by Lynch et al.[1] with delight and disappointment. It is a painstaking and enlightening work of real accomplishment to monitor the global development of palliative care. Sadly, our country, Taiwan, is not mentioned anywhere in the report.

Table 1
Details of Palliative Care in Taiwan

Criterion	Level	Note
Development of palliative care activism	In a wide range of locations	85 Hospital-based palliative care teams in 2011[4]
Types of palliative care	All types of palliative care provided by multiple service providers comprehensively	Including inpatient palliative care units, consultation/combined care teams, home care teams, and special outpatient clinics, with a services-to-population ratio of 1:270,000
Awareness of palliative care	Broadly on the part of health professionals, local communities, and society in general	Legalization (Hospice and Palliative Care Act) in 2000
Availability of pain-relieving drugs	Access to morphine and most strong pain-relieving drugs	Reimbursed by the national health insurance[5]
Impact of palliative care on policy	Substantial impact on public health policy	Insurance benefits of palliative care extended from cancer to noncancer diseases since 2009
Development of recognized education centers	Yes	Accreditation every three years
Academic links forged with universities	Yes	Curricula, clerkship, and internship for medical and nursing students
Existence of a national palliative care association	Yes	Five large national associations: Hospice Foundation of Taiwan, Taiwan Hospice Organization, Taiwan Academy of Hospice Palliative Medicine, Taiwan Society of Cancer Palliative Medicine, Taiwan Association of Hospice Palliative Nursing

Taiwan, with a population of 23 million, is an independent political entity, completely separate from mainland China (People's Republic of China). Under influence from China, Taiwan has been expelled from or refused admittance to most international organizations, including the United Nations and the World Health Organization. This may be the reason why Taiwan is omitted from the report by Lynch et al.[1]

In actuality, palliative care in Taiwan has been developing for more than 20 years, and the national health insurance has extensively reimbursed hospice services since 2000.[2] In one recent ranking of end-of-life care around the world, carried out by The Economist Intelligence Unit of The Economist in 2010,[3] Taiwan ranks 14th among the 40 selected countries. In the Asia Pacific and Oceania regions, Taiwan ranks only behind Australia and New Zealand, and outperforms Singapore (18), Hong Kong (20), Japan (23), South Korea (32), Malaysia (33), China (37), and India (40). In the report by Lynch et al.,[1] Singapore, Hong Kong, and Japan, together with the U.K. and U.S., are listed in Group 4b (countries where hospice-palliative care services are at a stage of advanced integration into mainstream service). In our opinion, palliative care in Taiwan also has achieved the high standards of developed countries.

In Table 1, we present Taiwan's data according to the criteria adopted by Lynch et al.[1] We hope our efforts in Taiwan receive due credit from the global palliative care community.

Wen-Shin Teng, MD
Department of Family Medicine
Taipei Veterans General Hospital
Taipei, Taiwan

Ming-Hwai Lin, MD, MPH
Department of Family Medicine
Taipei Veterans General Hospital
Taipei, Taiwan
Department of Family Medicine
National Yang-Ming University
Taipei, Taiwan
E-mail: mhlin@vghtpe.gov.tw

Shinn-Jang Hwang, MD, FACG
Department of Family Medicine
National Yang-Ming University
Taipei, Taiwan
Department of Family Medicine
Taipei Veterans General Hospital
Taipei, Taiwan

Tzeng-Ji Chen, DrMed
Institute of Hospital and Health Care Administration
National Yang-Ming University
Taipei, Taiwan
Department of Family Medicine
Taipei Veterans General Hospital
Taipei, Taiwan

Li-Fang Chou, DrScPol, MPH
Department of Public Finance
National Chengchi University
Taipei, Taiwan

http://dx.doi.org/10.1016/j.jpainsymman.2013.08.006

References

1. Lynch T, Connor S, Clark D. Mapping levels of palliative care development: a global update. J Pain Symptom Manage 2013;45:1094–1106.

2. Lin YH, Chen YC, Tseng YH, et al. Trend of urban-rural disparities in hospice utilization in Taiwan. PLoS One 2013;8:e62492.

3. Economist Intelligence Unit. The quality of death: Ranking end-of-life care across the world. A report commissioned by the Lien Foundation, 2010. Available from. http://www.lienfoundation.org/pdf/publications/qod_index.pdf. Accessed July 29, 2013.

4. Taiwan Hospice Organization. Available from http://www.tho.org.tw/xms/content/show.php?id=2123. Accessed July 29, 2013.

5. Pan HH, Ho ST, Lu CC, et al. Trends in the consumption of opioid analgesics in Taiwan from 2002 to 2007: a population-based study. J Pain Symptom Manage 2013;45:272–278.