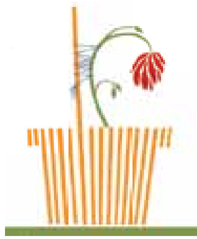


An index from the Economist Intelligence Unit ranking end-of-life care across the world, commissioned by the Lien Foundation.

The Quality of Death

THE QUALITY OF DEATH INDEX

Rank	Country	Score
1	UK	7.9
2	Australia	7.9
3	New Zealand	7.7
4	Ireland	6.8
5	Belgium	6.8
6	Austria	6.6
7	Netherlands	6.3
8	Germany	6.2
=9	Canada	6.2
=9	US	6.2
11	Hungary	6.1
12	France	6.1
13	Norway	6.0
14	Taiwan	6.0
15	Poland	6.0
16	Sweden	5.9
17	Luxembourg	5.7
18	Singapore	5.5
19	Switzerland	5.4
20	Hong Kong	5.3
21	Czech Republic	5.2
22	Denmark	5.1
23	Japan	4.7
24	Italy	4.4
25	Iceland	4.3
26	Spain	4.2
27	Slovakia	4.2
28	Finland	4.1
29	Greece	4.0
30	South Africa	3.8
31	Portugal	3.8
32	South Korea	3.7
33	Malaysia	3.7
34	Turkey	2.8
35	Russia	2.8
36	Mexico	2.7
37	China	2.3
38	Brazil	2.2
39	Uganda	2.1
40	India	1.9

Source: Economist Intelligence Unit 2010

Can raising quality of death improve quality of life?

"The weariest and most loathed worldly life that age, ache, penury and imprisonment canlay on nature, is a paradise to what we fear of death."

Measure for Measure, Act III, Scene 1

While "quality of life" is a common phrase, "quality of death" is considered far less often. Too many people, even in countries that have excellent healthcare systems, suffer a poor quality of death—even when death comes naturally. According to the Worldwide Palliative Care Alliance, while more than 100m patients and family care-givers worldwide need palliative care annually, less than 8% of this number actually receives it.

Why is this the case, when the only certainty in life is that it will end? Cultural taboos make discussing death difficult. Few nations incorporate palliative care strategies into their healthcare policy. Rich countries with cutting-edge healthcare systems often direct funding towards curative medicine. Institutions that specialise in giving palliative and end-of-life care must often rely on volunteer or charitable status. Added to this, the availability of painkilling drugs—the most basic issue in the minimisation of suffering—is woefully inadequate across much of the world. The result is an incalculable surfeit of suffering, not just for those about to die, but also for their loved ones.

With this in mind, the Economist Intelligence Unit was commissioned by the Lien Foundation, a Singaporean philanthropic organisation, to devise a "Quality of Death" Index to rank countries according to their provision of end-of-life care. The Index, which covers 40 countries, includes 24 quantitative and qualitative indicators in four categories. The UK comes top, despite well-documented problems with its overall health service. It leads the world in terms of its hospice care network and statutory involvement in end-of-life care. Many other rich nations could learn from its example.

At the bottom are developing nations in which even basic healthcare is often inadequate. When you add vast populations, poor funding and the invisibility of end-of-life care at the policy level, their ranking is no surprise. But there are beacons of hope in the developing world: Uganda's forward-thinking palliative care strategy, for example, or the groundbreaking community work undertaken in the Indian state of Kerala. They too suggest ways in which quality of death—and therefore also quality of life—may be improved.

The full methodology, detailed results and a white paper examining issues surrounding end-of-life care are available at www.qualityofdeath.org

A word from the Lien Foundation

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It invests in innovative solutions, convenes strategic partnerships and catalyses action on social and environmental challenges. The Foundation drives institutional capacity building to address crucial community needs, and empowers individuals to reach their full potential. It seeks to enhance educational opportunities for the disadvantaged, excellence in eldercare and environmental sustainability in water and sanitation. The Foundation's Life Before Death initiative seeks to get people thinking and talking about a universally taboo subject —death & dying—and to highlight the urgent need for improved care for the dying.

This advertorial was published in The Economist 17 July 2010.

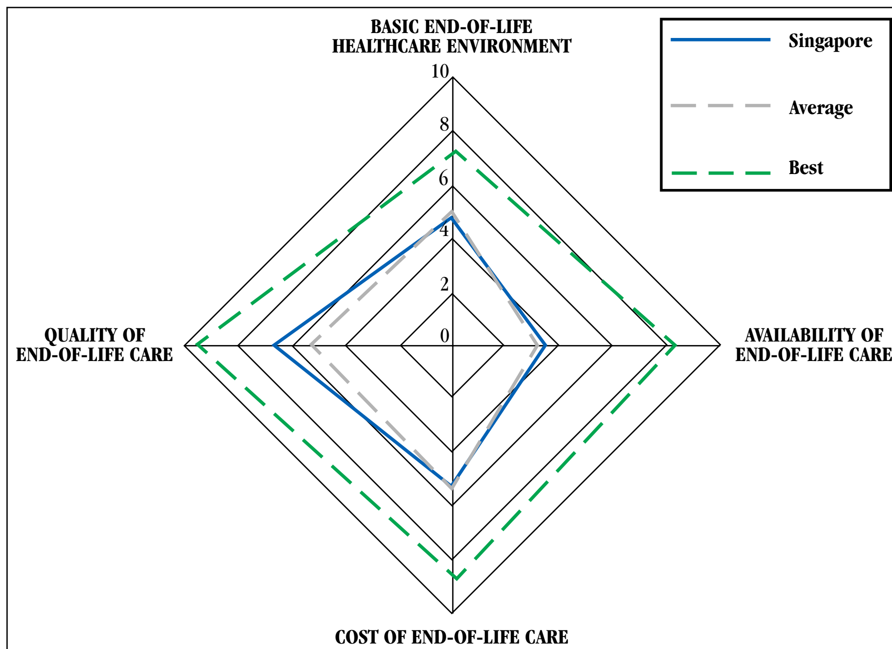
THE QUALITY OF DEATH – WHAT DOES SINGAPORE NEED TO DO?

By Dr Jeremy Lim, Editorial Board Member

Singapore has done reasonably in this first survey, but there is the potential to do much better. We have world leaders in palliative care such as Dr Cynthia Goh who co-chairs the World Palliative Care Alliance, strong political support in the form of Minister Khaw Boon Wan and a growing awareness and interest in palliative care amongst both clinicians and the public. What we do need now is a concerted effort to build upon these optimistic foundational elements.

SINGAPORE

	SCORE / 10	RANK / 40
OVERALL SCORE	**5.5**	**18**
BASIC END-OF-LIFE HEATHCARE	4.9	30
AVAILABILITY OF END OF LIFE CARE	3.7	16
COST OF END OF LIFE CARE	5.5	=20
QUALITY OF END-OF-LIFE CARE	7.0	11



Source: Economist Intelligence Unit 2010

This month, the Economist Intelligence Unit (EIU) launched its global Quality of Death country rankings. Commissioned by Singapore's Lien Foundation, the study is a landmark in palliative care and brings benchmarking and learning from other experiences in the sector to a dramatic new level.

What can Singapore learn from this exercise? My first hope is that we do not ignore the rankings as we do with other global rankings we do not agree with, such as the one from Reporters without Borders (where Singapore is ranked 133rd for press freedom) and instead peer intently into the mirror to ask what we can do better. Secondly, the composite ranking is not as important or as insightful as the component scores, and it is the component scores that we should be focusing on. Finally, I hope that we harness the attention given to the Quality of Death rankings to channel much needed intellectual energies and physical resources into improving palliative care for all Singaporeans.

Let us examine a few salient findings in the Singapore context. One immediate observation is how average we are, placing 18th overall out of 40 countries and equal 20th for cost of care and 16th for availability of end-of-life care. Singapore scored best in the category "Quality of End-of-Life Care" and this is fitting given the emphasis the current Health Minister has placed on palliative care and efforts to build up capacity including sub-specialty recognition of palliative care physicians and the incorporation of palliative care training in medical school. I would not lose sleep over the poor performance in the "basic end-of-life healthcare environment", as this category is weighted heavily towards input factors such as number of hospital beds, doctors and healthcare spending, all of which we are already actively intervening to improve.

Singapore has done reasonably in this first survey, but there is the potential to do much better. We have world leaders in palliative care such as Dr Cynthia Goh who co-chairs the World Palliative Care Alliance, strong political support in the form of Minister Khaw Boon Wan and a growing awareness and interest in palliative care amongst both clinicians and the public. What we do need now is a concerted effort to build upon these optimistic foundational elements. Three things in my view need to happen:

First, we need a national palliative care strategy. President Kennedy once said, "Efforts and courage are not enough without purpose and direction." We must be clear as a society that world class end-of-life care is what we want to offer to all Singaporeans, and equally clear about how the levers of finance, policies, training and so on can be applied to realise this vision, Related to this would be the articulation of national standards for the quality or reach of palliative care to set clear milestones to guide the journey.

Secondly, people are vital and measures to encourage more to choose careers in palliative care need to be re-doubled. The recognition of palliative care as a sub-specialty is a good beginning but insufficient. Healthcare leaders need to demonstrate to clinicians that palliative care, while difficult and emotionally-draining at times, can be a rewarding clinical specialty in which top level support will minimise the need to keep banging one's head against the brick wall of ignorance and bureaucracy (as the pioneers had to do) to improve the lives and deaths of Singaporeans.

Finally, palliative care is not a clinical service but a social movement. Meaningful and enduring changes can occur only if difficult issues such as cultural taboos and lack of understanding about end-of-life care are courageously voiced beyond academic circles into the mainstream, slowly impacting and altering social norms. "The problem with hospices is that it's firmly linked in everyone's minds with giving up", says Diane Meier of the US-based Center to Advance Palliative Care in the EIU report. How do we "detoxify death" and re-frame palliative care to be about living well… all the way? SMA

Dr Jeremy Lim is a public health physician in the public sector. This commentary is contributed in his personal capacity. He can be reached at jlim@jhsph.edu.