

INTERVIEW WITH TONY NASH

By Dr Jeremy Lim, Guest Editor



Tony Nash
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Tony Nash is responsible for the Economist Intelligence Unit's worldwide custom research business. He has managed growth of the customised research business to include governments, multinational firms and multilateral institutions, particularly in Asia, as well as foreign multinationals operating in Asia. He has overseen projects across the industry spectrum, including in the sectors of telecoms and technology, healthcare, logistics, tourism, financial services, FMCG and retail, education, automotive and energy. His project experience includes building forecasting scenarios of consumer goods sectors in China's local markets; market sizing of specialised automotive products across India, Russia and Africa; risk analysis for long-term energy investments in South-east Asia, the Middle East and western Africa; assisting with negotiating frameworks for bilateral free trade and environmental agreements; and benchmarking of national competitiveness of technology, financial

services and other industry sectors across developed and developing markets. Tony is a frequent speaker and facilitator of strategic discussions with business and government leaders.

Before joining the Economist Intelligence Unit in 2007, Tony was an entrepreneur, writer and consultant. His experience includes building a business in South Asia focused on ICT services and microfinance for communities in rural towns and villages; starting technology research firms in Silicon Valley; and developing logistics networks for major US retailers in eastern Europe and North Africa.

Tony has nearly a decade of experience in Asia. He has a Masters degree in International Relations from the Fletcher School of Law and Diplomacy at Tufts University and a BA in Business Management from Texas A&M University.

Thoughts on Quality of Death -

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DR JEREMY LIM - JL: What was your initial reaction to Lien Foundation's idea of developing a Quality of Death Index?

MR TONY NASH - TN: As my team generated the Quality of Death concept, we tried to develop an approach that would genuinely address the seriousness of the matter without making the discussion overly clinical, melodramatic or irrelevant to those who aren't yet facing these issues. It's a complicated topic and we wanted to give it the respect it deserves.

JL: As you delved deeper into the project, how did your thoughts of this work change? How did your impressions of palliative care change?

TN: It's really a delicate piece of research that balances clinical necessities with the emotional realities that a patient and a family face at the end of a cherished life. At the same time, governments, the healthcare community and individuals face cost and comfort trade-offs. More than anything, my thoughts moved to the importance of a physician's respect for the patient's right to know their full situation and options as well as trade-offs that many governments are now facing to provide palliative care, given an ageing global population.

JL: Why do you think palliative care physicians do what they do? What drives them?

TN: Palliative care physicians seem to have a real passion to care for patients through their entire life, not only when curative care can be provided. Comfort, professionalism, consideration and respect seem to drive those whom we spoke with.

JL: Having looked at the experiences of so many countries, how do you think Singapore should advance her national palliative care

programmes? What's good about Singapore's efforts? What can be strengthened?

TN: Singapore ranked well in end-of-life care provision overall and second in Asia, behind Taiwan. On the positive side, social programmes like CPF and Medisave can be used for home care and institutional palliative care. There is also a high availability of volunteer workers helping with hospice care and organisations like HCA Hospice Care contributing very positively. The community activity has highlighted the need for training in medical schools and accreditation of service

personal experience with palliative care when someone dear to you fell ill. Can you share more about the experience and how this has shaped your research and perspectives?

TN: My mother was provided hospice care when she fought cancer in the late 1990s. I remember the helplessness we felt and how brave my father was to really engage in the process. We were most grateful for the readily available services for hospice care where my parents were living at the time. The practitioners were qualified and caring. They never spoke to my mother as if she was some sort of lost cause and treated her as if every conversation was really meaningful. Having had that personal experience, I wanted to be sure to treat the topic with the care and consideration it deserves, removing the emotion while shaping a deep, disciplined methodology to capture the trade-offs faced not only by patients, but also those faced by physicians, governments and the broader healthcare community as they continue to refine and enhance the provision of end-of-life care.

JL: Palliative care has been described as a social movement. From your experience as a thought leader in so many different sectors, what do you think should be done to advance this social movement?

TN: Efforts like those taken by the Lien Foundation with the Quality of Death index go a long way to get the end-of-life care discussion started. People want respect and dignity as they reach the end of their lives and the palliative care movement provides for key elements of those desires. In many developed, rich countries including Singapore, demography will pull the discussion into the political realm as societies grapple with providing for growing elderly populations. **SMA**

On advancing palliative care as a social movement -
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providers, areas where Singapore has now responded and also performs well. On the cost side, the average payment for hospice care services is low, alleviating what could be a heavy burden on families and patients.

On the negative side, the availability of services here is limited. More hospice care facilities are necessary and those in place are badly in need of additional beds. Given the ageing population here, a government-led national palliative care strategy would really strengthen Singapore's commitment to the growing end-of-life care needs.

JL: You mentioned earlier that you had a