

End-of-life care here needs improving

BY GWENDOLYN NG

MORE needs to be done to improve end-of-life care in Singapore – which ranked 18th out of 40 countries in the first study on the quality of death.

More professionals trained in **palliative care**, more community services and more public awareness of the need for such care, among other things, are necessary for Singapore, said the experts behind the Quality of Death Index.

The nation did, however, fare well in certain areas, such as the national **pension-scheme coverage** and accreditation for end-of-life care providers.

These factors helped it rank second among the eight Asian regions included in the study, behind Taiwan, which came in 14th overall.

Topping the list was Britain, followed by Australia and New Zealand. They fared well because each has a national strategy that recognises end-of-life care in health-care and medical-education policies.

The results of the study commissioned by Singapore's Lien

QUALITY OF DEATH INDEX

1 Britain	14 Taiwan	27 Slovakia
2 Australia	15 Poland	28 Finland
3 New Zealand	16 Sweden	29 Greece
4 Ireland	17 Luxembourg	30 South Africa
5 Belgium	18 Singapore	31 Portugal
6 Austria	19 Switzerland	32 South Korea
7 The Netherlands	20 Hong Kong	33 Malaysia
8 Germany	21 Czech Republic	34 Turkey
9 Canada	22 Denmark	35 Russia
9 The United States	23 Japan	36 Mexico
11 Hungary	24 Italy	37 China
12 France	25 Iceland	38 Brazil
13 Norway	26 Spain	39 Uganda
		40 India

The Quality of Death Index is based on territories' scores in the basic health-care environment, as well as the availability, cost and quality of end-of-life care.

Foundation and conducted by the Economist Intelligence Unit (EIU) were unveiled at a press conference yesterday.

The foundation commissioned the study to put end-of-life issues on the global radar and catch the attention of the public and key decision makers, said its chief executive officer, Mr Lee Poh Wah.

He said: "We live in a death-denying society where too

many people are dying with unnecessary pain, with too much fear and unfinished business."

The study evaluated the countries based on 24 indicators in four categories: basic health-care environment, and the availability, cost and quality of end-of-life care.

From December last year to March, researchers **collated** data from sources such as the World Health Organization and

health ministries. They also spoke to doctors, specialists and other experts.

Mr Tony Nash, EIU's global director, said that Singapore's standing has been affected by its low spending on health care and its low ratio of hospital beds to sick people.

Singapore's health-care expenditure is 3.3 per cent of its GDP, much lower than the other regions' average of 8.8 per cent of GDP.

The study noted that countries with an ageing population, like Singapore, need to beef up end-of-life care services.

Dr Cynthia Goh, centre director of Lien Centre for Palliative Care – a research centre for palliative care set up by the Lien Foundation and the Duke-National University of Singapore Graduate Medical School – sees a need for a two-fold increase, at least, in manpower for end-of-life care, to widen the coverage of such care here.

Of the 17,000 who die here each year, about 60 per cent of them need end-of-life care, but only 20 per cent tap on some form of hospice or palliative care, she estimated.

Though many people prefer to die at home, the "relatively

poorly developed community services" here make it hard to do so, she noted.

This is unlike the situation in other countries, where seniors can live out their last days alone, with the help of district nurses, she said.

Dr Goh said: "We don't have caregivers to take care of daily needs. Maybe this is something we need to develop."

Mindsets also need to be changed, she added.

She said: "The public still believes that embracing palliative care means giving up. But palliative care does not exclude patients from having treatment."

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Palliative care:

慈怀护理 cí huái hù lǐ

Pension: 养老金 yǎng lǎo jīn

Coverage: 范围 fàn wéi

Collated: 整理 zhěng lǐ