

REVIEW & FORUM.

Dealing with life's end

IT IS heartening the Lien Foundation commissioned a comparative study in the form of a quality of death index to see how well different countries manage the care of dying elderly people. The move reflects a growing appreciation of “end of life” issues. But Singapore’s 18th ranking among the 40 countries surveyed by the Economist Intelligence Unit leaves much food for thought – and a basis for remedial action. If compassionate management of the dying is considered a distinguishing feature of a First World society, Singapore is falling short.

In the basic end-of-life care category, Singapore came in even lower, at No. 30. One of the factors included

health-care spending as a percentage of gross domestic product, which was ascertained to be too low. The Ministry of Health’s response was that this was “perplexing”, given that affordability and efficiency are hallmarks of the health-care system. Less debatable, however, is the need for a government-led national palliative care strategy, a point deemed a weakness by the poll takers. Seven countries in the survey have such strategies in place.

It can be argued that changes in Singapore’s palliative care strategy, such as the use of Medisave for in-patient hospice care, have been implemented only in the past three years. A lot more can be done. For example, more health-

care professionals should be trained in an area regarded as less lucrative and prestigious than other sub-fields. In addition, it would be beneficial to consider inducements for such professionals, such as the flexibility of part-time work in palliative care, supplemented by time spent in research, education or even other medical fields. This is a practice used to great effect in countries such as Australia. It would ease the emotional burden associated with palliative care.

Most importantly, public awareness of such managed care should be stepped up. It should be underscored that palliative care is not about death per se, but the minimising of suffering when expiry is near. This would ameliorate the ef-

fects of a deep-seated taboo associated with death in the Asian mindset. It also will place an obligation on Singaporeans, long conditioned to equating the value of a person with economic usefulness, to value people for who they are. Sick, old people should be better honoured and not be regarded as an imposition on the time and resources of relatives. The sooner such an attitudinal change can be made, the better would Singapore be in providing the requisite level of care. If this sounds like sanctimonious waffle to young people, they need only acknowledge this: They too will wither and be in need of care and emotional support, sooner than they can imagine.