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## **Singapore philanthropic house Lien Foundation advocates better care of the dying by commissioning the first-ever global Quality of Death Index**

**The report released by the Economist Intelligence Unit (EIU) today ranks 40 countries on their provision of end-of-life care**

**The UK is number one, Taiwan scores highest in Asia, the US ties with Canada at ninth place and Singapore ranks 18<sup>th</sup>**

14 July 2010. Singapore

1. Modern medical science has kept us stronger and longer on earth. People are fascinated about the best places to live, how to ensure a healthy wellbeing and good quality of life. But a “good quality of death” is hardly discussed and receives little attention from the individual, society and government.
2. To highlight this gap and advocate better care for the dying, the **Lien Foundation** commissioned the EIU to measure the provision of end-of-life care across 40 countries, resulting in the first global **Quality of Death index** released today.
3. “The way a nation cares for its weakest and most vulnerable is the mark of its soul. How it cares for the dying is a measure of the society’s advancement and enlightenment,” said Mr Lee Poh Wah, Chief Executive Officer, Lien Foundation.

*Yet why aren't there global standards of care for the dying today? Why does end-of-life care continue to be a fringe issue for many countries?*

4. The Foundation was surprised to find that so far there has been no international benchmark on how well countries care for the dying. "We wanted a global comparison of how different countries deal with this universal issue. We hope that decision makers can use this simple and user-friendly Quality of Death index to analyse the countries' total environment for end-of-life care. The Index and its accompanying white paper can become a key source of information for them to determine priorities, formulate policies and adopt best practices for better end-of-life care," Mr Lee remarked.
5. The Quality of Death Index and white paper examined the fundamentals of good end-of-life care – whether a country's healthcare environment is ideal for end-of-life care, the availability and cost of end-of-life care and the quality of end-of-life care provided. Surrounding these factors are complex issues like cultural attitudes that could become barriers to providing quality end-of-life care, the extent of government funding and the challenge of integrating end-of-life care into healthcare systems and national policies.

### ***Some interesting trends from the Quality of Death Index***

6. One of the findings of the Index showed that the **prosperity of a country does not necessarily equate to better end-of-life care**. This observation was echoed in Asia, where Singapore found itself sharing similar challenges with other rich countries like Taiwan, Hong Kong, Japan and South Korea.
7. Three Asian countries – Taiwan (14th), Singapore (18th) and Hong Kong (20<sup>th</sup>) have emerged amongst the top 20 in the Index. Japan,

South Korea and Malaysia are in 23<sup>rd</sup>, 32<sup>nd</sup> and 33<sup>rd</sup> positions respectively. China is in 37<sup>th</sup> place and India is ranked 40<sup>th</sup>.

8. "Highly developed or the rich countries of Asia do not necessarily rank highest in end-of-life care provision, but much depends on how palliative care services are organized and funded, and whether they are accessible to all those who need them." Said Dr Cynthia Goh, Lien Centre for Palliative Care Director and Co-chair, Worldwide Palliative Care Alliance and Chair, Asia Pacific Hospice Palliative Care Network.

***Countries with a national palliative care strategy tended to fare better in their care for the dying***

9. The top three countries of the Index – United Kingdom (U.K), Australia and New Zealand each has a national strategy in place recognising end-of-life care in their healthcare and medical education policies. Dr Cynthia Goh observed, "We can learn from these countries where palliative care services are well integrated into their healthcare systems, and the governments have a national strategy to ensure quality care reaches the whole population." Having a palliative care policy in place is an important factor that has made a difference, even for less wealthy states like Kerala, India.

***Learning from the community model***

10. The Index highlights that the tiny state of Kerala provides two thirds of India's palliative care services despite it only accounting for 3% of India's population. In addition to having a formal palliative care policy and being one of the first states to allow the use of morphine for palliative care, Kerala has a unique model of extensive community involvement where volunteers deliver services to patients' homes. These services are run and funded by local micro-donations.

## ***Putting End-of-Life Care On the Radar Screen***

11. "We hope that the implications and significance of the Index results will put end-of-life care on the global radar screen of the medical community, policy makers, and intelligentsia," said Mr Lee. "If we can create more 'die-logues', end-of-life care can move from the periphery to the attention of the public eye and key decision makers."

12. Reiterating the gravity of this challenge, he added, "Death may be society's greatest leveler but it is no social democrat either. As the Index has shown, different countries face varying challenges to better end-of-life care - be it cultural attitudes, funding or lack of awareness. What is clear is that if we can raise our quality of death, we are taking a step forward for humanity's quality of life."

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### ***About the Lien Foundation***

**[www.lienfoundation.org](http://www.lienfoundation.org)**

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.

### ***About Life Before Death***

**[www.lifebeforedeath.com](http://www.lifebeforedeath.com)**

The Quality of Death Index is part of the Lien Foundation's Life Before Death initiative and overall mission to advocate improved care for the dying. The Foundation first conceived and spearheaded the Life Before Death initiative in 2006 to create greater public awareness about end-of-life issues in Singapore. The second phase in 2008/9 sought to de-stigmatise death and dying by spurring 'die-logues' amongst the public.

Today, the initiative reaches out to a wider global audience online through the use of social media, art, films and photography, enthusing them to view death and life differently.

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## **ANNEX A**

### **ABOUT THE QUALITY OF DEATH INDEX** [www.qualityofdeath.org](http://www.qualityofdeath.org)

The Index ranks 40 countries (of which 30 are OECD nations) on their provision of end-of-life care.

The Economist Intelligence Unit's research team devised the Index, collated data and built the model from a wide range of indicators. They interviewed a variety of doctors, specialists and other experts to compile and verify the data.

The Quality of Death Index scores 40 nations on 24 indicators in four categories:

- **Basic end-of-life healthcare environment**
- **Availability of end-of-life care**
- **Cost of end-of-life care**
- **Quality of end-of-life care**

Eleven of the indicators are quantitative, including factors such as life expectancy and healthcare spending as a percentage of GDP.

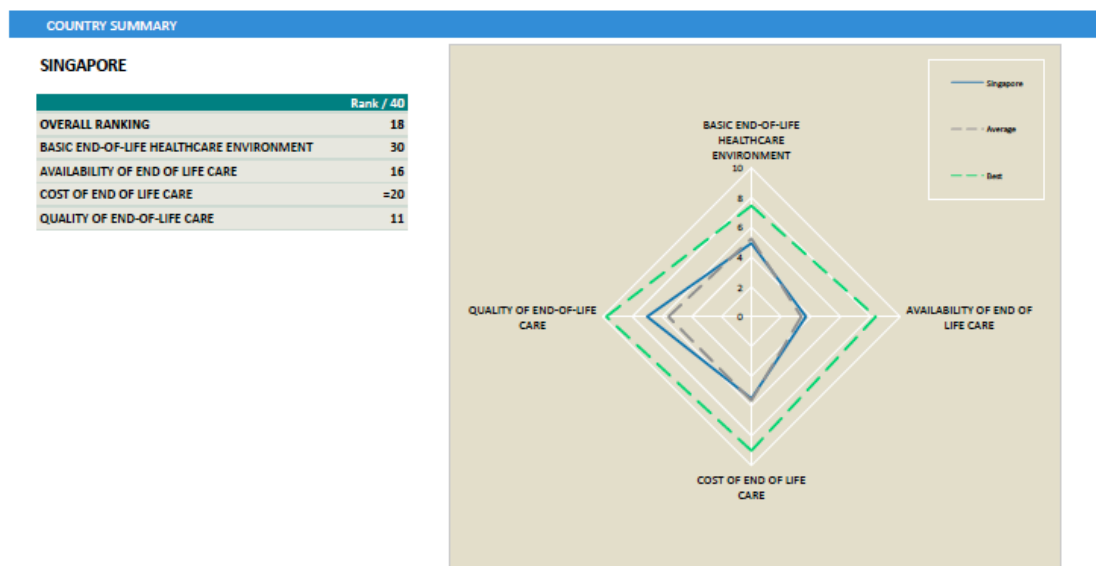
Ten indicators are qualitative assessments, such as the level of public awareness of end-of-life care.

Three are status indicators of aspects such as whether a country has a government-led end-of-life care strategy or is in the process of setting one up.

The full report, index rankings and methodology description are available for download at [www.qualityofdeath.org](http://www.qualityofdeath.org)

## ANNEX B

### QUALITY OF DEATH INDEX: HOW SINGAPORE FARED



- Singapore has emerged as the second best Asian nation in the provision of end-of-life care, according to the global Quality of Death Index conducted by the Economist Intelligence Unit.
- With an overall ranking of 18<sup>th</sup> position, Singapore was strongest in Quality of End-of-Life Care (11<sup>th</sup> place) and weakest in Basic End-of-life Healthcare Environment (30<sup>th</sup> place). In the areas of Availability of End-of-Life Care and Cost of End-of-Life Care, Singapore ranked 16<sup>th</sup> and 20<sup>th</sup> respectively. (see Annex A for index methodology )
- Under the category of Quality of End-of-Life Care, factors like training for end-of-life care in medical schools, level of doctor-patient transparency and accreditation for end-of-life care providers put Singapore in good stead. Singapore also fared well for other indicators such as the presence of a “do-not-resuscitate” policy and the availability of volunteer workers for end-of-life care support.

- d) End-of-life issues are taking on a greater importance and urgency as the number of elderly grows in Singapore. Singapore has the capacity to climb up the ranks of the Index. Palliative care has been recognised as a medical sub-specialty and the government has identified end-of-life care as one of its focus areas. If Singapore has a government-led national palliative care strategy coupled with greater awareness of end-of-life care, this will lead to the development of new and better services, enlarging the scope and reach of care.
- e) To catalyse discussion on the future of end-of-life care for Singapore, the Foundation will be seeking views from leading healthcare professionals, academics and community leaders. Mr Lee Poh Wah, CEO, Lien Foundation said, "Singapore's model of care today is being put to the test by the pressures of an aging populace, cost and rapid social demographic changes. We hope this will be a timely move for us to review and present new ideas and ways to improve care for the dying."