

## Singapore ranks 12<sup>th</sup> in the global 2015 Quality of Death Index

***Commissioned by the Lien Foundation, the Index of 80 countries reveals Singapore to be strongest in the categories of quality and affordability of palliative care<sup>1</sup>, and weakest in community engagement***

6 October 2015

1. Singapore has emerged 12<sup>th</sup> globally and second in Asia, behind Taiwan (6<sup>th</sup>) in the rankings of the improved and expanded [2015 Quality of Death Index \(QOD\)](#). Released ahead of World Hospice and Palliative Care Day which falls on 10 October, the benchmark of palliative care across the world by the [Economist Intelligence Unit \(EIU\)](#) surveyed and assessed 80 countries in five categories: palliative and healthcare environment; human resources; the affordability of care; the quality of care; and the level of community engagement in the country.
2. The inaugural QOD Index in 2010 had sparked a series of policy debates globally on the provision of care for the dying. Previously, the 2010 Index ranked 40 countries according to the availability, affordability and quality of end-of-life care. Now, the 2015 Index covers 80 countries, and consulted more than 120 experts worldwide.

### ***Progress in Singapore's palliative care – A National Strategy***

3. Today, Singapore has moved up several notches from its 18<sup>th</sup> place in 2010. It did not have a national palliative care strategy then. After the first QOD, the Ministry of Health (MOH) commissioned the development of the National Strategy for Palliative Care<sup>2</sup> that was implemented starting 2012. The increased attention and resources given to palliative care have paid off. The 2015 Index shows Singapore has done well in the Index's categories of affordability of care (6<sup>th</sup>), quality of care (8<sup>th</sup>) and human resources (8<sup>th</sup>).

### ***How Singapore improved – Affordability, Human Resources***

4. Greater overall healthcare spending, including public funding towards hospice palliative care services has helped improved affordability of palliative care in Singapore. For instance, the daily withdrawal limits for Medisave usage for palliative

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<sup>1</sup> Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

<sup>2</sup> Report on the National Strategy for Palliative Care, Lien Centre for Palliative Care, Duke-NUS Graduate Medical School, [https://www.duke-nus.edu.sg/sites/default/files/Report\\_on\\_National\\_Strategy\\_for\\_Palliative\\_Care%205Jan2012.pdf](https://www.duke-nus.edu.sg/sites/default/files/Report_on_National_Strategy_for_Palliative_Care%205Jan2012.pdf)

care has been increased, and there is no longer a cap on Medisave usage for patients with terminal illnesses such as cancer or organ failure.<sup>3</sup>

5. In the area of human resources, Singapore has made inroads by increasing the number of palliative care specialists. Today, there are 51 registered palliative care specialists, compared to 33 in 2011.<sup>4</sup> Training pathways and education opportunities in palliative care have improved, not only for specialists, but also for other healthcare professionals. A new Graduate Diploma in Palliative Medicine targeted at family doctors was launched in mid 2014, and new training programmes have been introduced for nurses, social workers and other allied health workers.
6. Explaining Singapore's progress, Chairman of Singapore Hospice Council and Senior Consultant, Department of Palliative Medicine, Tan Tock Seng Hospital, Dr Angel Lee said, "Palliative care is now part of the healthcare language in Singapore. It is the result of the close partnership between policy makers, hospice activists and palliative care providers working together towards better solutions to improve care for the dying. This has brought about positive changes in funding, new services and in-patient facilities, guidelines and new training programmes – all in a short span of time since the implementation of the National Palliative Care Strategy."

#### ***Room for improvement in Singapore's palliative care***

7. The latest Index reveals that Singapore is weakest in the category of community engagement (22<sup>nd</sup>). This may not come as a surprise as the Lien Foundation's 2014 *Death Attitudes* survey<sup>5</sup> found that only 1 in 2 of Singaporeans were aware of hospice palliative care, and when asked to define what hospice palliative care is, only about a third of respondents could do so correctly. The survey noted that awareness of hospice palliative care also increases receptivity for these services.
8. The Index pointed out that Belgium, the top-ranked country for community engagement, has numerous campaigns and extensive regional networks to raise public understanding of palliative care. Taiwan also fared very well in this category, coming in 5<sup>th</sup> for this category. Despite being an Asian society with ingrained taboos against discussing death like Singapore, discussions of life and death in Taiwan have been introduced in the education system, and this greatly helps to de-stigmatise death and dying.

#### ***Fostering open discussions on death and dying***

9. While there has been recent efforts to promote advance care planning in the healthcare system, Singapore can do more to encourage candid discussions on palliative care and end-of-life matters; and to enforce the idea that such discussions do not only have to take place when illness strikes. The majority (71%) of

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<sup>3</sup> Easing of caps next year among changes in sector announced by Health Minister By Salma Khalik, The Sunday Times, 29 Jun 2014

<sup>4</sup> Singapore Medical Council

<sup>5</sup> <http://lienfoundation.org/sites/default/files/Death%20survey%20Presser%20Final%20-%20Combined.pdf>

respondents in the *2014 Death Attitudes* survey saw the need for national conversations on death and dying.

### ***Greater role for government in driving community engagement***

10. Another area where the government can play a lead role is to drive more community engagement in palliative care. The 2015 QOD study highlighted the importance for policymakers to create the impetus and support systems needed for this. For instance, Australia's government-backed Palliative Care Australia leads efforts to raise public awareness through the mainstream media. In Japan, the government funds civic organisations involved in raising public awareness, and community-based networks are active in rural areas in reaching out to elderly terminally ill patients.

### ***Growing demand versus capacity for palliative care***

11. Besides community engagement and public awareness, we need more robust growth in capacity to meet the anticipated rise in demand for palliative care due to Singapore's greying population. However, the 2015 QOD report ranks Singapore 20<sup>th</sup> in terms of its capacity to deliver palliative care.

12. Capacity is just inching up with the number of inpatient hospice beds growing from 137 in 2011 to 147 in 2014. The number of inpatient palliative care beds per 100,000 population for Singapore has stayed at 2.7<sup>6</sup>, compared to the recommended norms for Australia and UK, which are 6.7 and 5.1 respectively<sup>7</sup>. Based on Singapore's ageing trend, the government's plans for 360 inpatient beds by 2020<sup>8</sup> would need twice the current manpower and expertise. The government projection of the need for palliative care growing from "the 5,000 to 6,000 patients per year (in 2013) to more than 10,000 patients per year in 2020"<sup>9</sup>. If the number of deaths totals about 20,000 in 2020, then 50% of all deaths would be touched by palliative care.

13. To reach the 2020 target, capacity will have to be ramped up in the next five years to meet the expected demand. Estimates for 2009 indicate that close to 20% of deaths received palliative care then. Therefore, the actual planning target may have to be higher in order for palliative care to reach 50% of deaths. A recent U.K study suggested that 69% to 82%<sup>10</sup> of all deaths in high-income countries would require palliative care.

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<sup>6</sup> Calculated based on having 147 beds in June 2014 and Singapore's population size in June 2014 of 5.47 million.

<sup>7</sup> National Strategy for Palliative Care

<sup>8</sup> Speech by Mr Gan Kim Yong, Minister for Health, at Singapore Palliative Care Conference, 28 June 2014:

[https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html)

<sup>9</sup> Speech by Dr Amy Khor, Senior Minister of State for Health, at 2013 Voices for Hospices Charit Concert 2013:

[https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2013/speech-by-dr-amy-khor--senior-minister-of-state--health---at-the.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2013/speech-by-dr-amy-khor--senior-minister-of-state--health---at-the.html)

<sup>10</sup> Drawing from an extensive review of population-based methods by Fliss EM Murtagh et al, *How many people need palliative care? A study developing and comparing methods for population-based estimates*, *Palliative Medicine*, 2014 Vol 28(1) 49-58

### ***Sustainable model of financing needed***

14. Another area of concern is the current financing model behind palliative care services. Despite an overall increase in healthcare spending, the delivery of Singapore's hospice palliative care services is still largely driven by charities. So while Singapore ranks sixth for affordability of palliative care, charity operators still play a key role in keeping home hospice services free. These providers have to constantly fundraise a significant portion of their operations from donations. The question of financing sustainability arises with the projection of demand for palliative care doubling by 2020.
15. Currently, palliative care services are means-tested and funded by a mix of government subvention, Medisave and Medifund. However, the existing financing structure has a bias towards acute care. For instance, insurance companies and Medishield Life do not cover care in hospices. In contrast, Australia, which ranks 1<sup>st</sup> in affordability, include palliative consultations under a Medical Benefits Scheme and private insurance is also used as a source of financing in 15% of cases<sup>11</sup>.
16. "Most people do not want to be in hospital once they know medical interventions will no longer benefit them," said Dr Cynthia Goh, Senior Consultant, National Cancer Centre Singapore. "Yet some patients are stuck in hospital because their insurance plans do not cover care at a hospice. Insurance companies here still have not realized that better care can be obtained at a hospice at a fraction of the cost of the hospital."

### ***Meeting the needs of non-cancer patients***

17. Like in most parts of the world, cancer patients access the majority of palliative care services in Singapore. However, non-cancer patients with end-stage conditions and other chronic diseases, such as those with organ failure or dementia, have less clear-cut illness trajectories that require new funding models to better support their longer-term palliative care needs. In fact, this group makes up the bulk of all deaths in Singapore<sup>12</sup>. A review of the current financing model is needed to ensure palliative care remains affordable and accessible even as demand ratchets up.

### ***Enhancing palliative care knowledge in healthcare workers***

18. To meet the increase in demand for palliative care, doctors and nurses need to be equipped with basic and better palliative care knowledge. A Lien Foundation survey of doctors and nurses in 2014<sup>13</sup> found that only 44% of doctors and 59% of nurses with frequent contact with terminally ill patients in Singapore said they were familiar with hospice palliative care. One of the respondents, a doctor, highlighted the problem of healthcare providers using palliative care as "an option of last

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<sup>11</sup> EIU, Quality of Death Index 2015, Australia Country Profile

<sup>12</sup> [https://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Principal\\_Causes\\_of\\_Death.html](https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Principal_Causes_of_Death.html)  
About a third of deaths are attributed to cancers. Non-cancer conditions make up the remainder, including end-stage heart, lung, renal failure), dementia and other chronic neurological diseases.

<sup>13</sup> <http://lienfoundation.org/sites/default/files/Lien%20Fdn%20Survey%20of%20Death%20Attitudes%20-%20Doctors%20n%20Nurses%20Final%2018%20June.pdf>

resort”, instead of “an option of management”. In order for palliative care to be rendered on time, the perception and understanding of palliative care among healthcare professionals has to be improved and changed.

19. Furthermore, the knowledge, skills and provision of palliative care must go beyond the domain of palliative care specialists. The current model and reliance on palliative care specialists providing the bulk of care to patients and their families must evolve and change. With demand expected to double, the healthcare system can ill-afford to depend on these specialists to be the main providers of care to the dying.

***Make palliative care knowledge pervasive across all levels***

20. “To truly transform the experience of seriously ill patients and their loved ones, we need a coordinated healthcare system that embraces and practises the principles of palliative care at all levels,” said Mr Lee Poh Wah, CEO of Lien Foundation. “The ideal scenario is one where all healthcare professionals have the knowledge and skills to provide basic palliative care, regardless of patient diagnosis and settings; while palliative care specialists become the backbone of support in a healthcare system offering pervasive palliative care. Such a model could be better positioned to meet the rising demands and increased public expectations of palliative care.”
21. Acknowledging the recent progress made in palliative care training, Mr Lee suggested palliative care should be made a core component of training for *all* healthcare professionals – for instance, whether they are doctors, nurses, medical social workers or pharmacists; and training for various levels of professional education; be it undergraduate, postgraduate or during continuing education. To improve our care for the dying, training in palliative care should also be made mandatory for any healthcare worker who cares for the critically ill.

***Dying Well***

22. To continue to raise the quality of death in Singapore, more resources and manpower could be given to the task force behind the National Strategy for Palliative Care. Mr Lee said, “Singapore has built a firm foundation to further develop a more responsive and high quality palliative care system. The government has committed to make palliative care a priority and the national strategy is in place. To realise the strategic plan’s ten goals, a full-time team is needed to drive its implementation with accountability, specific targets and timelines, and dedicated resources.”

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**Annex: Palliative Care In Singapore**

## 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 breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation.

In its mission to advance eldercare, the Foundation advocates better care of the dying. One of its flagship programmes, the Life Before Death initiative, was first conceived in 2006 to create greater public awareness about end-of-life issues in Singapore. It sought to de-stigmatise death and dying by spurring various 'die-logues' with the use of social media, art, films and photography and advocacy through research. Creative projects such as the 'Happy Coffins', the 'Last Outfit', 'Obitcheery' and 'Die Die Must Say' *getai* shows got people to confront their own mortality in unconventional ways.

The initiative has since gone beyond Singapore. In 2010, the Foundation commissioned the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care. In 2013, the Foundation launched the inaugural international Design for Death competition that presented innovations in deathcare for the future. It also enhances palliative care leadership and capacity through strategic joint projects, such as the [Lien Collaborative for Palliative Care](#), launched in partnership with the Asia Pacific Hospice and Palliative Care Network, and the Lien Centre for Palliative Care is a collaborative effort with Duke-NUS Graduate Medical School Singapore.

Responding to the 2015 Quality of Death index, the Foundation and various global and regional palliative care organizations are calling for governments to act on the resolution on palliative care adopted by the WHO's World Health Assembly in 2014.

For more information, visit [www.qualityofdeath.org](http://www.qualityofdeath.org)

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## 2015 QUALITY OF DEATH INDEX ANNEX A

### PALLIATIVE CARE IN SINGAPORE

*Hospice and palliative care in Singapore started in St Joseph's Home in 1985. Today, there is home hospice care, in-patient care at hospices, community and acute hospitals, and daycare services for hospice and palliative care patients.*

#### **1. Deaths in Singapore & Places of Occurrence**

##### **A. Deaths in Singapore<sup>1</sup>**

| Total number of deaths in Singapore | 2012   | 2013   | 2014   |
|-------------------------------------|--------|--------|--------|
|                                     | 18,481 | 18,938 | 19,393 |

##### **B. Deaths in Singapore by place of occurrence (2014)<sup>2</sup>**

| Place of Occurrence  | No.    | %    |
|--|--------|------|
| Hospitals  | 11,760 | 60.6 |
| Nursing Homes, Public & Charitable Institutions & Licensed Sick Receiving Houses | 1820   | 12.5 |
| Residence  | 5,171  | 26.7 |
| Other Locations  | 642    | 3.3% |

#### **2. Singapore's Projection of Need for Hospice Palliative Care**

The need for palliative care is estimated to grow from the 5,000 to 6,000 patients per year (in 2013) to more than 10,000 patients per year in 2020<sup>3</sup>. This is around half the number of the projected 20,000 deaths in 2020. Presently, estimates put the percentage of deaths touched by palliative care to be around 21% for 2008-2009.

A recent study in the UK estimates that 69% to 82%<sup>4</sup> of all deaths in high-income countries would require palliative care.

<sup>1</sup> Yearbook of Statistics Singapore, 2014, Section 3.9. Department of Statistics Singapore, Latest data on births and deaths, Deaths by broad group of causes

<sup>2</sup> Singapore Demographic Bulletin, December 2014

<http://www.ica.gov.sg/data/resources/docs/Media%20Releases/SDB/Annual%20RBD%20Report%202014.pdf>

<sup>3</sup> [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2013/speech-by-dr-amy-khor--senior-minister-of-state--health--at-the.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2013/speech-by-dr-amy-khor--senior-minister-of-state--health--at-the.html)

<sup>4</sup> Drawing from an extensive review of population-based methods used in England by Fliss EM Murtagh et al, *How many people need palliative care? A study developing and comparing methods for population-based estimates*, Palliative Medicine, 2014 Vol 28(1) 49-58

### 3. Cost of hospice and palliative care

#### A. Range of fees for hospice and palliative care

|  |
|--|
| <b>Inpatient</b>   |
| Fees could range from \$75 to \$311 per day (after government grants and hospital subsidies)   |
| <b>Home Care</b>   |
| Home care services are provided free of charge.  |
| <b>Day Care</b>  |
| \$10 to \$15 per day <sup>+</sup> including 2-way transport and meals<br><i>+No government subsidies. Financial assistance from VWOs is available for needy patients</i> |

Source: From the websites of the various care institutions

#### B. Affordability of palliative care

|  |  |
|--|--|
| <b>Medisave withdrawal limit (stay-in approved hospices)</b> | \$200/day <sup>5</sup>   |
| <b>Subsidies</b> <sup>6</sup>                                | Means tested. Up to 80%.   |
| <b>Home care</b>   | Consultation and visits are free<br>- Patients bear ancillary costs like medicine, dressings, oxygen ... |

### 4. Capacity of hospice and palliative care services<sup>7</sup>

|                                       | <b>2014</b> | <b>Target for 2020</b> |
|---------------------------------------|-------------|------------------------|
| <b>Home palliative care services</b>  | 5,000       | 6,000                  |
| <b>Inpatient palliative care beds</b> | 147         | 360                    |

<sup>5</sup> Speech by Mr Gan Kim Yong, Minister for Health, at Singapore Palliative Care Conference, 28 June 2014, [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html)

<sup>6</sup> Ministry of Health, Subsidies for Government-funded Intermediate Long-Term Care Services, Table 2 & 3 [https://www.moh.gov.sg/content/moh\\_web/home/costs\\_and\\_financing/schemes\\_subsidies/subsidies\\_for\\_government\\_funded\\_ILTC\\_services.html](https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/subsidies_for_government_funded_ILTC_services.html)

<sup>7</sup> Speech by Mr Gan Kim Yong, Minister for Health, at Singapore Palliative Care Conference, 28 June 2014, [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--at-singapore-pal.html)



## 5. Expertise in hospice and palliative care

### A **Doctors & nurses trained in palliative care in Singapore**

|  |   |
|--|---|
| <b>Number of palliative care medicine specialists<sup>8</sup></b><br><br>- As a percentage of total number of doctors (11,733 <sup>9</sup> )                                     | 51 registered palliative care specialists, of which 34 are FTEs ( full-time equivalent)<br><br>About 0.4% |
| <b>Number of doctors currently receiving training in palliative medicine subspecialty</b>  | 12  |
| <b>Number of Advanced Practice Nurses in palliative care<sup>10</sup></b>  | 7   |
| <b>Number of registered nurses trained in palliative care<sup>11</sup></b><br><br>- As a percentage of the total number (37,392) <sup>12</sup> of registered and enrolled nurses | 784<br><br>2.1%   |

<sup>8</sup> Singapore Medical Council, Singapore Medical Council <https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SMC>

<sup>9</sup> Statistics published by Ministry of Health (as of end 2014):

[https://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Health\\_Manpower.html](https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Health_Manpower.html)

<sup>10</sup> Palliative Care Nurses Chapter, 2015

<sup>11</sup> Palliative Care Nurses Chapter, 2015

<sup>12</sup> Statistics published by Ministry of Health (as of end 2014):

[https://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Health\\_Manpower.html](https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Health_Manpower.html)

## 6. Country Comparisons

|                             | Singapore  | Taiwan   | Australia  | UK  |
|-----------------------------|--|--|--|---|
| <b>Capacity</b>             | 2.7 in-patient hospice beds per 100,000 population   | 3 in-patient hospice beds per 100,000 population   | 6.7 in-patient hospice beds per 100,000 population   | 5.1 in-patient hospice beds per 100,000 population  |
| <b>Affordability</b>        | 6 <sup>th</sup> <ul style="list-style-type: none"> <li>- Home hospice care is free</li> <li>- Majority of hospice palliative care services provided by VWOs that still need to fundraise</li> <li>- Insurance does not cover hospice care</li> </ul>                           | 6 <sup>th</sup> <ul style="list-style-type: none"> <li>- Free comprehensive care for patients and families</li> <li>- All inpatient and outpatient care costs are free</li> </ul>  | 1 <sup>st</sup> <ul style="list-style-type: none"> <li>- Pharmaceutical Benefits Scheme expands access to prescribed opiates</li> <li>- Medical Benefits Scheme cover palliative consultations</li> <li>- Private insurance used in 15% of cases</li> </ul>  | 1 <sup>st</sup> <ul style="list-style-type: none"> <li>- Generous subsidies provide long-term funding for hospices</li> </ul>   |
| <b>Human Resources</b>      | 8 <sup>th</sup> <ul style="list-style-type: none"> <li>- Basic education, training pathways and professional development programmes in palliative care have improved for doctors and nurses</li> <li>- New training programmes for allied health workers introduced</li> </ul> | 9 <sup>th</sup> <ul style="list-style-type: none"> <li>- Rigorous accreditation system for doctors and nurses</li> <li>- New initiative rolled out to provide early palliative care in primary care setting by training GPs to a higher level of expertise in palliative care</li> </ul> | 1 <sup>st</sup> <ul style="list-style-type: none"> <li>- Pain management courses are compulsory for GPs.</li> <li>- GPs involved in palliative went through further rigorous training</li> <li>- Advanced training and professional development opportunities abound for healthcare professionals</li> </ul> | 2 <sup>nd</sup> <ul style="list-style-type: none"> <li>- Wide range of publicly funded generalist courses</li> <li>- Abundant, free specialist courses</li> </ul>   |
| <b>Community Engagement</b> | 22 <sup>nd</sup> <ul style="list-style-type: none"> <li>- 1 in 2 do not know about hospice &amp; palliative care</li> <li>- Government has promoted advanced care planning</li> <li>- Volunteer engagement is widespread, some training received</li> </ul>                    | 5 <sup>th</sup> <ul style="list-style-type: none"> <li>- Government pays for extensive research programmes to inform its policymaking process</li> <li>- Government uses creative social media strategies to promote palliative care</li> </ul>  | 9 <sup>th</sup> <ul style="list-style-type: none"> <li>- Publicly funded research centres inform national debate</li> <li>- Trained volunteers common but engaged inconsistently</li> <li>- Government-backed Palliative Care Australia raises awareness of palliative care</li> </ul>                       | 3 <sup>rd</sup> <ul style="list-style-type: none"> <li>- Community engagement central to NHS model</li> <li>- Trained volunteers assist professional teams in everything (patient care, fundraising)</li> </ul> |
| <b>Overall</b>              | 12 <sup>th</sup>   | 6 <sup>th</sup>  | 2 <sup>nd</sup>  | 1 <sup>st</sup>   |