

# THE 2015 QUALITY OF DEATH INDEX RANKING PALLIATIVE CARE ACROSS THE WORLD KEY FINDINGS INFOGRAPHIC



As governments across the world work to improve life for their citizens, they must also consider how to help them die well. The Economist Intelligence Unit has assessed the availability, affordability and quality of palliative care available to adults across 80 countries. Countries were scored out of 100 on 20 indicators in five categories:



### Palliative and healthcare environment (20% weighting)

Covers the general palliative and healthcare framework



### Human resources (20% weighting)

Measures the availability and training of medical care professionals and support staff



### Affordability of care (20% weighting)

Assesses the availability of public funding for palliative care and the financial burden to patients



### Quality of care (30% weighting)

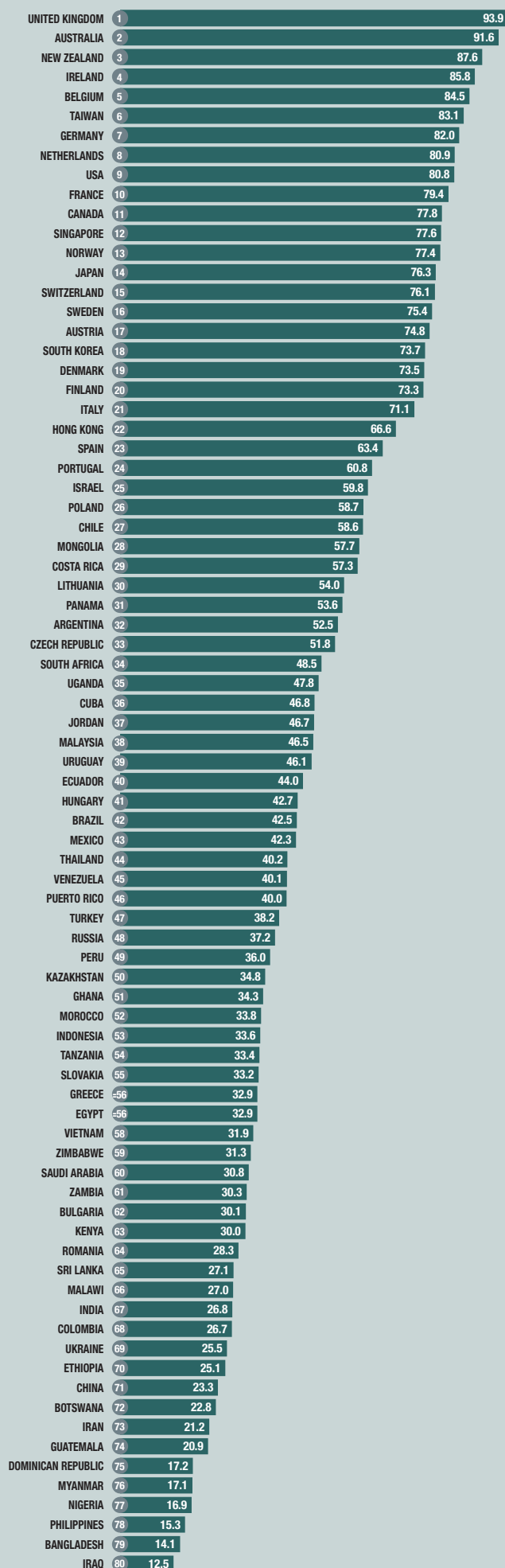
Evaluates the presence of monitoring guidelines, the availability of opioids and the extent to which healthcare professionals and patients are partners in care



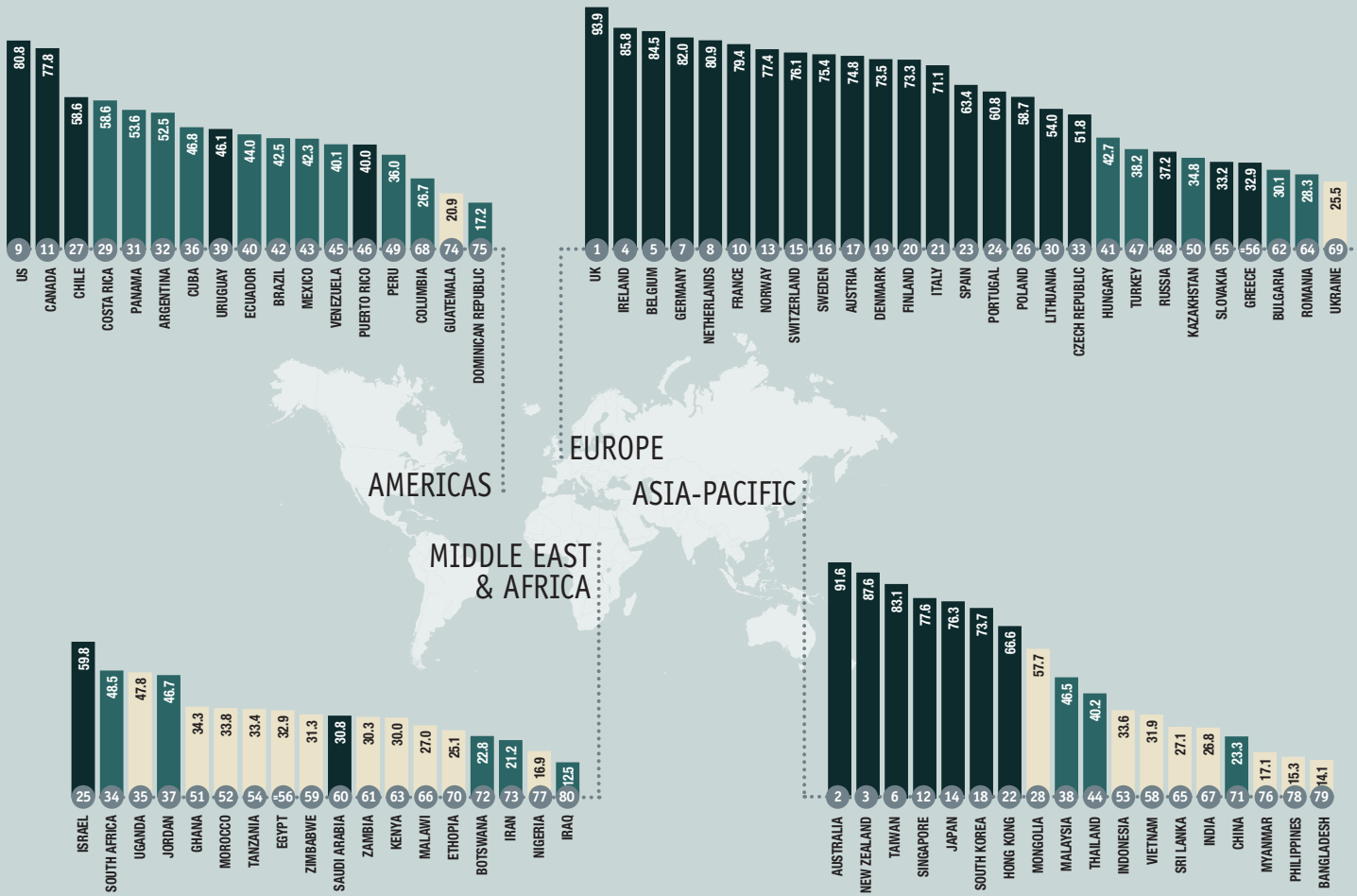
### Community engagement (10% weighting)

Measures the availability of volunteers and public awareness of palliative care

## OVERALL RESULTS



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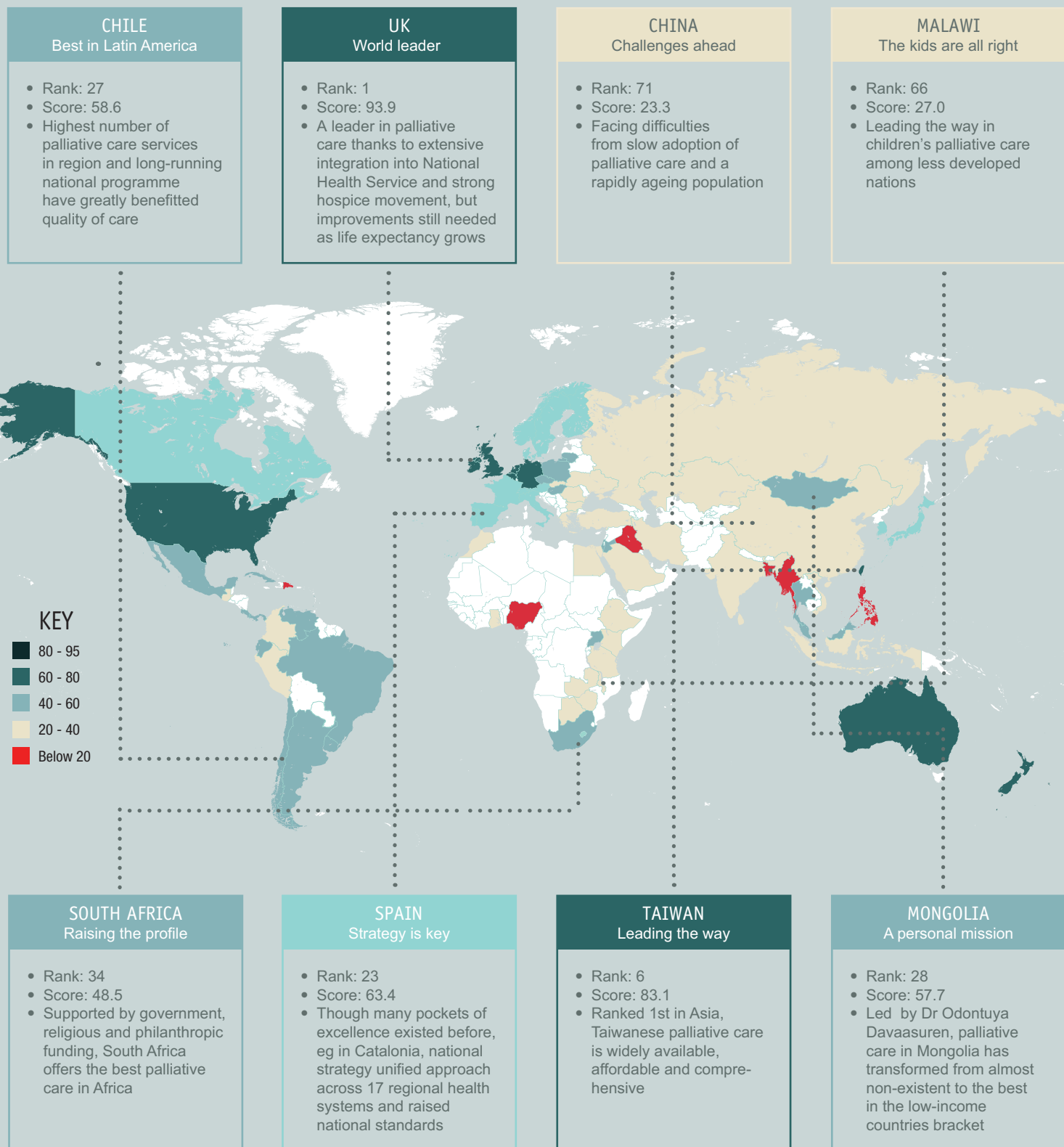


## KEY

- High income
- Middle income
- Low income
- Rank out of 80

Using World Bank definitions, the low income group of countries includes those that had 2013 GNI per capita of less than US\$4,125; the middle income group includes those that had more than US\$4,125 but less than US\$12,746, and the high income group includes those that had more than US\$12,746.

# PALLIATIVE CARE AROUND THE WORLD & CASE STUDIES



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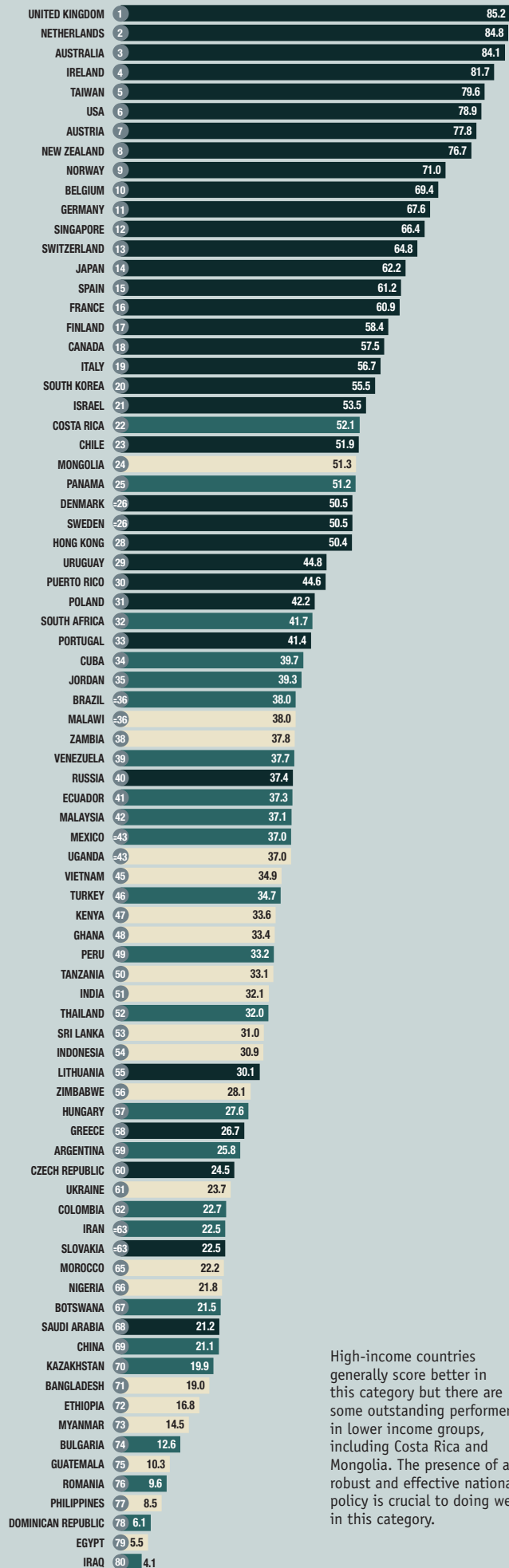
*The biggest problem is that our healthcare systems are designed to provide acute care when what we need is chronic care... That's still the case almost everywhere in the world*

– Stephen Connor, senior fellow at the Worldwide Hospice Palliative Care Alliance

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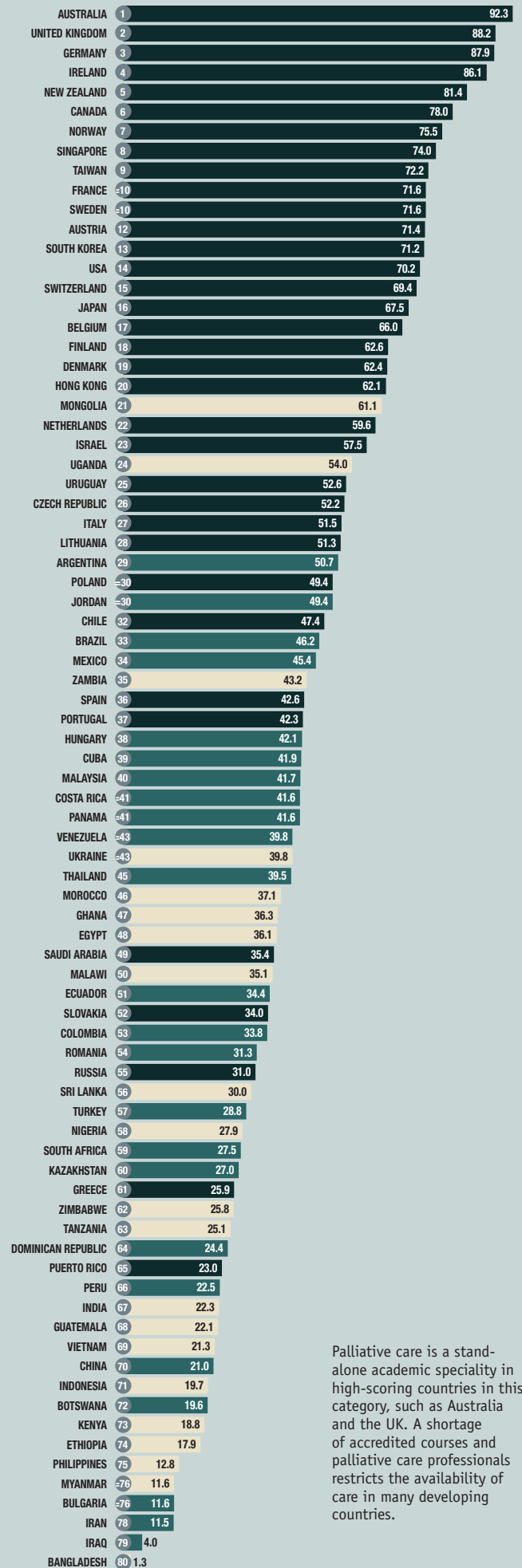
# 1. PALLIATIVE AND HEALTHCARE ENVIRONMENT IS A PALLIATIVE CARE FRAMEWORK IN PLACE?



High-income countries generally score better in this category but there are some outstanding performers in lower income groups, including Costa Rica and Mongolia. The presence of a robust and effective national policy is crucial to doing well in this category.



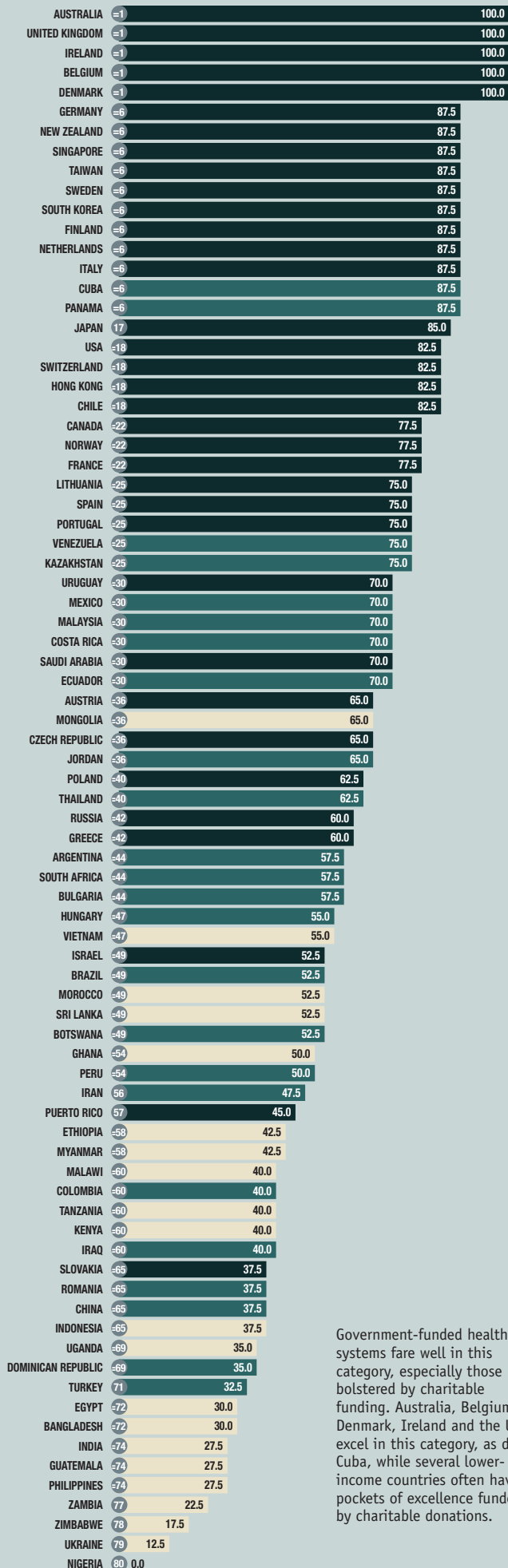
# 2. HUMAN RESOURCES ARE ENOUGH PALLIATIVE CARE PROFESSIONALS AVAILABLE?



Palliative care is a stand-alone academic speciality in high-scoring countries in this category, such as Australia and the UK. A shortage of accredited courses and palliative care professionals restricts the availability of care in many developing countries.



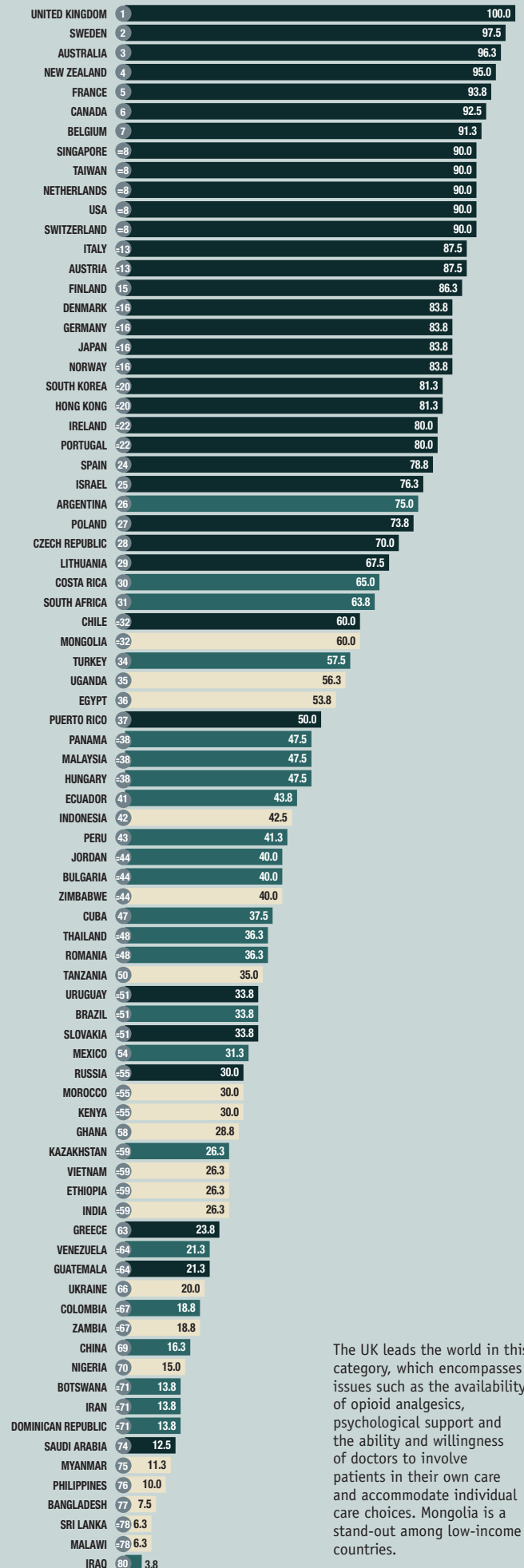
### 3. AFFORDABILITY OF CARE IS PALLIATIVE CARE AFFORDABLE TO ALL?



Government-funded healthcare systems fare well in this category, especially those bolstered by charitable funding. Australia, Belgium, Denmark, Ireland and the UK excel in this category, as does Cuba, while several lower-income countries often have pockets of excellence funded by charitable donations.



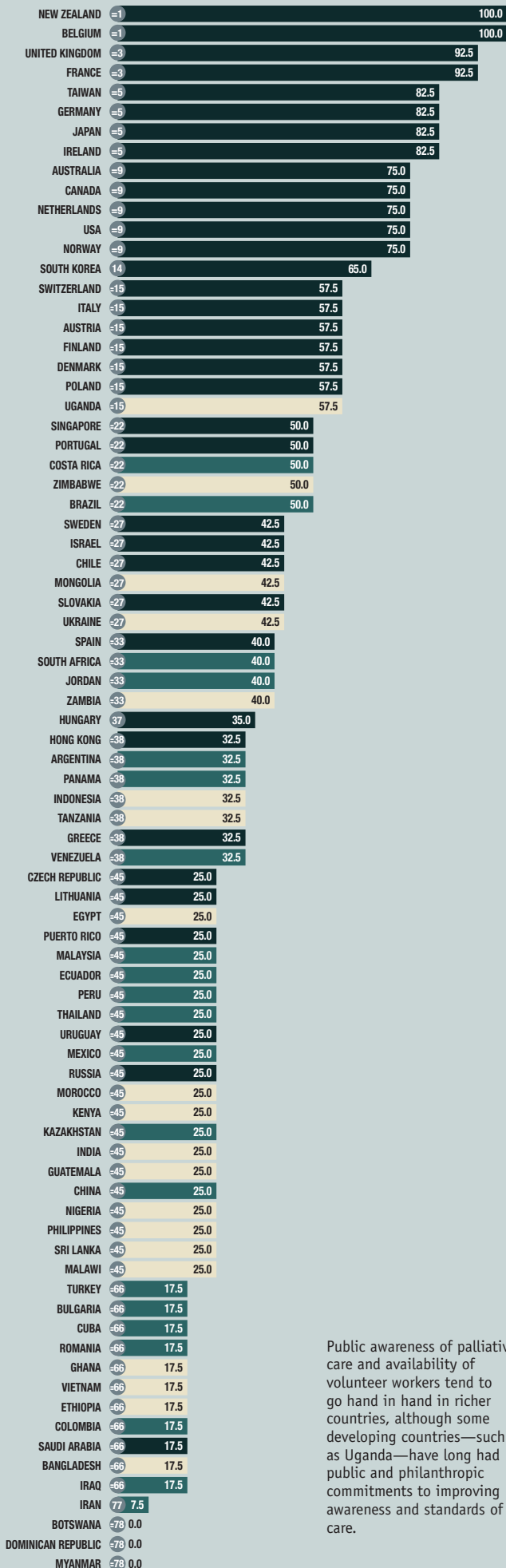
### 4. QUALITY OF CARE IS A HIGH STANDARD OF PALLIATIVE CARE PROVIDED?



The UK leads the world in this category, which encompasses issues such as the availability of opioid analgesics, psychological support and the ability and willingness of doctors to involve patients in their own care and accommodate individual care choices. Mongolia is a stand-out among low-income countries.



## 5. COMMUNITY ENGAGEMENT IS THERE DISCUSSION AND AWARENESS OF END-OF-LIFE CHOICES?



Public awareness of palliative care and availability of volunteer workers tend to go hand in hand in richer countries, although some developing countries—such as Uganda—have long had public and philanthropic commitments to improving awareness and standards of care.



*The public has a well of fear, anger and distrust about the care they will receive and how they and their families will die. And the hard truth is that this is well founded.*

**- Ira Byock, executive director, Providence Institute for Human Caring**



### KEY

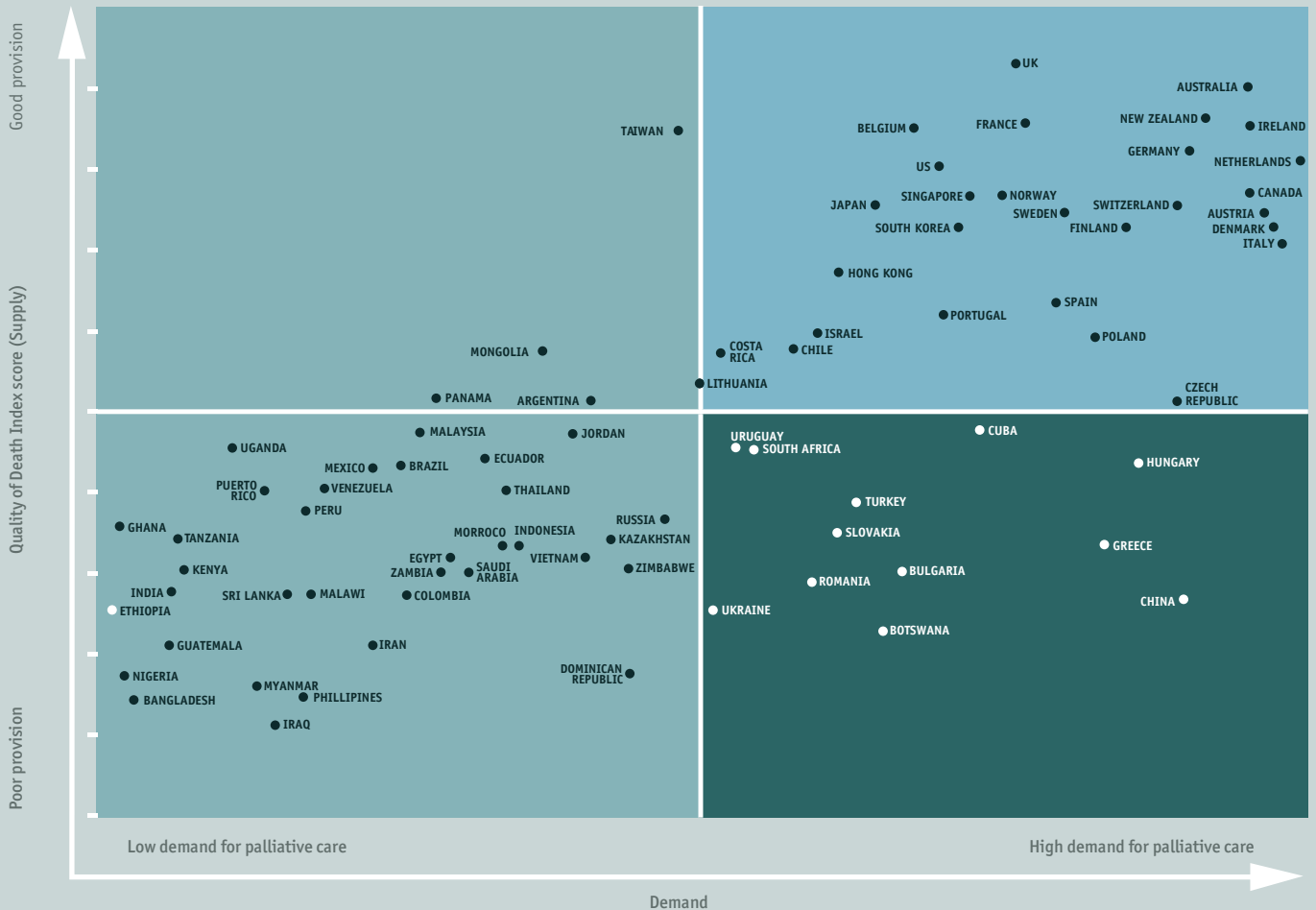
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The EIU also analysed the need (or “demand”) of each country for palliative care. The demand analysis is based on three factors:

- Burden of diseases for which palliative care is necessary (60% weighting)
- Old-age dependency ratio (20% weighting)
- Speed of ageing of the population from 2015-2030 (20% weighting)

Mapping demand against the overall Quality of Death Index score (which shows the “supply” of palliative care) reveals where the gaps between the two are most pressing—for those countries in the bottom-right corner of the following chart.



## DEMAND IS SET TO RISE IN DEVELOPING COUNTRIES DUE TO:



Larger populations



Populations ageing faster



Increasing incidence of non-communicable diseases

Commissioned by



**LIEN**  
foundation

Go to <http://bit.ly/qualityofdeath2015> to download a white paper on the 2015 Quality of Death Index, which includes a detailed methodology. An interactive Excel workbook of the Index and summaries of the status of palliative care in all 80 countries included in the Index are also available.

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