

The End Of Life and Injustice in Health Care

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Sixth National Bioethics Conference Of Indian Journal Of Medical Ethics
Jan 12 to Jan 15, 2017
YASHADA, Pune, MH, India

Lecture outline



- Introduction: the ethical vacuum
- Quality of Death Index
- Issues Arising
- Why Bother?
- Conclusions

The ethical vacuum



- The euthanasia evangelist

- Chinese reality

Service accessibility stands at less than 1% with most hospices concentrated in the urban areas of Shanghai, Beijing and Chengdu; there is no national strategy or guidelines; use and availability of opioids is limited; and patient-doctor communication is poor. In addition, if care is not covered by charitable donations the financial burden on patients can be quite high.

- The Parallel in India

The Death Index



The 2015 Quality of Death Index Ranking palliative care across the world

A report by The Economist Intelligence Unit



Commissioned by



The Report



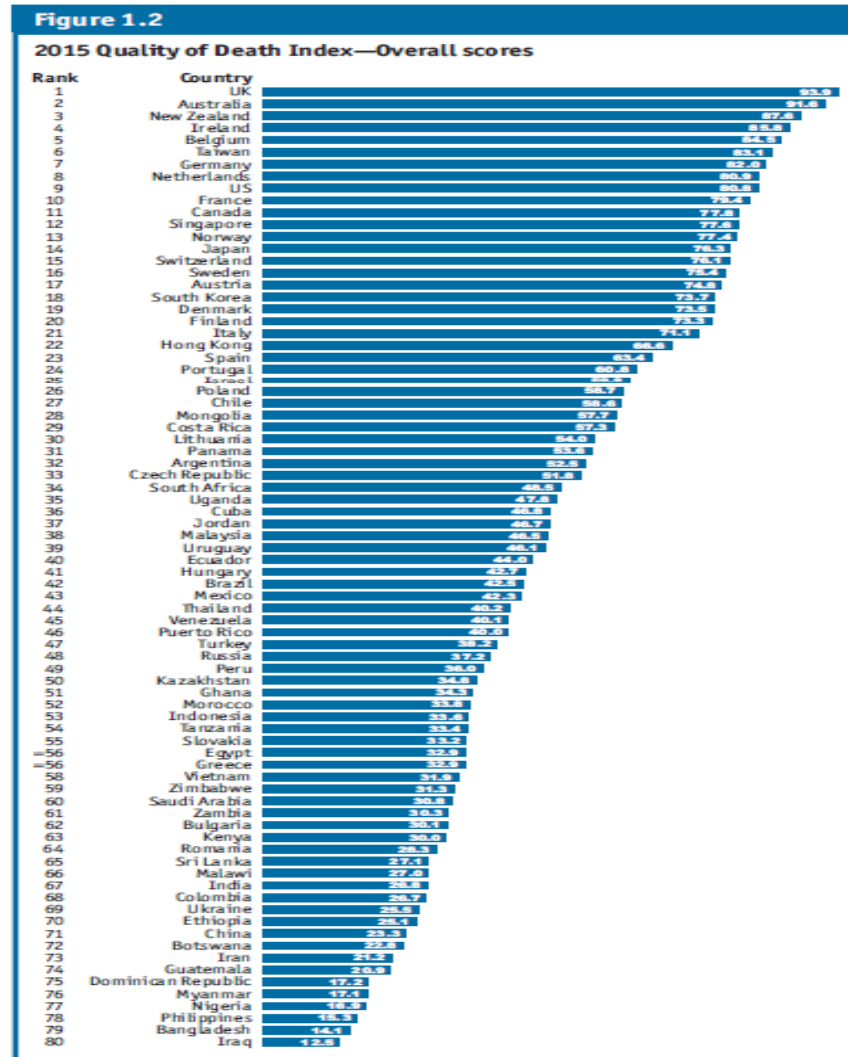
- Commissioned by Lien Foundation in 2015 (previous one 2010)
- Covers 80 countries (previously 40 countries)
- Five Categories covering availability of palliative care services, quality, cost, human resources, and community engagement

What is Palliative Care? - WHO

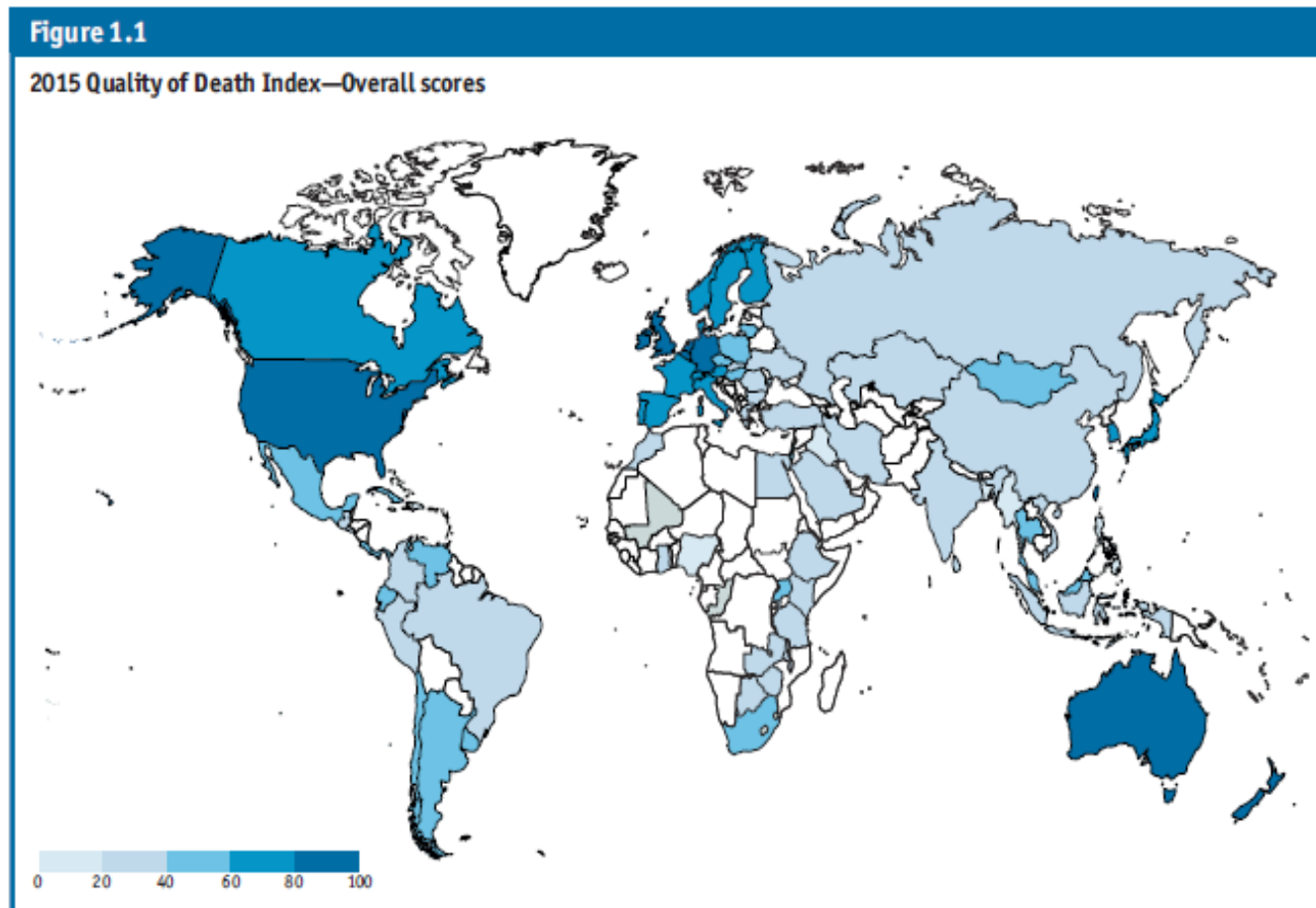


- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;

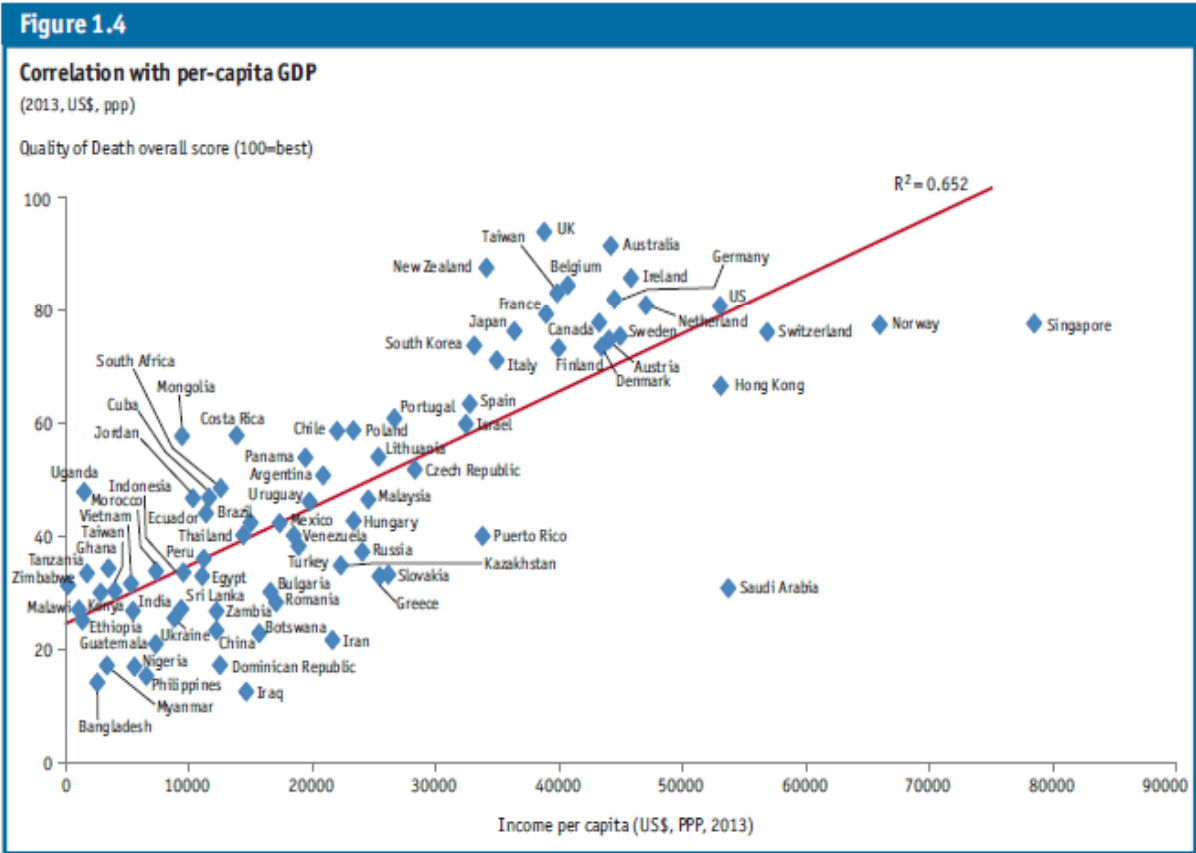
Findings – Overall Scores



Findings – Regional Differences



Findings - GDP



The Ethical Issues



- Justice

 - 'Dying well' a privilege of the rich

- What Money Can't Buy

- What Matters in Death

Justice



- Morbidity and Mortality Mirror Poverty
- Skewed Priorities Commercially Driven
- 'Right to Die' a product of affluence (heroic medicine and defensive medicine)

What money cant Buy (Michael Sandel)



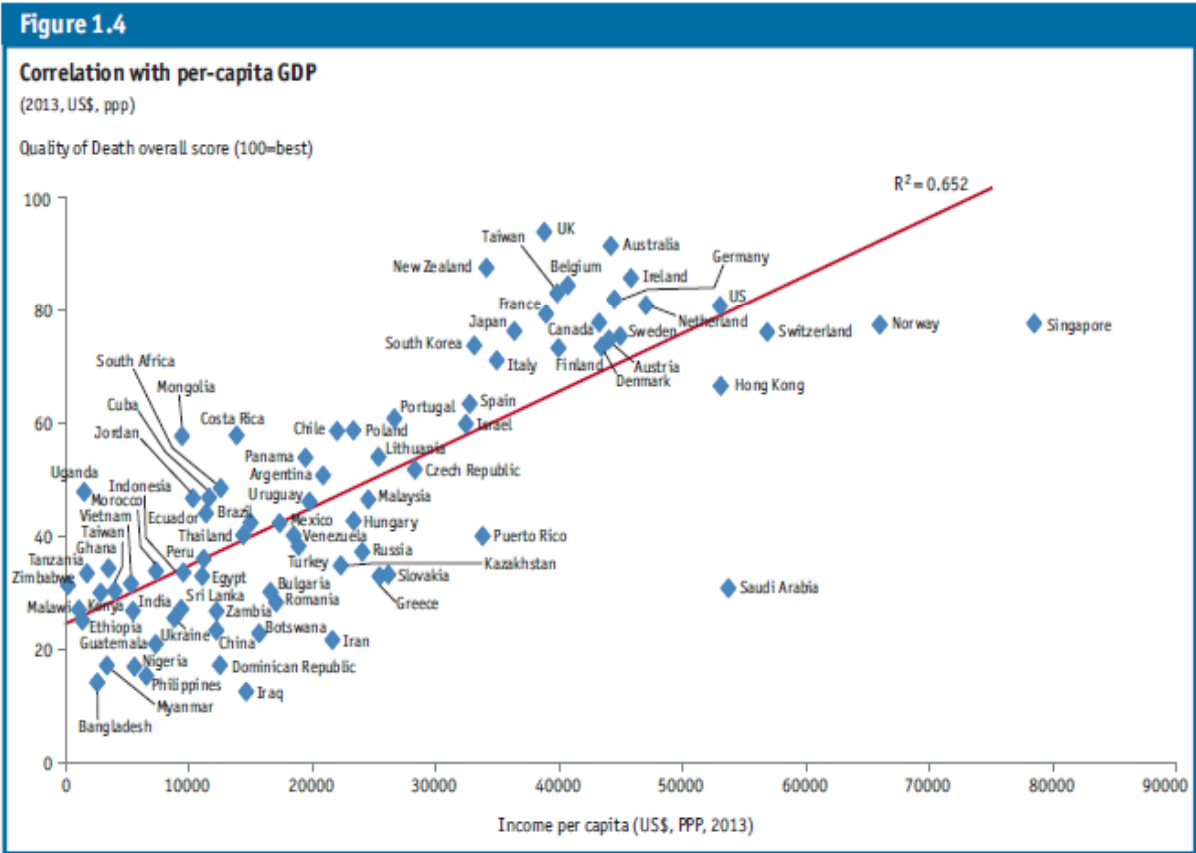
- High GDP not enough.

 - Hong Kong

 - Singapore

 - USA

Findings - GDP



It's the System, Stupid

USA Case Study

“In return for hospice care, the patient must give up insurance coverage for disease treatment. “But if you have heart failure and I give you a diuretic to take fluid off your lungs, that prolongs your life but also improves your quality of life,” says Dr Meier. “So this idea that there’s a bright line between disease treatment and palliative treatment is an illusion.”

Moreover, the traditional fee-for-service model of reimbursement in Medicare, the federal programme providing health insurance coverage to individuals over 65, has created incentives for greater use of services such as hospital stays, and intensive and emergency care. This often results in late hospice enrolment, diminishing the quality of care for those nearing the end of their lives and pushing up costs”

What matters in Death - Larkin



Continuing to live-that is, repeat
A habit formed to get necessities-
Is nearly always losing, or going without.
It varies.

And what's the profit? Only that, in time,
We half identify the blind impress
All our behavings bear, may trace it home.
But to confess,

What matters in Death - Larkin



On that green evening when our death begins,
Just what it was, is hardly satisfying,
Since it applied to one man once,
And that one dying.

Philip Larkin, *Collected Poems*

What matters in Death-Tagore

I know that the day will come
when my sight of this earth shall be lost,
and life will take its leave in silence,
drawing the last curtain over my eyes.
Yet the stars will watch at night,
And morning rise as before,
And hours heave like sea waves casting up pleasures and pains....
Things that I longed for in vain
And things that I got
-let them pass.
Let me but truly possess
The things that I ever spurned
and overlooked.

Rabrinanath Tagore

So Why Bother?



- Quality of Death relates to Quality of Life
- Not an assertion of rights but a sense of common humanity
- At root, the issue is justice



Thank You