Reviewer’s report

Title: Quality End-of-Life Care: A Global Perspective

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Reviewer: Dr Katherine Foley

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Accept after discretionary revisions

1) Singer et al., emphasize the need to address end of life care as a public health system issue. This concept originated with the early work of the Cancer unit of the World Health Organization, who in developing its monograph on palliative care and cancer and the development of National Cancer Control Programs argued strongly for the need to address quality end of life care using the term palliative care as a public health policy issue. In advocating for governments to adopt policies for cancer care, the WHO argued that any national cancer control program, particularly in resource poor settings should have four major components: prevention, early diagnosis, treatment and palliative care. This National Cancer Control Policy framed what were based upon the construct that in many resource poor countries with limited health care resources that the largest number of patients who could be impacted by care would be by prevention and early diagnosis, such as smoking cessation and diagnosis of cervical cancer and the provision of palliative care with the availability of appropriate professional education, public education and public policies and drug availability of analgesics

2) Although the authors allude to the role of WHO and these efforts the paper could benefit from detailing this perspective and then arguing more broadly for their concept of quality end of life care. By neglecting to include the WHO’s Cancer unit’s strategy they do not provide sufficient historical documentation to their renewed effort to frame end of life care as a public health issue and they limit the readers’ broad understanding of how implementation of WHO programs have in fact advanced this construct.

3) The authors’ decision to avoid the terminology of palliative care and to use end of life care is not particularly convincing but clearly within their prerogative. At multiple times throughout the paper the authors refer to the systemic reviews of these topics. I think that the authors are quite correct but there is important public health discussions that focus on diseases such as TB, HIV/AIDS and cancer as model diseases to address the need for public health policies throughout the continuum of care. As well, there are an increasing number of examples of best practices in both developed and developing countries to see how policy implementation can improve and provide quality end of life care. One has only to look at the Catalonia Model for palliative care in Spain for example or Uganda’s Hospice Program and government HIV/AIDS Palliative Care Policy to address the HIV/AIDS epidemic as brilliant examples of addressing quality end of life care as a public health issue.
4) There is a second problem to the issue of using the language of quality end of life care. In a recent Institute of Medicine Report from the National Cancer Advisory Board entitled aEoeEnsuring Quality Cancer CareaE the report recognized that there is little evidence-based information available to assure the American public that they are receiving quality care in cancer.

5) Singer et al.provide compelling reasons for why quality end of life care will require documentation and research as well as professional and public education. There can be no disagreement with their recommendations. The authors argue that quality end of life care needs to be patient focused and at least for developing countries we have little data on patientsaETM expectations and needs.

6) The authors do not discuss the global development of hospice care and its extraordinary integration into a wide range of culturally varied, economically diverse and religiously complex societies, which by their very existence might argue that the concept of hospice on aEoeend of lifeaE care is universal and a framework for why quality end of life care is a reality.

7) In short, this paper is a useful way to begin discussions about improving end of life care globally and addressing the current barriers to such care. Addressing quality end of life care as a public health issue can frame a discussion on priority setting, use of health care resources, the role of quality end of life care as a prevention model and focuses attention on professional and public education and societal perspectives on death and dying.


Competing interests:

None declared.