Reviewer’s report

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

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Reviewer: Dr Carla Ripamonti

Level of interest: An exceptional paper that breaks new ground and has implications well beyond its field

Advice on publication: Accept without revision

The paper of Peter Singer and Kerry Bowman touch a very important issue from the clinical, ethical, social, political point of views about the quality of end-of-life care that should be seen as a global public health and health system problem in developed as well as in developing countries.

By means of scientific data and clinical considerations, the authors show everybody that, while the quality of end-of-life care is studied, considered and progressively increasingly applied in developed countries, there is still very much to do for the patients dying from different diseases in developing countries.

The authors have thoroughly and exhaustively analyzed the problem regarding the quality of end-of-life as a global public helath issue. I agree with them when they affirm that the International Association of Hospice and Palliative Care (IAHPC) is the only global volunteer organization dedicated to bridging the gap in palliative care between the developed and the developing world. Unfortunately the IAHPC programs reach only a small minority of people above all because the financial help that is given to the Association is no enough in respect to the IAHPC’s objectives and aims.

I don't agree with the authors on the following point. In the section "What is quality end-of-life care?" the authors affirm: therefore, the terms palliative care and end-of-life are complementary.

My personal opinion is that the end-of-life care should be considered part of the palliative care and thus the terms are not complementary. Palliative care consists of the improvement of the quality of life through the control of the physical and emotional symptoms, research, organization, education, spirituality, ethics and political involvement regards the patients in the different stages of their chronic diseases (starting from diagnosis until death). The end-of-life care thus is a component of the palliative care program. The authors, of course, are free to express their opinions on this particular point which could be the beginning of a debate on this point.
Competing interests:

None declared.