



Lien Foundation Survey on Death Attitudes

(General Population)

Blackbox Research



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About the Study

Blackbox Research was commissioned by Lien Foundation to conduct a survey examining death attitudes and preferences in Singapore as well as levels of awareness of Hospice Palliative Care.

This report outlines preliminary quantitative findings from the General Population segment. The quantitative findings from the healthcare professional segments (doctors and nurses) will be reported at a later stage.

The objectives of the study were:

- Levels of awareness and current understandings of Hospice Palliative Care
- Experiences with Hospice Palliative Care and current receptivity towards it
- Attitudes towards death – what makes a good death; top fears and priorities at the end of life, preferred place of care and death

Research Methodology

Survey Methodology

- **Online Survey** for Singapore Citizens/PRs (n=662)
- **Door to Door survey** for Singapore Citizens/PRs aged 50 and above (n=344)

Data Collection Period:

- 23st October 2013 to 6th December 2013

Profile

GENDER

Male	47%
Female	53%

ETHNICITY

Chinese	80%
Malay	11%
Indian	7%
Others	2%

AGE

18-29	19%
30-39	23%
40-49	23%
50-59	18%
60 above	17%

RELIGION

Buddhism	34%
Christianity	19%
Hinduism	4%
Islam	14%
Taoism	12%
No Religion	17%

Base: All respondents (n = 1006)

6 Key Questions

On Hospice Palliative Care

- 1 Are Singaporeans aware of Hospice Palliative Care?
- 2 What is the current level of receptivity towards Hospice Palliative Care?
- 3 What has been the experience of people who received Hospice Palliative Care?

On Death and End of Life Care

- 4 How comfortable are people talking about matters related to death and dying?
- 5 What do people fear about death?
- 6 Where and how do people want to die?

Awareness & Perception of Hospice Palliative Care



1

Are Singaporeans aware of Hospice Palliative Care?

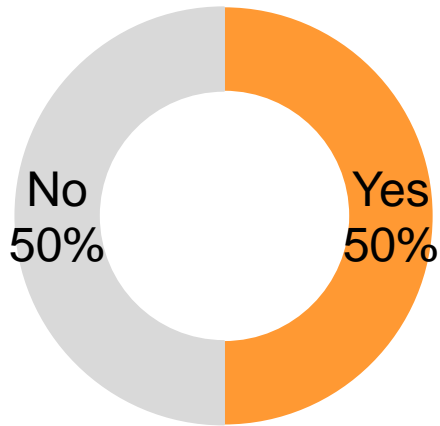
- Only about half of Singaporeans are aware of Hospice Palliative Care. Awareness is particularly low amongst older Chinese
- Those who claim to be aware of Hospice Palliative Care have a basic understanding of it as care of the dying (38%) or care of the elderly(18%).
- While people see Hospice Palliative Care as offering medical treatment, fewer people know that it can also offer emotional and spiritual support
- The biggest misconception about Hospice Palliative Care is that it only starts when someone is close to dying. Most respondents (78%) also think that Hospice Palliative Care is very expensive.

Awareness of Hospice Palliative Care

Key finding

The research confirms that there is a need to educate the public about Hospice Palliative Care. This is particularly true for older Chinese Singaporeans

Only about half of Singaporeans are aware of Hospice Palliative Care



Base: All respondents (n = 1006)

Awareness particularly low amongst older Chinese, higher amongst Malay aged above 40

Factors that differentiate awareness

Higher education = higher awareness

Education

Aware of Palliative Care		
Secondary and below 37%	A Levels & Diploma 52%	Degree and above 66%
n = 388	n = 308	n = 309

Higher status = higher awareness

Socio-economic status

Aware of Palliative Care			
HDB 1&2 Room 35%	HDB 3&4 Room 48%	HDB 5 & Exec 54%	Condo & Landed 65%
n = 62	n = 584	n = 273	n = 84

Awareness lower amongst Chinese

Ethnicity

Aware of Palliative Care		
Chinese 48%	Malays 56%	Indians 60%
n = 802	n = 111	n = 73

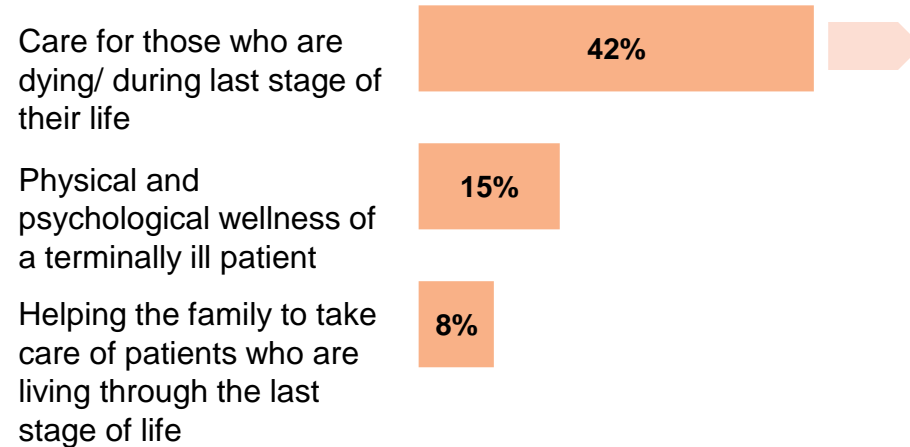
Age

Aware of Palliative Care			
Chinese aged 50-59 42%	Chinese aged 60+ 25%	Malays aged 40+ 66%	Indians aged 40+ 59%
n = 154	n = 156	n = 59	n = 46

Perceptions of Hospice Palliative Care

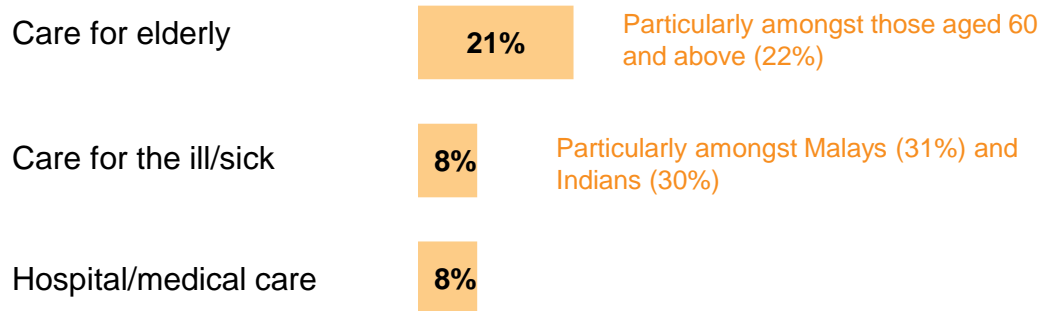
Of those who claimed to be aware of Hospice Palliative Care, only 65% were able to accurately define it in relation to care of the dying.

What do you think hospice and Hospice Palliative Care is?



Higher education = likely to have accurate perception

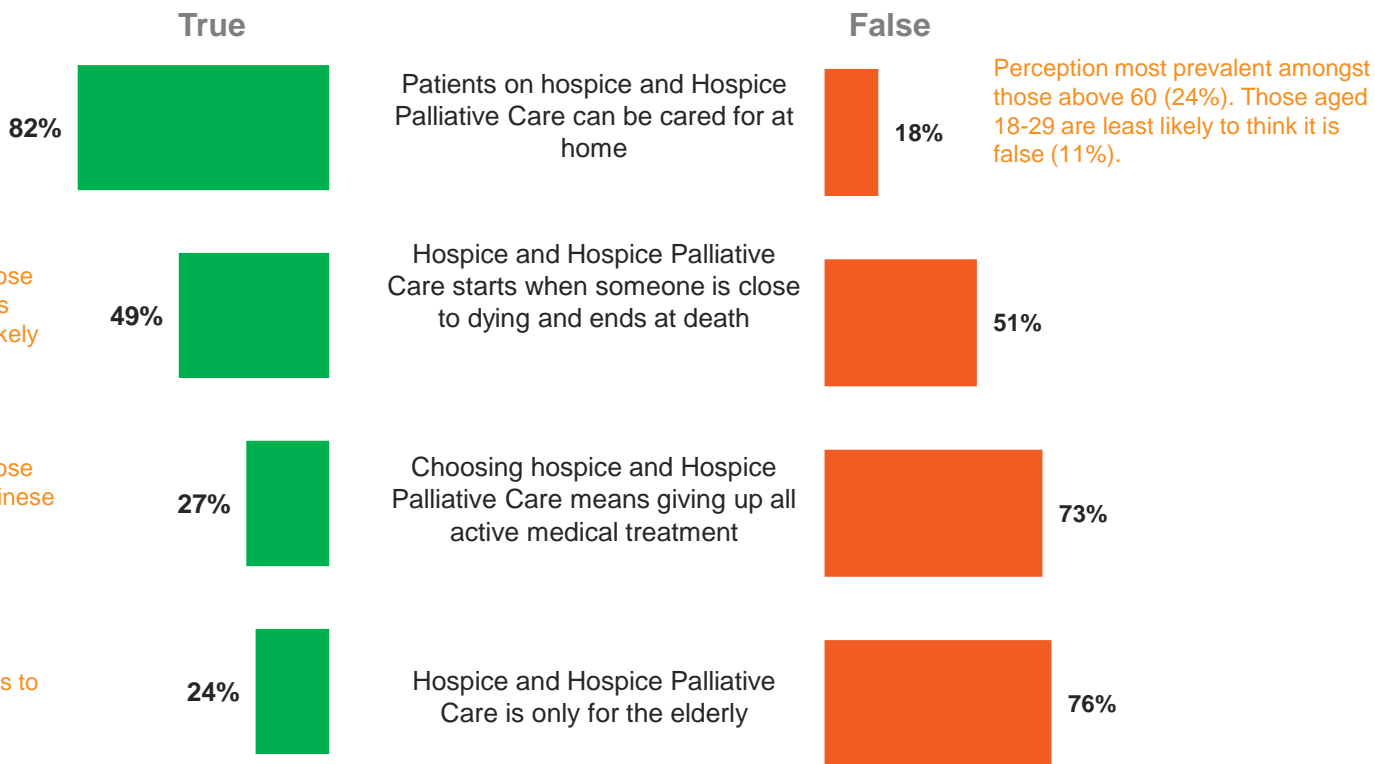
Secondary and below	A Levels & Diploma	Degree and above
35%	44%	45%
<i>n</i> = 388	<i>n</i> = 308	<i>n</i> = 309



Base: All who claim they are aware of Hospice Palliative Care (n = 506)

Perceptions of Hospice Palliative Care

There are still significant misunderstandings about Hospice Palliative Care, particularly amongst those who are older and certain segments for specific issues. 78% also think that Hospice Palliative Care is very expensive.



Hospice and Hospice Palliative Care is very expensive



Base: All who claim they are aware of Hospice Palliative Care (n = 506)

Perceptions of Hospice Palliative Care

Amongst those who are aware of Hospice Palliative Care, 78% think it is expensive

Hospice and Hospice Palliative Care is very expensive

Base: All who claim they are aware of Hospice Palliative Care (n = 506)



More likely to say “true”:

- Those who don't know anyone who received PC (85%)
- HDB 1 & 2 Roomers (96%)

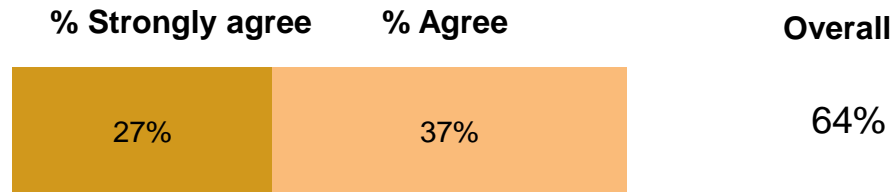
More likely to say “false”:

- 50-59 age group (28%)
- Those who knew someone who received PC (28%)

Amongst all respondents, this percentage is lower (64%)

Hospice and Hospice Palliative Care is expensive

Base: All respondents (n = 1006)



Amongst those who are aware of Hospice Palliative Care, this is _%

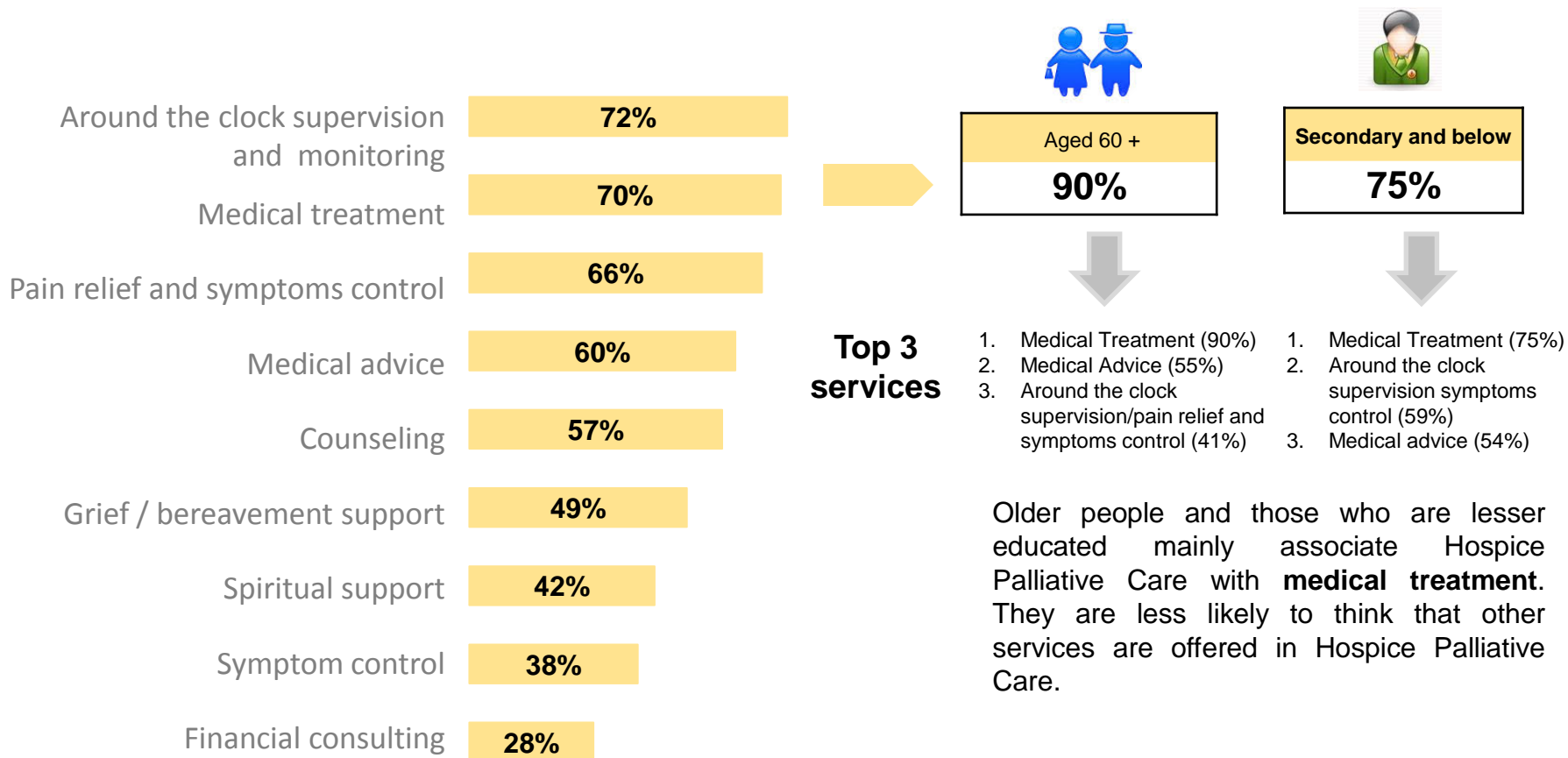
Key finding

Those who were aware of Hospice Palliative Care are more likely to think that it is expensive – especially those who are aware but don't know anyone who has received Hospice Palliative Care.

Perceived Services Offered in Hospice Palliative Care

Key finding

Singaporeans mainly view Hospice Palliative Care as providing medical treatment and supervision. There is less awareness of other emotional and spiritual support that can also be provided

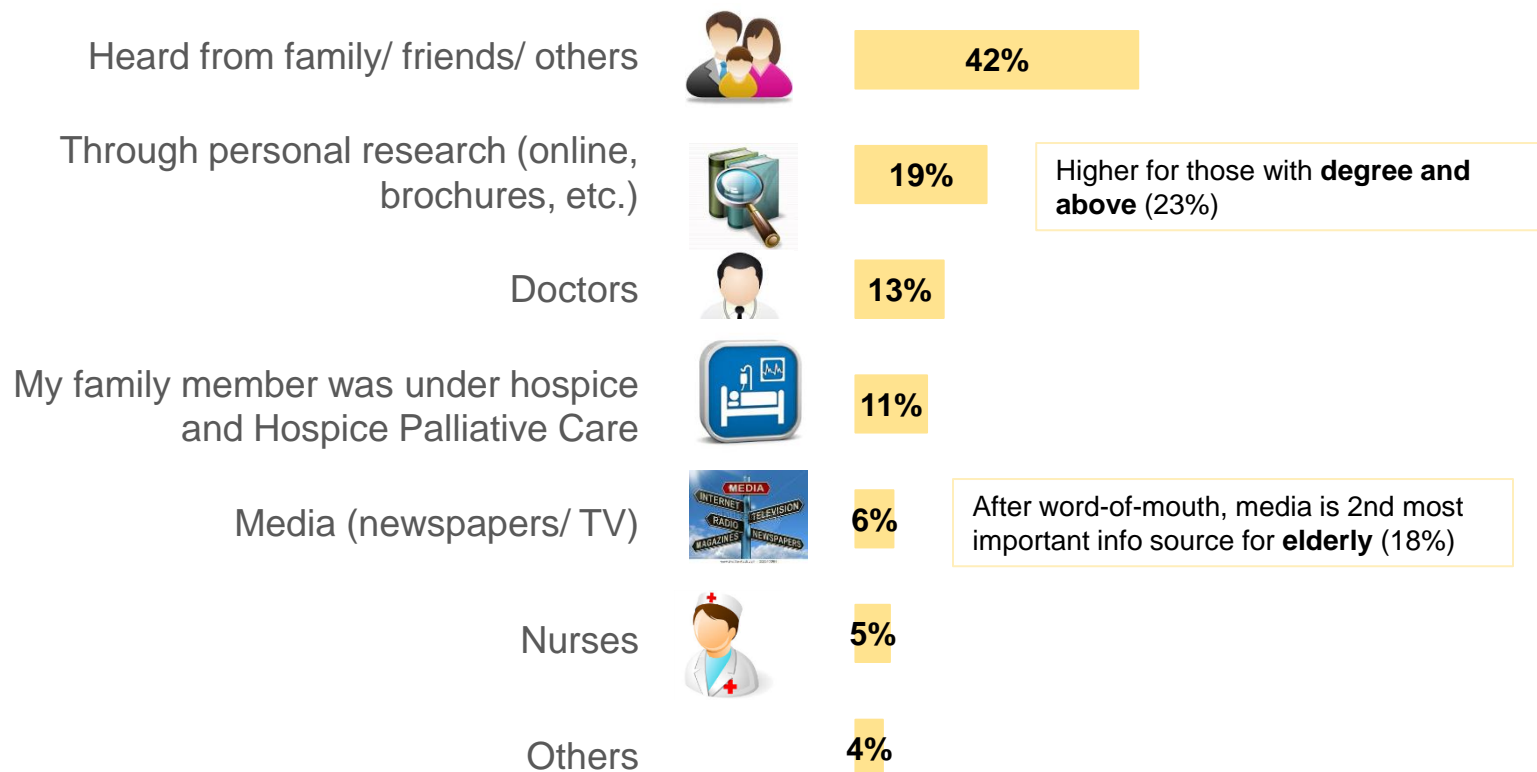


Older people and those who are lesser educated mainly associate Hospice Palliative Care with **medical treatment**. They are less likely to think that other services are offered in Hospice Palliative Care.

Base: All who claim they are aware of Hospice Palliative Care (n = 506)

Source of Awareness about Hospice Palliative Care

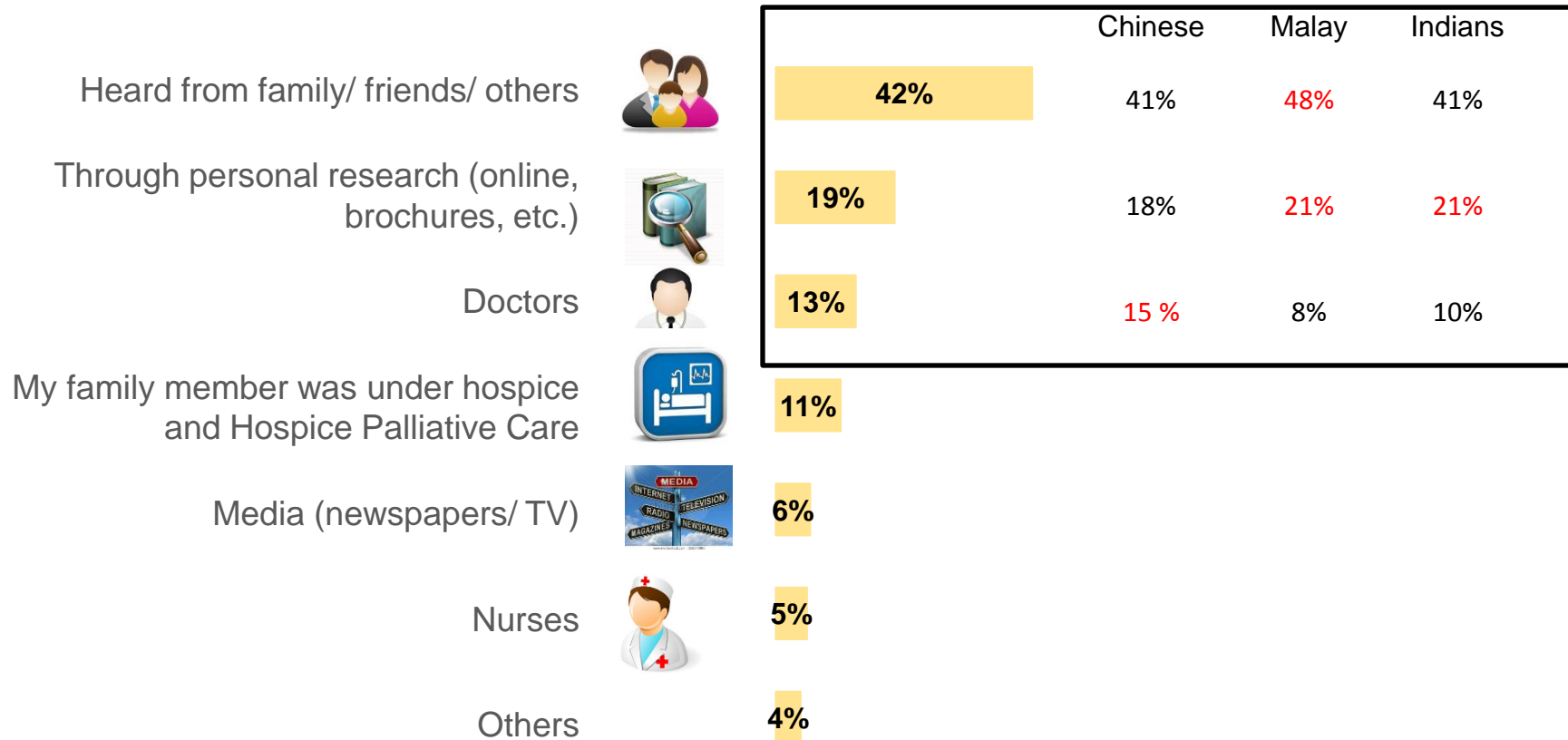
- Word of mouth is the primary source of awareness (42%), as opposed to medical professionals who only make up 18%. This could be one of the reasons why misunderstandings of palliative are common.
- Apart from hearsay, the media is the second most common source of awareness for the elderly. This could be a key touch point to clarify misconceptions amongst this segment.



Base: All who claim they are aware of Hospice Palliative Care (n = 506)

Source of Awareness about Hospice Palliative Care

- Malays were the most likely to learn about Hospice Palliative Care through a family member or friend (48%).
- Malays and Indians were also more likely to turn to personal research (21%), compared to the Chinese (18%).
- Chinese were the most likely to learn about Hospice Palliative Care through a doctor (15%).



Base: All who claim they are aware of Hospice Palliative Care (n = 506)

Current Receptivity & Experience with Hospice Palliative Care



2

What is the current level of receptivity towards Hospice Palliative Care?

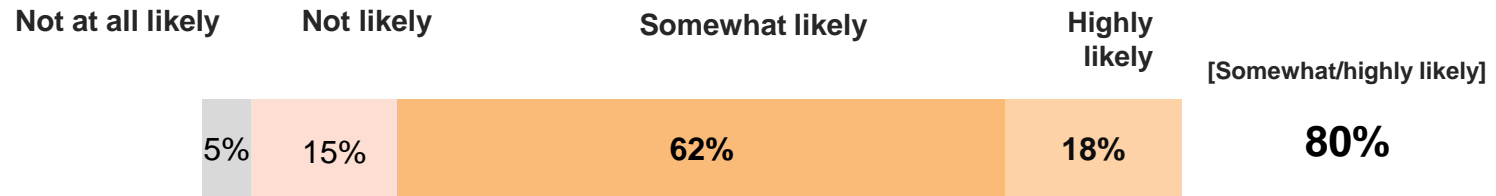
- Most respondents (80%) said that they would be receptive towards Hospice Palliative Care for a loved one. 76% said they would be open to receiving Hospice Palliative Care themselves. Those who knew of friends or family who had received Hospice Palliative Care are more receptive towards it
- Main barrier against considering Hospice Palliative Care is the perception that it is expensive
- Older Singaporeans want more public education about Hospice Palliative Care

Likelihood of Considering Hospice Palliative Care

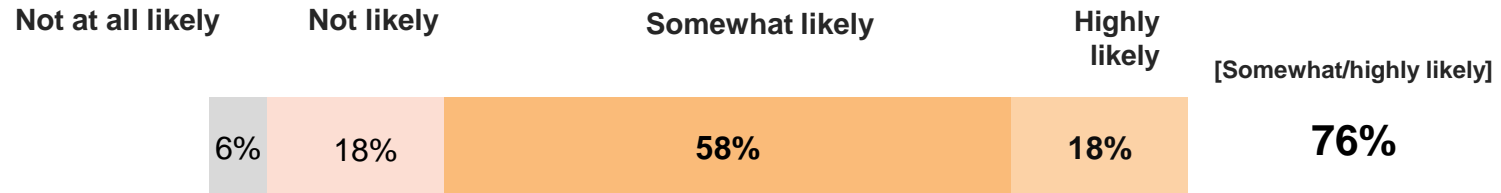
Key finding

Once informed, Singaporeans say they would be likely to consider using Hospice Palliative Care if they or a loved one had a life threatening illness

For Loved One



For Self



Base: All respondents (n = 1006)

Reasons for not considering Hospice Palliative Care

It is expensive	43%
I would rather focus on curing the illness	26%
I don't know much about it	24%
I don't think there is a need for it	23%
It would seem like giving up	20%
I don't think it is useful	12%

Biggest barrier is cost

Base: All who are not likely to consider Hospice Palliative Care (n = 276)

Likelihood of Considering Palliative Care

What other factors affect your likelihood of considering Hospice Palliative Care?

Ethnicity

While Malays have more awareness and experience with Hospice Palliative Care in our study, they are **the least likely** to consider Hospice Palliative Care

Somewhat likely/Highly likely

For Loved One			For Self		
Chinese	Malay	Indians	Chinese	Malay	Indians
83%	60%	84%	78%	63%	82%

Top reason amongst Malays to not consider Hospice Palliative Care is cost (27%)

Socio-economic status

HDB 1 & 2 Roomers are least likely to consider Hospice Palliative Care either for their loved ones or themselves. In contrast, those staying in condominiums and landed property are most likely to consider it.

Somewhat likely/Highly likely

For Loved One				For Self			
HDB 1 & 2 Room	HDB 3 & 4 Room	HDB 5 Room & Exec	Condo & Landed	HDB 1 & 2 Room	HDB 3 & 4 Room	HDB 5 Room & Exec	Condo & Landed
73%	80%	80%	88%	71%	76%	77%	81%

Top reason why HDB 1 & 2 Roomers would not consider Hospice Palliative Care is cost (72%)

Likelihood of Considering Hospice Palliative Care

What other factors affect your likelihood of considering Hospice Palliative Care?

Knowing someone who had received Hospice Palliative Care

Those who had a loved one/friend who had received Hospice Palliative Care were more likely to consider it – suggesting that advocacy can be powerful.

Somewhat likely/Highly likely

For Loved One

Know of someone	Don't know anyone
87%	77%

For Self

Know of someone	Don't know anyone
84%	72%

Source of Information

Likewise, those who knew about Hospice Palliative Care because their family member was under it were most receptive to it. Those who found about it through personal research were least receptive

For Loved One

My family member was under Hospice Palliative Care	Doctors & Nurses	Heard from family/friends	Personal Research
87%	81%	79%	71%

For Self

My family member was under Hospice Palliative Care	Doctors & Nurses	Heard from family/friends	Personal Research
84%	79%	76%	67%

Likelihood of Considering Hospice Palliative Care: Segment Highlights



Indians had the greatest exposure to Hospice Palliative Care in terms of knowing friends/family who had received it. This could explain why they are the most likely to consider Hospice Palliative Care in our study.



More than three quarters of **Chinese** are likely to consider Hospice Palliative Care for themselves or their loved ones, once they are informed about it. In fact, the older Chinese (those aged 50 and above) were even more receptive to Hospice Palliative Care.



Malays were an anomaly. They were more likely to know someone who had Hospice Palliative Care compared to the Chinese. Yet, they are the least likely to consider Hospice Palliative Care, the biggest reason being cost (27%). Other reasons include “I don’t know much about it” (23%) and “I don’t think it is useful” (21%).

Interesting Takeaway: Once informed about Hospice Palliative Care, most are likely to consider it – even the older Chinese, who are the less likely to be aware of Hospice Palliative Care. The Malays are an interesting anomaly, they are more aware of Hospice Palliative Care but are less likely to consider it.

Support for Greater Public Awareness & Education

Key finding

Singaporeans think that there needs to be greater public awareness and dialogue about Hospice Palliative Care. 82% specifically agreed that the public needs to know more about hospice and Hospice Palliative Care

Public Awareness & Education	% Strongly agree	% Agree	% Strongly agree/agree
The general public needs to know more about hospice and Hospice Palliative Care	27%	55%	82%
The general public does not know enough about hospice and Hospice Palliative Care	15%	56%	71%
There should be national conversations about death and dying	19%	52%	71%

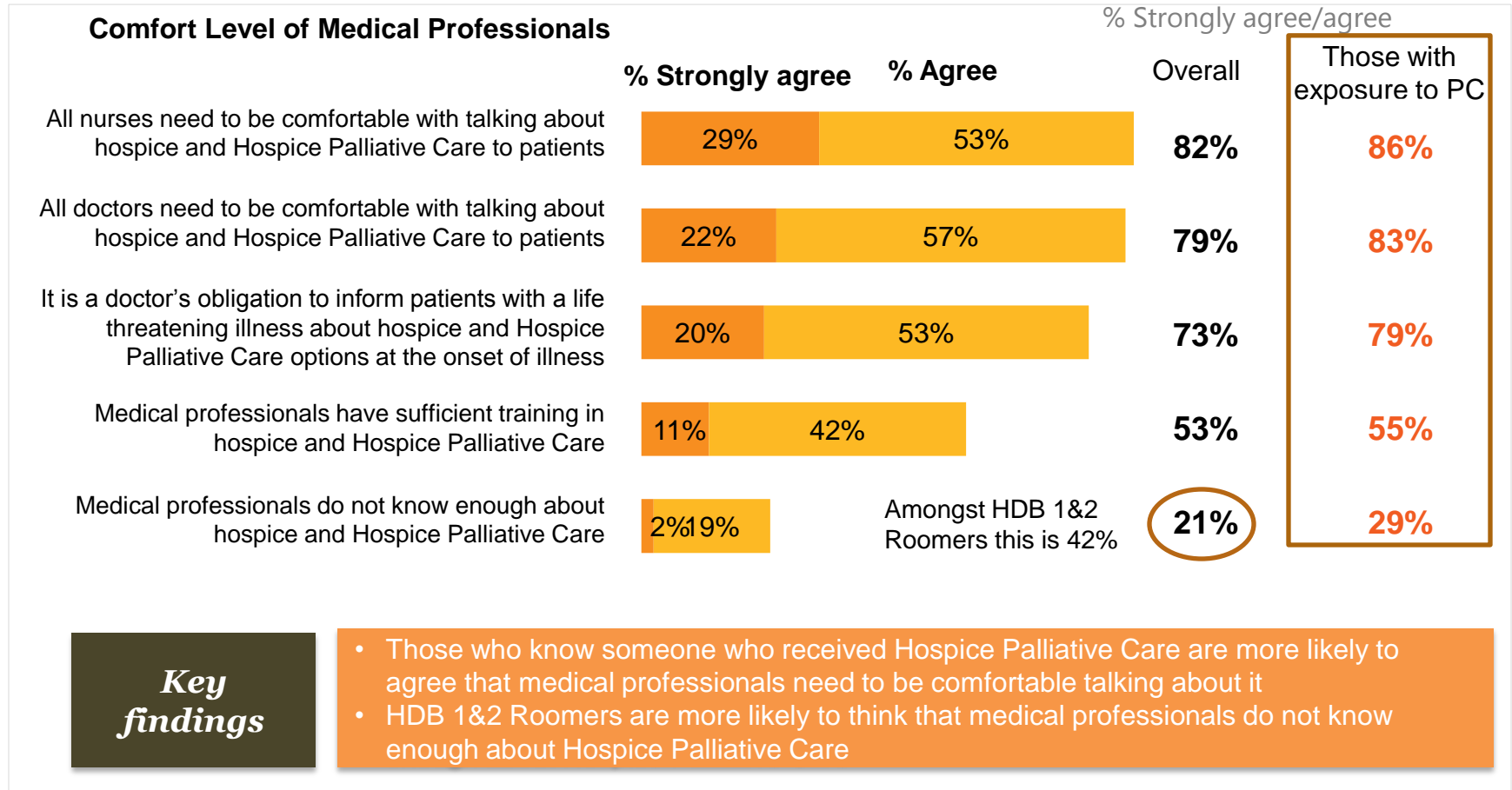
The elderly especially want more public education about Hospice Palliative Care

	Those aged 18-29	Those aged 30-39	Those aged 40-49	Those aged 50-59	Those aged 60 and above
The general public needs to know more about hospice and Hospice Palliative Care	73%	77%	82%	91%	87%
The general public does not know enough about hospice and Hospice Palliative Care	66%	65%	70%	76%	77%
There should be national conversations about death and dying	52%	63%	68%	85%	90%

Base: All respondents (n = 1006)

Medical Professionals to Play a Greater Role

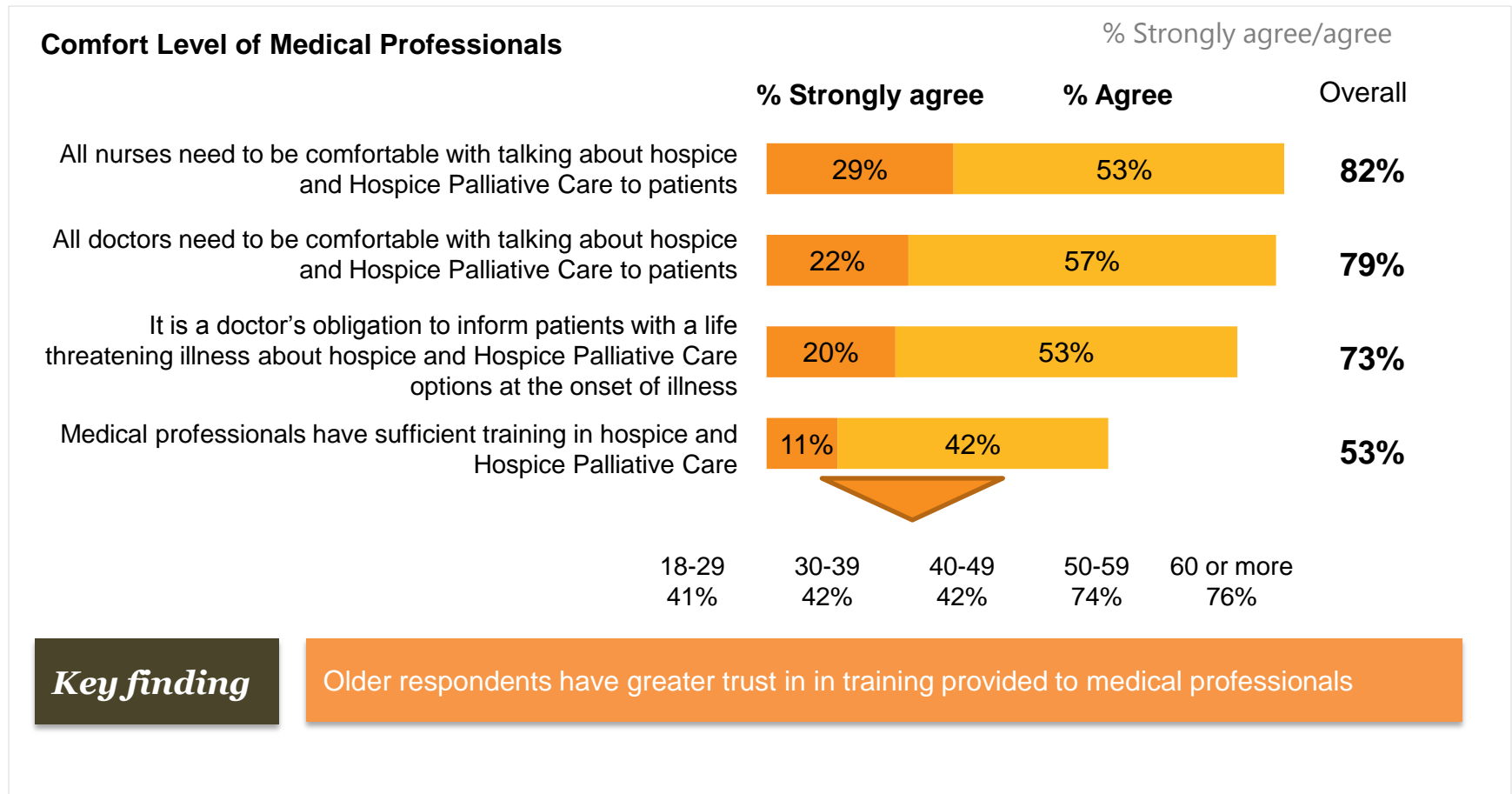
Most respondents agreed that medical professionals need to be comfortable with talking about hospice and Hospice Palliative Care to patients. However, only slightly over half of respondents agreed that medical professionals have sufficient training in hospice and Hospice Palliative Care.



Base: All respondents (n = 1006)

Medical Professionals to Play a Greater Role

Most respondents agreed that medical professionals need to be comfortable with talking about hospice and Hospice Palliative Care to patients. However, only slightly over half of respondents agreed that medical professionals have sufficient training in hospice and Hospice Palliative Care.

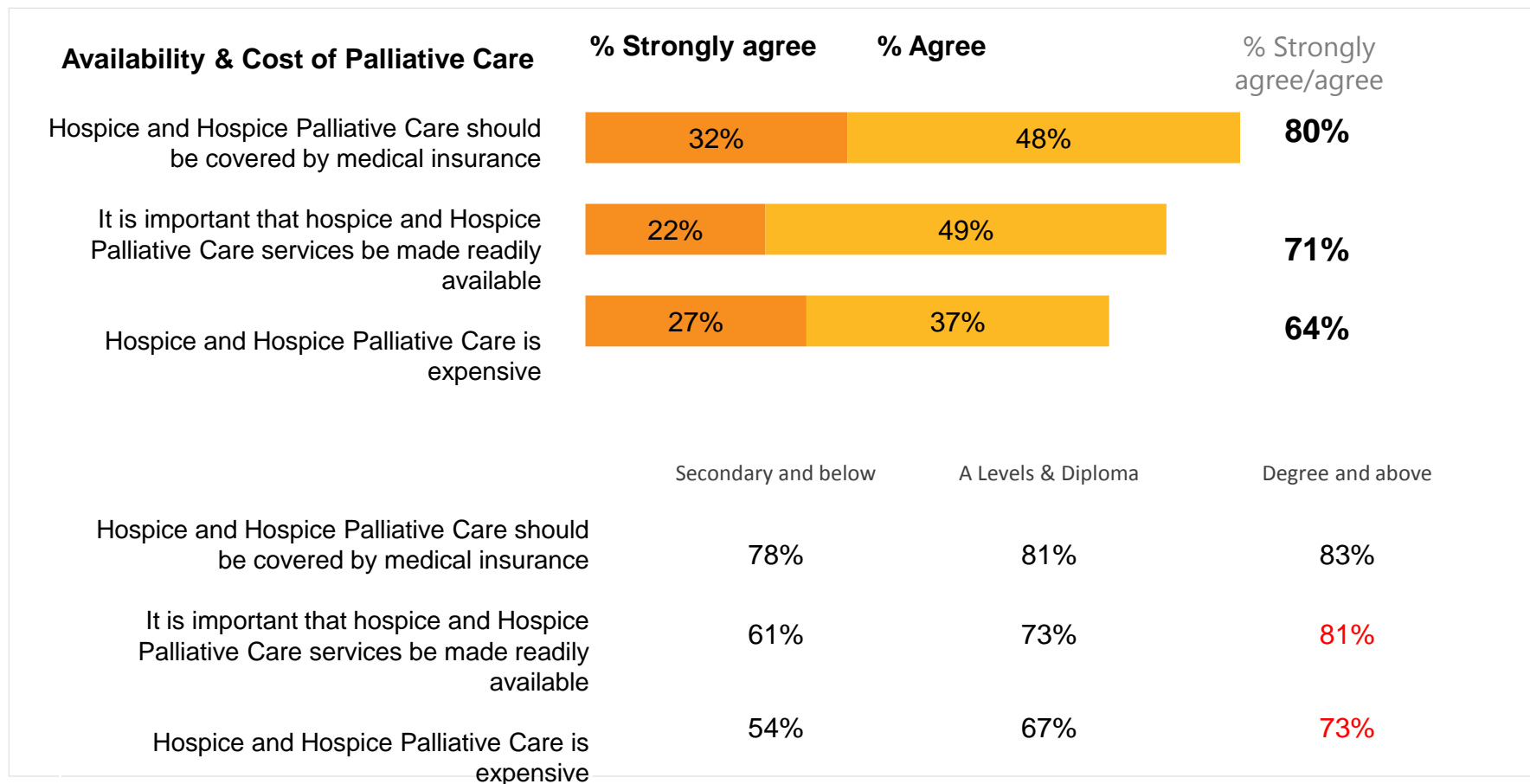


Base: All respondents (n = 1006)

Tackling Key Barrier to Hospice Palliative Care – Cost

Key finding

People with higher education are more likely to want Hospice Palliative Care to be made readily available and they are also more likely to perceive it as expensive



Base: All respondents (n = 1006)

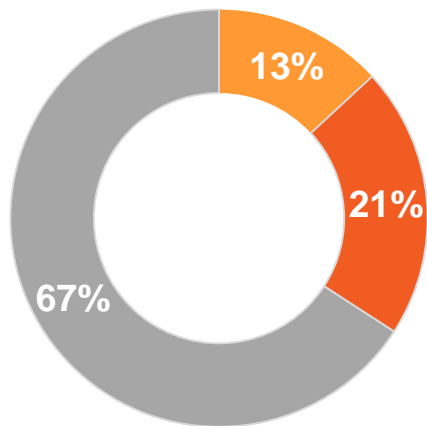
3

What has been the experience of people who received Hospice Palliative Care?

- About a third of Singaporeans know of someone who has experience with Hospice Palliative Care.
- Chinese and Malays have had greater experience with Hospice Palliative Care in hospices while Indians are more likely to have had Hospice Palliative Care at home
- Three in 5 evaluated the Hospice Palliative Care received as good/very good. Ratings are higher amongst those who received Hospice Palliative Care at home
- One in five respondents knew of family objections towards Hospice Palliative Care, primarily because they do not see a need for it/do not think it is useful

Exposure to Hospice Palliative Care

33%
Only a third of respondents know of someone who has experience with Hospice Palliative Care



Yes, my loved one is receiving/has received it

Yes, I know of friends/relatives who have received/are receiving it

My loved one/friends/relatives have experience with Hospice Palliative Care

Non Chinese ethnicities are more likely to know someone

Chinese	Malay	Indians
33%	40%	48%

Higher educated are more likely to know someone

Secondary and below	A Levels & Diploma	Degree and above
21%	39%	48%

HDB 1&2 Roomers least likely to know someone, Condo & Landed Property Dwellers most likely

HDB 1 & 2 Room	HDB 3 & 4 Room	HDB 5 Room & Exec	Condo & Landed
18%	34%	32%	42%

Base: All respondents (n = 1006)

Reasons for going into Hospice Palliative Care

Key finding

Doctors exert a big influence in people's decision to go into Hospice Palliative Care, particularly amongst Malays

The doctor referred him/them to Hospice Palliative Care

66%

Particularly amongst Malays (77%)

Suggested by family members/friends

41%

Particularly amongst Indians (59%)

He/They wanted it for himself/themselves

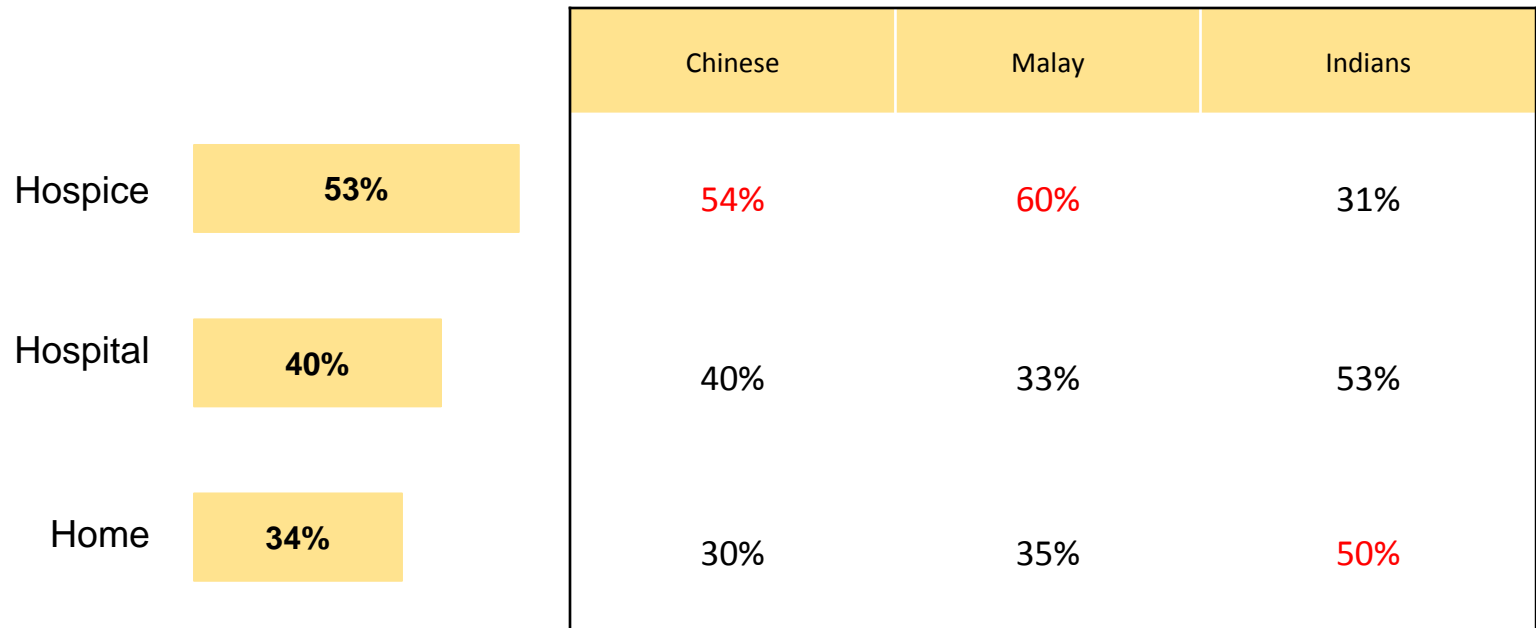
19%

Particularly amongst those who have a degree and above (24%)

Base: All who know someone who has received Hospice Palliative Care (n = 333)

Where Hospice Palliative Care was Received

Chinese and Malay are more likely to have had experience with hospices while more Indians have experienced seeing Hospice Palliative Care delivered at home



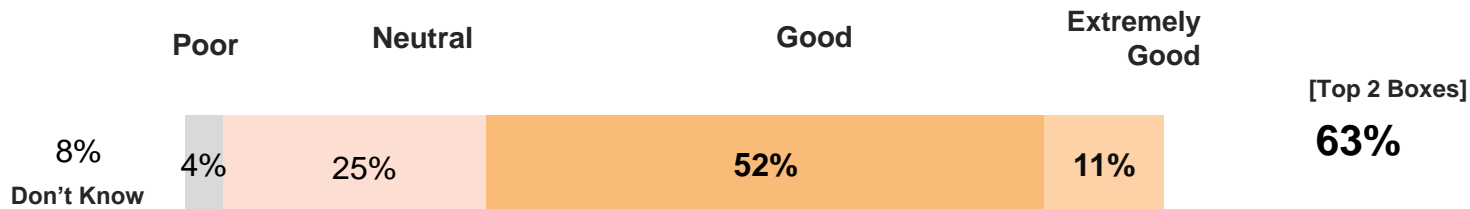
Base: All who know someone who has received Hospice Palliative Care (n = 333)

Evaluation of Hospice Palliative Care Received

Key finding

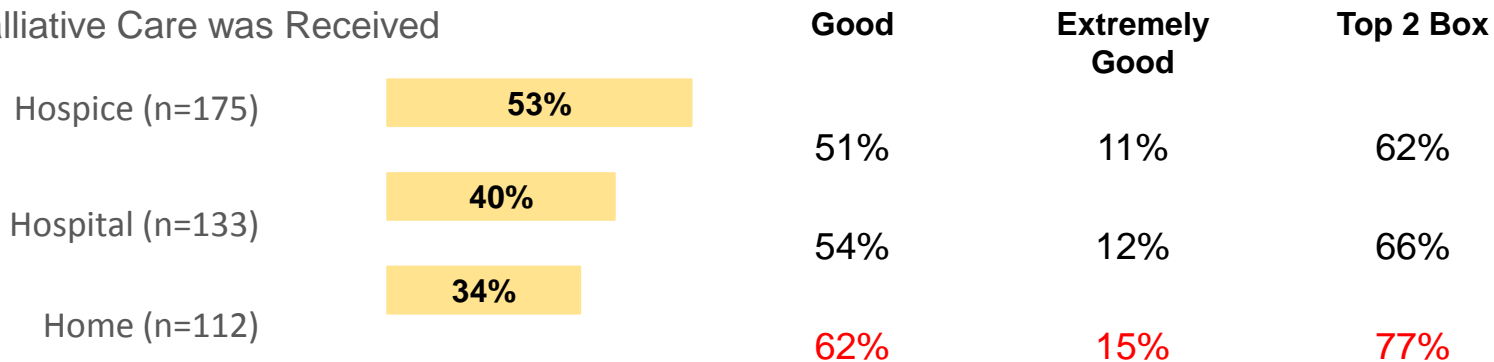
Palliative care ratings were highest for those who were treated at home.

Evaluation of Palliative Care Received



Base: All who know someone who has received Hospice Palliative Care (n = 333)

Where Palliative Care was Received



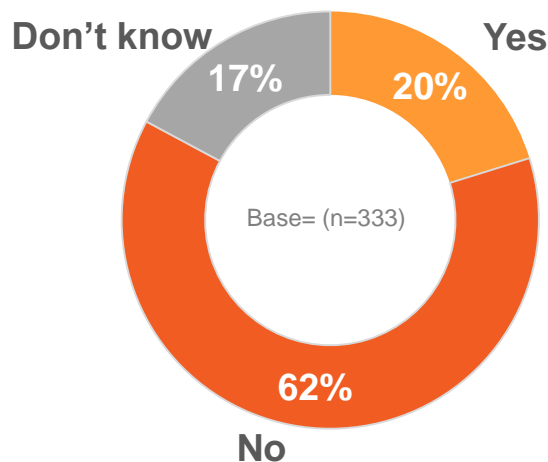
Base: All who know someone who has received Hospice Palliative Care (n = 333)

Reaction of Family Members to Hospice Palliative Care

Key finding

There is still a need to educate people about the advantages that Hospice Palliative Care can offer

Did family members object to the idea of Hospice Palliative Care



Base: All who know someone who has received Hospice Palliative Care (n = 333)

	Chinese (n = 253)	Malay (n = 43)	Indians (n = 32)
Objected to Hospice Palliative Care	20%	7%	38%

Base: All who know someone who has received Hospice Palliative Care (n = 333)

Reasons why family members object to Hospice Palliative Care

- They do not see a need for it/do not think it is useful 46%
- They did not want to spend the final moments in a Hospice Palliative Care facility 44%
- It would be like giving up hope to save his/their lives 37%
- It goes against his/their religious beliefs 31%
- They cannot afford it 26%
- It was not recommended by the doctors 12%

Base: All who objected to the idea of Hospice Palliative Care (n = 68)

Attitudes Towards Death



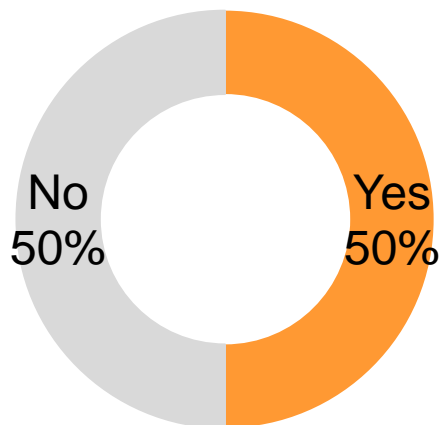
4

**How comfortable
are people
talking about
matters related to
death and dying?**

- Only half of Singaporeans have talked about death or dying with their loved ones. Those 60 and above are least likely to talk about death
- Biggest triggers for talking about death are when faced with a life threatening illness or if someone passes away
- Only about a third are comfortable talking about their death. Even fewer (20%) are comfortable with talking about death with someone with a life threatening illness

Discussions about Death/ Dying

Only half of Singaporeans have talked about death or dying with their loved ones



Chinese respondents and those aged above 60 are less likely to have talked about death or dying

	18-29	30-39	40-49	50-59	60+
Yes	59%	47%	52%	53%	37%

	Chinese	Malay	Indians
Yes	47%	57%	60%

Base: All respondents (n = 1006)

Reasons for not talking about death/dying



Those above 60

“There’s no need to do so” (42%) and “I don’t know how to broach the topic” (40%)

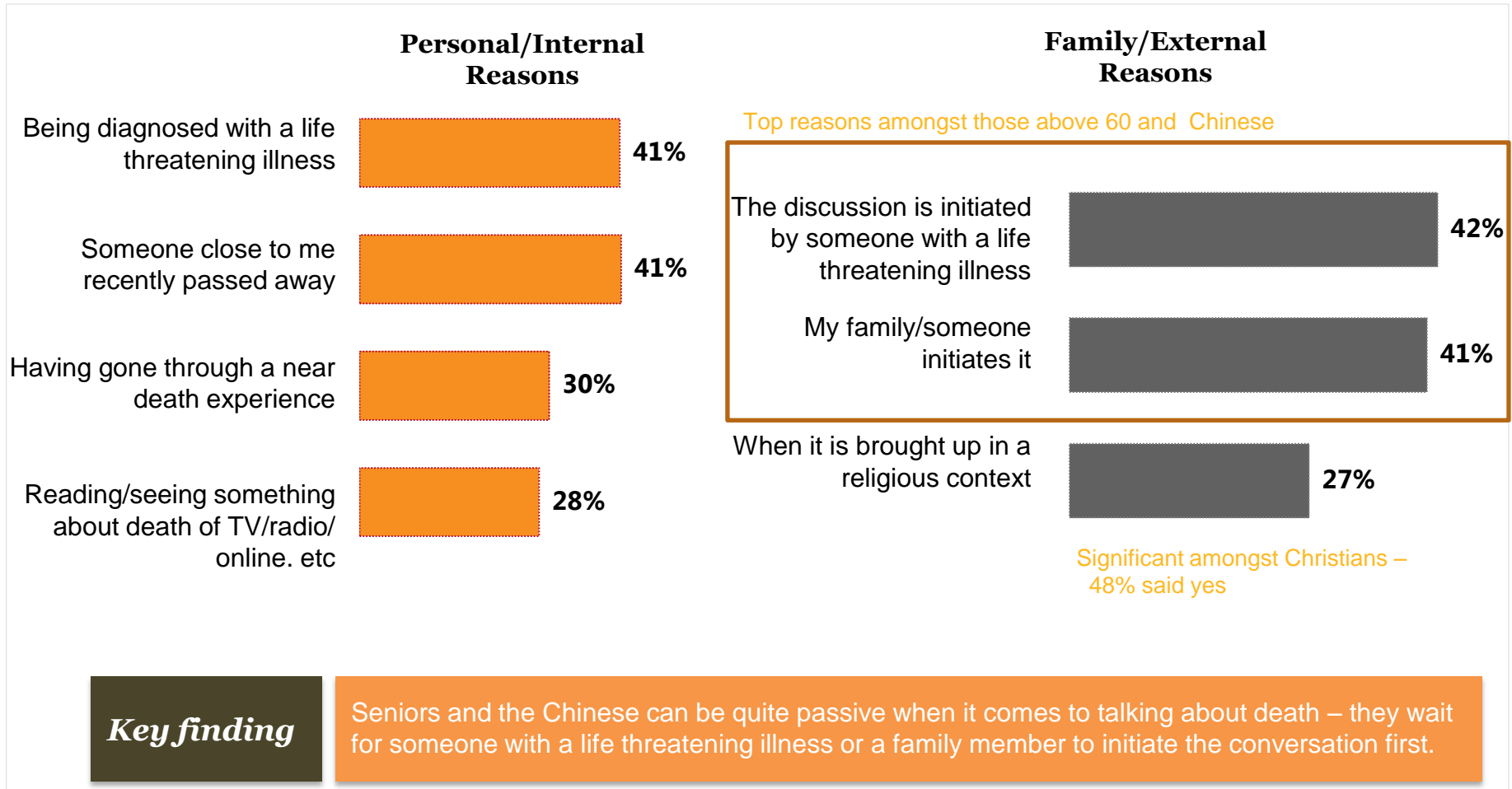


Chinese

“I don’t know how to broach the topic” (47%) and “I don’t want to burden anyone with it” (39%)

Triggers for Discussions about Death

The biggest triggers for talking about death are when one is faced with a life threatening illness or someone passes away.

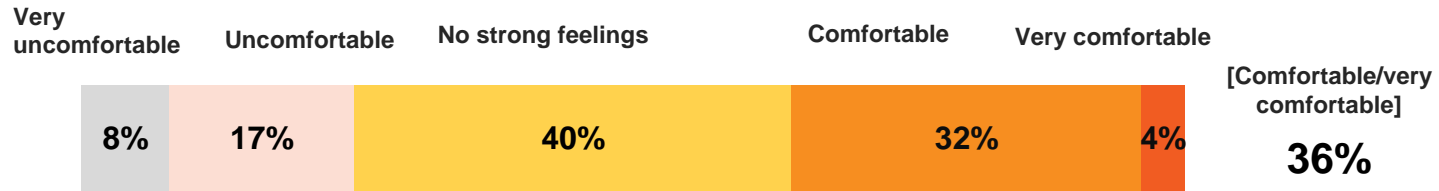


Base: Those uncomfortable with discussions about death (n = 500)

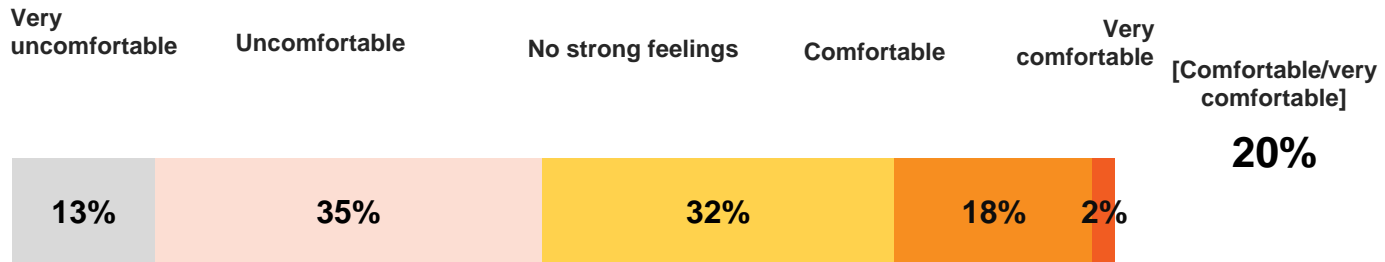
Level of Comfort with Discussing Death

36% of the respondents said they were comfortable with talking about their own death. However, when asked about talking to someone who is terminally ill, only 20% said they would be comfortable.

Own Death



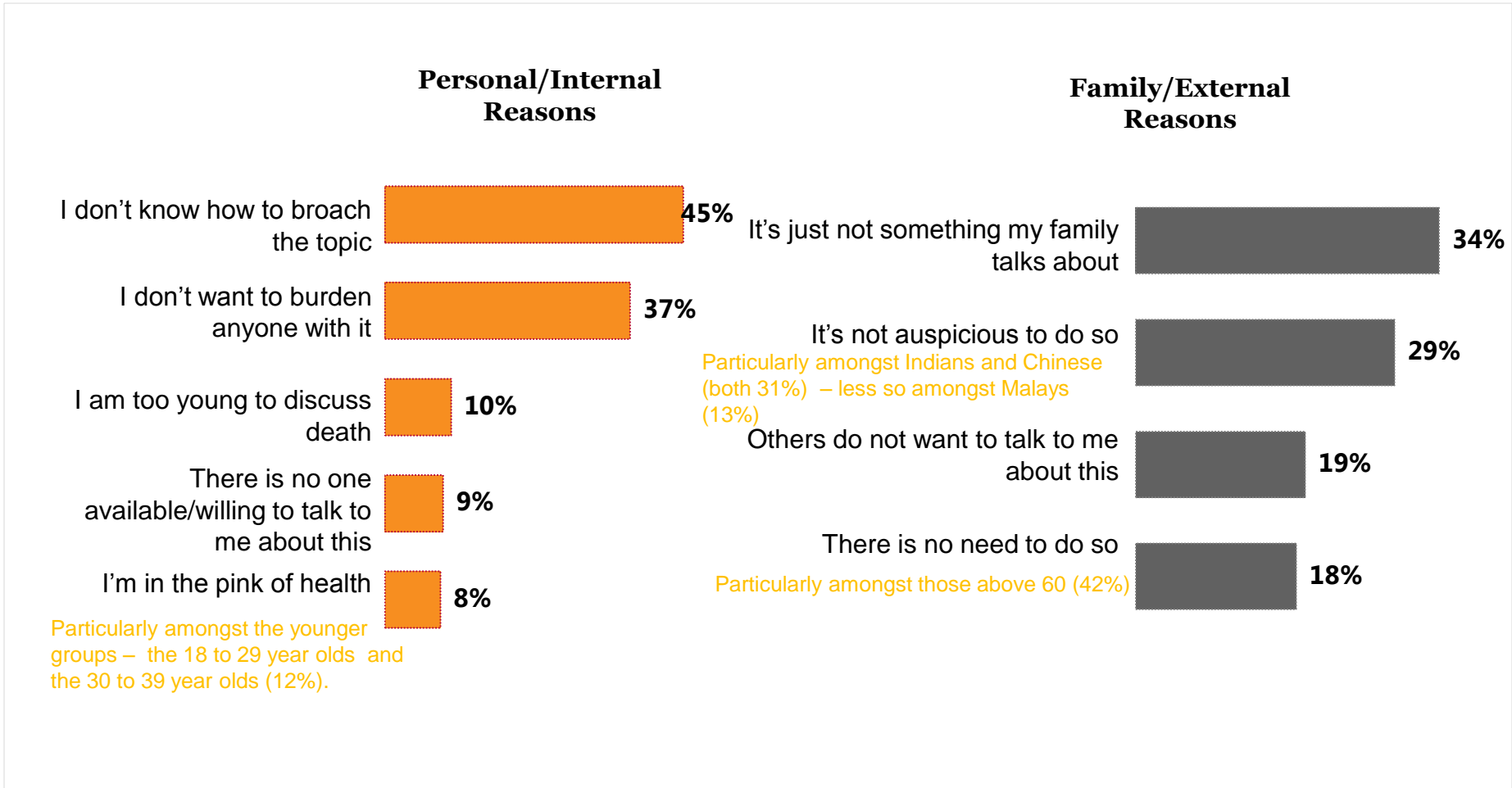
With Someone with a Life-Threatening Illness



Base: All respondents (n = 1006)

Reasons for Discomfort

The biggest reason for discomfort with talking about death/ dying is that respondents do not know how to broach the topic (45%). In terms of family/external reasons, 34% said that it is just not something that their family would talk about.



Base: Those uncomfortable with discussions about death (n = 500)

Segment Highlights: Comfort Level Discussing Death

Key finding

While they are less likely to have talked about death, those who are older and the Chinese are actually *more comfortable* talking about it relative to other age groups and ethnicities.

Ethnicity

Comfortable/
Very
Comfortable

Own Death			Someone with life-threatening illness		
Chinese	Malay	Indians	Chinese	Malay	Indians
38%	29%	27%	22%	11%	18%

Age

Comfortable/Very
Comfortable

Own Death				
18-29	30-39	40-49	50-59	60 and above
7%	16%	13%	39%	29%

Comfortable/ Very
Comfortable

Someone with life-threatening illness				
18-29	30-39	40-49	50-59	60 and above
25%	25%	32%	59%	45%

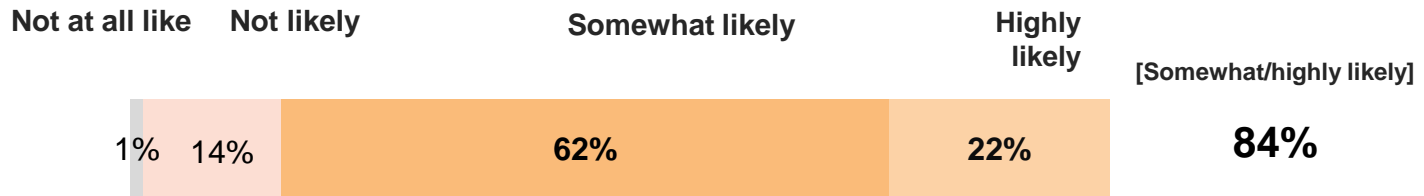
Explaining the behaviour of Chinese & those who are older: Some do not talk about death not because they are personally uncomfortable with the topic. Being unsure of how to broach the topic themselves, they may be just passive – waiting for someone else to initiate the conversation. They may also be concerned about the reactions of other people, fearing that they may upset or ‘burden’ other people with the topic of death.

Base: All respondents (n = 1006)

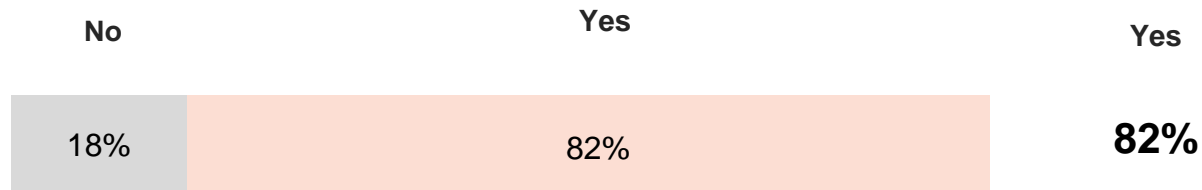
Likelihood of Disclosing News of Life Threatening Illness

If a loved one had been diagnosed with a life threatening illness, 84% of Singaporeans would be likely to disclose the news to them. Likewise, 82% of Singaporeans would tell their loved ones if they had a life threatening illness themselves.

For Loved One



For Self



Base: All Respondents (n = 1006)

Reasons for not disclosing news of life threatening illness

I do not want them to worry	60%
I do not want them to be upset	24%
I do not want them to treat me differently	15%

Base: Those who are unlikely to disclose news (n=265)

- **Indians were the least likely** to disclose the news if their loved one (78%) or they themselves (73%) had a threatening illness.
- The main reason is because they do not want their family to worry (72%)

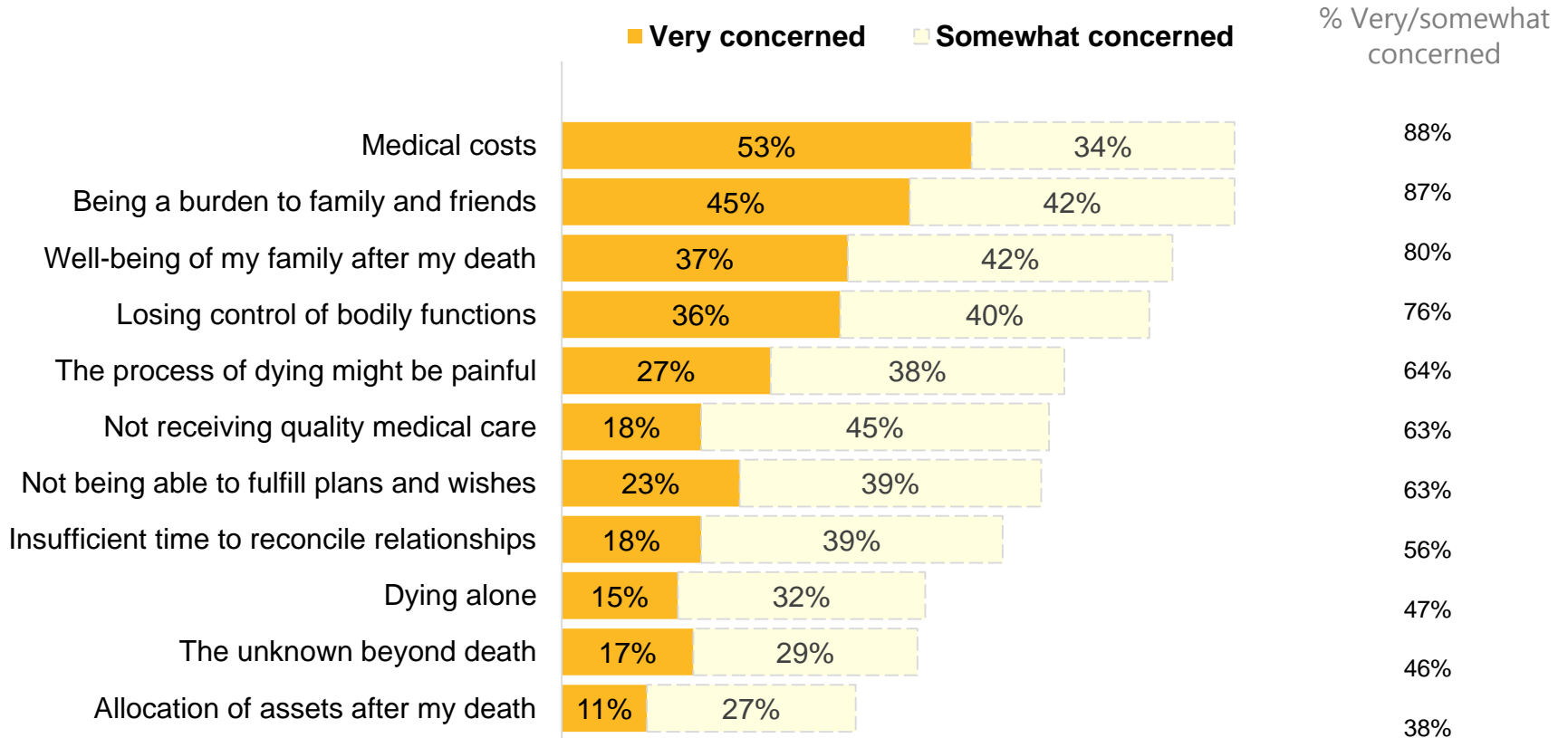
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What do people fear about death?

- The top fears about dying are medical costs (88%), being a burden to family and friends (87%) and the well-being of their family after death (80%).

Fears about Death/Dying

Medical costs and concerns about being a burden to family/ friends continued to be the top fears when it comes to death and dying.



Base: All respondents (n = 1006)

Fears about Death/Dying

Key finding

The top fears about dying (medical costs, being a burden to family and friends, well-being of my family after death) were pronounced amongst the Chinese, especially those who are older.

Top fears about dying were generally more evident amongst the **Chinese** compared to other ethnic groups.

Medical Costs
Being a burden to family and friends
Well-being of my family after death

	Chinese	Malay	Indians
Medical Costs	90%	78%	83%
Being a burden to family and friends	90%	71%	83%
Well-being of my family after death	80%	72%	81%



This particular concern was strong amongst Indians as well

These fears were even more pronounced amongst **the older Chinese**.

Medical Costs
Being a burden to family and friends
Well-being of my family after death

	Chinese aged 50-59	Chinese aged 60 and above
Medical Costs	94%	94%
Being a burden to family and friends	98%	93%
Well-being of my family after death	83%	78%

Base: All respondents (n = 1006)

Fears about Death/Dying

Key finding

The top fears about dying (medical costs, being a burden to family and friends, well-being of my family after death) were pronounced amongst the Chinese, especially those who are older.

Top two fears about dying were also generally more pronounced amongst the lowest socio-economic strata.

	HDB 1&2 Room	HDB 3&4 Room	HDB 5 Room & Exec	Condo & Landed
Medical Costs	90%	89%	87%	84%
Being a burden to family and friends	91%	87%	86%	82%

Base: All respondents (n = 1006)

6

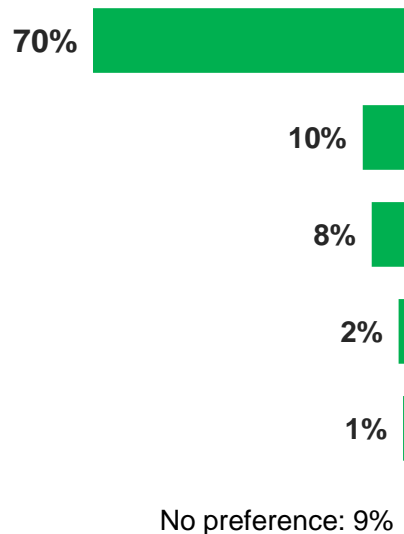
Where and how do people want to die?

- More than three quarters of Singaporeans want to die at home – even if there was insufficient support from family, friends or medical professionals
- Most Singaporeans associate dying well with dying without illness, pain or suffering.
- The top priority of Singaporeans is to ensure that their death would not be a financial burden to family members. Other important concerns are also having control over pain relief and to be surrounded by loved ones.

Preferred Place of Dying

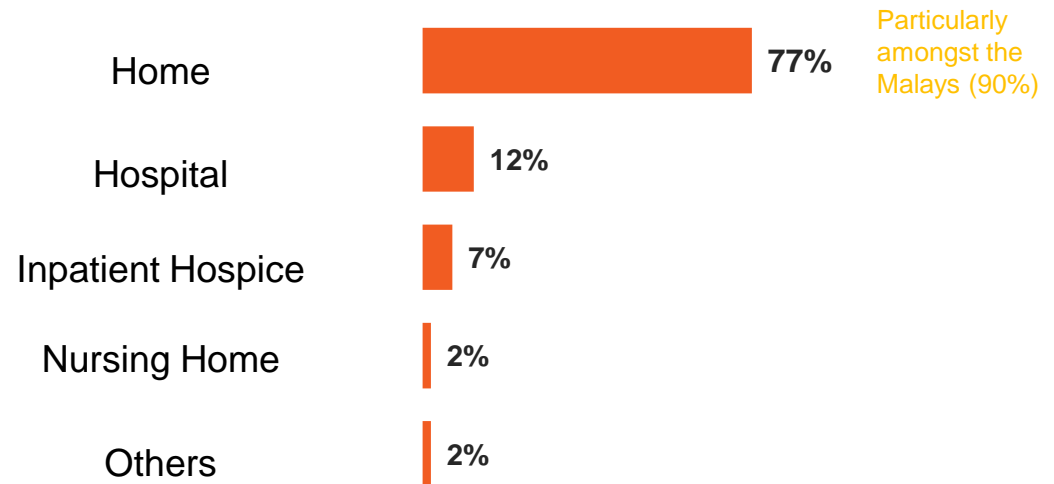
70% want to be cared for at home if they were dying. Likewise, 77% of respondents agreed that they wanted to finally die at home. Only 2% of respondents wanted to be cared for at a nursing home.

Where they would want to be cared for if they were dying



Base: All Respondents (n = 1006)

Final Place of Death



76% would still want to die at home even if there was insufficient support from family, friends or medical professionals

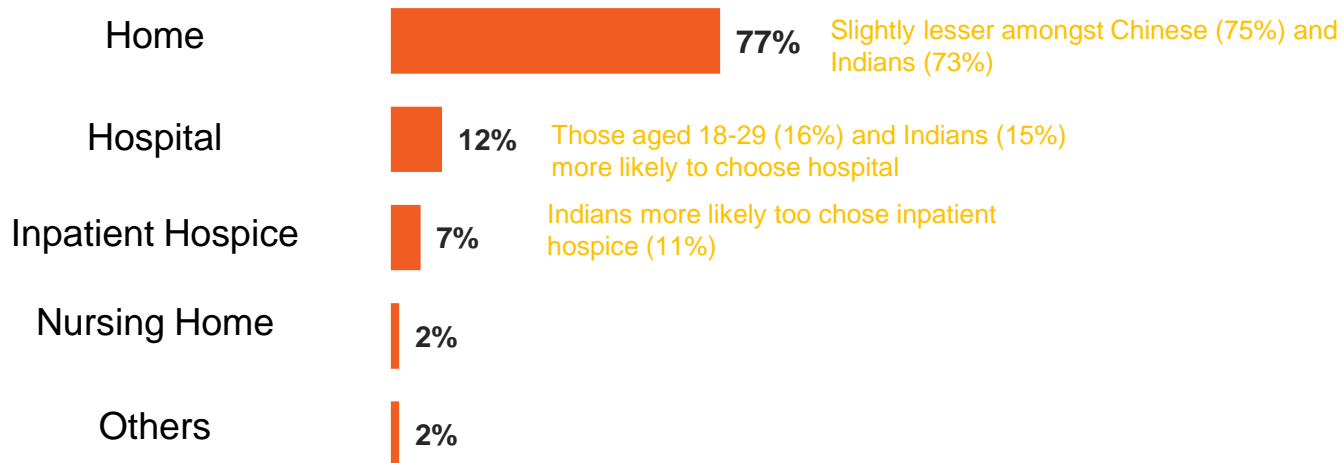
This was especially pronounced amongst those who aged 50 to 59 years old (93%) and those above 60 (94%).

Base: Those who want to die at home (n = 775)

Preferred Place of Dying

Amongst the races, the Indians were most open to dying at others places such as the hospital or inpatient hospice. The Indians and those who were younger were also more likely to reconsider their decision to die at home if there was insufficient support from family, friends or medical professionals.

Final Place of Death



Would you still prefer to die at home even if you did not have sufficient support from family, friends or medical professionals?

Base: Those who want to die at home (n = 775)

	18-29	30-39	40-49	50-59	60+
No	36%	33%	34%	7%	6%

	Chinese	Malay	Indians
No	22%	22%	36%

What Does Dying Well Mean to You

Most Singaporeans associated dying well with dying without illness, pain or suffering.

Dying without illness/pain/suffering

33%

Particularly amongst those **aged 60 and above** (43%)

Dying peacefully

23%

Dying after fulfilling all my dreams/
without regrets/ without worries

15%

Particularly amongst those **aged 18 to 29 years old** (34%)

Without leaving huge medical bills
behind

8%

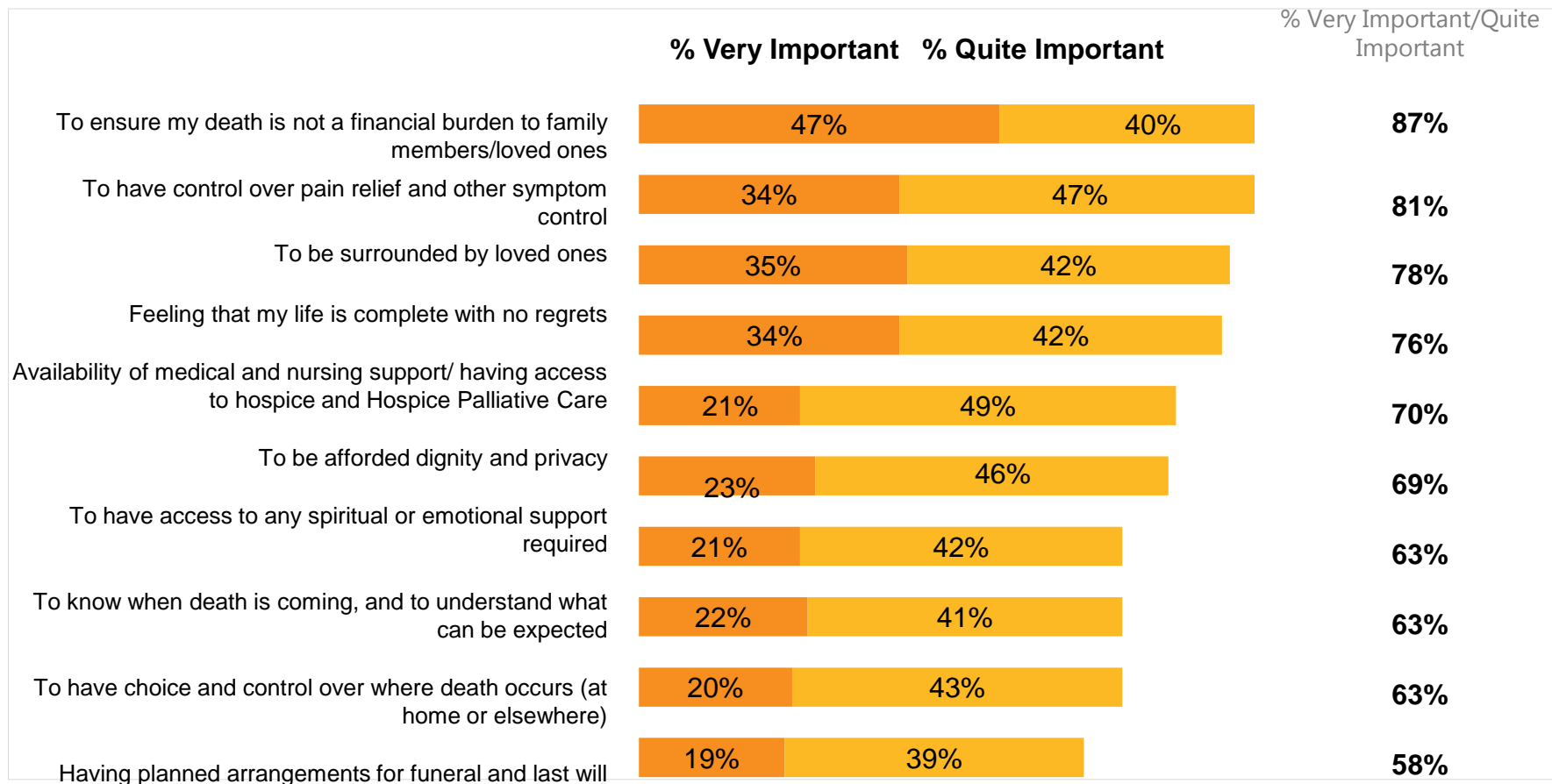
With family members around

7%

Base: All respondents (n=1006)

Top Priorities at End of Life

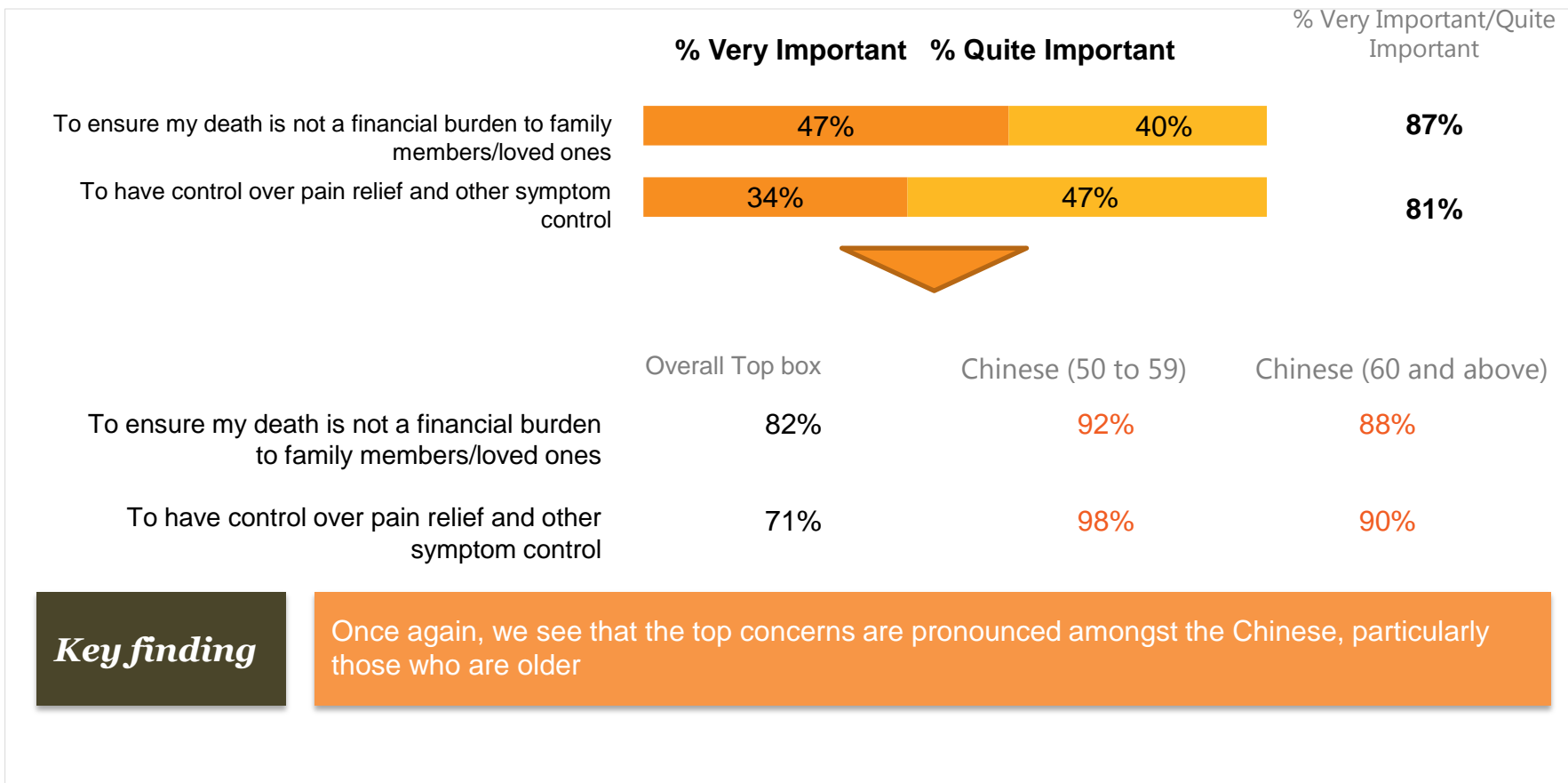
The top priority of Singaporeans was to ensure that their death would not be a financial burden to family members. Similar to the 2009 survey, other important concerns were also having control over pain relief and to be surrounded by loved ones.



Base: All Respondents (n = 1006)

Top Priorities at End of Life

The top priority of Singaporeans was to ensure that their death would not be a financial burden to family members. Similar to the 2009 survey, other important concerns were also having control over pain relief and to be surrounded by loved ones.



Base: All Respondents (n = 1006)



Thank you.

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