



77% of Singaporeans wish to die at home

But government statistics show only 27% of deaths in Singapore take place at home¹

Lien Foundation's "Death Attitudes Survey" revealed 64% of Singaporeans view hospice palliative care as expensive, and upon knowing more about it, 80% are open to receiving hospice palliative care for themselves. Majority (82%) showed strong support for public education on hospice palliative care.

Singapore 8 April 2014

1. When death comes knocking, what do Singaporeans wish for?
2. Singaporeans want to die at home, die affordably and not leave financial burdens behind. And it would help to have well-trained doctors and nurses guide them about hospice palliative care. They also want a platform to talk about death in the community - national conversations and public education on hospice palliative care to discuss issues on death and dying.
3. These are some of the findings that have emerged from a survey commissioned by the Lien Foundation to examine death attitudes and perception of hospice palliative care in Singapore. Over 1,000 people took part in the survey conducted by Blackbox Research from October to December 2013. Views from a cross section of the Singapore population were sought online and through door-to-door interviews. This is the second death attitudes survey by the Lien Foundation, the first being a street poll in 2009.

Most Singaporeans wish to die at home

4. The home has emerged as the preferred place of death for most Singaporeans (77%). The majority (70%) wished to be cared for at home when they reach the end

¹ Singapore Demographic Bulletin, December 2013, <http://www.ica.gov.sg/page.aspx?pageid=369>

of life. Respondents living in 1-2 room flats registered the highest desire to die at home (92%), compared to those living in private property (63%). For those who want to die at home, 76% of all respondents would still choose to do so even if there were insufficient support from family, friends or medical professionals. This was especially pronounced for those above 60 years old (94%). These findings contrast the present situation where only about 27% of deaths in Singapore take place in the home and 61% of deaths occur in hospitals. ²

5. Noting the gap between expectations and reality, Lien Foundation's CEO, Mr. Lee Poh Wah said "We will have a greater chance of being able to die at home - if our healthcare system is strongly geared towards hospice palliative care and it provides more professional and social support to meet patients' preferences. A core proposition of hospice palliative care is to empower the dying with suitable care to let them spend their last days where they wish to be. Our health policy needs to contain the institutionalization of death, and increase the proportion of home deaths."
6. The Singapore Hospice Council reported 4,203 new home hospice care patients from April 2012 to March 2013. The hunger for such care is projected to grow with an aging Singapore and these latest results. The need to scale up to meet demand is further underscored by a growing receptivity towards hospice palliative care revealed by this survey.

Latent demand for hospice palliative care

7. The survey showed that three quarters of Singaporeans (76%) are open to receiving hospice palliative care for themselves and 80% are open to getting hospice palliative care for their loved ones. 71% agreed it is important that hospice palliative care services be made readily available. Majority of Singaporeans (81%) placed having control over pain relief and other symptom control as one their top priorities at the end of life.
 8. Feedback on hospice palliative care services was also positive. 63% of respondents who knew someone with hospice palliative care experience rated the services to be
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good or very good. Ratings were highest for home hospice palliative care services (77%). These findings indicate positive receptivity and a latent demand for such care. However, there are significant barriers to receiving hospice palliative care.

View of hospice palliative care as costly - a barrier

9. More than two in five respondents of those who would *not* consider hospice palliative care (43%) cited high costs as the reason. More than half of all surveyed (64%) think hospice palliative care is expensive. Of the respondents who knew someone with hospice palliative care experience, 69% regarded these services as expensive. 80% of all respondents think that hospice palliative care should be covered by medical insurance.

Top death fear - medical costs

10. So it is not surprising that medical costs are what Singaporeans fear most (88%), followed by being a burden to family and friends (87%). These results are similar to the 2009 poll, where being a burden to the family emerged as the top fear, followed by medical costs. In 2013, when asked what are the priorities at the end of life, 87% of Singaporeans wanted to ensure their death would not be a financial burden to family members.

Free hospice palliative care in the community

11. Addressing the fear of costs, Dr Jeremy Lim, Partner and Head of Asia Pacific Life Sciences from Oliver Wyman said, "There is a strong case to provide free hospice palliative care in the community. This would minimize patients seeking help in acute hospitals where running costs are high and further adding to bed pressures. It would also meet the wishes of Singaporeans, the majority who wish to die at home where they can be with loved ones in familiar and comfortable settings."
12. He added, "On the issue of healthcare costs, I believe there would be net savings. Enabling patients to be cared for at home and in the community - which is what they want - is less costly than hospitalization. Hospital beds not filled with palliative care patients can be used for other patients. Everyone can benefit from having community palliative care free."

13. Besides tackling the cost barrier, better awareness of hospice palliative care and knowledge of its benefits and costs are needed to address Singaporeans' top death fears.

Awareness increases receptivity

14. The survey showed that only half of Singaporeans are aware of hospice palliative care. When asked to define what hospice palliative care is, about a third of respondents could do so correctly. However, there is a silver lining in the cloud. Most Singaporeans were open to considering such services upon knowing what hospice palliative care is about. As mentioned earlier, the majority of the survey respondents (76%) would consider these services either for themselves or loved ones (80%).
15. Of all the respondents, those aged 50-59 years emerged as those most likely to consider hospice palliative care for loved ones (86%) and themselves (86%). Of those who were aware of hospice palliative care, the 50-59 agers were least likely to view hospice palliative care as expensive. Singaporeans who were least aware of such care also show this openness towards hospice palliative care.

Older Chinese Singaporeans – open to hospice palliative care

16. Of all the racial groups, older Chinese Singaporeans (above 60 years) emerged as the ones with the most need for information and public education on hospice palliative care. Only one in four of these respondents were aware of hospice palliative care. However, once they were better informed about such care, 83% of them were likely to consider palliative care for loved ones and 78% for themselves. For these older Chinese Singaporeans, the fears of being a burden to family (93%) and friends and medical costs (94%) are even more pronounced. Dr Lim remarked, "As the survey shows, the cost of hospice palliative care even with subsidies is a major concern. We can overcome these fears. Free community hospice palliative care is something our pioneer generation deserves which I hope MOH will seriously consider."

Professional duty of care

17. Doctors play an influential part in the decision to receive hospice palliative care. Of those who knew someone who received palliative care, 66% of them observed that

it was the doctor who referred the patient to hospice palliative care. Only 53% of all respondents felt that medical professionals have sufficient training in hospice palliative care.

18. Over 70% of Singaporeans agreed it is the doctor's duty to inform patients with life-threatening conditions about hospice palliative care options at the onset of illness. Majority of Singaporeans (about 80%) expect doctors and nurses to be comfortable talking about hospice palliative care to their patients.

19. Commenting on these findings, Singapore Hospice Council Chairman and CEO of HCA Hospice Care, Dr R. Akhileswaran said, "Hospice palliative care knowledge and awareness has to go beyond palliative care doctors. We need GPs, specialists and other medical professionals to step up in this area with training and in their practice. The survey shows patients want medical professionals to play a greater role in hospice palliative care. I hope the medical community will respond to these expectations positively. With more awareness and timely referrals, we can touch more lives with care that adds life to days."

Desire for 'die-logues'

20. Besides wanting more involvement from medical professionals, Singaporeans have a growing desire for 'die-logues' or conversations about death and dying. Even though only half of the respondents have talked about death or dying with loved ones, seven in ten of them (71%) saw the need for national conversations on death and dying. 82% felt the general public needs to know more about hospice palliative care.

21. Amongst all respondents, this urge to 'die-logue' is most evident for Singaporeans 50 to 59 years. 91% of them wanted more public education on hospice palliative care and 85% supported national conversations on this topic. Singaporeans above 60 years felt the same way. 90% of them supported national conversations on hospice palliative care and 87% wanted more public education in this area.

New positivity and demand

22. A significant trend underlying the survey is the marked receptivity towards hospice palliative care and inclination towards talking about death. "The results give positive

impetus to the implementation of the National Strategy for Palliative Care announced two years ago,” said Mr Lee “Our society needs more open discussions to make end-of-life care a real priority. This, along with more accountability from our healthcare system, is needed to speed up the pace of change to improve the quality of death for Singaporeans.”

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Annex

1. Death Attitudes Survey: Executive Summary
2. Death Attitudes Survey: Highlights of Findings
3. Facts & Figures on
 - A Death and Dying in Singapore
 - B Hospice Palliative Care in Singapore

ABOUT THE LIEN FOUNDATION

www.lienfoundation.org

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation.

In its mission to advance eldercare, the Foundation advocates better care of the dying. One of its flagship programmes, the Life Before Death initiative, was first conceived in 2006 to create greater public awareness about end-of-life issues in Singapore. It sought to de-stigmatise death and dying by spurring various ‘die-logues’ with the use of social media, art, films and photography and advocacy through research. Creative projects such as the Happy Coffins, the Last Outfit and the Obitchery got people to confront their own mortality in unconventional ways.

The initiative has since gone beyond Singapore. In 2010, the Foundation commissioned the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care. In 2013, the Foundation launched the inaugural international Design for Death competition that presented innovations in deathcare for the future.

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Lien Foundation Survey on Death Attitudes

Key Findings Report

8 April 2014



About the Study

As a follow up to the study on death attitudes conducted in 2009, the Lien Foundation has sought to gain insights on the perceptions of death and dying amongst Singaporeans. This is seen as a topic that is becoming increasingly relevant as the population ages and where the need for greater knowledge on this could impact and improve care for the dying.

Blackbox Research was commissioned by the Lien Foundation to conduct a survey examining death attitudes and preferences in Singapore, as well as levels of awareness and receptivity towards hospice palliative care. This document outlines quantitative findings from the general population segment surveyed. The objectives of the study were to glean key insights on the perceptions of death and dying among those in Singapore and the issues surrounding it, including understanding hospice palliative care.¹

The survey was conducted between October to December of 2013, covering a total of 1,006 respondents. The survey surveyed a representative sample of Singaporeans 18 years old and above. 80% of the survey respondents were Chinese, 11% Malay, 7% Indians and 2% were from other ethnic groups.

The survey employed the use of a combined methodology with 662 of the surveys being conducted online amongst younger respondents (49 and below) and 344 surveys conducted door to door for respondents aged 50 and above.

Key Findings

- The study revealed that only half of those surveyed are aware of hospice palliative care (50%). Even amongst those who claimed to know of the term, there appeared to be limited understanding of what it constitutes.
- Yet, many are open to the idea of hospice palliative care upon learning more about it. Once informed, 4 in 5 (80%) felt that they would be receptive towards their loved one receiving hospice palliative care and slightly more than 3 in 4 (76%) would consider it for themselves.
- On evaluating hospice palliative care, slightly more than 3 in 5 (63%) found the services to be good based on knowing someone who received it. Those who received palliative care at home, however rated it more favourably, with more than 3 in 4 (77%) saying it was good compared to those who received it at a hospital or hospice.

¹ 'Hospice palliative care' is a holistic approach to caring for patients going through the last stages of their lives. It aims to meet all needs (physical, emotional, psychosocial and spiritual) so as to alleviate suffering and maximise quality of life for patients and their loved ones

- Medical costs emerged as the top fear on death in this year's study, with 88% of respondents saying that this scares them, compared to the 2009 street poll when it was the second biggest death fear.
- The study revealed that perceived high cost was also seen as the biggest barrier to receiving hospice palliative care, with slightly under half of those who would not consider hospice palliative care citing high costs as their reason (43%).
- Furthermore, 4 in 5 of those surveyed (80%) agreed that hospice palliative care should be covered by medical insurance, indicating strong support for increasing the affordability and accessibility to hospice palliative care.
- The study also showed strong support for public education on hospice palliative care with more than 4 in 5 respondents (82%) saying that the general public needs to know more about it. Additionally, 3 in 4 respondents (71%) also agreed that there should be national conversations on death and dying, indicating the desire for a platform to talk about these issues.
- Most respondents expressed the need for medical professionals to play a greater role in creating awareness of hospice palliative care. Those surveyed said that doctors (79% of respondents) and nurses (82% of respondents) need to be comfortable talking about it.
- Nearly 4 in 5 respondents (77%) agreed that they would like to die at home. 76% of those who said they wanted to die at home would choose to do so even if there was insufficient support from family, friends or medical professionals

Lack of Awareness of Hospice palliative care

1. The survey findings revealed that only half of respondents are aware of hospice palliative care. Older Chinese Singaporeans (those aged 60 years and above) showed lower awareness levels with only 1 in 4 (25%) stating they were aware of hospice palliative care.

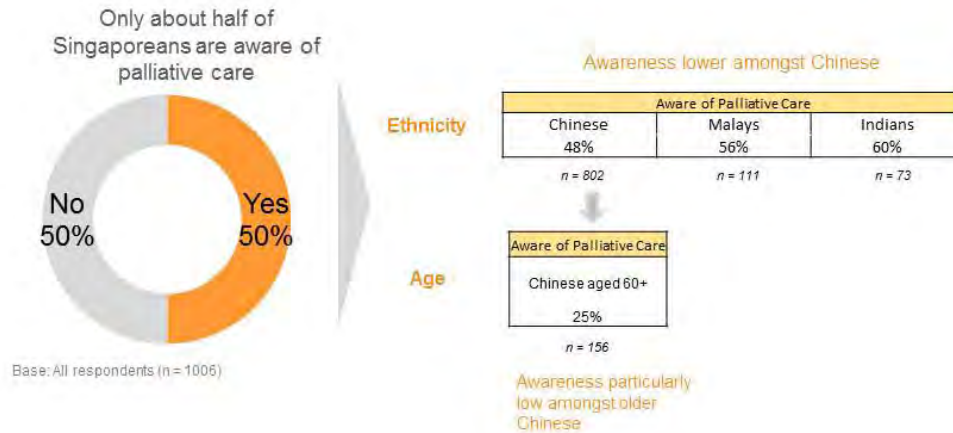


Figure 1: Awareness of Hospice palliative care

2. Amongst those who claimed to be aware of hospice palliative care, their understanding of the term appears limited – those above the age of 60 years were more likely to think that home care is not covered under hospice palliative care.
3. Survey findings also revealed that not everyone is aware of the full scope of hospice palliative care services. The elderly in particular, and those with secondary level education and below, associate hospice palliative care primarily with medical treatment. They are less aware of other services it offers such as counselling or grief bereavement.

Latent demand for Hospice palliative care

4. Despite only half of the respondents being aware of hospice palliative care, most would consider it either for themselves or their loved ones upon learning more about it. Majority (76%) of those surveyed indicated that they would be open to receiving hospice palliative care for themselves, and 4 in 5 (80%) would consider it for their loved ones. This highlights that there is actually a latent demand for hospice palliative care.

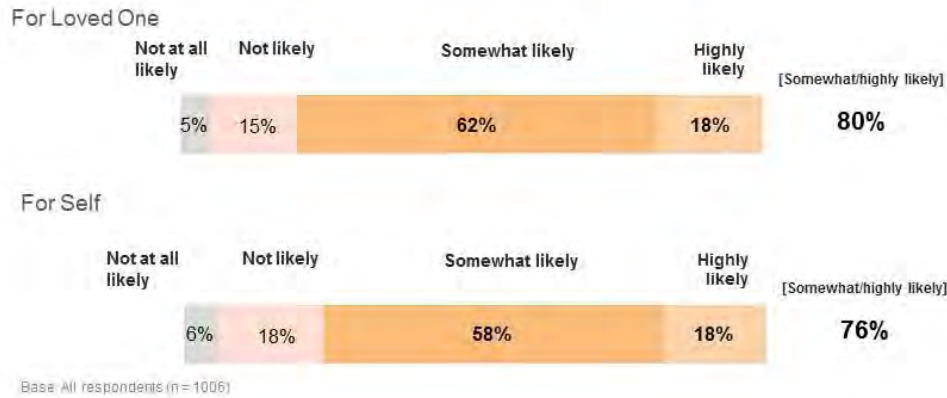


Figure 2: Likelihood of Considering Hospice palliative care

- Furthermore, when queried about what dying well means to them, a third of those surveyed said it is dying without any kind of pain, suffering or illness (33%). Likewise, control over pain relief and symptom control were the second most important priorities considered when nearing death. This was echoed in the 2009 survey with many expressing the desire to die without pain. Significantly, 'to have control over pain relief and other symptom control' was the second most important priority at end of life (81% of respondents rated it as important).

Medical Costs Emerge as a Prevailing Issue

- Despite the latent demand for hospice palliative care, perceived high medical costs were seen as a key barrier to its take-up. Of those who said they would not consider it, more than 2 in 5 (43%) cited high costs as their reason.

7. The survey findings also revealed that more than 3 in 5 respondents (64%) consider hospice palliative care to be expensive. Surprisingly, those who claimed to be aware of hospice palliative care were also more likely to think it is expensive (74%) than those who were not aware of palliative care (54%).

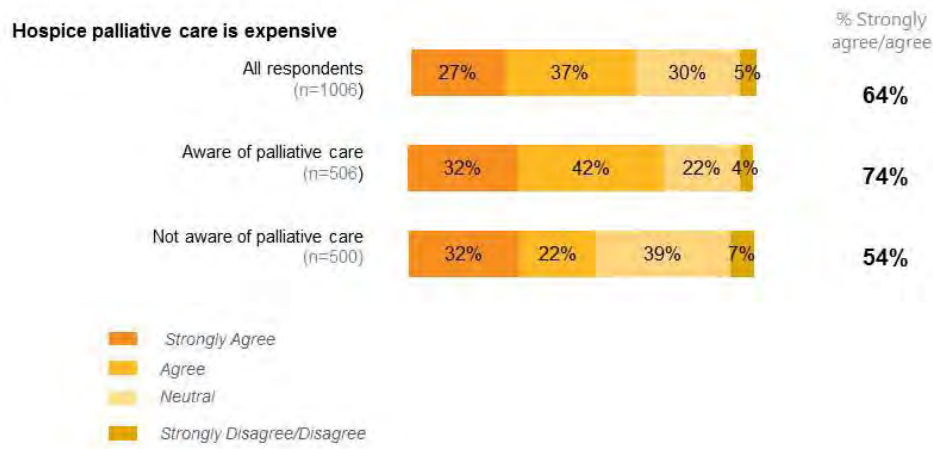


Figure 3: Hospice Palliative Care is Expensive

8. The findings have shown that Singaporeans are supportive of steps to increase the availability and affordability of hospice palliative care. 3 in 4 (71%) say that it is important that hospice palliative care be made readily available. In addition, 4 in 5 (80%) expressed that hospice palliative care should be covered by medical insurance.

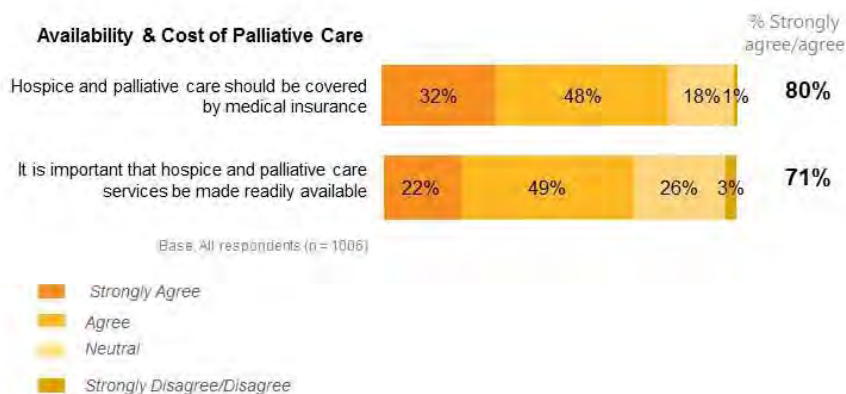


Figure 4: Attitudes towards Availability & Cost of Hospice palliative care

9. Perceived high medical costs also emerged as a consistent fear and issue to be tackled throughout the survey. While this was Singaporeans' second biggest fear in the 2009 survey, it now tops the list of fears on dying (with 88% of respondents indicating that it is a concern).
10. Other top fears listed on dying include: being a burden to the family (the top fear on death in 2009), and the well-being of family after death.

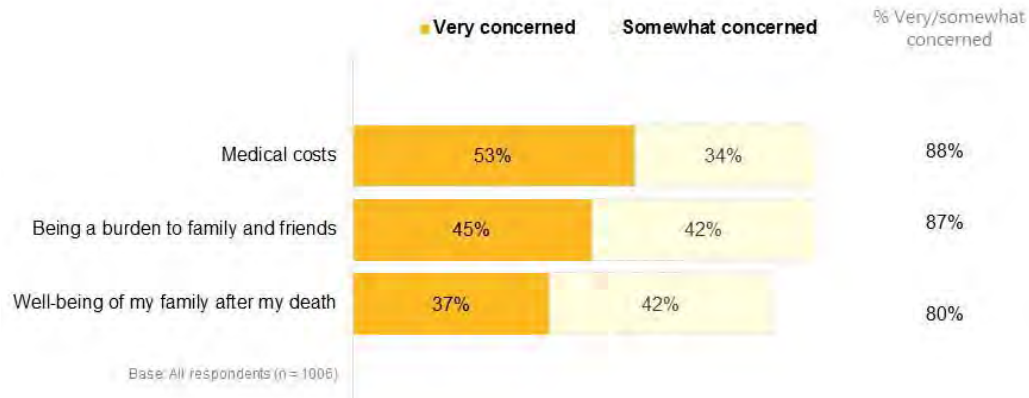


Figure 5: Top Fears on Dying

11. Significantly, the top priority at the end of life was to ensure that one's death is not a financial burden to family members/loved ones (87% rated this as important). This once again shows that financial costs – even after one's death – weighed heavily on the minds of our respondents.

Support for Greater Public Education

12. Out of those surveyed, 3 in 4 agreed (71%) that the general public *does not know enough* about hospice palliative care. Furthermore, an even higher percentage of respondents (82%) affirmed the *need for them to know more* about it. Those aged 50 and above especially favoured this, revealing strong support for public education and awareness on hospice palliative care.

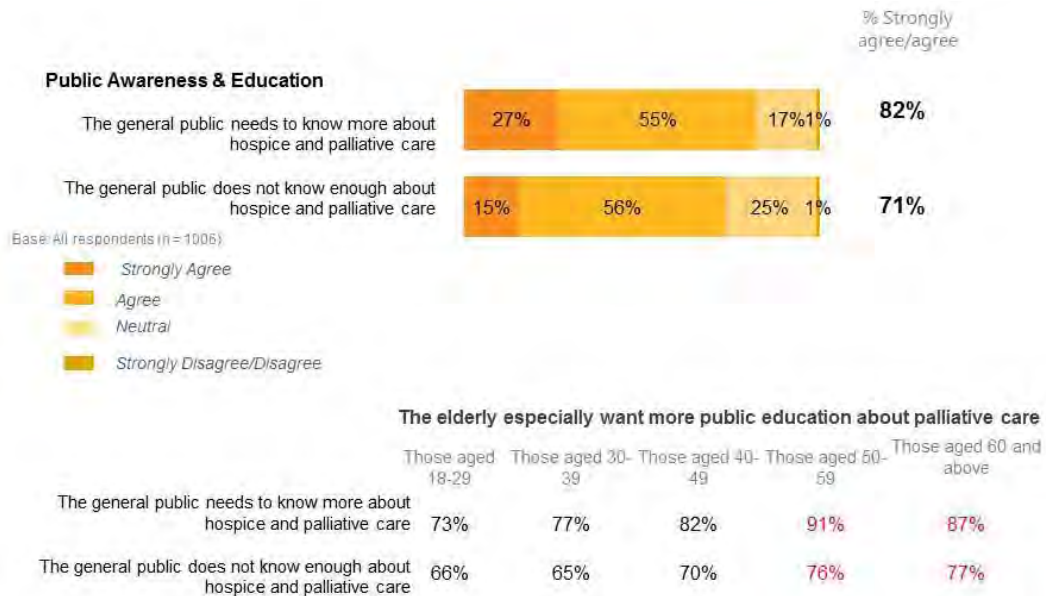


Figure 6: Support for Greater Public Education

Need for greater role of medical professionals in hospice palliative care

13. The survey findings also revealed that the general public expects medical professionals to play a greater role in communicating hospice palliative care options. About 4 in 5 of those surveyed (80%) felt that medical professionals need to be comfortable talking about hospice palliative care to patients. Nearly three quarters (73%) agreed it is the doctor's duty to inform patients with life-threatening illness about hospice palliative care options at the onset of illness.

14. One fifth of respondents (21%) agreed that medical professionals do not know enough about hospice palliative care and about half of those surveyed (53%) were of the opinion that medical professionals have sufficient training in hospice palliative care. Public confidence in medical professionals' expertise in hospice palliative care could be improved.

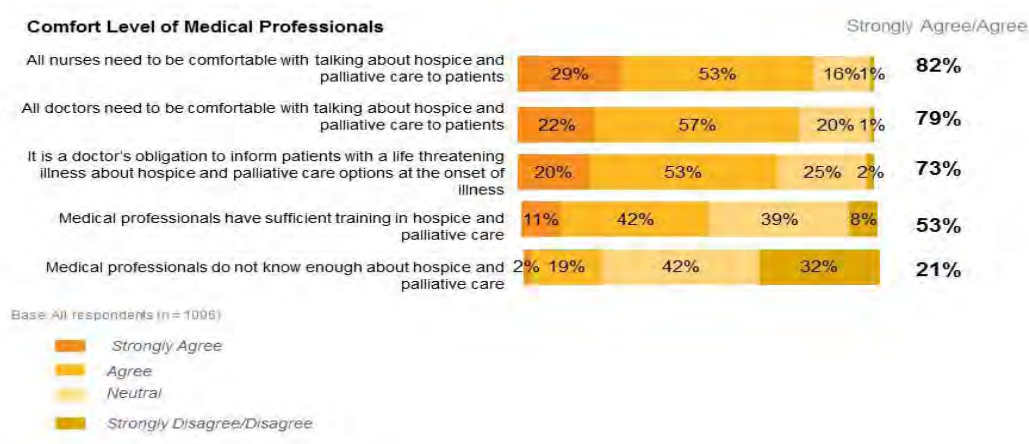


Figure 7: Medical Professionals' Role in Hospice palliative care

Preference to Die at Home

- 15. 70% of respondents expressed the preference to be cared for at home if they were dying.
- 16. The findings further revealed that more than 3 in 4 respondents (77%) of respondents wanted their final place of death to be at home. Amongst those who chose to die at home, 76% would still choose to do so even if there was insufficient support from family, friends or medical professionals.

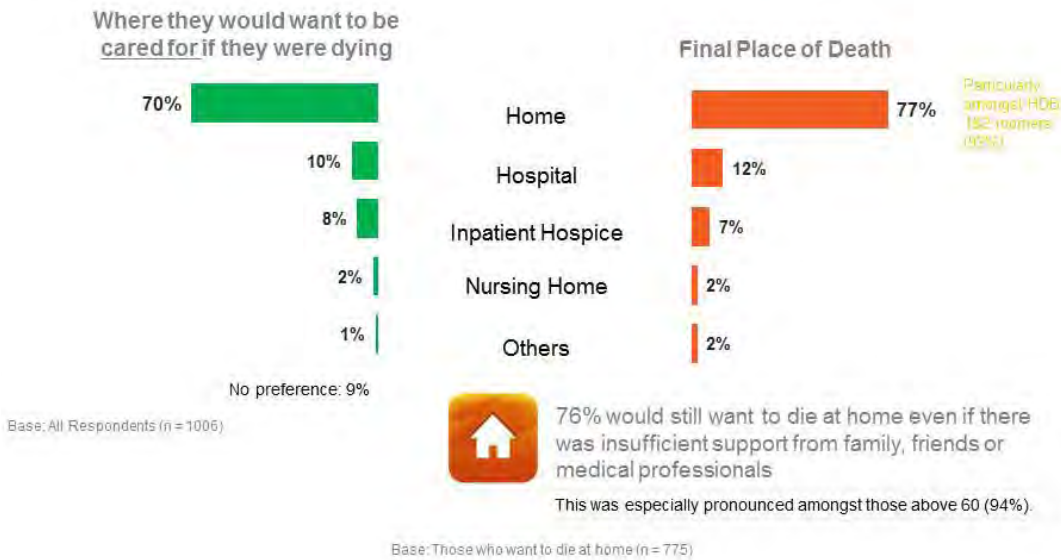


Figure 8: Preference to Die at Home

- 17. Those dwelling in HDB 1 and 2 room flats indicated a strong preference for dying at home (92%).
- 18. Interestingly, the survey findings also illustrated that those who knew someone who had received palliative care at home were more likely to evaluate it favourably compared to those who received it at a hospital or hospice. Overall, about 3 in 5 (63%) rated palliative care as good based on

knowing someone who received it. This figure was significantly higher for those who knew someone with home hospice palliative care experience, with more than 3 in 4 (77%) saying it was good.

Support for National Conversations about Death

19. There is also strong support amongst the public for national conversations on death and dying (71%).

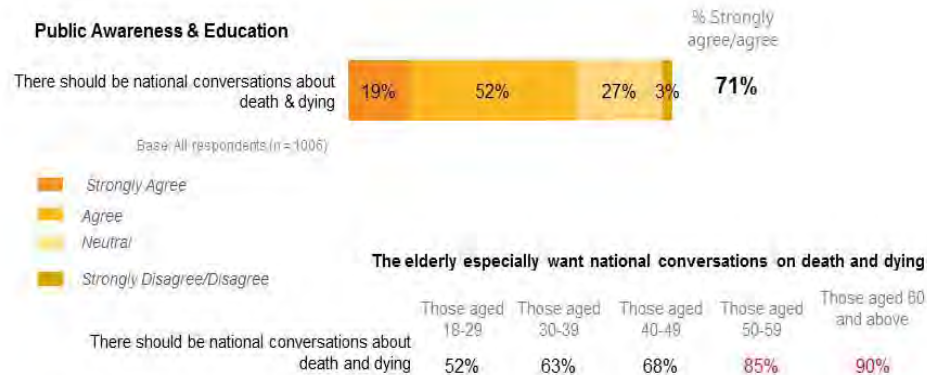


Figure 9: Desire for National Die-logues

20. The study further revealed that certain segments of the population are actually more comfortable talking about death and dying than others. Those aged 50 and above were the most comfortable speaking about this topic, although they were least likely to have done so.

21. The barrier to talking about death is that they do not know how to broach the topic themselves (45% of all respondents) or that many are passive and waiting for someone else to initiate the conversation (41% of all respondents). 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 (37%).

22. Overall, the study findings suggest that more people would be comfortable speaking about death if the suitable platforms are provided or if they were given practical advice on how to broach the topic.

Issues to be Addressed

Important issues have emerged as a result of the study findings and should be addressed:

- Many people believe hospice palliative care to be expensive. Alternative options to an expensive hospital stay should be emphasized (i.e. home care). This should resonate with the public since our survey findings show that most people want to be cared for at home.
- Another way to tackle this issue is to increase the affordability of hospice palliative care. Most respondents feel that hospice palliative care should be covered by medical insurance.
- Raising awareness on hospice palliative care is also seen as another area that requires more attention. Many Singaporeans, particularly the older Chinese, are unaware of hospice palliative care. Communications must be tailored to reach this audience, perhaps through more local language materials that talk about the advantages of hospice palliative care as well as ways to avail of it when needed.
- There is latent demand for hospice palliative care but perceived cost is a barrier. Most people would like to receive hospice palliative care but perceive it to be expensive. There are several things that can be considered to overcome this barrier:
 - Emphasizing alternative options to hospital stays (i.e. home care) with increased training for care givers
 - Increased government subsidy to make hospice palliative care free for all Singaporeans
 - Palliative care to be covered by medical insurance (including Medishield Life)
- Singaporeans want medical professionals to be able to advise them on options regarding hospice palliative care. The medical community needs to ensure that all doctors are comfortable and sufficiently trained to discuss options for hospice palliative care with their patients.
- Singaporeans have indicated a desire for national conversations about death and dying. Public awareness campaigns is one way more people can learn more about the options they have for end of life care. This could include information on options they have for where they want to die (that dying at home rather than in hospital can be arranged) as well as conversations about preparations for death (e.g. creating a will, financial planning, funeral preparations)
- Many have also indicated a strong desire to die at home. There is a need to ensure that everyone is aware of and has access to home hospice care resources and services – who to call for information, where to get needed training for caregivers, and having access to medical advice when needed.

Lien Foundation Attitudes on Death Survey

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 and perceptions of hospice palliative care.

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
- Pre-death arrangements & attitudes towards assisted dying

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

Gender

Male	47%
Female	53%

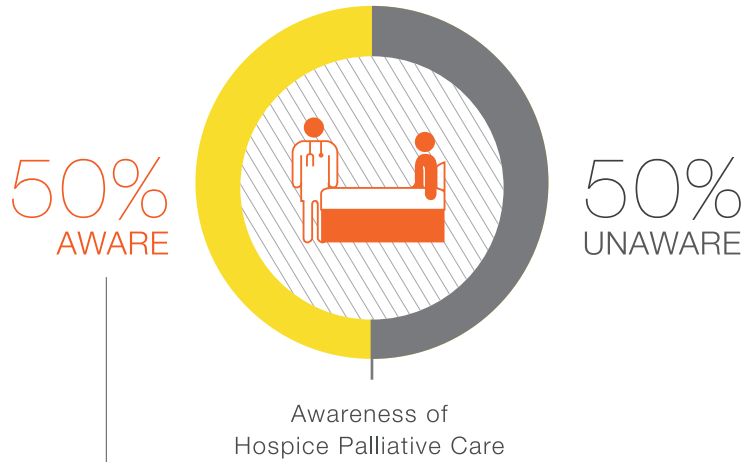
Ethnicity

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

Age

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

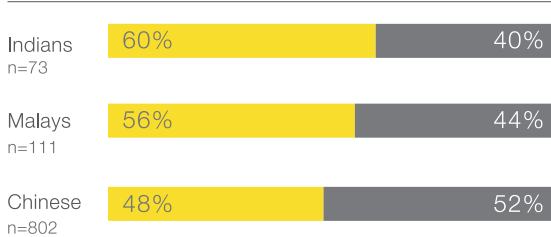
Awareness, Perceptions & Attitudes on Hospice Palliative Care



Awareness of Hospice Palliative Care is low, particularly amongst older Chinese Singaporeans

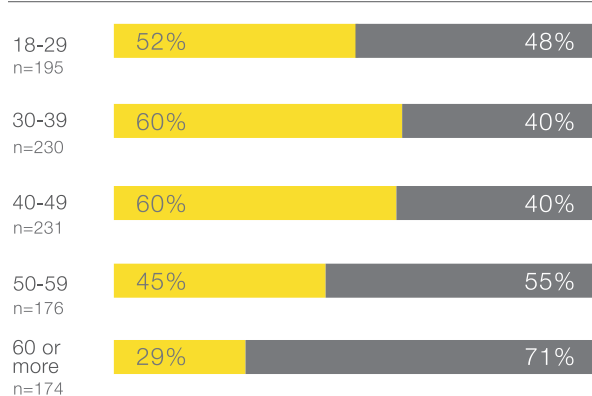
■ Aware of Hospice Palliative Care ■ Unaware of Hospice Palliative Care

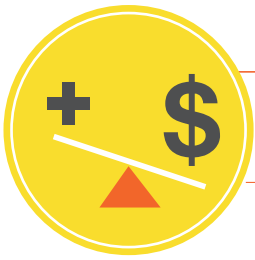
Ethnicity



Chinese 50-59 [42% aware]
Chinese 60 + [25% aware]

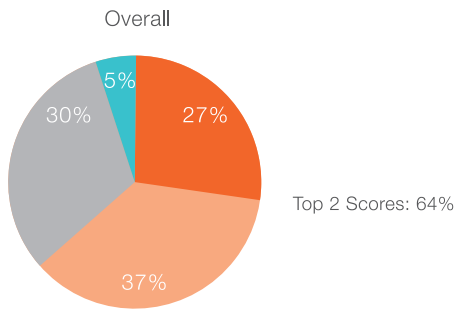
Age





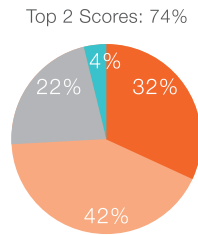
Perceptions of Hospice Palliative Care

STRONG PERCEPTION THAT HOSPICE PALLIATIVE CARE IS EXPENSIVE



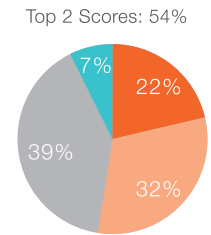
Base: All respondents (n = 1006)

Those aware of Hospice Palliative Care



Base: All who claim they are aware of hospice palliative care (n = 500)

Those not aware of Hospice Palliative Care



Base: All who claim they are not aware of hospice palliative care (n = 506)

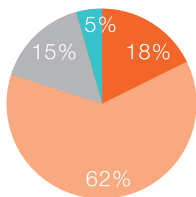
- Strongly Agree that HPC is expensive
- Neutral
- Agree that HPC is expensive
- Strongly Disagree/Disagree

Base: All respondents (n = 1006)

Receptivity to Considering Hospice Palliative Care

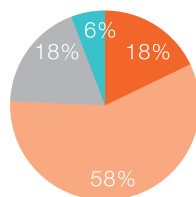
For Loved One

Top 2 Scores: 80%



For self

Top 2 Scores: 76%

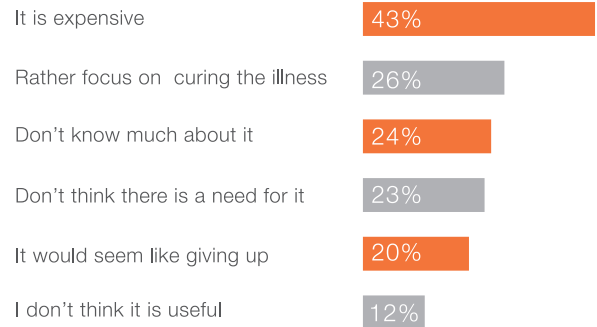


- Highly Likely
- Somewhat likely
- Not quite Likely
- Not very likely

Base: All respondents (n = 1006)

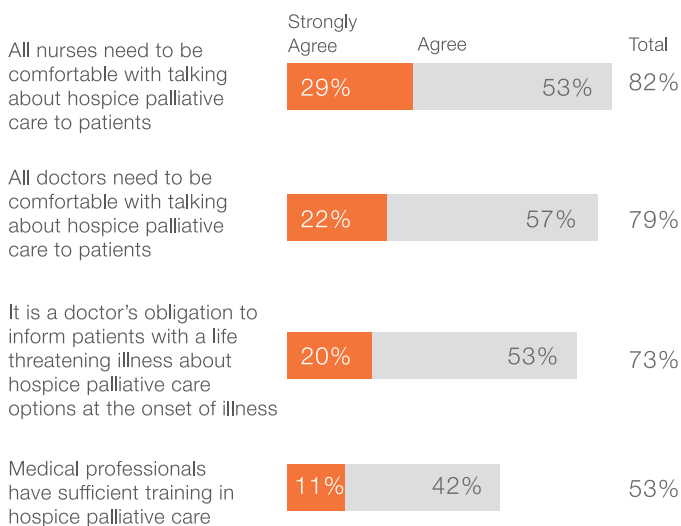
Key Barriers to Hospice Palliative Care

Reasons for Not Considering Hospice Palliative Care



Base: All who are not likely to consider hospice palliative care (n = 276)

Greater Role Required of Medical Professionals

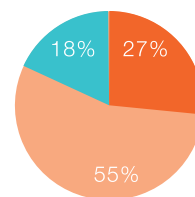


Base: All respondents (n = 1006)

Strong support for Information on Hospice Palliative Care

Needs to know about HPC

Top 2 Scores: 82%

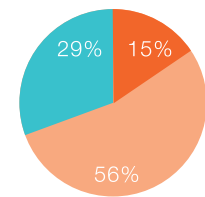


87%

60 years & above

Does Not Know Enough HPC

Top 2 Scores: 71%



77%

60 years & above

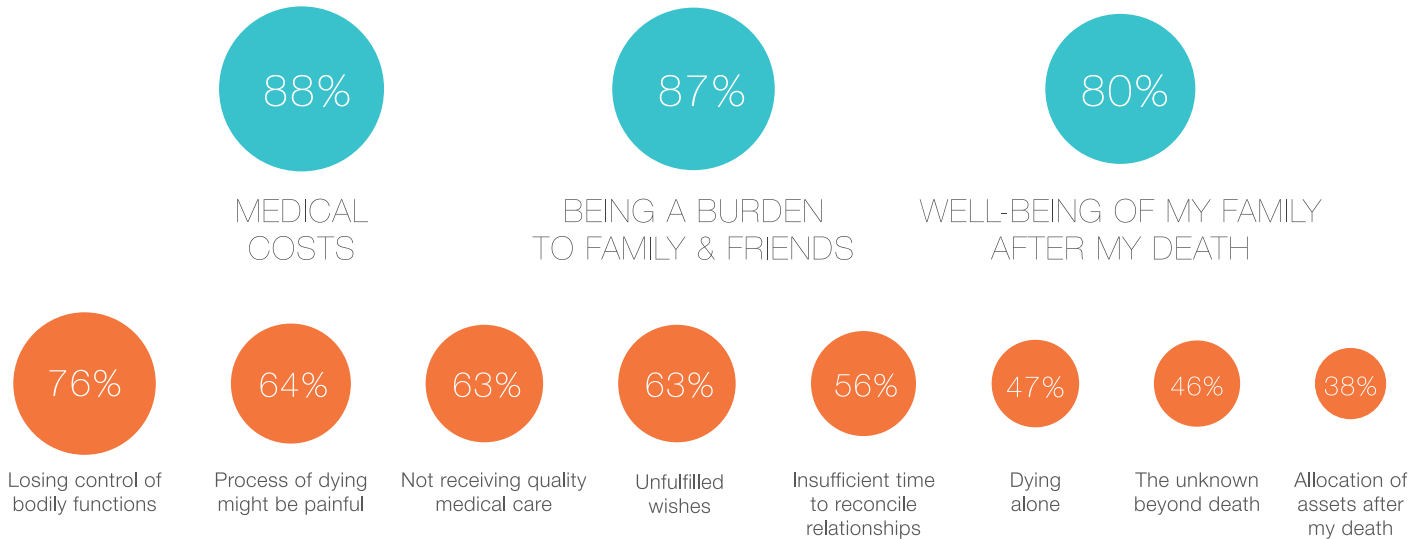
- Strongly Agree
- Strongly Disagree/Disagree
- Agree

Base: All respondents (n = 1006)



Attitudes on Death

Top Fears on Death and Dying



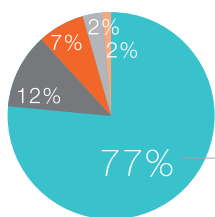
Base: All respondents (n = 1006)

Top 5 Priorities at end of life



Base: All respondents (n = 1006)

Final Place of Death Desired



Of those who prefer to die at home, 76% [Base: Those who want to die at home (n = 775)] would still want to die at home even if there was insufficient support from family, friends or medical professionals

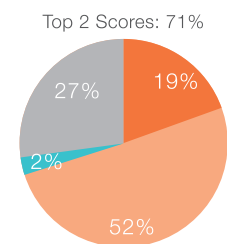
Those above the age of 60 were more likely to want to die at home even without support from family/friends or medical professionals (94%)

HDB 1-2 Roomers in particular prefer to die at home (92%)



Base: All respondents (n = 1006)

Need for National Conversations on Death & Dying



Base: All respondents (n = 1006)

Annex A: Facts & Figures

A. Death & Dying in Singapore

1. Singapore's landscape

Table 1.1: Total number of deaths in Singapore

Total number of deaths in Singapore	2011	2012	2013
	18,027	18,481	18,852

Source: *Yearbook of Statistics Singapore, 2013, Section 3.9*
 Department of Statistics Singapore, Latest data on births and deaths,
http://www.singstat.gov.sg/statistics/latest_data.html#14

Table 1.2: Top ten causes of death (2011)

Disease Condition		2011
Total No. of Deaths		18,027
% of Total Deaths		
1	Cancer	30
2	Ischaemic Heart Disease	16.4
3	Pneumonia	16.0
4	Cerebrovascular Disease (including stroke)	9.0
5	Accidents, Poisoning & Violence	5.5
6	Other heart diseases	5.0
7	Urinary Tract Infection	2.5
8	Chronic Obstructive Lung Disease	2.2
9	Nephritis, Nephrotic Syndrome & Nephrosis	2.0
10	Diabetes Mellitus	1.7

Source: https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Principal_Causes_of_Death.html

Table 1.3: Deaths in Singapore by place of occurrence (2013)

Place of Occurrence	Total
Public Sector Hospitals	10,879 (58%)
Private Sector Hospitals	551 (3%)
Nursing Homes and Clinics	298 (1.6%)
Public and Charitable Institutions	597 (3%)
Licensed Sick Receiving Houses	826 (4%)
Residence	5,059 (27%)
Other Locations	642 (3.4%)
TOTAL	18,852 (100%)

Source: *Singapore Demographic Bulletin, December 2013*, <http://www.ica.gov.sg/page.aspx?pageid=369>

B. Hospice Palliative Care in Singapore

2. Overview of hospice palliative care in Singapore

Table 2.1: Centres offering hospice and palliative care services in Singapore

Type of centre	Number	Inpatient	Consult	Daycare	Homecare	Outpatient
Hospice	6					
Agape Methodist Hospice					√	
Assisi Hospice		√		√	√	
Dover Park Hospice		√			√	
HCA Hospice Care				√	√	
Metta Hospice Care					√	
St Joseph's Home & Hospice		√				
Singapore Cancer Society					√	
Community hospital	1					
Bright Vision Hospital		√				
Acute hospital	5					
Changi General Hospital ¹			√			
KK Women's and Children's Hospital (Paeds)		√				
KK Women's and Children's Hospital (Gynae Oncology)		√				√
Khoo Teck Puat Hospital		√				√
National Cancer Centre Singapore		√				√
Tan Tock Seng Hospital		√				√

¹ - Consultation on palliative care in Changi General Hospital is reported under consult as their outpatient service only officially commenced from April 2013

Source: Singapore Hospice Council

Table 2.2: Capacity of inpatient hospice and palliative care services in Singapore (as of March 2014)

Type of Centre	
3 Hospices	101
1 Community hospital	48
TOTAL	149

Source: Singapore Hospice Council

Table 2.3: Number of new hospice and palliative care patients in centres listed in Table 2.1 (Apr 2012 to 31 Mar 2013)

Inpatient	5,166
Hospice	876
Community Hospital	235
Acute Hospital	4,055
Consult	196
Daycare	211
Homecare	4,203
Outpatient clinic	544
TOTAL	10,320

Note: There is double counting as patients transfer from the acute hospitals to the community hospitals and hospices, and between the types of hospice and palliative care services.

Source: Singapore Hospice Council

3. Cost of hospice and palliative care services in Singapore

Table 3.1: Published costs of hospice and palliative care

Inpatient	
Dover Park Hospice	\$250 per day*#
St Joseph's Home & Hospice	\$275 per day*#
Bright Vision Hospital	\$347 per day*#
<i>(average bill size after government grant and hospital subsidy)</i>	\$50 - \$264 per day
*Medisave can be used up to \$160 per day #Government subsidies and financial assistance are available for those in need	
Home Care	
Assisi Hospice	Free consultation (home visits)
HCA Hospice Care	Free consultation (home visits)
HCA Star PALS for children	\$30 - \$90 per month (Medisave can be used up to \$1,500 per lifetime)
Metta Hospice	Free consultation (home visits)
Day Care	
Assisi Hospice	\$10 per day+, including 2-way transport and meals
HCA Hospice Care	\$15 per day+, including 2-way transport and meals
+No government subsidies. Financial assistance from VWOs is available for needy patients	

Source: Figures listed here are published on the websites of the various institutions

4. Expertise and Care in Palliative Care in Singapore

Table 4.1: Medical professionals trained in palliative care in Singapore

Number of palliative care doctors²	44 registered specialists
Number of nurses trained in palliative care	600 (as published in ST in Aug 2013)
Number of Advanced Practice Nurses in palliative care	Less than 5 currently
Number of doctors currently receiving training for the palliative medicine subspecialty	15

2 - Source: Singapore Medical Council <https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SMC>

Table 4.2: Training in palliative care

Amount of training in palliative care given to medical students in their entire undergraduate medical course (NUS)³	4 days
Amount of training in palliative care given to medical students in the Duke-NUS graduate medical programme	1 day (Clinical Core programme)

3 - Source: http://news.sma.org.sg/4210/Palliative_Care_NUS.pdf