Socioeconomically Deprived Communities: Good life...? Good death...? Good grief...?

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Good Life...? Good Death...? Good Grief...?

'My politics were those of prophylaxis; my opponents preferred those of palliation'

Rudolf Virchow

Good Life...? Good Death...? Good Grief...?

Good Life...?

- Years of healthy life expectancy
 - 69.8 / 43.9 (male least / most deprived quintile)
 - 72.0 / 49.9 (female least / most deprived quintile)
- Years spent not in good health
 - 12.9 / 25.9 (male least / most deprived quintile)
 - 13.0 / 26.1 (female least / most deprived quintile)
- Diseases (some)
 - COPD; CVD; Cirrhosis; Cancers (most); Drug/alcohol problems; Obesity
- Loneliness / social isolation
- Anxiety
- Financial poverty
- Hopelessness

Good Death...?

- Generic deprivation issues (some)
 - Housing; nutrition; literacy; transport; access to IT; financial
- Cause of death
 - Cancer types e.g. orofacial; pharyngeal; oesophagus; lung; liver; cervix
 - COPD; CVD
 - Trauma
- Age at death
 - Life expectancy (years)
 - 82.7 / 69.8 (male least / most deprived)
 - 85.0 / 76.0 (female least / most deprived)
 - Premature mortality 3.7 times higher
 - And worsening...

Good Death...?

- Palliative care
 - Generalist palliative care
 - Inverse Care Law
 - Specialist palliative care
 - Hospice deaths: 8.6% / 6.2% (least / most deprived quintile)
 - Hospital deaths: 49.7% / 53.1% (least / most deprived quintile)
 - Possible reasons...?
 - Availability
 - Expectations
 - Resilience
 - Exposure
 - Patient preference
 - Referral bias

- Premature deaths
- Health & ability
- Loss of what one has never had...

- Socioeconomic inequity
 - Importance

'There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is. In all countries – whether low-, middle- or high-income – there are wide disparities in the health status of different social groups. The lower an individual's socio-economic position, the higher their risk of poor health.

Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies.'

WHO 2017

- Socioeconomic inequity
 - Importance
 - Worsening

- Why is this not being addressed?
 - Society
 - The more privileged
 - Background
 - Exposure
 - Self-interest
 - Government



'The moral test of government is how it treats people in the dawn of life, the children, in the twilight of life, the aged and in the shadows of life, the sick, the needy and the handicapped.'

Hubert Humphrey

- The need for advocacy
 - Doctors

'Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution... the physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.'

Rudolf Virchow

'And your voice – every one – can be loud, and forceful, and confident, and your voice will be trusted.'

Donald Berwick

- The need for advocacy
 - Doctors
 - The more privileged

'To become a man is to be responsible; to be ashamed of miseries that you did not cause.'

Antoine de Saint-Exupéry

'How much right have we to go on being patient on behalf of others?'

John Berger