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The other “P” word: dying, loss and poverty in Scotland

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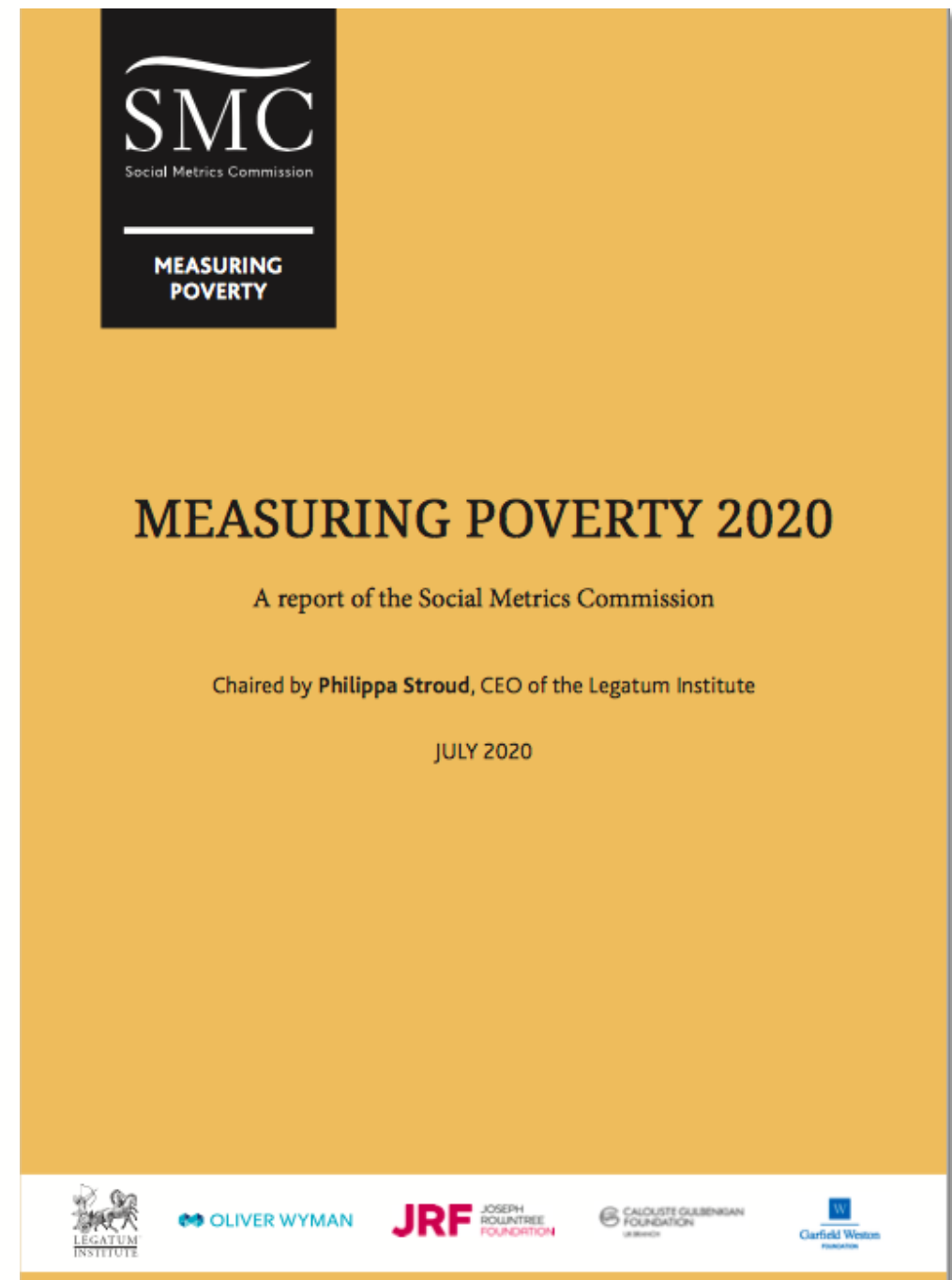


Intended learning outcomes of the session:

1. To recognise that the term 'poverty' is a contested and political term and understand the reasons for that;
2. To be aware of the socio-economic inequities in good end of life experience;
3. To understand the differences between equality and equity when it comes to palliative care delivery;
4. To raise awareness of the 'social determinants of dying' beyond palliative care access or delivery.

2019/20

- 14.4 million people in the UK living in families in poverty
- 22% of population
- Poverty rate lowest in Scotland (19%)
- 22% of all working-age adults, 33% of all children, 11% of all pension-age adults





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- 8,200 people experience poverty at the end of life every year in Scotland
- Proportionally, this is 1 in 4 working age people (aged 20–64) and 1 in 8 pensioners (aged 65+)
- Being terminally ill increases a person's risk of experiencing poverty because of loss of income and increased costs
- Women are more likely to experience poverty than men

Marie Curie Briefing

Dying in poverty



8,200 people experience poverty at the end of life every year in Scotland

New research into poverty at the end of life in Scotland (and the UK) undertaken by Marie Curie and Loughborough University Centre for Research in Social Policy. Full UK report here: mariecurie.org.uk/dyinginpoverty.

Key findings

1. Being terminally ill and reaching the end of life can substantially increase a person's risk of experiencing poverty. The 'double burden' of income loss and increased costs brought on by a terminal illness can leave people struggling to make ends meet, and force those who were already on the threshold below the poverty line.
2. One in four working age people (aged 20–64) and one in eight pensioners (aged 65+) in Scotland experience in poverty in the last year of their life.
3. Areas of high deprivation in Scotland¹ are linked with the areas most affected by poverty at the end of life.
4. Working age people with dependent children are more likely to experience poverty at the end of life.
5. Women are more likely to experience poverty than men due to long-standing, structural inequality in the labour market, lower individual retirement income, and disproportionate unpaid care responsibilities. These inequalities are significantly magnified at the end of life.

Marie Curie is calling for:

1. Scottish Government to commit to increasing the Child Payment beyond the standard rate for terminally ill claimants of working age with dependent children
2. a whole-system approach to tackling poverty at the end of life and deprivation in parallel, instead of addressing them as single issues
3. Scottish Government to commit to extending eligibility for the upcoming Scottish Carer's Assistance for up to six months after the person's caring role ends
4. the State Pension to be paid to terminally ill people of working age.

¹ Scottish Index of Multiple Deprivation 2020



Poverty is a contested and political term ...

DISCUSS for 10 minutes

- What does it MEAN to be experiencing poverty?
- Do you feel comfortable using this word?
- Is there language which is more appropriate?

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It's ideological ... and its political

- Poverty much more wide-spread than politically expedient to acknowledge
- Neoliberal ideology individualizes causes of poverty and locates blame at level of individual
- Stigma
- Life chances and choices are socially determined

Image of Man and Woman
with shopping trolley
removed for copyright
reasons

The Social Determinants of Health

The **non-medical** factors that influence health outcomes. They are the **conditions** in which people are born, grow, work, live, and age:

Housing
Employment
Income
Education

Working conditions
Social Isolation
Environment
Discrimination

And the wider set of **forces and systems** shaping the conditions of daily life:

- economic policies and systems
- social norms
- social policies
- political systems



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**Drawing on your own knowledge or practice,
how do you see the social determinants of
health manifesting themselves at end of life?**

DISCUSS – 10 minutes

Inequities in Provision of End of Life Care

In high income countries, people from areas of higher deprivation are:

- less likely to die at home or in a hospice and more likely to die in a hospital;
- More likely to have repeat hospital admissions in the last months of life;
- less likely to receive specialist palliative care;
- In the UK, bereaved relatives report less satisfaction with end of life care.

Inverse Care Law

increased burden of ill health and multimorbidity in poor communities result[ing] in high demands on clinical encounters in primary care. Poorer access, less time, higher GP stress, and lower patient enablement are some of the ways that the inverse care law continues to operate within the NHS and confounds attempts to narrow health inequalities

Mercer & Watt, 2007



the supply or availability of a service is not *sufficient* for access

More resource may be needed to achieve the same level of care

Opposite is currently true ...

Getting less

Image showing equality/equity removed for
copyright reasons

What more do we need to know ...

What more do we need to think about ...

What more we need to do ...



Using qualitative visual methods to uncover barriers to home dying for people experiencing socio-economic deprivation

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