



The *Lancet* Value of Death Commission: Bringing death back into life



life experience



death experience

1950s...

- 80% were dying at home...
- Death was familiar



Most people
will not die
how and
where they
would prefer

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2020s...

- 80% die in institutions
- People no longer see death





The reason for a Commission on death

Death, dying and grief
are universal
concerns

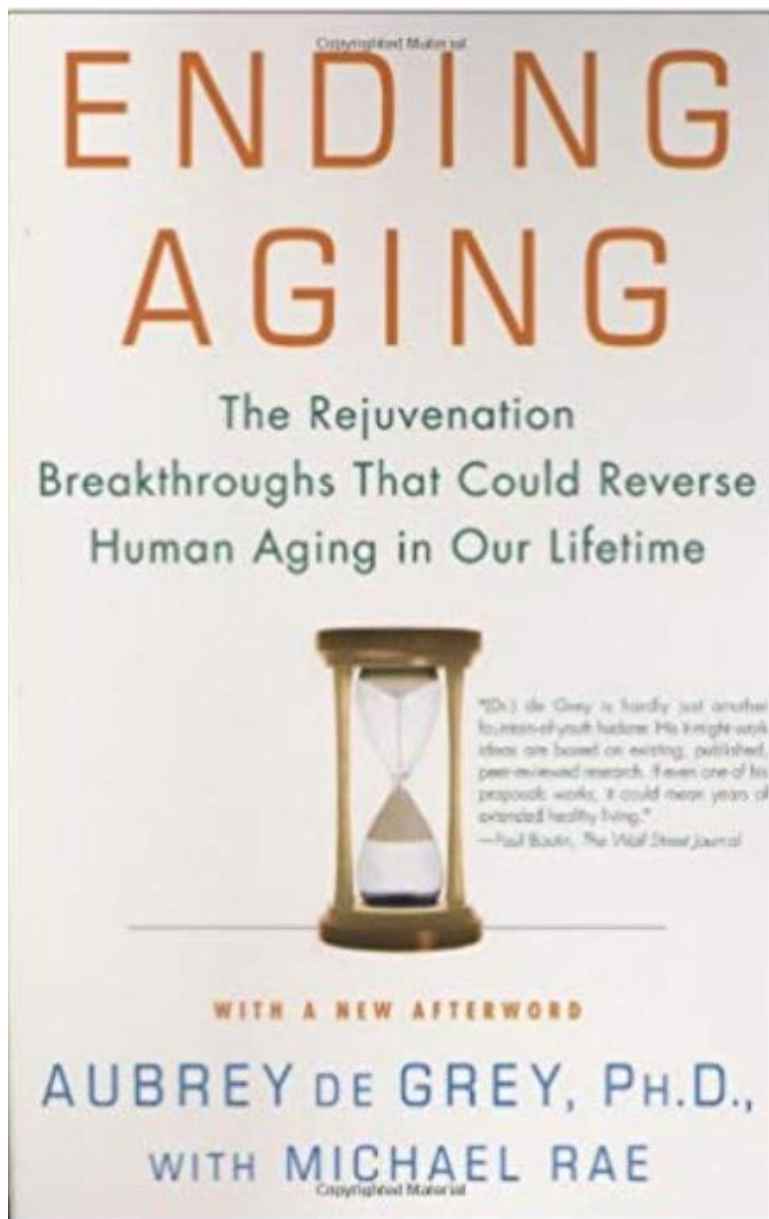
How people die
has changed

Dying is prolonged, more
people die in hospital,
families and communities
are not prepared



death has disappeared



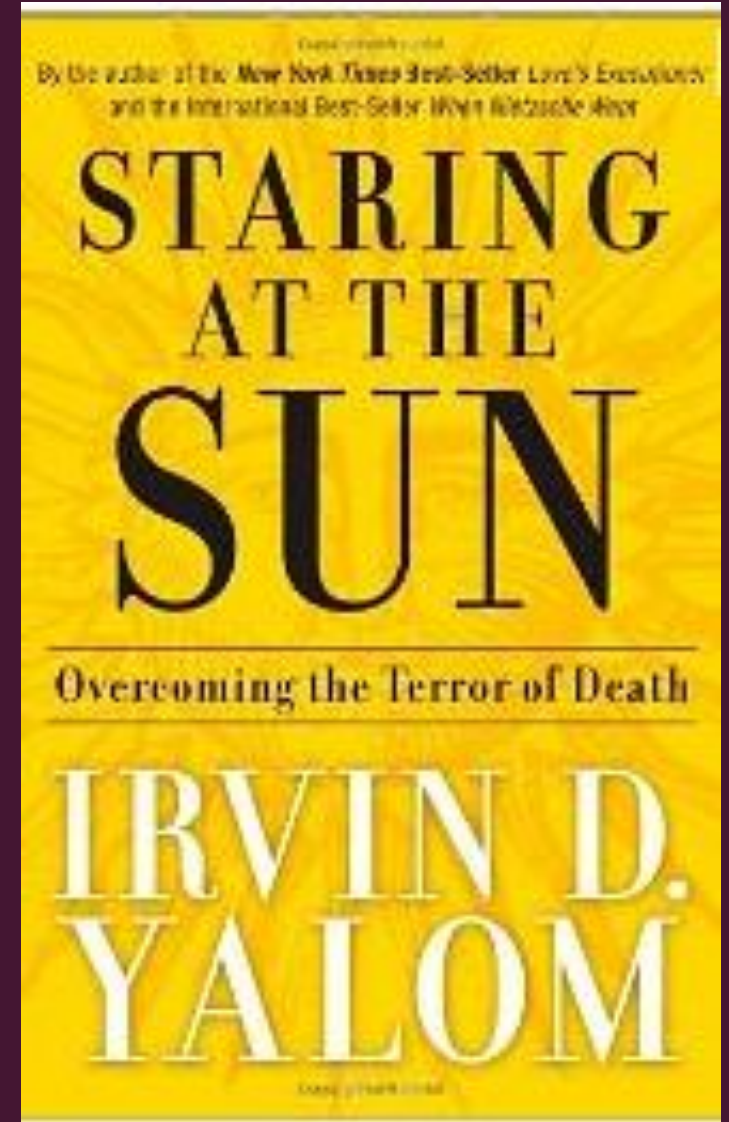


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people are anxious
about dying





OPIOID ACCESS

DEATH IN INTENSIVE CARE

PARADOX

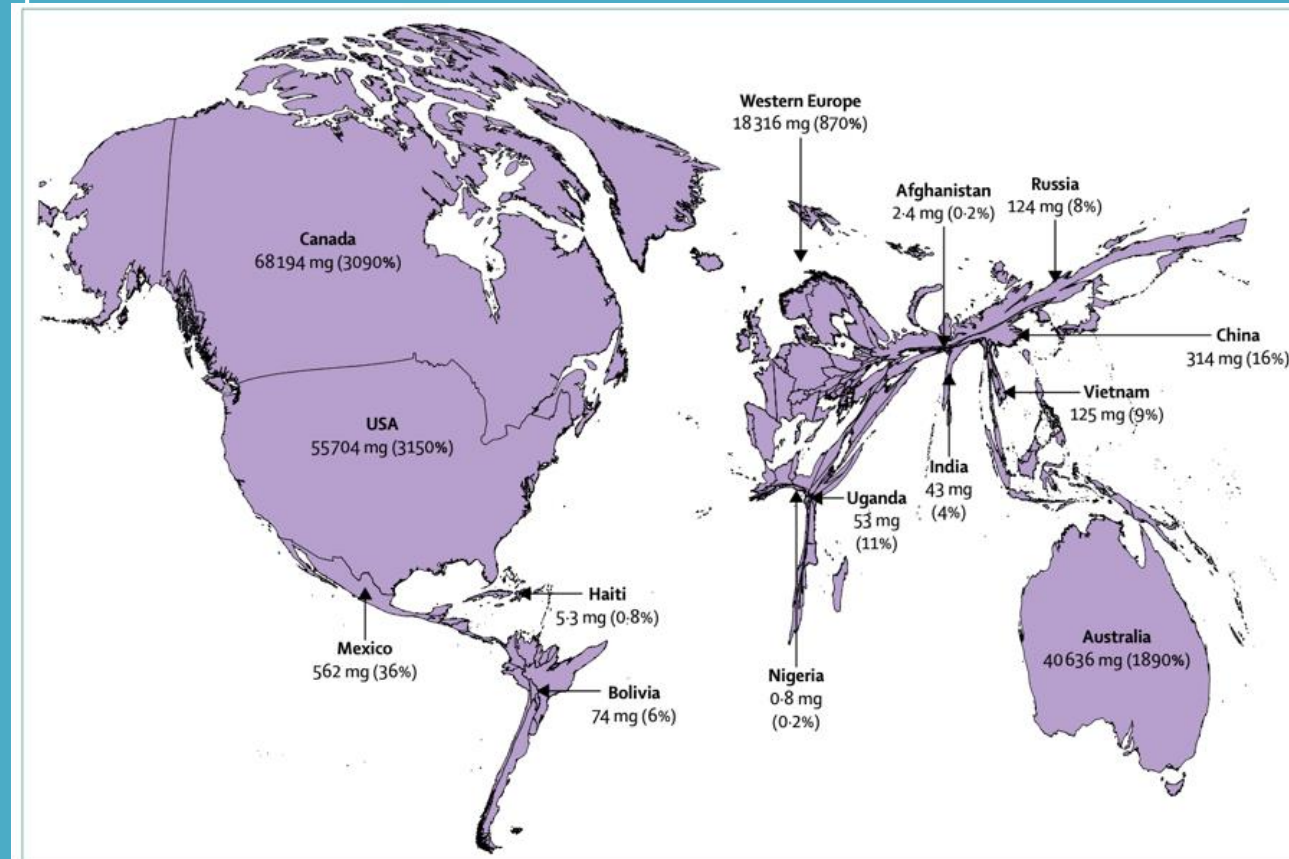


Figure 1: Distributed opioid morphine-equivalent (morphine in mg/patient in need of palliative care, average 2010-13), and estimated percentage of need that is met for the health conditions most associated with serious health-related suffering

Source: International Narcotics Control Board and WHO Global Health Estimates, 2015. See additional online material for methods.



Death and dying in the 21st century

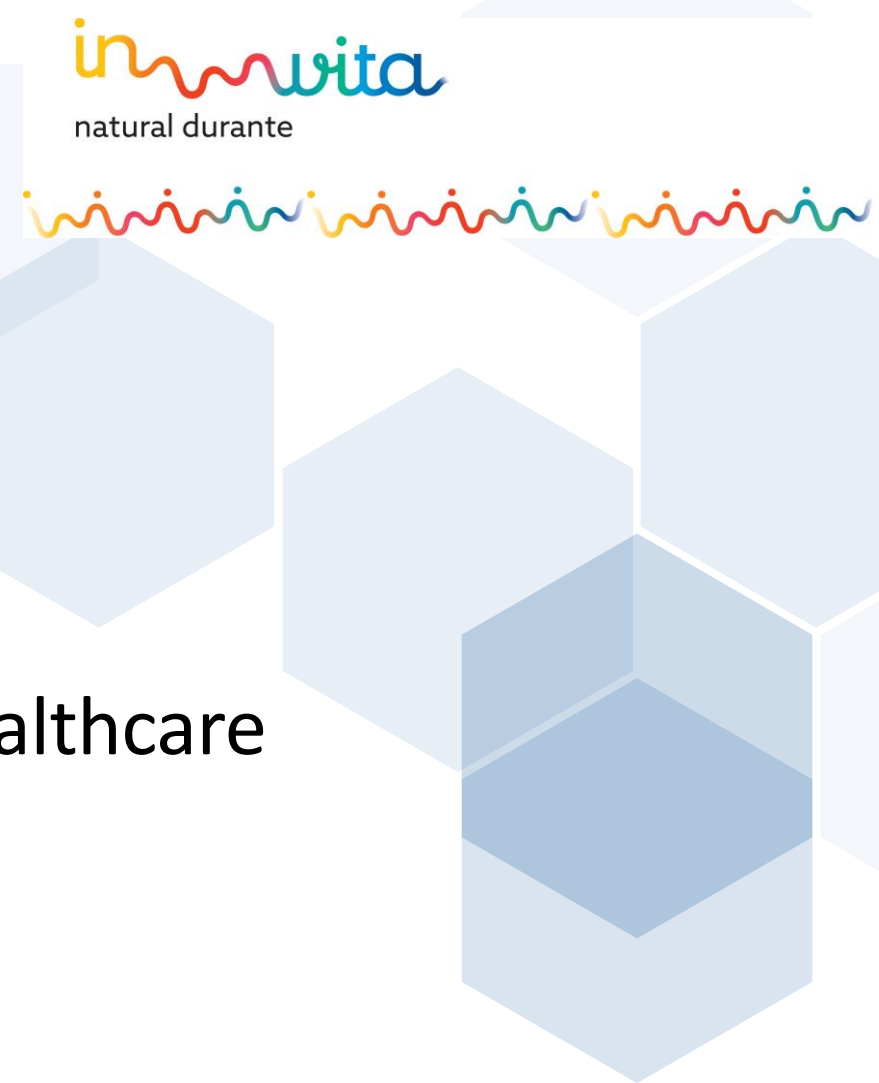
Life expectancy appear to be a success story

BUT:

Millions still have **serious health-related suffering**

The Lancet Commission

- Global – 12 countries
- Multiple disciplines
- Looked beyond palliative care and healthcare
- Explored gender, race and power
- Explored philosophy and economics

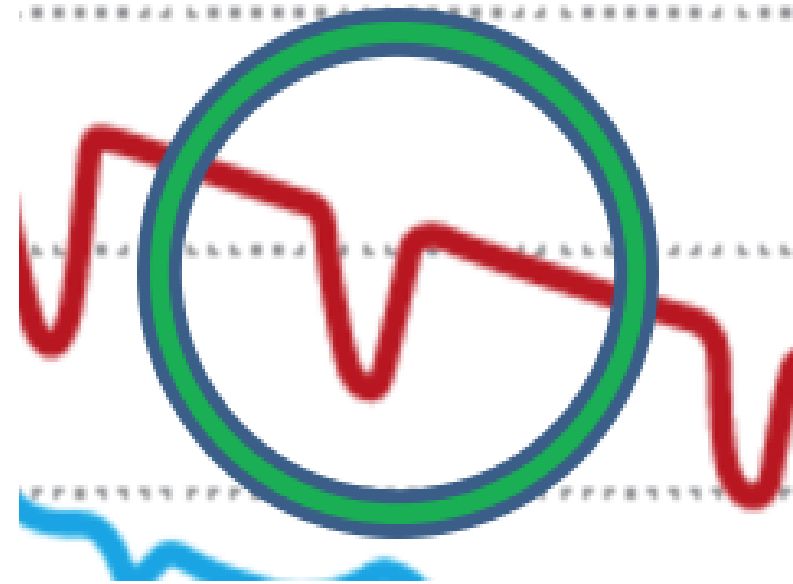




**medicine is doing too
much.....**



Treat each **episode** without considering the future



RESCUE MEDICINE

Hospice born in the UK.....1967

Dame
Cicely
Saunders

St Christophers Hospice



total pain

Physical

Psychological

Social

Spiritual



BIOMEDICINE



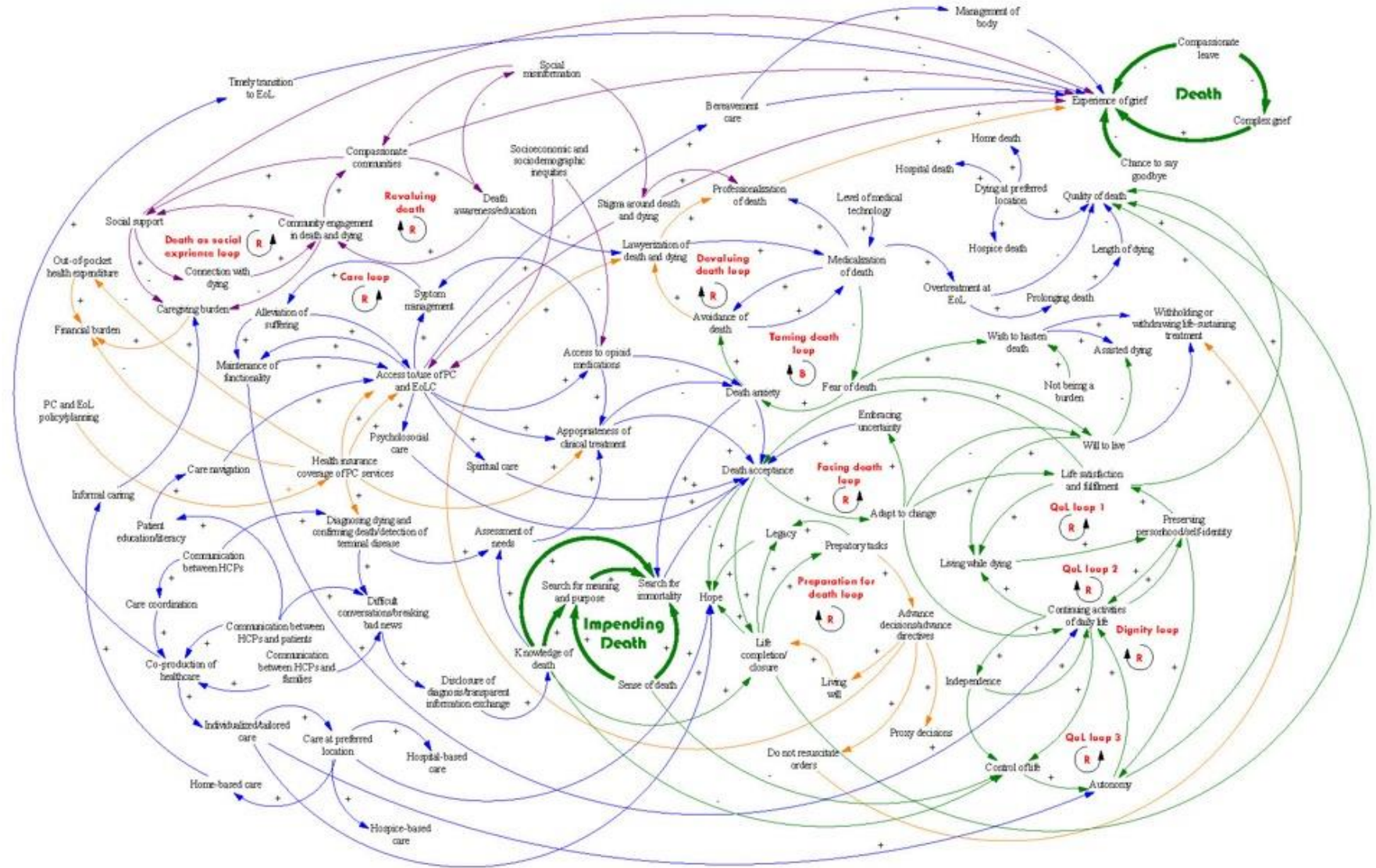
*MANAGING
SUFFERING &
UNCERTAINTY*

Palliative care



End-of-life care system

Patient experience mapped through the death system



Lancet Commission

Realistic utopia – a radical vision

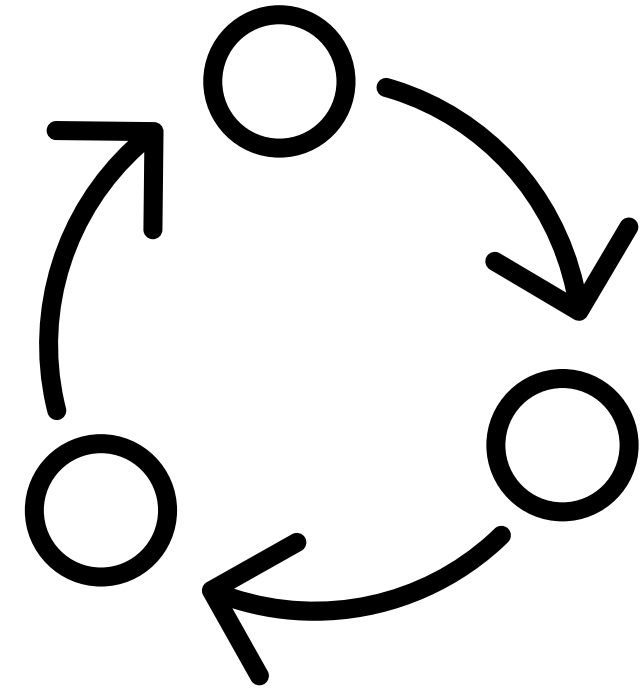
- Social determinants
- Relational care
- Social networks
- Stories

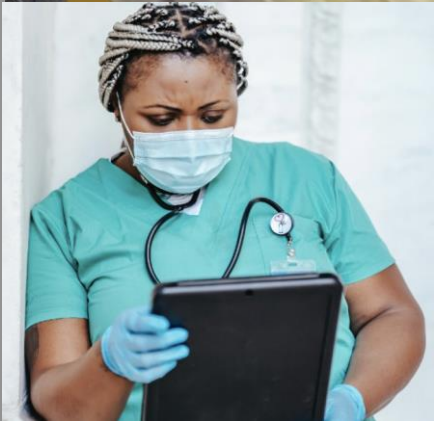
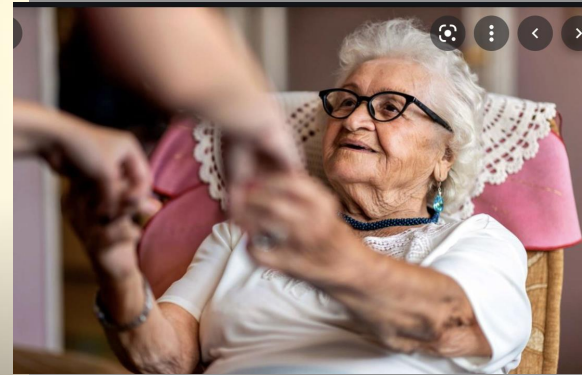
Death and dying have value.....



The realistic utopia

1. The **social determinants** of death, dying, and grieving are tackled







WHO CARES?

Caring for the Older Person with Love in Taiwan

PROFESSIONAL CARERS

Care worker in London = 13 euros per hour

Garbage collector in London = 18 euros per hour





THERE IS AN URGENT NEED TO ATTEND TO GENDER AS A SOCIAL DETERMINANT OF DYING

Realistic Utopia
Lancet Commission Value of Death
Section 12

***8760
hours
in a
year***



what if.....

**we trusted families to
care and trained them?**

....





Liz: Living alone in a leaky flat



Photo by Margaret Mitchell

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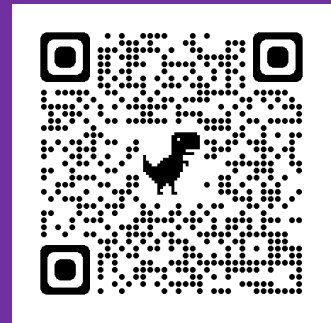


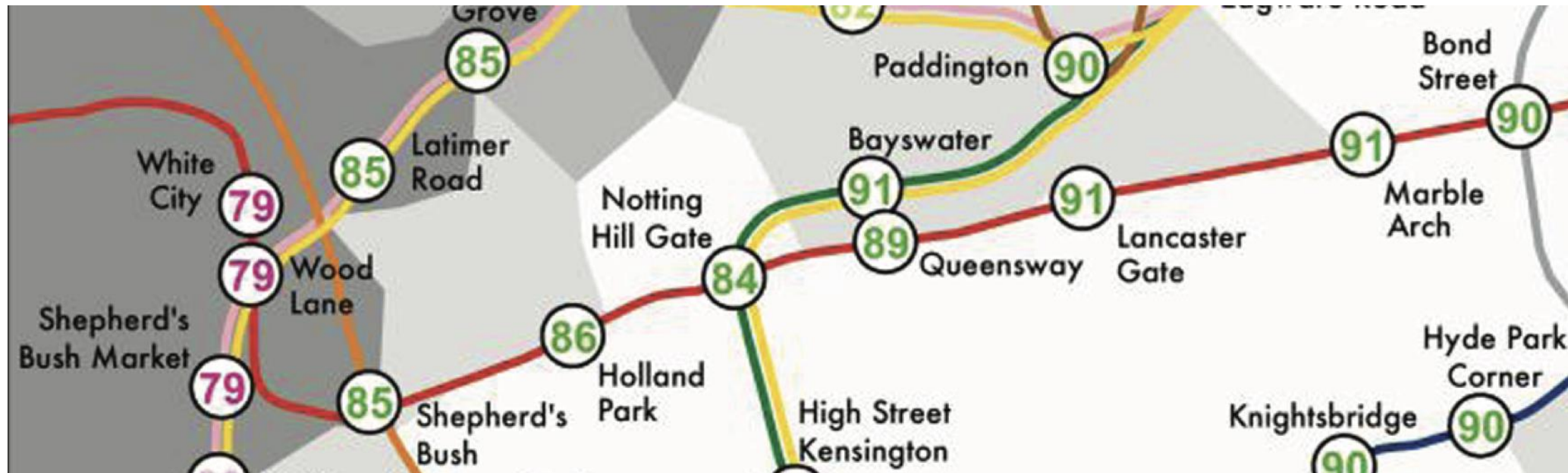
Poverty

Less likely to die at home

More likely to be admitted to hospital in last 3 months of life

. "My home is not a nice place to live, she said, let alone a nice place to die."

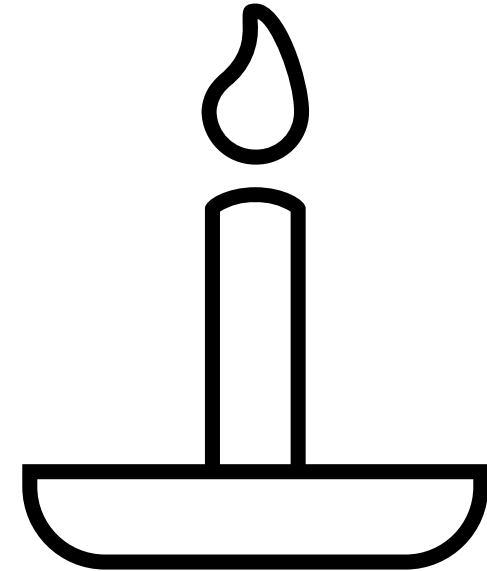




12 years difference in life expectancy
4 stops on London Central Line

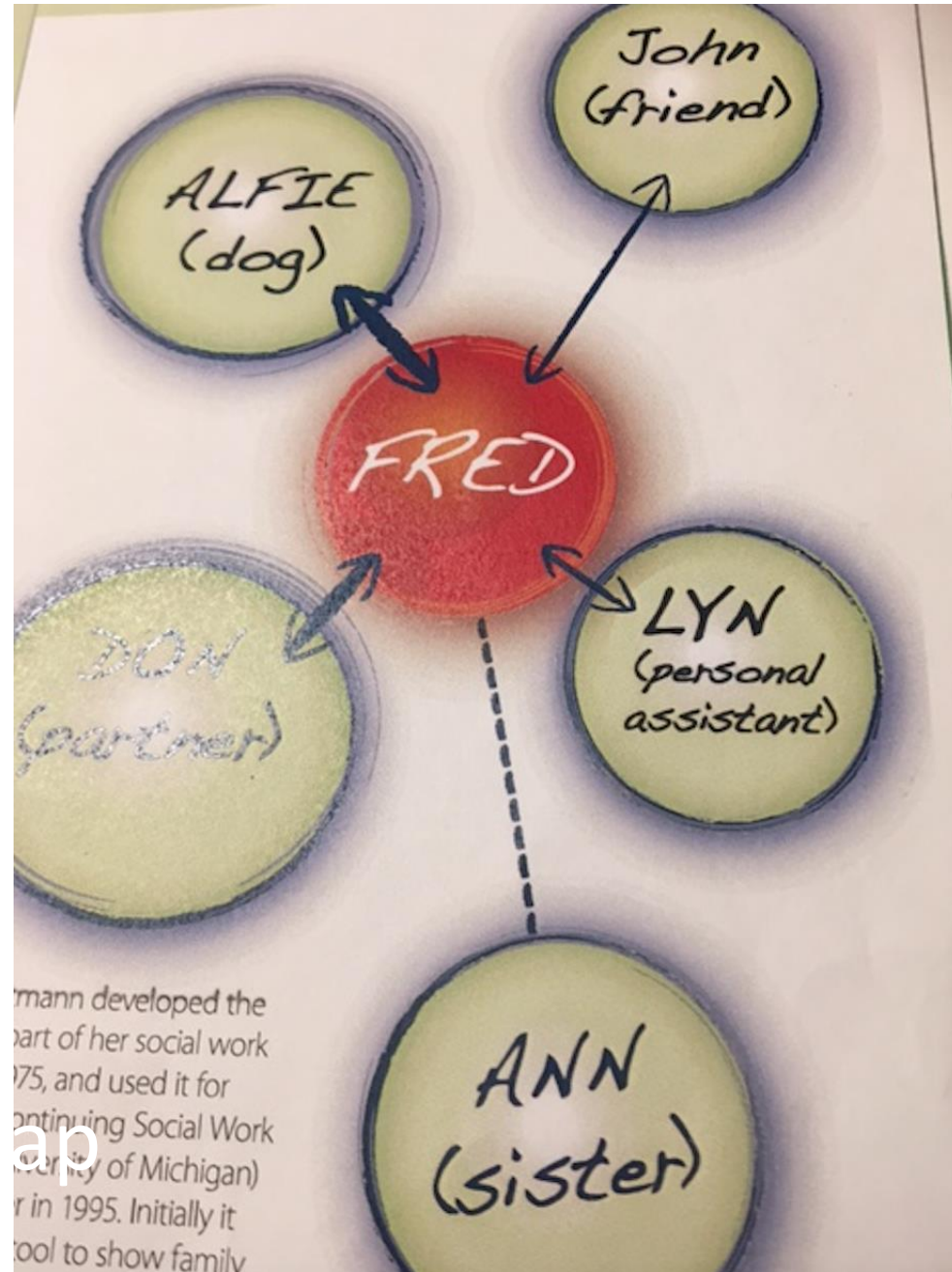
The realistic utopia

2. Dying is understood to be a **relational and spiritual process** rather than a physiological event



**WHAT matters to
you if time is
short?**

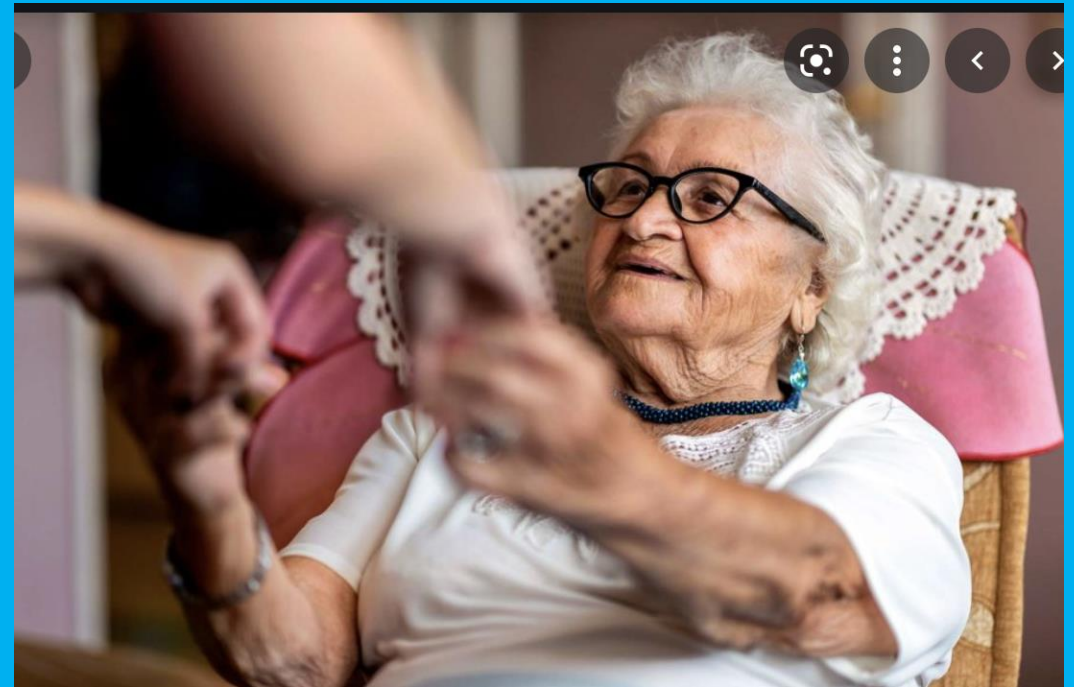
WHO
matters to you?



family structures are changing

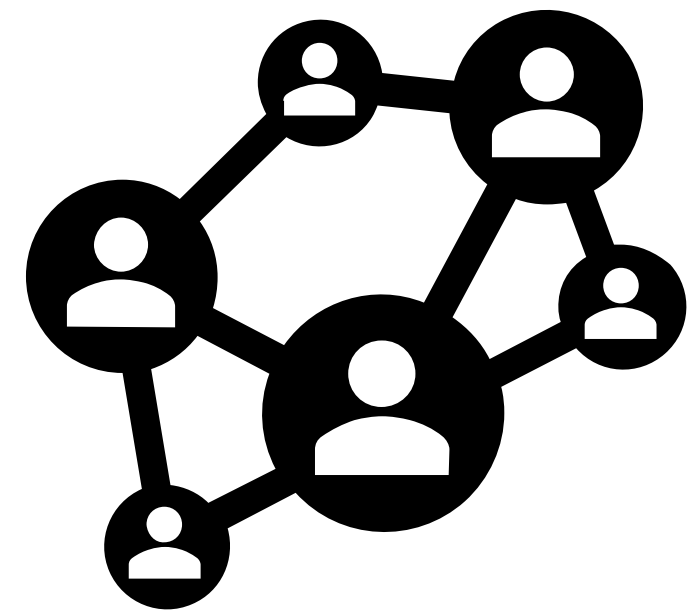


loneliness is increasing



The realistic utopia

3. Networks of care lead support for people dying, caring, and grieving



ask about networks.....



**what would it take to support
you to be cared for at
home.....**

**and how can your community
help ?**

*Social
network*

*Professional
network*

40



Patient network

managing death anxiety

***Promote
connection***

+

***Self-
esteem***

=

Reduce

***Death
Anxiety***





Social Relationships and Mortality Risk: A Meta-analytic Review

Julianne Holt-Lunstad  , Timothy B. Smith , J. Bradley Layton

Published: July 27, 2010 • DOI: [10.1371/journal.pmed.1000316](https://doi.org/10.1371/journal.pmed.1000316)

The quality and quantity of individuals' social relationships has been linked to morbidity and mortality



community services are fragmented





Aim:
make the community
a more compassionate
place to live and die

**Train citizens
to become 'Compassionate Neighbours'**

Support people socially and practically at home



Public health approach to palliative care

recognise the social nature of illness and dying

recognise wisdom in communities

loss affects everyone



It takes a village.....

Invited review

Home-based palliative care in Kerala, India: the Neighbourhood Network in Palliative Care

Libby Sallnow, Suresh Kumar & Mathews Numpeli

Pages 14-17 | Published online: 19 Jul 2013

Download citation | <https://doi.org/10.1179/096992610X12624290276142>





The town that's found a potent cure for illness - community

George Monbiot



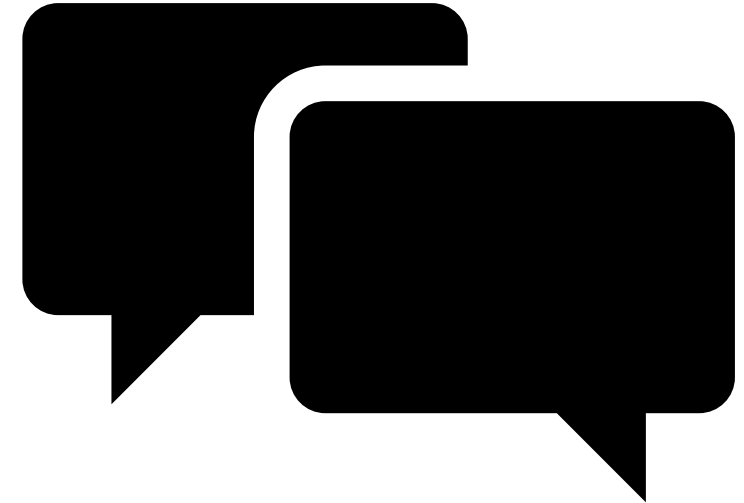
Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation. There are lessons for the rest of the country

🐦 @GeorgeMonbiot



The realistic utopia

4. Conversations and stories about everyday death, dying, and grief become common



what are the stories?



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story

books

news

film and TV

social media

podcasts

comic

schools

faith groups

kitchen table

tellers

health carers

patients

children

people

NEW YORK TIMES BESTSELLING AUTHOR OF
THE CHECKLIST MANIFESTO

Atul Gawande

Being Mortal

Medicine and

'Brilliantly alive'
SUNDAY TIMES

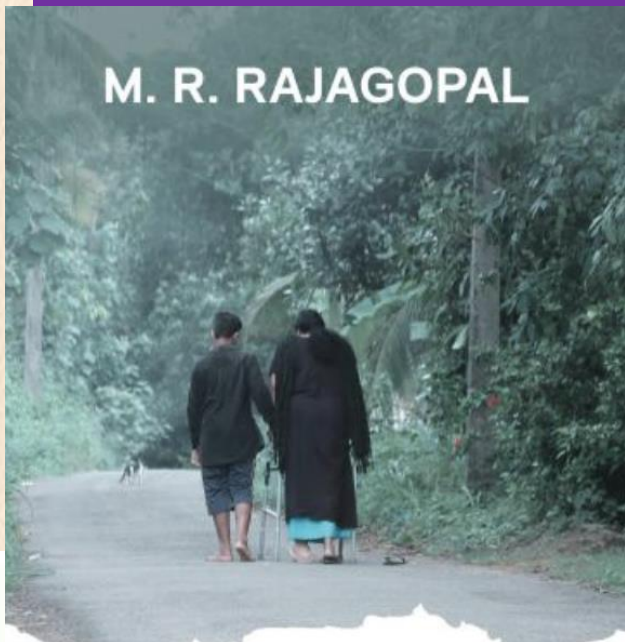


A SUNDAY TIMES
TOP TEN BESTSELLER

RACHEL CLARKE
DEAR LIFE

A doctor's story of love,
loss and consolation

M. R. RAJAGOPAL



Lessons in humanity in health care

Walk
with the
weary

Kathryn Mannix

SUNDAY
TIMES
BESTSELLER

WITH
THE
END
IN
MIND

'Essential reading for anyone
who will encounter death,
and that means all of us'
THE TIMES

'I would like her to be
my compassionate, wise
doctor when I lie dying'
OBSERVER



HOW TO LIVE AND DIE WELL

'MAKING. BEAUTIFUL'

GAWANDE,
of Being Mortal

JOHN
DIAMOND

C

Because cowards get cancer too...

'Urgent, funny, unputdownable: it is a classic'

- MELVYN BRAGG

WHEN
BREATH
BECOMES
AIR

PAUL KALANITHI





earlier palliative care

means better life for longer



**not enough people
are planning ahead**

Stories



Discussion



Action

The realistic utopia

5. Death is recognized as
having value





Death has
value for:

- Individuals
- Families
- Doctors and nurses
- The human race
- The planet

Key messages

1. **Dying in the 21st century is a paradox.**
2. Delusion that we are in **control of nature.**
3. **Disadvantaged suffer most**
4. Five principles of “**realistic utopia**” – a **new vision of death and dying**

Radical changes across death systems are a collective responsibility.



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Recommendations

- **Relationships** should be placed at the centre
- **Partnership** approach – care of the dying and grieving should not rest with health services
- **Death literacy** must be developed for all

Recommendations

- **Community** action
- **Stories** shared
- The importance of **tradition**



*“ most of the suffering in
this world comes about by
leaving things
unsaid.....”*

Dostoyevsky



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