Global Trends in Palliative Care

Demographic changes will increase the need for palliative care worldwide in the next quarter of a century, particularly in emerging countries. The trend of rising morphine consumption, an indication of improving end-of-life care, is largely limited to more developed countries. Middle Eastern nations, in particular, still have a very low morphine use. More states are introducing national policies on end-of-life care, including recently Croatia, Slovenia, Mongolia and Uganda, which results in better palliative care services. But, unfortunately service delivery remains incomplete, even in those countries such as Australia and Singapore which have national policies and well developed programs in place. It is encouraging that training programs and specialty status are being recognised in an increasing number of countries.

Research into palliative care is growing, but spending on this as a fraction of that spent on studying cancer in general, remains tiny. Very little published material has originated in the developing world. Some are challenging the accepted taxonomy of evidence-based medicine suggesting different methods that better address the complex ethical and medical realities of end-of-life care.

Attempts in some western countries to include euthanasia and physician-assisted suicide as part of the ‘palliative care continuum’ cause considerable concern. Should these attempts be successful they may arrest the development of good end-of-life care in the emerging world, for instance, in the largely Muslim countries of the Middle East.

In summary, the increasing capacity to deliver palliative care has occurred in the more developed regions of the world, reaching only a fraction of the 30 million people a year who require it. Regional efforts, such as the Middle East Cancer Consortium, have a vital role to play in addressing what is increasingly recognized as a global public health inequity.