



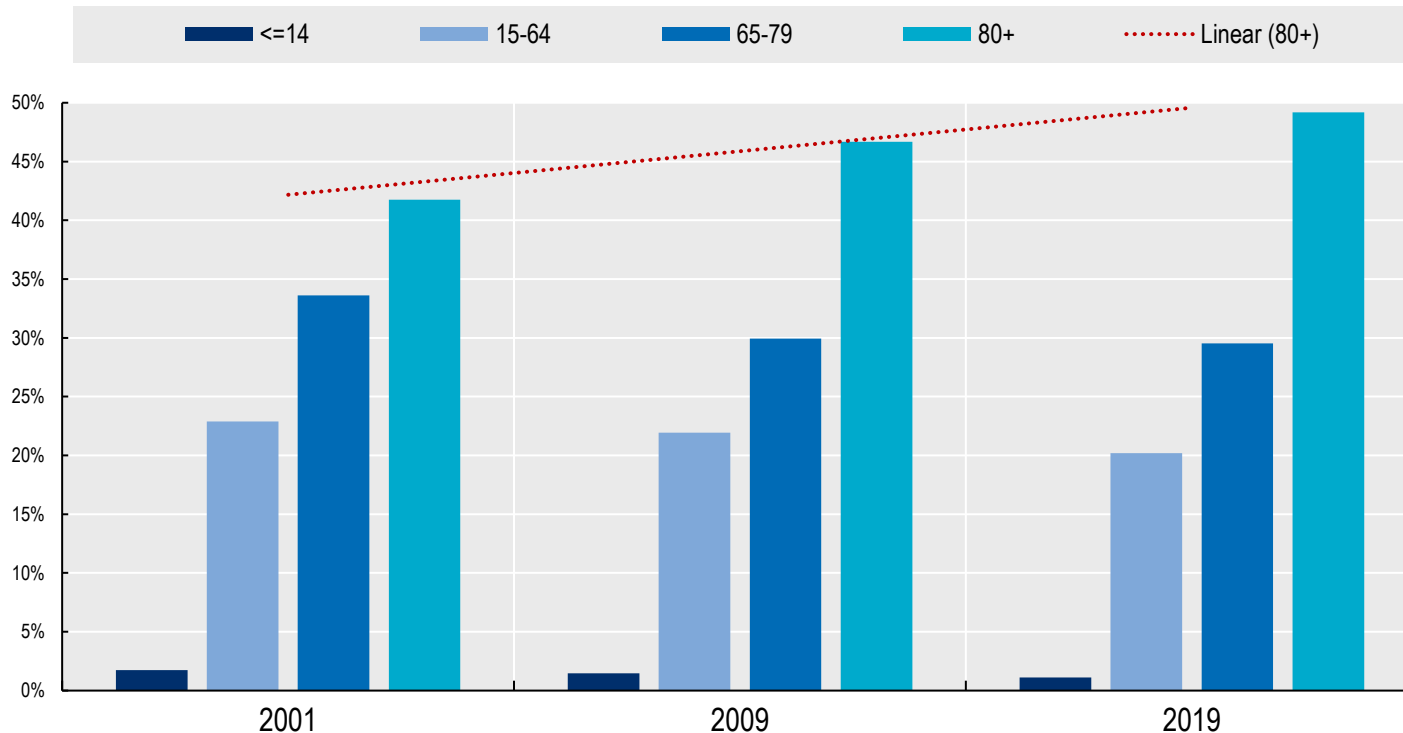
# KEY FINDINGS FROM THE OECD REPORT «TIME FOR BETTER CARE AT THE END OF LIFE»

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# Older people represent a growing share in all deaths, and needs for end-of-life care are increasing

Trends in deaths by age groups in OECD countries – 2001, 2009 and 2019



Source: OECD

## Total number people needing care will increase from 7 to 10 million

- **Organ failure** accounts for 41% of all deaths;
- **Terminal illnesses** (primarily cancer) for 25%;
- **Frailty** (mainly Alzheimer's disease and other dementias) for 21%.
- Frailty has been the fastest growing cause of death in the past two decades



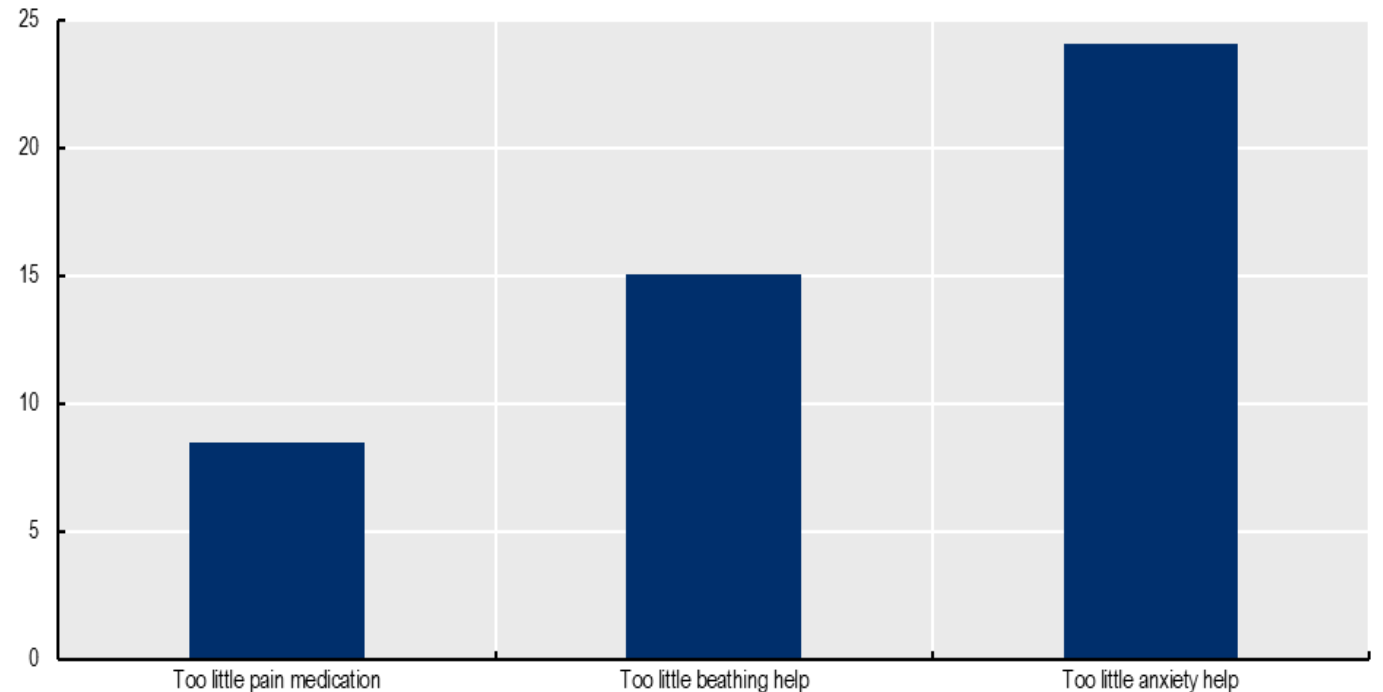
# Care delivered does not always reflect the wishes of the patient and quality of care is poor

Less than 50% of older people have a document reporting their preferences of care or have defined a proxy person

40% of people visited the emergency department in the last 30 days of life

63% of countries have quality standards, but they are rarely binding and more than 1 in 4 countries do not have audit

Share of older people reporting receiving little help with symptoms at the end of life

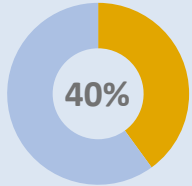


Note: Data refer to people aged 65+ who had discussion with someone including family, a close friend or a healthcare professional.

Source: (Commonwealth Fund, 2017).



# Removing barriers to access care remains a priority

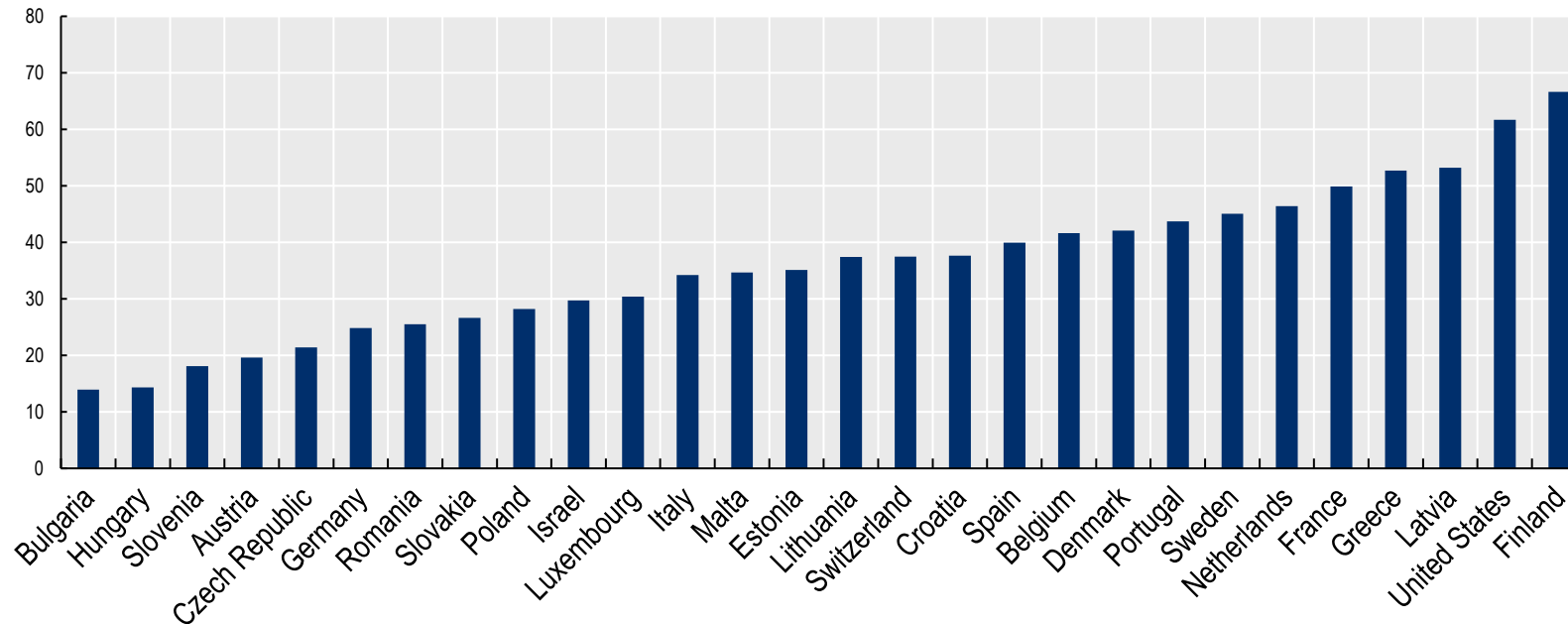


- **Only 40 %** of people receive palliative care at the end of life
- While people prefer to die at home, **half of deaths** happen in hospitals



- People with lower schooling are 50% less likely to receive end-of-life care services and more likely to have intensive life sustaining treatment

Percentage of people using palliative care for the deceased at age 65 or over by country



Note: Weighted using cross-sectional weight from last core interview.  
Source: Waves 7-8 (2017-2020) of SHARE and Wave 14 (2018-2019) of HRS.



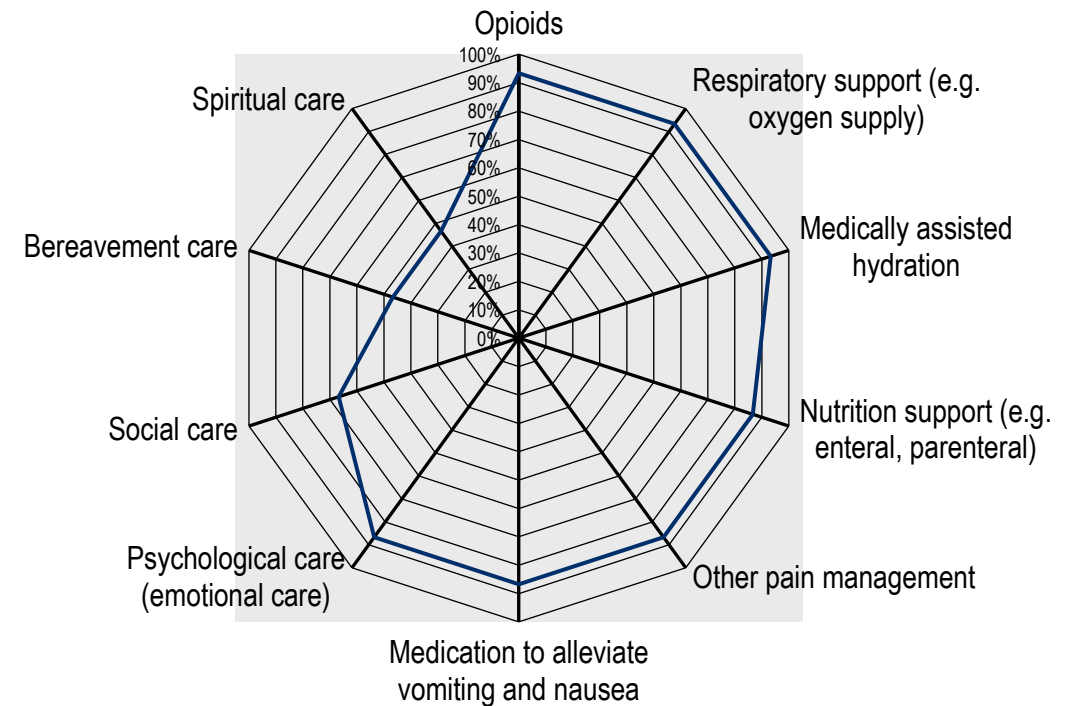
# Funding reveals coverage gaps and low incentives for non-hospital based palliative care



Hospital expenditure represent between 1/3 and 2/3 of all expenditure in the last year of life

Only 10% of the costs in the last three months of life correspond to palliative care

Publicly available and funded EOLC services in OECD countries



Source: OECD questionnaire, 2020-2021.



# Policy options

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- **Enhancing care quality and making care more people-centred**
  - Facilitate patient consultation and respect for patient wishes
  - Promote appropriate symptom management
  - Encourage multidisciplinary teams and training
  - Generalise quality standards and audits
- **Improving timely access to care at the end of life**
  - Plan for and retain sufficient specialised professionals
  - Develop services outside hospitals
  - Promote screening mechanisms and targets for timely access
- **Promoting funding options for sustainable end-of-life care**
  - Modify payment systems to balance curative and palliative care
  - Incentivise early palliative care outside hospitals
  - Ensure sufficient support for family carers



# Thank you for listening



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