

## Serious illness, dying and grieving as public health issues

Cohen, Joachim

*Published in:*  
Public Health

*DOI:*  
[10.1016/j.puhe.2021.06.016](https://doi.org/10.1016/j.puhe.2021.06.016)

*Publication date:*  
2021

*License:*  
CC BY-NC-ND

*Document Version:*  
Accepted author manuscript

[Link to publication](#)

*Citation for published version (APA):*  
Cohen, J. (2021). Serious illness, dying and grieving as public health issues. *Public Health*, 198, 59-61.  
<https://doi.org/10.1016/j.puhe.2021.06.016>

### Copyright

No part of this publication may be reproduced or transmitted in any form, without the prior written permission of the author(s) or other rights holders to whom publication rights have been transferred, unless permitted by a license attached to the publication (a Creative Commons license or other), or unless exceptions to copyright law apply.

### Take down policy

If you believe that this document infringes your copyright or other rights, please contact [openaccess@vub.be](mailto:openaccess@vub.be), with details of the nature of the infringement. We will investigate the claim and if justified, we will take the appropriate steps.

## Editorial for Public Health:

### Serious illness, dying and grieving as public health issues

Joachim Cohen

Positively impacting the health and wellbeing of those experiencing the challenges of serious illness, dying and grieving is the essence of palliative care. The notion that these are public health issues is increasingly accepted due to an awareness of the large societal challenges surrounding the issues<sup>1</sup>. Population ageing and a rising number of deaths -particularly of people dying with and from serious and chronic illnesses and multiple morbidities- has several consequences<sup>1</sup>. First, dying trajectories are increasingly longer and typified by a slow degenerative dying process. This means that more people will be in need for care and support, either as a person with a serious illness or as a caregiver. Second, more people will experience bereavement of a close relative. A recent study during the COVID-19 pandemic in the USA, for instance, indicated that for each death about 9 surviving close relatives are impacted by bereavement which will often involve some form of grieving<sup>2</sup>. At the same time there is a realization of the limited possibilities of health care services and professionals to address the challenges around serious illness, dying and grieving. This has become even more apparent during the COVID-19 pandemic, which not only had a strong impact on the patterns of mortality<sup>3</sup> but also illustrated some of the challenges and limitations of professional responses to palliative care needs in populations<sup>4</sup>.

While the idea of palliative care as a public health challenge is widely accepted there is less consensus of what exactly constitutes a public health approach to palliative care<sup>5, 6</sup>. In their integrative literature review Dempers and Gott identify 3 different paradigms of public health approaches to palliative care. The '*WHO approach*' focuses on ascertaining adequate and equitable access to various forms of quality palliative care and medications, developing an adequately trained workforce and developing national policy that integrates palliative care services into the national health care system. The '*population-based approach*' is mostly concerned with assessment and understanding of problems and needs of full populations using tools of traditional public health such as epidemiology and policy evaluation. The '*health promotion approach*' focuses on action through salutogenic approaches such as asset-based community action and development and strengthening of social capital. It is an approach that draws strongly from the action domains of the WHO's Ottawa Charter for Health Promotion. Based on the common ground of these different paradigms, a public health approach to palliative care can perhaps best be defined as the combination of sciences, skills, and beliefs directed towards improving and maintaining wellbeing for the full relevant population affected by serious illness, dying and bereavement, rather than only for individual patients and their families. I suggest, loosely drawing from the Essential Public Health Services developed by the Centers for Disease Control and Prevention, that a public health approach to palliative care integrates the main functions of assurance (the main focus of the *WHO approach*), assessment (the main focus of the *population-based approach*) and action (the main focus of the *health promotion approach*) and addresses several essential functions within these (see Figure 1).

While it was the wish for the current special issue on palliative care to cover the breadth of public health approaches to palliative care, unfortunately, no submissions were received on some of the essential functions such as community action, the creation of supportive environments or the orientation of services beyond their clinical mandate. This probably reflects the fact that the development of public health approaches to palliative care is still largely in its infancy. Most of the contributions address the assessment functions as a means to inform the assurance of adequate and equitable access to different forms of palliative care services. Three contributions nicely illustrate how routinely collected data can be used for these purposes. Jeba and colleagues<sup>7</sup>, for instance provide an assessment of the current and future needs for palliative care in a number of geographical areas in the UK using mortality data. Their minimal estimation comes at about 75% of all deaths with a need for palliative care and a 13-56% increased need by 2040 with particularly a strong increased need for palliative care for persons with dementia. Such analyses provide important public health information as they signal the need for timely diversification of palliative care with inclusion of different disease groups. Frasca and colleagues<sup>8</sup>, using linked cancer registry data from the Gironde in France, find a relatively late initiation of hospital-based specialized palliative care after diagnosis of cancer and indications of a disadvantage for people living in rural and deprived areas, those with non-solid tumors and those receiving treatment outside tertiary centers. Wilson and colleagues<sup>9</sup>, using linked data from electronic mental health records and mortality data, remind us of the importance of attention in palliative care provision to less evident populations such as those with serious mental disorders.

Public health approaches to palliative care also include the development of personal skills, confidence and knowledge to address the challenges surrounding serious illness, dying and grieving through information, education and empowerment. Two of the contributions provide relevant contributions in this area. The systematic review by Li and colleagues<sup>10</sup> indicates that most palliative care education programs described and evaluated in the literature have targeted health professionals and family caregivers rather than the general public or policy makers. Educational programs have also poorly been evaluated for their impact on actual behavior change. The study by Mallon et al.<sup>11</sup> provides some possible directions and target populations for future educational initiatives about the merits and benefits of palliative care. Their survey about palliative care knowledge and awareness in university students suggests that the latter have better knowledge and awareness than the general public and that within the university particularly faculties other than the life sciences could have better knowledge and awareness.

Relatively few contributions were received about grieving. The COVID pandemic and its disruption of funeral rites and practices of social consolidation after bereavement has increased the public health challenges for grief and bereavement. A three-tiered model adopted by the Bereavement Network Europe (BNE) offers a framework for a public health approach to grief during and after the COVID pandemic that differentiates the types of interventions needed to support populations for bereavement care<sup>12</sup>. General (eg self-help or support by the direct social environment), selective (eg community groups), and indicated (professional support) interventions target different populations based on their risks of prolonged grief disorders.

The relationship between palliative care and public health has been described as asymmetrical, with the palliative care field expecting much from public health but public health being relatively disinterested in palliative care as an issue of significance<sup>6</sup>. The current special issue on palliative care in *Public Health* serves as a commitment for a continuing effort to balance that asymmetrical relationship and contribute to further improvements in policy, practice and research to advance populations' health and wellbeing around serious illness, dying and grieving.

### References

1. Cohen J, Deliens L. A public health perspective on end-of-life care. Oxford: Oxford University Press; 2012.
2. Verdery AM, Smith-Greenaway E, Margolis R, Daw J. Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proc Natl Acad Sci U S A*. 2020; 117:17695-701.
3. Bone AE, Finucane AM, Leniz J, Higginson IJ, Sleeman KE. Changing patterns of mortality during the COVID-19 pandemic: Population-based modelling to understand palliative care implications. *Palliative Medicine*. 2020; 34:1193-201.
4. Oluyase AO, Hocaoglu M, Cripps RL, Maddocks M, Walshe C, Fraser LK, et al. The Challenges of Caring for People Dying From COVID-19: A Multinational, Observational Study (CovPall). *Journal of Pain and Symptom Management*. 2021.
5. Dempers C, Gott M. Which public health approach to palliative care? An integrative literature review. *Progress in Palliative Care*. 2017; 25:1-10.
6. Whitelaw S, Clark D. Palliative care and public health: an asymmetrical relationship? *Palliative Care: Research and Treatment*. 2019; 12:117822421881974.
7. xxxinsert reference here: Jeba et al - Projecting Palliative and End of Life Care Needs in Central Lancashire up to 2040: An Integrated Palliative Care and Public Health Approachxx
8. xxxinsert reference here: Frasca et al. Palliative care referral in cancer patients with regard to initial cancer prognosis: A population-based study.
9. xxxinsert reference here: Wilson et al: Acute care utilisation towards end of life and place of death in patients with serious mental disorders: a register-based cohort study in South London
10. xxxinsert reference here: Li et al: Palliative care education and its effectiveness: A systematic review
11. xxxinsert reference here: Mallon et al: What do Young Adults Know about Palliative Care? A cross-sectional survey.
12. xxxinsert reference here: Killikelly et al: Responding to the ICD-11 Prolonged Grief Disorder during the COVID-19 pandemic. [ ]

**Met opmerkingen [JC1]:** These need to be included with correct reference data by editorial office

Figure 1: The different essential functions of public health approaches to palliative care

