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Inclusion of palliative care in health care policy for older people: a directed documentary analysis in 13 of the most rapidly ageing countries worldwide

Key words: palliative care, health policy, older people (not a MeSH heading but important identifier of population), documentary analysis (not a MeSH heading; research design used)

Abstract

Background: Palliative care is insufficiently integrated in the continuum of care for older people. It is unclear to what extent healthcare policy for older people includes elements of palliative care and thus supports its integration.

Aim: 1) To develop a reference framework for identifying palliative care contents in policy documents; 2) to determine inclusion of palliative care in public policy documents on healthcare for older people in 13 rapidly ageing countries.

Design: Directed documentary analysis of public policy documents (legislation, policies/strategies, guidelines, white papers) on healthcare for older people. Using existing literature, we developed a reference framework and data extraction form assessing 10 criteria of palliative care inclusion. Country experts identified documents and extracted data.

Setting: Austria, Belgium, Canada, Czech Republic, England, Japan, Mexico, Netherlands, New Zealand, Singapore, Slovenia, South Korea, Spain.

Results: Of 139 identified documents, 50 met inclusion criteria. The most frequently addressed palliative care elements were coordination and continuity of care (12 countries), communication and care planning, care for family, and ethical and legal aspects (11 countries). Documents in 10 countries explicitly mentioned palliative care, 9 addressed symptom management, 8 mentioned end-of-life care, and 5 referred to existing palliative care strategies (out of 9 that had them).

Conclusions: Health care policies for older people need revising to include reference to end-of-life care and dying and ensure linkage to existing national or regional palliative care strategies. The strong policy focus on care coordination and continuity in policies for older people is an opportunity window for palliative care advocacy.

Key statements

What is already known about the topic

- A sharp rise is predicted globally in the need for palliative care among older people, a group consistently shown to be underserved by palliative care.
- It is unclear to what extent palliative care is included in national policies on health care for older people in rapidly ageing countries.

What this paper adds

- We developed a novel reference framework for determining inclusion of palliative care elements in general health policy documents.
- Among 50 identified public policy documents on health care for older people in 13 countries, the most frequently addressed elements of palliative care were coordination and continuity of care, communication and care planning, care for family, and ethical and legal aspects. Only one country – New Zealand – met all 10 criteria for inclusion of palliative care elements.
- ‘Care in the last days and weeks of life’ was the least frequently addressed core task of palliative care, and existing palliative care strategies were mentioned in policy documents of 5 countries (out of 9 countries that had such strategies).

Implications for practice, theory or policy

- Health care policies for older people need revising to include reference to end-of-life care and dying and ensure linkage to existing national or regional palliative care strategies.

- Palliative care advocacy should highlight the possible contributions of palliative care towards achieving existing policy aims, such as care coordination and continuity, communication and care planning, and care for family.

Introduction

An estimated 25 million people worldwide, accounting for 45% of all deaths globally, experience serious health-related suffering as a result of dying from severe illness.(1) This figure is projected to increase substantially by 2060, to 48 million people, mainly driven by deaths among people aged over 70.(2) These figures imply a sharp rise in the need for palliative care among older people worldwide. Palliative care is applicable early in the course of a life-threatening or severe illness and until the end of life and aims to relieve suffering and improve the quality of life of patients and their family.(3,4) However, it is unclear to what extent public health care policies reflect the growing need for palliative care among older people. This is particularly problematic given strong evidence that older people encounter disadvantages in accessing palliative care.(5–7)

Palliative care is considered an essential component of continuous, comprehensive care throughout the disease continuum by important inter-governmental organisations, including the World Health Organisation (WHO, e.g. Resolution of the World Health Assembly(8,9)), the UN General Assembly on the Prevention and Control of Noncommunicable Diseases and the Human Rights Council.(10,11) Additionally, scientific evidence is growing that palliative care can alleviate suffering of dying persons and their families and relieve burden from financially strained health care systems.(12,13) To ensure access to palliative care for older people, it should be part of broader national policies on health care for this population.(14–16) However, to date no research has examined the extent to which palliative care is included in such broader policy frameworks.

The aims of this documentary analysis were to (i) develop a reference framework for assessing inclusion of elements of palliative care in public policy documents and (ii) examine to what extent elements of palliative care are included in national or regional public policy documents on health care for older people in countries with rapidly ageing populations.

Methods

Study design

We conducted a directed documentary analysis of public policy documents concerning health care for older people in 13 countries: Austria, Belgium, Canada, Czech Republic, England, Japan, Mexico, Netherlands, New Zealand, Singapore, Slovenia, South Korea, and Spain. Among 35 industrialised countries with steep projected increases in life expectancy (17) we selected those that a) were in the top half regarding the expected rise in life expectancy by the year 2030; and b) in which the lead authors (LP, LVdB) could identify potential country experts. Country experts (one per country) were identified by screening: 1) authors of articles published in peer-reviewed journals concerning palliative care policy or health policy for older people towards the end of life and 2) authors, contact persons or informants for international reports on palliative care development. The lead author was the expert for Austria and Belgium. All included countries are WHO Member States and thus are parties to global policy aiming to ensure palliative care access to all of their population.(9) In several of the included countries, health care is regulated at the regional level (i.e. Belgium, Canada, Spain), and we limited the analysis to specific regions, to ensure feasibility (i.e. Flanders; Alberta; Madrid, Andalusia, Catalonia). We included nationally relevant policies in all other countries.

Eligibility criteria

We included public policy documents on health care specifically for older people (i.e. including an explicit statement that they concern ‘older people’) that belonged to one of four categories: 1) legislation or directive; 2) policy or strategy, 3) guideline or staff working paper, 4) white paper, policy paper or working paper (see Table 1 for definitions); and were published from 2010 onwards

and available on June 1st, 2018. As legislation is not frequently updated, we checked whether there were otherwise eligible legislative documents issued prior to 2010. Additionally, country experts could include public policy documents outside the four categories, if they believed that they could be used to influence practice (coded as ‘other’). We included documents published in the official languages of the included countries. We included documents whose focus was the general population only if they contained a substantial section (e.g. chapter) concerning older people, and only included this section in the analysis. We excluded documents 1) focusing specifically on palliative care; 2) focusing exclusively on a specific health care service, treatment or care approach (e.g. radiation therapy); 3) focusing on a specific disease or condition; 4) insurance law and funding or reimbursement regulations; and 5) quality norms, such as International Organisation for Standardisation (ISO) standards.

Data acquisition

Document search

Country experts identified eligible policy documents. We contacted country experts through e-mail and sent one follow-up e-mail in case of non-response within a 7-day period. The contacted people could refer to another expert in their country. We followed a search strategy recommended for grey literature searches, including using targeted websites, Google search, and consultation with contact experts.(18) This was consistent with the search strategies applied in previous content analyses of public policy documents on palliative and end-of-life care.(19,20) Experts were asked to 1) search websites of relevant ministries, other national or regional government bodies, or relevant public institutes in a directed manner for eligible documents; 2) use Google search to identify any documents that may have been missed in the first step; and 3) apply their expert knowledge regarding the existence of relevant policy documents and issuing bodies. The specific

search terms could be adapted to the local context (e.g. according to relevant ministries and agencies) and the websites searched. Directed searches of websites of relevant organisations are common in grey literature searches and similar to the hand-searching methods used in screening a journal's table of contents in systematic review searches.(18) Detailed instructions for the search strategy, including examples, were sent to country experts to ensure consistency in search methods across countries. Country experts sent the identified documents to the lead author alongside a document checklist including title, publication year, organisation/commissioning body, document purpose (e.g. 4- year government plan), main topic addressed, target audience, and, if relevant, the sub-population of older people the document focused upon (e.g. nursing home residents).

Document selection

Decisions around inclusion were made by the lead author (LP) in consultation with the respective country expert, or with LVdB for the two countries where the lead author was also the country expert. Screening for eligibility was based on the document checklist. If this information was insufficient to take a decision, the lead author (or country expert, depending on document language) checked further sections in the document (e.g. abstract, executive summary, table of contents) until a decision could be made, and discussed this with the country expert. In case of doubt, a third author (LVdB) was involved in the process. A quality appraisal was not applicable for this study.

Data extraction using a newly developed reference framework and data extraction form

There is currently no reference framework for determining whether palliative care is addressed in general health policy documents. A review that is solely based on mentions of the term 'palliative care' would risk underestimating actual palliative care contents. The authors therefore developed

a reference framework and structured data extraction form based on international literature, specifically i) the ‘minimum criteria for palliative care services’ of the WHO Guide for Program Managers’;(14) ii) International Association for Hospice and Palliative Care (IAHPC) List of Essential Practices in Palliative Care;(21) and iii) the minimal indicator set for quality assessment of specialized palliative care services, developed by Leemans et al.(22) The criteria sourced from these documents are listed in Appendix I.

We determined the criteria of our reference framework for identifying elements of palliative care in public policy documents through the following procedure: 1) Of the WHO minimum criteria, we combined those concerning assessment and relief of symptoms, emotional, social and spiritual needs into ‘management of physical, emotional, social and spiritual distress’ of patients and family. 2) We replaced ‘clarifying patient’s values and determine culturally appropriate goals of care’ with Leemans et al.’s quality indicators ‘communication and care planning with patient’ and ‘communication and care planning with family’. 3) We added Leemans et al.’s indicators ‘types of care and circumstances surrounding death’ (rephrased to ‘care in the final days and weeks of life’), ‘care for family’, and ‘coordination and continuity of care’. 4) We added criteria to assess explicit references to palliative care and standalone palliative care strategies, and who is eligible and which professionals are responsible for providing palliative care. 5) We also added a criterion to assess legal and ethical aspects. This theme was not covered by the source literature but is very important in palliative and end-of-life care.(23) 6) We then checked the derived criteria against topics in the IAHPC List of Essential Practices (i.e. management of physical, emotional, social, spiritual care needs; care planning and coordination; communication) to ensure that no aspects were omitted. Finally, we developed a data extraction form that assesses each criterion of the reference framework through several items. The items were derived from the same source

literature as the criteria or developed by the authors for criteria that were not included in the source literature. Country experts provided feedback throughout the development of the reference framework and approved its final version. Two country experts (LP, MG) pre-tested the data extraction form using documents of three countries (Austria, Belgium, New Zealand), after which minor modifications were made for clarity.

Country experts completed the data extraction form for their respective country. To examine the validity of the data extraction, they provided, for each item marked as ‘addressed/mentioned in the document’, the respective section of the text (translated to English). LP and TS used these excerpts to check the country experts’ responses. LP and TS additionally checked the completed forms for inconsistencies and resolved any by asking country experts to re-check the respective documents. Responses on the data extraction forms were input in an electronic data form.

Analysis

MS Excel was used to document contact attempts; responses; reminders; identified, included and excluded documents; and reasons for exclusion. We described the main characteristics of each included document. We conducted a directed content analysis of the information extracted from documents. This type of analysis of textual documents has been previously used in palliative and end-of-life care research to explore usage of certain words or content in documents.(19,24) We calculated the frequencies with which each of the palliative care elements were addressed in at least one document per country, and in how many documents of each type. Data were analysed using MS Excel and IBM SPSS.

Results

Reference framework to identify elements of palliative care in general health policy documents

The newly developed reference framework for determining the inclusion of palliative care elements in policy documents contains ten criteria (Table 2): five core criteria concerning core palliative care tasks (criteria 1 through 5); three criteria to assess whether palliative care is explicitly referred to (criteria 6 through 8), one criterion capturing legal and ethical aspects (criterion 9), and one criterion assessing references to existing standalone national palliative care strategies (criterion 10). The data extraction form, which is based on this reference framework, is reproduced in Appendix II.

Document screening

Figure 1 depicts the selection process. We contacted experts in 17 countries. We did not receive a response from two countries. Experts from two additional countries did not respond to follow-up after an initially positive response. It was not feasible to document the total number of retrieved documents per search strategy (targeted websites, Google, expert consultation) given that the search terms differed across countries (depending on their health care systems and relevant organisations). The typically large number of hits on Google is usually not reported for grey literature searches.⁽¹⁸⁾ Instead, we report the number of documents initially retrieved as potentially eligible and forwarded to the lead author. Country experts identified 139 documents. After checking eligibility, 50 documents from 13 countries remained in the analysis. The main reason for exclusion was documents not focusing specifically on older people (n=38) and

documents focusing specifically on palliative care (n=19).

Document characteristics

The number of documents per country is shown in Table 3. Over half (n=30) were published between 2016 and 2018. Half (25 of 50) were situated in the ‘policies and strategies’ category. The majority of documents identified were published or issued by government ministries, predominantly for health and social affairs (Table 4). The topics addressed can be broadly grouped as: 1) government visions and directions, national action plans and strategies, and proposed policy changes; 2) care guidelines and documents defining responsibilities; 3) descriptions of existing policies or services, or summarizing evidence; and 4) strategies for integrating health care services. Most identified documents concerned the general population of older people. The target audience or readership included policy-makers and government departments, the general public, national or regional parliaments, health and social care professionals, and clinical leaders and managers.

Inclusion of elements of palliative care

The set of documents of one country, New Zealand, addressed all 10 criteria for inclusion of palliative care elements, all of which were addressed in a document of the policy/strategy category (Table 5). Documents in Singapore, Mexico, the Netherlands, and England addressed all core criteria (i.e. criteria 1 through 5) and included an explicit reference to palliative care, but did not indicate which patients should receive, or which professionals or services should provide, palliative care. In Singapore, a legislation document mentioned four criteria (i.e. symptom management, communication and care planning, care for family, ethical and legal aspects); in the Netherlands all core criteria were represented in policy/strategy documents. In Mexico, three of the core criteria as well as the explicit reference to palliative care were included in a policy/strategy document. Austrian documents mentioned all core criteria, albeit all in a guideline and only one

core criterion (care for family) in a policy/strategy document. Austrian documents did not include an explicit reference to palliative care or a related term. Furthermore, documents in Singapore, Mexico, Austria and England did not refer to existing standalone national strategies for palliative care (out of 9 countries that had such strategies). Of the countries that did refer to palliative care strategies, three did so in policy/strategy documents (New Zealand, Slovenia, Belgium), and two in guidelines and white/policy/working papers (Netherlands, Spain). In Belgium, the Czech Republic, Spain, and Slovenia, three or more criteria were not addressed, including at least one core criterion. Of all 13 countries included, Canada and South Korea had documents with the fewest references to palliative care elements (each addressed two criteria).

The criteria mentioned in the majority of countries were ‘coordination and continuity of care’ (not mentioned only in Canada; Table 5). The least frequently addressed core criterion was ‘care in the final days of life’ (addressed in 8 countries). ‘Communication and care planning’, ‘care for family’ and ‘ethical and legal aspects’ were each mentioned in all but two countries. ‘Symptom management’ was addressed in documents of 9 of 13 countries. Documents in 10 of 13 countries contained an explicit reference to palliative care. Four countries specified indicators for who should receive it, and only one country (New Zealand) made a statement concerning which professionals are responsible for providing palliative care. A detailed analysis of the individual items per criterion is provided in Appendix III, tables S1 through S9.

Discussion

Main findings of the study

We developed a novel reference framework for determining inclusion of palliative care elements in general health policy documents. Among 50 identified public policy documents on health care for older people in 13 countries, the most frequently addressed elements of palliative care were coordination and continuity of care, communication and care planning, care for family, and ethical and legal aspects. The least frequently addressed core criterion was ‘care in the final days of life’. In several countries, core criteria of palliative care were addressed in high level policy/strategy documents, and in Singapore, four criteria, among which three core criteria (i.e. symptom management, communication and care planning, care for family), were included in legislation. While documents in 10 countries explicitly mentioned palliative care, they referred to existing palliative care strategies in 5 countries only (out of 9 that had them).

Strengths and limitations

This is the first comprehensive analysis of general policy documents on health care for older people with a view to identifying elements of palliative care. Our analysis compared a range of countries across the geographic and income spectrum. We propose the newly developed reference framework as a standard for future research assessing palliative care content in general health policy documents, after it has undergone further content validation, for instance through expert consensus. This is an important task not only for our framework but also for related established frameworks, such as those that analyse palliative care development.(25–28) We developed the framework through a systematic and transparent procedure, based on international research and policy literature. Using WHO and IAHPC publications as source material ensured cross-national relevance of the framework. This study also has limitations. Public policy documents on health

care for older people may not be directly comparable in different countries, depending on their health care and regulatory systems. Defining a common ‘denominator’ was not straightforward, and we cannot exclude the possibility that that we have missed eligible documents. We sought to mitigate this risk by providing detailed search instructions to country experts, with clear inclusion and exclusion criteria. We can argue that we have identified those documents in the public domain that are visible and accessible to experts from the respective countries. This analysis is a first screening for elements of palliative care in public policies on health care for older people. An in-depth content or discourse analysis was not feasible in this large number of countries but is recommended for future research in a limited number of carefully selected comparator countries. We did not attempt to assess the ideological orientation or ‘agenda’ of document authors or publishers. Finally, we did not study documents in low-income countries as they were not among those with the steepest ageing projections. However, future research should include these countries as their demographic situations are changing rapidly.(2)

What this study adds: implications for policy development and palliative care advocacy

Documents in most countries addressed important elements of palliative care, oftentimes in high-level policy documents or even legislation in Singapore. However, those most frequently addressed are not unique to palliative care, but also part of other relevant care approaches for older people (e.g. rehabilitation, long-term care). In contrast, elements that are unique to palliative care, especially those concerning the end of life, received less attention. ‘Care in the last days and weeks of life’ was the least frequently addressed core criterion. While the majority of countries addressed ‘care for family’, only Singapore and Slovenia addressed the item ‘bereavement support’ within that criterion. The still pervasive taboo of death and dying in large parts of the world combined with a focus on healthy and active ageing across scientific, policy and popular discourse may

contribute to the avoidance of dying and death in policy documents. However, New Zealand, Mexico, the Netherlands and the Czech Republic addressed ‘care at the end of life’ in high level policy/strategy documents, which is a promising sign of recognition of this topic.

To strengthen the position of palliative care as equal with other important care approaches for older people, such as prevention, health promotion, rehabilitation and long-term care, it needs to be explicitly integrated in general policies on health care for older people.(11,16) Global health authorities, such as WHO, have a key role in setting examples by including palliative care elements in their own recommendations concerning health care for older people. Our data also point to an opportunity window for palliative care advocacy towards national governments and global actors. Advocates could argue more strongly that palliative care, through its focus on multidisciplinary, person- and family-centred care, can support current policy foci, such as achieving coordinated and continuous care, communication and care planning.(29) In the three countries that do not have standalone palliative care strategies (i.e. Japan, South Korea, Czech Republic; Canada has published a Framework on Palliative Care in 2018 [23]), closing this gap should be a priority for health care policy.

This policy analysis leads to important conclusions when viewed in the context of existing country rankings of palliative and end-of-life care service development.(25,28) Palliative care inclusion in policy appears to be matched with good resource availability in some countries, but not in all. For instance, Mexico’s policy documents include more palliative care elements than those of Canada. However, Canada is ranked 11th on the Quality of Death Index, a ranking based on indicators of end-of-life care services and infrastructure, while Mexico is ranked 43rd.(28) Austrian documents addressed more core criteria of palliative care than Belgian documents, but an EU ranking of palliative care resources has Belgium in 2nd and Austria in 6th place.(25) In Austria, palliative care

elements were mainly included in an acute geriatrics guideline and not in a high level policy/strategy, as in Belgium. This may partly explain the apparent discrepancy, but inconsistencies between policy and health care services may also stem from ineffective policies (e.g. because they contradict other policies) or poor policy implementation, which depends on political considerations, funding, training of health care staff and – in the case of palliative care – cultural approaches to topics around serious illness and dying.(30,31) Attention from policy makers and palliative care advocates is also needed for countries that have good palliative care resources but poor inclusion of palliative care in health care policies for older people (e.g. Belgium, Canada, South Korea). One concern is that without appropriate policy support, the available services may not be sufficiently accessible to older people. Continuous epidemiological monitoring of individual-level palliative care use (5,32) should follow any policy adjustments to evaluate whether they improve accessibility of services.

Conclusion

Health care policies for older people in some of the most rapidly ageing countries worldwide need revising to include reference to end-of-life care and dying and ensure linkage to existing national or regional palliative care strategies. Palliative care advocacy could foster this integration by highlighting possible contributions of palliative care towards achieving existing policy aims, such as continuous and coordinated care, communication and care planning, and care for family.

Declarations

Authorship: LP and LVdB conceptualised and designed the study. LP and TS screened data extraction forms and conducted data input. LP analysed the data. All authors were involved in acquisition and interpretation of data. LP drafted the article. All authors revised the article critically for important intellectual content. All authors approved the version to be published and have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The country experts are all represented in the author list. Expert names per country are as follows: Austria: LP; Belgium: LP; Canada: DW; Czech Republic: KP; England: KS; Japan: MN; Mexico: MCT; Netherlands: MTK; New Zealand: MG; Singapore: TL; Slovenia: HKC; South Korea: YR; Spain: BA.

Conflicts of interest: The authors declare that there is no conflict of interest.

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Ethics: No ethics approval was required for this analysis of publicly available documents.

Data management and sharing: The data can be obtained from the lead author (LP) upon reasonable request. Data will be shared with members of universities, scientific research institutions, or clearly separate and independent research departments of public institutions or non-profit organisations. Data may be used for scientific research only (commercial use of data will not be permitted).

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Table 1. Types of policy documents included

1	Legislation or directive	From parliament, central government, or regions. This refers to laws, decrees, cabinet decisions emanated or worked out by ministries or parliamentary commissions which have competences for this subject (this may differ between countries).
2	Policy or strategy	Usually coming from the national/federal or regional governments. These are documents reiterating or detailing what laws outline, specifying budget allocation and how outcomes should be monitored
3	Guideline, staff working paper	Prepared by government institutes or national professional organisations to clarify implementation issues (e.g. protocols for activities in a certain setting, required infrastructure, etc.). In general, they explain how standards and regulations can be implemented
4	White paper, policy paper, working paper	Usually elaborated by experts and mandated by responsible institutions (e.g. a ministry) to explore specific aspects of a theme and inform policy-makers. This can also be a situation analysis to inform policies and strategies

Table 2. Criteria of the reference framework for determining palliative care elements in public policy documents

Core criteria representing core tasks of palliative care (sourced from WHO(14) and IAHP(21) and Leemans et al.(22))	1. Management of physical, emotional, social and spiritual distress
	2. Communication and care planning with patient and family
	3. Care in the final days and weeks of life
	4. Care for family
	5. Coordination and continuity of care
Criteria concerning explicit reference to palliative care	6. Explicit reference to the term 'palliative care'
	7. Identification of patients eligible for palliative care
	8. Services or professionals responsible for providing palliative care
Additional criteria	9. Ethical and legal aspects concerning care for older people
	10. Explicit reference to palliative care strategy/policy/guideline.

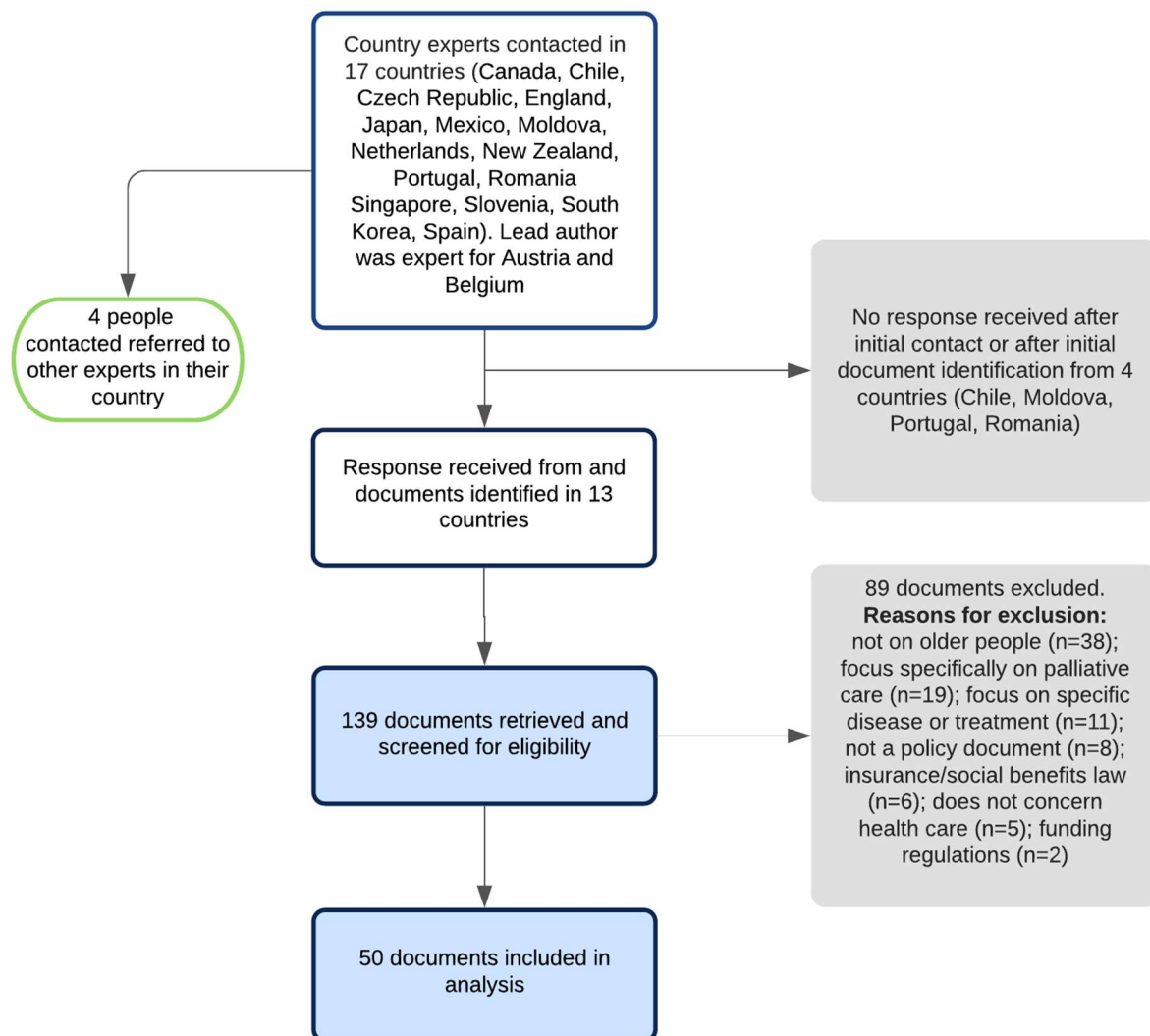


Figure 1. Identification of country experts and process of document selection

Table 3. Type and publication year per country of identified national and regional public policy documents regarding health care for older people in 13 countries

	New Zealand N=4	Singapore N=5	Japan N=2	South Korea N=3	Canada N=2	Mexico N=5	Netherlands N=8	Czech Republic N=3	Austria N=3	Spain N=6	Slovenia N=3	England N=2	Belgium N=4	Total
Publication year														
2010	0	0	0	0	2	2	1	0	0	1	0	0	0	6
2011	2	0	0	0	0	0	0	0	0	0	0	0	0	2
2012	0	0	1	0	0	0	0	0	0	0	0	0	0	1
2013	1	0	0	0	0	0	0	1	0	0	0	0	0	2
2014	0	0	0	0	0	0	1	0	1	1	0	1	0	4
2015	0	0	0	0	0	1	1	1	0	0	1	1	0	5
2016	0	1	0	1	0	1	0	1	1	1	1	0	1	8
2017	1	3	0	1	0	1	3	0	1	3	1	0	2	16
2018	0	1	1	1	0	0	2	0	0	0	0	0	1	6
Document type														
Legislation/ directive	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Policy/ strategy	1	2	0	3	1	2	3	3	1	4	1	0	4	25
Guideline/staff working paper	3	2	1	0	0	2	2	0	1	0	0	1	0	12
white paper/policy paper/working paper	0	0	1	0	1	0	1	0	1	2	1	0	0	7
other	0	0	0	0	0	1	2	0	0	0	1	1	0	5

Table 4. Identified national and regional public policy documents regarding health care for older people in 13 countries

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
Austria N=3							
1	Action plan for women's health: Chapter 5 (older women)	2016	Ministry of Health	Policy/strategy	not specified	Presents 17 goals and 40 measures to strengthen prevention and health care for women, as well as research on this topic	Women
2	Process handbook for acute geriatrics/rehabilitation	2017	Federal Agency for Health (reports to Ministry of Health)	Guideline/staff working paper	Health care professionals working in acute geriatric units and those collaborating with acute geriatric units	Process guideline for health care providers in acute geriatric care	Patients in acute geriatric units
3	Austrian Interdisciplinary Study of Older People	2014	Austrian Interdisciplinary Platform on Ageing, commissioned by Ministry of Health, Ministry of Social Affairs, Social Security Associations, state of Styria	White paper/policy paper/working paper	Policy-makers of federal, state and communal levels as well as services	To describe the health-, living- and care/support situation of very old people in Austria. To provide data to support decision-making in on federal, state and communal levels as well as to support services.	People aged 80 years and over
Belgium N=4							
1	Preliminary draft for the decree on	2018	Flemish Ministry for Welfare, Public	Legislation – explanatory	Flemish parliament		yes, older people in residential care

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
	residential care 2018 – explanatory statement		Health and Family	statement			
2	Concept note ‘tailored care and support for all families. new working framework for family care services	2017	Flemish ministry for wellbeing, public health and families	White paper/policy paper/working paper	Family care services	Care for families (at home). Repeated focus on older population throughout the document.	no
3	Concept note for residential care (a real home for frail people)	2017	Flemish Ministry for Welfare, Public Health and Family	White paper/policy paper/working paper	Flemish parliament	Description of the vision regarding role and tasks of nursing homes/care homes within the continuum of care and support for frail older people; description of initiatives to be taken on the short and long term	yes, older people in residential care
4	Concept note for the Flemish well-being and care policy for older people	2016	Flemish Ministry for Welfare, Public Health and Family	White paper/policy paper/working paper	Flemish parliament	Preparatory work for the development of a Flemish policy for well-being and care for older people	no
Canada (Alberta) N=2							
1	Protection of Persons in Care Act	2010	Alberta Government	Legislation/directive	Health care providers primarily, family members and the general public.	To protect vulnerable people who live in nursing homes	yes, older people living in nursing homes
2	Aging Population Policy Framework	2010	Alberta Government	Policy/strategy	All citizens of Alberta and organisations involved in older	Defining roles and responsibilities of various groups,	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
					people care.	including government, in relation to major issues related to population aging.	
Czech Rep N=3							
1	Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention; Action plan no. 8a: Improving quality, availability and effectiveness of post-acute care, long-term care and home care	2015	Ministry of Health	Policy/strategy	Not specified	National strategy to improve post-acute care, long-term care and home care.	No
2	National Action Plan Supporting Positive Aging 2013-2017	2013	Ministry of Labour and Social Affairs	Policy/strategy	Not specified	5-year national action plan to support positive aging	No
3	Health Region Vysočina. Programme Health 2020 for Vysočina Region. Medium-term plan 2016-2020	2016	Vysočina Region	Policy/strategy	Not specified	5-year plan to implement national strategy Health 2020; to promote health of the population in Vysočina region.	No
England N=2							
1	Older people with social care needs and multiple long-term conditions	2015	NICE Guideline	Guideline/staff working paper	Health and social care practitioners; providers of care and support in health and social care	This guideline covers planning and delivering social care and support for older people who have	Older people with social care needs and multiple long-term conditions

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
					services; older people with social care needs and multiple long-term conditions (including both physical and mental health conditions), and their carers	multiple long-term conditions. It promotes an integrated and person-centred approach to delivering effective health and social care services.	
2	Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders	2014	NHS England	Other: Guidance document	CCG Clinical Leaders, CCG Chief Officers, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, NHS England Regional Directors, NHS England Area Directors, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's Services, NHS Trust	This document summarises the evidence of the effects of an integrated pathway of care for older people and suggests how a pathway can be commissioned effectively using levers and incentives across providers	Frail older people

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
					CEs		
Spain (Andalusia) N=2							
1	1st Andalusian Plan for the promotion of personal autonomy and the prevention of dependency 2016-2020	2016	Andalusian government, Ministry for Equality, Health and Social Policies	Policy/strategy	Service providers, professional, general public	Announce actions to prevent care needs and foster personal autonomy in the fields of long-term care and prevention	No
2	White Book for active ageing	2010	Andalusian government, Ministry for Equality, Health and Social Policies	White paper/policy paper/working paper	Policymakers in the region or at local level, service providers, general public	Identify actions needed to ensure active ageing in the region	No
Spain (Catalonia) N=3							
3	Interdepartmental and cross-sectoral Plan of Public Health (PINSAP) 2017-2020	2017	Catalan Government	Policy/strategy	Government departments and officials, civil society	The document articulates the “Health across all policies” strategy promoted in Catalonia, in line with WHO’s recommendations. It aims at mainstreaming public health across all government policies.	No
4	Integral Plan for the care of people with mental health conditions and addictions	2017	Catalan government	Policy/strategy	Government departments and officials, civil society	Political strategy aiming to develop a cross-sectoral policy approach to mental health. The document presents	People with mental health problems and addictions

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
						strategic themes for the care of people with mental health conditions and addictions in Catalonia.	
5	Basis for the promotion of active and healthy ageing; part of the Interdepartmental Plan of Public Health (PINSAP) of 2014-2016	2014	Agency for Public Health of Catalonia (ASPCAT) of the Catalan Government	White paper/policy paper/working paper	Professionals working with older people.	To provide general orientations around policies needed to promote active and healthy ageing in Catalonia	No
Spain (Madrid) N=1							
6	Strategy for the care/assistance to older people 2017-2021	2017	Government of the region of Madrid, Ministry (consejería) for Social Policies and Family	Policy/strategy	Public administration, service providers, general public	Present strategic lines around services to be developed to assist/support older people and to improve pain treatment in the regional healthcare system	No
Japan N=2							
1	Guidelines on the Decision-Making Process for Medical Treatment and Care at the Terminal Stage of Life (revision)	2018	Ministry of Health, Labour and Welfare, the National Government of Japan	Guideline/staff working paper	Health care providers (medical doctors)	The first national guideline was published in 2007 to address the controversy in introducing, withdrawing, or withholding aggressive treatment	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
						in the final stage of life. This is the revision aimed to address changing wishes and needs of the patient during the disease course.	
2	Guidelines for decision-making process in elderly care focusing on indications of artificial hydration and nutrition	2012	Japan Geriatrics Society	White paper/policy paper/working paper	Geriatricians and other physicians who treat older people	Clinical guideline developed by an academic association under the public fund from the Ministry of Health, Labour and Welfare, the national government	No
South Korea N=3							
1	Social Welfare Projects for the older people in community	2016	Ministry of Health and Welfare	Policy/strategy	General population Staff in social welfare facilities Public servants in ministry of health and welfare	Description of assistance programs and benefits for older people who need support in the community; i.e. social welfare facilities	No
2	Statement to Develop Community Care in South Korea	2018	Ministry of Health and Welfare	Policy/strategy	General population and workers in community health centres in Korea	To develop a new delivery system for community care to integrate all social services and health care for the older people in South Korea	No
3	The second Long-	2017	Ministry of Health	Policy/strategy	General population;	Develop community	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
	Term Care Plan (2018-2020)		and Welfare		staff in National Health Insurance	care and liaise long-term facilities, community care and support the disabled older people in community	
Mexico N=5							
1	In Support of a Culture of Ageing	2010	Mexico Federal Government, Secretary of Social Development, and National Institute for Older Adults	Policy/strategy	All government agencies and institutions (Federal and State). All civil servants. All universities and colleges. Mexican society.	To recognise the demographic transition of Mexico, the report presents the efforts of the Mexican government to address the challenge of demographic ageing. It also addresses a needed change in the perception about older adults (persons of 60 or more years) toward protecting them from discrimination and violence.	No
2	2016 – 2018 National Gerontology Program	2016	Secretary of Social Development [Secretaria de Desarrollo Social, SEDESOL], Secretary of State [Secretaria de Gobernacion, SEGOB], and National Institute for	Policy/strategy	All government Agencies or Institutes, health care providers, civil servants, Mexican society in general	The objective of the Program is to foster the integral human development of older adults providing them with needed opportunities to reach a decent and	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
			Older Adults [Instituto Nacional de las Personas Adultas Mayores, INAPAM]			sustainable standard of living. This is a three-year federal government plan to cover all older adults living in Mexico	
3	Protocol for the Care of Older Adults by Nurses	2017	National Institute of Geriatrics	Guideline/staff working paper	Nurses providing care to older adults in Mexico	To standardise interventions (general and specific) toward prevention and care of the main health problems of older adults. The document focuses on general objectives of care in the ambulatory and hospital settings.	Older people under the care of nurses
4	Comprehensive Geriatric Evaluation in Healthcare Settings	2010	National Centre for Excellence in Technology and Health	Guideline/staff working paper	Physicians, Family doctors, General Practitioners, Internal Medicine, Neurology, Cardiology, General Surgery, Urology, Neurosurgery, and any specialty that may care for older adults	Evidence-based guideline to guide physicians working in clinics/hospitals on how to provide geriatric patients with a comprehensive health evaluation towards developing a treatment and follow-up plan; to standardise the initial evaluation and care of geriatric patients.	Older people who seek medical care in clinics

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
5	The Situation of Older Adults in Mexico	2015	National Institute of Women	Other: Bulletin	Decision makers in any government Agency or Institute, health care providers, civil servants, Mexican society in general	To show the characteristics and situation of older adults in Mexico from a gender perspective. The Bulletin provides recommendations to guide public policy to decrease gender inequalities and to improve the contents of the sources of information that could help to inform gender issues.	Women aged 60 or older
Netherlands N=8							
1	Quality framework for nursing home care. Learning and improving together.	2017	National Health Care Institute	Policy/strategy	Relevant parties in nursing home care	Quality standard for nursing home care, includes norms for care organisations/ providers and development assignments for the nursing home sector	Nursing home residents
2	Pact for elderly care	2018	Ministry of Health, Welfare and Sport	Policy/strategy	Care organisations, care providers, insurance companies, municipalities, companies etc..	Three-year pact to improve care for older people; signal and stop loneliness, organise good care and support at home, and improve the quality of nursing	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
						home care	
3	Program quality nursing home care. At home in the nursing home. Dignity and pride in each location (part of Pact for elderly care)	2018	Ministry of Health, Welfare and Sport	Policy/strategy	Care organisations	Government plan with aims on improving nursing home care	Nursing home residents
4	National Primary Care Collaboration Agreement for Care for Frail Older People	2017	Dutch organisation for nurses and care assistants; Dutch organisation for general practitioners	Guideline/staff working paper	General practitioners and their team (assistants, practice nurses); home care nurses	Guidelines for general practitioners and home care nurses in the care and support for older people	Older people in primary care
5	Guide for professionals and multidisciplinary teams in primary care, vulnerable older people in primary care	2014	Knowledge centre for long-term care (Vilans)	Guideline/staff working paper	Primary care professionals who work either in solo practices or in multidisciplinary teams	Guide for primary care professionals and teams; main topic addressed is how to design and implement an optimal elderly care program / how to improve extramural elderly care	Older people in primary care
6	Vision on general practice care for older people. Working together towards personalised care.	2017	Dutch organisation for GPs, national network for GPs with elderly care specialisation, national association for GPs	White paper/policy paper/working paper	GPs, GP assistants, practice nurses	Provides points of attention for good GP care; main topic is personalised care for older people	Older people cared for by general practitioners
7	Better old. A widely supported vision for the future and	2015	National Program on Care for Older People	Other: manifesto	Not specified	Vision for the future (2025) and a national agenda for change	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
	agenda for change concerning, living situations, wellbeing and care for vulnerable older people.					regarding the living situation, well-being and care for older people	
8	Strong medical care for vulnerable older people, standpoint of the Royal Dutch Medical Association	2010	Royal Dutch Medical Association (KNMG)	Other: position paper	Physicians	Proposes improvements to care that physicians provide to vulnerable seniors	older people living in their own home; living in nursing home; receiving care in hospital
Singapore N=5							
1	Licensing terms and conditions on nursing homes	2017	Ministry of Health	Legislation/directive	Nursing home operators	Licensing terms and conditions on nursing homes, including as section on pain control and advance care planning	No
2	Action Plan for Successful Ageing	2016	Ministry of Health	Policy/strategy	Public	Ministry of Health's blueprint to enable Singaporeans to grow older with confidence. This Action Plan contains their ideas, suggestions and plans based on inputs from Singaporeans about ageing and what it means to age successfully.	No
3	Integration of	2018	Ministry of Health	Policy/strategy	Public and health	Integration of	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
	healthcare services paramount as Singapore ages				care professionals	community services to care for elderly patients	
4	Guidelines for Home Care	2017	Ministry of Health	Guideline/staff working paper	Public and health care professionals	Guidelines for provision of home medical, home nursing, home rehabilitation, home environment review, home personal care and home palliative care services.	Older people receiving home care services
5	Guidelines for Centre Based Care	2017	Ministry of Health	Guideline/staff working paper	Public and health care professionals	Guidelines for provision of centre based care	Older people receiving centre-based care
Slovenia N=3							
1	The Resolution on the National Health Care Plan 2016-2025 "Together for a healthy society"	2016	Ministry of Health	Policy/strategy	Not specified	Basis for developing the health-care system in Slovenia. Crucial health-care issues and foundations for developing the health-care sector (activities on individual levels, priority tasks, health insurance system). It addresses challenges that will significantly affect health-care policy in the future and specific problems of	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
						individual groups of the population, including the elderly	
2	Assisted Independent Living and Long-Term Care	2015	Project on Active and Healthy Ageing in Slovenia	White paper/policy paper/working paper	Institutions responsible for the activity and stakeholders	Final document of the project with proposed measures; proposes system of long-term care at the national level, which is integrated, accessible, oriented towards users and community services, appropriately coordinated and financially sustainable	Focus on older people with degenerative disease
3	The proposal of the Act on Long-Term Care	2017	Ministry of Health	Other: policy proposal	Not specified	Document submitted for public discussion; addresses establishing a comprehensive system of assistance for persons who are permanently or long-term unable to do basic daily and instrumental activities	No
New Zealand N=4							
1	Health Ageing Strategy	2017	Ministry of Health	Policy/strategy	Not specified	Presents the overarching direction and action plan for the next 10 years in	No

N o.	Title	Year published/ issued	Author/Publisher/Iss uing body	Document type	Target audience or setting	Document topic/purpose	Document concerns a particular sub-population of older people
						regard to the health and wellbeing of older people.	
2	Medicines Care Guides for Residential Aged Care	2011	Ministry of Health	Guideline/staff working paper	All residential aged care staff	The aim of the Medicines Care Guides is to provide a quick medicine management reference tool for all care staff working in residential aged care in New Zealand.	Residential aged care residents
3	Mental Health and Addiction Services for Older People and Dementia Services	2011	Ministry of Health	Guideline/staff working paper	District Health Boards	This guideline provides a means to achieve an integrated system for users and providers of mental health and addiction services for older people, and dementia services for people of any age.	Older people with mental health and addictions problems and people with dementia
4	The Guidelines on Physical Activity for Older People	2013	Ministry of Health	Guideline/staff working paper	Not specified	Describes a guideline on physical activity for older people	No

Table 5. Elements of palliative care in national or regional public policy documents on health care for older people in 13 countries*

Country and document type	Criteria for inclusion of palliative care elements (indication whether criterion was addressed [+ vs. -] and in how many documents of each type)									
	Core criteria					Explicit reference to palliative care			Additional criteria	
	1. Symptom management	2. Communication and care planning	3. Care in final days of life	4. Care for family	5. Coordination and continuity of care	6. Explicit reference to palliative care	7. Identification of patients eligible for palliative care	8. Services or professionals responsible for providing palliative care	9. Ethical and legal aspects concerning care for older people	10. Reference to existing standalone palliative care policy†
New Zealand N=4	+	+	+	+	+	+	+	+	+	+
Policy	1	1	1	1	1	1	1	1	1	1
Guideline	2	2	1	2	2	1	1	1	2	0
Singapore N=5	+	+	+	+	+	+	+	-	+	-
Legislation	1	1	0	1	0	0	0	0	1	0
Policy	0	0	0	1	2	1	0	0	0	0
Guideline	1	2	1	2	2	1	1	0	1	0
Japan N=2	+	+	+	-	+	+	-	-	+	n/a
Guideline	1	1	1	0	1	1	0	0	1	n/a
White/policy/working paper	1	1	0	0	0	1	0	0	1	n/a
South Korea N=3	-	-	-	+	+	-	n/a	n/a	-	n/a
Policy	0	0	0	1	1	0	n/a	n/a	0	n/a
Canada N=2	+	-	-	-	-	-	n/a	n/a	+	n/a
Policy	1	0	0	0	0	0	n/a	n/a	1	n/a
White/policy/working paper	0	0	0	0	0	0	n/a	n/a	1	n/a
Mexico N=5	+	+	+	+	+	+	-	-	+	-
Policy	2	0	1	1	0	1	0	0	1	0
Guideline	2	1	0	1	1	1	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Netherlands N=8	+	+	+	+	+	+	-	-	+	+

Country and document type	Criteria for inclusion of palliative care elements (indication whether criterion was addressed [+ vs. -] and in how many documents of each type)									
	Core criteria					Explicit reference to palliative care			Additional criteria	
	1. Symptom management	2. Communication and care planning	3. Care in final days of life	4. Care for family	5. Coordination and continuity of care	6. Explicit reference to palliative care	7. Identification of patients eligible for palliative care	8. Services or professionals responsible for providing palliative care	9. Ethical and legal aspects concerning care for older people	10. Reference to existing standalone palliative care policy†
Policy	3	1	2	3	3	2	0	0	1	0
Guideline	2	2	0	0	2	1	0	0	1	1
White/policy/working paper	0	1	1	0	1	1	0	0	1	1
Other	2	2	1	0	2	0	0	0	0	0
Czech Republic N=3	-	+	+	+	+	+	+	-	-	n/a
Policy	0	1	2	3	2	3	1	0	0	n/a
Austria N=3	+	+	+	+	+	-	n/a	n/a	+	-
Policy	0	0	0	1	0	0	n/a	n/a	0	0
Guideline	1	1	1	1	1	0	n/a	n/a	0	0
White/policy/working paper	0	0	1	0	0	0	n/a	n/a	1	0
Spain N=6	+	+	-	+	+	+	-	-	+	+
Policy	1	2	0	2	3	1	0	0	3	0
White/policy/working paper	2	2	0	2	2	0	0	0	1	1
Slovenia N=3	-	+	-	+	+	+	+	-	+	+
Policy	0	0	0	1	1	1	1	0	0	1
White/policy/working paper	0	1	0	1	1	0	0	0	0	0
Other	0	1	0	1	1	0	0	0	1	0
England N=2	+	+	+	+	+	+	-	-	+	-
Guideline	1	1	0	1	1	1	0	0	0	0
Other	1	1	1	1	1	1	0	0	1	0

Country and document type	Criteria for inclusion of palliative care elements (indication whether criterion was addressed [+ vs. -] and in how many documents of each type)									
	Core criteria					Explicit reference to palliative care			Additional criteria	
	1. Symptom management	2. Communication and care planning	3. Care in final days of life	4. Care for family	5. Coordination and continuity of care	6. Explicit reference to palliative care	7. Identification of patients eligible for palliative care	8. Services or professionals responsible for providing palliative care	9. Ethical and legal aspects concerning care for older people	10. Reference to existing standalone palliative care policy†
Belgium N=4	-	+	-	+	+	+	-	-	+	+
Policy	0	2	0	2	2	3	1	0	1	1
Number of countries that mention criterion	9	11	8	11	12	10	4	1	11	5

* +, addressed in at least one document in this country; -, not addressed in any document in this country; n/a, not applicable

† only considered for countries that have a palliative care policy and documents that were published after publication date of palliative care policy, otherwise n/a is indicated.

