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# Death is Everyone's Business. Can we afford to forget Grief?

- **300,000 newly bereaved every year**
- **IHF pre-budget submission calls for change**

**Thurs 6<sup>th</sup> July Dublin** -- Today the Irish Hospice Foundation (IHF) calls for the government to show that bereavement, palliative care, end-of life issues are priority areas for policy development and investment.

At their Pre-Budget Briefing in Dublin today the IHF strongly advocates for the development of a national strategy on palliative care, end of life and bereavement to include both health and non-health areas of public policy. This underpins all 23 IHF recommendations for budget 2018.

Death is an inevitable and universal experience – a fact of life. While most people will experience 'death denial', it is not appropriate that the State adopt the same attitude. Dying, death and bereavement present myriad challenges to the health service and to other state services. That means that a whole society approach is essential.

We believe dying, death and bereavement are everyone's business with the assumption that healthcare and other services will recognise and address our needs. The recent Sláintecare report is an important development outlining a ten year plan for radical reform of Ireland's health system. Despite its comprehensive look at the health services, sadly bereavement was forgotten in the report. Is no-one grieving in Ireland? The facts differ.

In the next 10 years<sup>[1]</sup>:

- Almost 300,000 people will die in Ireland
- Over 3,000 of those deaths will be of children
- Over 240,000 will be of people over 65 years of age
- Almost 3 million people will be bereaved<sup>[2]</sup> and up to 150,000 of these will encounter significant difficulties or 'complicated grief'<sup>[3]</sup>

Grief is the common ground on which we all stand. We urge the Government and all Oireachtas members to ensure bereavement issues are priority areas for policy development and investment. If current trends continue 5% of grieving people will require specialist mental health services/psychological intervention<sup>[4]</sup>.

Given this evidence, it is essential that the healthcare system meets the needs of people facing dying, death and bereavement and ensures that everyone gets equal

access to good care. By careful planning, we can make the best use of the substantial funds that we directly and indirectly invest in the care of the dying and the bereaved, and, crucially, that this planning includes helping people to live well until they die.

Orla Keegan Head of Education, Research & Bereavement, IHF said: “The implications of bereavement stretch across our society – all ages, all circumstances, all cultures. The cost of building caring communities is a small investment for long-term gains. Amongst the calls being made by the Irish Hospice Foundation is one for research to uncover the financial impact of loss which will help to reframe the bereavement grant for future generations. Support for joint-working by the voluntary sector in children’s and adult bereavement care is also identified as a primary need.”

“Everyone in Ireland deserves to have a good death. For this to happen, improvements are needed in Primary Care, Residential Care and in Hospital settings. These improvements need to specifically focus resources and expertise available outside traditional working hours as well as the development of Specialist Palliative Care in the Midlands and North East.

From a public health perspective, the IHF recommend that the Assisted Decision Making (Capacity) Act 2015 is fully commenced this year. In the meantime there is an urgency to invest resources to ensure that Irish citizens and healthcare staff are aware of and fully understand the implications of this Act, particularly the impact on advance healthcare planning and facilitating people to make choices about their own healthcare” stresses Marie Lynch, Head of Healthcare Programmes, the Irish Hospice Foundation.

The IHF asks the Government to:

1. Ensure everyone has access to the best care at end of life and in bereavement through a political and public policy commitment to a strategic, responsive, population-wide approach to end of life issues and
2. Ensure the health care system delivers best palliative, end of life and bereavement care in all care settings.

The IHF believes that with a more strategic approach, better end-of-life care can make a real difference to both the quality of healthcare provided to the citizen and the cost of health and social care to the State – a view supported by an Oireachtas Committee in 2014. [\[5\]](#)

According to Angela Edghill, Advocacy and Public Engagement Manager said “such a strategy supports:

- Government policy set out in the 2016 Programme for a Partnership Government<sup>[6]</sup> which seeks to ensure that we have an Ireland that looks after its people from the time they come into the world to the time they leave and promises investment in end-of-life care at all life stages. This proposed integrated approach echoes that set out in the National Positive Ageing Strategy<sup>[7]</sup> and most recently by the Finite Lives Reports<sup>[8] [9]</sup>.
- Delivery of the targets set out in the Sláintecare Report<sup>[10]</sup> of the Oireachtas Committee on the Future of Healthcare 2017 which builds on the 2001 National Strategy on Palliative Care (NACPC, 2001<sup>[11]</sup>) and the new framework for palliative care services, publication of which is expected.

In some cases the challenge is to simply join the dots – to enable, encourage, mainstream and replicate good practice and innovation across the whole of government and community areas.”

Recommendations in the IHF pre-budget submission relate in particular the Departments of Health, Social Protection, Education and Skills, Finance, Public Expenditure and Reform, Children and Youth Affairs, Jobs, Enterprise and Innovation and An Taoiseach, but are relevant across the whole range of Government Departments and Agencies.

A full copy of the IHF Pre-budget submission is available [here](#).

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<sup>[1]</sup> Figures estimated from CSO statistics of 2015: Vital Statistics 2015 Yearly summary (29,952 deaths in 2015)

<sup>[2]</sup> Estimate based on 10 people directly affected by each death

<sup>[3]</sup> Kersting A, Brähler E, Glaesmer H, Wagner B. Prevalence of complicated grief in a representative population-based sample. *J Affect Disord* 2011;131:339-43 and [Newson RS<sup>1</sup>, Boelen PA, Hek K, Hofman A, Tiemeier H](#). The prevalence and characteristics of complicated grief in older adults. *J Affect Disord*. 2011 Jul;132(1-2):231-8. doi: 10.1016/j.jad.2011.02.021. Epub 2011 Mar 12.

<sup>[4]</sup> Aoun SM et al. A public health approach to bereavement support services in palliative care. *Australian and New Zealand Journal of Public Health*. 2012; 36: 14–16. doi: 10.1111/j.1753-6405.2012.00825.x. pmid:22313700

<sup>[5]</sup> Report on Palliative and End of Life Care in Ireland. Houses of the Oireachtas. Joint Committee on Health and Children July 2014

<sup>[6]</sup> A Programme for a Partnership Government, Government of Ireland 2016

<sup>[7]</sup> Positive Ageing – Starts Now!” The National Positive Ageing Strategy, Department of Health, April 2013

<sup>[8]</sup> Finite Lives: A study in how the State deals with issues relating to end of life. Part 1: A report on how the Civil Service deals with dying, death and bereavement among its own members. Senator ML O'Donnell. December 2015

<sup>[9]</sup> Finite Lives: Dying Death and Bereavement An Examination of State Services in Ireland: Senator ML O'Donnell May 2017;

<sup>[10]</sup> Houses of the Oireachtas Committee on the Future of Healthcare: Sláintecare Report, May 2017

<sup>[11]</sup> Department of Health (2001) Report of the National Advisory Committee on Palliative Care; Available online.