

Trends in health relevant to hospice and palliative care.

Chris Whitty

Hospice UK National Conference 2023

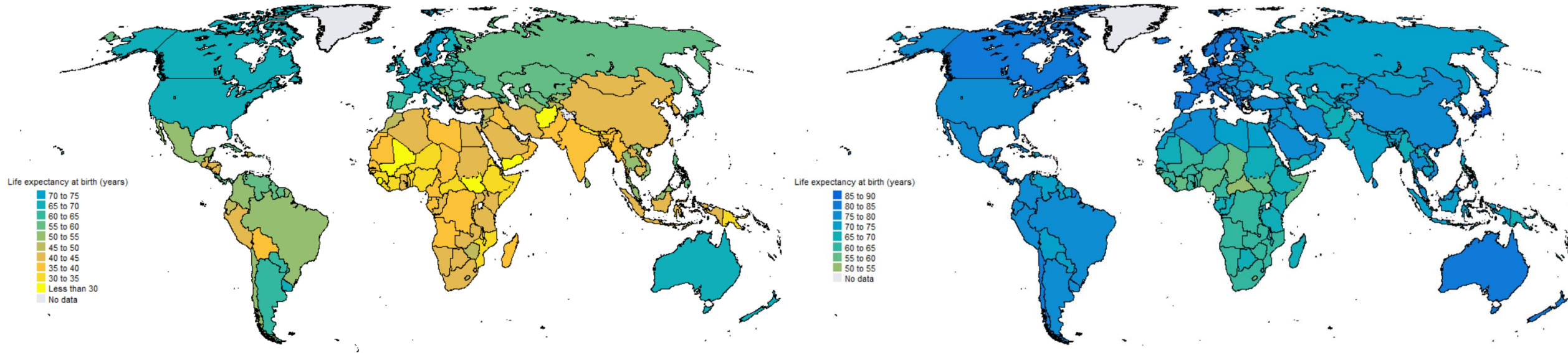
Population pyramids 1967, 2018, 2038.



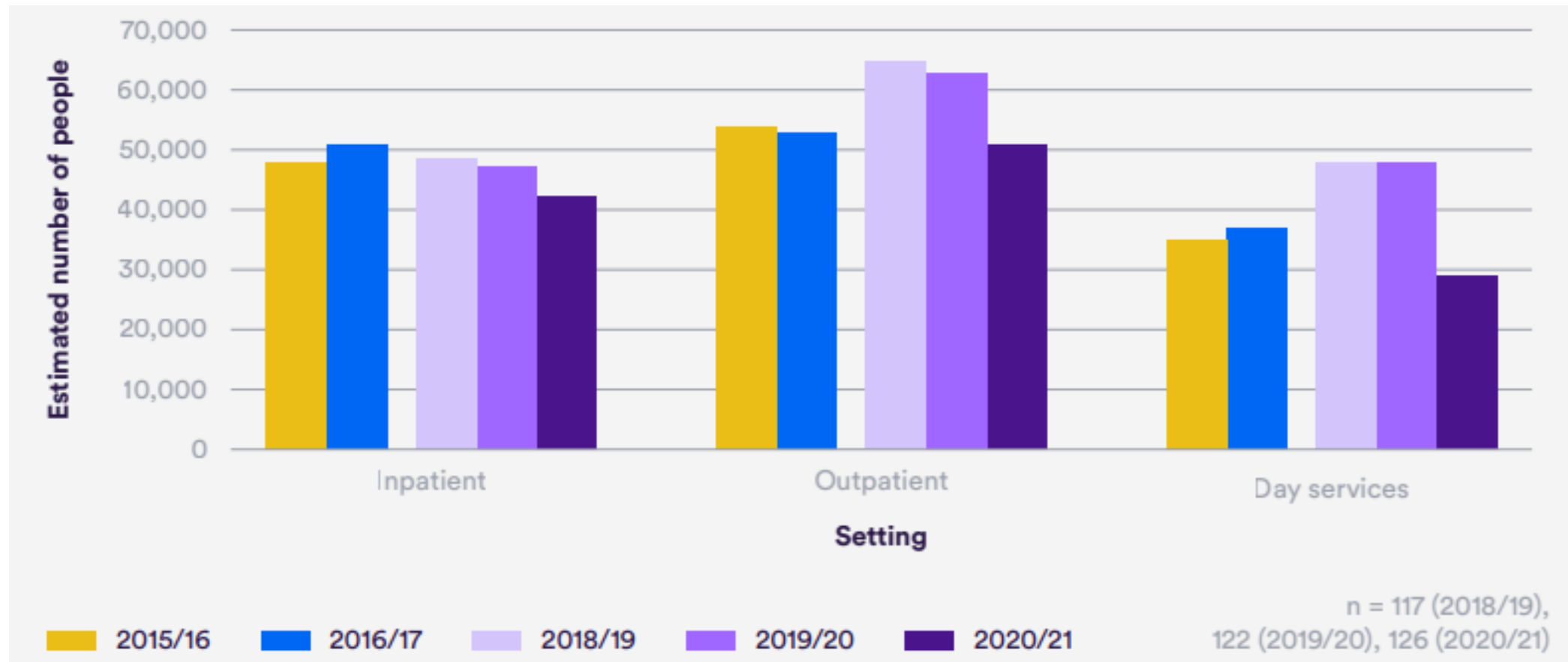
Massive change in the geography of ill health over the last 70 years.

Life expectancy at birth 1950 (L), 2020. UN 2019.

Under 50 60-65 75-90



Will look at trends- but not changes in science and philosophy of palliative and end of life care, or external shocks like COVID-19.

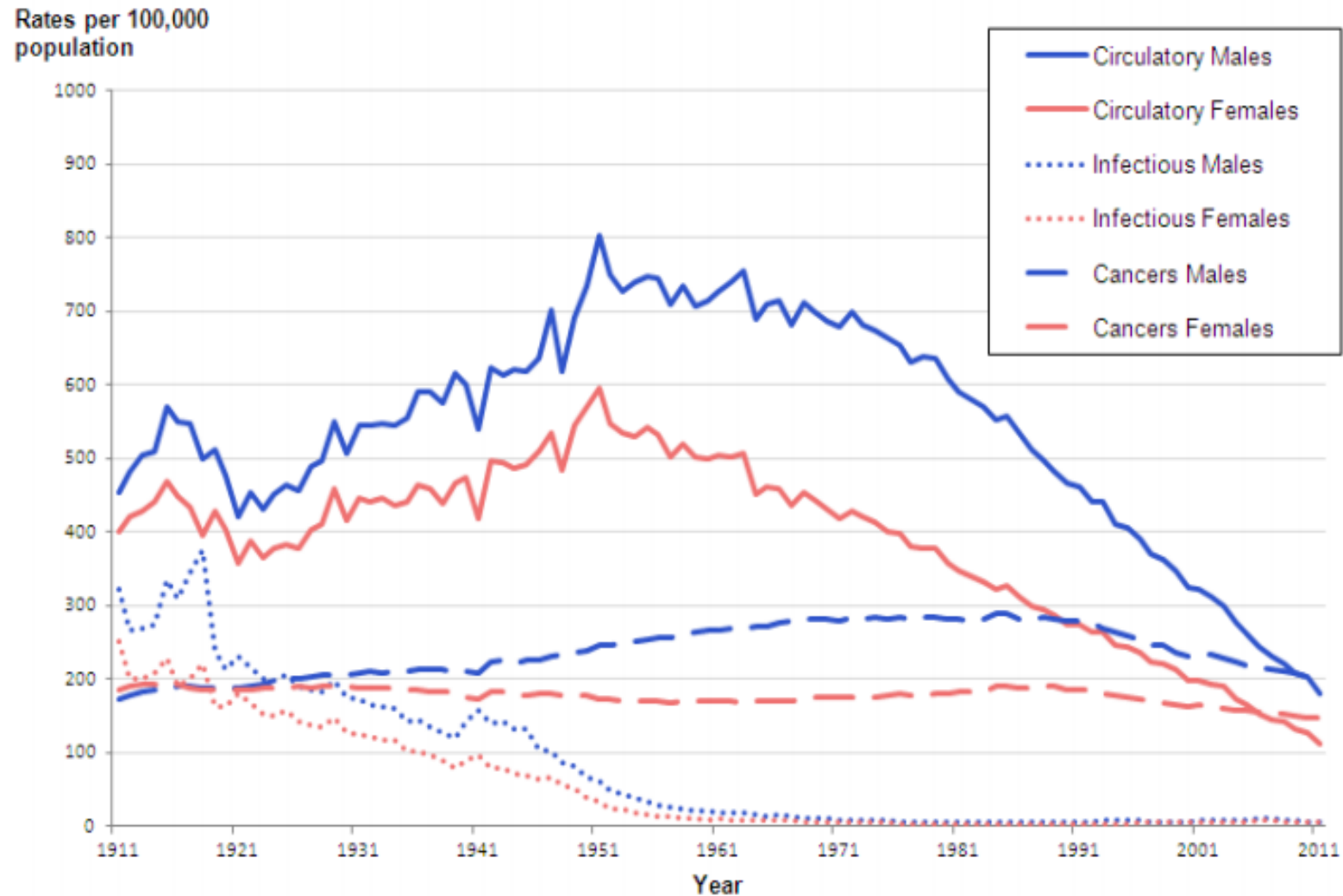


Estimates no. of people using hospice services by setting 2015-21.

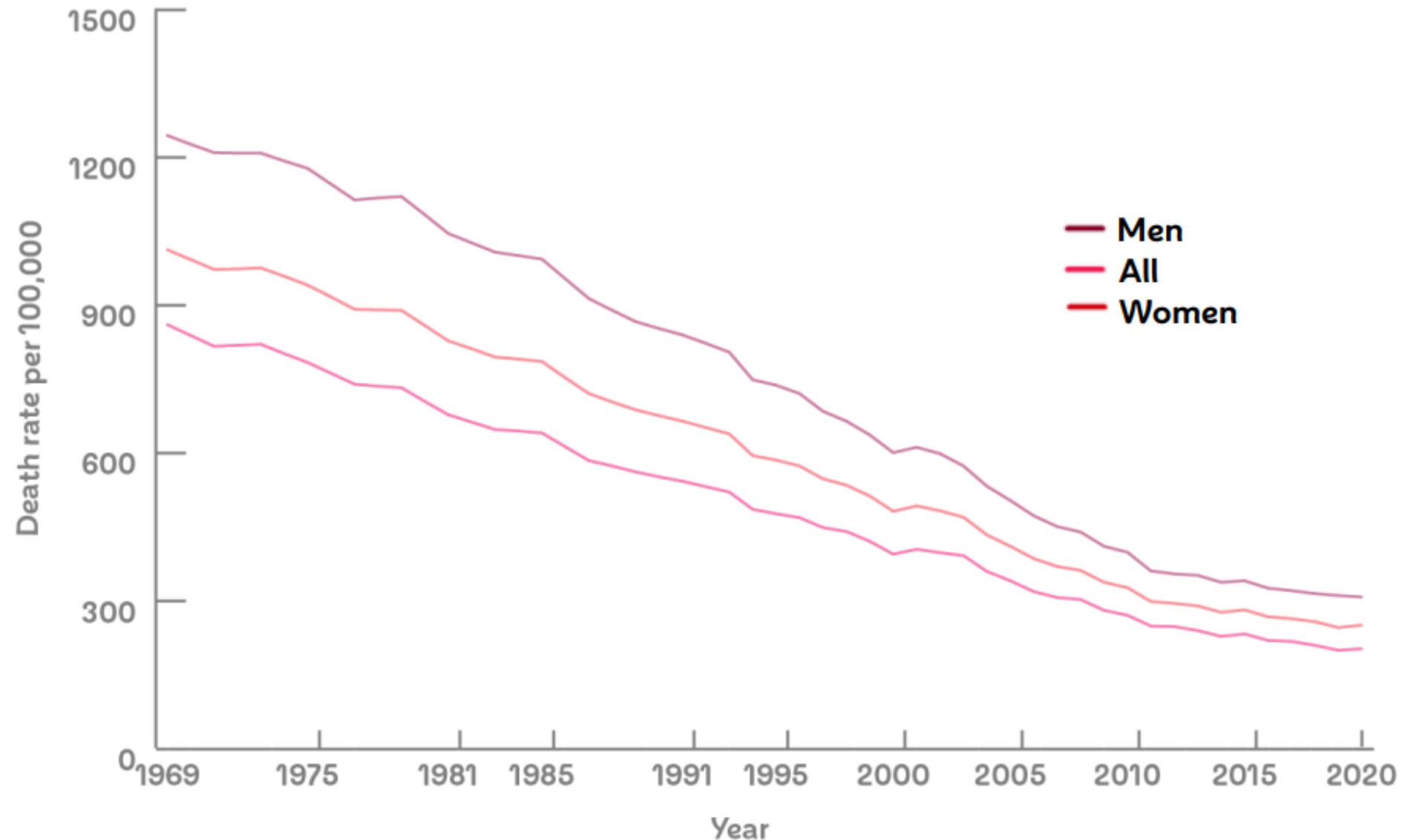
Nuffield Trust / Hospice UK

Age-standardised mortality rates England and Wales 1911-2012

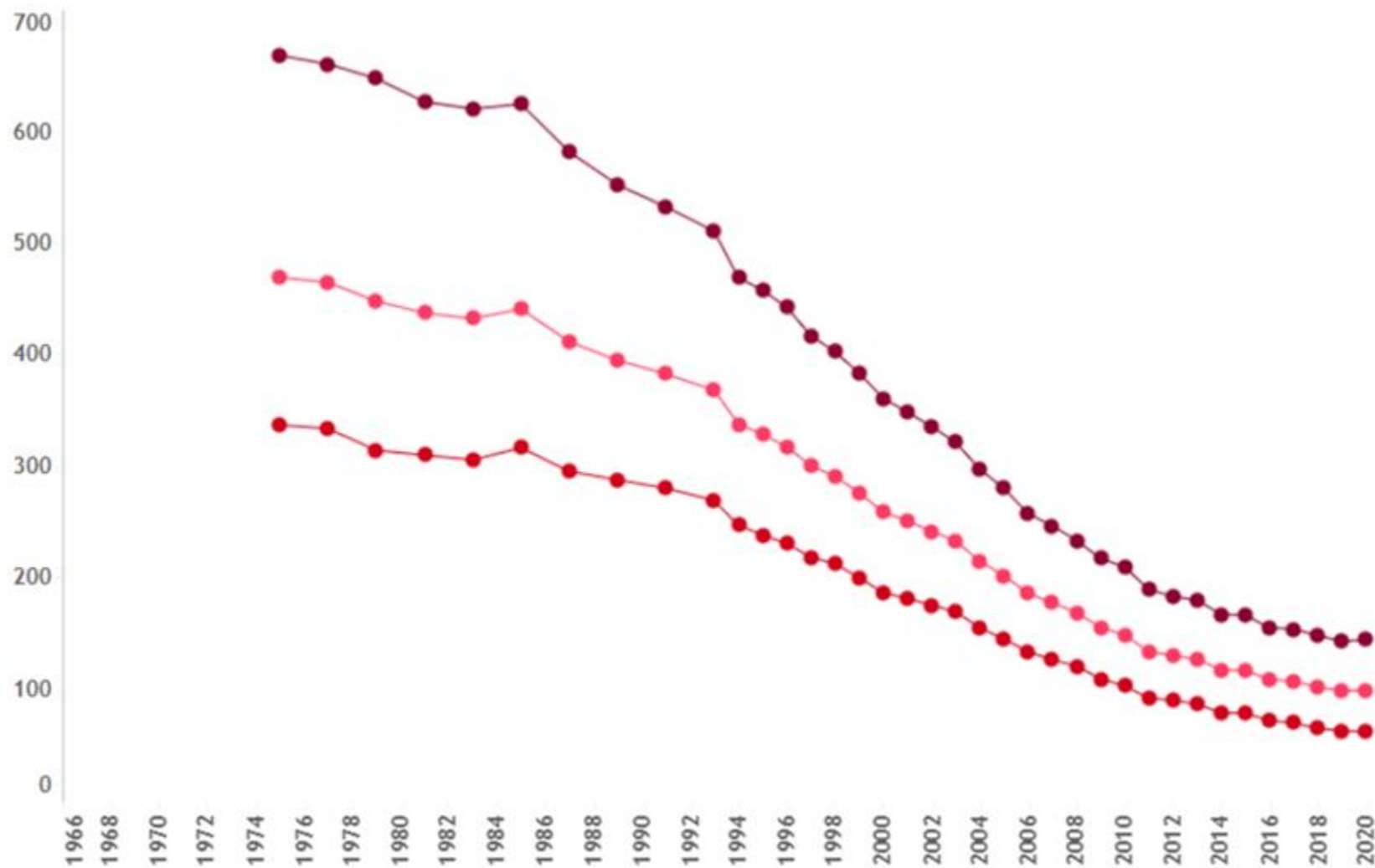
(ONS)



Age-standardised cardiovascular disease mortality rates, UK 1969-2020. *(BHF 2023)*



Age-standardised coronary heart disease mortality rates, UK
1975-2020. **Male, female, overall**. Around 75% reduction.
(BHF 2022)



Age-standardised mortality from stroke, 1969-2018, UK.

(BHF 2021)



Reduction in cardiovascular morbidity and mortality from multiple, incremental steps: 1ry prevention; 2ry prevention; treatment.

Interventions include:

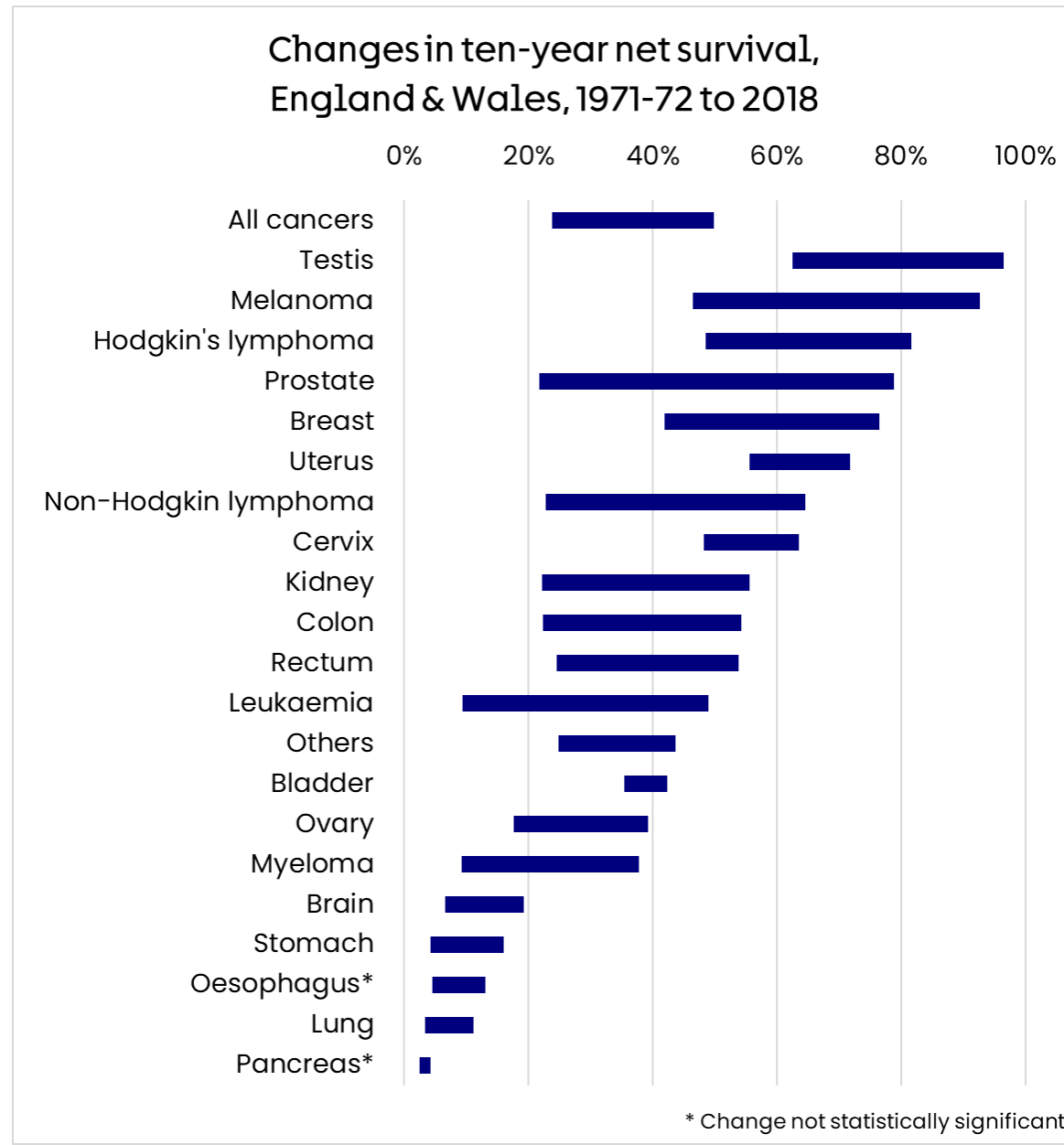
- Primary prevention: reductions in smoking, air pollution, salt.
- Secondary prevention: statins, antihypertensives, β -blockers, ACE inhibitors, antiplatelets, anticoagulants.
- Treatment: thrombolytics, PCI cardiac stenting, cardiac surgery, thrombectomy.

Working against this- rising obesity and consequent Type 2 diabetes.

Chief Medical Officer's
Annual Report 2022
Air pollution

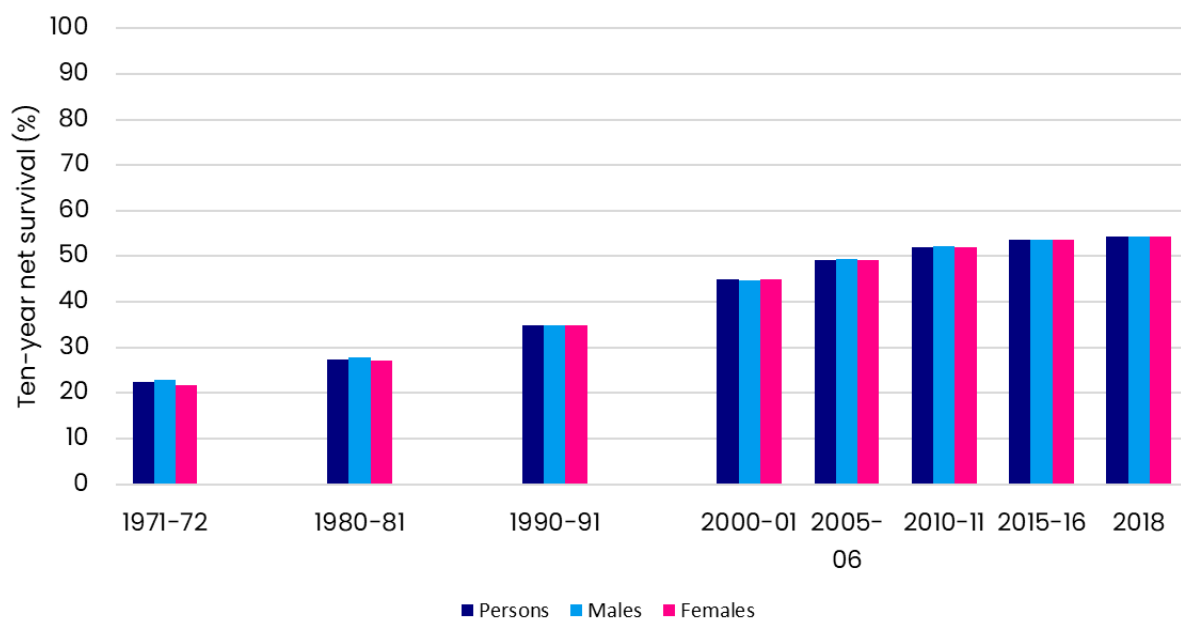


Changes in 10 year cancer survival 1971 to 2018. *(CRUK 2023, unpublished)*

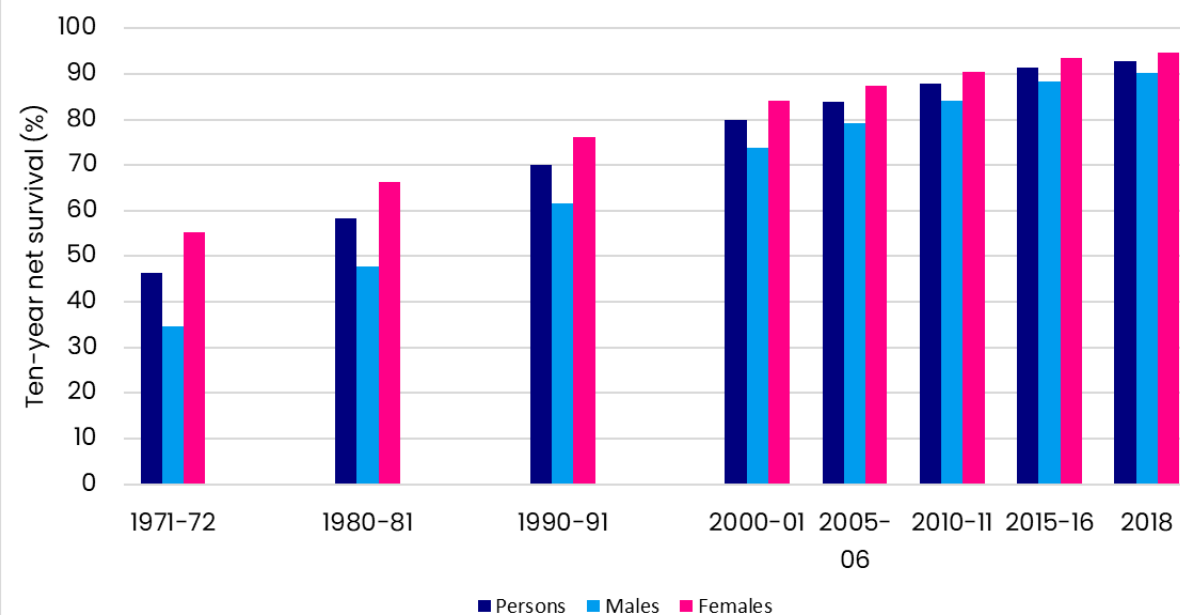


10 year survival: colon cancer (L), melanoma (R). *(CRUK 2023, unpublished)*

Colon cancer ten-year net survival

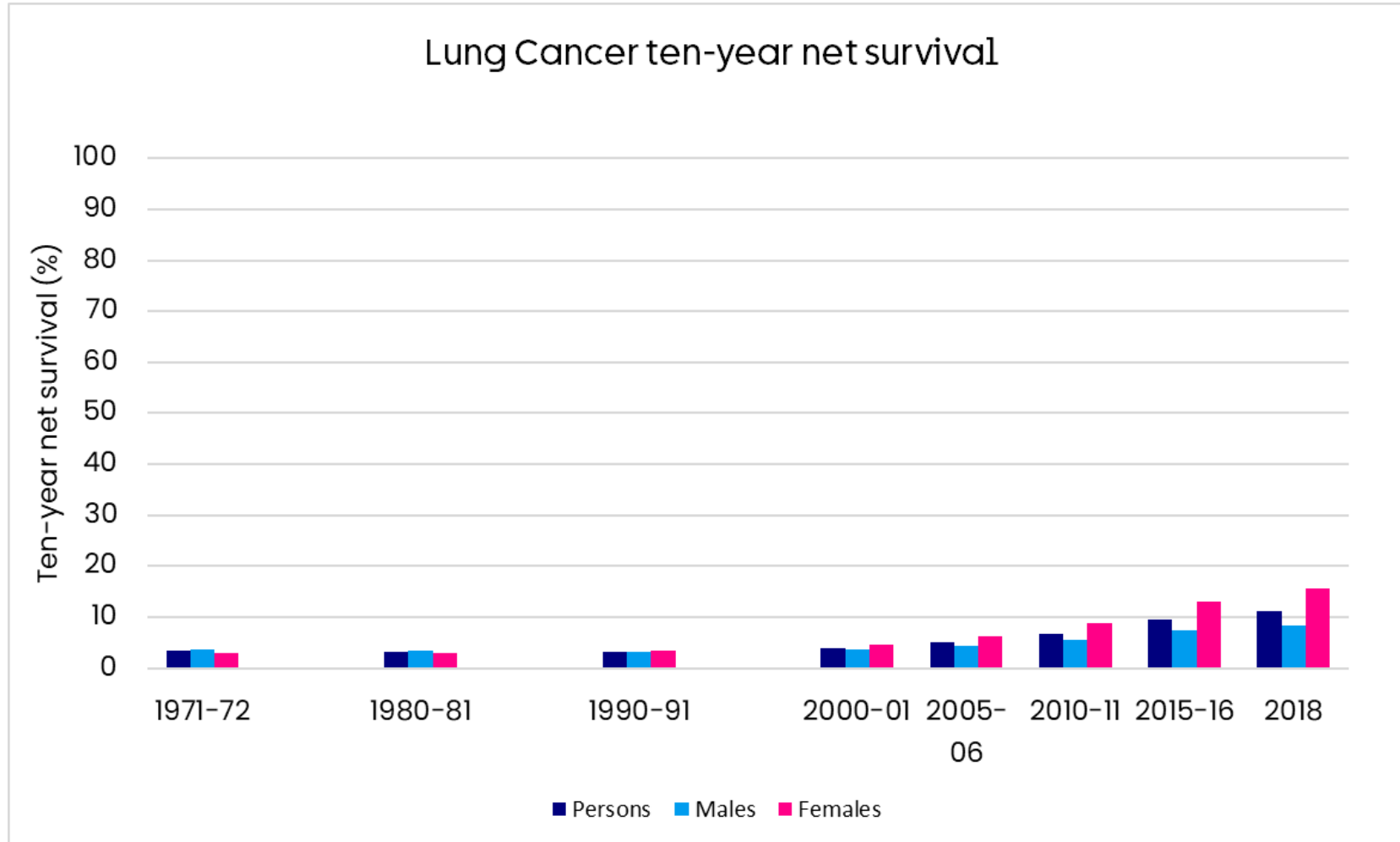


Melanoma Skin Cancer ten-year net survival

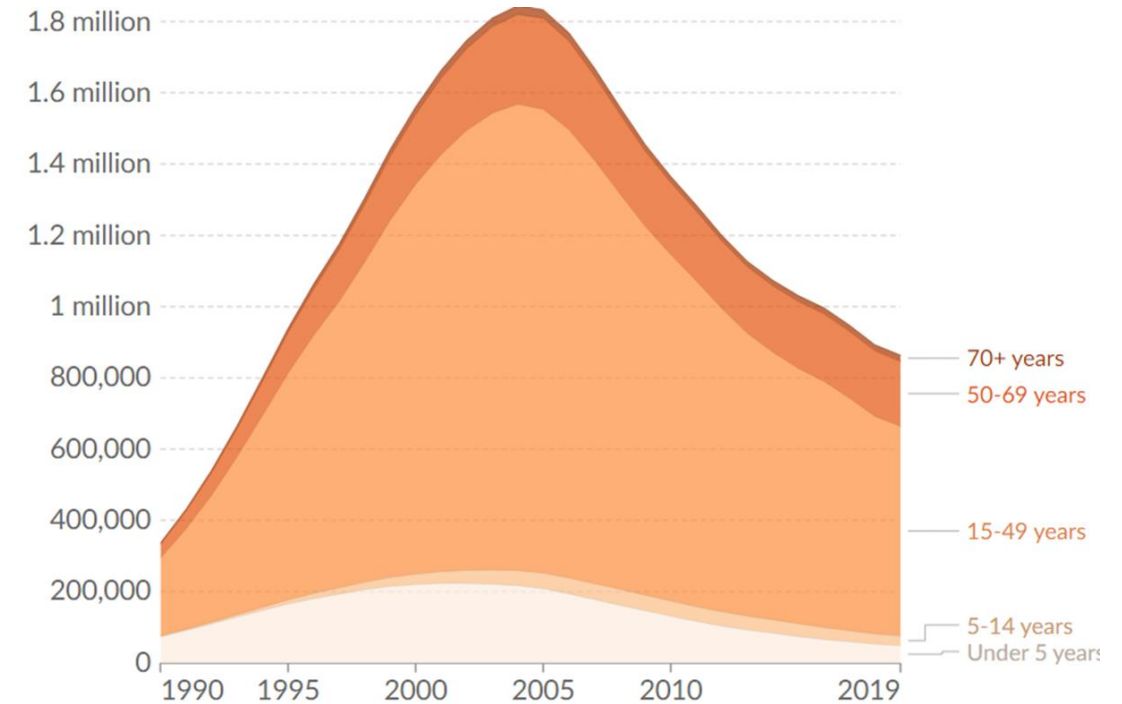
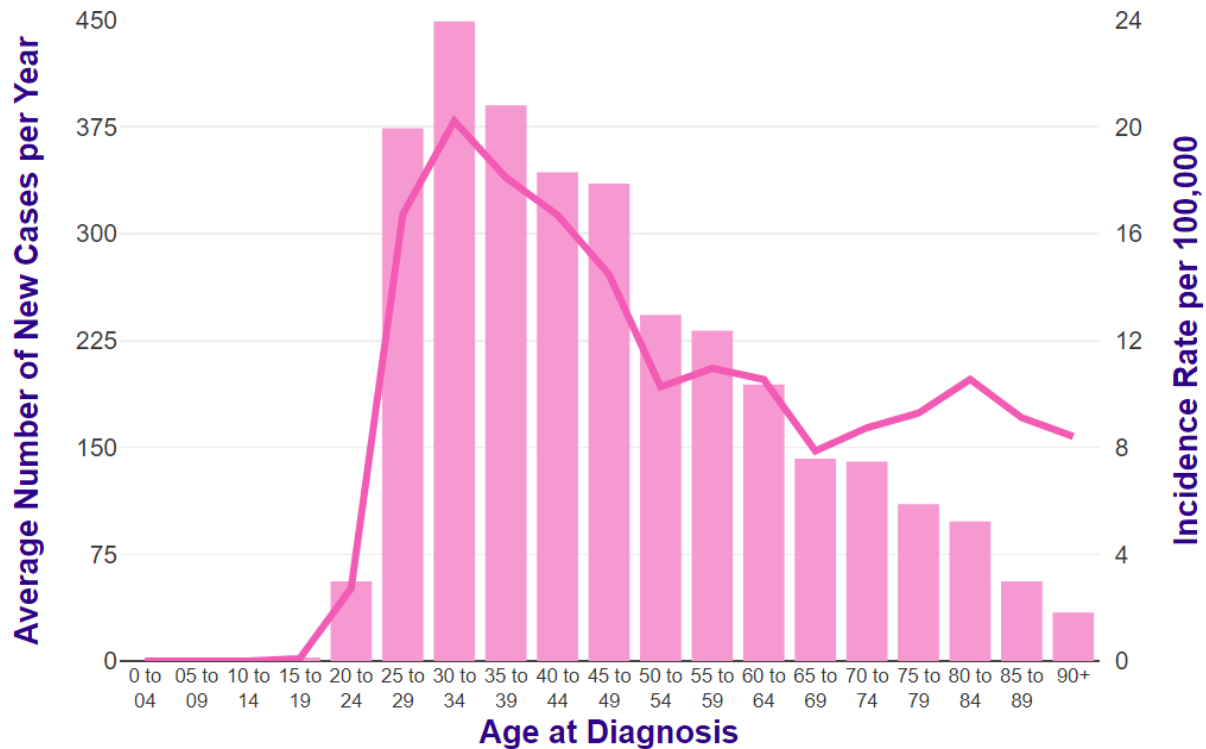


Lung cancer 10 year survival. Largely caused for profit.

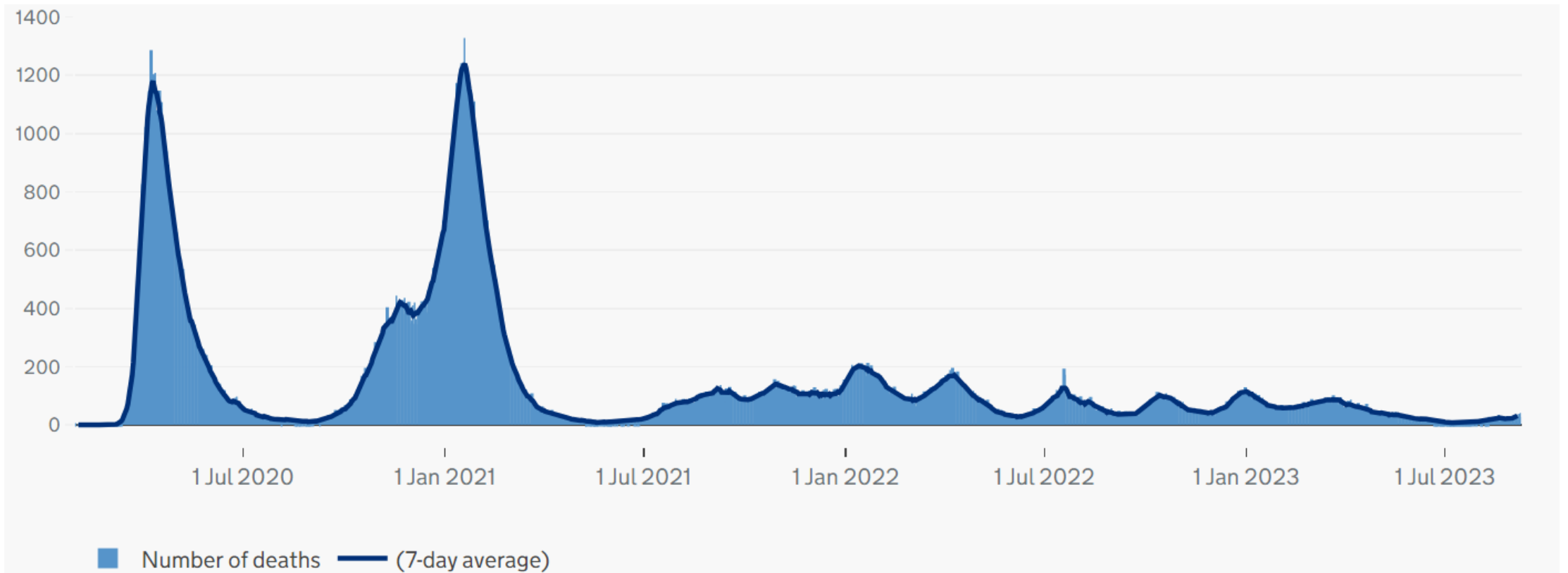
(CRUK 2023, unpublished data)



Our ability to combat infections of younger age remains significant.
Cervical cancer by age UK (L), HIV mortality globally (R).



Infection in older age. COVID-19.



Inflammatory diseases- but less so degenerative diseases.

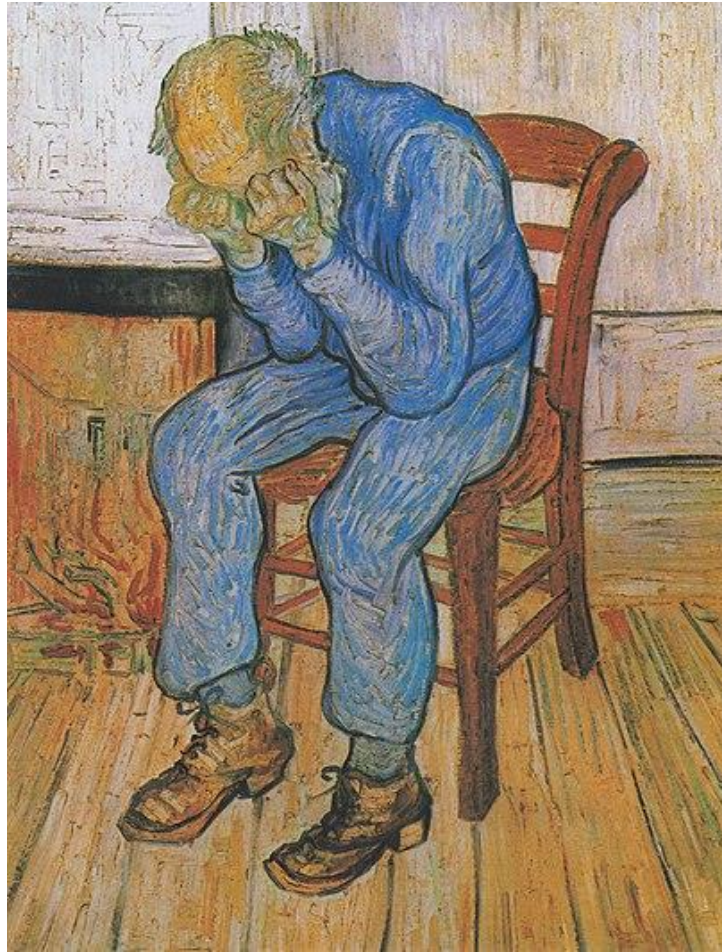


Mohamed Salah Ayyad, Radiopaedia.org. UC



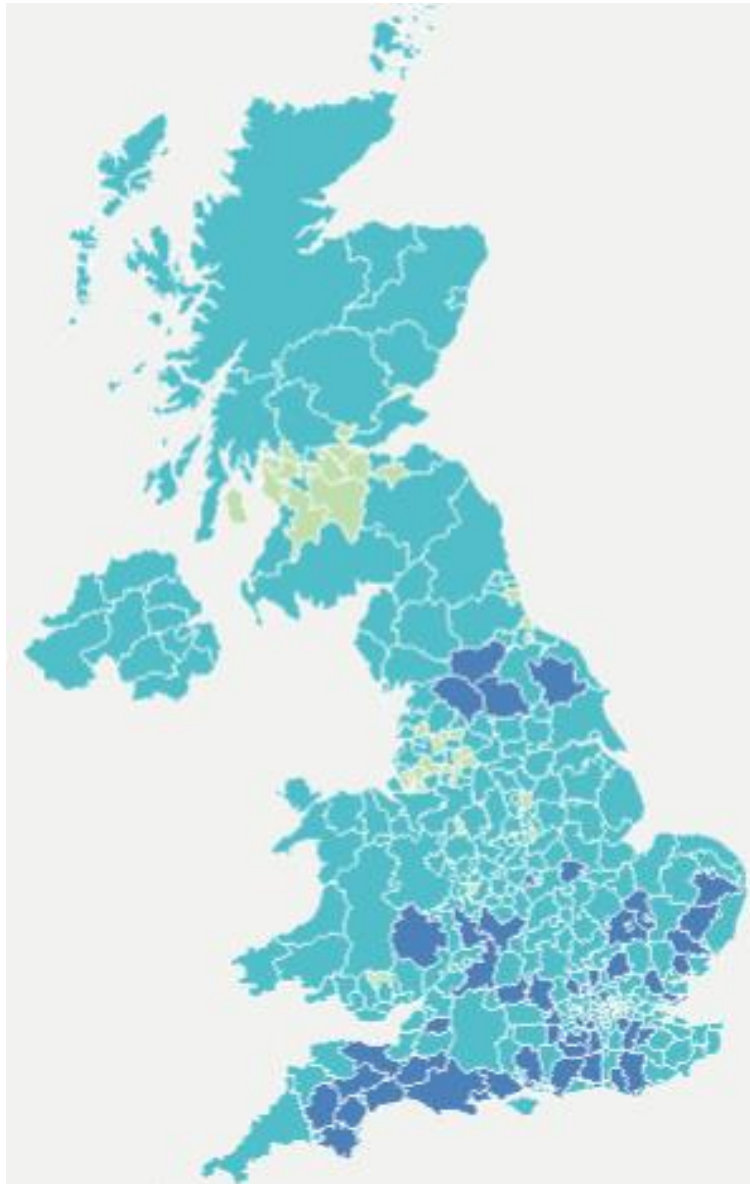
Frank Gaillard, Radiopaedia.org. RA

Improvements in medical management of mental health, including in older adults, has not kept pace with physical health.

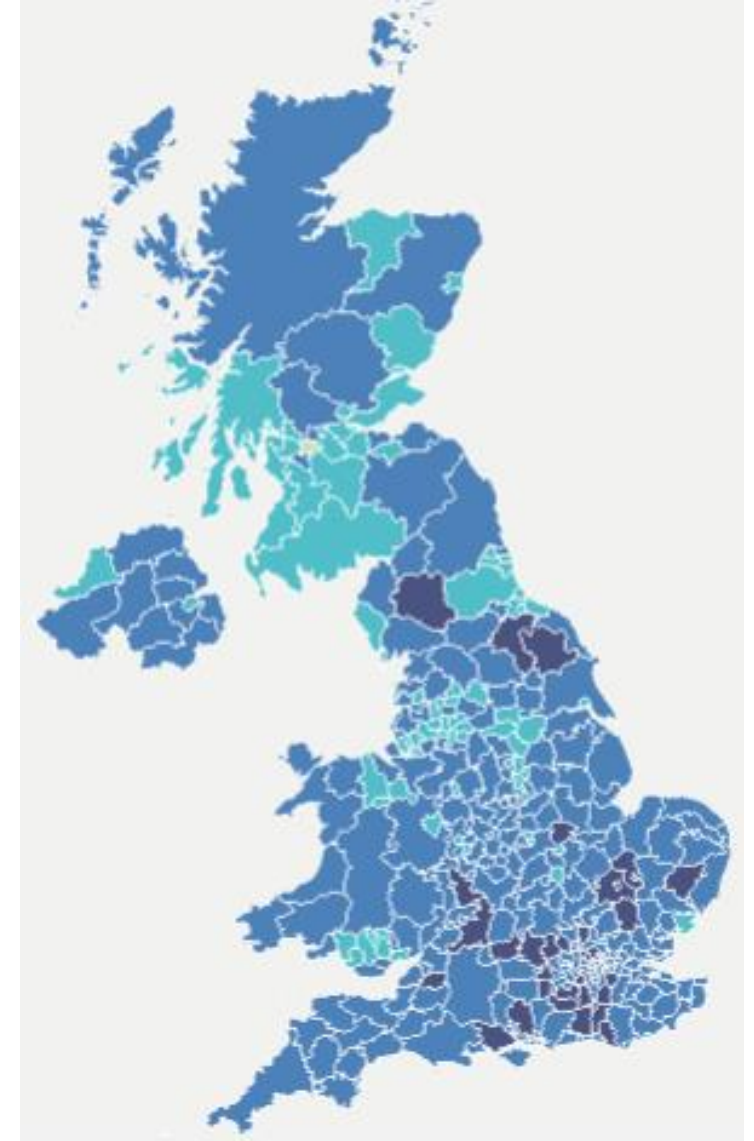
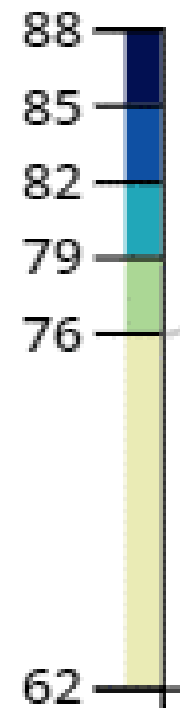


At Eternity's Gate. Vincent Van Gogh 1890.

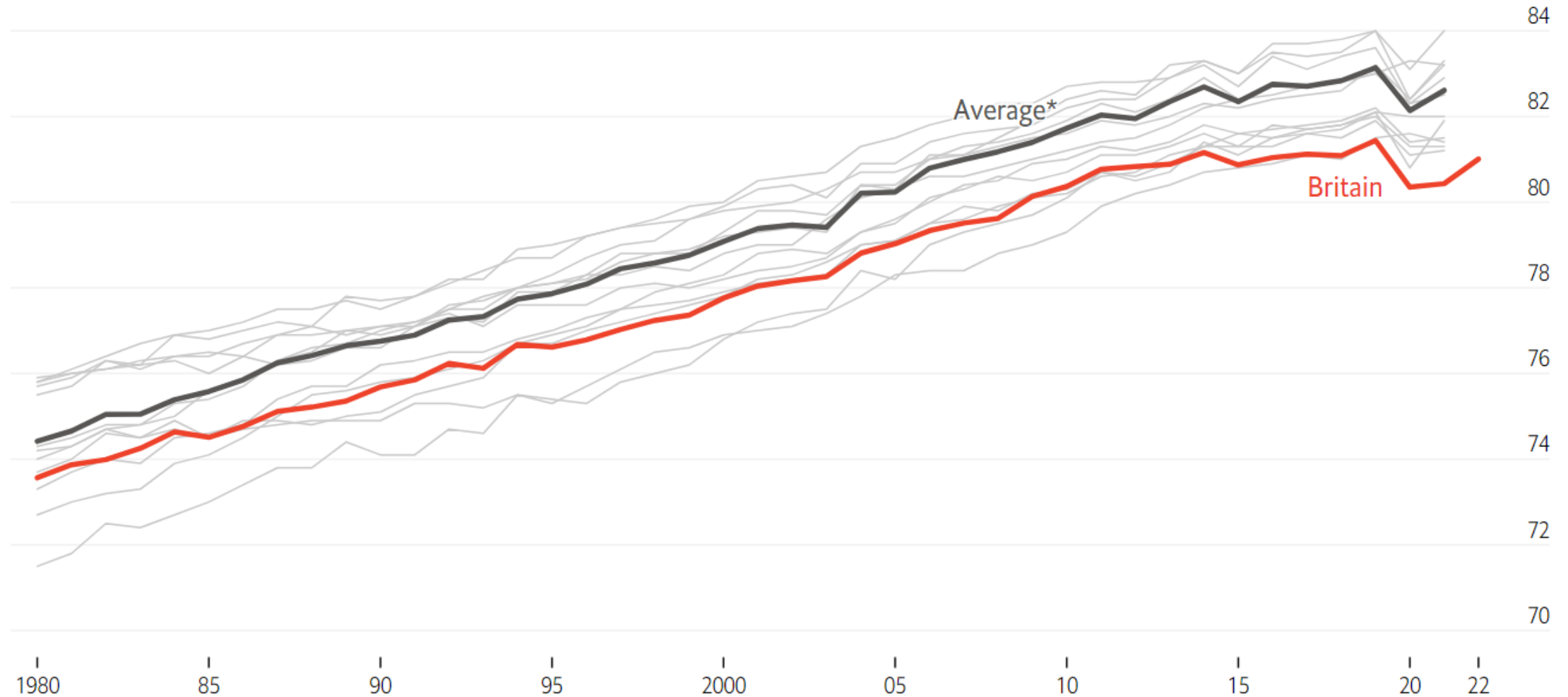
Female life expectancy at birth, 2001-3 (L) and 2016-18 (R) (ONS)



Years



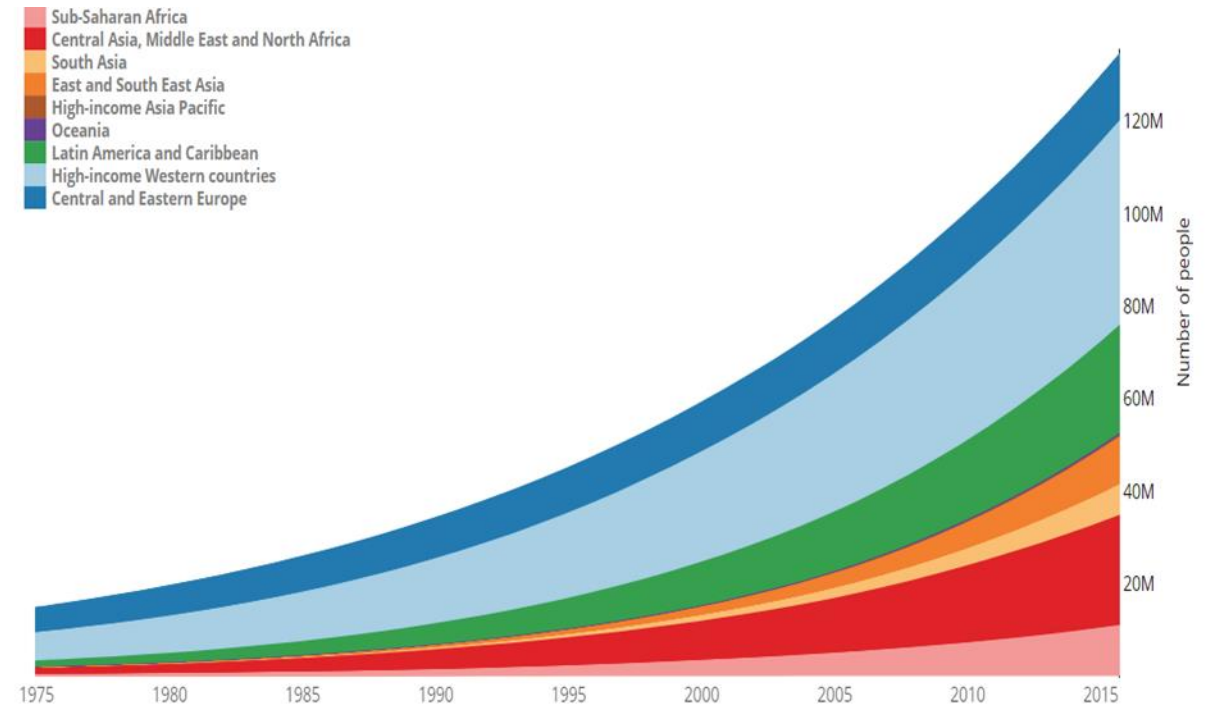
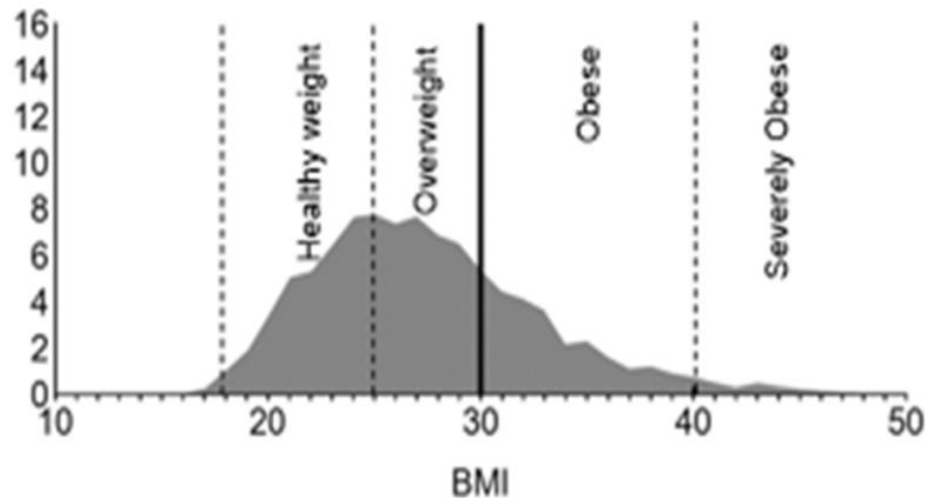
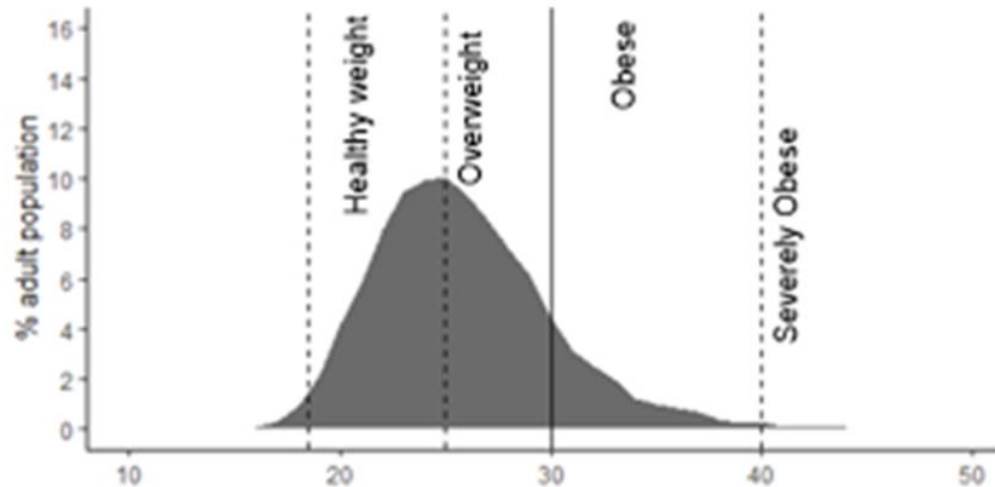
Life expectancy at birth, selected European countries.



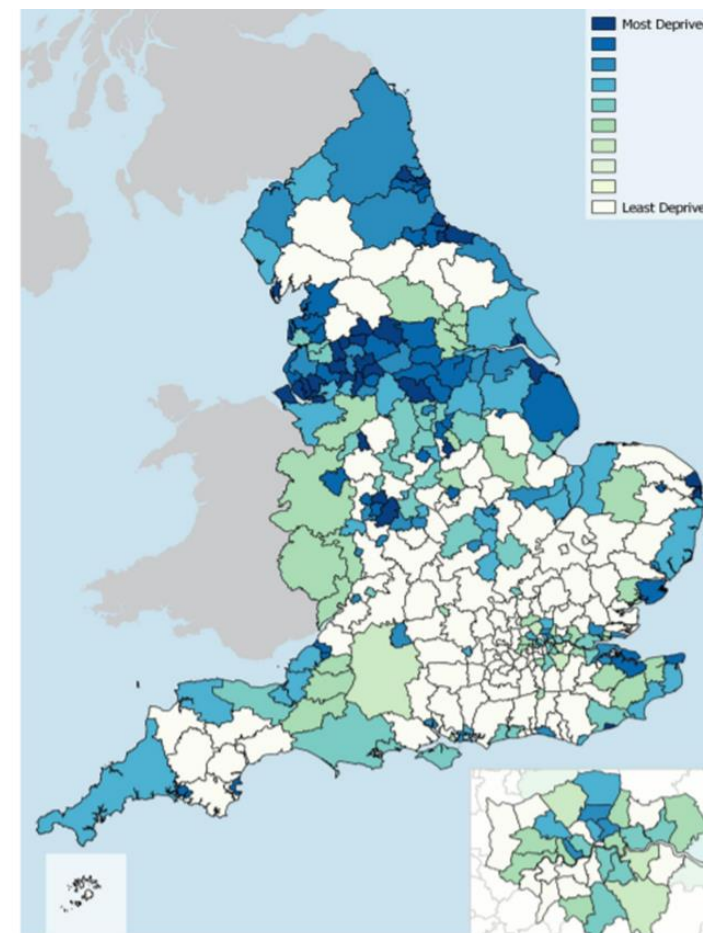
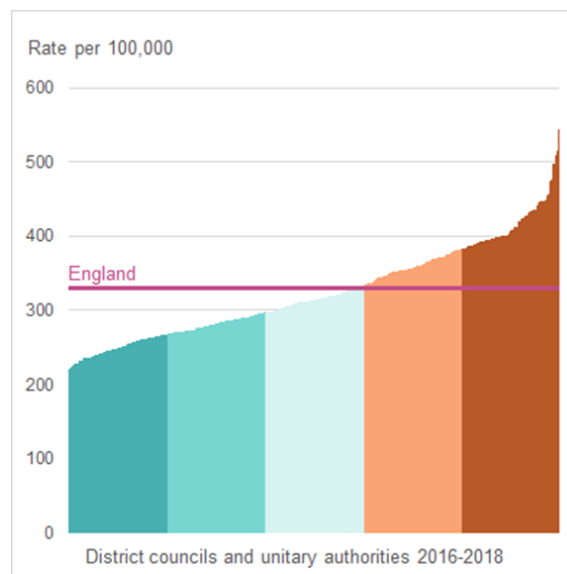
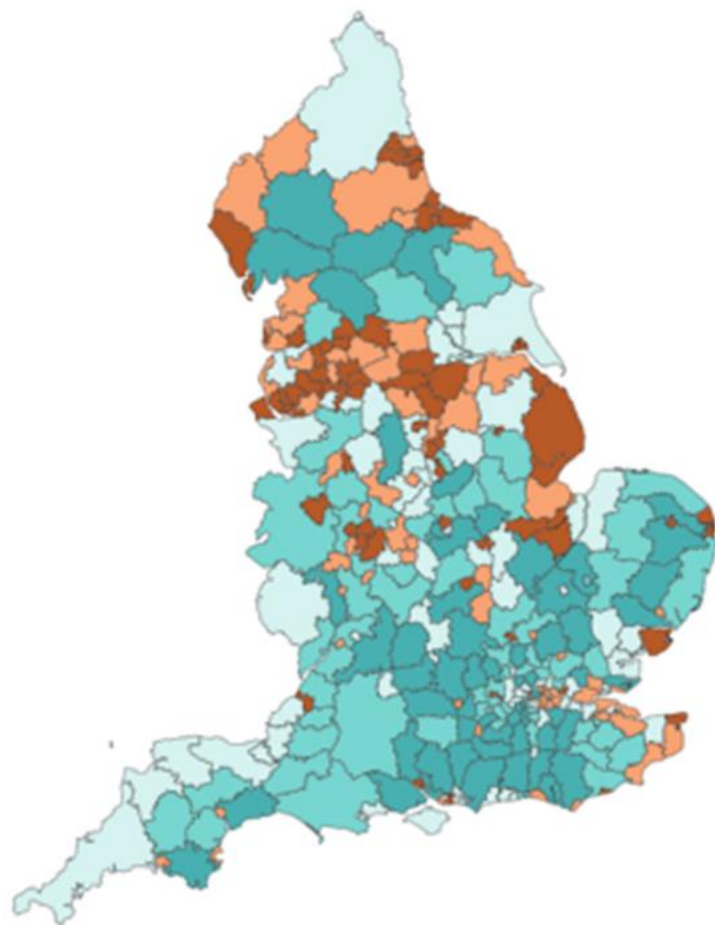
*Population-weighted average of Austria, Belgium, Denmark, Finland, France, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland

Economist

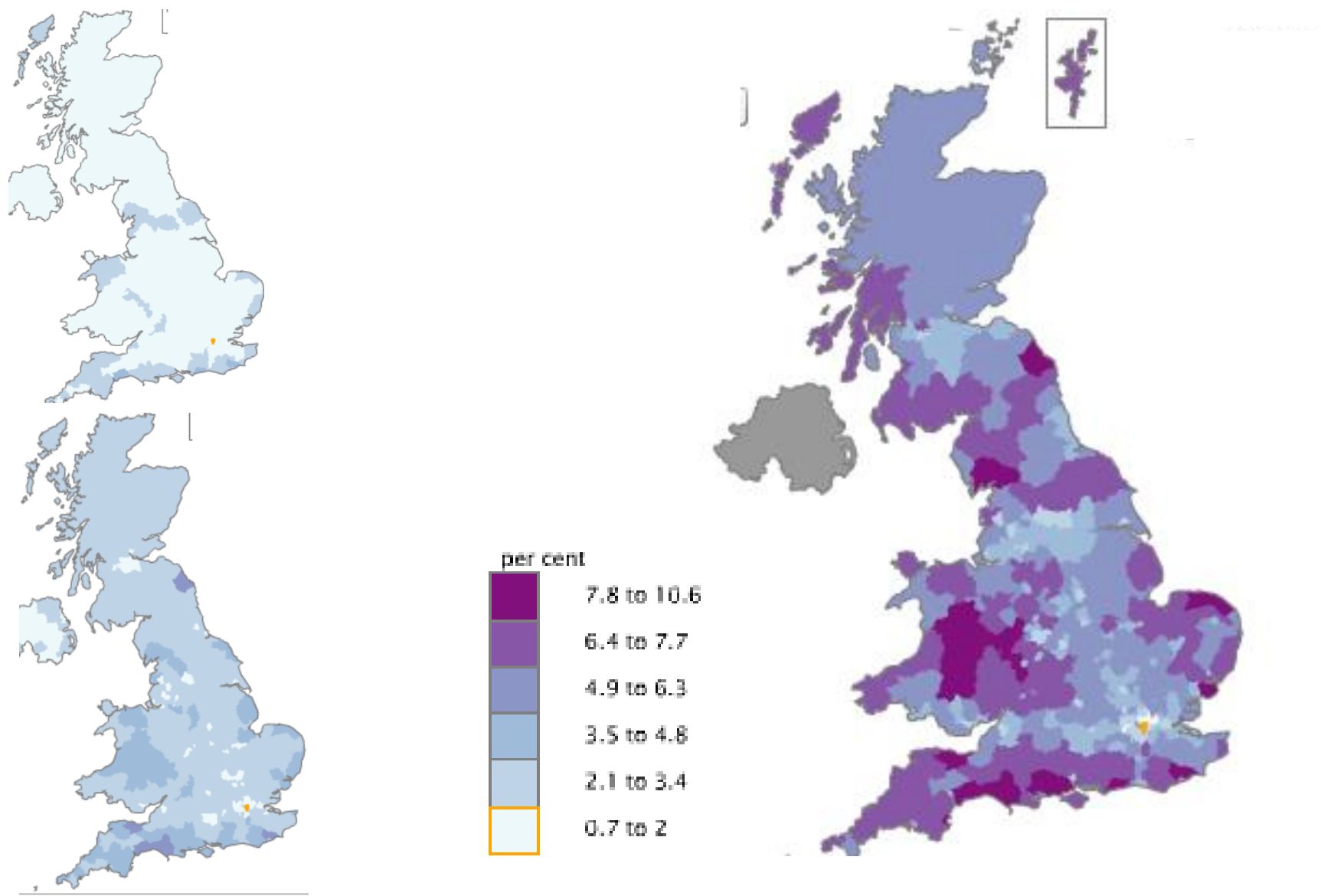
Rising obesity. 1993 (top L), 2019 UK data. R world data, female.



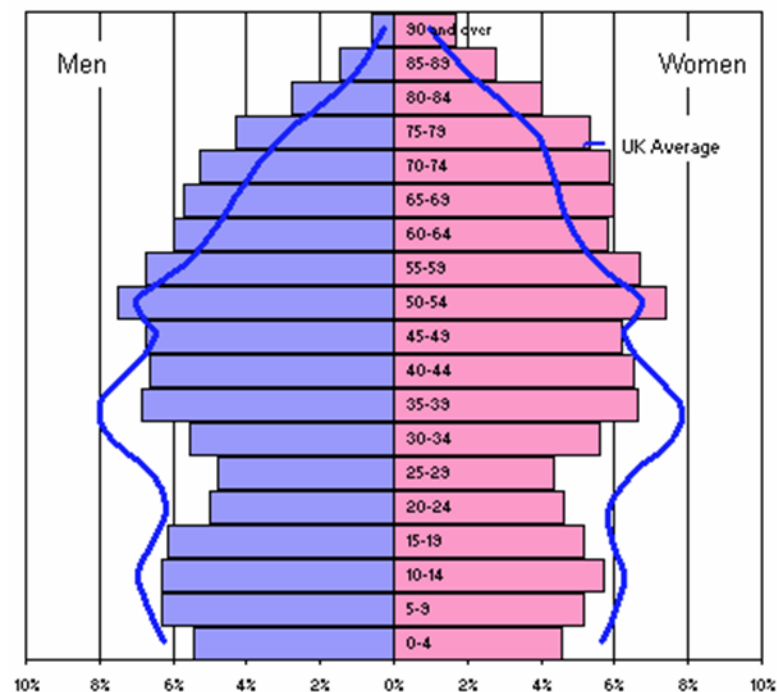
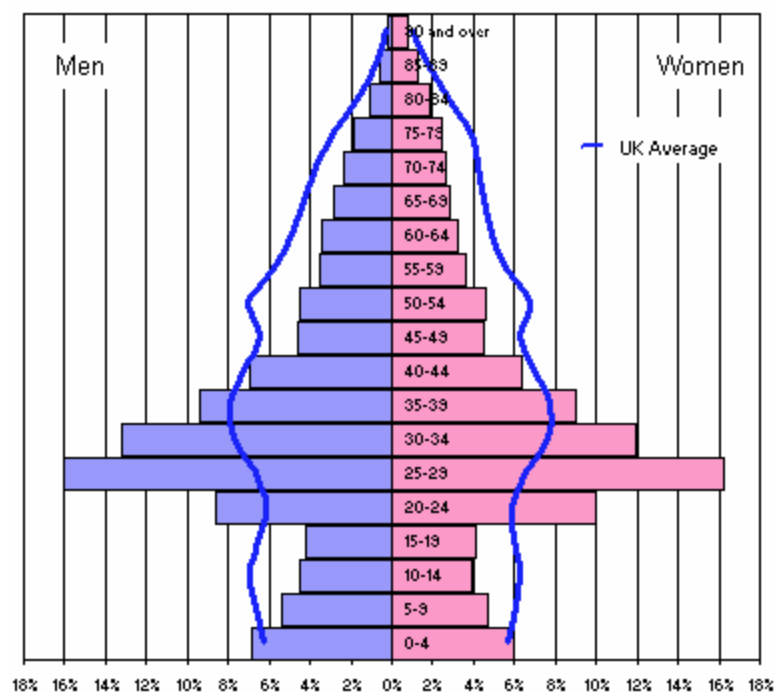
Under 75 year mortality (L 2016-18); relative deprivation (R).



Population 85 and over: 1992, 2015, 2033 *(ONS)*.

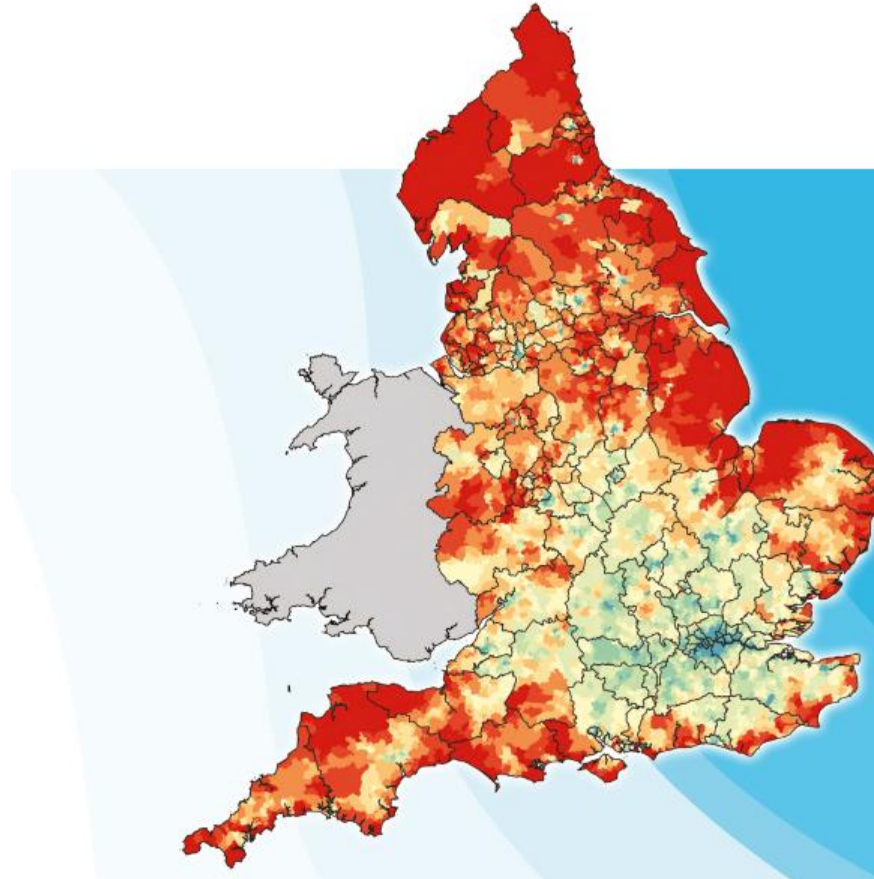


Wandsworth (L), Chichester (R) ONS.

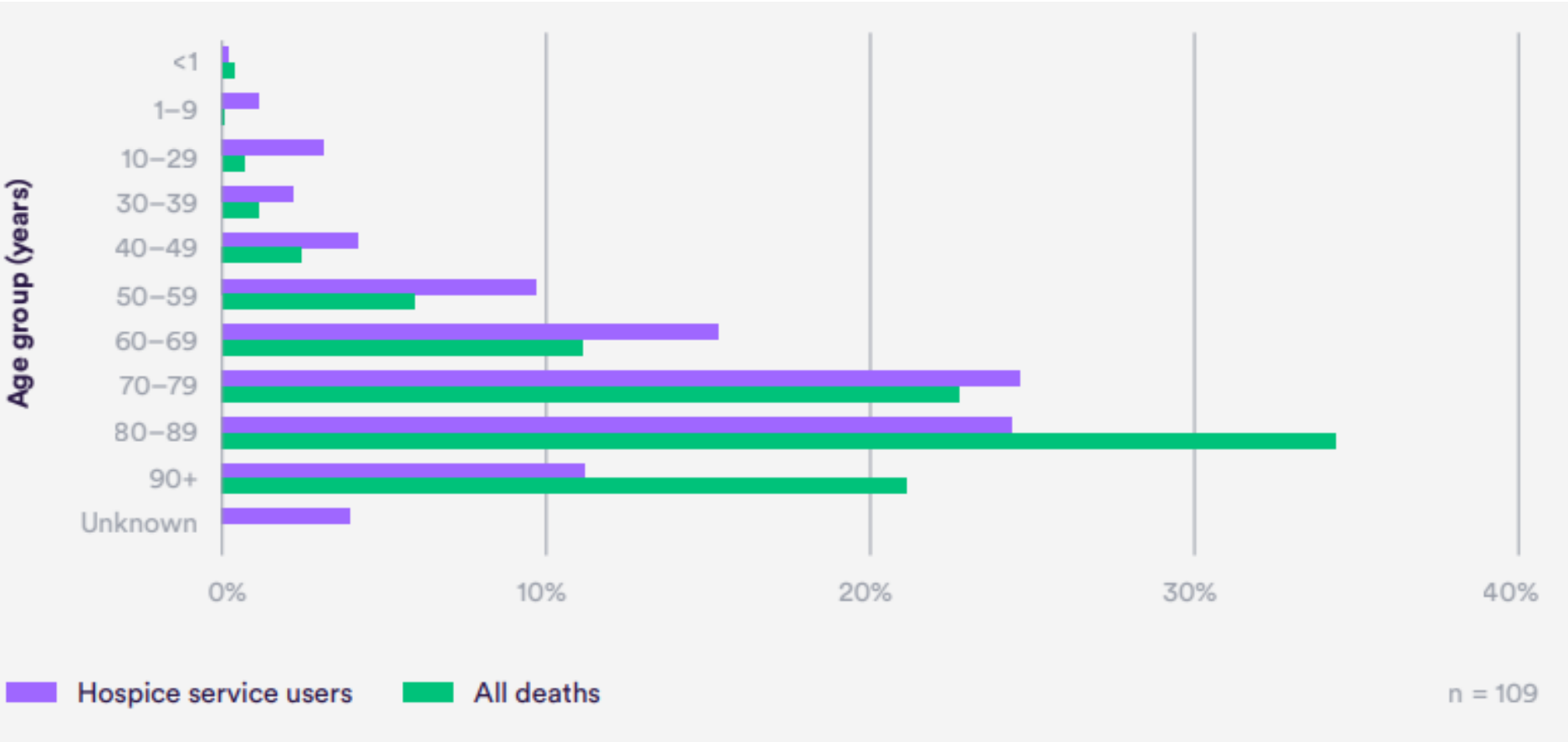


Coronary heart disease rates- much higher in the periphery.

Chief Medical Officer's Annual Report 2021
Health in Coastal Communities

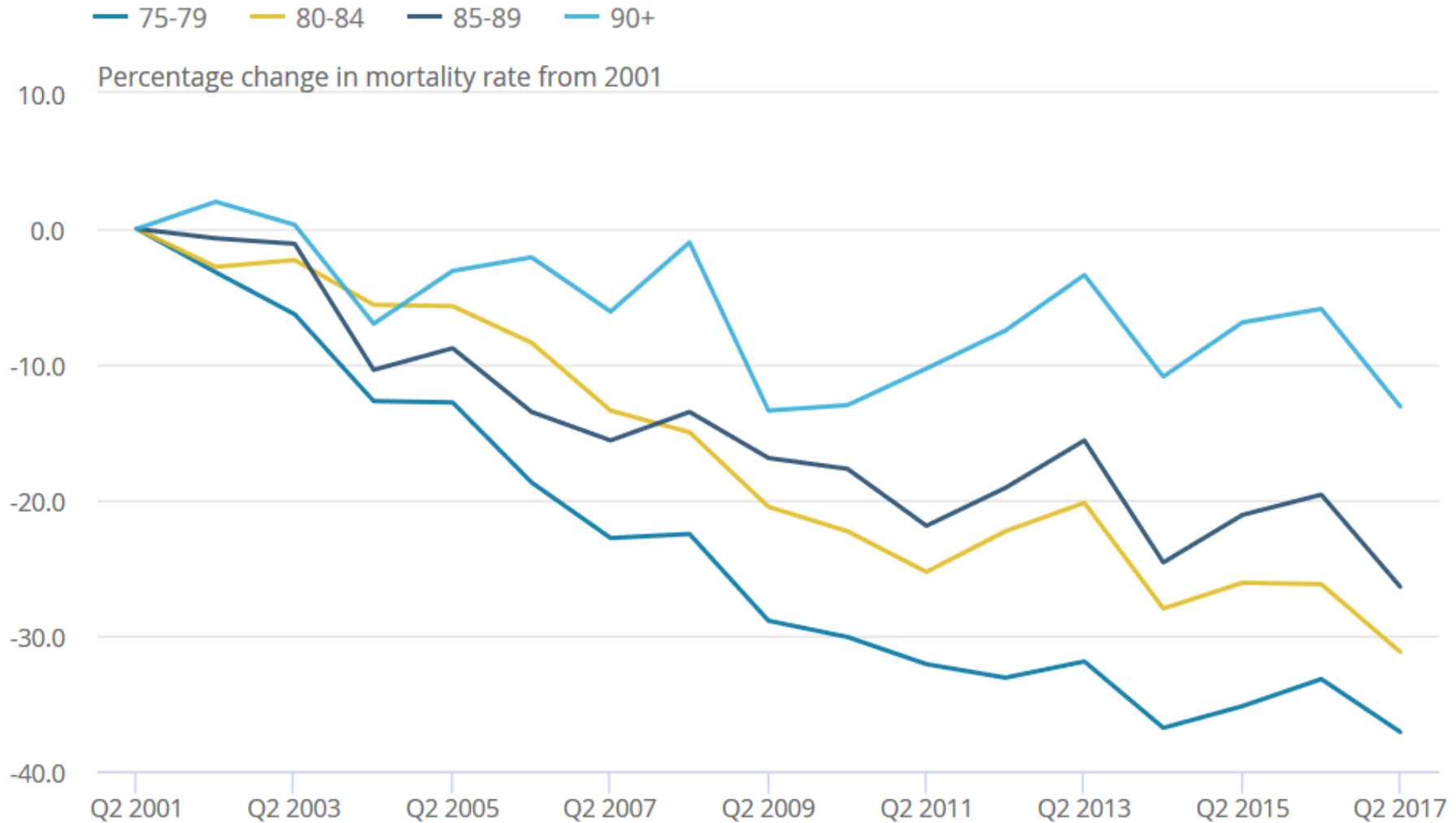


Age of people using hospice services compared to UK deaths overall.

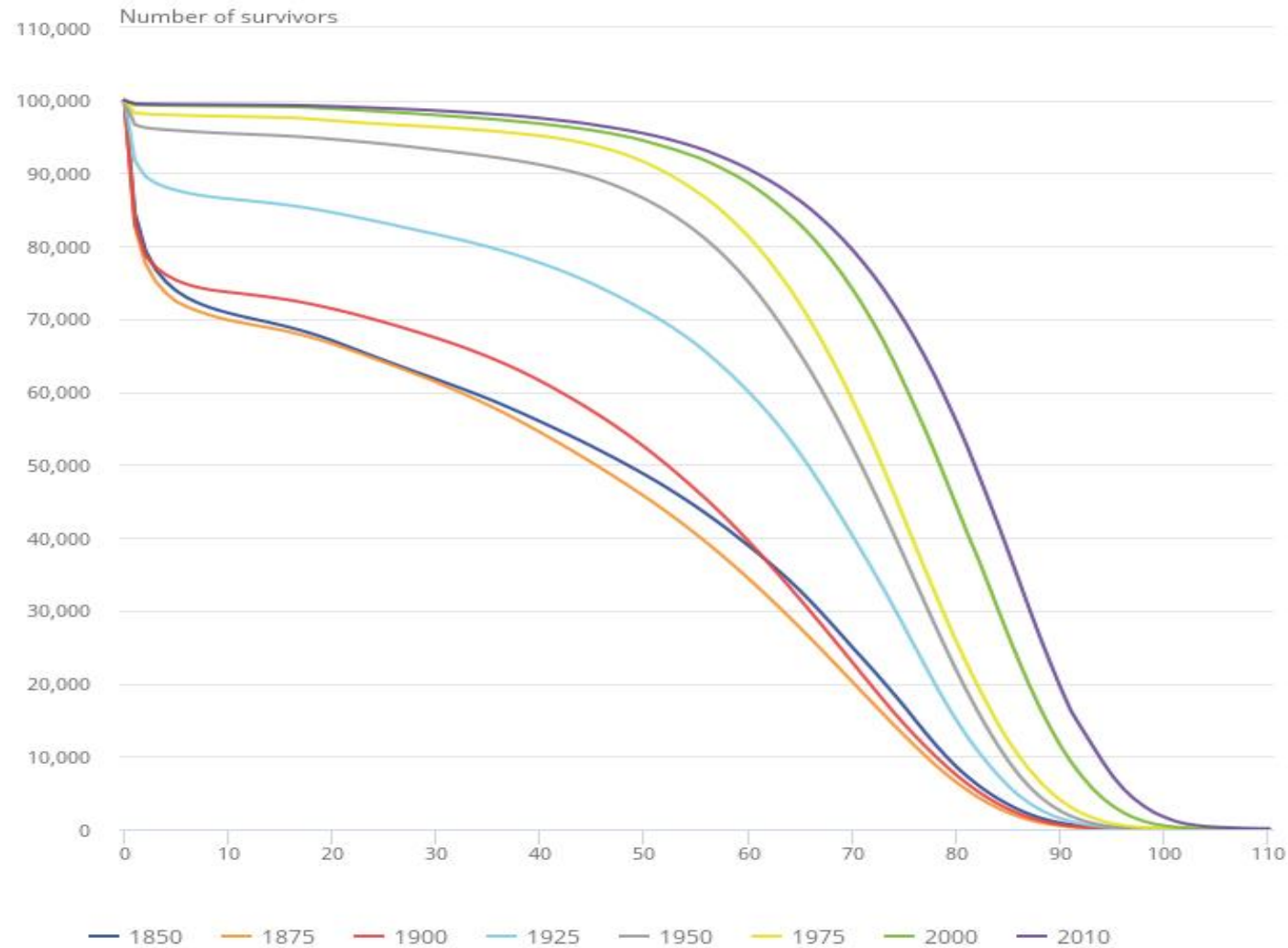


Change in mortality 2001-2017 by age group.

90+, 85-89, 80-84, 75-79. (ONS)

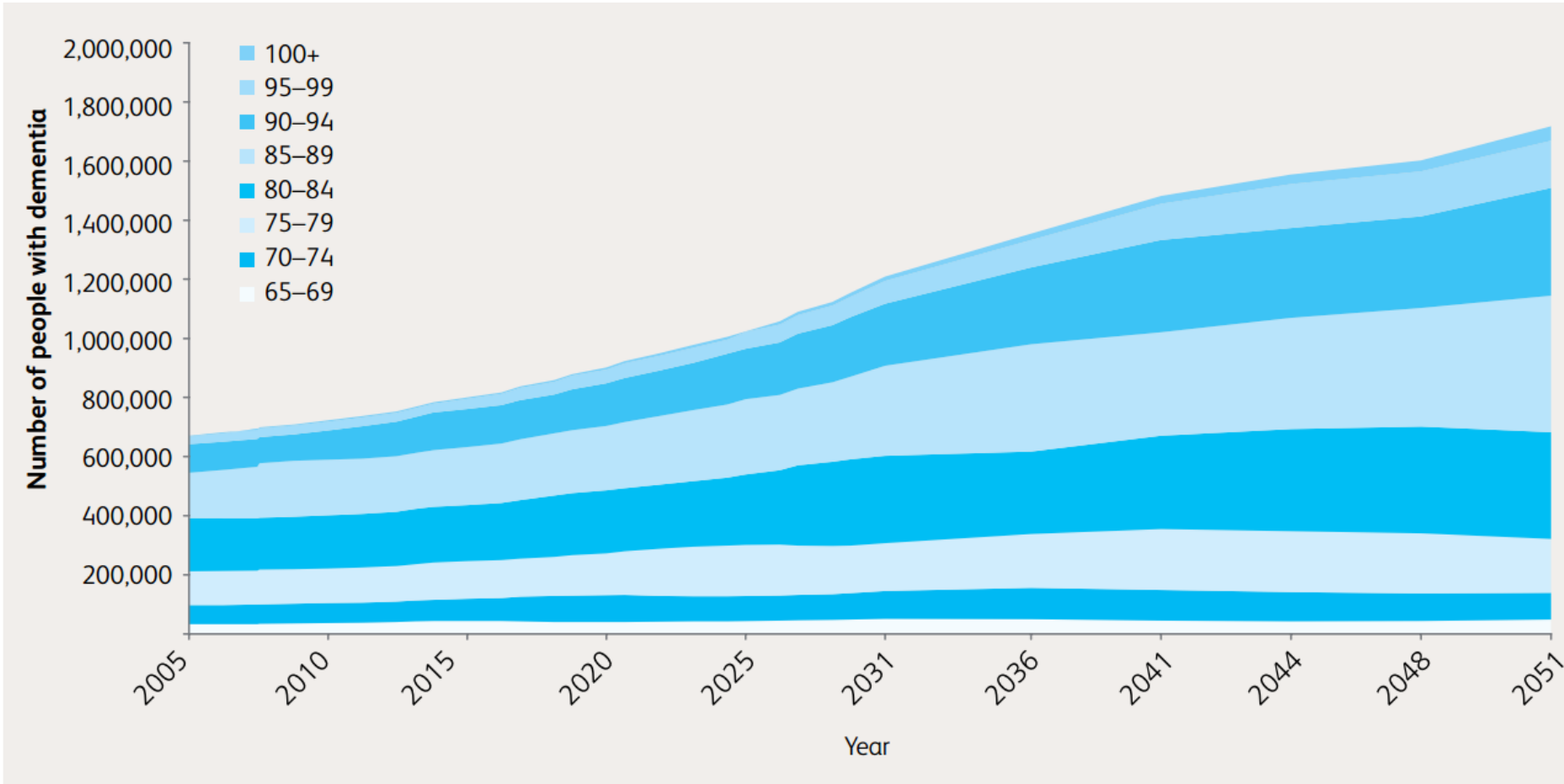


Mortality increasingly concentrated by age- UK. *(ONS)*

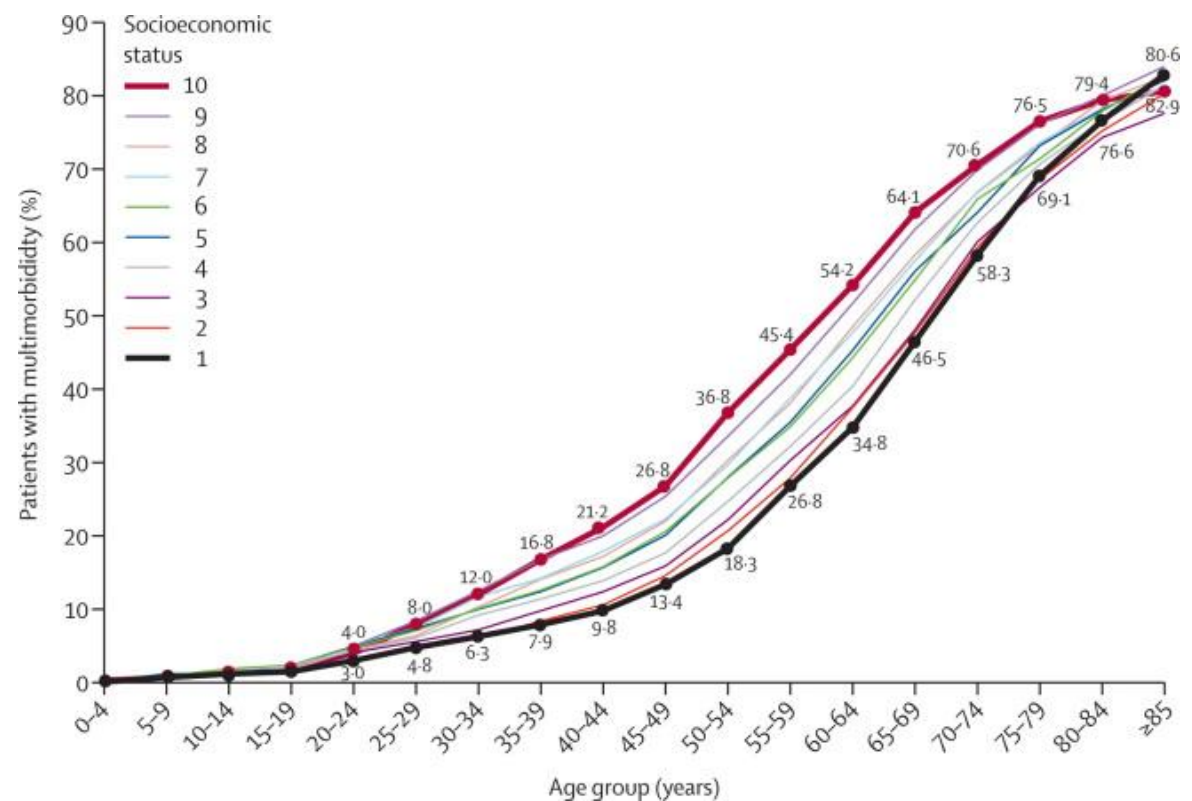
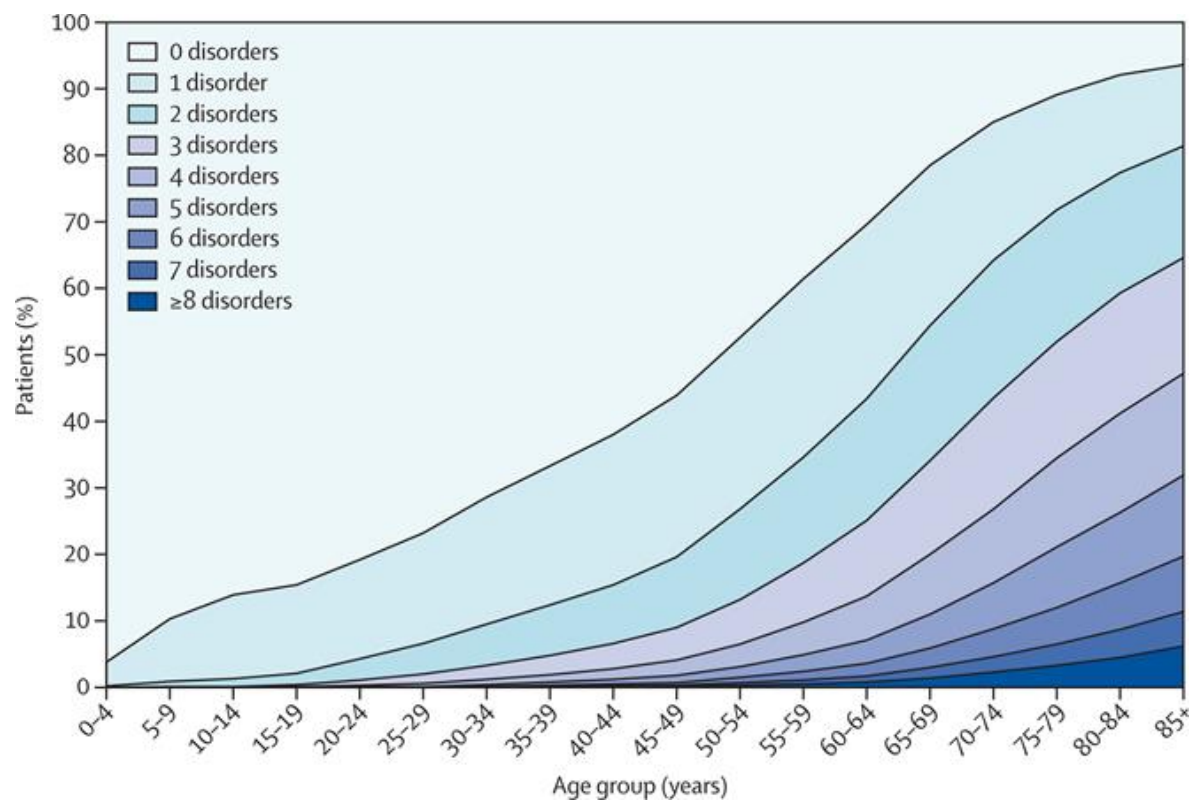


as some dementias. Projected prevalence UK.

(Prince et al 2015)



Individual chronic conditions accumulate with age- multimorbidity.
This is accelerated by deprivation. Overlap with frailty but not the same.



Barnett et al 2012- UK data.

What are the implications?

- The ability of medical science to move the age of end-stage single diseases to the right will continue.
- Several diseases which killed people in young of middle age will cease to in significant numbers.
- The ageing population will grow- but mainly in the periphery.
How does the hospice movement respond?
- Multimorbidity will become more common.
- We need to improve generalist skills in the medical profession.
This includes palliative and end-of-life skills.