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Measuring the quality of dying

Review by David Sunderland

This 2025 *Lancet* article advocates for the integration of dying and end-of-life care into the UN Decade of Healthy Ageing (2021-2030), emphasizing that the quality of dying is an essential component of human dignity and wellbeing.

The article was written following a WHO expert consensus exercise on 27 November 2024 which aimed “to define a concise, meaningful, and pragmatic set of indicators that could be collected and applied universally across countries and over time.” It presents “a logic model of candidate variables at different conceptual levels and describes an empirical exercise for prioritising and operationalising these variables for measurement.”

It begins by considering what a ‘good death’ does (and does not) entail, presenting definitions across multiple countries. Its references include surveys such as the 2015 Economist Quality of Death Index and this 2021 article by Finkelstein et al. The latter expands on the Quality of Death Index by including patient and caregiver preferences and increasing the weight given to expert assessment of end-of-life service performance.

The impact measures proposed in the logic model to measure the quality of dying resonate with Plenna’s approach, and are:

- Public awareness
- Public acceptance
- Reduced fear of death
- Better health-care efficiency, less waste
- Improved services
- Reduced inequalities
- Popular and political support

At the end of the article, it presents ‘domains and attributes of quality in the dying experience’, with 220 attributes identified and classified into eight domains which “broadly align with the existing literature and form an initial priority list. Further examination is required to determine their measurability and actionability.”

The article is highly complementary for Plenna, which is not working directly in this area but welcomes the article for its insights and recommendations.

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