
A book with a public health perspective on end-of-life care was long overdue. Ageing societies need to develop some perspective on the quality of dying, not only for individuals but also on a population level. Good dying has been a recurrent theme in most societies. The memento mori in Christian churches confronted the visitors with their inevitable mortality. Although the memento mori served as a philosophical and religious invitation to reflect on the idea that everybody will die, nowadays it seems we need a more physical and political memento mori: a reminder that people live beyond the age limits we used to, therefore needing more care at the end of life than ever before. It is an invitation to reflect on the effects of longevity and the often extended and more complicated end-of-life period of the 21st century population and how this affects societies and the choices made in health care.

This book addresses a range of topics to inform the reader about the multitude of aspects concerning death and dying: clinical and social context of dying; end-of-life care provision, access and characteristics; end-of-life care settings; inequalities at the end of life with a focus on under-served groups; and end-of-life care policies. It is an excellent introduction for anyone who is interested in what happens at the end of life throughout the world. This collection of articles convincingly argues that end-of-life care ought to be put in a public health perspective. However, to substantiate this claim completely, we need better understanding of the relationship between end-of-life care and palliative care.

Throughout the articles, there is a conflation of ‘palliative care’ and ‘end-of-life care’. Sometimes, the notions are used interchangeably, whereas in other places, they seem to be hierarchically related (palliative care as a form of end-of-life care). ‘End-of-life care’ could be seen as a descriptive container concept for all care given at the end of life, whereas palliative care, according to the WHO definition ‘an approach’, has a specific agenda concerning what end-of-life care should look like. In this sense, palliative care is a prescriptive concept, sketching an outline of a specific form of good end-of-life care. A more appropriate title of this volume should have been—and the editors seem to realize that—’Development of a public health approach to palliative care at the end-of-life’ (p.241). This is, as the editors explicitly claim in their conclusions, the agenda of this volume: a call for palliative care as a human right. This is a respectable claim, but we should be aware that it does not cover all end-of-life care. This book should be read by everyone involved in end-of-life care. Hopefully, this will result in a sequel in which policy makers, professionals from the curative sector and politicians answer the call of this volume.

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