SINGAPORE HOSPICE COUNCIL

Living before Leaving

SURVEY REPORT

Singapore Death Literacy Index – A Population Study on End of Life

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Introduction

Death is a natural phenomenon, yet it often induces fear and anxiety, making discussions about it uncomfortable. Normalizing these conversations is crucial for end-of-life (EOL) preparedness, benefiting both individuals and society. The "EOL" research team at Western Sydney University introduced the concept of death literacy (DL), defined as “a set of knowledge and skills enabling individuals to understand and act upon end-of-life and death care options.” This led to the development of the Death Literacy Index (DLI) to measure population death literacy and inform interventions.

In Singapore, death remains a taboo, leading to a lack of EOL preparedness. While the country improved its ranking in the Economist Intelligence Unit’s Quality of Death Index from 18th (2010) to 12th (2015), largely due to the National Strategy for Palliative Care, there is still no quantitative measure of death literacy. Though awareness of EOL issues has increased, most discussions are held with healthcare professionals rather than loved ones, due to cultural taboos around death.

The purpose of this study commissioned by Singapore Hospice Council (SHC) is to have a national representative DLI data that provides an indication of Singapore’s EOL preparedness, and direction for more targeted EOL resources and interventions that reinforce the strengths of the current care system, while addressing the existing gaps to prevent potential economic burden. This study addresses the lack of a quantitative measure for death literacy in Singapore. It aims to provide insights into public awareness and preparedness for EOL. The data will inform better-targeted EOL resources and interventions to enhance public preparedness for EOL decisions.

Research Methodology

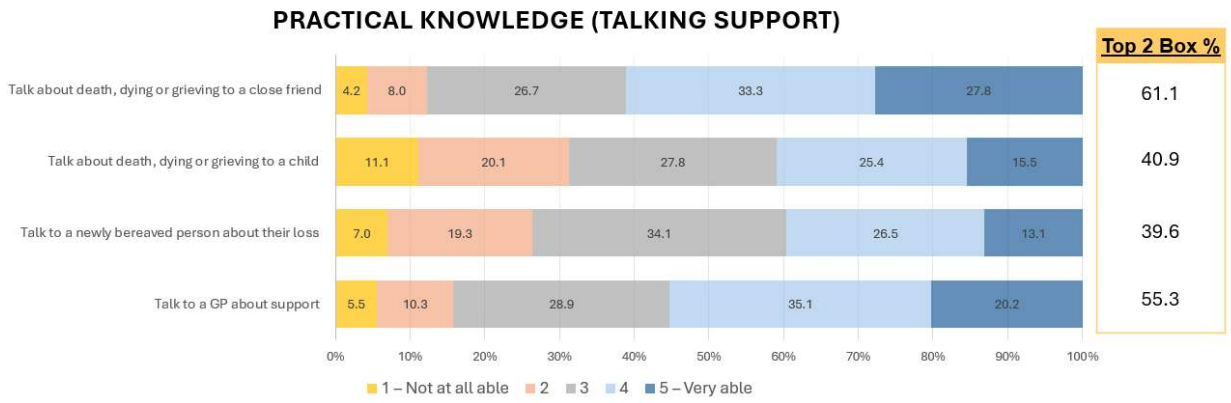
The study employed an exploratory cross-sectional design using a survey to assess the Death Literacy Index (DLI) among a representative sample of the Singaporean population. The project conducted between 1 November 2024 and 20 April 2025, focuses on measuring death literacy and its demographic variability within the Singaporean population using a quantitative approach.

The primary instrument for data collection is the Death Literacy Index (DLI), a 29-item self-report measure that evaluates four key aspects of death literacy: Practical Knowledge, Experiential Knowledge, Factual Knowledge, and Community Knowledge. Participants complete a demographic questionnaire that captures variables such as age, gender, education level, and other relevant socio-economic factors.

A total of 1,087 participants with valid responses were included in the study. This comprised 916 online survey responses obtained via RySense’s online participant pool and 171

face-to-face surveys conducted with older adults (aged about 65+ and above) by the Temasek Polytechnic research team in collaboration with community partners. This was done to ensure representation of elderly individuals who may not be digitally literate or frequent users of online platforms.

After applying population weights based on age, gender, and ethnicity distributions, the weighted N (adjusted sample size) was 1,157, reflecting a statistical adjustment to align the sample with national demographic proportions.



This section measures respondents' confidence and ability to talk about death, dying, and grief with different individuals. Overall ratings are generally low to moderate.

Talking Support	Top 2 Box %
Talk about death, dying, or grieving to a close friend	61.1%
Talk to a GP about support for a dying person	55.3%
Talk about death, dying, or grieving to a child	40.9%
Talk to a newly bereaved person about their loss	39.6%

Talking to a Close Friend:

- Highest level of confidence among respondents (61.1%).
- Indicates that people feel most comfortable discussing death with those they trust personally.

Talking to a GP About Support:

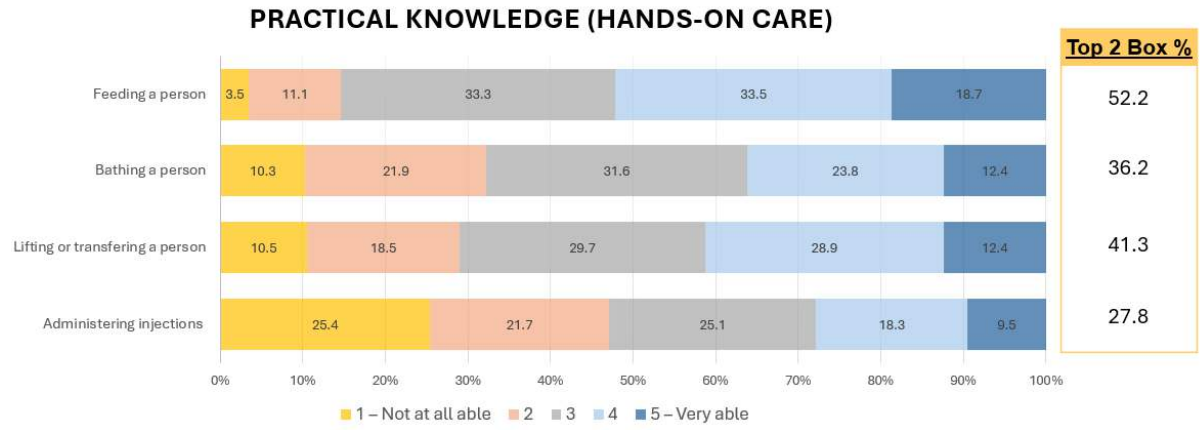
- About 55.3% feel confident talking to a healthcare professional about support for a dying person.
- This reflects moderate comfort and openness with healthcare professionals.

Talking to a Child:

- Only 40.9% feel able which suggests reluctance or discomfort in discussing death with children.

Talking to a Newly Bereaved Person:

- One of the lowest scores, indicating uncertainty in how to provide emotional support.



This section assesses respondents' ability to provide hands-on care for individuals in end-of-life (EOL) situations. Overall ratings are generally low to moderate.

Hands-On Care Task	Top 2 Box %
Feeding a person	52.2%
Lifting or transferring a person	41.3%
Bathing a person	36.2%
Administering injections	27.8%

Feeding a Person:

- Highest score among hands-on tasks, indicating greater comfort with feeding assistance.

Bathing a Person:

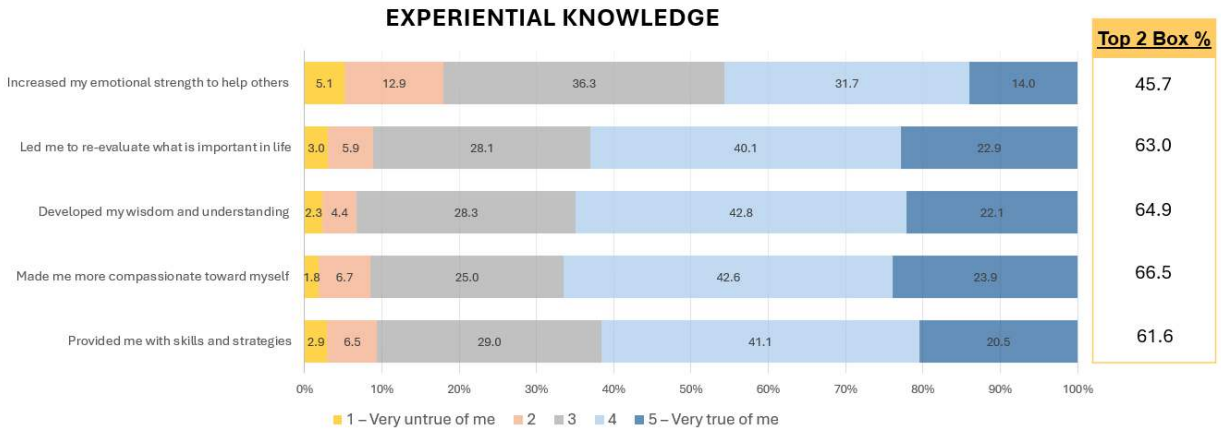
- Suggests moderate level of discomfort.

Lifting or Transferring a Person:

- Slightly higher confidence than bathing.

Administering Injections:

- Lowest confidence score, with 25.4% rating themselves as "not at all able."



This section measures how experiences with death and dying have influenced personal growth, understanding, and resilience. Overall ratings are generally moderate to high moderate.

Experiential Knowledge Category	Top 2 Box %
Made me more compassionate toward myself	66.5%
Developed my wisdom and understanding	64.9%
Led me to re-evaluate what is important in life	63%
Provided me with skills and strategies	61.6%
Increased my emotional strength to help others	45.7%

Increased Emotional Strength to Help Others:

- Lowest Top 2 Box % (45.7%), indicating that fewer respondents feel they have gained emotional resilience from their experiences.
- A significant proportion rated themselves as "neutral" or lower, suggesting that experiences with death have not necessarily strengthened their ability to support others.

Led Me to Re-Evaluate What is Important in Life:

- One of the highest-rated categories, showing that experiences with death often lead to deep personal reflection.

Developed My Wisdom and Understanding:

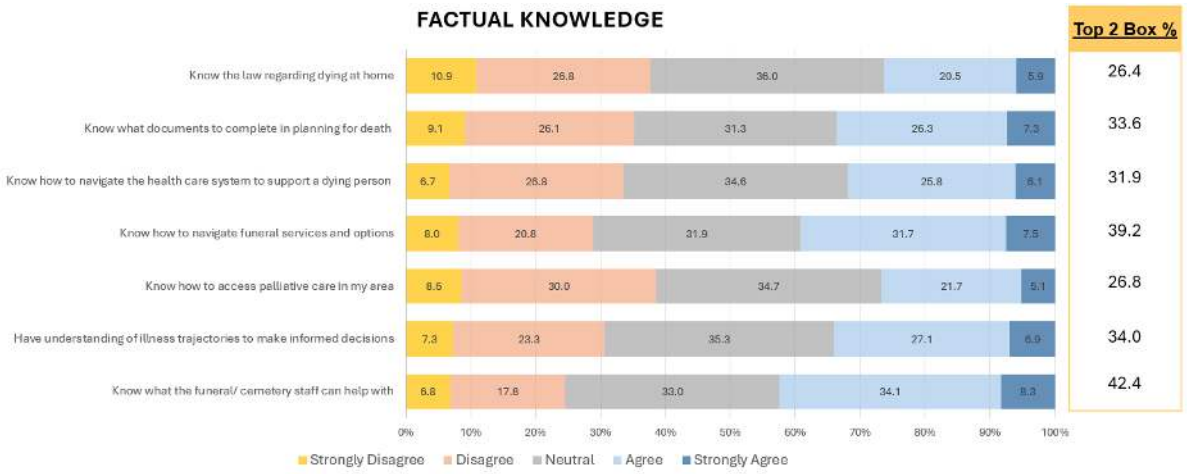
- Second highest Top 2 Box %, suggesting that a majority believe that experiences with death have enhanced their knowledge and insight.

Made Me More Compassionate Toward Myself:

- Highest-scoring category, showing that death experiences promote self-compassion.

Provided Me with Skills and Strategies:

- Moderate confidence in learning practical strategies from past experiences.



This section assesses respondents' awareness of legal, medical, and procedural aspects of end-of-life (EOL) planning. Overall ratings are generally low.

Factual Knowledge Category	Top 2 Box %
Know what the funeral/cemetery staff can help with	42.4%
Know how to navigate funeral services and options	39.2%
Have an understanding of illness trajectories to make informed decisions	34%
Know what documents to complete in planning for death	33.6%
Know how to navigate the healthcare system to support a dying person	31.9%
Know how to access palliative care in my area	26.8%
Know the law regarding dying at home	26.4%

Legal and Documentation Knowledge:

- The lowest level of awareness is seen in knowledge of laws related to dying at home (26.4%), with similarly low understanding of the necessary documents for death planning (33.6%).
- A significant proportion of respondents remain neutral or disagree that they understand these aspects.

Healthcare System and Palliative Care Navigation:

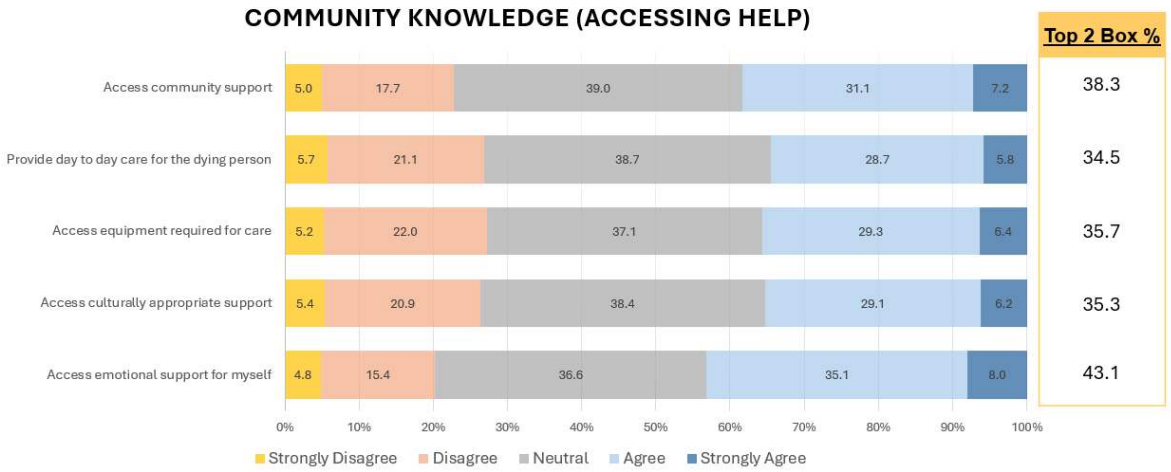
- Low awareness of how to navigate the healthcare system (31.9%) and access palliative care (26.8%).

Funeral and Cemetery Services:

- Highest-rated category (42.4%) relates to understanding the role of funeral/cemetery staff.
- However, only 39.2% feel confident in navigating funeral services overall, suggesting many still lack clarity on funeral arrangements.

Understanding of Illness Trajectories:

- Only 34% feel they understand illness trajectories and how to make informed decisions about care.



This section measures respondents' awareness and ability to access community-based support and resources related to end-of-life (EOL) care. Overall ratings are generally low.

Community Knowledge Category (Accessing Help)	Top 2 Box %
Access emotional support for myself	43.1%
Access community support	38.3%
Access equipment required for care	35.7%
Access culturally appropriate support	35.3%
Provide day-to-day care for the dying person	34.5%

Access to Community Support:

- Awareness of how to access community support is generally low (38.3%), with 39% remaining neutral and 22.7% actively disagreeing or strongly disagreeing that they know how to access such support.

Providing Day-to-Day Care for a Dying Person:

- Lowest confidence in knowing others who could assist with direct caregiving.
- About 26.8% disagreed or strongly disagreed while 38.7 remained neutral, indicating a lack of perceived support networks.

Accessing Equipment Required for Care:

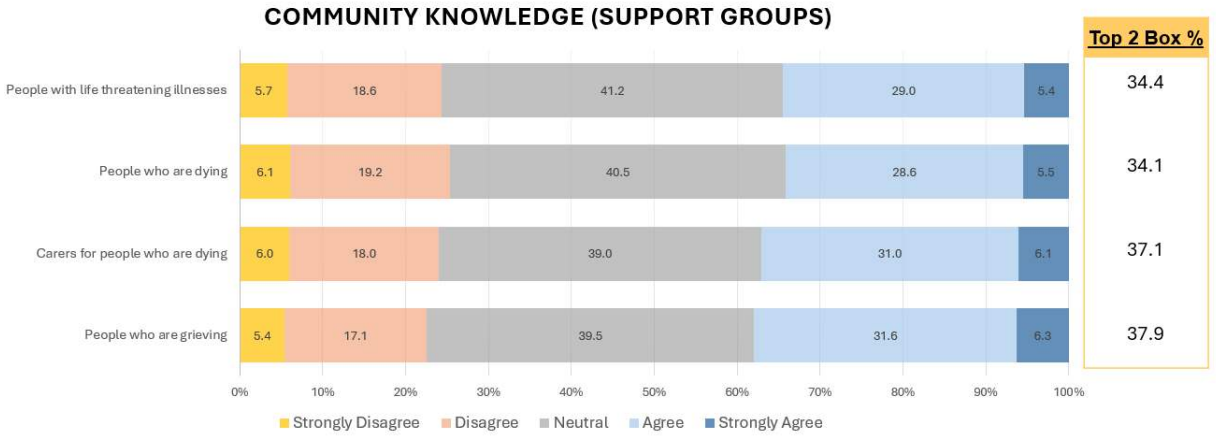
- A significant proportion of respondents (27.2%) indicated they were unaware of where to obtain necessary caregiving equipment.

Accessing Culturally Appropriate Support:

- Many respondents (26.3%) felt strongly they lacked access to culturally relevant EOL care resources.

Accessing Emotional Support for Myself:

- This was the highest-scoring category, but still relatively low, suggesting limited knowledge of mental health and bereavement support.



This section assesses respondents' awareness of existing community support groups for different populations affected by end-of-life (EOL) issues. Overall ratings are generally low.

Community Knowledge Category (Support Groups)	Top 2 Box %
People who are grieving	37.9%
Carers for people who are dying	37.1%
People with life-threatening illnesses	34.4%
People who are dying	34.1%

Awareness of Support Groups for People with Life-Threatening Illnesses:

- Awareness is slightly higher than for people who are dying, but remains relatively low overall.
- About 41.2% remained neutral, indicating uncertainty about where to find such groups.

Awareness of Support Groups for People Who Are Dying:

- This category had the lowest Top 2 Box % (34.1%), indicating that awareness of available support groups for people nearing the end of life is particularly limited.
- A majority of respondents were either neutral (40.5%) or unaware (25.3%) of available support groups, reflecting a lack of clarity on end-of-life patient support groups.

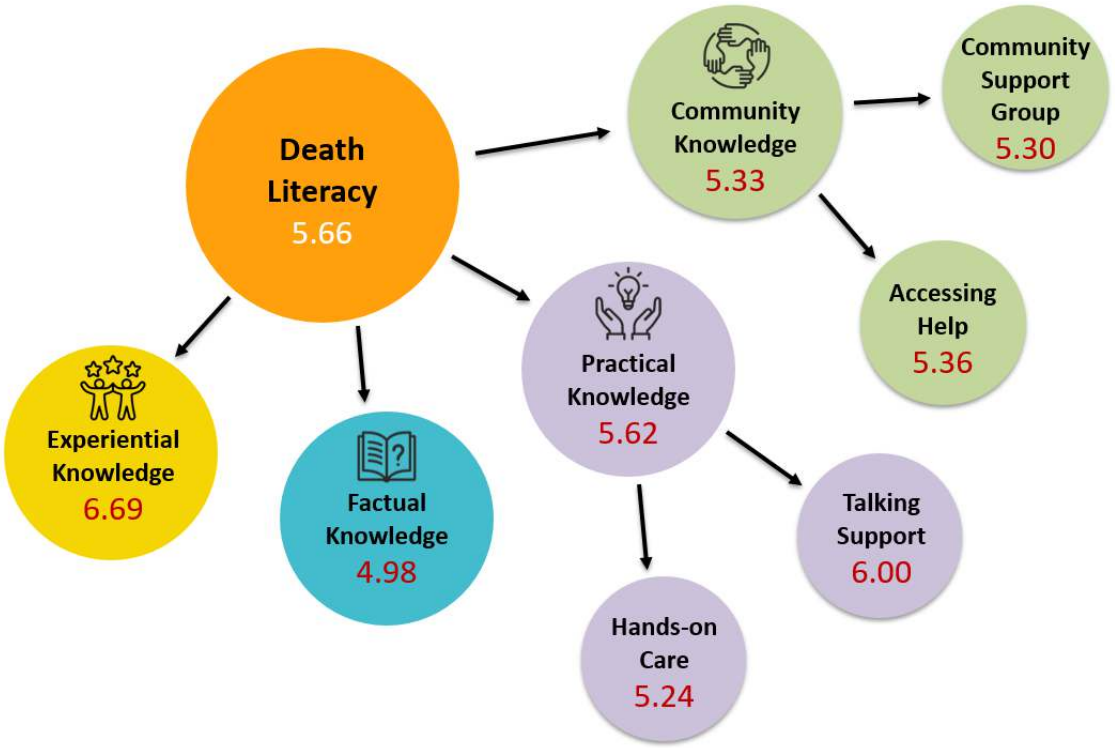
Awareness of Support Groups for Carers of People Who Are Dying:

- Second highest Top 2 Box % (37.1%), but still, many are unaware of available support for caregivers.
- About 39% were neutral and 24% who disagreed/strongly disagreed, reinforcing that caregiver support resources may not be widely known or accessible.

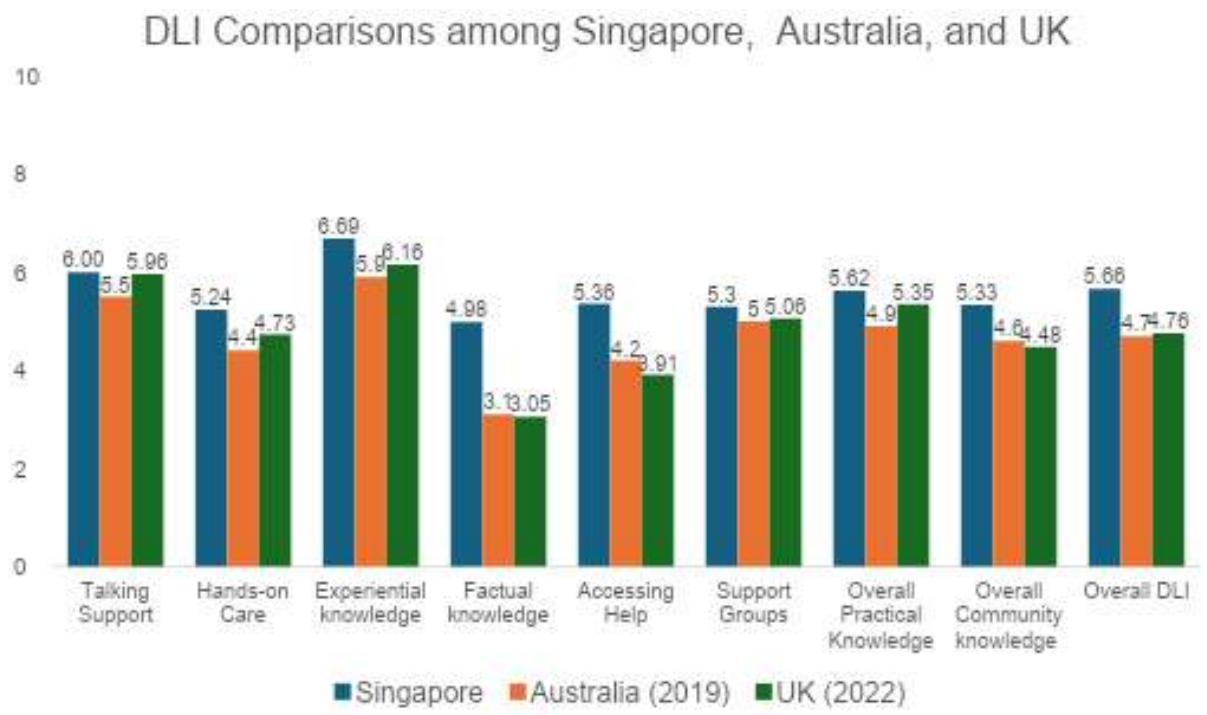
Awareness of Support Groups for People Who Are Grieving:

- Highest Top 2 Box % (37.9%), but still relatively low overall.
- This still means over 60% do not feel confident accessing or knowing about these support resources.

Death Literacy Index (Overall)



- The overall DLI score is 5.66, indicating a moderate level of death literacy across the general population.
- Experiential Knowledge (6.69) is the highest-scoring category, indicating that personal experiences with grief, loss or death contribute significantly to emotional growth and understanding.
- Factual Knowledge has the lowest score, indicating a significant knowledge gap. Many respondents do not understand legal aspects, healthcare navigation, or end-of-life planning documents.
- Talking support (6) is higher than hands-on support (5.24). Respondents are more comfortable discussing death than providing hands-on caregiving.
- Both accessing help (5.36) and support groups (5.3) scores indicate moderate awareness. Many respondents do not know where to find EOL resources or support groups in navigating the community support systems.



The chart compares the Death Literacy Index (DLI) among Singapore, Australia[1] (2019 national average) and UK[2] (2022) across various dimensions.

[1] Leonard, R., Noonan, K., Horsfall, D., Psychogios, H., Kelly, M., Rosenberg, J., Rumbold, B., Grindrod, A., Read, N., & Rahn, A. (2020). *Death Literacy Index: A report on its development and implementation*. Western Sydney University. https://doi.org/10.26183/5eb8d3adb20b0

[2] Graham-Wisener, L., Toner, P., Leonard, R., & Groarke, J. M. (2022). Psychometric validation of the death literacy index and benchmarking of death literacy level in a representative UK population sample. *BMC Palliative Care, 21*(145), 1-15. https://doi.org/10.1186/s12904-022-01032-0

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