

Death Literacy for a Public Health Palliative Care Approach in Brunei

Chandra Kant Rai¹, Shyh Poh Teo^{1,2*} and Hanif Rahman¹

¹Pengiran Anak Puteri Rashidah Sa'adatull Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam, Bandar Seri Begawan, Brunei

²Geriatrics and Palliative Medicine, Department of Internal Medicine, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, Brunei

ARTICLE INFO

Article history:

Received: 18 May 2024

Accepted: 4 June 2024

Online:

DOI 10.5001/omj.2024.99

Dear Editor,

We read with interest the Editorial entitled 'Dealing with death and dying in medicine' by Ng and Lee,¹ which outlined useful strategies for clinicians to cope with caring for dying patients, including normalizing conversations about death and developing robust psychological support systems. These strategies can be extended as public health approaches for palliative care to build compassionate and competent communities for end-of-life (EOL) care. An important component is death literacy, which is the knowledge and skills needed to make informed decisions about EOL care. Death literacy is essential in developing effective EOL care strategies and support systems, reducing fears associated with dying and improving palliative care for individuals and their caregivers.²

Brunei's increasing aging population and significant burden of noncommunicable diseases underscore the need for preventative measures, health literacy, and patient empowerment for self-management to reduce disease progression. As part of the continuum of health services for advanced diseases, palliative and supportive care services should also be strengthened, including death literacy promotion in the community.³ Brunei has a predominantly Muslim population with deep religious and spiritual practices, which may be

associated with death literacy. However, there is limited research on death literacy rates.

A cross-sectional survey is proposed to assess death literacy among older people in Brunei, by exploring their beliefs, attitudes, knowledge, and experiences regarding death and dying. This will utilize a death literacy index that includes factual knowledge, experiential learning, practical understanding, and community capacity.⁴ Community residents will be recruited for participation, and data analysis will identify patterns and correlations in death literacy within this population. We expect that findings will inform healthcare policies, practices, and educational initiatives to improve EOL experiences and advance sustainable development goals for older people in Brunei.

REFERENCES

1. Ng IK, Lee J. Dealing with death/dying in medicine. *Oman Med J* 2024 Jan;39(1):e584.
2. Noonan K, Horsfall D, Leonard R, Rosenberg J. Developing death literacy. *Prog Palliat Care* 2016;24(1):31-35.
3. Teo SP. Geriatric medicine concepts: trajectory of illness, life course approach and comprehensive geriatric assessment. *Pac J Med Sci* 2021;22(1):82-88.
4. Graham-Wisener L, Toner P, Leonard R, Groarke JM. Psychometric validation of the death literacy index and benchmarking of death literacy level in a representative UK population sample. *BMC Palliat Care* 2022 Aug;21(1):145.