

## Introduction

It might be difficult to provide treatment for patients who are towards the end of their life in the emergency department (ED) due to the busy and sometimes chaotic atmosphere. The priority of addressing acute emergencies clash with the skills and time required for complete end-of-life care [1,2]. However, if a patient is terminally ill and has uncontrollable symptoms, financial difficulties, or restricted access to community services, the emergency department (ED) frequently serves as their entry point to such treatment [3,4]. Around the world, up to 80% of people passed away in hospitals even though the majority would have wanted to do it at home [5]. Even while more than 50% of cancer patients in Singapore stated that they would like to pass away at home [6], just 25% of all deaths in the general population took place in private homes, with the majority (60%) passing away in hospitals [7]. Singapore's healthcare system consists of open-access public hospitals with government-subsidized payment plans for residents [8]. Its emergency departments serve as entry points for terminally ill individuals who need accessible, round-the-clock medical care. In Singapore, patients who attend the emergency department (ED) pay a set price in Singapore dollars that ranges from \$116 to \$132 depending on the institution [9], which covers the consultation, preliminary investigations, necessary medical care, and common prescriptions. Charges for specialised treatments including diagnostic tests, surgeries, and prescription drugs are not included. As the world's population ages, end-of-life care in the ED is quickly increasing relevance [10]. However, there is little information in the literature currently available about patients' and families' experiences with end-of-life treatment in the emergency department (ED), as well as the views and challenges faced by ED and community healthcare professionals. In order to better understand these problems, we carried out a qualitative exploratory study grounded in the constructivist paradigm to explore and examine the perspectives and experiences of next-of-kin of patients needing end-of-life care in the ED; ED doctors and nurses in the provision of end-of-life care; and community palliative care providers regarding end-of-life care in the ED. It has been established that providing competent end-of-life care can enhance the quality of death. Its significance in ensuring minimal suffering for the patient and improving physical, psychological, and relational outcomes for next of

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