

Dying in Poverty 2025

Briefing for Parliamentarians, November 2025

Summary

- Marie Curie's report Dying in Poverty 2025 has found that **more than 100,000 people died in poverty across the UK in 2024**. This means that for **more than 1 in 6 dying people**, the last period of their life was marked by financial difficulty.
- **Working-age people are far more likely to die in poverty than pension-age people**, in large part due to the continuing gap between the working-age and pension-age benefit systems. Our research has found that being in the last year of life is associated with a **32% greater risk of poverty for working-age people, and a 23% greater risk for pensioners**.
- The research has also found that **23,000 people a year die in 'deep poverty' – with incomes 50% below the poverty line**. Almost 1 in 10 people of working age who die do so in deep poverty, compared to 1 in 33 people of pension age.
- Our report has found shockingly high rates of poverty at the end of life among minoritised ethnic groups: **almost half (46%) of Black working-age people, and nearly 40% of Black pensioners, die in poverty**. This is often the legacy of wider inequalities in society, and only underscores the need for action.
- **Fuel poverty is a particularly pernicious form of poverty at the end of life**, as the need for heating or mains-powered medical devices at home can rocket after a terminal diagnosis. **Over 120,000 people die in this form of poverty each year**.
- Marie Curie is calling on the UK Government to **guarantee a State Pension-level of income** for working-age people with a terminal illness, **introduce a social tariff for energy** that people with a terminal illness can access, and **improve rebate schemes for medical devices**.

Key policy recommendations

- **Department for Work and Pensions:** guarantee working-age people with a terminal illness a State Pension-level of income.
- **Department for Energy Security and Net Zero:** introduce a social tariff for energy to lift people at the end of life out of fuel poverty.
- **Department for Health and Social Care:** ensure that there is a single, simple and comprehensive, scheme providing up-front support with the running costs of medical devices provided by the NHS.

Poverty at the end of life

Nobody should die in poverty. The last months, weeks, and days of someone's life should be a time to focus on what really matters – making memories with family and friends, and

living as well as they possibly can. But too often, financial pressures add unnecessary worry, uncertainty, and strain to what is already a difficult time. Terminal illness can cause a significant reduction to a household's income, for example if the person living with a terminal illness or another household member need to reduce or stop working due to health or caring responsibilities. At the same time, it can also have significant impacts on expenditure, with costs like energy, transport and childcare often increasing dramatically.

New research from Marie Curie has found that more than 100,000 people are dying in poverty every year, representing 18% of all people who died. That is more than 1 in 6 people who die every year spending their last months, weeks, and days on an income below the poverty line. An even larger number – 121,000 – died in fuel poverty in 2024. And of course, many people will have experienced both poverty **and** fuel poverty.

In part, this reflects the persistence of poverty across the UK, which affects more than 1 in 5 people across the country, which in turn is a reflection of the erosion of the social security system that should be there to support us all when we need it, and particularly at the end of life. Although the 'headline' proportion of deaths in poverty is lower than the poverty rate for the general population, this is because pensioners are less likely to be in poverty, but are more likely to die than working-age people. Across all breakdowns of the data, whether that is by age, ethnicity, sex or location, **people in the last year of life are more likely to be in poverty than the same population not in the last year of life.**

Who dies in poverty?

Poverty at the end of life affects all groups in society – but some more than others. People from minoritised ethnic groups are far more likely to die in poverty than white people, which reflects disadvantages in wider society, particularly relating to earnings and employment. The research showed that 25% of working-age white people who died did so in poverty, compared to **46% of Black people, 45% of Asian people and 37% of people who are mixed race or have another ethnicity.** For pension-age households, the findings are similar – 15% of white people over pension age die in poverty, compared to nearly 40% of Black people, over a quarter of Asian people, and nearly a third of people from other backgrounds.

The analysis also shows that working-age households have a much higher rate of poverty than pensioners. Someone of working age is almost twice as likely to die in poverty than someone of pension age. **Being in the last year of life is associated with a 32% greater risk of poverty for working-age people, and a 23% greater risk for pensioners.**

For the first time, in this report we can also see that **23,000 people a year die in 'deep poverty' – with incomes 50% below the poverty line.** Almost 1 in 10 people of working age who die do so in deep poverty, compared to 1 in 33 people of pension age.

Gaps in financial support for people with terminal illness

At the end of life people are often unable to work and rely on support from the benefits system. Yet the findings from the Dying in Poverty report show that it is failing to protect people at the end of life.

Among working-age people in poverty at the end of life, **almost three-quarters of their income comes from the benefits system** (just over twice the proportion of people not at the end of life). For pension-age people, the last year of life is associated with a slight increase in reliance on benefits. This shows both the huge significance of improving the benefits

system for people in the last year of life – and the extent to which that system is currently failing people who rely on it, especially those of working age.

The protections offered by the Special Rules for the End of Life and the Severe Conditions Criteria, while important for those who can access them, are not enough. This is particularly true for people of working-age, who face significantly higher rates of deaths in poverty than people over pension age. A major contributor to this is the working-age benefits system, which provides hundreds of pounds a month less to someone aged 64 compared to someone aged 66. For example, **a working-age couple including someone with a terminal illness can receive nearly £500 a month less in benefits than a pension-age couple.**

This is a deeply unjust situation. People unfortunate enough to be diagnosed with a terminal illness before they reach pension age have the same additional costs and financial concerns as pensioners. They are, generally, closer than average to pension age, and are likely to have paid National Insurance Contributions for many years – yet will die before they benefit from them. They are also a group who should not, for obvious reasons, be considered likely to return to work.

Without urgent reform, this gap will grow – the Triple Lock will continue to increase the value of the State Pension beyond that of working-age benefits, and existing plans to raise the State Pension Age will increase the number of people dying before they can access the pensioner benefits system. Analysis by **Marie Curie suggests that 15,800 more people could die before reaching pension age** – and on current rates of working-age deaths in poverty, that would mean an additional 4,500 working-age people dying in poverty. The Pensions Commission, due to report to government in 2027, may well lead to further increases in the future.

Fuel poverty at the end of life

Fuel poverty is a particularly pernicious form of poverty at the end of life, given that the need for heating or mains-powered medical devices at home can rocket after a terminal diagnosis. The research has shown that **over 120,000 people die in this form of poverty each year.** And as this figure only accounts for actual spending, **this measure of fuel poverty does not identify people who should be spending more than this, but go without** – either by not turning the heating on or “self-disconnecting” by not topping up their prepayment meter.

“I’ve got what’s called a private landlord’s meter. If I put £20 on it, it takes nearly £4 straight away in service charge. If I put £50, it takes £12-£15. I’ve got no gas at all, I’m all electric. Sometimes, I can put £50-£60 on my electric a week. I’ve only got little heaters because I can’t afford to run the electric ones on the wall. I’ve got a nice one-bedroom flat, but I’ve been living in one room for months and months now to try and keep warm, and I really do need to move.

“I want to be out of this flat before next winter. I don’t think I’ll manage another winter. I’m here with lots of clothing on and a cover around me, I’ve got a heated blanket as well. I’m mainly cold most of the time. Once I get like that, it puts me off of eating. It puts you off of doing a lot of things.”

Peter, who has been diagnosed with COPD and terminal chronic myeloid leukaemia

Whilst measures to improve the general financial situation of people living with a terminal illness will contribute to reducing fuel poverty, it is also clear that there is a particular need for specific support to bring down energy bills at the end of life.

Most policy attention is given to improving the energy efficiency of the UK's housing. We support such measures, which will in the longer term help to reduce energy costs for people at the end of life. But for people living with a terminal illness today, energy efficiency upgrades are often inappropriate. They can take time to install, and for the financial benefits to be felt – time that people with a terminal illness do not have.

Such measures also only help with heating costs. While heating costs can increase after a terminal diagnosis, for example due to some types of treatment, a need to maintain a certain body temperature, or simply by spending more time at home and sedentary, it is electricity costs that often see the most significant rise. That means there is an unavoidable need for direct bill support to ensure people living with terminal illness can do so in comfort.

In 2024, 21% of people who died of working-age did so in fuel poverty, as did 20% of deaths of pension-age people. This difference between income-based poverty and fuel poverty findings by age could be explained by various factors, particularly energy usage. Older people typically use more energy than younger households, which might offset their typically higher income.

Priorities for policy change

Whilst the full length Dying in Poverty 2025 report contains a more extensive and detailed list of recommendations, Marie Curie believes that the urgent priorities for the UK Government should be:

1. Department for Work and Pensions:

- People of working age living with a terminal illness should be **guaranteed a State Pension-level of income**. As part of this, the Pensions Commission should explore how access to the State Pension could be provided to people of working age who are living with a terminal illness.
- **Expand eligibility for the Severe Conditions Criteria in Universal Credit** to include someone with a life-limiting, progressive condition who currently meets the criteria for Limited Capability for Work.

2. Department for Energy Security and Net Zero:

- **Introduce a social tariff for energy**, or equivalent direct bill support. That should provide at least a 50% reduction on bills, and be available to people with a terminal illness, to help them meet the extra costs of terminal illness at a time when their income is likely to have fallen.
- **The Winter Fuel Payment and equivalents should be available** to anyone with a terminal illness, regardless of age.

3. Department for Health and Social Care:

- Ensure that there is a single, simple and comprehensive, **scheme providing up-front support with the running costs of medical devices** provided by the NHS.

Marie Curie is the UK's leading end of life charity

We're here for anyone with an illness they're likely to die from, and those close to them. We bring 75 years of experience and leading research to the care we give at home, in our hospices and over the phone. And we push for a better end of life for all by campaigning and sharing research to change the system.

For more information or to arrange a meeting to discuss the contents of this briefing, please contact: parliament@mariecurie.org.uk