Compassionate Communities
A Civic and Public Health Approach to End of Life Care

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Why do we need a ‘civic’ and ‘public health’ approach to end of life care?

- Limits to service provision and professional care (the 95% rule)
- Stagnation/reversal of national health care budgets (the 100% and reducing rule)
- Epidemiology of primary care (the 40% rule)
- It’s not the dying, grieving or caregiving – it’s the toll (The Hidden Story of Co-Morbidities)
The main ideas behind a public health approach

- Prevention
- Harm reduction
- Early intervention
The main methods

- Public Education
- Community development
- Health promotion
- Participatory action
- Social ecology
Compassionate Communities

- Poster campaigns
- Trivial Pursuit/World café nights
- Positive grieving art exhibition
- Annual emergencies services round table
- Public forum on death & loss
- Review of local policy and planning
- Annual short story competition
- Annual Peacetime Remembrance day
And more...

- Compassionate Watch programme
- School and workplace plans for death & loss
- Compassionate book club
- Building/architecture prize for caring designs
- Academic prizes for dissertations on DDL&C
- Animal companion remembrance day (involve vets)
- Book marks, beer mats, etc
And the problems have been...

- Lack of systematic or comprehensive coverage
- Often led by health services as ‘services’
- The Einstein Principle
Compassionate Cities

- Charter led – ensures systematic coverage

- Ensures a balance between community development (bottom up) and social ecology (top down) approaches

- Stronger outcomes and outcome measures
The Compassionate City Charter

- Our schools, trade unions, and workplaces will have policies in EoL Care
- Our churches and temples will provide appropriate supports for EoL Care
- Our hospices and nursing homes will engage in community development
- Our Cultural Centres will raise awareness of EoL Care issues
- There will be a peacetime memorial parade/festival
- There will be an incentives scheme for compassionate leaders - both individuals and organisations
The Town council will showcase its achievements and ambitions in this area.

There will be annual local short-story or art competitions within the city to raise awareness of EoL Care.

We will incorporate diversity in all we do.

We will address EoL Care issues in the margins of our city – homeless, prisons, refugees, travelers, etc.

We will expand our influence annually into another social sector – emergency services, universities, creches, etc.
Current global developments

- Frome, Somerset, UK (pop. 25,000) Committed
- Limerick, Republic of Ireland (pop. 100,000) Committed
- Londonderry (NI) UK (pop. 230,000) Committed
- Inverclyde, Scotland (pop. 82,000) Committed
- Vic (pop. 42,000), & Seville, Spain (pop. 750,000) Committed
- Burlington, Toronto, Canada (pop. 175,000) Committed
- New Washington, Vancouver, Canada, Committed
- Koshikode aka Calicut, India (pop. 400,000) Committed
Birmingham, UK (being lobbied) and enquiries from Edinburgh (Scotland) and Medway (Kent UK).

Cologne, Germany & Sheffield, UK (Mayor and DPH agreed pending further talks)

Formal briefing requests from Singapore and Hong Kong by coalition of palliative care and local government officials.

Austrian Red Cross to liaise with Innsbruck on establishing that city as a CC
Professional mobilization

- Public Health Palliative Care International (PHPCI)
- Public Health Palliative Care UK (PHPCuk)
- Compassionate Communities UK (CCuk)
- Public Health England (Toolkit)
- Scottish Public Health Network & Scottish Partnership for Palliative Care
A question of evidence (1)

- Evidence for Medicine
- Evidence for Oncology
- Evidence for Palliative Care
- Evidence for Public Health (A & D)


People, place, purpose: Shaping services around people and communities through the Newquay Pathfinder. Age UK Cornwall and Isle of Scilly (2014)

Future Challenges

- Quality Assurance
- Challenges of Evaluation
  - Challenges of co-creation and design
  - Digitalizing our lessons and practice wisdom
- Weaning ourselves off traditional service dependency