

**Let Death Bind and Inspire Us All**  
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If “it takes a village to raise a child”, why don’t we also take a village to care for the dying members of the community? Community engagement is highlighted in Professor Allan Kellehear’s health-promoting end-of-life care and epitomized in the upcoming Dying Matters Awareness Week organized by Dying Matters in U.K. (9<sup>th</sup> to 16<sup>th</sup> May, 2016) (<http://www.dyingmatters.org/page/AwarenessWeek2016>).

The idea of health-promotion may look at odds with care for patients suffering from advanced illnesses. Numerous research findings have, however, buttressed the claim that health – whether physical, psychological, social, or spiritual – can be enhanced even during the final days of a patients’ lives. The proposal of Professor Kellehear and his team took reference of the successful strategies in tackling other health issues (e.g., AIDS, vaccination), and concluded that the promotion of health, including the end-of-life stage, is a matter for everybody in the community and should engage everybody. In fact, is there anything more certain to our long list of health issues than that “we will all die one day”?

How to engage the community in the care for patients with advanced illnesses and their families? We can take reference from several recent examples in the U.K. and Ireland

- (1) Raising awareness: Dying Matters (<http://www.dyingmatters.org/>) is a coalition of 30,000 members across England and Wales with an objective to assist people talk more openly about dying, death, and bereavement, and to make plans for their end-of-life. The 2016 Dying Matters Awareness Week will be held on 9<sup>th</sup>-15<sup>th</sup> May this year to promote the “Big Conversation” and advance care planning.
- (2) Engaging in care-taking: Compassionate Communities (<http://www.compassionatecommunities.ie/>) is happening in Ireland. The Milford Care Centre has developed a Good Neighbour Partnership to offer free social and practical support to people living with end-of-life care needs in Limerick. The program assigns a Compassionate Communities Volunteers to each patient to help with mobilizing the neighbourhood network close by for providing hands-on care and company. The team has published their study protocol on BMC Palliative Care last year (<http://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-015-0060-9>). Stay tuned for their findings!

Hong Kong is ranked 38<sup>th</sup> out of 80 countries in terms of community engagement on the recent Quality of Death Index compiled by the Economist Intelligence Unit. The above examples may not be a perfect fit for a metropolitan where most of its citizens reside in



multi-storey buildings and a habit of keeping their doors closed. However, the principle is simple and easy to follow. The community will need to embrace death and dying with open arms. In addition to providing high-calibre, holistic care, social and healthcare professionals will need to do a little more to engage and empower the families, friends, and volunteers to be a part of the “care team”. Assessment of the social network and capital of the patient becomes essential. A review of the current literature illustrated that engaging the friends, neighbours, and community in caring for the dying patients reduces distress and isolation among patients and their families, engender personal growth in the community helpers, and facilitate development of a more humane and compassionate system of care.<sup>1</sup> The above examples from the UK and Ireland may provide us some insight to how death may bind and inspire.

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<sup>1</sup> Sallnow, L., Richardson, H., Murray, S. A., & Kellehear, A. (2016). The impact of a new public health approach in end-of-life care: A systematic review. *Palliative Medicine*, 30, 200-211.