

Public Health & End of Life Care

Professor Allan Kellehear
University of Bath

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The Australian Experience

- 1998 Est. of the PCU, School of Public Health, La Trobe University, Melb.
- To re-align a bedside care view of end of life care with all other existing and broader health service approaches
- Expanding both (1) the approach; and (2) the target populations

Expand approach

- FROM: direct service, clinical and institutional approaches
- TO: community, health promotion and partnership approaches

Expand target population

- Go beyond illness esp cancer
- Include the aged
- Include the well and the ill
- Include carers and family
- Include schools, workplaces, business, unions and places of worship

Conceptual & Practice Emphasis

- Prevention
- Harm reduction
- Health & death education
- Participatory relations
- Community development
- Service partnerships
- Ecological emphasis (not simply info and awareness)

What did success look like?

- Greater participation in end of life care from all non-health sectors (eg A.C.T 'garden of loss and reflection')
- Increase in active partnerships between public health, aged care, bereavement care and palliative care services around DDL&C

What did success look like?

- Greater recognition of the common experiences of DDLC from previously disconnected groups - cancer, HIV, aged, youth, children
- New local policy developments around DDLC from schools, councils, unions, workplaces

What did success look like?

- A greater 'sense' of normalisation around DDLC (eg beer mats, book marks, etc)
- Increase in community involvement and experience in DDLC (eg Sydney home care, neighborhood watch, world café, memorial days, etc)

What did success look like?

- Government policy changes in Australia
- Government policy changes in Scotland
- Practice experiments in England, Ireland and India