



Faith in Older People Update: March 2014

Contribution of Faith Communities to the Reshaping of Care of Older People

Following on from the survey which FiOP undertook last year, a workshop was held for representatives of different faith communities to consider issues which had emerged from the survey and to propose future action at national level as well as ideas to take forward at local level.

A lively discussion followed practical examples from the Glasgow based Al-Furgan Mosque and the Granary Project, together with a policy overview from the Joint Improvement Team.

A report of the discussion and proposed action will be produced and FiOP is pleased to be collaborating with the Scottish Government Joint Improvement Team on this area of work and to be working in partnership with Animate, the Church of Scotland and Faith in Communities Scotland.

The Golden Age Project

This project has been part of the 125th Anniversary of the Church of Scotland Guild with a focus on the Church and Ageing. The work with 11 churches around Scotland has culminated in the development of resource materials to support other congregations. The materials, which include video clips, provide ideas and examples of practical experience and will be launched at the Church of Scotland Assembly in May.

The Project was co-ordinated on behalf of the Church of Scotland by Dr Harriet Mowat (Mowat Research); Professor John Swinton (Aberdeen University) and Faith in Older People. We look forward to working with the materials and congregations in the future.

The Malcolm Goldsmith Lecture 2014

Given by Rabbi Baroness Julia Neuberger DBE

Dying well and why it matters

Rabbi Neuberger emphasised that the most important thing is to talk about it. Death is normal. Being conscious of mortality used to be normal; indeed people put away money for their funeral. Then World War 1 changed everything. After that we started using euphemisms: 'popping your clogs', 'turning up your toes' and so on. This was because of the huge numbers of young men who died in the trenches followed by huge numbers of men and women who died of the Spanish flu. Both these events disproportionately affected the young and it was an international trauma.

So what do we do? The modern hospice movement exists so people with cancer die well. It is based on the Sisters of Mercy who promoted very skilled use of pain control and it started a different conversation BUT 95% of us will not die in a hospice. It is more likely to be a hospital and the numbers of people dying in hospital is increasing. Hospitals are not designed as places where people die, nor do they see that as their role. The Liverpool Care Pathway review groups are saying that dying IS the business of the NHS. Michael Younger invented a 'Charter for the dying' to try and 'reform a silence'.

We need:

- A public conversation about dying
- To be honest about what is going on
- To see cancer as an increasingly long-term condition although only 25% of us die of cancer
- Most of us die of nasty things where it is much harder to know when you are going to die (e.g. COPD, dementia) Dying well with these conditions is much more difficult

But we really need to talk about how we want to die – with whom, where, free of pain or alert. We should all have a living Will which we should constantly review. (About a quarter of those in the room had a living will).



When you go into a care home you ought to specify:

- Who is to be with you
- Where you want to die
- The level of pain control
- The bucket list of things to do before we die
- The food we want to eat and drink. What drinks – alcohol or not

- Which members of your family to be there
- Clergy or not
- Neighbours (who are often more important than family)

And all this must be down on paper. It is quite possible to get hospitals to address the issue but we have to do it for ourselves first.

Principles for a good death:

- Be able to know when death is coming and understand what can be expected
- Be able to retain control of what happens
- Be afforded dignity and privacy
- Have control over pain relief and other symptoms
- Have choice and control over where death occurs
- Have access to any spiritual and emotional support required
- Have access to information and expertise of whatever kind is necessary
- Have access to hospice care in any location, not only in hospital
- Have control over who is present and who shares the end
- Be able to issue advance directives which make sure wishes are respected
- Have time to say goodbye and control over other aspects of timing
- Be able to leave when it is time to go and not have life prolonged pointlessly

(Taken from 'Not Dead Yet' by Julia Neuberger in 2008. Originally published by Age Concern in 2000 for the Millennium Debate of the Age.)

We have to get this sorted if only to protect our nearest and dearest.
11th March 2014

To listen to a recording of the full lecture, please go to our website:
www.faithinolderpeople.org.uk

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