

The Compassionate City Charter- *A public health approach to end of life care*

Compassionate Cities are communities that recognise that all natural cycles of sickness and health, birth and death, and love and loss occur every day within the orbits of its institutions and regular activities. A Compassionate City is a community that recognises that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone's responsibility.

Compassionate Cities are communities that publicly encourage, facilitate, support and celebrate care for one another during life's most testing moments and experiences, especially those pertaining to life threatening and life limiting illness, chronic disability, frail, ageing and dementia, death in childhood, grief and bereavement, and the trials and burdens of long term care. Though local government strives to maintain and strengthen quality services for the most fragile and vulnerable in our midst, those persons are not the limits of our experience of fragility and vulnerability. Serious personal crises of illness, dying, death and loss may visit any us, at any time during the normal course of our lives. A compassionate city is a community that squarely recognises and addresses this social fact.

Through the auspices of the Mayor's office or equivalent body, a compassionate city will by public marketing and advertising, by use of the city's network and influences, by virtue of collaboration and cooperation, in partnership with social media and its own offices develop and support the following 14 social changes to the cities key institutions and activities:

1. Our **schools** will have annually reviewed policies or guidance documents for dying, death, loss and care.
2. Our **workplaces** will have annually reviewed policies or guidance documents for dying, death, loss and care.
3. Our **trade unions** will have annually reviewed policies or guidance documents for dying, death, loss and care.
4. Our **places of worship** will have at least one dedicated group for end of life care support.
5. Our city's **hospices** and **nursing homes** will have a community development program involving local area citizens in end of life care activities and programmes.
6. Our city's major **museums and art galleries** will hold annual exhibitions on the experiences of ageing, dying, death, loss or care.
7. Our city will host an **annual peacetime memorial parade** representing the major sectors of human loss outside military campaigns – cancer, motor neuron disease, AIDS, child loss, suicide survivors, animal companion loss, widowhood, industrial and vehicle accidents, the loss of emergency workers and all end of life care personnel, etc.
8. Our city will create an **incentives scheme** to celebrate and highlight the most creative compassionate organisation, event, and individual/s. The scheme will take the form of an annual award administered by a committee drawn from the end of life care sector. A 'Mayors Prize' will recognise individual/s for that year who most exemplify the city's values of compassionate care.
9. Our city will publicly showcase, in print and in social media, **our local government policies**, services, funding opportunities, partnerships, and public events that address 'our compassionate concerns' with living with ageing, life-threatening and life-limiting illness, loss and bereavement, and long term caring. All end of life care-related services within the

- city limits will be encouraged to distribute this material or these web links including veterinarians and funeral organisations.
10. Our city will work with local social or print media to encourage an annual city-wide **short story or art competition** that helps raise awareness of ageing, dying, death, loss, or caring.
 11. All our compassionate policies and services, and in the policies and practices of our official compassionate partners and alliances, will demonstrate an understanding of how **diversity** shapes the experience of ageing, dying, death, loss and care – through ethnic, religious, gendered, and sexual identity and through the social experiences of poverty, inequality, and disenfranchisement.
 12. We will seek to encourage and to invite evidence that institutions for the **homeless and the imprisoned** have support plans in place for end of life care and loss and bereavement.
 13. Our city will establish and review these targets and goals in the first two year and thereafter will add **one more sector annually** to our action plans for a compassionate city – e.g. hospitals, further and higher education, charities, community & voluntary organizations, police & emergency services, and so on.
 14. Our city will have **compassionate networks** that work together, in communities, to support those who are dying or experiencing loss in emotional and practical ways.

From Kellehear, A. (2005) *Compassionate Cities: Public health and end of life care* Published by Routledge