Living, loving, dying: health promoting palliative care and rural compassion

Pauline Marsh, Stephanie Thompson
Centre for Rural Health, University of Tasmania

The unmet need for palliative services in rural areas is well-documented, stemming from variable combinations of factors such as geographical isolation, workforce shortages, barriers to information and support and higher rates of chronic diseases and cancers.\(^1,2\) As remoteness increases, so too do mortality rates—affected by poor access to specialist and primary care services and higher incidences of socioeconomic disadvantage.\(^3\)

Health Promoting Palliative Care (HPPC) acknowledges the potential for improvements in EoFL care when health care services and informal community supports complement each other\(^4\)—an interrelationship which is particularly relevant to rural communities. HPPC embeds public health principles into EoFL care, privileging strategies to minimise the difficulties of dying, caring and grieving; as well as promoting a community development model of care-giving.\(^5,6\) Compassion—a human and tender response to the distress and suffering of others\(^7\)—is a key component of HPPC as well as an ethical imperative which drives much of EoFL care.

This presentation reports on a project conducted in rural Tasmania with carers who had looked after someone who had died from a life-limiting illness within the previous three years, or who were still caring for someone in the advanced stages of a life-limiting illness. We conducted 17 interviews with 19 participants (in two instances there were two people present, both partners).

**Results** were categorised thematically, into six groups:

- support to die at home
- isolation
- difficult people, difficult relationships
- control
- talking about dying
- grief and bereavement.
Conclusions

This research enriches understandings about rural HPPC from the perspectives of people living in a rural area of Australia, who cared for someone until their death and who were continuing to grieve. Their experiences demonstrate the appropriateness of a HPPC approach that is focussed on enhancing inter-relationships and community compassion. Participants constructed a nuanced profile of rural compassion, as comprised of complex intersections: geographical isolation and therapeutic space; personalised, innovative care and a lack of basic services; community-wide support and private expressions of grief.

References


Presenter

Pauline Marsh is a social researcher with the Centre for Rural Health at the University of Tasmania. She has a keen interest in therapeutic horticulture, and particularly in the application of community gardens to improve health, wellbeing and social connectivity. Pauline lives in rural Tasmania and is a gardener, filmmaker and active board member of DiGnity Supported Community Gardening Incorporated.