

Official Response

Subject: Palliative Care Matters for All
Requested by: The Scottish Government
Date: 10 January 2025
Prepared on behalf of: The Public Life and Social Justice Programme Group

Section A: Overall Strategy

Question 1a. Do you agree with the aims for this strategy?

- Agree
 Disagree
 Unsure / Don't know

Question 1b: Please add any comments you have about the strategy aims here:

This response has been prepared and agreed by the Church of Scotland's Public Life and Social Justice Programme Group. The remit of this group includes to “contribute to public life by developing and sharing the witness of the Church with government [and] parliament... [and] providing a space in which to explore theologically, reflect, discuss and respond as a Church to important public matters that arise” The Convener and members of the Programme Group are appointed by the General Assembly of the Church of Scotland.

We are in agreement that palliative care for all- indeed care of all sorts, at all times- is laudable. Care is at the heart of what the Church is called to do. Indeed, the head of the Church, Jesus Christ, reminded his followers that “Everyone will know that you are my disciples, if you love one another.” This care is expressed in many ways and in a variety of contexts- not least in the final phase of life. The Church of Scotland has extensive practical involvement in the provision of care and assistance, in particular through CrossReach, the social care arm of the Church. In addition, many members of the Church of Scotland are involved in the caring professions, including many directly engaged in palliative care in a professional capacity.

Recently, as part of our work in relation to the questions raised by the proposed legislation on assisted dying, we have been conducting a series of conversations around end of life issues. These discussions have included concerns around the impact that changes in the law in this regard may potentially have on the provision of palliative care.

We welcome the encouragement and opportunity for everyone to be more open about death and bereavement. We are concerned, however, that this requires more than just slogans or lofty aims- there are practical issues here. When people are encouraged to talk about death and dying, important spiritual questions will inevitably arise, around the meaning and purpose of life, for example.

We are concerned that there is a perception that the provision of spiritual and pastoral care in hospitals and other NHS facilities is often under severe pressure. We would urge that, as part of the Scottish Government strategy, further research in this regard be undertaken, and that if necessary recommendations for action be made.

Palliative care must be more than physical and medical. We would urge that it is clearly recognised that the need for spiritual, emotional and pastoral care should be at the heart of the palliative care strategy.

Question 2a. Do you agree with the strategy cornerstones, which form the basis for the strategy and delivery plans?

- Agree
- Disagree
- Unsure / Don't know

Question 2b: Please add any comments you have about the four strategy cornerstones here:

We would urge that it is important that faith groups (as distinct from third sector organisations) should be explicitly named as providing delivery of palliative care. As spirituality is integral to palliative care, this is a role which faith groups already carry out, and this should be recognised.

Section B: Strategy outcomes

Question 3a. Do you agree with strategy outcome 1 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 3b: Please add any comments you have about outcome 1 and its actions here:

As previously stated, the place of spiritual care, and the involvement of faith groups in helping to deliver it, needs to be at the heart of this strategy. We believe that it is essential that this is stated clearly, so that the importance of spiritual and pastoral care is not diminished or ignored

Question 4a. Do you agree with strategy outcome 2 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 4b: Please add any comments you have about outcome 2 and its actions here:

No further comment

Question 5a. Do you agree with strategy outcome 3 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 5b: Please add any comments you have about outcome 3 and its actions here:

No further comment

Question 6a. Do you agree with strategy outcome 4 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 6b: Please add any comments you have about outcome 4 and its actions here:

No further comment

Question 7a. Do you agree with strategy outcome 5 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 7b: Please add any comments you have about outcome 5 and its actions here:

No further comment

Question 8a. Do you agree with strategy outcome 6 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don't know

Question 8b: Please add any comments you have about outcome 6 and its actions here:

As part of the Church’s review of assisted dying issues, we have been organising conversations about this in Presbyteries in various parts of Scotland. As a result of the feedback exercise which we conducted as part of these events, we have collected some qualitative data about knowledge and understanding in this area. While the data that we have collected is inevitably patchy and incomplete, some of what has been learned may be helpful in engaging with NHS Education for Scotland and other partners in the development of new education and training resources on bereavement care for staff across health and social care.

In relation to the development of a new “Support around Death” education and training resource for staff, the professional expertise and experience of CrossReach staff, NHS and hospice chaplains, and others associated with the Church of Scotland could be invaluable.

Question 9a. Do you agree with strategy outcome 7 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don’t know

Question 9b: Please add any comments you have about outcome 7 and its actions here:

No further comment

Question 10a. Do you agree with strategy outcome 8 and the proposed actions being developed to deliver this outcome?

- Agree
- Disagree
- Unsure / Don’t know

Question 10b: Please add any comments you have about outcome 8 and its actions here:

No further comment

Question 11. Please add any further comments you have about the draft strategy outcomes and actions here.

No further comment

Question 12a. Community action and support - Do you think this strategy explains why it is important to encourage people, families and communities to come together, support each other, take action and talk more openly?

- Yes
- No
- Unsure / Don't know

Question 12b: Please add any comments you have about how to do this better in Scotland.

As previously indicated, we are fully in support of people, families and communities being encouraged to talk more openly about the issues around death and dying. We would reiterate the likelihood that such discussions will often lead to further questions and discussions with a spiritual dimension. It is therefore imperative that spiritual and pastoral care be at the heart of this strategy.

Question 13a. Earlier access to palliative care - Do you think this strategy explains why getting palliative care long before someone is dying can help adults, children, their families and carers?

- Yes
- No
- Unsure / Don't know

Question 13b: Please add any comments you have about earlier access to palliative care here.

No further comment

Question 14a. Improving access to palliative care and support - Do you think that the actions in this strategy can improve the experiences of people with different personal characteristics and circumstances?

- Yes
- No
- Unsure / Don't know

Question 14b: Please add any comments you have about impacts of the strategy on these or other groups of people here.

No further comment

Question 15a. Language and terms used in the strategy - Do you think the strategy explains what is meant by the terms palliative care for adults; palliative care for children; care around dying; and future care planning?

- Yes
- No
- Unsure / Don't know

Question 15b: Please add any further comments you have about any of the terms that are used in the draft strategy.

We welcome the recognition of the importance of spiritual care and support for all as an integral part of the provision of palliative care.

Question 16. Please add any other comments or suggestions you have about the draft Palliative Care Strategy here:

Overall, we welcome a renewed interest in and concern for palliative care, which is often relegated to being treated as the “Cinderella” of specialties. This is partly due to a widespread reluctance to discuss death and dying, and we welcome the fact that efforts to overcome such reluctance is at the heart of one of the pillars of this strategy.

We believe that the provision of timely, well-resourced and appropriate care for all, especially those who are approaching the end of their lives, is very important. However, it is clear that meeting these commitments will not be easy, and that the involvement of many other agencies, including faith groups and organisations, will be pivotal to any progress being made in this area.

There is clearly a requirement for additional resources- both financially and in terms of personnel. This must be recognised, and appropriate commitments to provide this made.