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Reflections

We need big hearts

END of life care is one of the poignant yet rewarding moments of my ministry in Okehampton and Chagford.

I was fortunate enough to offer my pastoral care to many of my parishioners as they were approaching the end of their life.

From my personal experience for the last five years in the area, I found care in the hospital more holistic and less hassle than offering the same at homes. I must confess those whom I cared for in the hospital and care homes were in a much more dignified situation than those I visited at homes.

The possibility and the opportunity for support and help is more accessible in the hospitals and therefore all the energy and concentration of the professionals are/can be dedicated for effective care than any unnecessary worry. Because, given the complexity of legal requirements (safeguarding, health and safety issues, etc), it is less encouraging at the moment to offer the same care at homes.

There is a strong evidence based on the recent researches that the speedy process of healing and the dignified end to life are down to clinical



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medicine and emotional (through pastoral care) care that the person is offered.

The elite and eminent ones have gone wrong in the past with their supersonic plans especially when it involved community based projects like ours. Home care as proposed is more expensive in all levels unless there is a compromise in the quality of care.

Given our socio, cultural contexts and the pressure on the CCG, a compromise with an integrated model of care is the need of the hour.

We have plenty of bright minds on both sides. What we need are the big hearts.

'A cheerful heart is good medicine, but a crushed spirit dries up the bones'. (Proverb 17:22).