

A Snapshot of Me:

Advance Planning with South Asian
and East African Communities



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**With thanks to the members, staff and volunteers
at SubCo for their involvement and support.**



Introduction

Both research and learning from Compassion in Dying's services has consistently demonstrated that if people are able to plan ahead for the end of life, and are supported to do so, it can have a positive effect on their end-of-life experience. A 2015 YouGov poll showed that where a person's wishes were recorded, they were 41% more likely to be judged by loved ones to have died well.

Planning ahead for the end of life also provides peace of mind and reassurance to people that steps have been taken to ensure their wishes will be respected in the future.

Despite this, people's awareness of their rights to plan ahead remains low. To address this, we developed and delivered the My Life, My Decision (MLMD) programme. This provided one-to-one support to people aged over 50 to record their wishes for treatment and care through Advance Decisions to Refuse Treatment, Advance Statements and Lasting Power of Attorney for Health and Welfare.

As part of this programme, we partnered with SubCo who provide support to older people from South Asia and East Africa to run a project with their staff and members. The SubCo team are experts in developing innovative culturally and linguistically appropriate services.

Working in partnership we developed a model that trained their staff to support their members to plan ahead and worked with the community to develop effective and creative approaches to raising awareness of both the importance of planning ahead and how to do so.

The project ran from February to November 2016 and had seven key aims:

1. To inform all of SubCo's staff and volunteers about the importance of planning ahead.
2. To inform South Asian and Asian elders from East Africa about the importance of planning ahead.
3. To provide in-depth training and support to SubCo's senior co-ordinators to equip them with the skills needed to support their members to plan ahead.
4. To capture individuals' experiences in relation to their own care and of the care that loved ones have received at end of life.
5. To consult and work with the community to develop an effective approach to discussing the importance of planning ahead and end-of-life issues.
6. To support SubCo members to document their wishes for future care and treatment.
7. To produce culturally appropriate planning ahead documents.

The first half of the project focused on staff training. This was followed by four large community events. The project then provided one-to-one support to SubCo's members who wanted to record their preferences for future care and treatment.

The project adopted creative visual tools to facilitate discussion and thinking around what was important to the individuals who attended the community events. It also used disposable cameras to encourage people who wanted to plan ahead to take photos of what was most important to them, which helped to frame one-to-one discussions.

The project has demonstrated how valuable it can be for people from Black, Asian and Minority Ethnic (BAME) groups to engage in discussions about their preferences for care. It has also shown how important it is for individuals to be supported to record their preferences using creative and culturally sensitive approaches.

“The MLMD project will empower clients to think about their wishes and the type of treatment they want or don't want if taken ill or health deteriorates.”

SubCo staff member

“In the communities we work with they are very used to being told what to think and do by medical professionals, so it is very hard for them to be in a position to say “I don't want to do it like that or I don't want that”, or even for the family to challenge. So there is a whole lot of work to do around awareness and confidence building”.

SubCo staff member

This report outlines recommendations for other charities and organisations that want to work collaboratively and flexibly with people from BAME groups and explore different ways to support communication.

Staff Training

As planning for the end of life was a new focus for SubCo, it was important that their staff received training to equip them with the information and skills needed to provide support to their service users. This approach ensured that everyone in their organisation felt comfortable engaging in conversations about planning and end of life.

“Even the clients who speak some English and understand some English, when talking about complex issues like this, need to be able to express their views in their own language. Also we knew we would need to take carers and families along with us. Doing all that work through interpreters would be very difficult, so we knew our staff needed to be involved.”

SubCo staff member

Six members of SubCo staff attended the following training sessions:

1. Three tools for planning ahead: An introduction
2. Supporting older people to plan ahead
3. Advance Decisions in depth
4. Lasting Power of Attorney in depth
5. Starting the Conversation

Staff reported that they found the training useful in their day-to-day work, as it increased their understanding of how people can plan ahead for their care and of the importance of doing so. They also reported that it has helped them to initiate conversations with people about their wishes for the end of life, a topic that some people find difficult to broach.

SubCo staff felt that it had been valuable to work with Compassion in Dying and to receive the training before approaching clients, so that the staff were in a better position to provide information and support on planning ahead to the community.

“The pre-meetings with Compassion in Dying before we actually did the workshops – that worked very well because it gave clarity about what everyone was doing, our aims and objectives, what we were trying to achieve and who was responsible for what.”

SubCo staff member

“The training was good in terms of highlighting what the staff needed to do when facilitating groups to discuss the planning tools, and also to think about the concepts in other languages - how would these phrases be said – and how would we modify them.”

SubCo staff member

During the training sessions staff found it particularly helpful to talk to each other about their own experiences of supporting someone at the end of life, whether clients or family members, which also prompted them to think about planning ahead themselves.

Community Events

Once SubCo staff had received training, we delivered four large community engagement events. The first was held as part of SubCo’s AGM in February 2016. Members were then invited to attend three more events in April, June and September.

At each event workshops were held in Bengali, Gujarati, Hindi, Punjabi, Urdu and English, run by bilingual facilitators and scribes.

The events which were each attended by between 50 and 68 members, between the ages of 70 and 95.

Community Event 1: Awareness of planning ahead and individuals’ experiences of health and care

The first community event was used to raise awareness of the project and allowed Compassion in Dying to get a baseline indicator of how much people knew about how to plan ahead.

Compassion in Dying staff gave a brief introduction to the different planning ahead tools including Advance Decisions to Refuse Treatment, Advance Statements, and Lasting Power of Attorney for Health and Welfare. Very few of the members had heard of these tools. Some people had made plans but these were mainly in relation to legal and financial matters. No one had started to plan for their health and care.

The majority of those present at this first event expressed a wish to have more time to consider their wishes and understand the ways to plan ahead. They felt this needed to happen before they could start planning their care.

A number of people said they had tried to have some discussion with family members but felt they needed support to do this. This is particularly important in the context of being part of an extended family network, and because many members were not used to considering or prioritising their own needs (as evidenced from SubCo's personalisation work).

“I asked if she had spoken to her family about what she wanted at the end and she said no, they don't want to listen, she tried to speak to her husband and he said “don't talk to me like that” and he just walked from the room! (laughter) He said “where did you learn these things!”

Interpreter

The main faiths in the group were Muslim, Sikh and Hindu. We used visual references to each of these faiths, which was important to keep people engaged. This also helped the participants appreciate that Compassion in Dying had a genuine interest in understanding their beliefs and preferences and so contributed to building a relationship of trust between us and the group.

Compassion in Dying produced a visual record using images of what had been discussed in each community session, as well as written notes. The images helped to support individuals who could not read or write in English. We used pictures to illustrate the things that participants had raised. These records were subsequently used in the one-to-one sessions to support members remember what had been discussed.

Staff who acted as an interpreter knew the members very well which helped the conversations:

“We have a lot of staff who are bi-lingual, so we were able to advocate or interpret what was being said when Compassion in Dying were doing the presentations... in a language that clients understood and in terms of all the cultural differences. So that worked very well indeed because the staff have been working with these clients for a long time so we know them quite well... knowing their likes and dislikes it made it easier for us to give it in a way they could understand.”

Staff member

Community Event 2: Experiences of end-of-life care in the UK

The second community event followed the same format as the first but focused on individuals' experiences of general healthcare provision and end-of-life care in the UK. The importance of the family's role in decision-making became clear in these discussions.

“(Her) Cousin had bad experience, her children didn’t take care of her so she went to India where her daughter looked after her and she became bedridden for ten years ... She wasn’t educated or had knowledge of how things should be dealt with”.

Interpreter

“When she was to have an operation, her daughter decided for her to have the operation which she did not want to have. Because of mistakes done by doctors, she had to go through total of six operations – suffered more pain and difficulties and long term effects.”

Interpreter

Several people felt that GP services needed to be improved and that it can be difficult to get appointments and access to interpreters:

“She was given a menu in English – not everyone can read.”

Interpreter

“Doctors are at times very miserable, she never smiles, I feel more ill. Smiling does not cost you anything.”

Member

Some members talked about refusing treatments and expressed worries about being kept alive artificially:

“Here in this country, you are not allowed to die. When you go to hospital, in the last minute before death they give you oxygen.”

Member

“I refused a second operation because it was bigger than the first and sometimes they fail and people end up in a wheelchair, and I don’t want to end up in a wheelchair”.

Member

Religious beliefs

“If I can’t speak, I would like someone to say the Shahada on my behalf. I like Zam Zam - if I were in hospital I would like to drink it.”

Member

Overall, the members felt their religious beliefs were respected. Some members had found their own ways of protecting them too, for example by wearing double gowns. The importance of religious/prayer areas was emphasised as was keeping male and female areas separate and having halal or vegetarian food. The following are quotes from SubCo members:

“When my husband fell ill I felt the hospital respected his religious belief. He used to always read Kamilah Surah ikhlas and he told me to read Ayyat ul Kursi (Verses from the Quran).”

“My husband was allowed to read our religion scriptures; this gave him hope.”

“The family were allowed to read religious scriptures.”

“The hospital allowed my sister to display statues of our God.”

After the discussions, we asked staff members to support each member to write one thing that is really important to them and their future care. There were clear themes that the group expressed and these themes were used to frame the conversation at the next event.

Community Event 3: Informing and raising awareness

This event used the themes that emerged in the previous session of food, family, faith, and likes and dislikes to explore ways to plan ahead. We then consulted the members on what would be the best way to raise awareness of end-of-life rights in their communities.

Food

“I like sweet things. Some sweets are halal. There is a strawberry one that I absolutely love! My son buys it for me. It’s like a Jelly Baby! I love it.”

Member

In the previous session, many members stated that having Halal or vegetarian food was important to them. In this workshop staff explained that an Advance Statement is a tool they could use to communicate the kind of food that they do and do not eat. This group also discussed the kind of foods that they were intolerant of, fasting, the association between sweets and happiness, and specific foods from their cultures that they especially liked.

Religion

“If I went to hospital I would like them to give me space to pray and whatever situation I am in.”

Member

Religion was a thread that ran through all of the sessions. We asked this group to explore further what aspects of their individual religions would be important to communicate to healthcare professionals. The workshop facilitators explained how an Advance Statement could be used to communicate this.

Some members talked about the importance of being able to say certain prayers and read their holy books, listen to it on a CD or to have their family read it to them.

Other issues and traditions such as The Tulsi Leaf, having a religious leader close and having access to particular foods and cleanliness were stated as very important.

Several of the members, although brought up with a particular religion, no longer identified with it:

“I am not religious. I was born into the Hindu religion, but I don’t believe, because this is religion from two thousand years ago and at that time people had no knowledge.”

Member

Family

At the beginning of the project, SubCo staff were aware that there might be some cultural barriers among families that could make it difficult for the members to engage with the subject matter:

“With Asian elders, the concept is that as you grow older you give up your role as the lead person and the next person in line, which is normally the eldest son, he takes over and they make decisions for you. So we knew that they were going to say, “Oh no my son is going to do this or my daughter is going to do this for me”, or “I don’t know it’s up to them”.

Family was stated as the most important thing in many of the members’ lives. We asked this group how they would like their family involved in their future care. The workshop facilitator explained how a Lasting Power of Attorney for Health & Welfare could be used to give family members the legal authority to make decisions.

When asked if they were unable to make decisions for themselves, how they would like their family involved in their care, the majority of participants wanted their family to be able to make decisions on their behalf, although several of them were worried that their family were too busy:

“It’s difficult for my family to take time to take care of me - they are busy.”

“I would like my spouse to make decisions for me as we know each other’s likes and dislikes”

“Would like family to decide if they are able to decide because they will make the right decision”

In spite of their strong feelings, none of the members had made a Lasting Power of Attorney for Health & Welfare, and many participants still believed their family had the automatic right to make decisions on their behalf if they lost capacity. Staff therefore felt it was important that the younger generation were involved in the process too:

“The clients we are working with at the moment are the first generation that came to this country, so they are used to extended families back home where everyone knew what everyone wanted. Now it is quite nuclear and the family setup is diminishing, so as time goes on, it is really important to get the young people involved... but with some of the families it’s the commitment because some of the younger family members are working and that is quite difficult... maybe it’s something to look at and promote in the future, because if all the family is on board it makes it much easier for the service user to say what they want or don’t want.”

Staff Member

Things I do not like/do not want

“I have tried to speak to my family about my wishes at the end-of-life but they don’t want to listen. They said when the time comes they will sort that. I said to my husband don’t put me on a life support machine but he didn’t listen. I don’t want to have a lingering death. When the time comes I want to go. I don’t want to be put on a life support machine.”

Member

The final group discussed the kind of things individuals do not like/would not want if they lost capacity. The workshop facilitator explained how an Advance Decision to Refuse Treatment could be used to document treatments they would not want.

When asked to consider the kind of treatment they would and would not want there was a very diverse range of views. Some members stated that they did not want to be kept on a life support machine for a long period. Others talked about not wanting pain relief to ease suffering because this might prevent them saying their prayers. Additional things that were discussed were:

- Magnetic Resonance Imaging Scans: can leave individuals feeling like they are suffocating
- preference for tablet rather than liquid medicine
- showers not sponge baths
- dislike of hospital gowns (they are immodest)

“I have limited time. If I have complications they will send me to hospital and I don’t want to go to hospital because hospital is not pleasant. I would rather be cared for at home. I want to die at home in my own bed.”

Member

Raising awareness of end-of-life rights in diverse communities

We finished this session with a general discussion on the best way to raise awareness of end-of-life rights in the member’s communities.

When asked where they would normally find out information about their rights, many members talked about the media such as their community radio, newspapers and television channels. Zee TV, ARY, Star Plus were mentioned alongside Sunrise and Asian radio. Many people also mentioned that they get information through SubCo and other day centres, religious centres and community events.

Celebration event

At the end of the project we held an event to summarise and celebrate the work that the organisations had undertaken together. Staff cooked some of the foods that individuals had stated that they would like to include in their Advance Statements and music and poems that some individuals stated were important to them and their identities were also performed. Staff members from Compassion in Dying shared with the group the kind of music and food that was important to them at the members’ request.

Two short visual presentations were shown. The first summarised what individuals had stated was important to them throughout the previous events. This was separated into the themes of family, faith, food and things that they did not like/want and was used to remind the group of each of the ways they could plan ahead (through an Advance Decision, Advance Statement or Lasting Power of Attorney).

The second short presentation played audio descriptions of the three tools in a selection of community languages and then showed some photographs taken by the elders accompanied by audio clips stating the kind of things that they would and would not want at the end of life. This was used as a way to illustrate that although there were many things the group shared, people have very diverse views on what is important to their individual care and treatment.

One-to-one sessions

After the community events, one-to-one sessions were offered to the members who wanted to complete an Advance Statement. Seven members took part in these sessions, which were attended by a member of staff from Compassion in Dying and an interpreter from SubCo. During the community events it became apparent that members found the different ways to plan ahead complex. We therefore used an Advance Statement with images to represent people's preferences as this made it easier to understand and gave members confidence that their wishes were being listened to.

“The tools are complex and need to be broken down to better fit with how to do these things for our community.”

SubCo Staff Member

Pictures and conversations

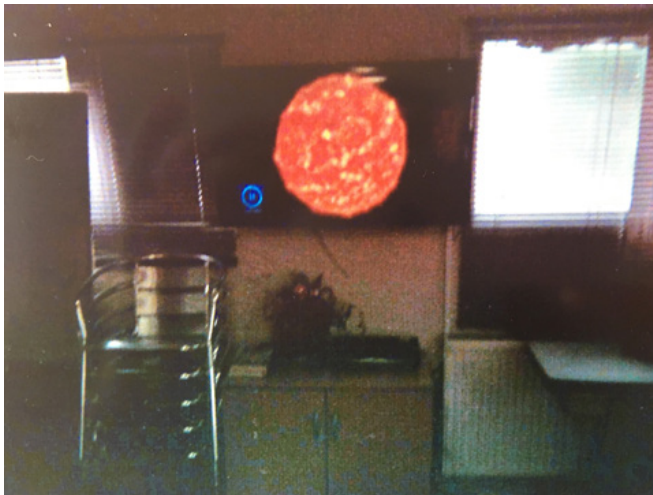
We wanted to give members control over the content and tone of the discussions in the one-to-one sessions. To facilitate this, each member was given the opportunity to take photos of the kind of things that were important to them with a disposable camera. These photos were then used to frame the conversations about what was important to each person. They allowed each member to steer the direction of the conversation and provided more gentle windows into subjects that individuals may have otherwise found difficult to discuss.

We wanted to ensure that the members did not rely solely on the visual prompts or use them as a checklist, and so supported them to explore other wishes outside of the topics covered in their photographs.

Each member had two sessions. The first was used to talk through the visual Advance Statement. Alongside their own photos, we also used images from the community sessions to support the members to remember what had been discussed in the workshops. These sessions took approximately one hour depending on how much information the members wanted to include. After this, the staff member typed up the notes and put them into the Advance Statement, along with the images to illustrate what was written.

During the second session, SubCo staff checked what had been written with the individual to ensure that we had documented an accurate record of their wishes. Each member was then given their Advance Statement containing a note to healthcare professionals that gave a brief introduction to the project and explained how the statement was completed.

Below are some examples of the pictures that the members brought in to share.



“I like to spend time watching science programmes.”



“I want to be cared for at home, where I am most comfortable.”



“I enjoy doing regular exercise.”

Resources

As part of the project Compassion in Dying produced an A4 information sheet summarising individuals' rights around planning ahead in each of the community languages spoken by members. Although many could not read their own language, the factsheets were well received with members stating that they would be useful to give to their families and a means through which to start the conversation.

Recommendations to other organisations working with Black, Asian and Minority Ethnic groups

Although each community is different, learning from the project highlighted several elements to consider when engaging BAME communities with thinking about and planning their end-of-life care.

Focus on visual methods of communicating and recording information

Visual information and tools can support people who do not speak, read or write English, or write in their first language. Using images to record information gave the members a way to express their wishes and communicate with healthcare professionals, which many of them did not feel they had before. Providing images to represent people's wishes also demonstrates that individuals have been actively listened to. Empowering people to take photos of what is important to them gave them even more control over the content of conversations and can provided a gentle window into the discussion of potentially difficult topics.

Consider creative ways to engage

SubCo staff engaged their members in the subject matter using short humorous role plays addressing some of the difficult family dynamics that were brought up in the discussion groups. This was really well received by members and enabled potentially difficult messages to be communicated in a memorable but light-hearted way.

The importance of language

Some members found the subject matter difficult to engage with initially. The words 'death' 'dying' and 'end of life' were frightening to some.

Many phrases used in end-of-life care, such as 'hospice' or 'palliative care' do not translate easily into Asian languages. Therefore, for people with limited English and understanding of UK health and social care systems, additional time needs to be spent explaining and discussing these concepts and phrases.

Consider involving support systems such as carers, family and younger people

“The whole approach is about an individual in discussion with the people who are around them... but almost every [client] response is “Oh I have to go and talk to my son, or talk to my grandchild”, so that stops any discussion. So until they have had that family discussion, it won’t happen. So we need to think about how we can engage with their family to get them involved from the beginning – rather than starting with the individual.”

Staff member

SubCo staff stated that the planning ahead tools were received with enthusiasm and appreciation by carers as they seemed more comfortable with the subject matter. They also suggested working with families to ensure they are familiar with how to plan ahead and ready for the discussion with their loved ones.

It might, therefore, be helpful to develop intergenerational approaches to address the barriers that exist in families, and to ensure older people are supported by trusted younger generations to consider their wishes for the end of life and plan ahead.

Make use of Asian media to raise awareness

Many of the elders in SubCo live by themselves so TV and Radio are their main means of gathering information.

Focus on people as individuals and not just as members of a particular community

It is important to remember that people are individuals as well as members of a community. Although many members shared similar interests a part of a community, individual variation of opinions, needs, tastes and interests were demonstrated through the one-to-one sessions undertaken by staff.

Provide space to talk about experiences and fears

Engaging in conversations is the first step to improving care for the community. This is because unless people express what is important to them, their preferences cannot be supported.

Different Advance Care Planning tools will be appropriate for different people

Not every individual or group will feel that a particular tool is right for them. The Advance Statement can be a good place to start because it can be adapted to the individual or group and provides a place for a person to record their wishes and make their voice heard. Some people find it easier to start by thinking about things that they do want, rather than things they do not want.

Make the process collaborative

The focus should be on sharing experiences and creating a dialogue rather than just asking questions. It was important for the person presenting the sessions to begin by asking the questions and to then give personal examples. The members were interested in knowing what things were important to us as well as showing the kind of things that were important to them and their communities.

Allow time to build relationships

Building relationships is crucial when dealing with such a personal subject matter. It means that the participants feel comfortable about sharing potentially difficult experiences and feel able to engage in the project because they trust that what they are saying is being acted on and addressed throughout.

Take a flexible approach

Keeping the structure and content of the project flexible means that it can be adapted to meet the needs and priorities of the people involved. This means that the participants are able to direct the project and make sure that it covers the things that they feel are most important. It is also important to be flexible around the time and duration of meetings to make sure that people are able to participate when it is best for them.

Ensure emotional support is available

Ensure that emotional support is available to both staff and service users if needed.

“You need to be prepared to support the service users; because the subject is quite sensitive and... even the staff can become quite emotional at times... so make sure you have measures in place to support everyone.”

Staff member

End on a positive note

Staff made sure that each workshop ended positively with music, dancing and poetry reading – celebrations of the things that the members enjoyed in their lives. They felt that this meant that people left feeling uplifted and able to deal with some of the more difficult discussions

Recommendations from community members

The members of SubCo generously shared what is important to them throughout the project as well as their perspectives on what they feel could be done to improve the experience of South Asian and East African communities in relation to healthcare in the UK.

Awareness of religious and cultural beliefs

While many members had shared positive experiences of healthcare professionals being respectful and accommodating of their faith, throughout the discussions they were very clear that awareness of a person's religious and cultural beliefs, particularly at the end-of-life, is of vital importance to them. The importance of appropriate areas for prayer was emphasised, as was keeping male and female areas separate and accommodating dietary requirements.

Interpreters

Providing an interpreter for people who do not speak English is an essential part of empowering individuals to feel confident enough to make decisions about their own healthcare. The current lack of interpreters is a fundamental barrier to people accessing health and care services.

People should be encouraged to record their wishes regardless of culture or religion

Every individual should have the opportunity to engage in planning ahead in order to document the things that they would want those caring for them to know if they were unable to communicate.

Many of the barriers the members highlighted can apply to all groups and individuals. Projects such as this are vital for learning about diverse communities but also contribute to a broader discussion around improving person-centred healthcare in the UK.

Conclusion

This project raised awareness of the importance of considering your wishes for the end of life and the ways to plan ahead to ensure such wishes are respected. It opened up a conversation that this community initially found difficult to engage in. We developed an approach to engaging communities who experience significant barriers to accessing mainstream support. New approaches to engaging service users have been developed and tested, including drama, multi-lingual audio and visuals to both engage the wider group and capture individual experiences.

SubCo staff have benefited from support and training to gain a better understanding of end-of-life rights, and have learnt new ways to support their clients.

SubCo staff appreciated working in partnership with Compassion in Dying to plan and deliver the project as a whole.

“The service users told us that they were so happy that we were discussing death and they were saying that it is important because nobody wants to talk about it... and they said that even if they were not ready to talk about it just now, it was just the fact that they knew they could come to SubCo and know that staff would be willing to take on board what they were saying and to have that discussion.”

SubCo Staff member

The feedback we received from the members was extremely positive:

“We shared ideas and thoughts (It was) first time experience about talking about these topics (we have) spoken about what is in the heart.”

“We wouldn’t have known how to have started this conversation ever”.

“Thank you for giving us this opportunity. We are all happy!”

Common terms

Advance Statement

An Advance Statement (also called a Statement of Wishes) is a general statement of what is important to a person regarding their future care. It is usually written down and can contain any information they feel is important for others to know if they become unable to communicate their wishes in the future. It must be taken into account by healthcare professionals making a decision on their behalf if they lack capacity.

Advance Decision to Refuse Treatment (Advance Decision)

An Advance Decision allows a person to record any medical treatments they do not want to be given in the future, in case they later lack capacity and cannot make or communicate a decision for themselves. It was previously known as a Living Will. Advance Decisions are legally binding in England and Wales, as long as they meet certain requirements.

Capacity

Capacity is the ability to make a decision. It is time and decision-specific. The law says that a person must be assumed to have capacity unless it is proven otherwise.

A person lacks capacity to make a decision if:

- they have an impairment or disturbance of the mind or brain, for example, because they are unconscious, have dementia, a mental health condition, a brain injury or a stroke

and, because of that impairment, they cannot do one of these things:

- Understand information relating to the decision
- Retain that information for long enough to make the decision
- Take that information into account when making the decision
- Communicate the decision

Advance Care Planning

Advance Care Planning is a process of discussing and/or formally documenting a person's wishes for their future care. It allows healthcare professionals to understand how they want to be cared for in case they become too ill to make decisions or speak for themselves.

Shahada

The Shahada is the first and most important pillar of Islam. It is an Islamic creed that declares belief in the oneness of God and in Mohammed as the messenger of God. The Shahada is whispered into the ear of a newborn baby and is also said by a dying person. If they are unable to communicate they can say it in their head or if they are unable to say it, their family can say it for them.

Zam Zam

Zam Zam is a holy water for Muslims and is taken from the Well of Zam Zam located within the Masjid al-Haram in Mecca, the holiest place in Islam.

Tulsi Leaf

Tulsi leaf is cultivated for religious and medicinal purposes. It is widely known across the Indian subcontinent as a medicinal plant and a herbal tea, commonly used in Ayurveda, and has an important role within the Vaishnava tradition of Hinduism, in which devotees perform worship involving holy basil plants or leaves.

More info

Compassion in Dying

Compassion in Dying is a national charity working to inform and empower people to exercise their rights and choices around their future treatment and care, particularly at the end of life.

We provide information for individuals, family members and healthcare professionals on their legal rights and choices to make decisions about their medical treatment including a dedicated Information Line. We also conduct and review research into end-of-life issues to inform policy makers and promote person-centred care.

SubCo

SubCo operates in the borough of Newham in London. Their aim is to provide Day Care provisions to Asian elders from the Sub-Continent and other East African communities over the age of 50 years, with a particular focus on those who are frail, isolated and house bound. Subco's mission is to:

- Be a specialist service provider for elders and their carers.
- Offer quality support services that are culturally and linguistically appropriate and explore innovative ways of working effectively.
- Assist and empower elders and their carers to advocate for other services to meet their individual special needs.

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