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The *Last Aid* program illustrates how structured, evidence-informed public education on death, dying, and grief can successfully scale across diverse cultures, languages, and health systems.

Case examples from Brazil, Scotland and Canada highlight different rollout approaches and provide insights into balancing fidelity and adaptability in global program development.

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Last Aid around the world:

balancing structure and flexibility for scalable palliative care public education

Brazil

Since 2020, Brazil has run 92 courses for 929 participants in varied environments — from favelas to universities and professional training. With 111 facilitators, growth has been grassroots and driven by high community demand.



Scotland

Since 2019, Scotland has delivered 107 courses to over 1,080 participants across diverse settings. With five facilitator training sessions and strong infrastructure, the program is now well-established and expanding.



Canada

Beginning in 2021, Canada trained 16 facilitators and delivered 25 sessions to 240+ participants. By mid-2025, 39 additional facilitators were trained and interest exceeded 600 people, signaling strong early momentum.

Globally

- Start 2015
- 23 countries
- > 10,000 courses
- > 150,000 participants
- > 6,500 facilitators

BACKGROUND:

Last Aid is a standardized, community-based course offering basic, accessible education on death, dying, palliative care, grief, and bereavement. It is grounded in the Compassionate Communities movement, which underscores the vital role of families, friends, and communities in providing end-of-life support.

OBJECTIVES:

Develop models to implement and lead the *Last Aid* project in new regions. Recognize the strength of a structured and standardized Palliative Care Public Education approach, which can be applied in the most diverse settings around the world.

CONCLUSION:

The *Last Aid* program shows that a structured curriculum can enable scalable, community-adapted education and help normalize conversations about death and dying.