

Spiritual Care



Caring for the Whole Person

Disclosure

By way of this announcement, we disclose any involvement with industry that may be perceived as potentially influencing the presentation of the educational material.



What is Spiritual Care?

Spiritual care is based on the premise that all persons, whether religiously affiliated or not, have spiritual needs & spiritual resources/strengths which affect and are affected by experiences of illness, injury or bereavement. Often during an illness the human spirit is attacked by discouragement, loneliness, grief and perhaps a sense of lost future. Consequently, hopes and values are questioned: patients, as well as families and staff, need help to reflect on what is happening to them from a religious and/or spiritual perspective. The purpose of those involved with Spiritual care is to ensure that appropriate "care of the human spirit" is made available for patients, their families and staff.

What is Spirituality?



Spirituality is an integral component of healing. It is a source of strength in the presence of distress. It is at the heart of our well being. It enriches all aspects of our life: physical, mental, emotional and community

Spirituality for most individuals is best described as a feeling deep within the heart. Spirituality is a personal search for meaning and purpose in this life. It encompasses the values and practices that give meaning to life. It can be the connection that brings great hope, faith and peace deep within a person and can empower and motivate individuals to live life to the fullest until there is no more life to live here in this place.

Once the connection is made to one's spiritual self often times the person is able to achieve joy, forgiveness of not just one self but also others. There is now an awareness and acceptance of this world's hardships along with their own mortality, as well as a distinctly heightened sense of well being both in the physical and emotional part of self.

Spirituality involves family and friends.
It embraces fullness, meaning, love and
hope in the journey.



Basic Human Spiritual Needs

- Meaning – Who am I? Why is this happening?
- Purpose: - When do I feel most alive?
- Communication: - With whom & how can I be open & honest?
- Relationships: -- How do I see myself now in relationship to myself & others.

- Belonging: - Who cares for me?
- Hope: - Where does my hope lie?
- Values: - What are my guiding principles?
- Creativity: Do I feel free to shape my path?
- Forgiveness: - Am I forgiving and forgiven?

Spirituality
The Search for Meaning

- What gives meaning in your life?
- What would continue to give meaning to if you personally were faced with end- of life issues?
- How do you care for yourself spiritually?

- Most people facing end-of –life will search for some meaning in their life & experience. They may see this as spiritual issues or not. Each person’s own approach to these issues must be respected.
- The knowledge that one is dying is not easy. It arouses a wide range of emotions.
- Each individual will react differently to their illness and the prospect of death.

Signs of Spiritual Distress

• Fear	• Shame
• Anxiety	• Guilt
• Confusion	• Grief
• Hopelessness	• Withdrawal
• Depression	• Isolation
• Anger	• Resentment
• Pain	• Disbelief
• Loss	• Conflict
• Apathy	• Regret
• Powerlessness	• Loneliness

- Many people turn to spirituality and/or religion to help them make sense of their illness and give them strength to continue on the journey.
- Each religion/faith group has views on the after life, burial rites, expected attitudes of the dying and the meaning of life and death.

Spiritual Care Practitioners

Spiritual Care practitioners are trained to respond to persons who are experiencing distress by:

- Listening and facilitating communication
- Assessing spiritual needs and concerns
- Providing spiritual care and counseling
- Supporting those facing crisis situations

- Exploring faith and mortality
- Responding to religious needs
- Contacting faith community when requested
- Exploring possibilities for reconciliation
 - Leading support groups
- Guiding through the grief process

Spiritual Care Services
Provide

- Healing
- Meaning
- Accepting
- Reconciling

General Spiritual Assessment

Patient Centered Care

R - Reason for the visit
A - Assessment
D - Diagnosis
I - Intervention
O - Outcome of the visit

End of Life Spiritual Assessment

Often involves patient and family
Purpose:

- a desire to respect the patient & family – autonomy of the patient.
- death with dignity for the patient.
- *a good death* with meaning, purpose, hope and peace.

Important Parts of End of Life Assessment

- What is disturbing/distressing for the patient/family?
 - How can the team work with the patient/family to alleviate some of the concerns/stresses/fears.
- The rites and rituals assessment can happen sooner rather than later in a calm and unhurried manner.

Importance of Rites and Rituals

- Sense of identity
- Something that brings the family together
 - Brings back memories of times together
 - Sense of identity
 - We are one – we are not alone
 - Recognizable words bring comfort
- Symbolize a deeply felt reality/a truth/life/who we are

Christian Rites & Rituals at End of Life

- Nature of the rite/ritual request
- Who is requesting – patient/family/other
- Assess for appropriateness of consulting community religious/spiritual provider, with the possibility of making a referral.

Other Religions/Spiritual/Cultural Protocols

- Many different faith & spiritual groups are represented in society and therefore end of life protocols vary and as Chaplains it is our role to determine what is needed in when such cases are presented.

The Non- Religious Assessment

More commonly today we find that a patient may not be involved or associated with a religion or faith group but it is recognized that all humans are spiritual beings. In such cases the following questions are important:

- What would be helpful at end of life?
- What would give this person meaning & purpose at the end of life?
(friends/family/music/art/mediation etc.)
- What would they like to happen after their death?

- It is important to make an effort to understand and respect the dying person's religious/faith or spiritual beliefs.
- Those dealing with people at end-of-life play a very important role in being supportive and listening.
- It is just as important however, to not impose your own religious/faith or spiritual beliefs on the person facing end-of life.

HOPE

Hope is a verb (as in to hope for something) and hope is also a noun (something to hold close to your heart). Hope has the power to pull us through difficult times. Hope is often described with 'light' metaphors — a ray, a beam, a glimmer of hope; the break in the clouds; the light at the end of the dark tunnel. It is often discovered in unexpected places. Certainly you can think of your own experiences when hope pulled you through. This is certainly why hope is such a big part of spirituality.

Hope for many is defined as inner strength that gives the courage and ability to go through a difficult situation.



False Hope


False hope refers to the kind of hope that is entirely based on fantasy or an extremely unlikely outcome. The question arises: what is fantasy and what is an unlikely outcome? Perhaps what we should strive for is hope with the belief that anything is possible, while accepting and acknowledging reality. Let's take the example of someone seriously ill undergoing treatment. The family acknowledges the possibility of death. There is hope of a recovery, the belief that a recovery can happen and the awareness that death is also possible.

Source of Hope May Be Unrelated to Treatment

"In a recent survey of more than 7,500 patients, 70.6% indicated that it was faith/God/Higher Power contrasted with 28.5% who saw their treatment as a source of hope."

Rodrigues, B., Rodrigues, D., and Casey D. L. (2000). Spiritual needs and chaplaincy services: A national empirical study on chaplaincy encounters in health care. Medford, OR: Providence

Health System, 76 pp. Cited in Driscoll, J. (2001). Spirituality and religion in end-of-life care. *Journal of Palliative Medicine*, 4 (3): 333.



Hope is the anticipation of something better to come and an essential component of life. Initially, hope is for cure or restoration of health but at end-of-life when science can do no more, hope endures, but the focus of hope changes. It becomes hope to find meaning in life, as it was lived, and in the time that remains. It can be for the final days, where the patient, family, and health professional discover a new meaning of hope through shared human experience.

Decision Making Around End of Life

Withholding or Withdrawal of Treatment

Possible Scenarios:

- Families refuse to withdraw treatment – *life at all costs*
- Patient refuses to stop treatment because they believe it is *suicide*
 - *Grey Areas* – feeding tubes, stopping dialysis

- It is about quality of life/length of life/comfort care.
- Doctors also have ethical decisions to make –
 - * a *just* use of limited health resources
 - * unbeneficial or futile treatment
 - * do not harm
 - * sometimes the decision is taken out of the hands of the family

We are **affected** working with patients who are dying.

To be **effective** members of the helping professions a person must first be *self aware* and understand:

- Themselves
- Their own social development
- Their own prejudices & biases
- Their world view

LOOKING INWARD

- What was your first encounter with death? Recall your feelings & needs at the time. How did others respond to those feelings needs? What is your most vivid image associated with this first loss experience?
- How was the topic of death or end of life death with in your family? Was it ignored? Was it considered taboo? Was it discussed openly and matter-of factly?

• What significant losses have you had in your life? Which one was the most painful and why? In what ways has this affected your life? In what ways, if any, has this affected the way you deal with those at end of life?

In providing end of life care we need to give some *deep personal thought* to the following:

- Our own experiences of personal loss
- What are our personal fears around our own death?
 - What are our attitudes about faith traditions?
- In our "death denying culture" – why is death at times considered *failure*?

Case Scenario

A patient says " I am dying". How do you react?

1. Do you leave the room as quickly as you can?
2. Do you stay but wish you could go?
3. Do you rush to get someone else who can deal with this situation?
4. Do you say "Of course you are not dying. We are looking after you. We won't let you dye. You are going to be fine".
5. Do you take a minute or two, giving the patient your full attention and presence? Can you hold their hand and let them cry?

If you answered 1, 2, 3, or 4 ask yourself:

- Why did I respond this way?
- What is it about death that bothers me?
- Is there some remembered grief or death experience that keeps me from being present to this patient?
- What is that experience and how can I change my discomfort?

*The more we
understand ourselves,
the better we will be able to
help those we
care for.*
