
Providing Spiritual Support in Hospice

Revd. Dr Saskia Barnden
Chaplain Co-Ordinator

Caring for
terminally ill people
in Birmingham
and Sandwell

Supporting
the whole
family

your hospice

... the dread

Of dying, and being dead

Flashes afresh to hold and horrify...

...this is what we fear- no sight ,no sound,
No touch or taste or smell, nothing to think
with...

The anaesthetic from which none come
round. "Aubade" Philip Larkin '77

Spirituality is identified with experiencing a deep seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.” *(Royal College of Psychiatrists. 2011)*

“That care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires”.

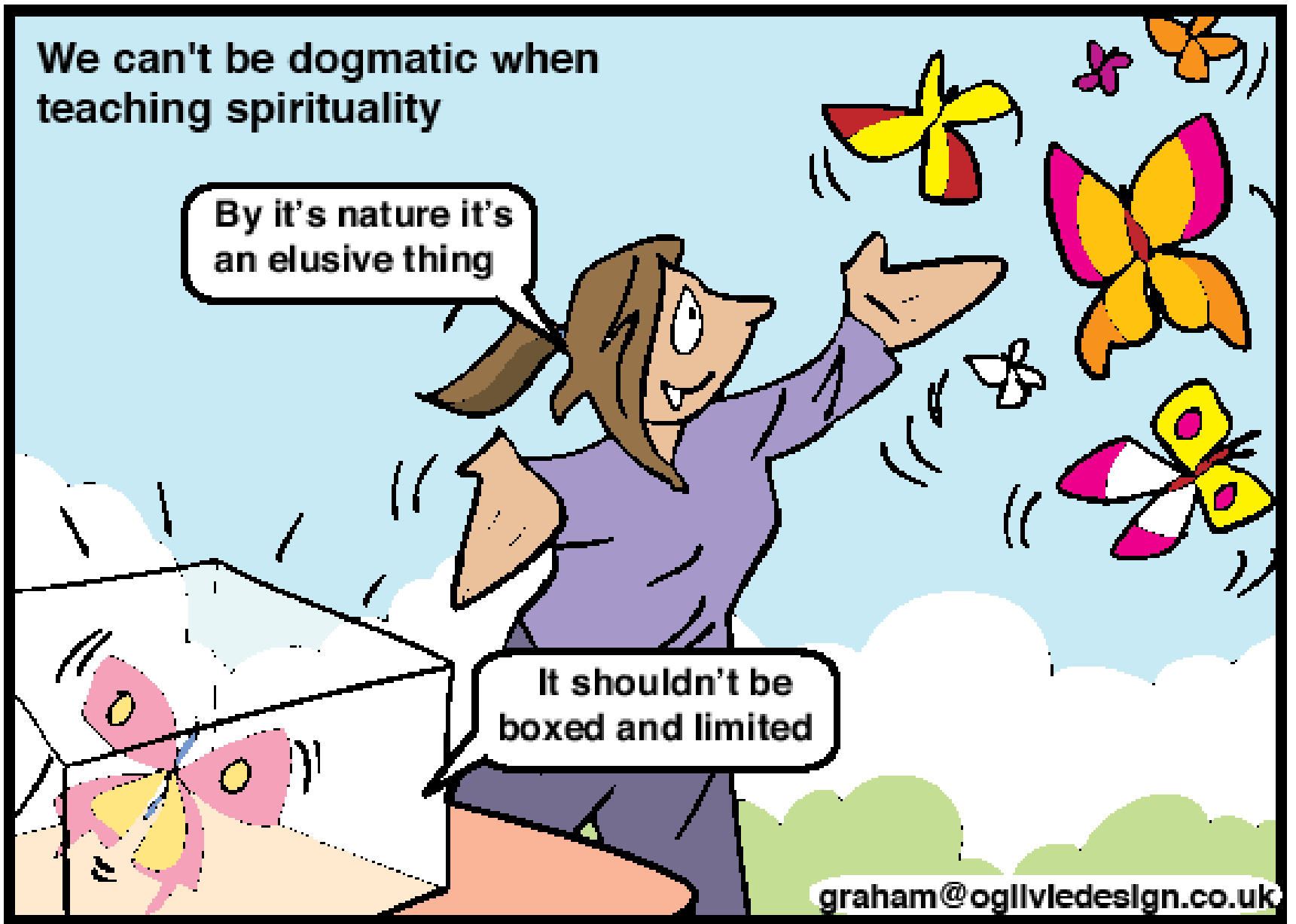
(NHS Education for Scotland, 2009).

**We can't be dogmatic when
teaching spirituality**

By it's nature it's
an elusive thing

It shouldn't be
boxed and limited

graham@ogllvledesign.co.uk



- ☐ 'Connecting the 'here' with the 'there', the living with the dead, meaning with meaninglessness. This is the territory of spirituality. It is concerned with placing our own existence and extinction within the existence of the cosmos'
- ☐ (Clark, 2002)

- ☐a great many people, particularly nurses and doctors and social workers for that matter, find it a difficult area to address'
- ☐ Dame Cicely Saunders.

- ☐ Lack of comfort or training
- ☐ Insufficient spiritual awareness
- ☐ Fear of being inappropriate
- ☐ Discomfort with initiating discussion
- ☐ Having no common spiritual language
- ☐ Lack of time

- 2004 Nice Guidelines 'Improving Supportive and Palliative Care for Adults with Cancer' Chapter 7 – 'Spiritual Support Service'
- ☐ '...the search for the existential or ultimate meaning of life...it usually includes reference to a power other than self...'
- ☐ Great emphasis on TEAM responsibility, with 'accurate and timely (and regular) evaluation of spiritual issues'

“Spirituality is identified with experiencing a deep seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.” *(Royal College of Psychiatrists. 2011)*

“That care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires”.

(NHS Education for Scotland, 2009).

Just listening to
stories is therapy

so this story
shaped my
whole life

tell me all about it
- take all the time
you need

5

Researchers investigating spirituality and chronic illness have found spirituality to be a powerful resource for coping with health related problems.

Aru Narayanasamy, British Journal of Nursing, 2002, Vol. 11, No. 22

Spiritual care is concerned with accompanying people on a journey from the circumferences of their lives to the centre of what is really important to them. *(Richard Rohr. SJ)*

- ☐ You are talking with a palliative care patient and he asks, 'Do you believe in life after death doctor?'
- ☐ As you are certifying that a lady is RIP her husband says, 'She's gone to a better place now, hasn't she doctor?'

The HOPE Spiritual Assessment Tool



- H** Sources of hope, meaning, comfort, strength, peace, love and connection
- O** Organised religion
- P** Personal spirituality and practices
- E** Effects that the above may have on medical care and end-of-life decisions

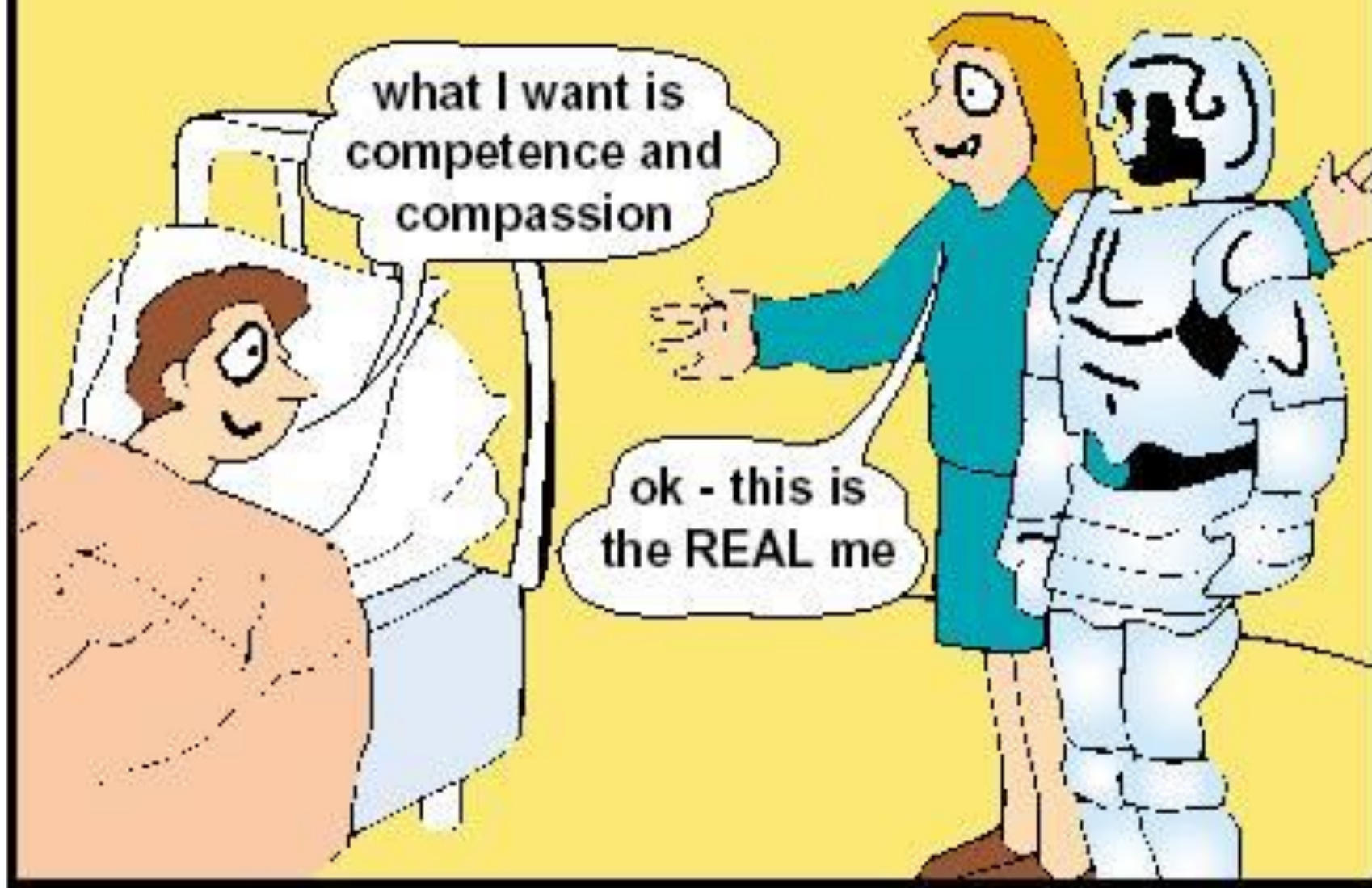
- ☐ In many religions the process of dying is seen as an opportunity for spiritual insight
- ☐ Palliative care allows for both the physical and spiritual aspects of the patient to be considered
- ☐ It is vital that the staff involved are aware of religious attitudes towards disease, suffering, dying, death, religious practices and rites

- ☐ The truly good doctor must understand the patients in enough breadth to call upon a community of skilled healers – nurses, social workers, insurance specialists, yoga teachers, psychotherapists, technicians, chaplains, whatever is necessary – to help restore the person...'

- Remember that whenever you encounter a person from a different culture, you should not make assumptions about what is right for them. **ASK THEM** what they need. If this is not possible, **ASK THEIR RELATIVES** or find someone who will be able to help. You would get a translator if they spoke another language : their spirituality is another language to you !

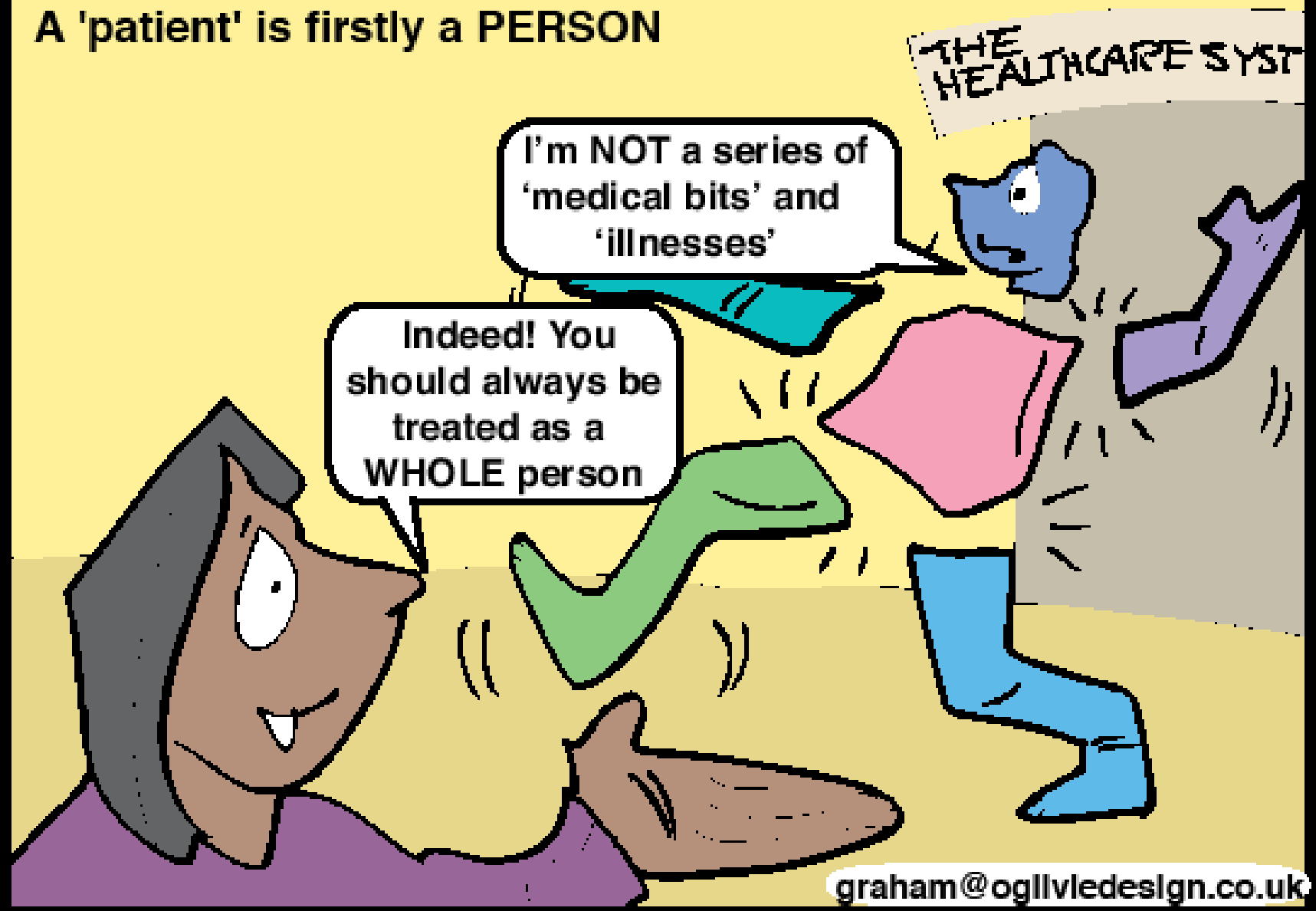
- ☐ Views Of Informal Carers for the Evaluation of Services.
- ☐ 79% happy with pain relief
- ☐ 74% happy with symptom control
- ☐ Highest percentage of 'poor' support for emotional and spiritual care.

Shedding the armour of professional facade



- Positive outcomes
- ☐ Management of distress
- ☐ Management of despair
- ☐ Management of quality of life
- ☐ Between 50% and 90% of cancer patients felt religion or spirituality personally important

A 'patient' is firstly a PERSON



- ☐ Question is not, 'How am I?' but rather, 'Who am I?'
- ☐ Desperate need to re-establish the self or nurture the damaged self.

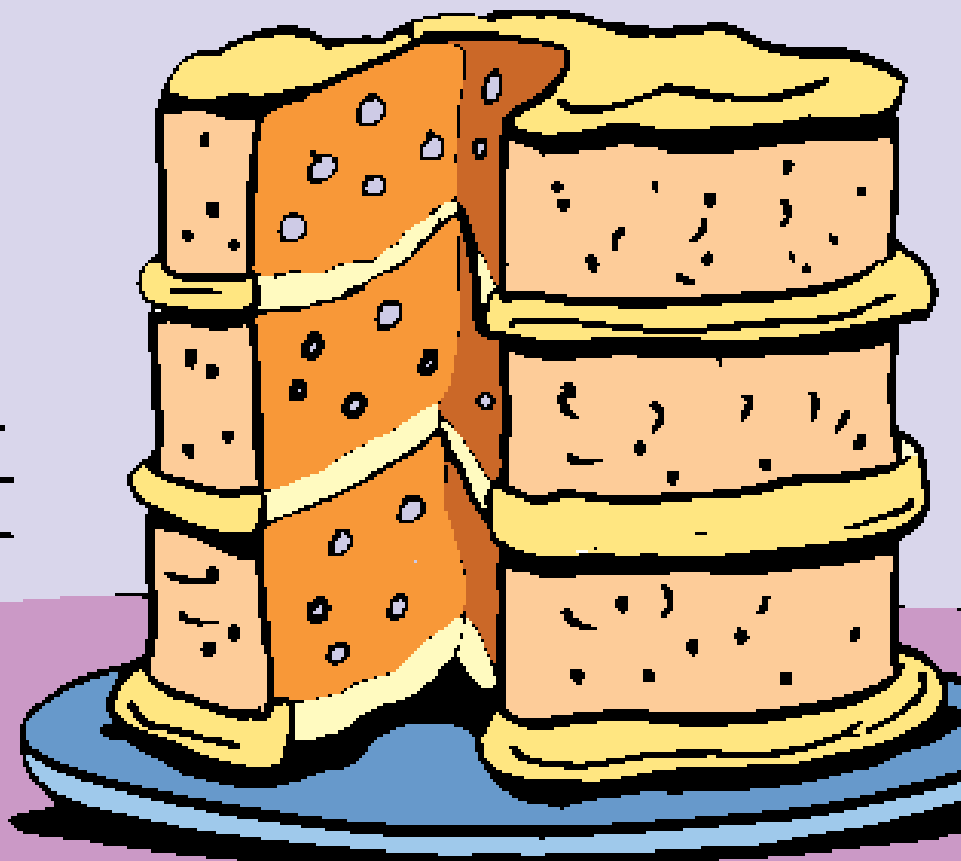
Spiritual Symptoms



- Why me?
- What have I done to deserve this?
- Am I going to die?
- Who will look after my family
- How long have I got?
- Is there a God?
- I need to make my peace.
- How will I be remembered?
- Will it be painful?
- I want to go home!
- I am so angry
- I am so frightened

Spirituality isn't 'the icing on the cake'

It should be mixed
throughout the
whole thing!



graham@ogllvledesign.co.uk

Paul is a 21 year old who has testicular cancer. He has been receiving support from the palliative care team for 3 months. He has been told that he has months or possibly weeks left. He was re admitted two weeks ago to control his temperature and pain.

Over Christmas he got engaged to his girlfriend using a diamond from his mother's engagement ring.

He is talking about undergoing IVF treatment with his fiancée. This is likely to be after his death.

Ward staff are concerned that there is excessive pressure from his mother, and have even wondered that she might be trying to provide a "replacement for her son".