

Facilitating Healing – Spiritual and Religious Care in Hospice Palliative Care Speaking Points from Original Challenge Talk

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1. Introduction

- my role in the Pallium Project: in collaboration with a national group of HPC Spiritual Care Practitioners and stakeholder organization representatives (CHPCA, CAPPE/ACPEP, Health Canada Secretariat PEOLC) – to facilitate a national process to develop an occupationally-based peer validated core competency tool and components of curriculum for:
 - formal institutionally-based professional Chaplaincy training (Clinical Pastoral Education) and
 - informal community-based spiritual care provider continuing education
 - materials published to the Palliative Learning Commons
- I want to talk this evening about:
 - changing patterns of religious affiliation and spirituality in Canada
 - understanding the differences between Spiritual and Religious Care
 - how these contribute to “healing” in HPC
 - the opportunities and challenges in identifying, retaining and training appropriate caregivers

2. Changing Patterns of religious participation and spiritual interest

2001 Statistics Canada Canadian Census (cited by John G. Stackhouse, Jr.) see:
<http://www.canadianchristianity.com/cgi-bin/na.cgi?nationalupdates/030604comment>

Changes in the last decade:

- a majority (76% -- down from 83%) describe themselves as connected to the Christian faith
 - the second largest group is “non-religious” (16% -- up from 13%), ¼ under 15
 - only 8% any other religion
- Every 5 years since 1975 – Cdn. Sociologist Reginald Bibby (Lethbridge) has studied patterns of Canadian religious practice and emerging trends in “spirituality” -- “The Project Canada Research Program”
 - Religious observance has declined dramatically since the 1950’s but has stabilized in the last decade – the nature of religious interest and involvement continues to change
 - Canadians are consumers of “religion a la carte” (Fragmented Gods, 1987)

“All the evidence suggests that the boomer’s relation to the church is fundamentally different from that of previous generations - that is, . . . more ‘voluntaristic,’ consumer-oriented, and captive to the subjective, expressive dimensions of cultural individualism.”

- Writer Kevin Ward notes (2004 web-published article: “RELIGION IN A POSTAQUARIAN AGE”) – in an international analysis -- there is a clear move from public to private religious activity

See: <http://www.missionstudies.org/anzams/2000/PAPERS/postaquarianreligion.doc>.

“It seems there are five main values that have had a significant impact on the life of the church and it’s place in society. These are individualism, privatism, pluralism, relativism, and anti-institutionalism.” (Ward p. 6)

- Spirituality appears to be alive and well
- Canadian scholar Reginald Bibby, tracking similar concerns, says, “. . .

“There appears to be a considerable market for the very things that religion historically, has been about.”

“Belief in a supernatural dimension of reality is widespread in Canada, and shows no sign of abating.”

“ at a time when organised religion is facing very serious problems, the interest in spirituality, whether verbalised as such or not, appears to be extremely pervasive.”

(Bibby, “Religion in the Canadian 1990s: The Paradox of Poverty and Potential.” In Church and Denominational Growth, D.A. Roozen and C.K. Hadaway, Nashville: Abingdon, 1993. 288.

- Ian Ritchie, Ph.D. is a religion writer and ethics consultant – web article: **Spirituality on the March**, Dec. 11th, 1999.

(see: <http://www3.sympatico.ca/ian.ritchie/Secularization.htm>)

“Recently America’s leading religion pollster, George Gallup said: “There is a searching for spirituality and a hunger for God such as we have not seen in 65 years of scientific polling and the percentage of persons who seek spiritual growth has shot up 24 points in just four years to 82 percent.””

”Canada’s leading sociologist of religion, Reg Bibby, says it is church attendance that has declined, not spirituality.”

- **Implications for HPC:**
 - **Religious affiliation and observance continues to be important – cannot be assumed that health care providers can ignore importance of religion to clients**
 - **Religious practice is less “conformist” than ever, a fact that health providers and institutional religions need to realize – “different strokes for different folks” requires competence in assessment and flexibility in methods of care**
 - **More people are defining themselves as “spiritual rather than religious” or “religiously connected but with my own spirituality and spiritual needs” – this means “spiritual care” needs to be offered in addition to “religious care” and this requires:**
 - **diverse and evolving knowledge sets**
 - **innovative and advanced intervention skills**
 - **and more inclusive and flexible personal and professional attributes than are sometimes found in models of religious care.**
 - **We need to be identifying the right people for this work and providing them with appropriate training**

3. Spiritual and Religious Care – Some Definitions

- Spirituality is about individual beliefs, values and relationships around which we organize our personal system of meaning and our sense of who we are in the universe
 - it is inseparably connected to whatever and whomever is of greatest significance to us
 - a cognate term is “philosophy of life”
 - every human being has a personal spirituality/philosophy of life, whether or not he/she is aware of it at the moment
- Spiritual/Existential Pain or Distress: any perceived threat to our sense of self and to whatever and whomever is of greatest value to us is likely to evoke a life crisis resulting in a destabilization of our spirituality/philosophy of life, and producing “spiritual/existential distress or pain”
 - research clearly shows that unassessed, untreated spiritual/existential pain lowers a client’s spiritual well-being, and this
 - complicates medical treatment and is potentially an underlying cause of intractable symptoms
 - increases anxiety and requests for health system support
 - negatively affects LOS (length of stay) and the HPC bottom line
 - reduces client quality of life and results in less peaceful death
 - results in a more complicated pattern of bereavement for survivors
- Spiritual Care is the skilled art of relieving spiritual/existential pain by:
 - companioning another person throughout their journey with illness and particularly in their struggle with spiritual/existential distress
 - executing and documenting an individualized, client-centred assessment of needs and resources
 - developing, documenting, executing and evaluating a team-based plan of care which acknowledges a client’s spiritual well-being as a cornerstone of holistic HPC
 - providing individually appropriate supportive interventions for the patient and family (the client) to address anticipatory grief and bereavement (e.g. primary counselling, informational and system access assistance, devotional materials and exercises, rites and ceremonies, connection/re-connection to client’s faith community)
- Religion is the individual’s participation in an identifiable community of faith and practices with which he/she holds more or less in common certain beliefs, values and practices
 - Failure to individually assess and meet a client’s religious needs can complicate spiritual/existential pain
- Religious/Pastoral Care addresses:
 - A person’s connection to human community and to the sense of well-being that arises from being recognized and valued by that community
 - Access to personally valued and culturally customary forms of care (such as: visitation, prayers, rites, ceremonies and other practices)
 - Provision of appropriate life closure ceremonies (funerals and memorials)
 - The need of survivors for supportive community

- HPC must respect the role that religious affiliation and observance play in health and provide for this in the Squares of Care and of Organization (CHPCA 2002)
- HPC must also recognize that meeting a client's religious need and failing to meet their spiritual needs is NOT adequate care and does NOT relieve spiritual/existential pain
- Do we provide a place in the Squares of Care and Organization for "spiritual care?"
 - the WHO and CHPCA have clearly identified spirituality as a core domain of holistic HPC which ought to have its place in the plan of care and plan of organization of every HPC program
 - an extensive multi-disciplinary literature identifies the importance of spiritual well-being to overall client well-being and the skilled assessment and treatment of spiritual/existential distress as an indispensable component of HPC
 - many so-called "resource poor" local programs seems to have little or no psycho-social or spiritual staff to assist with this important domain of care
 - they are not alone – to the best of my knowledge, there are just a handful of palliative care programs in large centres that have a full-time person designated to attend to these needs
- It is not enough to designate local religious care providers, with little or no specialized knowledge or training in HPC as volunteer or contracted service providers
 - Such persons need to be included in the health care team and able to make and receive referrals, consult, attend rounds and chart
 - Such persons require training and qualifications – both formal and informal -- that is supported by the Canadian HPC community

4. Preliminary Needs Assessment – an example from rural SK

- In October 2004 I spoke with several groups about spirituality, spiritual and religious care and service development needs in their area
 - About 15 Palliative Care Service Co-ordinators and Program Directors from across SK in Lumsden, SK
 - 32 persons (mostly volunteers) -- 1 pastor and a few nurses/health aids in Estevan, Sk
 - about 20 persons (mostly nurses) – 1 pastor
- emerging patterns: (in all but the largest health regions)
 - little or no formal arrangements for any program-based spiritual/religious care
 - occasionally a part-time arrangement
 - mostly depend upon direct referrals to local clergy
 - such care givers were not formal health care team members and are thus outside the loop of medical information –this was recognized as clearly hampering their effectiveness
 - often it was the nurse or care co-ordinator who provided the spiritual care
 - some expressed feeling uncomfortable or uninformed about how to do this well and competently (this fits with nursing literature discussion about the reservations nurses often have providing spiritual care, at the same time their increasing interest in rediscovering this historic dimension of their profession)
 - no program to identify or train persons for such work
 - no sense of who would be called to do "spiritual" care as opposed to "religious" care
 - no funding to develop such services
- it was perceived to be helpful to provide training in local communities

- 71% of the Care Co-ordinators felt that specialized, for credit training programs, such as Clinical Pastoral Education (CPE) were the appropriate training for HPC Spiritual are Practitioners
 - CPE is practice-based theological education offered in a clinical setting – it is action-reflection, transformational learning which seeks to produce personal and professional growth in the knowledge, skills and abilities/attributes
 - to the best of my knowledge only the Pallium sponsored CPE “educational laboratory” in 2004 and 2005 offers all participants placements in an HPC/Oncology setting
- 78% of the nurses felt that one-two day modular “live instructed” courses/courselets offered locally or regionally would best help them to offer Spiritual care as Nurses
- 55 – 56% of nurses and volunteers felt that live instructed modular courses or web-based resources would best enable them to provide Spiritual Care as nurses or volunteers

5. Policy, Training and Curriculum Development Challenges

- Does your HPC program provide a place in the Squares of Care and Organization for “spiritual care?” If not, why not? If not, do you think that this needs to change?
- Who provides “spiritual care” in your HPC program?
 - What are their qualifications in HPC?
 - What are their training needs
 - What resources exist to support their Continuing Professional development in HPC Spiritual Care practice?
- Is spiritual care in your HPC program offered as an integral part of the care team or as an external (i.e. less vital) add-on?
- Is your health care team aware of the growing evidence that spirituality and religious activity can positively affect health outcomes?
- Do your jurisdiction’s health care policy makers, regional health authorities, and local HPC programs recognize that access to quality care for HPC clients will remain elusive until a provision has been made for skilled spiritual care providers to join to team?
- My challenge to you tonight, is will you go back to your home communities and jurisdictions and call for and work towards the development and support of such a service? (your clients will thank you if you say yes!)