

Facilitating Healing Spiritual and Religious Care in Hospice Palliative Care

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Handout to accompany the MP4/streaming media
edition of this instructional video accessible at

<http://video.google.ca/videoplay?docid=-7141420820759694687>

Running Time - 30 Minutes

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The following presentation
was delivered as a challenge talk
at the first Pallium Project
Service Development Institute (SDI)
on November 1, 2004

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This talk was originally prepared to
challenge the thinking of primary-care
service leaders to consider the service
implications of changing patterns of
religious and spiritual affiliation in Canada,
the differences between spiritual and
religious care, how these contribute to
healing in Hospice Palliative Care
and opportunities for
building caregiver capacity

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Spiritual and Religious Care

- Variance/disparity of service
- What service to provide?
- How does it help healing?
- What are the opportunities and challenges?

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Patterns in Canada

- Religion still matters in Canada
- 76% of Canadians connected to a Christian faith, ↓ from 83%
- 16% "non-religious", ↑ 13%
- Only 8% some other religion
- So, 84% of Canadians describe themselves as religious, but...

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Patterns in Canada

- Only 50% of religious have any viable current connection to a faith community
- They "used to be something"
- Disconnected from faith
- Often seeking reconnection at end-of-life, but don't know how
- Religious facilitation service

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Greater Complexity

- Patients seeking both religious and spiritual care
- Canadians are approaching religion with consumer lenses
- More diversity, risk of stereotyping is great
- Requires skilled discernment/assessment for HPC

Greater Complexity

- Move from public (communal) to private religious activity
- Ask “what is important to you?”
- People asking the same “big” questions, just differently
- Be alert to different ways people make meaning today
- Need to update care “tool box”

HPC Implications

- Can not ignore religious needs from idea Canadians ↓ religious
- Religious practice is less conformist
- People describing themselves as more spiritual/less religious
- Individual and cultural diversity core to the “new tool box” and to the people doing the work

Spirituality

- About individual beliefs, values, relationships around which meaning and sense of self are organized
- What matters most to you
- What is “philosophy of life”
- Failure to address often leads to “spiritual/existential distress”

Existential Suffering/Pain

- Complicates medical treatment
- ↑ anxiety, ↑ health services
- Links to ↑ Length of Stay (LoS)
- ↓ quality of life, less peaceful
- Complicates bereavement patterns for survivors

Current Reality

- Most can't identify a “go to” person for religious or spiritual care in local health services
- Mostly depend on referrals to local clergy in community
- Local clergy not “part of the health team”, outside the loop
- RN/care coordinator default provider of spiritual care

The Challenge

- Does your HPC service provide for spiritual care as part of the CHPCA Norms of Practice?
- If not, why not?
- If someone, are they in the team and what preparation?
- Is spiritual care core to HPC or is an external "add on"?

The Challenge

- Is your health team aware of the role for spiritual and religious care to impact health outcomes?
- Do local decision makers realize quality care demands inclusion of skilled spiritual care within the HPC delivery team?

Question

In a rural community, how do you choose out of many local ministers who might be your local HPC chaplain?

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