

Spirituality in palliative care

Espiritualidade nos cuidados paliativos

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ABSTRACT

Introduction: Spirituality has a significant impact on the health and well-being of patients with advanced and life-threatening illnesses. In palliative care, addressing spiritual needs is crucial for alleviating multidimensional suffering, including emotional, physical, and spiritual pain.

Objective: This study examines the impact of spirituality on the coping strategies of terminally ill patients and the integration of spiritual care into palliative practices.

Methods: A literature review was conducted to identify themes related to the influence of spirituality and religiosity in palliative care, with a focus on coping mechanisms, spiritual well-being and ethical considerations in the provision of spiritual care.

Results: Spiritual well-being is vital for patients facing terminal illness, offering defense against despair at the end of life. Dealing with spiritual issues involve assessing patients' beliefs, exploring their spiritual community, and offering referral to chaplaincy. Effective spiritual care includes symptoms control, appropriate support, life reviews, exploring remorse and forgiveness, encouraging religious expression, reframing goals and focusing on healing. Existential suffering in terminal illness is usually associated with anxiety, depression and a desire for an early death. Communication with due respect for the patients' pace and needs is crucial, as it reflects their demands at the end of life. Spiritual interventions should be personalized, ethically responsible and based on informed consent.

Conclusion: Incorporating spirituality into palliative care improves the quality of life for terminally ill patients, providing holistic care, promoting a dignified end-of-life experience and offering meaningful support. Ethical considerations are essential to respect patients' boundaries and ensure their informed consent.

Keywords: Palliative Care; Death; Spirituality; Religion.

RESUMO

Introdução: A espiritualidade tem um impacto significativo na saúde e no bem-estar de pacientes com doenças avançadas e potencialmente fatais. Nos cuidados paliativos, atender às necessidades espirituais é fundamental para aliviar o sofrimento multidimensional, incluindo a dor emocional, física e espiritual.

Objetivo: Este estudo examina o impacto da espiritualidade nas estratégias de enfrentamento de pacientes em estado terminal e a integração do cuidado espiritual nas práticas paliativas.

Métodos: Foi realizada uma revisão da literatura para identificar temas relacionados à influência da espiritualidade e da religiosidade nos cuidados paliativos, com foco em mecanismos de enfrentamento, bem-estar espiritual e considerações éticas na prestação do cuidado espiritual.

Resultados: O bem-estar espiritual é essencial para pacientes enfrentando doenças terminais, oferecendo uma defesa contra o desespero no fim da vida. Lidar com questões espirituais envolve avaliar as crenças dos pacientes, explorar sua comunidade espiritual e oferecer encaminhamento para capelania. O cuidado espiritual eficaz inclui controle de sintomas, suporte adequado, revisões de vida, exploração de remorse e perdão, incentivo à expressão religiosa, reformulação de objetivos e foco na cura. O sofrimento existencial em doenças terminais geralmente está associado à ansiedade, depressão e desejo de morte antecipada. A comunicação com o devido respeito ao ritmo e às necessidades do paciente é crucial, pois reflete suas demandas no final da vida. As intervenções espirituais devem ser personalizadas, eticamente responsáveis e baseadas no consentimento informado.

Conclusão: A incorporação da espiritualidade nos cuidados paliativos melhora a qualidade de vida de pacientes terminais, proporcionando um cuidado holístico, promovendo uma experiência digna no final da vida e oferecendo suporte significativo. Considerações éticas são essenciais para respeitar os limites dos pacientes e garantir seu consentimento informado.

Palavras-chave: Cuidados Paliativos; Morte; Espiritualidade; Religião.

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Spirituality is considered a factor that influences the health of many people and is a vital component in the treatment of patients suffering from advanced, life-threatening diseases, such as congestive heart failure and cancer¹⁻⁴. Religious and spiritual beliefs can influence the way people deal with their illnesses causing distress and making worse the burden of disease. Spirituality is a dimension of the personality and an important part of our being; religion, on the other hand, is a human construct that facilitates the conceptualization and acceptance of spirituality¹. Palliative and supportive care serves to alleviate the patient's suffering. Suffering is a multidimensional, biopsychosocial construct that encompasses emotional, physical and spiritual pain. The area of spirituality and religiosity is important when patients with serious and terminal illnesses are assessed, as it can affect coping strategies and quality of life (Figure 1).

Spiritual well-being is considered a crucial factor in coping with advanced terminal illness. Dying patients struggle with doubts about the meaning of life, their own morality, and the presence or existence of a higher power. Some may take refuge in religion to get these answers, while others have faith in other spiritual beliefs. Patients with terminal illnesses who have a sense of spiritual well-being present some

defense against the despair of end of life⁵. These findings show the important role of addressing spiritual concerns of patients with terminal illnesses. By inquiring about belief in spirituality, assessing its role in life, exploring whether the individual belongs to any spiritual communities and offering referral to chaplaincy, it is possible to address these concerns.

An approach has been outlined to treat spiritual distress through the following strategies⁶:

- Controlling physical symptoms;
- Ensuring support;
- Pronounced life reviews to help understand purpose, value and meaning;
- Exploring remorse, guilt, reconciliation and forgiveness;
- Enabling religious expression;
- Reframing goals; and
- Focusing on healing rather than cure.

Existential suffering is usually present in terminal illnesses and can be accompanied by syndromes such as anxiety, depression and desire for an early death. *"It feels like I'm going further and further into a cave that's getting darker and narrower, and there's no hope of getting back out"*.

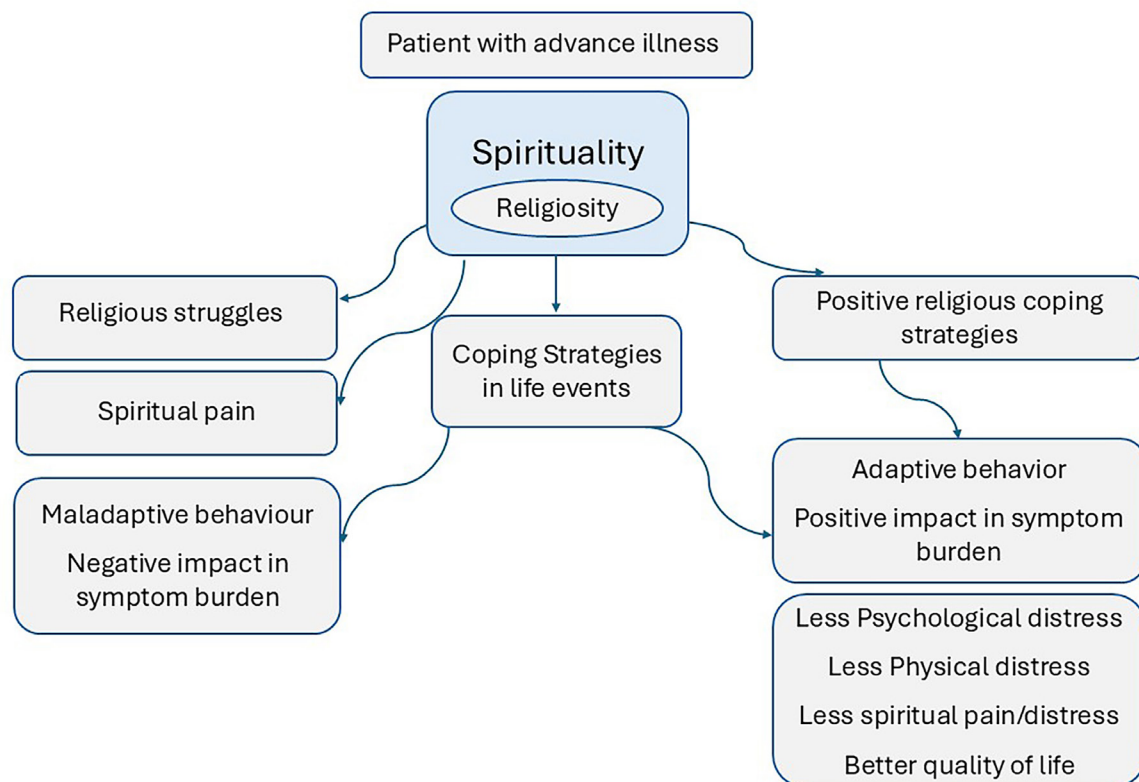


Figure 1. Spirituality allows patients to cope diverse situations in their life and counteract with them either with or without suffering or distress.

Patients like to receive communication that allows them to try to set the pace and agenda. The words patients use in conversations shows their perception of end-of-life needs, and also reveal how vital it is to assess the dynamics of discussions between patients and doctors^{6,7}. The existential framework can be perceived in studies that have assessed the search for meaning among Indian palliative care patients, the realization of which can comfort patients to evolve toward acceptance of their condition. The search for meaning and attempts to answer the question “*why me*” are often mentioned as general components of spirituality. The concept of spirituality is indispensable in all cultures and societies. Its value is not restricted to participation in organized religion but goes beyond belief in God, naturalism, the family, humanism, rationalism and even the arts. It has been proven that between 50% and 95% of cancer patients consider spirituality and religion to be important in their lives⁸. Greater religiosity and spirituality is related with more negative coping (suffering because of God’s punishment), which can lead to reduced quality of life, anguish and suffering⁹. In palliative care settings patients with terminal illnesses considered themselves religious (98%) and spiritual (98%). Patients also said that religiosity and/or spirituality help them to cope with their illness (99%), as a strength source (100%), and have a positive effect on their emotional (84%) and physical (69%) symptoms¹⁰.

As with spiritual screening, there are many ways in the literature to record a spiritual history. It should be patient-centered and directed to the extent to which the patient chooses to disclose their spiritual needs. There are several tools for recording a spiritual history, including the Brief Religious Coping Measure¹¹, Belief Systems Inventory¹², the Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being^{13,14}, the HOPE¹⁵, the SPIRITUAL history¹⁶, and the FICA (Faith, Importance, Community, Address in care) spiritual history¹⁷.

Spiritual intermediations can be understood as therapeutic approaches that integrate a spiritual or religious aspect as a central element of the intervention. This practice advocates a holistic understanding of health. Spirituality is interwoven into the therapeutic process and cannot be separated from it¹⁸. Religious or spiritual activities can be carried out through the variety of care to help maintain people with life threatening illnesses. Religious mediations are more ritualistic, structured, denominational, cognitive, external and public, while spiritual interventions are more affective, transcultural, experiential and transcendent.

Interventions should be decided together with the patient and customized according to their perceptions of the world to help them through an illness or crisis¹⁹. Spiritual

interventions are not indicated in psychotic illness conditions when dealing with weak ego boundaries or when a patient is unwilling to participate^{19,20}.

Prayer is powerful form of treatment that helps people mentally and physically. Prayer is practiced by all Western theistic religions and several Eastern religions (Hinduism, Islam, Sikhism, and Buddhism). Group prayer brings greater happiness and well-being, while solitary prayer is linked with loneliness and depression²¹. Religious text can be used as a source of “*well-being, wisdom, and direction*”^{22,24}. In medical settings, repentance and forgiveness are the domain of a pastoral counselor and clergyperson. Both prayer bibliotherapy with sacred scriptures should be consistent with the patients’ requests and needs^{22,24}. Meditation will bring a sense of mindfulness, limited thinking and calm. Ethical considerations should be taken into account when involving or suggested spiritual interventions by healthcare professionals, to avoid endorsing self-interest or imposing individual opinions on patients by associating religious habits with better health outcomes; recognize the limits of current research on the effects of spirituality on well-being and, most importantly, respect the limits and opinions of patients by obtaining their informed consent to understand their spiritual history and select spiritual interventions²⁵.

Spirituality takes precedence in the essential objectives of the palliative care environments. If the spiritual dimension is not incorporated into palliative care, the goal of improving quality of life cannot be achieved²⁶. According to Stanislav Grof: “*The development of spirituality is an evolutionary capacity that is innate to all human beings*”. It defines an impulse towards wholeness and the discovery of one’s true potential²⁷.

The provision of spiritual care gives meaning to the actions carried out by health professionals and the end of life, achieving holistic care, promoting a dignified end and humanizing death.

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