

How to teach Spirituality in Palliative Care Courses

Why to teach?

Assisting the patients and patient's family in their spiritual needs is a central aim of Palliative Care according WHO Definition. Moreover individual spirituality can assist caregivers in improving care. Some spiritual / existential quest is common to everyone. Therefore: End-of-life situations tend to increase these questions:

- Spiritual meaning of sickness/pain? Loss of meaning of (present) life? Why me?
- Negative life balance; fear of future negative remembrance
- Uncertainty about the "beyond"; Loss of "home"/foundation
- Fear of divine punishment or abandonment; extinction of being/self

What to teach?

It is well described in CCEPC and UG teaching modules for MBBS/ MSc.Nurses (palliumindia.org/resources/curricula) what is to be taught in India:

- WHO definition includes spirituality
- The definitions of spirituality and religion as such, and their contribution in the care.
- Diagnosis of spiritual/existential needs of a patient.
- How to help a patient / patient's family in spiritual needs.
- Work as a team; include family members
- Inclusion of spiritual care in the care of each team member.
- Find ways to include spiritual experts without breaking confidentiality
- How to make use of one's own spirituality for care and self-care

Quite often in India the spiritual needs are clubbed with the socio-psychological needs and the physical needs put in the forefront. At IAPCON and in the private lives of some Palliative Care experts spiritual care seems to have a higher importance than in the teaching modules. This is different but not fully uncommon in the Western world too. Maybe it's therefore a good question:

How to teach?

No clear outline is given. This topic is not often touched. Maybe it one thinks that , spirituality belongs to "private life"? Or: India is already the World leader in teaching spirituality - so much that even Westerns including myself come to get teaching here. Or tools are unknown.

For sure there should be some intellectual instructions on the above mentioned topics to enrich the knowledge. But: There should NOT be spiritual talks/instructions – as to my understanding. In addition there MUST be some practice and practical instructions.

Within self-care we can teach:

- Rituals: to give structure to teaching modules and to give structure in caring
- Meditation / Mindfulness: to keep balance
- Individual use of rituals: to unburden oneself of grief

In the care we should try out (e.g.):

- Assessment tools for the spiritual diagnosis: like FICA or SPIR Interviews (European Journal of Cancer Care 15, 238–243) in a one to one setting group work among the participants.
- Role play: In psychodramatic methodology “play of gods” the group is split into smaller subgroups of humans/believers with a special need (e.g.. grief) and in others playing “gods of own choice”. The humans can find out surprising options to solve problems.

Findings

Spirituality can still be more esteemed in Indian palliative care. In teaching there should be place for practice and experience of spiritual caring.

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