Palliative and Supportive Care

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Integrating spirituality in the context of palliative and supportive care: The care for the whole person

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Essay/Personal Reflection

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The integration of spirituality in palliative care is not only an essential component of comprehensive healthcare but also a reflection of our shared humanity and compassion towards those in need (Corpuz 2022). A terminal diagnosis can trigger death anxiety, which in turn generates fear of death (Zhang et al. 2019) and complicated grief (Corpuz 2021). To truly provide comprehensive and compassionate care, it is crucial to recognize the significance of spirituality as an integral aspect of human existence. Based on evidence from published articles within this journal, it proven that integrating "spirituality," "spiritual care," and "spiritual interventions" provides a sense of comfort and peace to the patients in end-of-life settings (Breitbart 2009; Bryson 2004). However, a minority of clinicians regularly address religious and spiritual needs in clinical practice (Choi et al. 2019). This essay aims to integrate spirituality in palliative care and supportive care.

Palliative and supportive care aims to provide care for the whole person, reflected in a multidimensional approach (Richardson 2014). One cannot provide a whole person care if spirituality and religion are neglected. A patient is unique human being with spiritual needs (Mascio et al. 2023). Abundant theological and religious literature has argued the significance of integrating spirituality at the end-of-life care (Batstone et al. 2020; Breitbart 2009; Bryson 2004). Spirituality provides a sense of comfort and security, meaning-making, and love (Bryson 2004) toward the patient in the end-of-life setting. Spirituality refers to the search for meaning, purpose, and transcendence in life, encompassing beliefs, values, and connections with others and the divine (Corpuz 2023). It is a deeply personal and subjective experience, varying across individuals and cultures. While religion refers to a personal set or institutionalized system of religious attitudes, beliefs, and practices (Lazenby 2010). For some, spirituality might involve religion or religions, but it is not the same as religious beliefs. Religion and spirituality can sometimes be used interchangeably (Lazenby 2010).

Spiritual care is an imperative in palliative care. Palliative care means caring for the whole person, including caring for their spiritual needs (Richardson 2014). However, a growing multicultural and multireligious society presents health-care providers with a difficult task of providing appropriate care for individuals who have different life experiences, beliefs, value systems, religions, languages, and notions of health care. Often in clinical settings, patients do not ascribe to the same religious or cultural traditions. Spiritual needs may change when the patient is diagnosed with a terminal illness. Palliative care providers should be culturally and religiously-sensitive in the context of end-of-life care to their patients. In this context, culture and religion are dynamic, and can adapt to certain contexts. One religious/spiritual needs cannot be generalized to all families.

Spirituality help individuals make sense of what awaits them near the end of life which is called the "spirituality of death" (Corpuz 2023). Integrating spirituality in palliative care has been associated with improved quality of life for patients. Spiritual care plays a crucial role in addressing existential concerns, such as the fear of death, loss of identity, and questions about the meaning of suffering. Palliative care providers are called to be advocates for the spiritual and religious rituals of patients and families, especially at the time of death. Health-care professionals should receive training and education on spirituality and palliative care, equipping them with the knowledge and skills necessary to provide holistic care. This training should include aspects of intercultural and interreligious competence, communication, and spiritual assessment. Palliative care providers should integrate these skills in clinical settings.

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