



Integrating Interprofessional Spiritual Care in Global Palliative Care Settings: Models and Partnerships

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Pontifical Academy for Life



**PALLIATIVE CARE:
EVERYWHERE &
BY EVERYONE**

Palliative Care in every region.
Palliative Care in every religion or belief

Rome February 28th - March 1st 2018

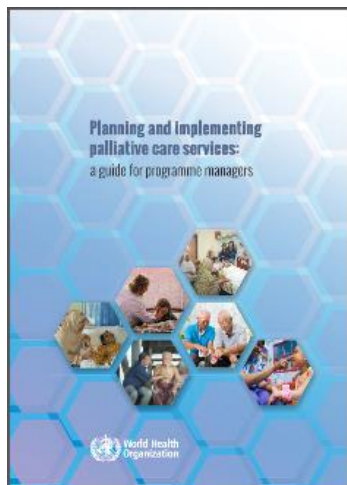
WHO Palliative Care Resolution

Strengthening of palliative care as a component of integrated treatment within the continuum of care,
Jan. 23, 2014

“Palliative care is an approach that improves the quality of life of patients... ***through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.***”

“Palliative care is an ***ethical responsibility of health systems, and that it is the ethical duty of health care professionals*** to alleviate pain and suffering, whether physical, psychosocial or spiritual...”

FINAL PALLIATIVE
CARE RESOLUTION
2014



“...the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (***including spiritual support and counseling, as needed***)...”





Suffering in Patients Faced with Serious and Chronic Illness

- **Meaning:** “I am not the person I use to be”
- **Hope:** “What do I have to hope for?”
- **Mystery:** “Why me? Why now?” “What will it be like when I die?”
- **Isolation:** “My husband died, my entire family is gone,” “God is not there for me,” “I am so alone”
- **Helpless:** “I have no control of my life anymore” I don’t remember like I use to, can’t keep things straight anymore”

Transcendent Dimension

(Suffering and The Goals of Medicine, E. J. Cassell, MD)

“Everyone has a transcendent dimension— “a life of the spirit” The quality of being greater and more lasting than an individual life gives this aspect of the person its timeless dimension. The profession of medicine appears to ignore the human spirit. When I see patients in nursing homes who have become only bodies, I wonder whether it is not their transcendent dimension that they have lost.”



Global pandemic of spiritual distress

44% of frequency of spiritual distress in cancer patients in the US (Hui et al JHPM 28(4) 264)

65% of spiritual distress Switzerland (Monod et al BMC Geriatrics 12(1), 13)

73.1% of patients with HIV –Aids in Brazil (Pinho et al Revista Gaucha de Enfermagem 2017 38(2))

25-76% of patients in Zimbabwe experienced spiritual distress (Patel et al Acta Psychiatrica Scan 1995:92: 103-107)



Illness, because it raises questions regarding meaning and value, has been described as a spiritual journey.

The implications are serious: to ignore the spiritual aspect of illness, especially with our large aging society facing chronic illnesses, is to ignore a significant dimension of the experience (Aparna Sajji)

Spiritual Growth

In dying we move from chaos to surrender to eventual transcendence. Initial encounter with illness and the prospect of dying can result in chaos. Surrender is when one is open to one's deeper being. Transcendence is going deeper into spiritual integration.

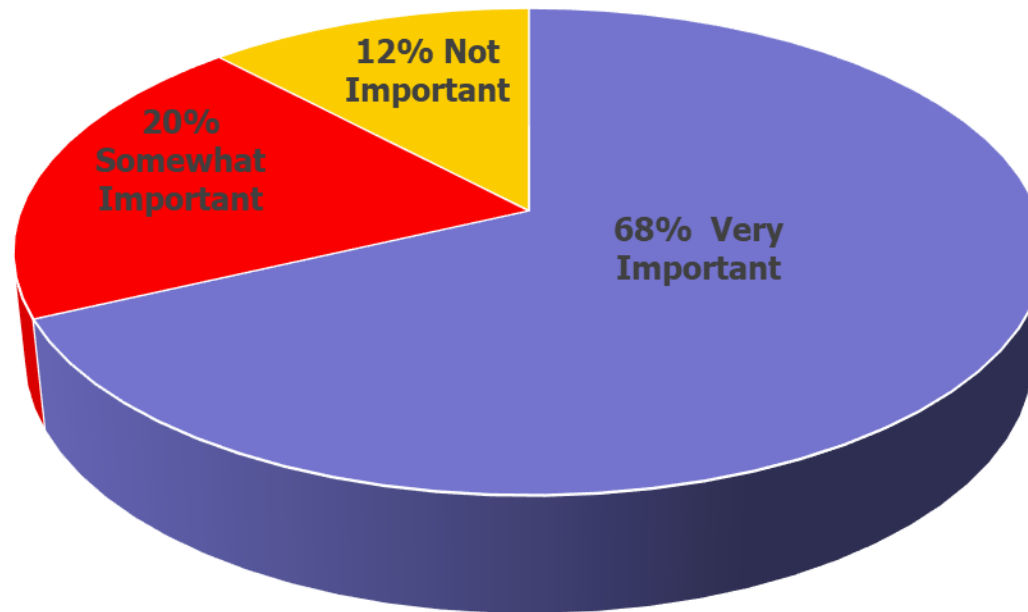
K. Dowling-Sing
Grace in Dying



How can addressing spirituality in the clinical setting help the patient heal?

- The patient's search for transcendent meaning – going deeper into spiritual integration to eventual restoration to wholeness.
- The spiritual exploration within the experience of illness may result in reframing or refocusing on what matters most.
- Healing may occur when the patient is accompanied by others
- Treatment of suffering is done in partnership between the clinician and the patient—*it is on our witnessing to suffering that healing is possible*

Importance of Spirituality to Cancer Patients



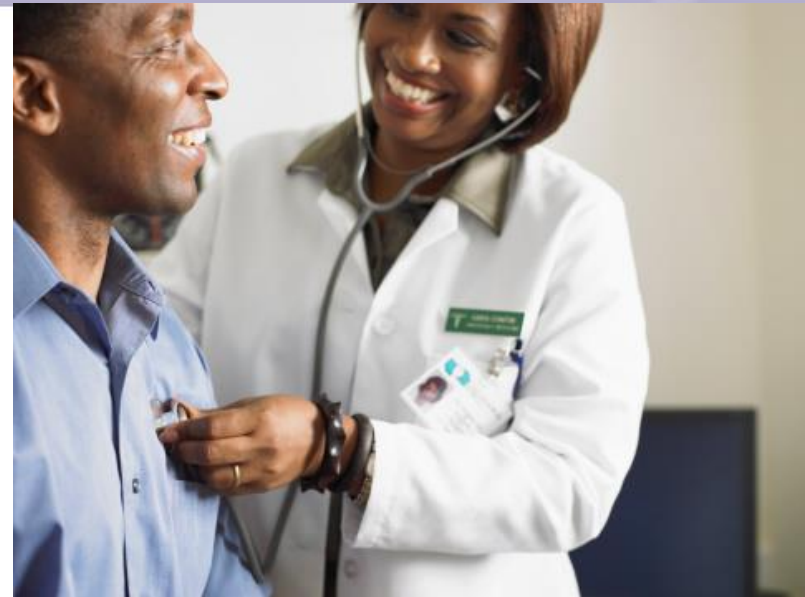
N=230 patients with advanced cancer.

From Balboni et al, J of Clinical Oncology, 2007

Healthcare Outcomes

Research that shows spirituality or religion impact on

- Quality of life,
- Mental Health,
- Physical Well-being,
- Coping,
- Adherence to treatment,
- Improved social functioning and maintaining social relationships



Cohen SR, Mount BM, Tomas JJ, Mount LF. Existential well-being is an important determinant of quality of life. Evidence from the McGill Quality of Life Questionnaire. *Cancer* 1996; 77:576.

Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: a two-year longitudinal study. *J Health Psychol* 2004; 9:713.;

Fitchett G, Murphy PE, Kim J, et al. Religious struggle: prevalence, correlates and mental health risks in diabetic, congestive heart failure, and oncology patients. *Int J Psychiatry Med* 2004; 34:179. Fitchett et al, *Cancer* 2015)

Interventions

Effectiveness of an Interdisciplinary Palliative Care Intervention

In a study of 491 patients with lung cancer, investigators assessed the effectiveness of an Interdisciplinary Palliative Care Intervention. Patients receive four educational sessions, where content was organized around the physical, psychological, social, and spiritual (intervention group) domains of quality of life.

Outcomes in the intervention group

- Less depression and less anxiety
- Improved spiritual wellbeing
- Improved patient experience

Ferrell, B., Sun, V., Hurria, A., Cristea, M., Raz, D. J., Kim, J. Y., ... & Koczywas, M. (2015). Interdisciplinary palliative care for patients with lung cancer. *Journal of pain and symptom management*, 50(6), 758-767.



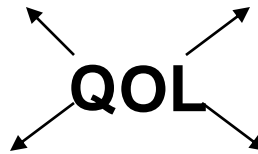
Quality of Life Model (City of Hope)

Physical Well Being

Fatigue
Sleep Disruption
Function
Nausea
Appetite
Constipation
Aches/Pain

Psychological Well Being

Anxiety
Depression
Helplessness
Difficulty Coping
Fear
Useless
Concentration
Control
Distress



Social Well Being

Isolation
Role Adjustment
Financial Burden
Roles/Relationships
Affection/Sexual Function
Leisure
Burden
Employment

Spiritual Well Being

Meaning
Uncertainty
Hope
Religiosity
Transcendence
Positive change



Spiritual Care Guidelines & Models



Background

Over the past ten years, *the George Washington Institute for Spirituality and Health (GWish)* in collaboration with *City of Hope, Caritas Internationalis* and other groups held **Five consensus conferences** with the aim to integrate spirituality into all levels of health care as part of a strategy to create more spiritually-centered compassionate systems of care.

- **Improving the Quality of the Spiritual Domain of Palliative Care , May 2009, Anaheim California**
- National Consensus Conference on Creating Compassionate Systems of Care, November 2012, Washington, DC.
- International Consensus Conference on Improving the Spiritual Dimension of Whole Person Care: The Transformational Role of Compassion, Love, and Forgiveness in Health Care. January 2013, in Geneva, Switzerland,
- The first organizational meeting of the Global Network for Spirituality and Health: September 2013 in Washington, D.C.
- The first GNSAH Leaders' Council meeting in April 2014 at the Fetzer Institute in Kalamazoo, Michigan



NCP Guidelines Address 8 Domains of Care

- Structure and processes
- Physical aspects
- Psychological and psychiatric aspects
- Social aspects
- ***Spiritual, religious, and existential aspects***
- Cultural aspects
- Imminent death
- Ethical and legal aspects



Interprofessional Spiritual Care: An Integrated Model

(Improving the Quality of Spiritual Care as a Dimension of Palliative Care: Puchalski, Ferrell et al JPM 2009)

Recommendations:

- Integral to any patient-centered healthcare system
- ***Based on honoring dignity, attending to suffering***
- ***Spiritual distress treated the same as any other medical problem***
- Spirituality should be considered a “vital sign”
- ***Interdisciplinary (including Chaplains)***
- ***All patients get a spiritual history or screening***
- ***Integrated into a whole person treatment plan***

- Puchalski, Ferrell, Virani et.al. JPM, 2009

Spirituality: Meaning, Purpose & Relationship

A global consensus derived definition of spirituality is:

“Spirituality is a *dynamic and intrinsic* aspect of humanity through which persons seek *ultimate meaning, purpose, and transcendence*, and *experience relationship* to self, *family*, others, community, society, nature, and the significant or sacred. *Spirituality is expressed through beliefs, values, traditions, and practices.*”

Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642-656.

Spiritual Distress

Diagnosis

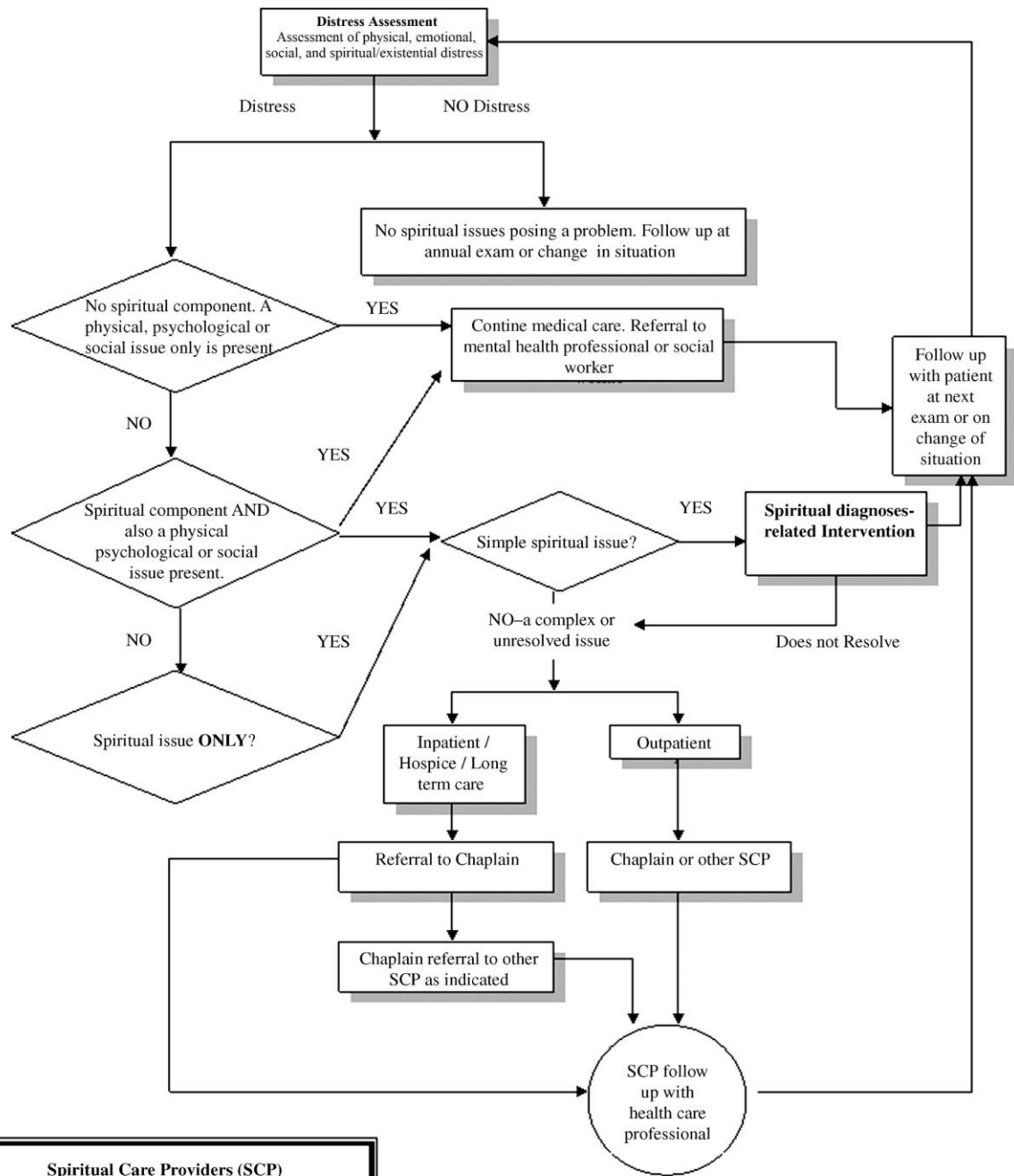
NCCN 2007



- Existential
- Abandonment by God/others
- Anger at God/others
- Concerns about relationship with deity/transcendence
- Conflicted belief systems
- Despair/hopelessness
- Grief/loss
- Reconciliation
- Isolation
- Religious specific struggle/needs



Spiritual Distress Diagnosis Decision Pathways



- Spiritual Care Providers (SCP)**
- Chaplain-in patient/outpatient
 - Pastoral counselor
 - Spiritual director
 - Religious leader

Spiritual Assessment

- **Screening**
- **History**
 - FICA (validated at COH),
 - Borenman, T., Ferrell, B, Puchalski, CM, Evaluation of the FICA Tool for Spiritual Assessment. *Journal of Pain and Symptom Management*, 2010;40(2):163-73
 - (current translation/validation projects in other countries)
 - Spirit and Hope
- **Assessment (Spiritual care prof/chaplain)**
 - Detailed evaluation performed by board certified chaplain
 - Identifies spiritual needs, distress (if present), resources of strength
 - Develop Spiritual Care plan with expected outcomes which is communicated to rest of team,
 - (Fitchett, G., Canada, A. the role of religion/spirituality in coping with cancer: Evidence, Assessment, and Interventions. In: Holland JC. *Psycho-oncology*. Oxford University Press; 2010 Mar 22.)



Generalist-Specialist Model

- ❖ Everyone on the team addresses patient suffering and provides support
- ❖ Clinicians who develop treatment plans assess for spiritual distress as part of distress assessment and practice compassionate presence and accompaniment
- ❖ Certified chaplains/spiritual care professionals are experts in spiritual care



Chaplaincy Care

Care provided by a board certified chaplain or by a student in an accredited clinical pastoral education program. Examples of such care include emotional, spiritual, religious, pastoral, ethical, and/or existential care.

Chaplain Training and Roles

- **What is the training of healthcare chaplains?**
 - CPE
 - Masters of Div. or equivalent
- **What does a chaplain do as a member of the healthcare team?**
 - Spiritual care expert
 - Facilitate family meetings
 - Support the others on the team
 - Spiritual counseling of patients and families



Recommended Standards for Spiritual Care





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Over the past ten years, *the George Washington Institute for Spirituality and Health (GWish) in collaboration with City of Hope, Caritas Internationalis and other groups* held **Five consensus conferences** with the aim to integrate spirituality into all levels of health care as part of a strategy to create more spiritually-centered compassionate systems of care.

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Recommended Standards for Spiritual Care

1. Spiritual care is integral to compassionate, person-centered health care and is a standard for all health settings.
2. Spiritual care is a part of routine care and integrated into policies for intake and ongoing assessment of spiritual distress and spiritual well-being.
3. All health care providers are knowledgeable about the options for addressing patients' spiritual distress and needs, including spiritual resources and information
4. *Development of spiritual care is supported by evidence-based research.*
5. *Spirituality in health care is developed in partnership with faith traditions and belief groups.*
6. Throughout their training, health care providers are educated on the spiritual aspects of health and how this relates to themselves, to others, and to the delivery of compassionate care.



Recommended Standards for Spiritual Care

- 7. Health care professionals are trained in conducting spiritual screening or spiritual history as part of routine patient assessment.
- **8. All health care providers are trained in compassionate presence, active listening, and cultural sensitivity, and practice these competencies as part of an interprofessional team.**
- 9. All health care providers are trained in spiritual care commensurate with their scope of practice, with reference to a spiritual care model, and tailored to different contexts and settings.
- 10. Health care systems and settings provide opportunities to develop and **sustain a sense of connectedness with the community they serve**; healthcare providers work to create healing environments in their workplace and community.

Puchalski, Vitillo, Hull and Reller, Improving the Spiritual Domain of Whole Person Care, J Pall Med, Feb 2014)

Standards for US and Canadian Professional Chaplain Assoc.

Five represent **more than 10,000 members** in US, Canada, and some international communities Collaborating since the 1920's

Common commitments to:

- Common Ethical Standards for Professional Chaplains
- Common Qualifications and Competencies for Certification of Professional Chaplains, including
- Research on improving chaplain practice outcomes and effectiveness of their certification processes
- International partnership for evidence-based research through a Joint Research Council representing several countries
- Interdisciplinary practice
- **Implementing Fifth Domain of the Clinical Practice Guidelines for Quality Palliative Care, 3rd edition**



Global Network for Spirituality & Health (GNSAH)

- **GNSAH** was formed to enhance the provision of high quality comprehensive and compassionate care to patients and families globally through the integration of spirituality into health systems.
- The role of this network is to provide a way members can work together to more fully integrate spiritual care, including training, service delivery, and standards into health systems.:
 - **Contributed to the WHO Manual for Implementing Spiritual Care**
 - **Held several gatherings at international meetings**
 - **Members are involved in the ISPEC train the trainer**

478 Members From All around the World



Global Examples of Spiritual Care

Betty Ferrell, PhD, RN ELNEC 93 countries (all resource poor)

FICA Spiritual History translation studies: Fr. Mario Cagna (Italy)

Europe: various models

Masters in Spiritual Care (Belgium)

CPE based in Scotland

Pastoral theologians, pastoral counselors developing Masters In spiritual care (clergy, pastoral counselors, clinicians) Switzerland

South Africa

Pastoral Counselors volunteering in spiritual care for general population

Strong interfaith model St Luke's Hospice

Asia

Hawaii Pacific Health Ministry CPE training program

Catholic University Seoul, Korea

Sr. Julianna Yong 3 month training program for the Catholic Sisters(Nurses)

Chile: Universite de Catholique, Mexico ACPE-GWish

Piloting development of a culturally appropriate pall care tea

Initiatives with the Vatican

- Pontifical Council for Health: Aging
- Maruzza Foundation
 - Charters: Religions Together: Advancing Palliative Care for Pediatrics and for the Older Adult
- Pontifical Academy for Life
 - International Congress Planned for February 2017



Building Collaborations



Neshama: Association
of Jewish Chaplains
The Professional Organization of Jewish
Spiritual Health Specialists

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

The First Inter-professional Train-the-Trainer Spiritual Care Education Curriculum (ISPEC)

July 10-12, 2018
Washington, DC



ISPEC is the first curriculum at the global level that offers a multi-modal curriculum to form the basis of a train-the-trainer program to build leaders, consultants, advocates, and knowledgeable clinicians who can educate, empower, and guide other healthcare professionals at their institute in the integration of interprofessional spiritual care in healthcare.

The 2018 Inter-professional Spiritual Care Education Curriculum Train-the-Trainer Leadership conference will prepare physicians, nurses, and other clinicians from a variety of clinical settings to advocate spiritual care at their institutes and cultivate organizational change.

Registration is free, but space is limited!

Participants will be selected through a highly competitive application review process.

Application Deadline: April 2, 2018



The George Washington Institute for Spirituality and Health (GWish)
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Care of the Person: Based on Honoring Dignity, Attending to Suffering



We can cure physical diseases with medicine, but the only cure for loneliness, despair, and hopelessness is love. There are many in the world who are dying for a piece of bread, but there are many more dying for a little love....

— *Mother Teresa* —

AZ QUOTES



**Palliative Care and Spiritual Care are
Human Rights.**

**If you don't have excellence in spiritual care
you cannot provide quality palliative care.**



GWish
www.gwish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Global Network in Spirituality and Health (GNSAH)
- Retreats for healthcare professionals (Assisi, U.S.)
- Time for Listening and Caring: Oxford University Press
- Making Healthcare Whole, Templeton Press
- FICA Assessment Tool—online DVD
- Spiritual and Health Summer Institute, GWU
- Christina Puchalski, MD, 202-994-6220, cpuchals@gwu.edu