Spiritual Considerations at the End of Life

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Cancer
Objectives

1. Assess spiritual distress in Cancer patients
2. Consider personal biases toward spirituality and broader meaning of life questions
3. Consider religious/spiritual practices especially for dying and deceased patients
4. Consider case studies
Screening for Spiritual Distress/Pain

What is your spiritual pain level on a scale of 1 to 10?

Does your religion or spirituality help you cope as you enter the hospital?

Do you have enough support from your family, friends and faith community?

Would you like to request a visit with a chaplain?
Spiritual Assessment

1. Strengths
2. Distress
3. Goals
4. End of life Concerns
Story-Telling is Telling

1. Identity
2. Relationships
3. Losses
4. Feelings
5. Hope/Hopelessness
6. Meaning
Questions Coming from Spiritual Pain/Suffering

• Why is this happening to me?
• Why is God doing this to my loved one?
• Why isn’t God answering my prayers?
• Where is God?
• What did I do to deserve this?
• Other questions…
Spiritual Health Reflections

- Serious illness and impending death can lead to the need for reflecting on these questions to achieve more peace and comfort

  - Forgiveness: “What do I need to let go of?”
  - Meaning: “Why am I here?”
  - Relatedness: “What or who am I committed to in life and death?”
  - Hope: “What does the future hold for me?”
“These four short sentences carry the core wisdom of what people who are dying have taught me about what matters most in life.”

Please forgive me.
I forgive you.
Thank you.
I love you.

- Ira Bylock, M.D. from: The Four Things That Matter Most
Words that can hurt, not heal.

- I know how you feel.
- It’s for the best.
- Keep a stiff upper lip.
- At least…. (you’ve had 30 yrs together).
- You should/shouldn’t...
- God doesn’t give anyone more than they can handle.
- It’s God’s will.

(Being present but silent may work best)
Your Own Mortality

- Do you picture yourself living to an old age?
- Consider what your obituary would say.
- Reflect on experiences and/or read about death.
- Your religious/spiritual consideration and beliefs regarding dying and life after death.

Make Plans: Living Wills, Advance Directives
Self Differentiation

• Note strong feelings you encounter
  • Where are they coming from?
• Learn the difference between my feelings about my life circumstance and the feelings of each patient/family in their unique circumstance.
• Support for you: Peers, Supervisor, Counseling, Social Worker, Chaplain, Clergy, Spiritual Direction
Working Definitions

**Spirituality:** meaning beyond the ordinary human realm, and centers beyond the five senses.

**Religion:** organized behavioral manifestation of values and beliefs often within a certain form of spirituality.

**Faith:** one’s trust in or allegiance to their spirituality and/or religion.
Special Considerations at End of Life

• Religious leaders, sacraments, traditions
• Rituals
• Worship and prayer
• Include chaplains in care conferences and family meetings
• Miracles
• Spiritual Burden on decision makers
Christianity

Spiritual practices among the 2,000 branches of Christianity vary widely.

- Salvation comes through belief in Jesus Christ as the Son of God.
- Sacraments/rituals may include: Prayer, Confession, Baptism, Communion, Anointing with oil and others.
- Cremation may or may not be acceptable.
- Specific prayers for the dying and the dead may be shared.
- Pastors, deacons and elders may be especially needed for spiritual support at end of life.
- Beliefs vary about life after death but involve resurrection from death to eternal life that may be in body or only in spirit. Most have specific hopes and concerns about heaven and hell.
Buddhism

Buddhism is a spiritual tradition that focuses on personal spiritual development and the attainment of a deep insight into the true nature of life.

- Significant emphasis is placed on death and dying because of their belief in the cycles of rebirth.

- A calm and focused state of mind at the moment of death is important in determining the quality of rebirth. Therefore meditation may be preferred over pain medications that may cloud the mind.

- Many Buddhist families want the body to remain undisturbed for several hours after the loved has ceased to breathe. They prefer a Buddhist priest be present to perform prayers and rites before the body is removed.
Judaism

There are 4 main branches of Judaism: Orthodox, Reform, Conservative and Reconstructionist.

Common End of life considerations:

- Death notifications should be given by a Rabbi if possible.
- The kaddish, the mourner’s prayer, is traditionally prayed at the time of death, at the funeral and each day for a year.
- The body is not left unattended from the time of death until it is buried, generally within 24-48 hours. A candle is kept lit beside the body to symbolize the soul of the deceased.
- Post mortems are not permitted unless legally required.
- More traditional Jews may oppose organ donation as it fails to honor the natural decomposition of the body with all parts intact. Other Jews may support organ donation in order to save lives.
Islam

• One out of every four people on the planet practice Islam.
• Muslims follow many different schools of application, but they all share The Five Pillars of Islam and the Six Articles of Faith.
• God/Allah is the Ultimate Truth to whom nothing can be compared.
• All worldly authority, leadership, and wealth belong to and are subject to God/Allah.
• The Qur’an, considered literally divine and inerrant, is the definitive sacred text of Muslims.
• The ultimate concern for every Muslim is to be offered a place in Heaven rather than Hell.

Common End of life considerations:
• An Imam (religious leader) should deliver death notification if possible.
• Muslims are to be buried in the ground within 24 – 48 hours after death.
• Cremation, autopsy and embalming are strongly discouraged.
• After death the body should not be touched by non-Muslims. Healthcare providers should wear disposable gloves.
• The body should be prepared according to the wishes of the family.
Case Study

Joan

- 80 year woman
- Married 30 years to John, she has a 45 year old daughter from a previous marriage who has 2 sons under 10
- Catholic faith
- Lung Cancer diagnosed a year ago
  - surgery 11 months ago which looks to have her clear of cancer
  - told yesterday that her cancer is back and she has less than a year to live
- Shocked by the news
- Thinking about her “Bucket List”
Case Study

Brian

• 30 year old man
• Engaged to be married, lives with his mother and sister since his cancer has taken away his independence
• Catholic Faith
• Sarcoma that is untreatable in his abdomen causing a hip fracture and bowel obstruction which was treated with surgery and colostomy four months ago.
• Brian is now set to go home on hospice after a G-J tube was placed surgically. The surgeon told Brian and family that his liver is full of cancer and he doesn’t have long to live.
• Shocked by the news
• Pt is in terrible pain.
• He has had fears of dying.
QUESTIONS?????
Resources

• *The Four Things That Matter Most*
  by Ira Byock, M.D.

• *Being Mortal: Medicine and What Matters in the End*
  by Atul Gawande

• *Don’t Sing Songs to a Heavy Heart*
  by Kenneth C. Haugk, Ph.D.

• *The American Book of Living and Dying*
  by Richard F. Groves

• *Spiritually Sensitive Caregiving*
  by Janice Lord, Melissa Hook, Sharifa Alkhateeb, Sharon English

• *Listening & Caring Skills*
  by John Savage

• *Dying Well*
  by Ira Byock, M.D.