ABSTRACT

Background: Palliative care provide holistic services at the physical, mental, and spiritual levels. Spiritual care is an intrinsic and essential component of palliative care that WHO has recognized. However, spiritual care is still not widely known by the community and health workers in the practice of palliative care.

Methods: This literature review was written based on various books, journals, and scientific articles that related to spiritual care in palliative care. The quantitative and qualitative data were obtained, then collected and sorted into a report based on the appropriate topic.

Result: Spirituality is one of the fundamental dimensions in the quality of life and maintaining culture. Thus, spirituality is an important component of palliative care. Many palliative patients understand their spiritual needs and want health professionals to help them address these needs. Various existing studies show that spiritual care provides benefits, especially in emotional needs and the search for meaning in life at the end of life. Palliative care professionals can provide spiritual care, but spiritual care is complex and requires specialized knowledge, expertise, and experience in assessing and meeting patient needs, requiring further training and education.

Conclusion: Various studies have shown that palliative patients need psychospiritual care to support comfort and meaning in their lives towards the end of life. So, psychospiritual care in palliative care needs to be implemented and improved, especially in training for palliative care teams.

Keywords: Spiritual Service, Palliative, Death.

INTRODUCTION

Palliative care is the last service and that service can improve the health services that a patient has ever received. Palliative care provides holistic care at the physical, mental, and spiritual levels.\(^1\)

Previous studies also recognized spiritual care for more than 15 years, and it is an intrinsic and essential part of palliative care.\(^1,2\) Some studies showed that spiritual care is vital for palliative patients, and some patients need health care to provide this type of service in their end-of-life phase.\(^3\) Positive impact of spiritual care on quality-of-life patients has been reported in many medical conditions, including organ failure, cancer, and dementia.\(^4\) Lack of spiritual support by health care teams has been reported associated with poor quality of life, dissatisfaction with care, less hospital utilization, and increased costs, especially among ethnic minority groups and patients with high levels of religious coping. Despite the many benefits of spiritual care in palliative care, spiritual care remains the least developed and often neglected area.\(^5\)

In recent years, initiatives to develop and promote spiritual care as an essential component of palliative care have grown. By the year 2010, European Association for Palliative Care (EAPC) established the Spiritual Care Taskforce, which aims to develop evidence-based spiritual care by creating a plan for informing research in this area, increasing staff competence, confidence, and outcomes for patients and caregivers.\(^6\) Advances in spiritual care have also been seen on several national scales.\(^7\) In Germany was founded in 2011, the International Society for Health and Spirituality (IGGS) to develop an understanding of spiritual care among health care professionals in German-speaking countries.\(^8\) In the UK, the National Health Service (NHS) Scotland has led the improvement of information and training materials of spiritual care for health care professionals.\(^7\) The Global Network for Spirituality and Health (GNSAH) was founded in the United States in 2013, with one of the goals of building a knowledge and evidence base related to spirituality and health.\(^7\)

Spiritual services are still not widely known by the community and health workers as palliative care. Based on those mentioned above, this study aims to evaluate the development of spiritual care, especially in patients with palliative care, based on the literature studies.

METHODS

The method of writing this scientific paper is a literature review that was sourced from various books, journals, and scientific articles related to spiritual services in palliative care. The quantitative and qualitative data were obtained then collected and sorted according to the

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appropriate topics. Furthermore, writing this article was based on the data prepared.

RESULTS

Death Process
Some palliative care professionals believe that many chronic illnesses are ultimately fatal, following a pattern of late symptoms and signs of death. This pattern lasts for days to months and many show signs and symptoms of the death process. Cancer and some organ failure such as COPD, CHF, and liver cirrhosis may follow this pattern.8

First Degradation Phase
Increasing pain and decrease of body function characterize this phase. This process can take several months, but late-stage cancer shows the process in a few weeks. Intensive analgesia therapy is usually given according to WHO guidelines for adequate pain relief in this condition. Weakness in the patient’s body will increase, causing assistance in daily activities such as bathing, dressing, eating, urinating, walking, and moving.8

Serious complications require increasing frequent hospitalization. Thus, family members should frequently take time off to provide care of the patient’s needs, and sometimes family members will suffer financially with lost workdays and the cost of care at their own expense.8

This first degradation also seems to occur in the elderly. The elderly who experiences decreased body function often experience falls then complain of pain in their body parts and weight loss. The elderly will sleep more often in these conditions and lose appetite, functional independence, and mobility. The mortality rate from the elderly who experience this is quite high, where only 36% can walk again, 6% remain bed-bound, and 58% die.8

Advanced Degradation Phase
This phase was often described as the agony phase, which means sadness. This process takes a few days to several weeks. This phase includes the progressive decline of the entire organ system. Most people believe that this phase is nature’s way of helping the human body escape from life. Patients may experience increased symptoms at this phase, including fatigue, pain, confusion, dyspnoea, and anorexia. Pain that has gone away with previous intensive care may increase. About 40–65% of cancer patients have more pain in their final days or weeks. The onset of this pain often results in a last-minute referral to a hospital for palliative care.8

Final Phase of Death
Decreased consciousness is characterized in the final phase of death, which may last only a few hours. Symptoms progress progressively from wakefulness (able to speak and follow commands) to somnolence (unable to speak or follow commands), and finally to coma (unable to respond).8

Patients about to die often show physical signs such as a “death rattle”. A death rattle is a noisy sound produced by the vibration of saliva or mucus when a terminal patient can’t control and clear the secretions in their mouth and upper respiratory tract. Doctors may minimize the distracting noises by limiting the patient’s fluids and administering medications that dry out the patient’s mouth. Other physical signs of this phase include movement of the lower jaw on breathing, cyanosis on extremities, and no pulse in the radial artery. Dying patients sometimes exhibit Cheyne-Stokes breathing (frequent pauses in breathing up to 20-30 seconds). There is also decreased urine production and urination, and faecal incontinence. Patients dying may also wince, moan, and rub or scratch certain areas of the body spontaneously. In this final phase of death, doctors demonstrate competence, concern, respect, and compassion for patients and prove their best for end-of-life care.8

Most research on palliative care discusses spirituality and religion as the same component, but spirituality is a broader belief system and cannot be confused with religion alone. Exploratory studies show the important relationship between religion and spirituality with the health and well-being of individuals’ lives. Where various traditions in religion can help in the formation of individual spirituality. Although religion may exist in a person’s spirituality, it exists in addition to other aspects, such as family, friends, work, health, love, and activities.10,11

Another common misconception is that spirituality irrelevant for those who adopt a secular, atheist, or humanist perspective on life. Everyone, regardless of their attitude towards life, has an innate spirituality. Thus, spirituality is individual and can cover all religions, belief groups (such as humanists), and people from any life position.10

Concerning spiritual care, all palliative care professionals can provide spiritual care as part of their routine services. However, spiritual care has complexities that require specialized knowledge and experience in assessing and meeting the needs of patients and their caregivers.10 Thus, education and training related to spiritual care based on multidisciplinary guidelines is an important tool in optimizing palliative care.12

The EAPC White Paper is one guideline that discusses spiritual care to facilitate palliative care professionals. This book can guide health care professionals involved in the training of palliative care and spiritual care.13

Spiritual Care
Spirituality is part of the essential dimensions in the quality of life. Thus, spiritual prosperity is an important part of palliative care. Overall, spirituality is a journey of self-discovery that allows someone to experience the transcendent meaning in life. Spirituality is a personal part of someone, but it can also be connected to other people and the world around it due to the search for meaning in life.8

Spiritual Care at the End-of-Life
Breaking bad news
Palliative conditions are closely related to delivering bad medical news to patients, their families, and associated parties. Breaking bad news is giving information that negatively and seriously affects the view of the future.8 Recently, doctors or health workers did not inform the fatal diagnoses to patients in an effort to avoid patients from emotional distress. But, according to a survey of physicians in the United States, documenting seismic changes in the practice of disclosing these diagnoses in the years between 1961
and 1979, revealing a fatal diagnosis has become the standard of care for patients.

Research related to breaking bad news has resulted in two points that need to be emphasized in delivering bad news: the purpose and process of showing it. A doctor must first identify the main goals from the bad news procedure. The purpose of delivering bad news is for initial understanding of the situation by patients, providing important medical information, achieving a shared perspective between the doctor and patient, supporting the patient emotionally, and formulating an initial treatment plan. The next point is the process, where delivering bad news is carried out based on SPINES. SPINES is an acronym that indicates six steps of disclosure, namely: Set an overall approach, Plan for the disclosure, inquire about what the patient already knows, deliver the bad news, empathize, summarize the discussion and make follow-up care plans.8

The Importance of Spirituality in Serious Illness

Spiritual care usually surprises some scientifically trained healthcare professionals, but not palliative patients. The despair that accompanies the patient always raises spiritual questions. Some patient may question their purpose in life, the validity of their hopes, their relationships with other people, or even with God in the future.8

Despite some physicians still debating this topic, based on research, most patients in the United States want doctors to consider their spirituality when healthcare professionals treat their serious illnesses. More than three-quarters of hospitalized patients with the doctor consider spiritual beliefs in establishing important medical decisions. Some patients are convinced that the considerations help doctors appreciate patients, provide compassionate care, offer personalized medical advice, and encourage realistic expectations. Indeed, not all of the patients want to discuss their spiritual beliefs, two-thirds of patients agreed, one-sixth did not, and one-sixth did not express an opinion. The prevalence of patients with a desire for spiritual service increases as the illness becomes more serious. More than half of critically ill or dying patients want their spiritual beliefs to be considered. Even so, many doctors are still hesitant to do so.8

Spirituality, Religion, and Philosophy of Life

To assist palliative patients with their spiritual needs, healthcare professionals should have a distinct idea of how illness and death are related to spiritual needs. The idea of this concept is the notion of disease.8 Some patients consider themselves sick people when their physical or mental problems interfere with their normal lifestyle. Some may experience severe pain as the disorder affects all aspects of their life. Starting from the physical appearance, functional abilities, attitudes, and social roles may be affected dramatically.8

To assist palliative patients in finding meaning in their lives, spiritual care must involve religion and personal philosophies about their lives. Religious people can discover their spiritual insight in either their religion or personal philosophy of life, while non-religious must find those insights in their philosophy of life. Therefore, healthcare professionals must be able to deal with any sources of the spiritual insight of patients.8

Some studies show religiously oriented support of religious people shows a comfort zone for those who receive it. Hospitality and the basic principles of human interaction provide a framework for resolving diversity across cultures and religions and ensure a sacred commitment to patients. Hospitality provides a transformational ethic along with spirituality to articulate the dignity of care for pluralist needs as well as humanistic care and can inspire appropriate direction for palliative care services.14

When the patient expresses religious or spiritual needs, the patient can visit a religious leader. If a religious leader of the same faith is available, they can be contacted, and if not, a referral is made to a religious leader or spiritual community. The study findings indicate that it is found that clergy (or in their absence) with patient (or family/friend) beliefs are important in this practice, and this importance in the premise of responding to religious or spiritual needs is adequate.15

Spiritual Needs for Palliative Patients

When the patient goes through a period of palliation or fatal illness, this condition will confront the patient with difficult questions such as “why did this happen to me?” A terminally ill patient may ask this question about his illness, his illness experience, or the meaning of his illness. A doctor will answer these questions with a typical medical answer, such as by explaining the pathophysiology of the disease and an explanation of the clinical symptoms and signs that will be experienced. The next question that arises after diagnosis is “What can I expect to survive?” or “How long will I live?” Doctors can answer those questions with data based on existing research on some fatal diseases.8

Providing Spiritual Service at the End of Life

Although the importance of spirituality services at the end of life is still less of concern, three things convince the author that spirituality services are important in every palliative patient. First, every person consists of the physical and spiritual parts, so when his physical condition declines towards the end of his life, the spiritual part will become relatively important to pay attention to. Second, palliative patients understand their spiritual needs. Patients want health professionals to pay attention and help them address these needs. Paying attention to meeting spiritual needs can increase patient satisfaction with palliative care. And third, existing research shows that spiritual care does provide benefits, particularly in terms of emotional benefits for patients, survivors, and even healthcare professionals. Although these benefits are sometimes difficult to measure, the authors believe in their usefulness, so this spiritual service should be pursued for palliative patients.8

The limitation of this study is that it could not be equally relevant to some people with different cultures with different points of view through spirituality.

CONCLUSION

Spiritual service is an important part of palliative care for patients experiencing the end of their life or palliative conditions. Spiritual services that are applied to
patients can be adjusted with patients’ beliefs. Many palliative patients require psychospiritual care to support the comfort and meaning in their lives towards the end of life. There are several suggestions, the need to apply psychospiritual services in palliative services, and all officers who provide palliative services should receive related training to provide better and targeted services.

CONFLICT OF INTEREST
None declared.

ETHICAL CONSIDERATION
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AUTHOR’S CONTRIBUTION
Both authors have an equal portion of the contribution in this literature review from the conceptual framework, data acquisition, data analysis, until reporting the study results through publication.

REFERENCES

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