

HOSPICE PALLIATIVE CARE AND RELIGION: OLD FRIENDS, NEW CHALLENGES

*THE SOUL OF CARE:
RELIGIOUS DIVERSITY AND HEALTHCARE
COMMUNITY RESEARCH WORKSHOP*

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The Plan

- ▣ To share with you some of the key findings of two related (CIHR) projects undertaken at the Centre for Studies in Religion and Society at the University of Victoria (2008-2012).
- ▣ To pose some questions about religion and healthcare in the context of the final stages of life, especially in hospice palliative care.

Volume One:

Religious Understandings of a Good Death in Hospice Palliative Care

Harold Coward and Kelli I. Stajduhar, eds, (SUNY Press, 2012)

Cicely Saunders and the Development of Hospice Palliative Care

Separate chapters on religious understandings of a good death in Hinduism, Buddhism, Christianity, Islam and Chinese religion

Caring for Children in Hospice and Palliative Care: The Spiritual/Religious Dimension

Interfaith Chaplaincy in Hospice Palliative Care

Case studies on religion and hospice in: Thailand, Uganda, and Canada's Aboriginal and Punjabi communities

Core questions for first book

- ▣ What is the history of religion in hospice palliative care? (Cicely Saunders et al)
- ▣ How does religion appear today in hospice palliative care?
- ▣ What kind of concerns should hospice palliative care workers bear in mind when dealing with “capital-R” religious individuals and communities?

Key Findings

- ▣ Checklists are problematic
- ▣ Greater religious literacy is required across the board by hospice palliative care staff
- ▣ Five brief observations:
 - For Hindus, the patient might want to be on the floor, might want to drink small quantities of water from the Ganges; might want incense (all are challenges for conventional medicine);
 - For Muslims, the deaths may be witnessed by more people than usual, and with more audible prayers than expected, and modesty (of patient and staff) is often a concern;
 - In several Asian and south-Asian traditions (especially in Buddhist communities) there is resistance to analgesics because it clouds the mind
 - In aboriginal, Chinese, and Asian communities, there is a general emphasis on communal “situation” of the self, which is at odds with the patient-centred autonomy-based logic of the western system
 - In some traditions there is (family) resistance to full disclosure to patients

Volume Two (SBNR issues)

Spirituality in Hospice Palliative Care

Eds. Paul Bramadat, Harold Coward and Kelli I. Stajduhar, (SUNY Press, pending 2013)

Hospice and the Politics of Spirituality

Spiritual Care in Nursing: Following Patients' and Families' View of a Good Death

Religion, Spirituality, Medical Education and Hospice Palliative Care

Research and Practice: Spiritual Perspectives of a Good Death within Evidence-Based Healthcare

Hospice Chaplains, Spirituality and the Idea of a Good Death

Tragedy and the Eternal Yea: a personal reflection on atheism

Spirituality Unhinged : a personal reflection of an SBNR person in hospice care

Core questions for second book

- ▣ How to deal with SBNR needs in a health system in which traditional religious figures (chaplains, priests, et al) tend to do the work and tend to get the institutional support?
- ▣ How do hospice palliative care staff members respond to atypical, post-institutional requests?
- ▣ What are the limits?

General Findings

- ▣ “Spirituality” has largely replaced “religion” in nursing and medical literature related to hospice palliative care
- ▣ This is part of a larger cultural shift in the way people relate to institutional religion
- ▣ Spirituality is a less threatening term, but its relative novelty means it does not serve some very well
- ▣ Many assumptions are made about its universality
- ▣ Most research points to advantages of the “psycho-social-bio-spiritual” model
- ▣ Medical training is still not preparing students well for facing spiritual or religious issues
- ▣ We are in an awkward transitional moment

Two Cases

- ▣ Case study: Joe Kaufert was asked to structure cases for teaching medical students and residents at U of Manitoba; in teaching cases that involve patients with clear religious identities, students are actively dissuaded from delving deeper
- ▣ Case study: religion is nearly absent from the questions asked on general (and specialist) licensing exams, so there is virtually no incentive to learn about this

Larger Discussion Questions

- ❑ Other case studies/experiences?
- ❑ Why are religion and spirituality often juxtaposed?
- ❑ Do medical staff know what they mean when they talk about “spirituality”?
- ❑ “Every person has spiritual needs”? True? Does this assumption help or hinder hospice palliative care staff?
- ❑ What is the common approach to religion and spirituality found in medical, nursing and social work schools?
- ❑ Should “evidence” about religion/spirituality matter for clinicians?
- ❑ Should atheist clinicians be allowed to abstain from entering into these discussions?
- ❑ How do staff in hospice palliative care (or medicine in general) respond to the “religious” or “spiritual” dimensions of patient care? Does the institution(s) in which medical staff work facilitate constructive responses?