Role models in healthcare: should spiritual care of the dying be the concern of health professionals?

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Context

Medicine and healthcare have always been characterised by role models

- Caring nurse
- Expert physician
- Skilled surgeon
- Efficient matron
Organisational role models

- Hospitals – targets, clinical success rates, throughput, cure (Watts, 2015)
- Hospices – good death (Howarth, 2007)
- Nursing/care homes – well-managed quiet death (Komaromy, 2009)
What about spirituality?

- Contested
- Subjective
- Highly personal
- Conceptually pluralistic
What does the literature say about meanings of spirituality?

- Different from religion (Rumbold, 2002)
- Feature of personhood (Moore & Purton, 2006)
- Meaning and value in life (Zohar & Marshall, 2001)
- Connected to religious belief
- Spirituality can be whatever we want it to be but is always culturally and socially shaped (McSherry, 2006)
- What remains of ‘the self’ when material things drop away (Vivat, 2008)
And what is meant by spiritual care?

- Person-centred attention (Wright, 2004)
- Giving time & listening (Twycross, 2003)
- Acknowledging ‘how we have become’ in a non-judgmental way (Hockey, 2002)
- Helping someone to understand themselves (Vivat, 2008)
Spirituality and palliative care

- Spirituality and spiritual care are central to palliative care philosophy & practice (Watts, 2010)
- This extends to the dying person’s family and friends (Randall & Downie, 2006)
- Is the role model of holistic care as part of palliative care practice ethically sustainable?
Spiritual care of dying people

- A relational model of care
- Putting the dying person ‘back together again’ in their full context
- A form of healing now routinely seen as one of the responsibilities of healthcare professionals
- Is this either appropriate or realistic?
From my own research an older man, talking about the efforts of a palliative care nurse to minister to his spiritual needs, comments: “she doesn’t know me and I don’t want to explain”.
Alternative approaches

- Spiritual care of dying people as part of a public health model (Kellehear, 2005)
- Developing confidence in death and dying awareness through education programmes
- Death doulas
Kellehear’s model

- Development of non-professional social caring capital
- Friends and family
- Involves honouring individual and community legacies with ‘reflecting back processes’
- Reminding and remembering
- Reciprocity with dying people contributing to the spiritual wellbeing of caregivers
Death awareness

- Introduction of death education as a mandatory part of the school curriculum
- Increasing opportunities for young people to volunteer and have work experience in settings connected to death – hospices, funeral companies and day care centres
Death doulas

- A friend at the end
- Open and honest communication about death
- Some doulas have a spiritual approach, but not all
- End-of-life companionship as a service – invited in
- In this communitarian model death is seen as the natural conclusion to life
Rebecca Green, commenting on the place of spiritual care in her approach as a death doula explains:

“Some people will hate me for this, but so be it. If a person has not found ‘spirituality’ to be useful to them before they became ill, why introduce it when a person is facing death? I feel it’s a way of avoiding the living person in front of you and avoiding yourself. Providing a ‘solution’ to this ‘problem’ of death, with a story. It’s big business, this spirituality. It preys on the vulnerable and it’s a crutch that’s going to break when you lean on it. You have your life, your living moments and yourself – right up to the very end. You are enough – you don’t need to be spiritual” (Guardian, 5/5/2014).
So where does this leave us?

- Spiritual care of dying people can be complex and is shaped by context
- Shared across domains of practice – ministers of religion and healthcare workers
- Community competence involving family, friends, neighbours and dedicated death companions
- Always has the feature of connectivity
Thank you!