Spiritual care at the end of life: meaning and practice

Dr Jacqueline Watts
Senior Lecturer, Faculty of Health & Social Care
The Open University, UK
J.H.Watts@open.ac.uk
Background

• Interest in and recognition of the function of religious and spiritual coping in adjustment to serious illness, including cancer, has been growing.

• New ways to both assess and address spiritual concerns as part of overall well-being are being developed by health care practitioners as part of a package of support for people with critical and terminal illness (Randall and Downie, 2006; Watts, 2008).
Spirituality – what is it?

- Underpinning feature of personhood (Moore and Purton, 2006)
- Humanistic and religious aspects (Wright, 2004)
- Ultimate values - why am I here/who am I? (Cobb, 2001)
- Transcendence and reaching out to the other as engagement with the world and not separation from it (Robinson, 2008)
- Essential core life-force (Swinton, 2001)
Spiritual care

- Affirmation & acceptance of a person in a non-judgmental way
- Being there: giving time and listening (Twycross, 2003)
- Supporting biographical continuity: a community-based public health model (Kellehear, 2005)
- Faith-based care
Whole-person spiritual care

- Relationship-based
- Citizenship model
Relationships

• Confirm biographical continuity
• Professional spiritual care-giving in a supportive environment
• Family and friends
• Reciprocity
Citizenship

- Life history
- Maintenance of social and living ‘self’ until the point of death
- Emphasis on the personal and the community outside of professional care-giving expertise
Conclusions

• Citizenship approach to spiritual care at the end of life enables a consistent and congruent self

• Increased attention to religious – free spiritual care in a secularised society (Walter, 2004)

• Is spiritual care by clinicians ‘depersonalised’ through the pressures on health care systems? (Randall and Downie, 2006)
The spiritual life is a community life

(Erricker and Erricker, 2001)