

Palliative Care in the COVID-19 Pandemic

Briefing Note

Interprofessional Spiritual Care in the Time of COVID-19

Issue

Current health contexts are inundated with seriously ill COVID-19 patients who are suffering deeply² - especially in the context of isolation from family members - and in desperate need of spiritual care.

Background

Palliative care recognises the role of spirituality in the care of patients with serious illness. Many organisations have developed recommendations for the integration of spiritual care in palliative care. Spirituality is defined broadly as a “dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”³

The practice of interprofessional spiritual care is based on a generalist-specialist model of care: providers address spiritual concerns and work with spiritual care specialists in treating spiritual distress. Studies to support this area of care include association of spiritual distress with quality of life, physical pain, depression and anxiety. Receiving a diagnosis of COVID-19 can raise intense questions regarding one’s mortality, resulting in spiritual distress.

Key Facts

- COVID-19 has generated a crisis of spiritual distress in healthcare settings that must prioritise urgent clinical symptom and infection control;
- Spiritual distress includes existential distress, struggles with uncertainty, despair, hopelessness, isolation, feelings of abandonment by God or others, grief, and the need for reconciliation.
- The World Health Organization notes that it is the “ethical duty of all healthcare providers and health settings to alleviate pain and suffering, whether physical, psychosocial or spiritual;”¹
- Appropriately trained clinicians can provide spiritual support to patients and families by taking a spiritual history, listening, practicing compassionate presence, praying, or sharing a sacred moment.

Current Status

- Patients and families are experiencing severe spiritual suffering related to COVID-19.
- Healthcare providers are distressed by the suffering and dying of their patients and by ethical challenges around limited resources and difficult treatment choices.



Recommendations to UN member states and civil society organisations

1. Educate healthcare providers in spiritual care through programs such as the Interprofessional Spiritual Care Education Curriculum (ISPEC).⁶
2. Clinicians at the bedside should:
 - a. Complete a basic spiritual inquiry, such as the FICA spiritual history⁷ to assess for spiritual distress in patients and document results in the clinical note.
 - b. Offer compassionate presence, listening, and connection.
 - c. Help patients to identify inner spiritual resources and access other spiritual resources.
 - d. Acknowledge grief and sadness.
 - e. Ensure the dignity of the patient.
 - f. Include patients' spiritual beliefs and values in goals of care discussion.
 - g. Refer to spiritual care professionals.
 - h. Advocate for a peaceful death.
 - i. Provide respectful care of the body after death according to patients' religious or cultural beliefs.
3. Spiritual care professionals can provide spiritual care to patients and families, as well as to healthcare providers, via telehealth. They should:
 - a. Help staff try to make sense of the suffering they are witnessing.
 - b. Support providers in the provision of spiritual care to patients.
 - c. Support patients and families via telehealth.
 - d. Acknowledge global grief and bereavement.
 - e. Offer rituals, prayers, and practices that facilitate grief.
 - f. Facilitate reconciliation and connection.
 - g. Advocate for respectful care of the body after death according to patients' religious or cultural beliefs.
 - h. Facilitate a brief service for family members and healthcare providers.
 - i. Serve on ethics teams.

References

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