



# **SPIRITUAL CARE at END of LIFE**

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VEN. ZHIYUN CAI, PhD, BCC-PCHAC, GC-C  
ICU & Oncology Chaplain, Stanford Health Care

ROBERT DRAKE, MDiv, Msci  
Director of Medical Outreach, Compassion & Choices

THE REV. ALICE CABOTAJE , MDiv, BCC, ACPE Certified Educator  
Director of Spiritual Care & Education, Massachusetts General Hospital

# **DISCLOSURES**

**We do not have anything to disclose.**

# SPIRITUALITY

*“Spirituality is a fundamental element of human experience. It encompasses the individual’s search for meaning and purpose in life and the experience of the transcendent.*

*Spirituality also encompasses the realms, inside as well as outside of traditional religion.*

*Viewed in this way, spirituality is an important component of quality of life and may be a key factor in how people cope with illness, experience healing, and achieve a sense of coherence.”*

- George Washington Institute of Spirituality and Health

*Expressed through beliefs, values, traditions, practices.*

*Dynamic aspect of human life that relates to the way a person experiences, expresses and/or seeks meaning, purpose and transcendence.*

*The way a person connects to the moment, to self, to others, to nature, to the sacred.*

-Journal of Palliative Medicine, 2014

# SPIRITUAL CARE

It is meeting the spiritual and religious needs of our

- *Patients*
- *Families*
- *Loved Ones*
- *Visitors*
- *Staff*
- *Colleagues*

# HIGHLIGHTS FROM SPIRITUAL CARE RESEARCH<sup>7</sup>

TransformingChaplaincy.org

- Religion/spirituality is one of the most important resources for coping with serious physical illness.
- Despite the importance of religion/spirituality to patients and their family caregivers and clinical guidelines, patient and caregiver spiritual concerns are frequently overlooked by healthcare professionals.
- Receiving Spiritual Care improves patient's satisfaction with hospital care.
- Spiritual care is especially important for patients at the end of life.
- Spiritual care is especially important for family members of patients with serious illness.
- Chaplains help patients, families, and staff with making difficult medical decisions.
- Chaplains have also developed interventions that specifically address religious/spiritual struggle.

## **END of LIFE CARE for BUDDHISTS**

VEN. ZHIYUN CAI, PhD, BCC-PCHAC, GC-C

Buddhist Perspective on Death and Dying:

Ultimate goal is to be free from the rebirth & attain Enlightenment (Nibbana)

Majority of Asian Buddhists practice Pure Land Buddhism, a stepping stone towards enlightenment and liberation.

Main emotional obstacles at end of life: (Pali Canon)

Worry over responsibilities the person is leaving behind.

Fear of death or the dying process.

## Case Study: Buddhist Patient

**ASSESSMENT:** Ms. Z, 73/F, traditional Buddhist, immigrated to the US with her husband 8 yrs. ago. Only son is married with 2 children but he “is very busy at work,” and is rarely involved in the patient’s care.

**DIAGNOSIS:** Advanced multiple myeloma, possible lung cancer, refused further chemotherapy.

**ISSUES:** Has uncontrolled back pain. Feels that life is meaningless. Attempted suicide 5 months ago. Wants to die and has frequent suicide ideation. Wants to die soon but worries that it would cause too much suffering and pain. Considered EOLOA but is not qualified since her cancer is stable and prognosis is more than 6 months. Feels lonely. Is angry due to no effective treatments. Feels shame due to Asian culture and her understanding of Buddhism. Believes her cancer was due to her bad karma from her previous life. Family also lacks social support.



## INTERVENTIONS

Deep listening. What does “life is meaningless” mean to her? What matters most to her now?

Life review. Listened to her life stories, memories, hopes, difficulties & concerns.

Talked about activities that bring her joy. Assisted in finding a local Senior Citizen Activity Center and collaborated with LCSW to find more resources for the night caregiver.

Helped her find peace and strength in her spiritual practice. Guided meditation; offered spiritual care resources; provided family support; talked to PC team and referred to psychologists for further support.

## OUTCOMES

Patient participated in more daily activities; listened to Buddhist chanting; practiced meditation; contacted siblings and friends in China; appeared peaceful and joyful.

After a few months, the patient started declining. She was transferred to hospice. She passed away peacefully at home.

Collaborated with the hospice chaplain, remained with the body for eight hours without touching or moving per the family's request by the Buddhist tradition and allowed the patient's spirit to be reborn with ease into Pure Land.

## **ROBERT DRAKE**, MDiv, Msci

Caring presence is a core spiritual care principle

Spiritual care is core to end-of-life care

Medicare considers the chaplain to be one of the four essential interdisciplinary team members, with the nurse, social worker and physician

“If you don’t understand the place of spiritual care in hospice you don’t understand hospice.” - a former president of the American Hospice Association

Spiritual Care Counselors serve as representatives of the central images of life and its meaning.

Address psycho-spiritual issues using psychology, theology, and religious beliefs to care for a person's spiritual and emotional well-being.

Outcomes-oriented assessment and intervention tools.

We are clinically trained clergy of many stripes who provide spiritual care, integrating religious, spiritual and psychological frameworks to build and carry out a plan of care.

We are trained to sit with suffering, dementia, chaos or conflict; and any trauma, diagnosis or prognosis, to be a compassionate presence assessing core *spiritual* needs to utilize psycho-spiritual interventions.

We may use different methodologies. I mostly use the Spiritual Assessment & Intervention Model (Spiritual AIM) taught at the University of California in San Francisco Medical Center where I did my residency.

## CASE STUDIES

The 12-year-old boy shot in the abdomen by a friend

The husband who tried to save his children

The Ex-Con from San Quentin & Pelican Bay

**THE REV. ALICE CABOTAJE**  
MDiv, BCC, ACPE Certified Educator

## CASE STUDY

Anne, a 78-year-old Catholic woman with liver cancer.

# *QUESTIONS?*

[Zcai@stanfordhealthcare.org](mailto:Zcai@stanfordhealthcare.org)

[rdrake@compassionandchoices.org](mailto:rdrake@compassionandchoices.org)

[ACabotaje@mgh.harvard.edu](mailto:ACabotaje@mgh.harvard.edu)

# *THANK YOU!*



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