



Interdisciplinary End of Life Symposium

**Supportive Oncology:
Early Integration of Palliative Care**

Spiritual Care as A Component of Quality Patient Care

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Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed [Assembly Bill \(AB\) 1195](#), which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed [AB 241](#), which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *The workshop will highlight the importance of understanding cultural background and issues of diversity as it pertains to delivering effective palliative care amping patients with cancer.*
- *The workshop will address common disparities that occur among patients with cancer that may impact access and delivery of palliative care.*

Objectives

- Identify principles of communication regarding spiritual, religious and existential aspects of oncology care.
- Describe the vital role of all clinicians in promoting excellent interdisciplinary spiritual care.
- Demonstrate a spiritual assessment using Spiritual Assessment Tools.

Spiritual Care

- Honors the dignity of every person, irrespective of their past, their present, their culture, etc.
- Considers how a person finds meaning, purpose and connectedness in his/her life



Definitions

- How would you define “religion?”
- How would you define “spirituality?”
- How would you define “existential?”
- Are they the same?
- If not, how do they differ?

Definitions

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”



Puchalski & Ferrell, 2010

Assessing Spiritual Needs

- Assess diverse religious beliefs, traditions, practices
- Assist with life review, legacy, and life completion tasks
- Offer presence and listen to spiritual concerns
- Use simple screening questions:
 - “Are you at peace?”
 - “What should I know about you to provide the best care for you?”

Spiritual Assessment Tool: FICA

- Faith
 - “Do you have a faith belief? What is it that gives your life meaning?”
- Influence
 - “What importance does your faith have in your life?
How does your faith belief influence your life?”
- Community
 - “Are you a member of a faith community? How does this support you?”
- Address
 - “How would you like for me to integrate/address these issues in your care?”

Spiritual Assessment Tool for Pediatrics: BELIEF

- Belief system (e.g. participate in religious activities/discuss afterlife?)
- Ethics or values
- Lifestyle (e.g., rituals/practices related to religion)
- Involvement in a spiritual community?
- Education (religious education in the family?)
- Future events (rites/traditions, future role of the faith community in the child's care)?

McEvoy, 2000

Knowing How to Start a Spiritual Conversation Can Be the Most Uncomfortable Part

- Spirituality and religiosity are sensitive and personal topics
- Preface a spiritual assessment with an acknowledgment of the sensitivity of the questions and why the assessment is necessary.
- *“Many people have strong spiritual or religious beliefs that shape their lives, including their health and experiences with illness. If you are comfortable talking about this topic, would you please share any of your beliefs and practices that you might want me to know?”*

Taylor, 2019

And Then There are All the Questions...

Is God punishing me?

Why is this happening to me?

Will I suffer?

Did I do something to deserve this?

What is the meaning of life?

So How Would You Respond to These Questions?

- These questions do not have answers
- There are some things that simply cannot be fixed
- Here are a few words/phrases to use:
 - *“Tell me more about...”*
 - *“This must be so difficult for you”*
 - *“I wonder what this must be like for you”*



Giving You the Words: Acknowledging Reality and Reframing Questions

“I understand that the doctor told you there are no other treatment options available to you. I am so sorry to hear this. I wonder what is most important to you right now? What do you wish for...improved quality of life, being pain-free, more time with family and friends?”

Empathetic Curiosity: Vision for Optimal Spiritual Communication in Palliative Care

- Situating self (being present in both mind and body)
- Present a stance of acceptance
- Maintain a curious attitude
- Allow for vulnerability
- Convey empathetic listening



McEvoy et al., 2000; Ferrell, 2023

The AMEN Protocol for Responding to Belief in Miracles

- Affirm the patient's belief
 - *"Ms. P, I am hopeful too."*
- Meet the patient or family member where they are
 - *"I join you in hoping (or praying) for a miracle."*
- Educate from your role as a provider:
 - *"AND I want to speak to you about some medical issues."*
 - Avoid "BUT," as it dismisses the beliefs of the patient while simultaneously putting yourself in competition with God.
- "No matter what.."
 - *"No matter what happens, I will be with you every step of the way."*

Cooper et al., 2014

Opportunities for Improving Practice

- Integrate brief spiritual assessments for all patients
- Collaborate with chaplaincy and other interprofessional colleagues
- Increase competency in compassionate presence
- Role model this for your staff and those you are privileged to mentor



Conclusion

- Though generally difficult and challenging, it is a privilege to provide care to those who are the most vulnerable in our society...those with serious, complex illness/injury
- We can't fix everything, but we can be present, listen, bear witness
- Collaboration with chaplains and other interdisciplinary team members improves the care we give to our patients and their families