



# Reframing Spiritual Care in a Palliative Setting: responding to changing times



‘Spiritual Care in Covid - A Doctor’s perspective’



## Reframing Spiritual Care in a Palliative Setting: responding to changing times

# Thank You





## Declarations

Personal Background – Good and Bad

There is no hierarchy of suffering or experience

There is no normative experience

This is not over





## Overview

The reframing taking place – Chaplain's perspective

The reframing taking place – Professional perspective

The reframing taking place – Personal perspective

Spiritual Care in and beyond COVID-19





The reframing that has taken place – Chaplain's



# What Did Chaplains Do During the Covid Pandemic? An International Survey

*Journal of Pastoral Care & Counseling*

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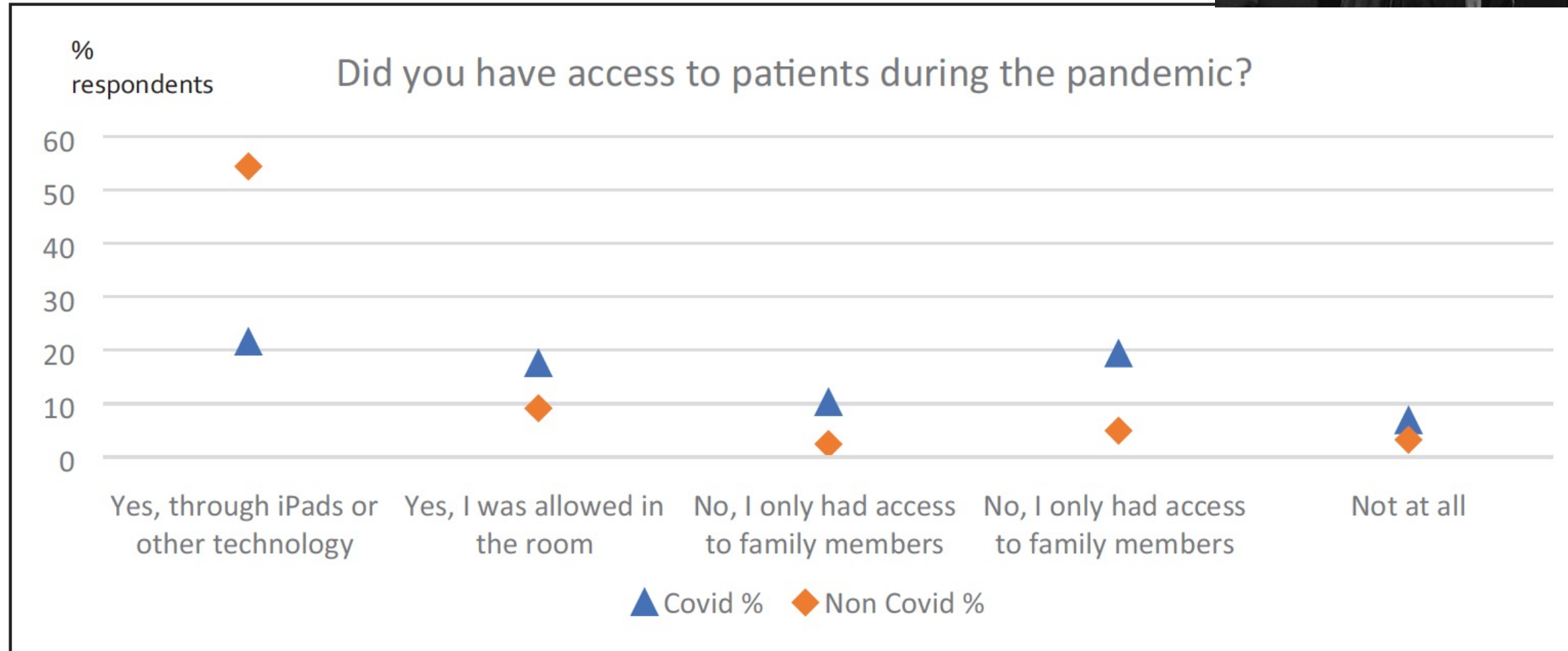
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- In June 2020, 1657 chaplains responded from 36 countries.
- They all experienced considerable disruption to their usual practice, with enforced social distancing having the biggest impact.
- Out of necessity they embraced technology to maintain contact with patients and families, and shifted focus of their support to staff.





# ACCESS

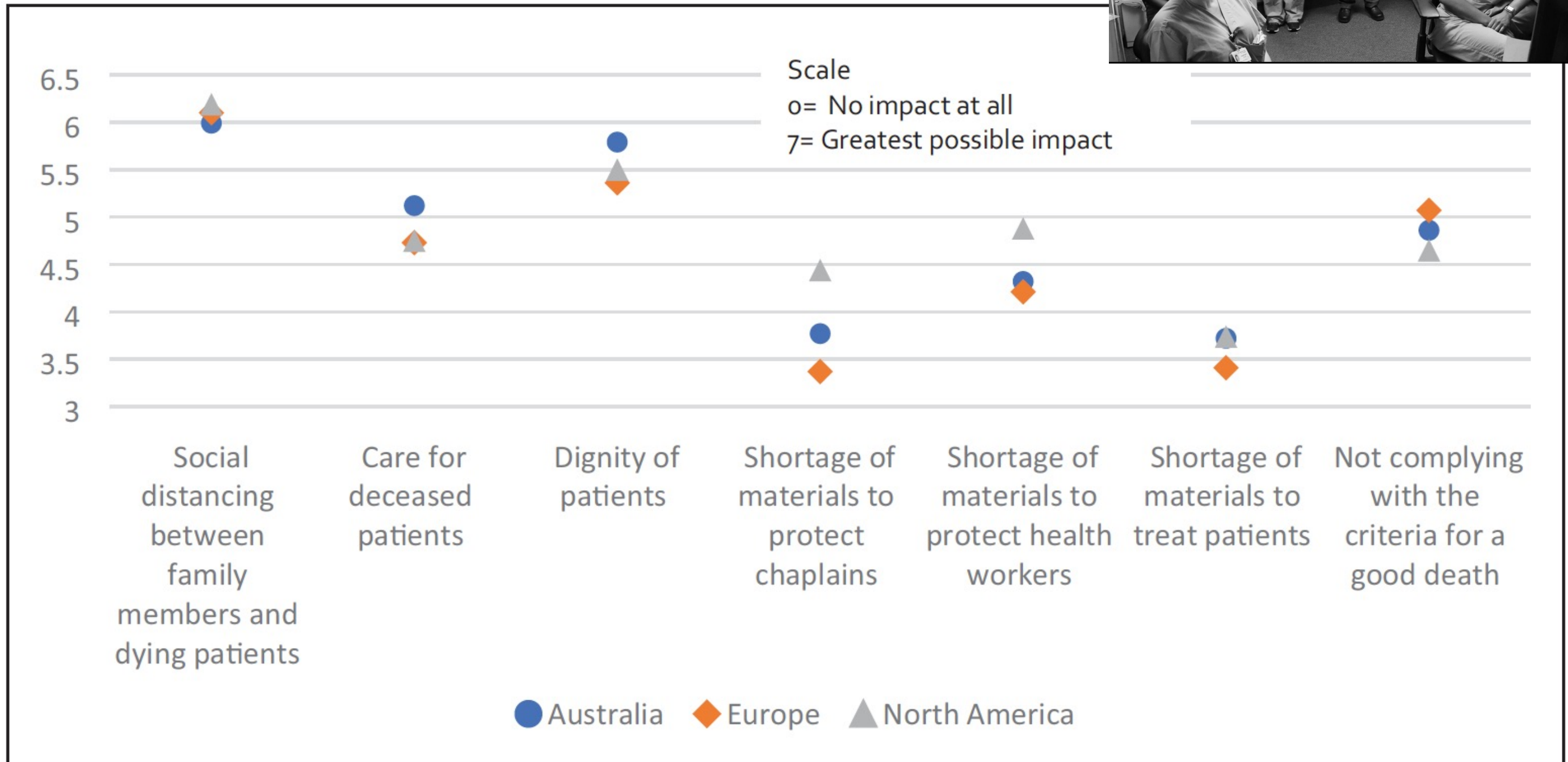


**Figure 2.** Types of access to patients and families during pandemic according to whether patients Covid-19 or non-Covid-19, (N = 1179).





# IMPACT

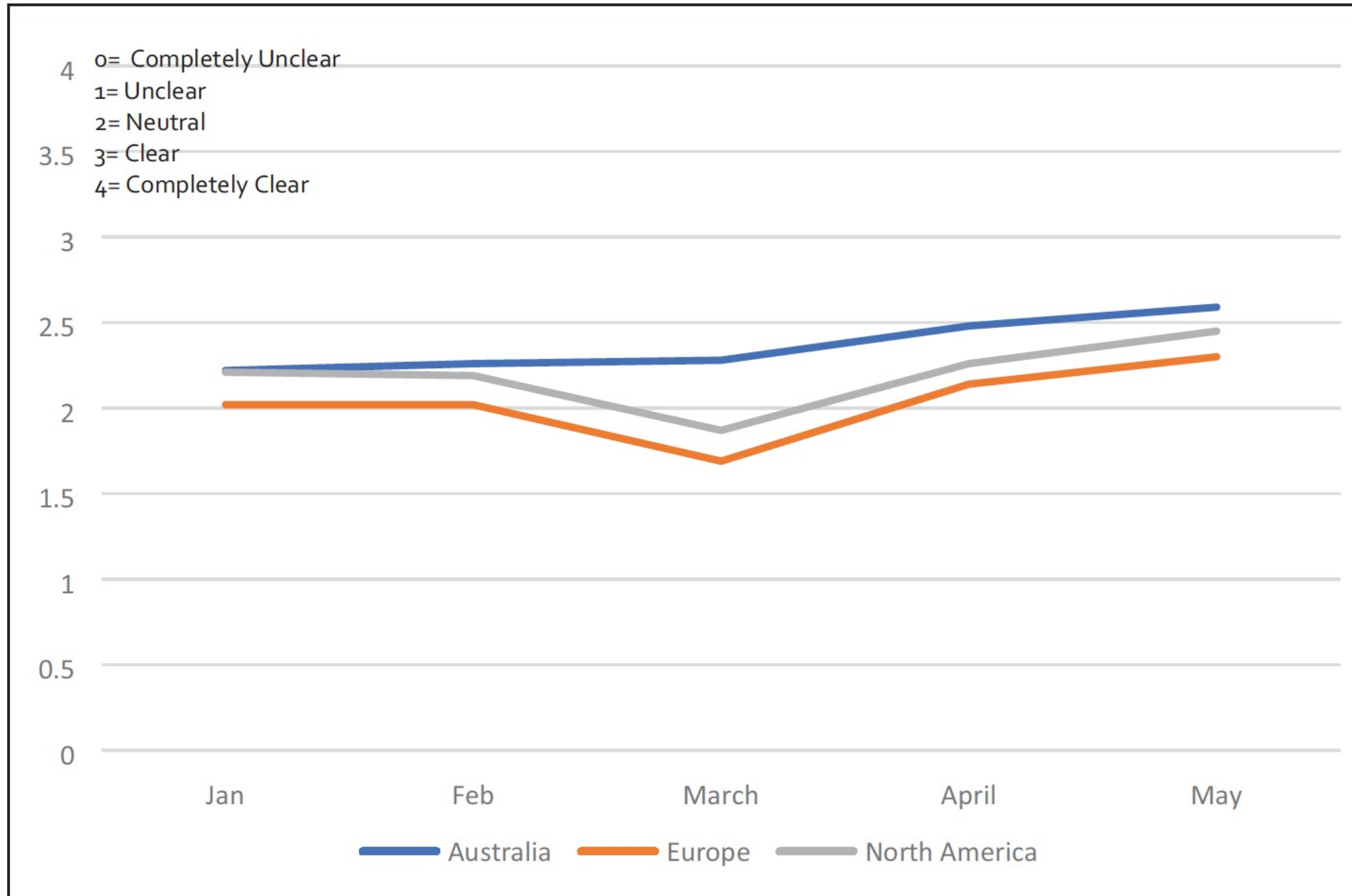


**Figure 5.** The impact of various aspects during the pandemic, by continent.





# Clarity of Role

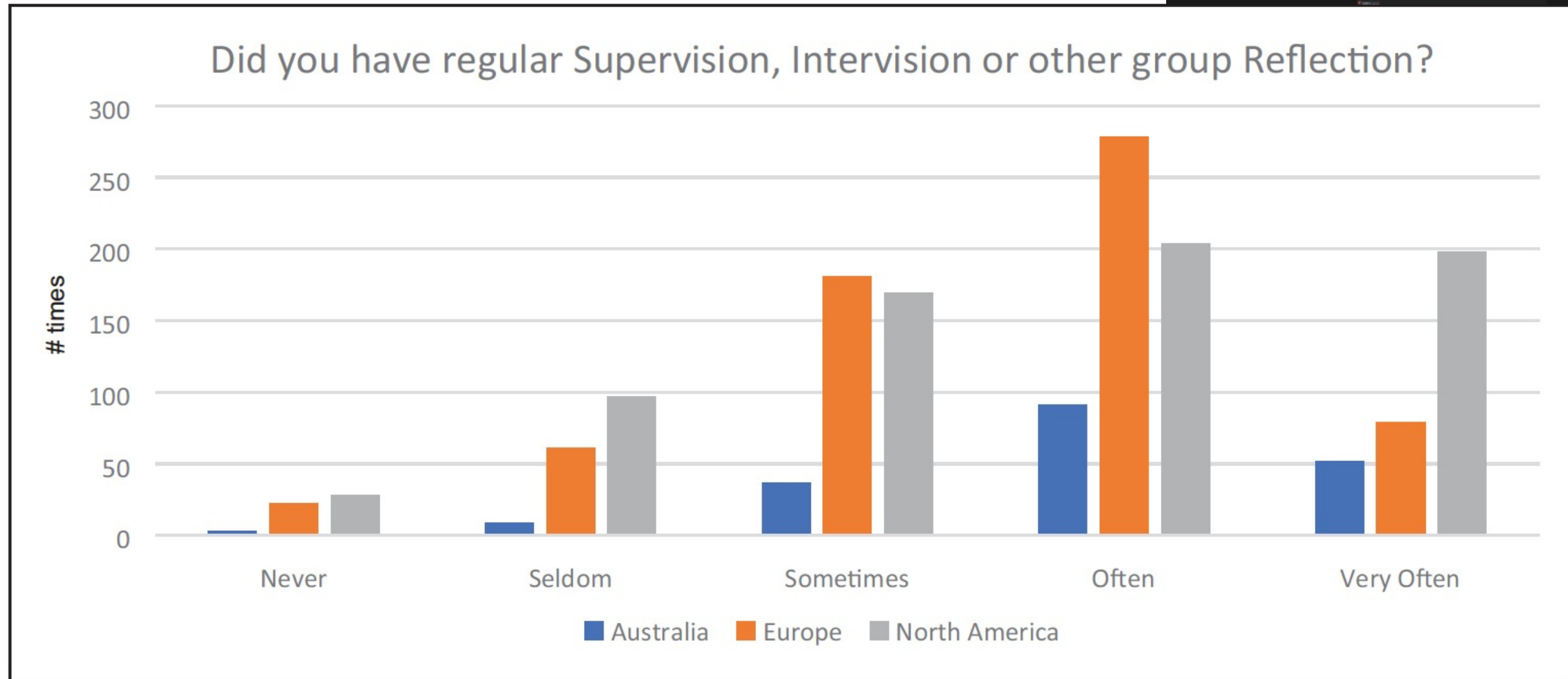
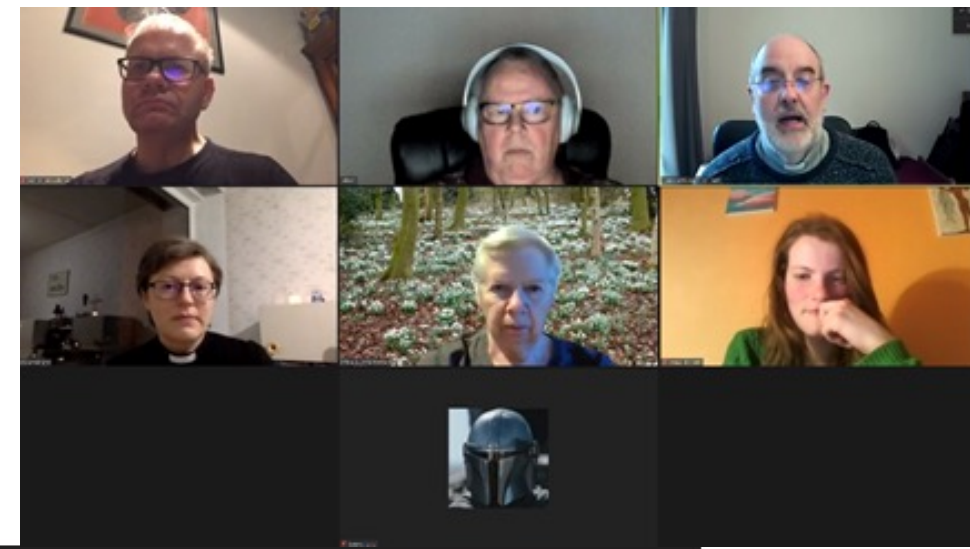


**Figure 6.** Clarity of role throughout pandemic by continent.





# Support



**Figure 3.** Frequency of supervision during pandemic.





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	Yes	No
<i>Did staff other than the chaplain do spiritual care?</i>		
Australia	68	80
Europe	233	192
North America	250	266
<i>Did you feel that you could have been better deployed during the pandemic?</i>		
Australia	118	23



“We could come through COVID and in the process have created a selfish bordered world not fit to live in. Our role never more important to support compassion and empathy with the suffering”


“Age was a factor in our team as across the trust the older staff were protected”.

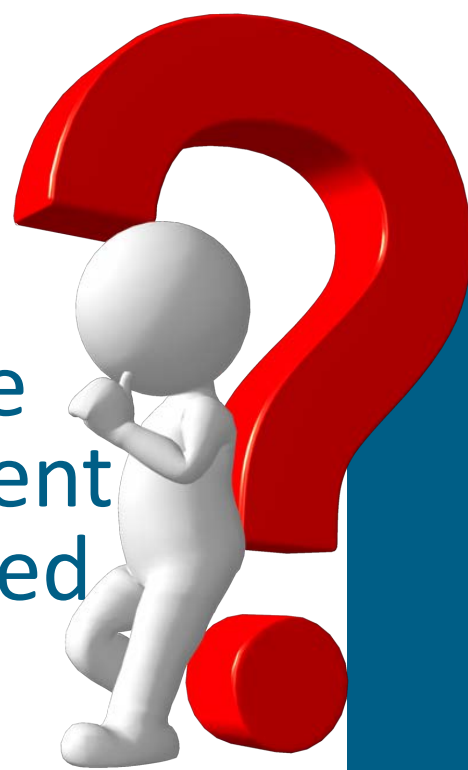
“Never more valued or integrated in team as a bridge between families and clinical team.”

“It is sufficient to point out that for some, instead of being considered an essential employee and valued colleague, many chaplains were instead seen as little more than an infection risk.”



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1. Chaplain leadership should have been at the executive leadership table during discussions of how to manage the pandemic, how to address patient isolation, family anxiety as a result of absence from their hospitalized loved ones.
2. Although we say that chaplains are integral team members, chaplains were not part of the discussions about both COVID- 19 and non-COVID-19 patient care management at the outset. This should have happened.
3. Chaplains should have been involved in more and direct patient care throughout the pandemic. . .The attitude of leadership seemed to be that EVERYONE besides doctors and nurses would spread COVID-19, so everyone besides doctors and nurses must be excluded from encountering COVID-19 patients.



The reframing taking place – Professional perspective





# Varieties of response

Crucial interface work between staff and families

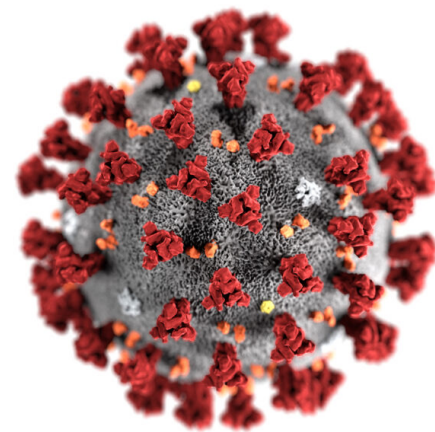
Maintaining connection with patients and families

On line tools, zooms, whats apps ipads and phones

Maintaining treat store for other staff

Bereavement support

Isolating staff support...





# Professional Perspective



The value of Chaplaincy to Hospice and Health care shown to be priceless in desperate times

Chaplains are commonly undervalued and misunderstood by their organisations (and sometimes by themselves?)

Some chaplains applauded as heroes along with other health care professionals - others furloughed

Inconsistency of response betrays the lack of clarity and false assumptions

## Professional Perspective

COVID posed a stark question to us all. Are you part of the team or not part of the team?

Highly trained, competent, focussed, informed, flexible, responsive, dedicated chaplains who are clear on their role desperately needed part of the team;

Strategically

With patients & families

With other team members





## Professional Perspective



Spiritual care deals with the provision of compassion and empathy during periods of heightened stress, distress and anxiety within care. Real benefits to mental health and well being.

## Flexible Spectrum both and



Although **spiritual care** has always been a part of the domain of religious beliefs, a more contemporary perspective is that spiritual care forms part of the human psyche and thus forms part of human care, health and well-being for families, patients and healthcare workers.

**Religious care** (religio to bind back together) has been crucial to counteracting the disconnections and loneliness caused by COVID





seeing the wood for the trees

## CLARITY & DEFINITION

Clarity needed for Hospices and for Chaplains as to role and responsibilities and expectations, key competencies, expected level of performance, governance, support, professional body/ registration, as per other professional team members.

# The reframing taking place – Personal perspective

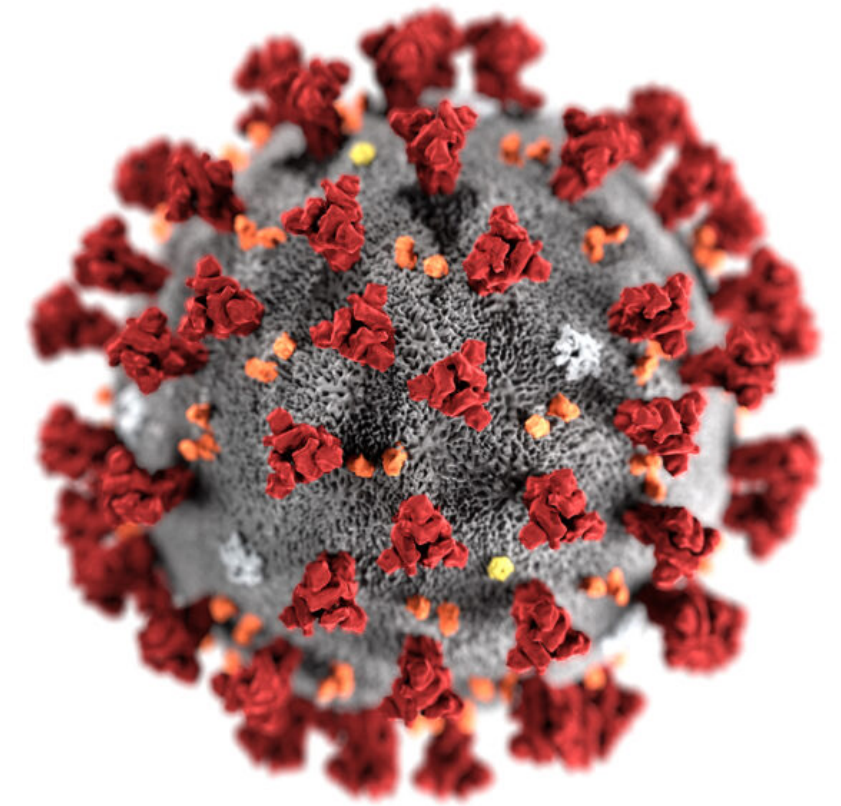




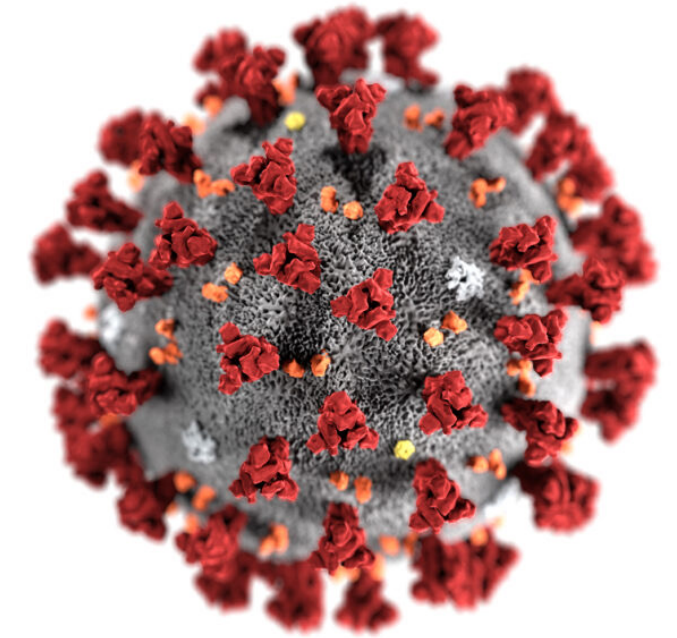
## Personal Perspective

I thought I could do spiritual care quite well....

But COVID taught me otherwise....



# Doctor perspective



I have unconscious biases which inhibit such care

Patients have biases which inhibit me providing such care

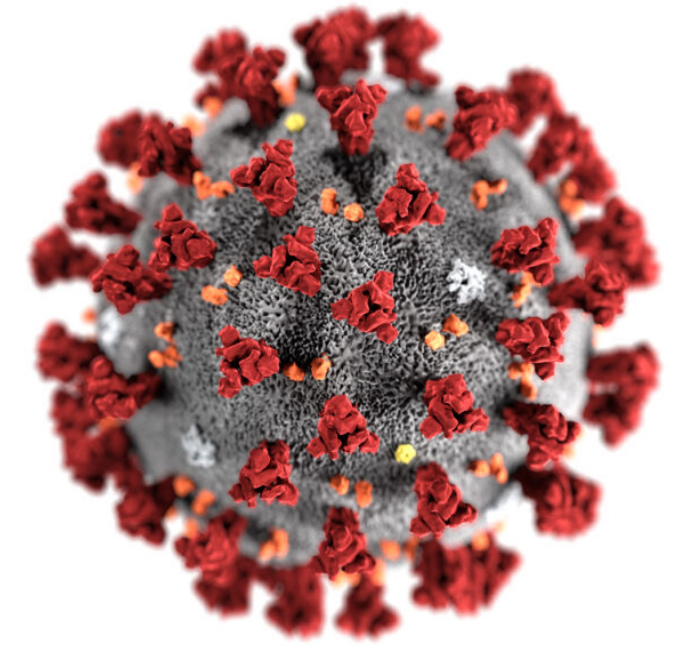
The moral distress and burnout of COVID can deprioritise spiritual care

Generalist spiritual care is different from specialist spiritual care

Need specialist spiritual care training to provide specialist spiritual care in a hospice



## Doctor perspective



I didn't miss the generic chaplaincy service during COVID

I desperately have missed Father John from many years ago who was a skilled spiritual care practitioner and who made invaluable contributions to the lives of patients and to the team looking after those patients. Had the skill set to engage with existential pain and the flexibility to delve beyond the reach of traditional medicine or religion.



# Spiritual Care in and beyond COVID-19





# Spiritual Care in and beyond COVID-19





B B

All I can say is that we tried our best, we did what we could to serve the community



# RECOVERY





# Sustain our true self with rigor for the long haul

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”



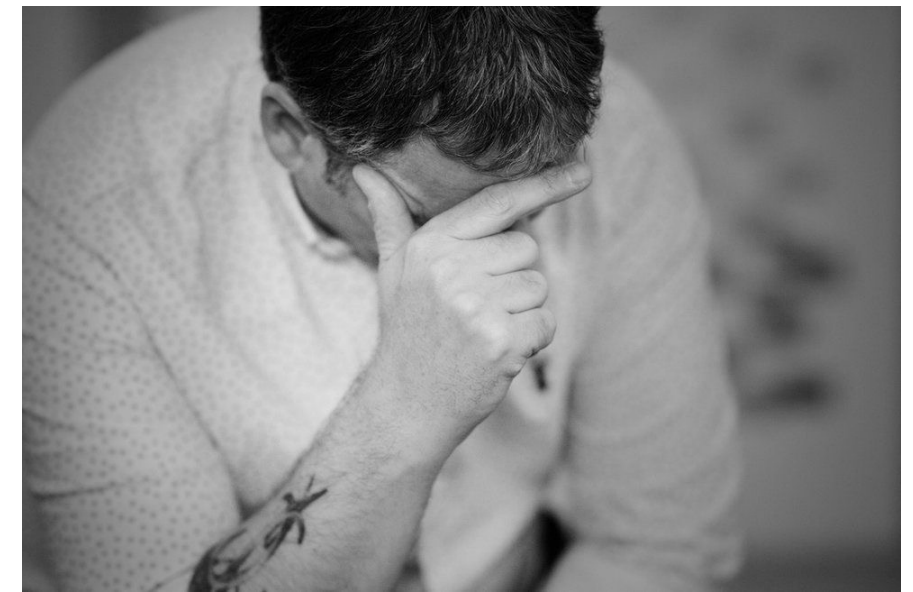
Otherwise ....



# SELF CARE Spiritually

- What gives **you** meaning facing meaninglessness?
- What gives **you** hope when things seem hopeless?
- Where do **you** go to recharge?
- Who restores **your** faith in life?
- How do you avoid harming yourself, colleagues and patients?

## More is going to be expected of us



What have we learned in surge 1 and surge 2 that we must not forget to help us in surge 3?

Sustainability is an hour by hour thing, supported by all the things that we know we should be doing but find hard to maintain.

Faith, hope and love are expressed every time you choose to go to work, meet that patient, avoid that reaction, even when your sense of the divine is missing



Modeling how to deal with our own pain and suffering

We can either transmit our pain on to others or we can allow the suffering and pain that we have experienced to transform us...



# We are in the midst of a highly teachable moment

Global solidarity – it's not over in Milton Keynes until its over in Mosul

COVID has exposed our inequalities and racism, “a system of advantage based on skin colour”. (Mortality, vaccine hesitancy.)

Depth is being forced on us by great suffering, which can lead to great love

Love overcomes fear

## South Asians in UK at greater risk from Covid

© 1 May

Coronavirus pandemic



People from a South Asian background were at even greater risk of infection, hospitalisation and death in the second wave of Covid than the first, compared with other ethnic groups, a study says.



# How could we help as Chaplains?



1. How do we open up services safely, and reduce the associated stress?

One in five People 'Could Struggle to Reintegrate After Lockdown'

2. The study by London South Bank University (LSBU) and Kingston University was based on input from a representational cohort of 286 respondents to a survey carried out in February. The sample was equally split between genders, with a mean age of 46, warned of a long-lasting impact on mental health for 22% of people

*Peter Russell. 1 in 5 People 'Could Struggle to Reintegrate After Lockdown' - Medscape - May 05, 2021.*

3. The connection between families here and in South Asia. How do we support our friends and families across the sub continent and how do we support our colleagues here who are in daily contact with families in distress?

# COVID and the Apophatic Tradition



In order to discover what you  
don't know  
You must go by a way you don't  
know  
In order to discover what you  
don't possess,  
You must go by a way of not  
possessing  
In order to become what you are  
not,  
You must go through what you  
are not.



We may not know what the next phase of COVID holds for us but we can commit to how we will respond to it, with compassion and skill seeking out God





# Overview

The reframing that has taken place – Chaplain's perspective

The reframing that has taken place – Professional perspective

The reframing that has taken place – Personal perspective

Spiritual Care in and beyond COVID-19



May  
2020



May  
2021





A weathered wooden bench with a metal frame sits on a rocky shore. The bench is positioned on the left side of the frame, facing right. The background features a vast blue ocean stretching to a distant, hazy mountain range under a sky filled with soft, white and grey clouds. The lighting suggests a late afternoon or early morning setting.

## the long bench

For the times ahead  
when we will be  
as if at either end  
of the long bench

where distance kept  
is love's measure  
and death dances  
the space between

when words alone  
are not enough  
and queued memories  
reach out to touch  
let longing be a store  
of nut and seed  
that grows each day  
in strange hibernation  
readying for its end -  
the sharing of the feast.

**Jim Carruth**