

*Unravelling complexity in Older
patients:
Spiritual Aspects*



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Concept of spirituality: West vs. East

Eastern society equates spiritual issues with religion unlike in Western society where they may see the difference.

In the trajectory of illness these psychosocial issues are embedded within spiritual issues.

Spirituality - *a religious definition*

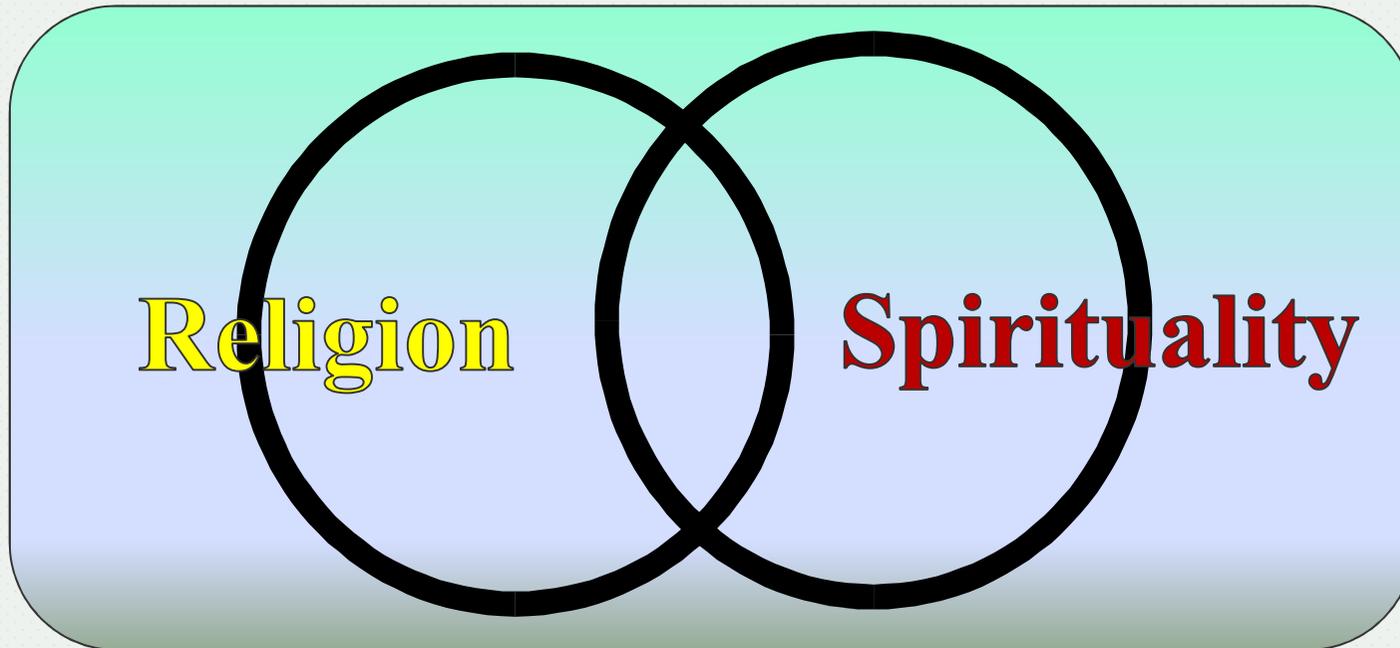
**It is a person's sense of connection
with the Divine, i.e. with God /
Gods / Deities etc.**



Spirituality - *a secular definition*

- one's sense of connection with the divine
- that which gives meaning to life religion or religiosity
- that which fosters the good, the just, the beautiful and the truthful in life
- a way of describing the organising centre of a person's life
- a broader concept than religion

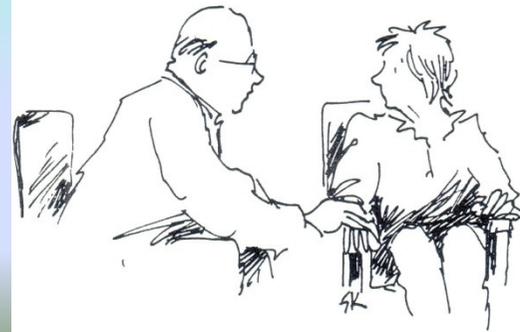
Relationship between Religion and spirituality



Underlying assumptions when dealing with cancer patient

- Cancer does not occur in a vacuum.
- The illness trajectory may affect adaptations.
- Early intervention may decrease later stress.
- Intervention should meet patient's/family's needs.
- Good palliative care involves options.
- Titrate information to patient's needs.
- There is no one right way.

Case studies



Mary's Story

70 year old lady with breast cancer diagnosed in 2007 and had multiple lines of treatment.

- At each clinic visit she sits comfortably and discusses her issues which are mostly related to pain.
- She would not take her medications regularly.

Mary's unhappiness

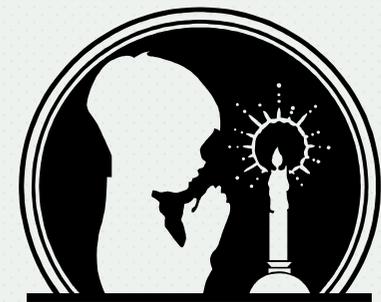
- Eventually with counseling she took her medications and had good pain relief.
- Yet she always seemed unhappy with her family especially her husband.

Mary's psychological issues

- Was Mary going thorough some unexplored issues and expressing them as anger and dissatisfaction with her family?



- *Psychosocial distress* in patient often complicates the final illness process.
- Appropriate **intervention** at this critical point decrease the immediate emotional suffering for all concerned, it also **ease family's** bereavement period, decrease occupational **stress** and **burnout** in professional care giver.



An individual's variable in adaptation to the disease:

- age and stage of family development
- the nature of the disease
- the trajectory or pattern of the illness
- the individual and family's previous experience with illness and death
- socioeconomic status
- cultural variables

Was Mary in a dilemma?

- Knowing that time was short, was the family persuading her to have a religion?
- Was Mary feeling troubled by these demands from the family?



- During the next family visit I broached the topic on dying.
- Mary was open to the discussion and I suggested that maybe she should plan what she would like to do so that the family is aware.
- In Asia culture, dying is a taboo topic. So I was encouraged that they were discussing the topic.

Mary's realistic Hope

- Her daughter visited me the next day and explained that her mother was more afraid of dying.
- She was a Taoist. Taoist funeral costs are high and she did not want to burden the family with high funeral costs.



Developing Hope

- There is a need to develop hope (realistic hope) for the future.
- Hope for the ability to love and be loved, reconciliation with ones' loved one and with ones' past.
- Hope to find meaning in life, may be a meaning in death, its acceptance, life after death.

Mary's plan for peace

- Next visit the daughter told me that her mother was baptized.
- I met Mary in the ward. She seemed more at peace.
- Her family was with her at most times. She was discharged home soon after.



Mary's passing on...

Her family and friends said their goodbyes. She was able to do so in her home surrounded by her family.

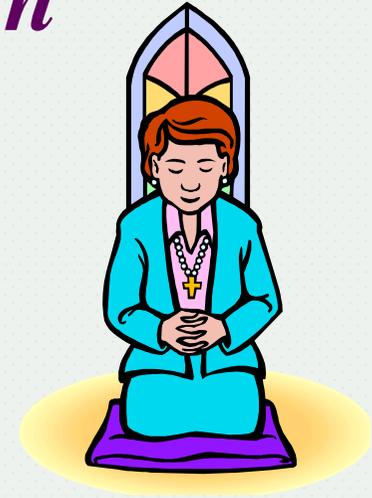


She passed on 2 months later.

The family visited me and informed me that her last days were peaceful. She was not in pain.

The questions in my mind have been

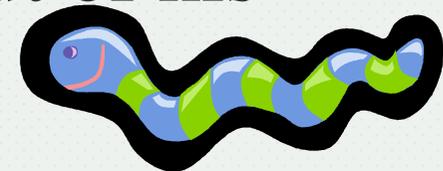
- Was Mary comfortable with the conversion?
- Was she being realistic?
- Did being realistic give her that peace at the end?
- Did this experience on talking about death help me better manage the patient?



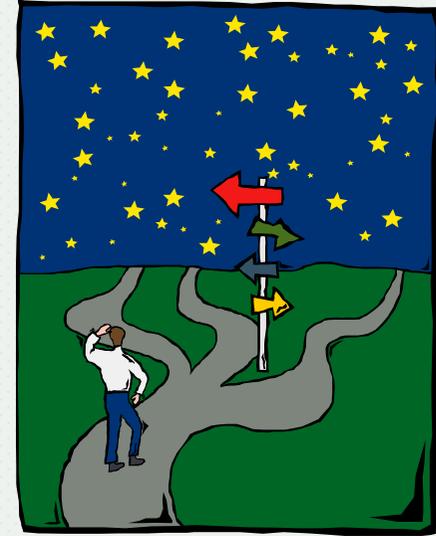
Phang's Story

62 year old man with extra nodal lymphoma (nose) had refused chemotherapy.

- His doctor refused to see him after that.
- He was extremely depressed. His wife said the only reason why he was referred was because maggots were coming out of his nose.



Phang's dilemma

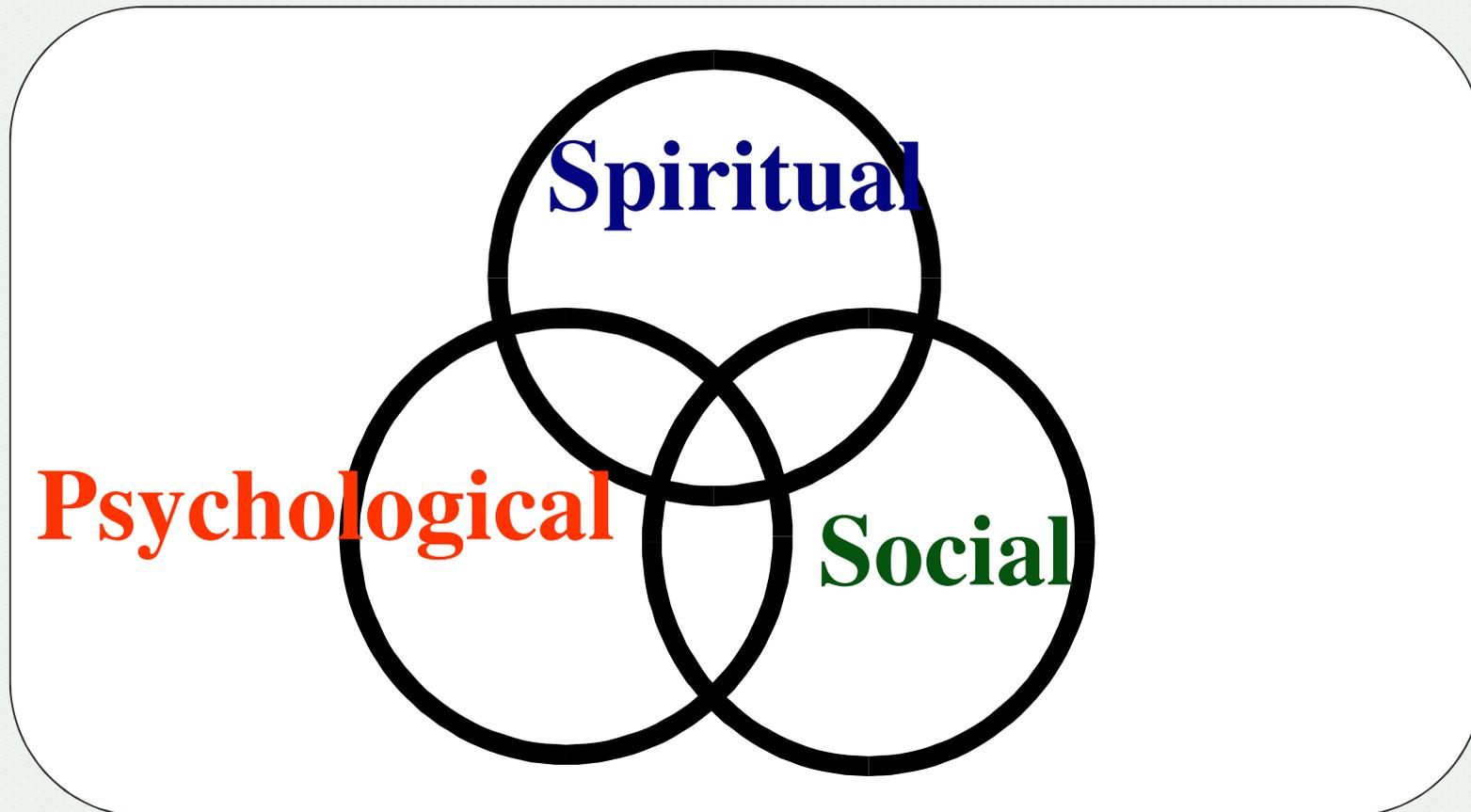


- Was Phang in denial of his disease?
- Why was he afraid of chemotherapy?
- Should he have been offered another form of treatment due to fear of chemo?
- Could his depression been allayed?

For patient

- denial
- anger
- depression
- reconciliation (Kübler Ross)
- despair
- helplessness
- hopelessness
- guilt
- grief

Relationships between Psychological, social and spiritual issues



- He was reluctant for chemotherapy due to the side effects. He felt he could not cope.
- He knew about radiotherapy and requested to the doctor.
- This request was turned down and that led to his disease progressing.

Maggots coming out of the nose is highly distressing. Until the referral was made he had no options for treatment.

Suffering:

- meaningless suffering, fear of loneliness, isolation and what may yet to come
- That caused his depression

Kenneth's Story

Kenneth is 77 years old with Multiple myeloma & undergoing chemotherapy.

- Till 1 year ago he was the State squash coach.
- Was referred for RT as the swelling on the sternum showed no response to chemotherapy.

- Had moderate to severe pain.
- Started on pain medication and RT.
- After 2 weeks of treatment he was pain free.
- He was told that the pain is part of his disease and will go once the disease has responded.

- With the pain relief now he feels like he has a new lease of life.
- Life had no meaning
 - as he had no social life.
 - as he could not sit and chat even with his family members.
- Thoughts of dying were topmost on most days.

- The common factor in both cases is unnecessary suffering.



- Both symptoms could be treated. Quality of life could be achieved.
- When symptoms are not managed well living becomes hellish.

Questions like : what
is purpose of life?

Abandonment and
isolation makes living
purposeless.

Avenue for HOPE is
lost.



Factors that influence hope in the cancer patients

Decrease

- * Feeling devalued
- * Abandonment and isolation
- * “conspiracy of silence”
- * ‘there is nothing more which can be done’
- * Lack of direction/goals
- * Unrelieved pain and discomfort

Increase

- * **Feeling valued**
- * **Meaningful relationships**
- * **Reminiscence**
- * **Humour**
- * **Realistic goals**
- * **Pain and Symptom relief**

The 2 cases illustrate the role health care professionals can play

- ✓ **Provide the right care at the right time.**
- ✓ **Provide options**
- ✓ **Provide support to family**



- Kenneth found a new lease of life once pain was controlled
- Phang's case was more difficult as there was physical deformity

The aim of spiritual care are

- (a) to provide non-judgmental love, hope, and a promise of non-abandonment
- (b) improvement in quality of life



SOAP Model (Meyers)

‘S’ = What client says

‘O’ = What is observed

‘A’ = The assessment of the need

‘P’ = Plan of action

*Meyer H: About our children: Spiritual care in pediatric hospice.
Am J Hosp Care, 1989; 6(3): 12.*

THANK YOU

