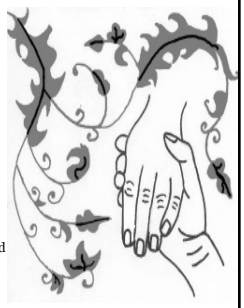
Compassionate Presence: Tending the Holy – Spiritual Care at the End of Life



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Suffering in Isolation: Is there no one to listen to me?

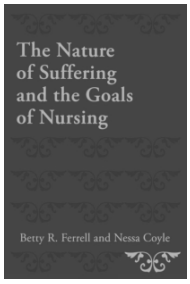
Suffering

- Arises from threat to personhood
- Illness and prospect of dying is an existential threat
- Meaninglessness can impact physical, emotional and social wellbeing
- Recognizing suffering as both physical and spiritual and responsibility of all healthcare providers.

Cassell, E. J. (1998). The nature of suffering and the goals of medicine. *Loss, Grief & Care*, *8*(1-2), 129-

The Nature of Suffering

Suffering occurs when an individual feels voiceless. This may occur when the person is mute to give words to their experience or when their "screams" are unheard.



Medicine today is recognizing more and more the importance of the connection between the body and mind. Recognizing suffering and helping people deal with it is the heart of compassionate care.

The alleviation of suffering is the warrant of medicine and its test of adequacy. It is a test that contemporary medicine fails, despite the brilliance of its science and its awesome technological power. (Cassel, 1998)

Medical- Religio -technical?
Is the Cartesian Model Still Influencing Medicine?

- Physicians, nurses, other clinicians- focus only the physical and technical aspects due to many pressures in today's health systems
- Clergy also are pressured with time constraints.
- People want and need presence:
  - #1 spiritual need in hospitalized US patients: love and belonging (Flannelly, 2005)
- Clinicians find meaning in the professional relationships with their patients

Attending to our Patient's Suffering

Accompanying the patient

- *Asking about spiritual issues*
- *Being present not fixing*
- Reflective listening—helping the patient find their own voice, their own path
- Commitment to stay on the journey.
- Accompaniment is part of our call, our vocation

Witness to Suffering (Contemplative Approach)

- Giving voice to the person who suffers
- *To do that requires skills in the art of compassionate presence*
- *Involves spiritual and reflective work for clinicians as essential in professional development*

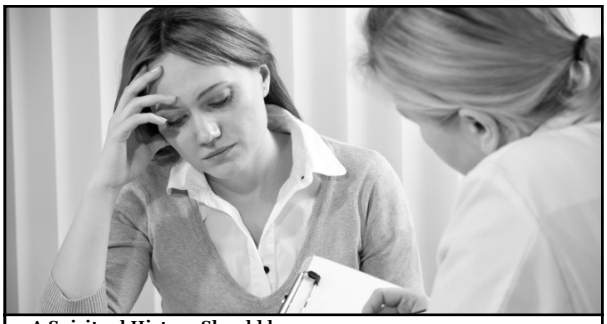
Spiritual Care :Presence

- That care which recognizes and responds to the needs of the human spirit when faced with trauma, ill health or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for the sensitive listener. **Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires**.
- Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff, Edinburgh, Scotland; NHS Education for Scotland, 2009

Communication with Patients About Spiritual Issues

Communication

Narrative	Medical
Inner Story	Diagnosis of spiritual distress
Compassionate presence: deep listening	Identify spiritual resources of strength
Spiritual themes	Make the connection of spirituality with health, well-being, illness coping



- **A Spiritual History Should be…**

✓ Comprehensive

✓ Done in context of intake exam or during a particular visit such as breaking bad news, end of life issues, and crisis

✓ Done by the clinician who is primarily responsible for providing direct care or referrals to specialists such as professional chaplains.

Spiritual Distress and Strengths in Pediatrics

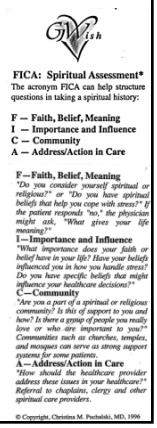
	Spiritual Strengths	Spiritual Distress
Love	Affection, Relationship, Forgiveness/Reconciliation	Loneliness, Withdrawal, Anger, Betrayal, Apathy
Faith	Worldview, Awe, Reverence, Prayer/connection with transcendent	Doubt, self-worship, bitterness toward God/fear of punitive God, self-only Prayers
Hope	Vision, Meaning and Purpose, Courage/Perseverance	Despair, Disappointment, Meaninglessness, Helplessness, Passivity, Worry, Anxiety
Integrity	Virtue, morality, consistency, loyalty, goodness, patience, gratitude	Lying, Role-playing (inconsistency in character), Chronic denial, Blaming others, Envy, Greed, Pettiness
Beauty	Renewal, Music/Arts (aesthetics) Balance, Creativity, Imagination, Rest/Quiet, Humor, Play, Joy	Chaos, Fatigue, Over-involvement, Ugliness (in behavior or surroundings), Repetition, Noise

Spiritual Distress and Spiritual Strengths in Adults

	Spiritual Strengths	Spiritual Distress
Connection	Love, Belonging, Connection to others, the significant or sacred	Grief/loss/bereavement, Isolation Spiritual Community not helping with coping, Abandoned by God or others, Disconnection from the significant or sacred
Peace	Seeking inner peace, Ability to forgive and to be forgiven, Hopefulness, Acceptance, Humility	Guilt/shame, Despair , Lack of inner peace, Hopelessness, Need for forgiveness or reconciliation of self or others
Meaning/ Purpose	Seeking meaning, Acceptance Fulfillment	Meaninglessness, Spiritual struggle, Existential suffering , "Why Me"?
Transcendence	Strengthening personal faith or spiritual beliefs, Communication with higher being or other, Inner harmony with belief system, Spiritual practices (meditation, prayer), Desire to deepen relationship with God/Other	Loss of faith or questioning faith, Inability to feel God' s or Other' s presence, Conflicted or challenged belief systems, Unable to engage current spiritual practices, Unable to deepen relationship to God/Other

FICA

- Developed with a focus group of primary care physicians
- Used in the social history section of H&P
  (Important relationships, sexual history, occupational history, avocation interests, wellness/prevention, exercise, nutrition, spiritual beliefs, smoking, alcohol/drugs, seat belts, domestic violence, mood)
- Tool used to invite patients to share about their beliefs and values
- Helps identify spiritual distress, conflict, meaning of illness, inner resources of strength
- Helps identify referrals (chaplain, meditation, journaling, music, spiritual direction, pastoral counseling, other spiritual resources)



FICA: Spiritual Assessment*

The acronym FICA can help structure questions in taking a spiritual history:

F — Faith, Belief, Meaning
I — Importance and Influence
C — Community
A — Address/Action in Care

F—Faith, Belief, Meaning
"Do you consider yourself spiritual or religious?" or "Do you have spiritual beliefs that help you cope with stress?" If the patient responds "no," the physician might ask, "What gives your life meaning?"

I—Importance and Influence
"What importance does your faith or belief have in your life? Have your beliefs influenced you in how you handle stress? Do you have specific beliefs that might influence your healthcare decisions?"

C—Community
"Are you a part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?" Communities such as churches, temples, and mosques can serve as strong support systems for some patients.

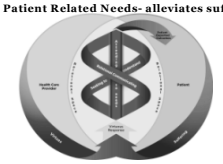
A—Address/Action in Care
"How should the healthcare provider address these issues in your healthcare?" Referral to chaplains, clergy and other spiritual care providers.

Models and Competencies in Compassionate Presence

Compassion in Health Care: An Empirical Model

A qualitative study of **palliative cancer patients** understanding experiences of compassion in care found seven themes.

- Virtues- genuineness, love
- Relational Space- engaged caregiving
- Virtuous Response- person as priority
- Seeking to Understand
- Relational Communicating-demeanor, affect
- **Attending to Needs- physical comfort, spiritual, emotional**
- **Patient Related Needs- alleviates suffering**



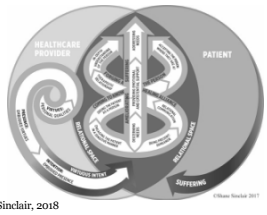
Sinclair, 2016

Categories	Themes	Sub-themes
Virtues	Genuineness	
	Love	
	Openess	
	Honest	
	Authenticity	
	Care	
	Understanding	
	Tolerance	
	Kindness	
	Acceptance	
Relational Space	Patient awareness	
	Engaged caregiving	
Virtuous Response	Knowing the person	
	Person as priority	
	Beneficience	
Seeking to Understand	Seeking to understand the person	
	Seeking to understand the person's needs	
Relational Communicating	Demeanor	Non-verbal
		Tone
		Outlook
		Intent
	Affect	Expressed Affect
		Attentive stance
	Behaviors	Physical displays of caring
		Listening and supportive words
		Showing respect
	Engagement	Acknowledgment of the Person and Situation
		Attentive
		Dialogue
Attending to Needs	Compassion related needs	Physical Comfort
		Spiritual
		Emotional
		Disease and Treatment
		Family
		Financial
	Timely	
	Action	
Patient Reported Outcomes	Alleviates Suffering	
	Enhances Wellbeing	
	Enhances Care	

Healthcare Providers' Understandings and Experiences of Compassion

A qualitative study of 57 **healthcare providers**' understanding experiences of compassion in care found five categories:

- Virtuous Intent
- Relational Space
- Coming to know the person
- Forging a Healing Alliance
- Ameliorating Suffering



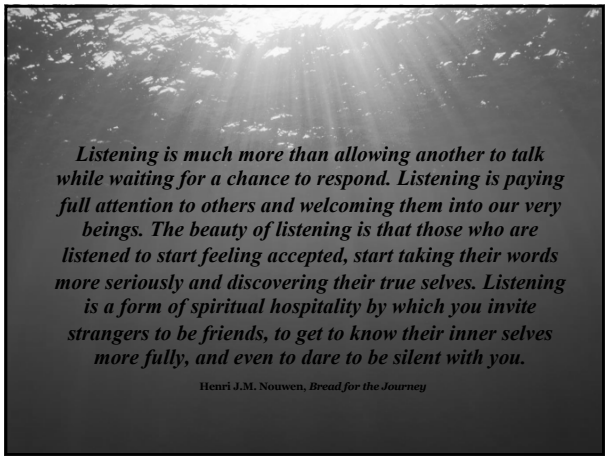
Sinclair, 2018

Category	Theme
Virtuous Intent	Virtues: Personal Qualities
	Presence: Embodied Virtues
	Intention: Embodied Presence
Relational Space	
Coming to Know The Person	Engaging the Patient in a Sensitive Manner
	Seeing the Patient as a Person
	Accepting The Person Where They Are At
Forging a Healing Alliance	Being Present: Demeanor
	Relational Communication
	Therapeutic Relationship
	In-Depth Understanding of the Person
Ameliorating Suffering	Discerning Needs
	Providing Emotional and Existential Support
	Addressing Needs

Definitions of Compassion, Presence & Contemplative Listening

Presence is invitational…

- Compassionate Presence
  - Intention to openness, connection and mystery
- Listening to the whole story
  - Attentive listening, improved communication—listening to patient's narratives; connecting to our own narratives, growing our own narratives through our interaction with others
- Seeing person as whole, not just body part or illness
- Connection to professional' s call—therefore more likely to have higher quality of care



Rose Mary Dougherty, SSND, is the former Co-Director of Companioning the Dying, which she co-founded in 2008 with her friend Amy Hoey. She has ministered in the area of contemplative spirituality for over thirty years, and has authored two books on group spiritual direction and one book on discernment.

Rose Mary's Talk

The art of presence can be integrated with the science of clinical care

Competencies in Spirituality and Health Education: Compassionate Presence

Consensus conference with medical school interprofessional faculty developed competencies for medical education in spirituality and health (Puchalski, 2014)

•Using the World Café methodology, participants reached consensus on the domains of a competency framework and developed measurable behavioral objectives

•Competency behaviors framed in ACGME competencies for spirituality and health

•Compassionate presence because of its overlap between patient care, communication and professional and personal development created as unique competency

GWish National Competencies
(Puchalski, Blatt, Kogan, Butler, Academic med, 2014)

- **Patient Care**
- **Knowledge**
- **Communication**
- **Personal Professional Balance**
- **Compassionate Presence**
- **Systems-Based Practice**

Competencies - Behaviors

Compassionate Presence

- Discuss why it's a privilege to serve the patient
- Describe personal and external factors that limit your ability to be present to others
- Describe strategies to be more present with patients
- Describe how you as a clinician/student can be changed by your relationship with your patient

Competencies in Spirituality and Health Education:

Essential Elements of Compassionate Presence

•Awareness of call, spirituality, and transformation

•Practice Contemplative Listening

•Practice of medicine /clinical care as a spiritual practice (vocation)

(Puchalski, et.al., 201

Competencies in Spirituality and Health Education:

•Practice Contemplative Listening

- **Practice deep listening**—hearing what is being communicated through and between the words, the body language, and the emotions
- **Practice curious inquiry**—a nonjudgmental practice of exploration without goals or expectations
- **Practice perceptive reflections**—mirroring for the client what you hear or perceive, but always checking the "truth" of your reflection with the client
- Use appropriate **nonverbal behaviors to signal interest in the patient**
- Demonstrate the **use of silence** in patient communication
- **Assessing for spiritual distress and communicating professionally with spiritual care providers and other team members about the patient's spiritual distress or resources of strength**

Contemplative Listening

- A discussion technique that facilitates person's internal dialogue (reflective inquiry to help patient focus deeper on their own internal narrative).
- Primary focus is on how patients talk about themselves and their convictions regardless of their religious, spiritual or philosophical beliefs.

(Evers, 2017)

Contemplative Listening

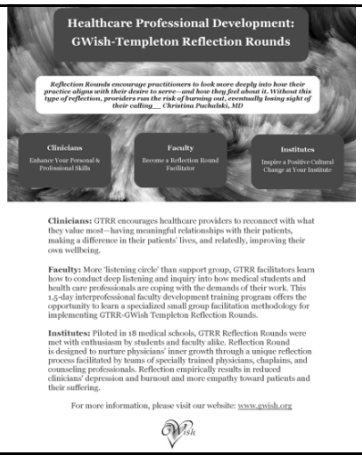
"Contemplative listening involves focusing attention on the imaginary center, where everything that the client is, everything that happens to them and everything that motivates them is connected."

(Evers, 2017)

Aspects of Contemplative Listening

- Patient is the expert
- Clinician is non-judgmental, non-invasive
- All the space is taken up by the patient
- The patient uses as many points of view as possible
- The patient personalizes their conclusions into a current personal conviction

(Evers, 2017)



Inner personal development

- Essential part of professional formation
- Formation requires cognitive as well as personal and spiritual, pathways to growth
- Formation to enable compassionate presence and attending to suffering
- Formation as including "habits of heart and mind" (Irby, D, Cooke, M and O'Brien, 2010)

Definition of Spirituality

Meaning

Connectedness

Significant or Sacred

"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, Virani et al, Improving the Dimension of Spiritual Care in Palliative Care, JPM, 2009

Projects: G-TRR: The GWish-Templeton Reflection Rounds

To provide clerkship students with the opportunity through reflection on their patient encounters to develop their own inner resources for addressing the suffering of others

•Underlying framework: Competency-based

•Competitive grant process: Piloted in 17 Medical schools

•Measured outcomes

•Format: small groups, single specialty rotation x 4 weeks, 2 mentors, modified CPE (Clinical Pastoral Education) verbatim, one of the two mentors is a chaplain

G-TRR Reflection Rounds

G-TRR Reflection Rounds Outline	
Time	**Activity**
5min	Opening ritual Check-in with students
80min	Student Reflections, verbatim format
5min	Wrap-up and closing ritual

G-TRR Mentor Special Features

- Use Chaplains & Medical Mentors
- Use opening and closing rituals
- Use GWish Structured Reflection Guide - a modified verbatim- to help students recall patient encounter
- Use GWish Spirituality Competencies as a framework

G-TRR Mentor Principles

- Create a safe learning environment
- No grading/judgment from team
- What is said in the room stays in the room
- Encourage participation from all students
- Focus on students and their stories; not on team members' agenda
- Follow-up with students who may have had a difficult time, if needed, immediately afterward

G-TRR Culture Change

- **Habit of mind and heart*:** About patients and experiencing patient care
- **Professional formation:** Who are you, as an authentic person, in the context of relationships with patients? How are you practicing your vocation to serve?
- **Vertical integration:** Resident and freshman medical student projects
- (*Irby,2010)

Compassionate Presence in Action

Presence

- Being in the moment, fully attentive and aware of the sacred, of what matters most….

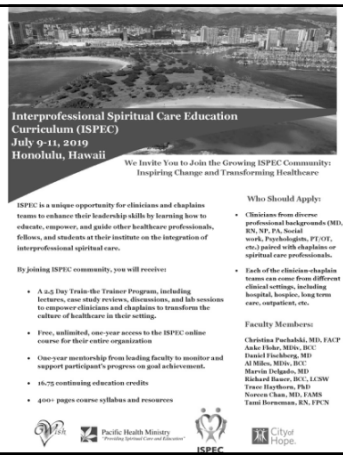
Gifts of Presence: Moments of Contemplation

- Experience of a transcendent union with the other person
- Sense of the holy, sacred, divine
- Observers (medical students) often describe:
  - Something different just occurred
  - Energy in room different
  - Sense of deep love

G.R.A.C.E. Model of Active Contemplative Practice

- G: Gathering our attention
- R: Recalling out intention
- A: Attuning to self and then other
- C: Considering what will serve
- E: Engaging and then ending the interaction.

(Halifax, 2018)



Gwish: www.gwish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Retreats for healthcare professionals (Assisi, U.S.)
- *Time for Listening and Caring*, Oxford University Press
- *Making Healthcare Whole*, Templeton Press
- FICA Assessment Tool—online DVD
- Spiritual and Health Summer Institute, July, GW campus
- INSPIR
- Christina Puchalski, MD, 202-994-6220, cpuchals@gwu.edu