

**CHAPLAINCY SERVICES** 

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# ARH Chaplaincy Services-Connecting Patients and Staff with the God of Grace, Mercy and Peace!



# PALLIATIVE CARE AND CHAPLAINCY SERVICES





#### PALLIATIVE CARE

Is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness.

The goal is to improve quality of life for both the patient and the family.



#### PALLIATIVE CARE

- The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies."
- Palliative care is viewed as applying to patients from the time of diagnosis of serious illness to death.



- Serious illnesses may include cancer, heart disease, lung disease, kidney disease, Alzheimer's, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Parkinson's and many more.
- Palliative care can be provided at any stage of an illness



Can help provide relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping.

Palliative care helps patients carry on with their daily life. It improves your ability to go through medical treatments.



- Helps the patient better understand their condition and choices for medical care.
- In short, it provides them the opportunity to expect the best possible quality of life during their illness.



- Do dying patients want to know?
- According to the Natl Institutes of Health
- Short answer is Yes!
- They want others family, friends and physicians — to be truthful with them in all respects, whether discussing the disease process, treatment options or personal relationships. They want truth but not at the expense of reassurance and hope.



- Hope is not limited to escaping death. Hope for many may be in savoring final moments with the people they love and who love them.
- Reassurance often includes plans to try to alleviate fears of pain, suffering and loneliness.
  Patients also crave being touched, both physically and emotionally — perhaps to be reminded that they are still living, perhaps because family and friends often distance themselves as a disease progresses toward death.



- Patients also want time, and in most cases, there is some time.
- Time is key for patients to come to terms with their illness, losses and unresolved issues as well as remaining hopes, so that their minds have time to change their hearts.



- It is so important that we recognize the importance of end-of-life discussions.
- Compassionate and skilled communication requires careful planning.
- Patients want and need a sense of connection with the person bearing bad or life-altering news, ideally through a longterm patient—provider relationship.



- As Chaplains we certainly are not medical experts.
- We generally will not be the one providing the bad or life altering news.
- We certainly should not negate any discussion provided by a Dr., Nurse or Palliative Care Physician.



- Keep in mind we all have anxiety about this thing called death.
- So how can we as Chaplains minister to patients- i.e. people who have been given this information?



- The Medical Community understands the value of spiritual services for Palliative Care patients.
- Of primary importance is that patients have access to clergy in their own religious traditions.



 The palliative care service facilitates religious or spiritual rituals or practices as desired by patient and family, especially at the time of death.



Provide information about the availability of spiritual care services and make spiritual care available either through organizational spiritual counseling or through the patient's own clergy relationships.



Spiritual care models offer a framework for health care Professionals and or Chaplains to connect with the patients; listen to their fears, dreams, and pain; Providing an opportunity for healing.

Healing is distinguished from cure in this context. It refers to the ability of a person to find solace, comfort, connection, meaning, and purpose in the midst of suffering, disarray, and pain.



 The care is rooted in spirituality using compassion, hopefulness, and the recognition that, although a person's life may be limited or no longer socially productive, it remains full of possibility.



- 1. Spiritual care should be integral to any compassionate and patient-centered health care system model of care.
- 2. Spiritual care models should be based on honoring the dignity of all people and on providing compassionate care.



- 3. Spiritual distress or religious struggle should be treated with the same intent and urgency as treatment for pain or any other medical or social problem.
- 4. Spirituality should be considered a patient vital sign. Just as pain is screened routinely, so should spiritual issues be a part of routine care.



 How do we as Chaplains support patients during their final days?



Questions???

