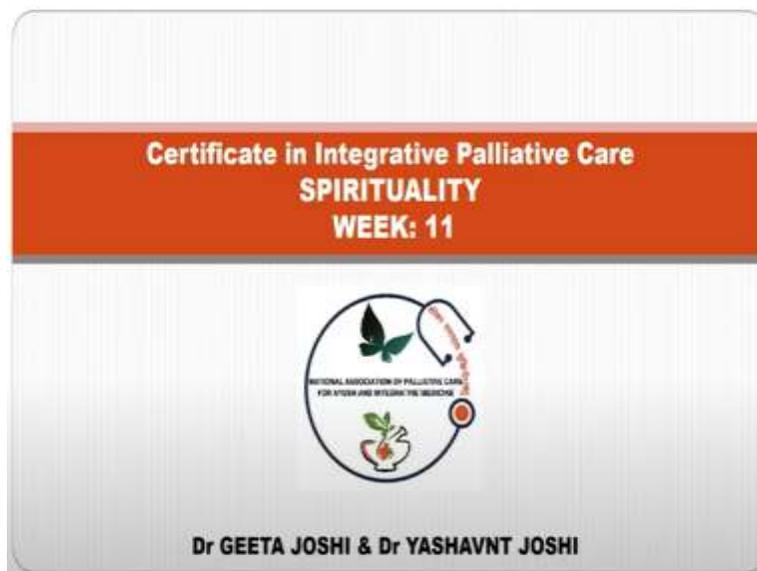


Certificate in Integrative Palliative Care – 3
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Week-11
Lecture 80: Introductory Dialogue

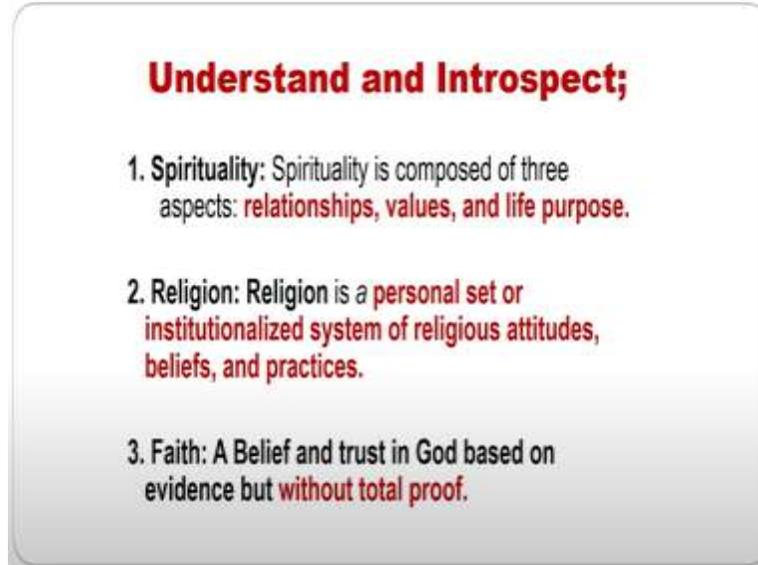
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Hello everyone. Namaste. Hello friends. Namaskar. So we have come to week 11. Almost we are about to complete this course of complementary therapy in palliative care.

And this week pertains to spirituality. Spirituality and your beliefs in God, religion, etc. plays a major role in overall well-being of a palliative care patient. Let us understand three terms firstly.

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Understand and Introspect;

- 1. Spirituality:** Spirituality is composed of three aspects: **relationships, values, and life purpose.**
- 2. Religion:** Religion is a **personal set or institutionalized system of religious attitudes, beliefs, and practices.**
- 3. Faith:** A Belief and trust in God based on evidence but **without total proof.**

We should be clear about this because most of the time we do not know what is the difference between religion and spirituality. We generally take it, you know, they are similar things. No, they are not similar. Spirituality. Spirituality is composed of just three aspects.

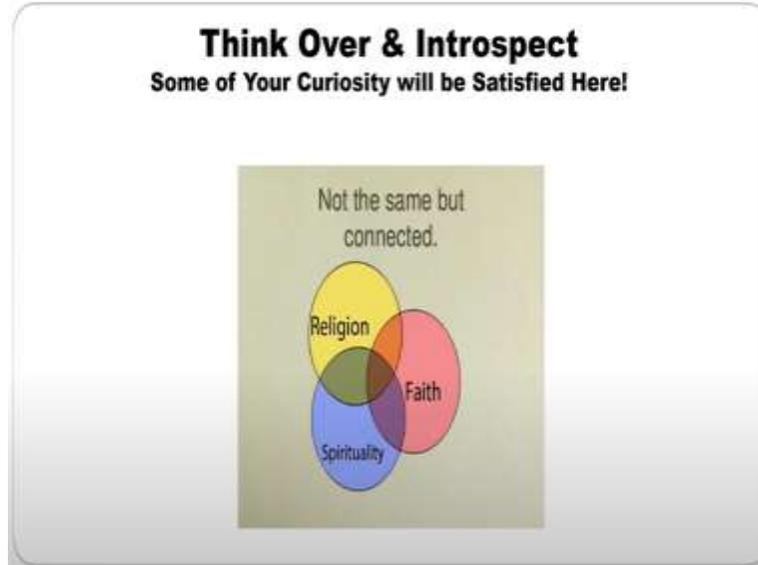
Relationships. Relationship means with God, with that superpower. Values and life purpose. What is the purpose of our life? Particularly being a human being, we must know what is our purpose. It's not like that we have taken a ticket and just set down in the compartment and wherever the train will take us, the final destination will get down.

No, it is not that way. Three things, relationship, socially as well as with God. So, spirituality is like considering the whole universe as a one. Getting connected with each and everything in the universe, getting connected with each and every human beings or elements of the universe. And that is what is spirituality.

That is what I understand. Right? Yeah, you're right. And second, religion. Religion is a personal set of institutionalized system of religious attitudes, beliefs and practices. If somebody is wearing a mala here, then it's a personal belief that he or she wants to wear.

Most of the Christians, they wear a cross around their neck. So they are basically symbols. Those things, they are doing it because they believe in that particular sect or religion. And third thing, faith. Faith, a belief and trust in God based on evidence, but without total proof.

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We have got faith on God. But we haven't seen God. We haven't seen. Nobody has seen it so far. And the people who have seen it, those great souls, they will never tell, they never say that they have seen God, they met God.

So, for the time being, we just take it. Faith is a belief and trust in God based on evidence, but without total proof. We do not have total proof where and how God exists. Think over again. Religion, faith, and spirituality, they all intersect somewhere.

Some parts of the religion, because religion is also based on God. Some part of spirituality, that is also based on faith, on that superpower. And faith itself, you have faith on religion also, you have faith in spirituality. So they are overlapping. But they are not same.

They are overlapping. Sometimes there is a very thin line between the religion and spirituality or a religion and faith, right? Yeah. If you do what the religion is saying, no religion tells you to tell lies, to harm anybody else. But most of the people are doing it. Those are the values of human life.

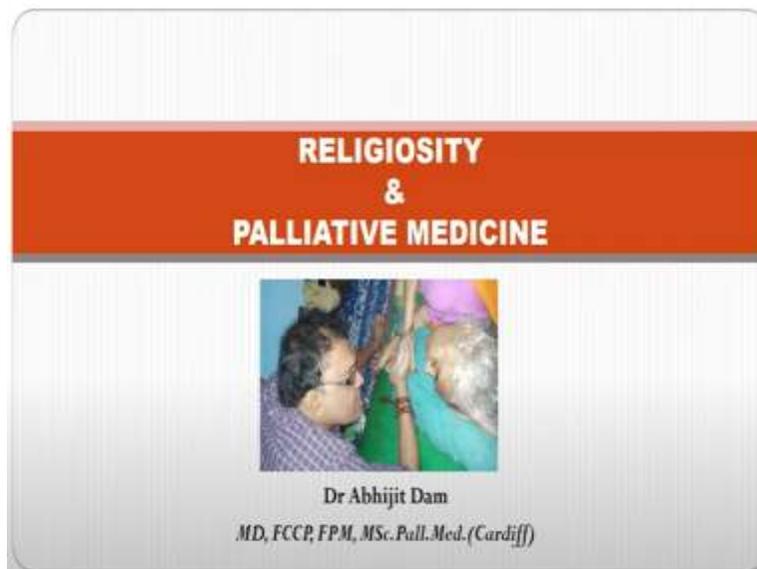
So that is connected with spirituality. Right. And faculty for this week are two, Dr. Abhijit Dham and Dr. Yashwant Joshi.

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We will have five lectures, religiosity, spirituality and palliative medicine, exploring the science behind spirituality, love yourself, spiritual distress and we will have a panel discussion also, particularly about death and dying.

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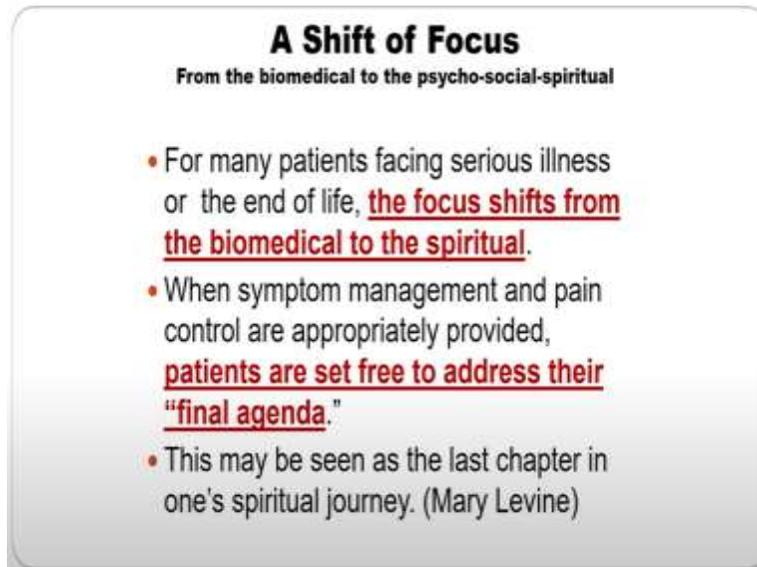


And where team of our faculty will be discussing on this issue of spirituality. Dr. Piyush Gupta, Dr.

Abhijit Dam, Dr. Pragyan Dangwal and Dr. Rakesh Jaiswal. The first lecture, religiosity

and palliative medicine. Here you can see Dr. Abhijit meeting a patient in his hospice called Koshish.

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A Shift of Focus
From the biomedical to the psycho-social-spiritual

- For many patients facing serious illness or the end of life, the focus shifts from the biomedical to the spiritual.
- When symptom management and pain control are appropriately provided, patients are set free to address their "final agenda."
- This may be seen as the last chapter in one's spiritual journey. (Mary Levine)

A shift of focus is required from the biomedical to the psychosocial spiritual model. And this has come. This is already, it has been accepted. This particular shift has been accepted in palliative care. For many patients facing serious illnesses or the end of life, the focus shifts from the biomedical to the spiritual.

When you are coming nearer to the end of your life, at that time your focus goes towards God. You want to see God. You want to trust God. You start believing in miracles. A miracle may happen and you may get some more life.

Your disease can be treated completely. You become all okay. When symptom management and pain controls are appropriately provided, Patients are set free to address their final agenda. Final agenda means what is going to happen after death. So before death, generally they give certain instructions to the children.

This may be seen as the last chapter in one's spiritual journey. So primary requirement is you relieve pain and symptoms of the patient and make him physically as comfortable as possible. Remove the distress. Then only you can discuss on this point of spirituality or what is he thinking about death, what are his worries, what are his fears and how he is going to approach death after this situation.

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TOTAL PAIN

CICELY SAUNDERS

- **Physical**
- **Social**
- **Psychological**
- **Spiritual**

A black and white portrait of Cicely Saunders, an elderly woman with short, light-colored hair, wearing glasses and a dark jacket. She is smiling slightly and looking towards the camera.

Total pain. Yeah. So this concept was described by Dame Cicely Saunders. She is the one who started concept of hospice and palliative care in UK. And she said that whatever a patient is suffering is or having pain or symptoms, it is not only has physical aspect, it has got physical, psychological, social and spiritual aspect. So one has to address the spiritual aspect of the patient as well. So all these pains, physical, social, psychological, spiritual, they are interconnected.

And the sum total is called total pain. So in palliative care, my dear friends, We address total pain, not only one type of pain, not only physical. Therefore, social pain, we have got social workers, we have got community health workers, we have got volunteers. Psychological, we have got psychologists with us. Spiritual, we talk about spirituality.

Sometimes we invite spiritualists from outside. They do the counseling of the patients who are generally at the end of life care.

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Spirituality gives meaning & purpose to life.
Spiritual issues often surface during end of life.
Not all are religious but all are spiritual.



Spirituality gives meaning and purpose to life. Spiritual issues often surface during end of life. As I said, when the other physical problems are relieved, patient will think about spirituality.

Not all are religious, but all are spiritual.

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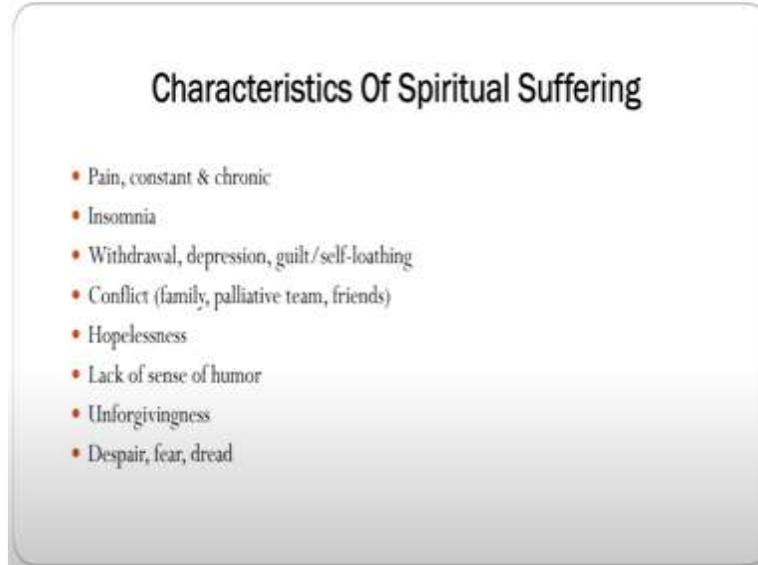
Exploring Science Behind Spirituality



Dr ABHIJIT DAM

Exploring science behind spirituality.

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Characteristics of spiritual suffering. There is something called spiritual suffering when you do not believe in the power of God. When you think that you have been cheated by God and you have been presented with this particular life limiting disease where you can't cure yourself, then you start blaming God.

And that sort of blaming is nothing but spiritual suffering. Characteristics are as under pain. So when patient is suffering from spiritual suffering, His pain may not be relieved by whatever medicine you are giving. So pain becomes constant and chronic.

He will have loss of sleep, insomnia. Sometimes patient is withdrawn, he is in depression, he is feeling guilt, self-loathing. Like patient has belief that God is punishing me by giving such disease and that is a spiritual pain. He will be having conflict with the family members and friends. He feels hopeless that why I am suffering, why I am having such a drastic disease, why I am dying.

All this is a spiritual suffering. Lack of sense of humor, unforgiveness and despair, fear and dread.

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Theme components of a good death. So, in Palliative Care, basically we talk about quality of life also. And if nothing can be done, naturally it happens sometimes that we just cannot do anything.

A patient has to die. So that is the time we talk about good death. The good death, when you are providing good death to a patient, firstly his pain and other symptoms are relieved. He doesn't have any more pain. Then he is involved in clear decision making and suppose you are dying now within few days, what you want your family to do after your death, what you want your son to do and all such proper decision making processes that he might have to sign some legal documents and all such thing.

Then prepare the patient for the death. And by contributing to others. Affirmation of the whole person. So now patient is not having any suffering, distress, but he is totally involved and takes part in communication, counselling and for preparing his death. Completion of the life can be done by resolving the conflicts. Like many a times our patient says that I had very bad relationship with my brother.

Now this is the time I want to call him and I want to speak to him. This is done by counseling and communication and by making family and friend united with the patient. By saying goodbye and spending time with family and friend and by attending to issues of faith. So, this brings us to another point. Where should we die? Where do you want to die? Sorry, I am asking this question.

Hospital or home? Yeah, at home among the loved ones. Yes. Most of us do not want to

die on a hospital bed and particularly in ICU, nobody wants to die. ICU is just like a prison. Prison with medical staff all around and all those advanced gadgets.

We all want to die at home. If possible, our all loved ones, our children, grandchildren, they are all around us. doing some prayers also at the same time. They may be doing some prayers. So this is the atmosphere we want to create when we are about to die.

And that is where the faith comes in. And everyone has their own belief about good death. Somebody wants to die in sleep. Somebody wants to die painless life. Somebody wants to be with the family at home like that. So try to achieve that at least for the patient who are dying in your hospice.

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Taking a spiritual history, what is spirit? S-P-I-R-I-T-S spiritual belief system. You should believe somewhere on any God or any power. There is no doubt there is some power in this universe who is controlling the whole universe including human beings.

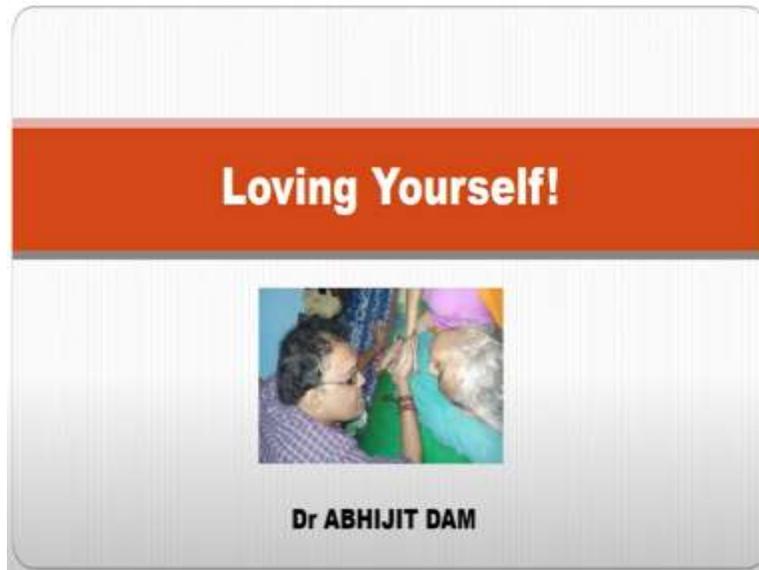
So have faith on that power. Personal spirituality. What you think or what I think can be different. Integration in a spiritual community. It is better to get It is better to join a particular spiritual community where they also have the same type of faith. You should be on the same frequency.

Ritualized practices and restrictions. This also you can do. It makes you mentally disciplined so that you can control your mind during the time of death. Implications for

health care. If spiritually you are strong, naturally any sort of distress, you will be able to tolerate easily.

You will not cry. And T, terminal events planning. When you are about to die, before that, after that, what is going to happen, you should be able to take proper decisions before your death. That is taking a spiritual history.

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Lots has been discussed about the advanced planning.

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Advanced directive that is the decision you make in your will or we call it living will that how what is to be done after during your death your terminal phase this is a very great big subject to talk about it will not possible to speak yeah but spiritual, taking this history is very important loving yourself pain is inevitable, suffering is optional. You see something has happened, something has gone wrong with your body, so naturally pain will be there.

You can carry out pain management, but it may not be 100%, so pain is inevitable. But suffering is optional. Suffering comes from where? It comes from your heart, it comes from your soul, it comes from your mind. So now that is, if you control your mind and if you accept it, that I have to undergo this suffering, there is just no other option. If you accept that particular fact, up to certain extent you can tolerate suffering and for that you have to take the lessons of self-care.

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Self-care is not an indulgence but a necessity. A sustained and intentional practice in one's life to preserve wellness and maintain a wholeness ambience. It is a shift in power from the institution to the individual, hence a resolution. So one has to look after themselves, watchful about their thoughts, their behavior, their certain habits and provide self-care to themselves. So in self-care, there are so many points, but the most important point for a patient is control of suffering.

That is optional. How do I do it? How do I control my suffering? You have to accept it.

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This is the moment of suffering. Nothing can be done about it.

So that is called self-compassion. You accept it. God has given it to me. Now I just, I can't run away from it. It is part of my life. It has become an important part of my life.

And till I live, it will remain with me. Suffering is a part of life. Common humanity. Who is not suffering in this world? Everybody. Lord Krishna was born in a prison.

Even Jesus Christ, you just see, he was hanged to death. He was crucified. Mahatma Gandhi was shot dead in 1948. Even the great people undergo suffering. Everybody undergoes suffering. So suffering is a part of life.

If you accept that, then you will never blame God. Why me? Why am I suffering only? Everybody is roaming around, enjoying the life. And I am just dying here on this particular bed in a hospice or hospital. Why? Why me? Why did God select me only? All the sufferings, you know, heaped on my head.

May be kind to myself. And suffering will make you kind at least to yourself.

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Spiritual Distress and Palliative Care

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SPEAKER
Dr. Piyush Gupta
Cancer Aid Society
India

Another lecture will be about spiritual distress and palliative care. It will be taken by Dr. Piyush Gupta.

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What are signs of spiritual distress?

- Feelings of **anger** or **hopelessness**.
- Feelings of **depression** and **anxiety**.
- **Difficulty sleeping**.
- Feeling abandoned by God.
- Questioning the meaning of life or suffering.
- Questioning beliefs or sudden doubt in spiritual or religious beliefs.
- Asking why this situation occurred.

What are the signs of spiritual distress? Feelings of anger and hopelessness. We see many of our patients in last stage of the disease, they are very aggressive, very angry with the family members, they don't talk to them, they beat their wife and so many things we come across.

Feeling of depression and anxiety, difficulty in sleeping, feeling abandoned by God, questioning the meaning of life every time that why such life and why such suffering is given to me. Questioning beliefs or sudden doubt in spiritual or religious beliefs. Sometimes they lose faith in God that there is no God existing and that is why I am suffering. Asking why this situation has occurred.

So these are the signs of spiritual distress. Thank you dear friends. Yeah, So at the end of this week, you will be learning what is spirituality, what is religion and what is faith and how to differentiate amongst three and how they are interconnected as well. Thank you very much.