

**Certificate in Integrative Palliative Care – 3**  
**Dr. Geeta Joshi**  
**Dr. Piyush Gupta**  
**Dr. Col. Yashavant Joshi**  
**International Institute of Distance Learning**  
**Indian Institute of Technology, Kanpur**

**Week-11**  
**Lecture 81: Religiosity, Spirituality & Palliative Medicine**

(Refer Slide Time: 00:15)



**Religiosity, Spirituality &  
Palliative medicine**

**Dr. Abhijit Dam,**  
*MD(AIIMS), FCCP, FPM, MSc.Pall.Med.(UK), PhD*  
**KOSISH – the Hospice**  
[www.kosishngo.org](http://www.kosishngo.org)

Namaskar, my name is Dr. Abhijit Dam and I am the founder president of the National Association of Palliative Care for Ayush and Integrative Medicine. So, today we will be dealing with a slightly difficult to understand or difficult to comprehend sort of topic, but as we go through it you will understand that actually this is not so very difficult, right. So, we will be talking about religiosity, spirituality and palliative medicine. Now let me take you back, slightly back. All of you must have appeared for various exams you know.

So whether you believe in God or not becomes immaterial. So before the results are declared most of us run to religious places either be it a temple or a mosque or a church or a gurdwara and make so many different promises to the Lord or the God, right? So, whenever we are faced with suffering or distress, whenever there is something which comes to threaten our entity, our wholeness, that is when we take immediate recourse to religion or spirituality. This is a very common occurrence that all of us have gone through

so many times, yet we are not mindful of it. The moment you start becoming mindful of it, you would understand that somehow or the other you are, you always have been spiritual or even religious for that matter.

(Refer Slide Time: 02:10)

### The nature of suffering...

*•Illness is a spiritual event. It grasps persons by the soul & by the body & disturbs them both. It raises troubling questions of a transcendental nature...about meaning, value & relationship.*

Daniel P. Sulmasy, Academic Medicine 74:1003,1999.

Ok, now suffering. Suffering is something which binds us all. Why should it bind us? Because suffering is something which all of us have in common. There is nobody and I am willing to bet any amount of money on it that there is nobody who has not suffered. All of us have suffered at some point of our existence and so suffering is a commonality which binds us and there is a saying in the Vedanta which is called Vasudeva Kutumbukam.

That the world is our home. Why is the world our home? Because it is we have such a lot in common. Suffering is one of the commonalities which bind us all. Illness is a spiritual event. It grasps person by the soul and by the body and disturbs them both.

It raises troubling questions of a transcendental nature about meaning, value and relationships.

(Refer Slide Time: 03:15)

## Pain vs. suffering



Now, we need to differentiate between pain and suffering. We will talk about this elderly lady. I have my hospice in a rural setting in rural Jharkhand and we take care of the rural elderly by home visits. So, this particular lady we used to take, we used to visit her quite often.

And only she was there along with her husband because the children had left them and gone away to larger cities in search of jobs. And this lady could not walk because she had broken her leg. So, the husband used to daily he used to lift her and sit her outside the hut, give her this bucket of water, feed her and give her this bucket of water and he used to go to the farms to cultivate and he used to come back in the evenings and then again he used to take care of her. So, one fine morning when we went this lady she showed her broken teeth to us saying that and when we asked her what happened she said my husband came and he gave me a punch on my face and he broke my teeth and we were all surprised and we said is it not hurting and she said not exactly because I deserved it because I was being very naughty. So, that is how she took her pain and suffering.

It is all about meaning making. What meaning and purpose do you give to your suffering? Suppose you fail in your exams, right? One situation can be that you have never studied and you fail in your exams and you can, you know, correlate with it. Yeah, because I did not study, so I failed in my exams. Second scenario is that I studied a lot and yet I failed in my exams, I performed very well, but yet I failed in my exams that is something which you cannot correlate with and that will give rise to suffering. So, things which you cannot correlate with, which you cannot give a sense of meaning and purpose

that results in suffering and spirituality and religiosity actually help you in giving a sense of meaning and purpose to your suffering, so that you can accept your suffering.

(Refer Slide Time: 06:00)

*Will we die in a manner  
consistent with the way we  
lived, which respects our  
personal values, spiritual  
beliefs, cultural  
background & preserves  
our dignity?*

*Will we die a lonely  
death...*



Spirituality and religiosity is not magic, they cannot just take away your suffering, but they can help restore a sense of meaning and purpose to your suffering, so that you can accept your suffering. Now the question is that will we die in a manner consistent with the way we lived which respects our personal values, spiritual beliefs, cultural background and preserves our dignity? Are we going to die a lonely death? So, death is definitely something which we none of us can escape from, but giving a sense of meaning to our suffering in our last days of life is again very important and as I said spirituality and religiosity can help us giving us a sense of meaning and purpose to our suffering.

(Refer Slide Time: 06:35)



Now, if you see this photograph, this particular photograph which was taken for our patient and this particular patient as you see is at home and this is the son of the patient who is giving him a glass of water. This patient is terminally ill patient, he does not have at that particular point of time, he did not have very many days to live and this is his daughter-in-law. But what is interesting is the photos in the background.

See photos in the background are those of his family, of his young days and that of God, religion. So, during the last days of life, this is what gives you a sense of meaning and purpose, because this is what makes you attribute a sense of meaning to your suffering.

(Refer Slide Time: 07:30)

“It is seldom a **medical man** has true religious views – there is too much pride of intellect”  
- George Eliot

It is seldom a medical man has true religious views. There is too much pride of the intellect. This is what George Eliot said and it is so very true.

We are all scientific persons nowadays and we tend to look down upon religiosity, spirituality and so on and so forth. But there was a time, many hundreds of years ago when these things were at the forefront and then science gradually came in and took over. But now the pendulum has perhaps swung too far and now we are ridiculing at these aspects that is religiosity and spirituality.

(Refer Slide Time: 08:10)

*The physician's own belief system,  
whether spiritual, religious or none,  
affects medical decision making,  
consciously or unconsciously.*

Trapley & Trapley. Surg Clin N Am.91(2011)

But these two exist. The physician's own belief system whether spiritual, religious or none affects medical decision making consciously or unconsciously.

Now whether what decision I would take for a particular patient, say this particular patient who has just one month to live, he wants to go home because he wants to spend his last days of life at home, but if I am very scientific, if I am a very scientific based doctor I would tell him no, no, no, no I cannot discharge you, you have to spend time in the ICU because death is often seen as a failure of medical treatment, right? So, that is something which should not happen. So, the our own belief system whether spiritual, religious or none would affect medical decision making and this is this signifies how important the physician's own belief system is in medical decision making.

(Refer Slide Time: 09:15)

Should physicians avoid talking about religion or spirituality with patients?

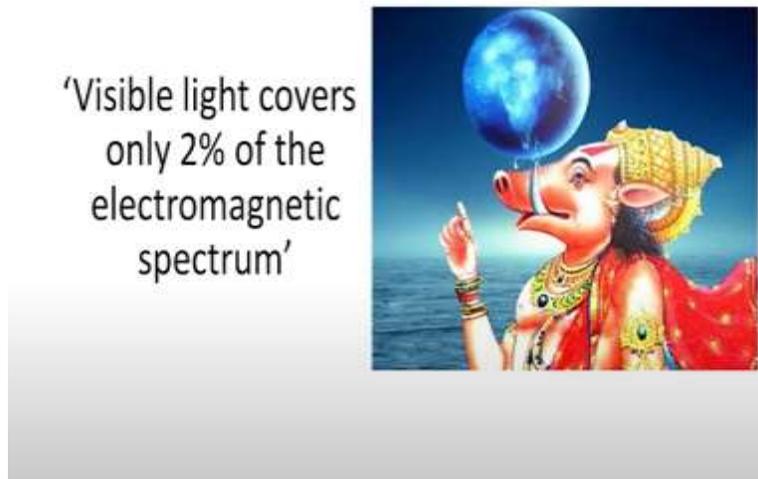
- **Yes**, because a physician can not be expected to be conversant with all religions.
- **Yes**, because the physician may be an atheist or non-believer.
- **Yes**, that would be an unethical intrusion into the privacy of the patient.
- **No**, particularly when there are indications of patient's interest or need.

Now the question arises, should physicians avoid talking about religion or spirituality with patients? You might say yes, yes because physician cannot be expected to be conversant with all religions. That is true, ok. You cannot expect me as a physician to be conversant with all religions in the world.

Yes, because the physicians may be an atheist, may be I do not believe in God, fine. Yes, that would be unethical intrusion into the privacy of the patient, but no because particularly where there are indications of patient's interest or need that is beneficence that is I want to help the patient. Because I feel that the patient is in religious pain or spiritual pain, I need to help the patient and I need to intervene and that is called beneficence which is a part of medical ethics. So, that way I should be addressing his

spiritual or religious questions. I might take the help of religious or spiritual leaders that is a different thing, but I should be enquiring into it.

(Refer Slide Time: 10:30)



You see, visible light covers only 2 percent of the electromagnetic spectrum. So, what we are seeing here is just 2 percent. That does not mean that 98 percent does not exist. That 98 percent we cannot see, but it is still there. Using special equipments like ultraviolet cameras or infrared detectors, we can detect those 98 percent light also.

But what we are seeing is just 2 percent. So, we are just believing that 2 percent. Science is something like that. So, because science focuses on how questions, it usually does not address the why questions. Now, this if you see this image, this is a very old religious image from Hinduism which shows the avatar, one of the avatars of Vishnu, right.

This is called the Varaha avatar. and this picture would be you know something like at least 5000, 6000 years old if not older. It shows the earth as a globe on the snout of this Varaha Aftar. Now my question is how long back did the western world actually prove that the earth was a globe? Hardly 300, 400 years back in the 16th or 17th century was when science actually proved that the earth was round, but our ancestors knew that the earth was a globe thousands of years back. So, just looking down at our own system and just you know focusing on other systems on western systems will not solve the problem.

We need to have a open mind.

(Refer Slide Time: 12:25)

•'It is a grievous mistake to keep a wall of separation between medicine & religion. There is a division of labor but a unity of spirit. **The act of healing is the highest form of 'Imitatio Dei.'**

*Rabbi Abraham Heschel(1964)*

It is a grievous mistake to keep a wall of separation between medicine and religion. There is a division of labor, but a unity of spirit. The act of healing, the word healing is used, not treating. The act of healing is the highest form of Imitation Dei.

So, we need to be healers, not treaters. Treating fever. You have fever, I will give you paracetamol. You have pain, I will give you Brufen.

You still have pain. When you fail in your exams, you have pain. When your girlfriend leaves you, you have pain. So failure in love is also pain. But can that pain be treated by a paracetamol tablet? It cannot. But that is pain, isn't it? That is spiritual pain.

So how would you treat that spiritual pain? Will you not acknowledge that spiritual pain? You have to acknowledge. Similarly, if I tell you that tomorrow you are going to die or may be you will die after three days, you are going to die, you have a disease. So, after three days you are going to die. You will have pain not because of the physical process of the disease, but you will have spiritual pain, existential pain. That pain is also a pain and it has to be addressed and that is what healing, that is where healing comes in.

You cannot treat that pain, but you have to heal that pain. Healing is a holistic phenomenon.

(Refer Slide Time: 13:50)

## **Spirituality in Palliative Care**

- Spirituality intersects with medicine at the juncture of suffering
- Physical pain may trigger existential suffering
- Existential suffering may exacerbate physical pain
- Patients and families base treatment decisions on spiritual or religious beliefs

Spirituality in palliative care. Spirituality intersects with medicine at the juncture of suffering. Where there is suffering, there is spirituality would definitely intersect there.

Physical pain may trigger existential suffering. Now, suppose I have been diagnosed with cancer. The moment the diagnosis has been told to me I start suffering, I am having pain, I am having existential pain and three days after may be I have physical pain also may be my pain also starts in my stomach because of the cancer. So, this physical pain plus my mental pain this will add up now that is existential pain. So, existential suffering may exacerbate physical pain and patient and families base treatment decisions on spiritual or religious belief.

Now, suppose a patient is there who belongs to a particular religious community, they would perhaps base their treatment decisions based on their religion or their cultural factors. So, that also has to be taken into account.

(Refer Slide Time: 15:00)



Now, here you can see this is one of my most favorite slides because it shows this lady who is actively dying. In fact, a few hours after this photograph was taken this lady passed away and she is dying in her home. You know she had advanced cancer, she is dying in her home, this is her daughter-in-law, she is giving her a last sip of water, this is her husband in the dhoti and these are all the family members and these are our team members.

So, she is dying in the angan, in the courtyard of her own house, surrounded by the people who love her, a beautiful way to die and contrast this with a death in a hospital. Where you die a painful lonely death, the last time your eyes open to see somebody you see a unknown face, you see somebody whom you have never seen before in your life, is that a really nice way to die? So we need to address such questions also, where would you like to die?

(Refer Slide Time: 16:10)

Religion (*religare: to bind together*)

- Structured belief system that addresses universal spiritual questions
- Religious rites & rituals provides a concrete way of expressing spirituality
- Corporate (group based), structured, organized

A large, stylized black 'Rx' symbol, commonly used as a medical prescription symbol, is positioned in the bottom right corner of the slide's content area.

Now coming to religion, religion basically comes from the Latin word religare which means to bind together. It is a, religion is a structured belief system that addresses universal spiritual questions. Structured belief system. Now if ten people, we, ten people are there, we come together and we say okay we will follow such and such rules and regulations and we will call this stone our god and these are our rules and we form a religion.

So that is how religion is formed. It is a structured belief system that addresses universal spiritual questions. Religious rites and rituals provide a concrete way of expressing their spirituality. It is corporate, that is group based, structured and organized. This is what religion is.

(Refer Slide Time: 16:55)

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



Whereas spirituality, spirituality is anything that gives a sense of meaning and purpose to life.

Now, suppose I have a pet dog. I love my dog and every time I see that dog I feel so nice. So, that dog is my spirituality. Or suppose I love to see nature, I love travelling, whenever I travel I feel so good inside. So, travelling is my spirituality.

Spirituality does not have to be religious. All of us are spiritual. All of us have a inbuilt software which cannot be changed. That inbuilt software is called spirituality. Whereas religion is something which is imposed on us.

We are not born with a religion. After we are born, the religion is imposed on us that you are a Hindu, a Muslim, a Sikh or a Christian, whatever it is. But whenever we are born, even right from the point we are born, our inbuilt software is something which is called spirituality. So, all of us are spiritual, but not all of us are religions. Spiritual issues often surface during end of life or whenever there is a lot of suffering. When you are failing in your exams, when your wife has run away or when you have failed in your love, your girlfriend has left you, suddenly you feel so sad, you become very spiritual.

You ask yourself various questions. Why has this happened to me? Why did I fail in my exams? Why did my boss kick me out of my job? So, these are all related to suffering because suffering requires validation. Validation means matalab (Hindi word meaning purpose, significance ), purpose. What is the purpose? Why did I suffer? Why me? Why

should he not suffer? Why did I suffer? I did not do any mistake. So, why should I suffer? So, that justification, that justification only spirituality and religion can give you.

(Refer Slide Time: 19:10)

### Evolution of the concept of Spirituality

- **Theistic**( belief in a supreme being)
- **Religious**(shared customs & practices)
- **Phenomenological**(based on lived experience)
- **Existential**(search for meaning & purpose)
- **Mystical**(relationship between interpersonal, transpersonal, transcendent)

So, evolution of the concept of spirituality, this evolution came initially there was the theistic belief that is belief in a supreme being.

Then there was a religious belief that is shared customs and practices. Then came the phenomenological approach which is based on lived experiences. What happens to me? Phenomenological approach led to the different type of research which is called the qualitative type of research. Then came existential that is man's search for meaning and purpose in life and then mystical, that is relationship between interpersonal, transpersonal and transcendent.

(Refer Slide Time: 20:10)

### International Consensus Conference(2012)

• *Spirituality is a dynamic & intrinsic aspect of humanity through which persons seek ultimate meaning, purpose & transcendence & experience relationship to self, family, others, community, society, nature & the significant or sacred. Spirituality is expressed through beliefs, values, traditions & practices.*

The international consensus conference in 2012 defines spirituality as a dynamic, so dynamic.

Spirituality is not fixed, it will change. Today your spirituality is looking for suffering in terms of why your girlfriend left you. Tomorrow your spirituality would look for meaning and purpose in travelling. Third day it might be different.

So, spirituality is dynamic. It can keep changing. It is a dynamic and intrinsic. As I said, it is your inbuilt software. So, dynamic and intrinsic aspect of humanity through which person seek ultimate meaning, purpose and transcendence and experience relationship to self, family, others, community, society, nature and the significant or the sacred. Spirituality is expressed through beliefs, values, traditions and practices. So, basically if you are very confused after this definition, I would just tell you anything which gives you a sense of meaning and purpose in life is your spirituality.

That could be anything.

(Refer Slide Time: 20:55)

### Religion in Palliative Care

- Religion & religious traditions serve two main prime functions
  - Provision of a set of core beliefs about life events
  - Establishment of an ethical foundation for clinical decision making

Coming to religion in palliative care, religion and religious tradition serve two main prime functions. First is provision of a set of core beliefs about life events that today I am suffering. So, why did I suffer? You might say a Hindu might say that oh I never used to go to the temple to pray that is why God has given me cancer. Christian might say yes I did not go to the church, I hated my neighbor and that is why God has given me cancer. So, provision of a set of core beliefs about life events or establishment of an ethical foundation for clinical decision making.

So, whenever you try to make a clinical decision, now whether we should go forward with this treatment or not, any life prolonging treatment or not, so religion or religious beliefs would help to guide us out there.

(Refer Slide Time: 21:50)

## Role of religion

- Coping with stress
  - 9 of 10 hospitalised pt use religion to cope
  - Over 40% say it keeps them going
- Buffer against depression & speeds recovery from emotional disturbance
- Associated with positive emotions & QOL
- Related to lower rates of alcoholism, drugs, crime & better school grades
- Related to healthier life styles & fewer risky behaviors

So, coming to again to the role of religion, it helps to cope with stress. Yes, religion will help to cope with stress. Whenever you are stressed, you are anxious, before exams, before the results are declared, you run to temples, you run to churches, you go and pray, God make me pass, I will give you coconut, I will give you sweet, you try to, you try to bribe God, do not you? All of us do.

So, it helps to cope with stress. Nine to ten hospitalized patients use religion to cope. Over 40 percent says it keeps them going. It acts as a buffer against depression and speeds recovery from emotional disturbance. It is associated with positive emotions and a good quality of life. Related to lower grades of alcoholism, drugs, crime and better school grades.

It is related to healthier lifestyles and fewer risky behaviors.

(Refer Slide Time: 22:40)

### Role of religion

- Use of fewer health care services
  - Lower rates of hospitalisation & long-term care
- Greater marital stability
- Enhanced family relationships
- More social support

It is related to the use of fewer health care services, lower rates of hospitalization and long term care. Greater marital stability, actually people who are more religious have less divorce rates. Enhanced family relationships and more social support. Now, the master question, does religious attendance prolong survival means if you are religious will you stay alive for a longer period of time?

(Refer Slide Time: 23:35)

### Does Religious Attendance Prolong Survival?

- Harold G. Koenig, et al. J of Gerontology, 1999.
  - 'older adults, particularly women, who attend religious services at least once a week appear to have a survival advantage over those attending less frequently'.
  - $P < 0.0001$  for women &  $p < 0.05$  for men

Yes, studies have shown so. Harold G Koenig in the journal of Gerontology, 1999, older adults particularly women who who attend religious service at least once a week appear to have a survival advantage over those attending less frequently.

This was done in the United States, so done in a Christian population, those people attending church. It was highly significant, p value of less than 0.0001 for women and p value less than 0.05 for men. So, actually religious attendance did prolong survival.

(Refer Slide Time: 24:10)

### Religion & physical health

- Less stress-related medical conditions
  - CVS, strokes, BP, metabolic disorders, immune
- Greater longevity (7-10 years of additional life) & lower mortality
  - *Does religious attendance prolong survival? Harold G.Koenig, et al. J of Gerontology, 1999*
- Slows progression of cognitive impairment,
- Less functional disability with ageing & faster functional recovery after surgery

It was associated with less stress related medical conditions like cardiovascular accidents, strokes, hypertension, metabolic disorders, greater longevity, actually 7 to 10 years of additional life. That means if you are religious, chances are that you will survive 7 to 10 years more than a person who is non-religious and lower mortality rate. It slows progression of cognitive impairment means less incidence of dementia, less functional disability with aging and faster functional recovery after surgery. So, so many benefits of just being religious you see and these are all documented in the literature.

(Refer Slide Time: 24:30)



Now, coming to religious pain this is I will give you an example of religious pain.

Now, this gentleman he had cancer of his lung and he knew that he had cancer of his lung, he had pain. And we treated his pain and this is his daughter, his daughter was married off and this is his wife and he had a son. So, but this man had a fight with his son and the son was staying away from the father, he was staying alone in a different place. Now, this man in spite of very good pain relief he was so, he was so anxious, he was so frightened that even when his wife used to go to the washroom, he used to insist that do not close the door. He was so scared of staying alone and then we gradually asked him why, why, what is the problem, why are you so scared and then he said listen I know I am going to die and he was a Hindu.

So, in Hinduism it is said that the because you cremate the dead body and usually it is the son who does the cremation, they call it mukhagni (Hindi word meaning cremation or funeral rites). The son does the mukhagni. So, his concern was that look my son has left the house, who is going to do my mukhagni. So, this was his concern of, his main concern, his main religious concern. And then we talked to the son and we brought him back home and then there was a reconciliation between the father and the son and then finally he died after a couple of months but he died in peace.

So, this was an example of religious pain because a religious ritual that is mukhagni was the cause of his religious pain.

(Refer Slide Time: 26:20)

## The flip side!

- No research has shown any correlation between QOL & patient reported religiousness like religious coping
- Religious struggle was associated with increased risk of mortality in medically ill elderly patients
- Greater religious & spiritual needs associated with poorer patient psychological QOL
- Phelps et al, JAMA 2009. High religious coping receiving more aggressive EOL care

Now, coming to the flip side, no research has shown any correlation ship between quality of life and patient reported religiousness like religious coping. Religious struggle was associated with increased risk of mortality in medically ill elderly patients, religious struggle out here. You might be thinking that no I got cancer because I did not pray, I did not go to the temple, I did not go to the church that is why God has punished me. So, whenever you have this negative thinking, negative correlation there was an increased mortality and greater religious and spiritual needs associated with poor patient psychological quality of life.

High religious coping, where there was high religious coping, they received more aggressive end of life care.

(Refer Slide Time: 27:05)



So, there is something called the butterfly effect of caring. We need to be compassionate and more caring towards the patient, towards the other person. When can we do so? Only when we are more compassionate and caring towards our own self.

(Refer Slide Time: 27:30)



It begins with us. If I am not existing, then nobody exists. It begins with us, our own selves. So, this is again a picture showing how a good quality of life addressing the other cultural aspects, the social aspects. So, life is not just based on the physical part of existence. So, whenever you are considering palliative care and you are considering the

issues of spirituality, religiosity and so on, you are considering the man or the person as a whole, the holistic aspect of medicine.

(Refer Slide Time: 27:55)



And now i will give you an example of spiritual distress and meaning making suffering and meaning making.

So, whenever we suffer that suffering has to have validation like I explained before. Now this lady she had a large cancer of the ovary and she used to stay in tripura, this is her daughter who used to stay in calcutta, her daughter was pregnant. Now this lady actually travelled all the way from Tripura, Agartala and she came to Calcutta with the hope that she would be able to hold her grandchild before she died, because that was her wish, that was the meaning making of her suffering, that was her wish that would complete her life, she wished that before I die I should definitely hold my grandchild in my hand before I die and with good palliative care we made it happen. She survived for 4 months actually in this state till her daughter had this child and after this photo was taken a month later she finally died, but she could give a sense of meaning and purpose to her suffering just by holding the grandchild in her hand because that is what meant so much to her. So, this is an example of spiritual suffering and how spiritual suffering could be transcended, meaning making rather.

(Refer Slide Time: 29:30)

## Universal Spiritual & Existential needs

- The need for love & authentic connection
- The need to understand & transcend suffering
- The hope to find refuge or a source of peace
- The need to find a meaning in life



So, all of us have universal spiritual and existential needs. The need for love and authentic connection, the need to understand and transcend suffering, the hope to find refuge or a source of peace and the need to find meaning in life.

(Refer Slide Time: 29:45)

## Principles of spiritual care

- Spirituality an essential component of each person
- It is an ongoing issue – readdress it over time
- Demonstrate respect for patient's values, autonomy, vulnerability. Do not impose!
- **KNOW YOURSELF !**

Now, coming to the principles of spiritual care, spirituality is an essential component of each person. As I said, it is the inbuilt software.

It is an ongoing issue. We need to readdress it over time. We need to demonstrate respect for the patient's values, autonomy, vulnerability. Do not impose, do not put your views on the patient. The patient is a unique individual. They have their own views and it is not only about the patient it is also about the family members of the patient because it is not only the patient who is suffering the whole family is suffering and most importantly know yourself if you don't understand your own self who you are you are already having anxiety you are depressed yourself then what advice will you give to your patients.

(Refer Slide Time: 30:30)

**•Physician.....heal thyself!**





So physician heal thyself you have to understand yourself know yourself and I had begun my own spiritual journey more than a decade back and in the quest for understanding myself, knowing myself, knowing religion, knowing spirituality, feeling it, perceiving it, healing myself and then transferring that healing to others.

So, this again was a photograph taken in Calcutta where I used to go for home visits and see the connection, the connection. Whenever I used to get up after seeing this lady, this lady would hold my hand because she did not want to let me go. She used to insist that I should spend some more time, some more time with her. So, this was a connection, this was we had a spiritual connection with each other.

(Refer Slide Time: 31:20)



Here is another photograph, you see this picture was taken way back in 2009 and this young boy he had rectal cancer advanced stage with multiple metastasis and he was very angry, angry with god and angry with everybody because he could see all his young friends enjoying life, he was so young and he could see his young friends enjoying life but he was bedridden and so he was so angry and he did not believe in god, he refused to believe in god.

But then secretly he perhaps did believe in God because you see in the background there is this photograph of this Trishul. He kept this Trishul with a red religious cloth by his bedside. So somehow although you are angry but somehow you still believe.

We become angry at our parents. Whenever mother slaps us we become angry at her. But then we still love her. so it is something like that existential suffering you know.

(Refer Slide Time: 32:25)



Here is another example this gentleman was a muslim gentleman having cancer of the lung and I used to talk to him quite a lot and address his pain and other physical symptoms also.

(Refer Slide Time: 32:45)



But if you now focus carefully in the background see in the background I will zoom in see background you have a urdu calendar.

But hanging here are books on Hinduism. So, at the end of life, meaning making, when you are doing meaning making, religion really does not matter very much, right. A man can take recourse to whatever sense of meaning making he is comfortable with.

(Refer Slide Time: 33:15)

*Jantunam narajanma durlabhamatah*  
- Vivekacudamani, Verse 2, Adi Guru Sankaracharya  
(509 – 477 BC)

• It is the **spiritual part** of our nature that sets us apart from other creatures



And we will now come to religion gradually. And this is Adiguru Shankaracharya and he had said *Jantunam narajanma durlabhamatah* in *Vivekacudamani*, which basically means that amongst all the living creatures *Jantunam*, amongst all the *Jantus* that is living creatures *narajanma* that is the human birth is *durlabh*, it is very rare, it is very precious. Why is the human birth precious? Because it is the humans who have the power of discrimination which is good, which is bad, what to do, what not to do, what is ethical, what is non-ethical, it is only the human beings which has this power of discrimination and that is what makes us human beings so special and that is why Adiguru Shankaracharya had said that make very good use of this human life, because it is very rare, *durlabh*, so do good, do good for others, this is what he had said.

(Refer Slide Time: 34:15)

## Hinduism perspectives



- "those who remember me at the time of death will come to me. Do not doubt this. Whatever occupies the mind at the time of death determines the destination of the dying; (Bhagvad Gita 8:5-6)
- "remembering me at the time of death, close down the doors of the senses & place the mind in the heart. Then, while absorbed in meditation, focus all energy upwards to the head. Repeating in this state the divine name, the syllable Om that represents the changeless Brahman, you will go forth from the body & attain moksha. (Bhagvad Gita 8:12-13)

In Hindu perspectives again you have various religious texts talking about many things about death, dying and every religion has its own code of conduct and you have the philosophy of Panch Mahabhuta and in Hindu philosophy.

(Refer Slide Time: 34:30)

## Hindu philosophy

- Body made of *pancha mahabhuta*
  - Earth
  - Water
  - Fire
  - Air
  - Space
- Withdrawal of these elements progress from the grossest to the most subtle



## Intersection of culture & Spirituality



Here intersection of culture and spirituality here basically this is a ritual, a dying lady and this gentleman who was a Pujari of a local temple, he is giving last few drops of Gangaajal, this is a ritual right, last few drops of Gangaajal to his dying mother.

(Refer Slide Time: 35:00)

### Islam perspectives



- "Be sure that we shall test you with something of fear & hunger, some loss in goods or lives or the fruits of your toil, but give glad tidings to those who patiently preserve"(2:155)
- "when the believer is afflicted with pain, even that of a prick of a thorn or more, God forgives his sins & his wrongdoings are discarded as a tree sheds off its leaves"
- **Abu-Zaid Al-Balkhi (Masalih al-Abdan wa al-Anfus)- stressed the importance of combined treatment of body & soul...looking at beautiful pictures & listening to beautiful music**
- In illness seek Allah's help with patience & prayer, increase remembrance of Allah to obtain peace, ask for forgiveness (tauba), give more in charity & read or listen to the Quran.

Now, coming to Islam, in Islam it is said that in illness seek Allah's help with patience and prayer, increase remembrance to Allah to obtain peace, ask for Tauba, give more in Zakat, Read or listen to the Quran. So, so many things are again written in various religions and all point to the same goal to make a sense, to give your suffering a sense of meaning and purpose.

(Refer Slide Time: 35:30)

## Christian faith

- Sin & death – are the predicaments from which we seek salvation. Our predicaments are ontological.

The cure of this predicament cannot come through human power alone & the power of God can help.



In Christianity, sin and death are the predicaments from which we seek salvation. Our predicaments are ontological. The cure of this predicament cannot come through human power alone and the power of God can help. So, again religion was taken recourse to power of God.

(Refer Slide Time: 35:50)



Now, here this is another photograph taken in Calcutta was one of our patients and we decided to do some music therapy for her and we started playing Rabindra Sangeet and this lady who was otherwise in severe pain, she also started singing with us and she

transcended her pain. She forgot about her pain because music was something which gave her a sense of meaning and purpose in life.

So, her suffering was mainly existential suffering and music therapy helped to overcome that suffering. She was already on drug therapy, but drug therapy could not control all of her suffering. So, it is not always drugs that will treat you because drugs will just treat the physical aspect of your body. It will not treat you in a holistic manner.

(Refer Slide Time: 36:40)

### How do I do it?

- Recognize the suffering (sympathy)
- Respond with feelings of empathy
- Being a compassionate presence
  - Presence is awareness & kindness
    - Shift from 'doing' to simply 'being'
    - View the patient as a 'whole' with the suffering as only a temporary layer
  - Authenticity
    - Acknowledge your OWN fragility & mortality
- Remain available & present (don't abandon)

So how do I go about addressing spiritual and religious issues? So first you have to recognize that the person is suffering.

Recognition of suffering is sympathy. Then you need to respond with feelings of empathy. Then you have to be a compassionate presence. Shift from doing to simply being. It is not always that you go to see a patient that you have to do something.

You have to give this drug or do something. No, the patients basically know that you have come there. So, sit quietly by the side of the patient, speak only when the patient asks you to speak, do not disturb the patient unnecessarily, but sit at his side, let the patient know that you are there, you are there by his side to help if needed that is very important. So, presence in awareness and kindness view the patient as a whole with suffering only as a temporary layer and acknowledge your own fragility and mortality. First of all, cure yourself. If you are depressed, you are anxious, you are also suffering, then how can you help others? Because you cannot pour from an empty glass. If I ask you

for a glass of water, first you have to fill your own glass with water, then only you can give me water.

So, fill up your own glass first and remain available and present, do not abandon your patients.

(Refer Slide Time: 38:15)



So, here you can see the power of touch being demonstrated, this again is a very old photograph way back in 2009. So, the patients do not always want your tablets or medicines or injections, they want your presence, they want your sympathy, they want your empathy, they want your compassion,

(Refer Slide Time: 38:40)

Cassell EJ. (*The nature of suffering & the goals of medicine*)

...when physicians deconstruct suffering to its physical dimension while **ignoring the psychological & spiritual pain**, they not only fail to relieve suffering, but compound it.

**Bodies do not suffer, only persons do.**

Suffering: threat to the integrity (wholeness) of the person.

And as Cassell had said, when physicians deconstruct suffering to its physical dimension while ignoring the psychological and spiritual pain, they not only fail to relieve suffering, but compound suffering. So, suffering is not only physical, suffering is holistic, bodies do not suffer, the person suffers that is the person within the body that is the mind will suffer the antahkarana as you say the sukshma sharir suffers. Suffering is a threat to the integrity the wholeness of the person.

(Refer Slide Time: 39:15)





Here again you can see this lady this photograph was taken a few weeks before she finally died, and she used to have very terrifying dreams and visions, she used to see dead people coming and standing next to her and she was terrified and for her she then we helped religion, we helped her to take recourse to religion, we explained everything in terms of religion for her and then she was very satisfied, she no longer had the fear and she accepted things.

(Refer Slide Time: 40:00)

ORIGINAL ARTICLE Year : 2016 | Volume : 22 | Issue : 2 | Page : 130-134

### Significance of end-of-life dreams and visions experienced by the terminally ill in rural and Urban India

[Abhijit Kanti Dam](#)

Department of Palliative Medicine, KOSISH-The Hospice, Bokaro Steel City, Jharkhand,  
India

Correspondence Address:

Abhijit Kanti Dam  
Department of Palliative Medicine, KOSISH-The Hospice, Bokaro Steel City, Jharkhand  
India

And then I have been working extensively on end of life dreams and visions and I have many papers to that effect and that is a totally different topic maybe we will discuss it

sometime later. Now again come to coming back to an example of spiritual pain and existential suffering.

(Refer Slide Time: 40:15)



Now this little boy, his whole life he had never been to school, all his childhood he is used to go to hospitals because he had advanced lymphoma. So he had never been to school but he saw other children going to school.

So he always used to tell us that I want to go to school. So we talked to a local principal, headmistress of a small nursery school and she said that okay you can send this child to the class for a few hours and he was very excited. He wanted a tiffin box. So, we gave him a tiffin box, we gave him a small school bag and we gave him this watch, you see he has a huge watch and he could not even walk. So, we used to take him by this wheelchair to the school, he used to sit in the last bench and there he used to open his tiffin box, he used to eat and he used to make drawings and he could hardly spend one or two hours, after that he used to feel very tired and we used to bring him back. So, he could maximal go to school for a week and then before he became totally bedridden and then he finally died.

(Refer Slide Time: 41:25)



And these are the beautiful drawings which he used to make and we have preserved them, but this little child gave us a beautiful example that how to transform your suffering, how to give your suffering a sense of meaning and purpose that little child used to suffer, but he transformed his suffering to give it a sense of meaning he went to school. He gave a sense of completeness to his life and that is when that child was no longer a child, he became a guru for us.

(Refer Slide Time: 42:00)

## Total Pain

- Physical
- Social
- Psychological
- Spiritual



This is Dame Cicely Saunders who coined the term total pain, where pain is not only physical, but also social, psychological and spiritual. Physical pain contributes to hardly 25 to 30 percent of the total pain. So, when we are giving medicines to treat pain, you are just treating 25 to 30 percent of the pain, but what about 70 to 75 percent of the pain that nobody is treating, nobody is bothered about.

So, we should focus on that 75 percent also.

(Refer Slide Time: 42:35)

- Religious pain:** feeling guilty over the violation of moral codes & values of his/her religious tradition

- Spiritual pain:** those who have concluded, through their own self-judgment, that there is something wrong with them at their core.

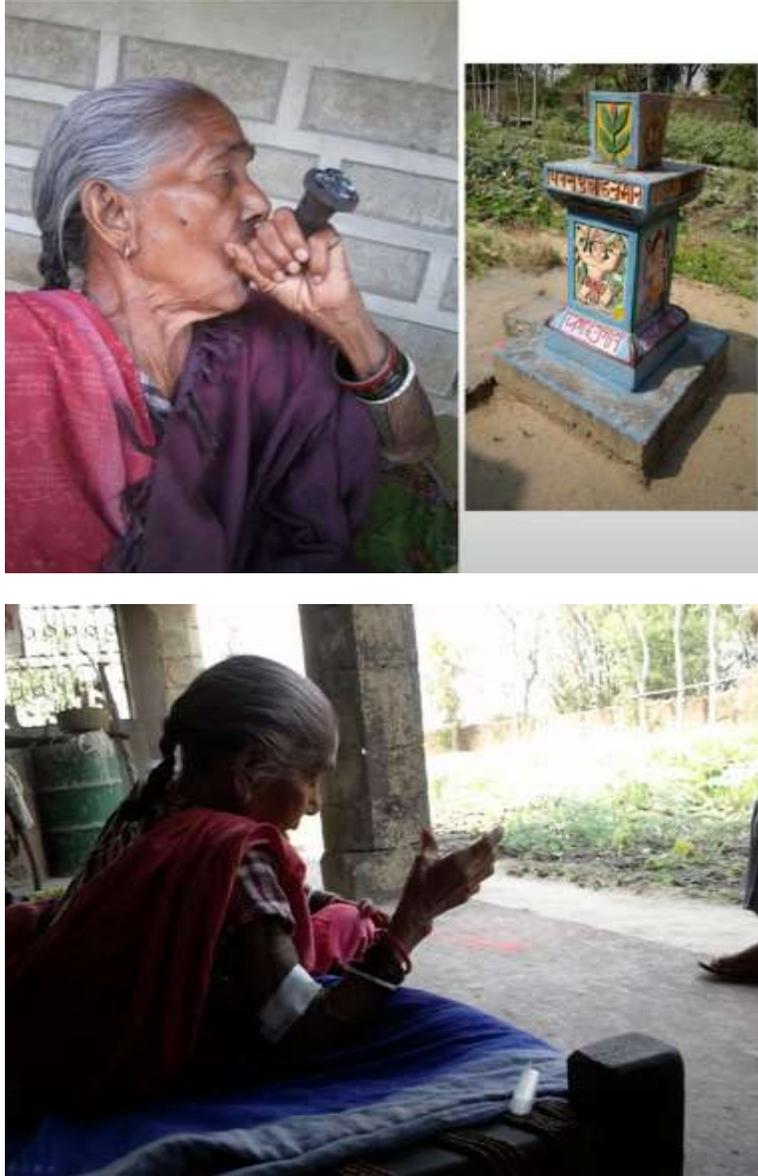
Religious pain means feeling guilty over the violation of moral codes and values of or his or her religious tradition and spiritual pain those who have concluded through their very own self judgment that there is something wrong with them at their core, that something that I am not a very good person and that is why I am suffering, that is spiritual pain. And religious pain, oh I have not gone to temple, I have not gone to the church, that is why God is punishing me, that is religious pain.

(Refer Slide Time: 43:05)



Another example, this lady, this is again example of spiritual pain, this lady had this huge tumors, huge growths. But we treated her pain very effectively she was in a rural setting and she used to accept that whatever is happening to me is my fate no problem I have to die someday I will die no problem. But then she was still suffering and then we asked her what is your problem you do not have any pain why are you still so sad and then she said she had created a small kitchen garden, right.

(Refer Slide Time: 43:45)



So, this is the small kitchen garden and she used to grow vegetables out there and every afternoon in this rural areas monkeys used to come to take the vegetables away and she used to sit on the char pie with some stones and she used to throw them at the monkeys. Now, her main problem was she used to say that after I die who is going to throw stones at the monkeys? Because this small kitchen garden meant so much for her. So, that was a spiritual pain and then we asked her daughter in law to come and promise to her that we will that I will take care of your garden do not worry and only then she could be at peace. So, this lady sitting on the charpai in front of the kitchen garden.

(Refer Slide Time: 44:35)

## Hope

- Hope has been defined in the context of terminal illness as the "positive expectation for meaning attached to life events" (Parker-Oliver D.) **As long as there is meaning, there is hope.**



So, this was an example of spiritual pain and then hope we should not take away hope but we should not give false hope, do not give false hope but do not totally take away hope also because as long as there is meaning there is hope and this is what the patients ask us that help me, listen to me, stay with me and remember me after I have gone.

(Refer Slide Time: 45:00)



This is our hospice in rural Jharkhand and this is again our hospice. Thank you.