

DESCRIPTION

Per the NCP (2018), the spiritual beliefs, practices, values, and traditions of all patients should be respected and integrated into care across the continuum. Similarly, the team should respect the right of patients to decline spiritual care or discuss their beliefs in detail.



COVID-19 CONCERNS



- COVID-19 has disconnected individuals from their spiritual communities and other networks
- COVID-19 associated fears and worries have amplified existential anxiety related to death, isolation, and abandonment for individuals with cancer
- Patients may believe there are religious explanations for COVID-19, as well as for their cancer diagnosis (e.g., punishment for sins)
- Religious leaders who may play integral roles in the serious illness decision-making of their community members may be unavailable or difficult to reach – plan ahead

ASSESSMENT CONSIDERATIONS

- While COVID-19 may have disrupted cancer treatment plans and normal social functioning, it may have also affected fundamental spiritual beliefs, values, traditions, and practices
- It is critical to understand both the value of religious and/or spiritual aspects of care to the patient/family and how they understand the purpose and meaning of illness and suffering
- People who have cancer and now confront COVID-19 may be experiencing fear related to the end of life; this distress should be assessed and supported to throughout the care trajectory
- Spiritual reflection may lead patients who previously declined or avoided end of life care or comfort-focused care plan options to initiate such discussions; be prepared to welcome the conversation



QUESTIONS FOR PATIENT/FAMILY

- How has the importance of religion or faith changed during COVID-19?
- Has COVID-19 changed how you find meaning in your life? How so?
- How has the importance of spiritual concerns, religion, or faith changed during COVID-19?



- Do you feel supported by your faith community right now?
- Are there any spiritual concerns or needs that have arisen out of COVID-19 that are important for us to know about?
- Is it okay if we continue to attend to your spiritual care needs?

ADDITIONAL SUGGESTIONS FOR CLINICAL PRACTICE



- The clinical course for COVID-19 positive patients is unpredictable; ensure clear documentation of spiritual beliefs and needs and ensure clear communication pathways to spiritual leaders, chaplains and palliative care specialists to promote timely resources
- Does your organization have a protocol in place to obtain 'final blessings' at the time of death from various spiritual leaders via virtual technology or phone? Plan a protocol or guideline based on available technology
- Ensure a spiritual care plan to meet needs of patients/families and communities as needed

RELATED RESOURCES

- Ferrell BR et al. (2020). The urgency of spiritual care: COVID-19 and the critical need for whole-person palliation (includes spiritual assessment). J Pain Symptom Manage. Epub ahead of print. Available at: [https://www.jpmsjournal.com/article/S0885-3924\(20\)30578-9/fulltext](https://www.jpmsjournal.com/article/S0885-3924(20)30578-9/fulltext)
- Puchalski C et al. (2020). Interprofessional Spiritual Care in the Time of COVID-19 – Briefing Note. Global Palliative Care and Covid-19 Series. Available at: <http://globalpalliativecare.org/covid-19/uploads/briefing-notes/briefing-note-interprofessional-spiritual-care-in-the-time-of-covid-19.pdf>

