Implementing spiritual care at the end of life in Spain

Enric Benito, Clara Gomis and Javier Barbero depict spiritual care at the end of life in Spain, with a focus on the activities of the Grupo Espiritualidad SECPAL, the spiritual care working group set up by the Spanish Society for Palliative Care, of which they are members.

In recent decades, Spain, traditionally a Catholic country, has gone through a sharp secularisation process. The latest figures show that approximately 70% of the adult population declare themselves to be Catholic – but among them, only 14% are regular churchgoers. Around 25% of adults define themselves as atheists or non-believers. Nearly 3% declare themselves to be of other denominations, most of them being Muslims, Protestants, Jews and Buddhists. In parallel with the secularisation of Spanish society, new forms of worship, partly arising through the immigration of recent years, have contributed to a growing interest in spirituality conceived outside the framework of Catholicism.

According to a law dating from 1980, the state has the obligation to ensure freedom of religion, and public authorities must provide religious services in public health facilities. That same year, the Catholic Church was commissioned by the Spanish government to provide spiritual care in the public health system. In 1992, agreements were signed between the state and the representatives of the Protestant, Muslim and Jewish communities, with the aim of facilitating their ministers’ access to public and private hospitals in order to provide spiritual support.

As a result of decentralisation, each Spanish region (or comunidad autónoma) has competence to manage its own health system. The Interregional Council is the body charged with co-ordination and cooperation within the national health system and, in 2007, it approved a national plan for palliative care. Since then, several regions have developed their own palliative care plans. There is considerable heterogeneity in palliative care service provision between regions, but the national palliative care strategy has been regularly evaluated and updated with the aim of improving and homogenising palliative care service provision in the national health system.

Service provision and initiatives

Regarding the provision of spiritual care, the Catholic Church holds an annual ‘Day of the Sick’ and runs an annual awareness campaign among the faith community. Hospital chaplains are trained to improve pastoral care at the end of life. There are two religious orders that promote spiritual care and provide pastoral work training: the Order of St Camillus and the Hospitaller Order of the Brothers of St John of God. In palliative care units managed by Camillians and Brothers Hospitallers of St John of God, special attention is paid to spiritual care.

In 2008, La Caixa Foundation created and trained 29 teams comprising 144 professionals, mainly psychologists and social workers, to join hospitals and other healthcare institutions across the country with the specific purpose of addressing the psychosocial and spiritual needs of patients and families. In 2105, their number had increased to 42 teams in which a total of 200 professionals were involved.
A spiritual care working group

SECPAL (Sociedad Española de Cuidados Paliativos), the Spanish Society for Palliative Care, has a working group on spiritual care, the GES (Grupo Espiritualidad SECPAL). It was created in 2004 with the aim of extending palliative care provision to include spiritual care and thus provide the integral, holistic care advocated by the pioneering model of the British hospice movement. The idea is that paying attention to patients’ spiritual suffering and needs is essential at this critical point in their lives, and that their spiritual needs have to be addressed from a humanistic and trans-denominational approach.

The GES aims to raise the awareness of spirituality as an essential part of being human, provide a common conceptual model of spiritual care service provision, and improve the spiritual care competences of Spanish palliative care professionals. Some of its initiatives are listed below.

- In 2008, the GES published spiritual care guidelines that describe a theoretical model of, and clinical approach to, suffering and spiritual care. Since then, this model has been presented and discussed in several national and regional congresses, raising a keen interest among professionals. It is also taught in the programmes of five palliative care master’s degrees.

- In May 2011, the SECPAL’s 11th annual national meeting, which took place in Mallorca, focused on spirituality in the clinical setting. It was attended by over 650 people and its conclusions were published.

- Three-day workshops are organised across Spain to train palliative care professionals and volunteers and help them improve their skills in delivering spiritual care. To date, 151 people have participated. Participants have rated the usefulness of the workshop as very significant, both professionally and personally. After the workshop, participants receive a USB key that contains a description of the spiritual care model they can share with their teams.

- A questionnaire to assess spiritual resources and needs has been developed, and its psychometric properties and clinical applicability have been tested in 121 patients. The results were published in 2014.

A monograph on spirituality in clinical practice, written by 37 authors and describing the model of spiritual care developed by the GES, was published in 2014. In the first ten months of its release, 3,000 free paper copies were distributed and it was downloaded over 3,600 times from the internet, where it is also freely available.

A survey exploring the provision of spiritual care in Spain and how it is perceived was conducted in 2008. In 2011, a second survey focused on palliative care clinicians’ perceptions of their own skills in delivering spiritual care. Among the 191 participants, 94.2% said they consider spiritual care as part of their work, but only 57.6% felt competent to provide it.

Crucial dimension

Despite the interest of SECPAL and other initiatives all aimed at improving spiritual care service provision, we feel that we are only starting to open the door of a crucial dimension of care hitherto underserved.

There is plenty more to do!

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Declaration of interest

The authors declare that there are no potential conflicts of interest with respect to the authorship and/or publication of this article.

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