Patients and families are experiencing severe spiritual suffering related to COVID-19.

Healthcare providers are distressed by the suffering and dying of their patients and by ethical challenges around limited resources and difficult treatment choices.
Recommendations to UN member states and civil society organisations

1. Educate healthcare providers in spiritual care through programs such as the Interprofessional Spiritual Care Education Curriculum (ISPEC).

2. Clinicians at the bedside should:
   a. Complete a basic spiritual inquiry, such as the FICA spiritual history* to assess for spiritual distress in patients and document results in the clinical note.
   b. Offer compassionate presence, listening, and connection.
   c. Help patients to identify inner spiritual resources and access other spiritual resources.
   d. Acknowledge grief and sadness.
   e. Ensure the dignity of the patient.
   f. Include patients’ spiritual beliefs and values in goals of care discussion.
   g. Refer to spiritual care professionals.
   h. Advocate for a peaceful death.
   i. Provide respectful care of the body after death according to patients’ religious or cultural beliefs.

3. Spiritual care professionals can provide spiritual care to patients and families, as well as to healthcare providers, via telehealth. They should:
   a. Help staff try to make sense of the suffering they are witnessing.
   b. Support providers in the provision of spiritual care to patients.
   c. Support patients and families via telehealth.
   d. Acknowledge global grief and bereavement.
   e. Offer rituals, prayers, and practices that facilitate grief.
   f. Facilitate reconciliation and connection.
   g. Advocate for respectful care of the body after death according to patients’ religious or cultural beliefs.
   h. Facilitate a brief service for family members and healthcare providers.
   i. Serve on ethics teams.

References

Authors
Puchalski C (George Washington University Institute of Spirituality and Heath Care); Bauer R (Eastern Deanery AIDS Relief Program, Nairobi); Ferrell B (City of Hope, Duare); Abu-Shamsieh K (Interreligious Chaplaincy Program, San Francisco); Chan N (University of Singapore); Delgado-Guay M (MD Anderson Cancer Centre, Houston); Egan R (University of Ontago, New Zealand); Haythorn T (Association for Clinical Pastoral Education, Atlanta); Jacobs C (Smith College, Northampton, USA); Joseph D (UCSF Medicine, San Francisco); Kestenbaum A (UC San Diego Health); Karimi K (Marywood University, Pennsylvania); Oberholzer A (University of South Africa); Simha N (Karunashrava Hospice, Bengaluru); Vandenhoeye A (University of Leuven)