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Implementing spiritual care at the end of life: Italy

In this occasional series, members of the European Association for Palliative Care (EAPC) Taskforce on Spiritual Care in Palliative Care report on developments across Europe to stimulate the implementation of spiritual care at the end of life. **Laura Campanello, Cinzia Martini and Filippo Laurenti** depict the situation in Italy

The majority of the Italian population (80%) is Roman Catholic – practising Catholics stand at around 30%. There is also a significant presence of Jewish people (45,000), Muslims (150,000) and Protestants (700,000, including 50,000 Waldensians). As a consequence of the immigration process since the early 1990s, the number of Buddhists and, especially, Muslims is growing.

The dominant culture is becoming more and more secularised: practices and rituals are fading away at an astonishingly fast pace. Furthermore, spirituality tends to be considered a synonym of religion, and specifically of Roman Catholicism. Therefore, it is highly necessary today to consider different perspectives on spirituality in order to remove its identification with Catholicism. In spite of reduced access to formal public and

Key points

- The majority of the Italian population is Catholic, with a significant presence of other religious groups.
- Hospitals in Italy provide a Catholic chaplain whose role is to offer spiritual support to the sick and their families.
- Spiritual care in Italy is poorly defined and suffers from a lack of training and funding.
- Interest in spiritual care in the palliative care setting is growing, with several conferences taking place covering the topic.

personal practices associated with spiritual needs, there is a growing recognition of the need to express new feelings and specific needs, particularly in the context of palliative care. Moreover, efforts should be made to disseminate the idea that religiosity is embedded in spirituality and that spirituality neither excludes, nor is implied by, religiosity.

Issues and needs

The main issues facing spiritual care in palliative care in Italy are:

- Lack of a clear definition of ‘spiritual care’
- Lack of a definition of the role of professional ‘spiritual assistant’
- Lack of educational programmes for spiritual assistants, chaplains and healthcare professionals
- Lack of financial resources to pay non-religious spiritual assistants.

Typically, every hospital in Italy provides access to a Catholic chaplain, whose task is to offer spiritual support to the ill and their relatives (there is an agreement between the state and the Vatican as to who pays the priests’ salaries).

Usually, palliative homecare services offer less structured spiritual care provision. In this setting, the palliative care team may liaise with the community to provide spiritual support via the local parish priest. Hospices were officially recognised as places for the provision of palliative care in 2006.

There are two laws to mention: the law 39/1999¹ established the creation of a network of palliative care structures on a regional basis; the law 38/2010² defined palliative care and pain management for the first time as basic services that should be accessible to every citizen. This law defines spiritual care as a required tool for palliative care, but fails to define spiritual care in terms of contents and methods of delivery.

The definition of spiritual assistant – a professional dedicated to spiritual care in palliative care – provided by the Italian Society for Palliative Care (SICP) and the Palliative Care Federation does not accurately address the role’s requirements in terms of job description, training and educational background.

There is no recognised, commonly applied instrument for spiritual care in palliative care and, at present, there is no specific training that allows healthcare workers to explore and reactivate their own spiritual path in order to

be able to recognise and approach their patients’ spiritual needs concretely. The provision of spiritual care in palliative care depends largely on each professional’s attitude towards spiritual issues, but also on the credibility and skills of those dedicated to attending to spiritual needs. There are interested physicians and nurses engaged in spiritual care in palliative care.

Every year, palliative care national and regional meetings are attended by people more directly involved in spiritual care. Over 2,000 people attended the last national meeting organised by the SICP, in October 2011 in Trieste. A talk about the

spiritual dimension of caring was attended by 350 people. There was also an important session about the training for palliative care workers involved in spiritual care.

Since the beginning of 2012, several conferences on issues surrounding spiritual care in palliative care have been organised, apparently in response to a striking need for this kind of meeting: 500 people applied to attend a conference held in Milan last March at the National Cancer Institute.

In conclusion, the most urgent needs in Italy for spiritual care in palliative care are to:

- Define the role of the professional spiritual assistant and their specific training
- Define the appropriate interventions for patients, their relatives and staff
- Define a specific outcome for spiritual care in palliative interventions
- Connect palliative care units via a national network in order to map spiritual care provision and training
- Plan and promote national and international research on different models of spiritual care.

Declaration of interest

The authors declare that there is no conflict of interest.

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