Implementing spiritual care at the end of life: the UK

In our occasional series on the implementation of spiritual care at the end of life, after the Netherlands and Italy, we take a look at the situation in the UK with **Bella Vivat**

In the 2001 UK census, 85.7% of the 58.8 million population identified as White British, 5.2% as Other White and 1.2% as White Irish. The other main minority ethnic groups were Indian (1.8%), Pakistani (1.6%), Chinese (0.4%), Black Caribbean (0.5%), Black African (0.4%) and Other Black (0.4%). This ethnic diversity links with religious diversity. In 2001, 76.8% of the population affirmed religious beliefs: Christian (71.6%), Muslim (2.7%), Hindu (1.0%), Sikh (0.6%), Jewish (0.5%), with 0.3% following other religions including Paganism, Jainism and Rastafarianism. However, formal religious beliefs appear to be decreasing in the UK.

In a 2005 Eurobarometer survey, 38% of UK respondents stated they believed in God and 40% in some sort of spirit or life force. In a 2007 YouGov survey, 22% of adults said they believed in a personal god, 16% that they were atheists, and 26% that they believed in 'something' but were not sure what. In the 2011 census for England and Wales, 25.1% of respondents stated that they had no religion, and the percentage of people affirming Christian beliefs had fallen to 59.3%.

There is an interweaving between ethnic ancestry and religion, including tensions between Christian denominations, as well as between more clearly differentiated religions. During its history, the UK has experienced major political upheavals with strong religious dimensions, including the persecution of non-conformist and minority Christians. Anti-Catholic laws prevailed in the UK until part-liberalisation in 1829, and a British monarch still cannot be or marry a Catholic.

In the context of religious sensitivities and the shift away from formal religion, a broader definition of spirituality has developed and a distinction has drawn between spiritual and religious care – spirituality generally being seen as wider. There has been a shift from regarding spiritual care as the province of religious professionals to an area where all health- and social care professionals have responsibilities.

Key points

- In the UK, a majority of the population is Christian, but the number of people who say they have religious beliefs is decreasing.
- The task of providing spiritual care is shifting from religious professionals to all those in health- and social care.
- Despite various guidelines, many health- and social care staff are unsure of how to identify or address patients' spiritual needs.

Recent publications

The last few decades have seen an increasing focus on spirituality in healthcare, especially in palliative care, where most work on spiritual care has been conducted – although significant work has also been done in mental health. In the last decade, some key guidelines and policy documents have been published. In 2003, the NHS issued a practice guide for chaplaincy spiritual care services[1] and Marie Curie Cancer Care their *Spiritual and Religious Care Competencies for Specialist Palliative Care*.[2] The 2004 NICE supportive and palliative care guidelines include spiritual care guidelines.[3] In 2008, the UK Department of Health published its *End of Life Care Strategy* for England and Wales,[4] which includes the Liverpool Care Pathway for the Dying Patient (LCP) as a supportive tool; the LCP contains standards for spiritual assessment and care. The devolved regional governments in Wales and Scotland have their own responsibilities for health- and social care. Both have recently published documents on spiritual care: *Standards for Spiritual Care Services in the NHS in Wales 2010*[5] and *Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff* (published by NHS Education for Scotland, which is at the forefront of much work in spiritual care education and training).

Translation into practice

This growing attention to spiritual care is to be welcomed. However, the extent to which policies and guidelines have been translated into practice is unclear, and the implementation of spiritual care is not consistent across the UK but varies between settings, often dependent on individuals and local practices. Implementing any policy is seldom simple, and identifying spiritual care interventions is complex, especially with a broadened definition of spirituality. The theoretical shift in understandings of spiritual care does not necessarily translate into practice, and few studies have yet explored how spiritual care models operate or evaluated related education and training. The few studies conducted[7–10] suggest that many health- and social care staff continue to be unsure of how to identify or address patients' spiritual needs. The first annual report on the *End of Life Care Strategy*[11] indicated a gap between the strategy's spiritual care standards and existing practices. As has been argued,[12] more needs to be done to strengthen the evidence base for spiritual care, and improve education and training, particularly translating theoretical concepts into practice and workable interventions.

Declaration of interest
The author declares that there is no conflict of interest.

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• Italy. *European Journal of Palliative Care* 2012; **19:** 274–275.

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