

Implementing spiritual care at the end of life: Germany

In this occasional series, members of the Taskforce on Spiritual Care in Palliative Care of the European Association for Palliative Care report on recent developments in their respective countries. Here, **Piret Paal** takes a look at Germany

In Germany, although state and church are separated, the constitution foresees a co-operation between the two institutions in the comprehensive care of citizens. The three basic principles that govern the German state church system are neutrality, tolerance and parity.¹ German religious traditions have been eroded by sociocultural pluralism; one could claim that, on an individual level, German society is moving towards spiritual idiosyncrasy.

The figures

In a 2011 global survey, 50% of the total population self-identified themselves as being Christians, 38% as not having a faith or religion and 2% as being Muslims.²

According to official figures, 30% of Germans are Roman Catholics, 29% Protestants, 33% non-denominational and 5% Muslims.³

Nineteen per cent of the German population is of foreign origin, mostly from Turkey, Poland, Greece, Russia and former Yugoslavia. The first wave of so-called Gastarbeiter (economic migrants), who arrived in Germany in the 1950s and 60s, has now reached old age.

The number of people who have their roots in the Islamic tradition is steadily increasing.⁴ Although Germany has the second largest Muslim population in Europe, how to provide culturally sensitive end-of-life care to dying Muslims and their families has not yet been clearly laid down.

Since the 1990s, approximately 200,000 Jewish (mainly elderly) people have arrived in Germany from the former USSR, in particular from Ukraine and Belarus. This has affected the existing German Jewish population, tripling the size of the community and challenging Jewish end-of-life care facilities.

Koenig and Trittler wrote: 'Although 65% of Germans believe that God exists, only 18% believe in the God of the Bible. Conversely, almost 80% trust in their guardian angel, who, as a personal protector replaces God. Similarly, a growing number of Germans no longer derive the meaning of life from God, but rather from their own personal actions.'⁵ Providers of spiritual care at the end-of-life therefore need to understand and meet religious/spiritual needs that do not reflect traditional sociocultural boundaries. These needs derive from different – if not entirely unknown – sociocultural settings or are based on personal experience and convictions.

The average life expectancy in Germany is 85 years for women and 82 years for men. Two in five households consist of one person. As a consequence, a challenge for German society is to care for the growing number of elderly people without family networks.

The challenges

Despite recent advances in palliative care generally,⁶ the implementation of spiritual care at the end of life in Germany faces many challenges. Historically, it has been seen as part of the pastoral care provided by the main Christian churches. The current definition

Key points

- Officially, 30% of Germans are Roman Catholics, 29% are Protestants and 5% are Muslims. However, on an individual level, German society is moving towards spiritual idiosyncrasy.
- Historically, spiritual care used to be dispensed by the main Christian churches as part of pastoral care.
- Many healthcare professionals still see chaplains as the main spiritual care providers, which is a barrier to wider implementation.
- In recent years, efforts have been made to reinforce spiritual care training for healthcare staff, led in good part by the Professorship for Spiritual Care at the Ludwig Maximilian University of Munich.

of pastoral care, given by the pastoral task force of the Deutsche Gesellschaft für Palliativmedizin (DGP, the German Society for Palliative Medicine), says that 'pastoral care is a spiritually oriented service that is open to everyone – regardless of its denomination, religion and belief'.⁷ This definition has been criticised for being too liberal, which indicates the need to clarify the role of chaplains as providers of extensive spiritual care in end-of-life care settings.⁸ To provide spiritual care that meets the needs of all palliative care patients, negotiations are required between spiritual care professionals working on wards, pastoral care experts and church stakeholders.

The initiatives

The Professorship for Spiritual Care created in 2010 at the Ludwig Maximilian University of Munich fosters interdisciplinary exchange. Its aim is to investigate and implement spiritual care in palliative care, but also in healthcare in general. In the last two years, it has focused on training healthcare professionals working on wards to elicit a spiritual history from patients. A survey of participants about the efficiency of their training indicated that, despite their strong interest both in spirituality and in the assessment of patients' spiritual needs, they found it difficult to implement what they had learned.⁹ The main barriers were a lack of confidence in their ability to address religious or spiritual issues, a lack of understanding from their colleagues, and inadequate – or entirely missing – guidelines regarding spiritual care in their institutions.

Another initiative of the Professorship for Spiritual Care was to create, in 2011, the Internationale Gesellschaft für Gesundheit und Spiritualität (International Society for Health and Spirituality), which currently has 190 members in seven countries. In 2012, the society's annual meeting dealt with economic aspects of spiritual care¹⁰ and this year's meeting was on interreligious spiritual care.

A new publication, the *Zeitschrift für Spiritualität in den Gesundheitsberufen*,¹¹ was launched in 2012: this triannual journal on spirituality in the healthcare professions focuses on German-speaking countries but also promotes international discussion. In 2012, an interdisciplinary and international project on how to address the psychosocial and spiritual needs of patients was launched at the University of Freiburg.¹²

In 2013, a brief survey regarding spiritual care education¹³ showed that it has gained a foothold in medicine, psychology, theology and social work curricula. It also showed that various forms of spiritual care training – for example, retreats, meditation, contemplative listening – are provided for healthcare professionals. Forty-nine per cent of spiritual care education is primarily bound to the Christian tradition and 57% delivered within the framework of palliative care education.

Conclusion

Extensive work on improving spiritual care models in palliative and end-of-life care facilities, including research on various aspects and teaching at different levels, is ongoing. Despite being very aware of the importance of spiritual care at the end of life, many healthcare professionals in Germany feel uncertain about implementing it in their daily practice, one of the barriers being that they see chaplains as the main providers. The challenge is to work on a national consensus for reinforcing spiritual care training in palliative care curricula, so that everyone working in end-of-life care is prepared to provide spiritual healing where needed.

Declaration of interest

The author has no conflicts of interest to declare.

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