

Implementing spiritual care at the end of life: Estonia

In this occasional series, members of the Task Force on Spiritual Care in Palliative Care of the European Association for Palliative Care report on recent developments and current debates in their respective countries. Here, **Liidia Meel** takes a look at Estonia

Estonia is a small Baltic country of northern Europe which has 1,315,819 inhabitants. The 2011 census showed that 29% of the population aged 15 and over (all nationalities included) follow a particular religion.¹ This has not changed much since 2000, when the figure was 31.8%.² At the same time, the religious landscape has become more diverse, as the number of religions or churches has increased from 74 in 2000 to 90 in 2011.^{1,2} The two most common religious affiliations are to the Orthodox Church (16%) and the Lutheran Church (10%). The 2011 census further showed that 54% of the population aged 15 and over does not follow any particular religion; 14% of respondents did not answer the question about religion.¹

The population of Estonia is composed of different nationalities, and religious affiliation differs according to ethnic origin; 19% of ethnic Estonians, but 50% of non-ethnic Estonians, declare that they follow a particular religion. Lutheranism is the most common religion among ethnic Estonians (14%), while the Orthodox Church rallies 47% of Russians. Among the other nationalities, 27% of Finns, 15% of Germans and 14% of Latvians consider themselves Lutherans; 51% of Belarusians, 50% of Ukrainians and 41% of Armenians are affiliated to the Orthodox Church; and 47% of Poles and 33% of Lithuanians are Catholics. Islam is most prevalent among Tatars.¹

Key points

- In 2011, 29% of the Estonian population said they subscribed to a particular religion. This figure has remained stable since 2000, but in parallel the religious landscape has become more diverse.
- It can be assumed that there is considerable demand for spiritual care, both among the religious and non-religious population.
- Spiritual care is becoming more acknowledged in hospitals, where it is provided by chaplains and pastoral counsellors who have been trained in delivering pastoral care and can train other staff.

According to earlier statistics, about 47% of the Estonian population believe or tend to believe in the existence of the human soul and in an afterlife; about 45% believe that the souls of their ancestors may visit them; about 37% consider reincarnation to be possible; about 64% believe in some kind of higher power that affects everything in the world; and about 41% believe that certain magical acts or rituals may affect the course of events.³

These figures lead us to assume that there is potentially considerable demand for spiritual care at the end of life, both among religious and non-churchgoing populations.

Current service provision

In Estonia, palliative care is provided in three hospital hospice departments (at the East-Tallinn Central Hospital and Tallinn Diaconic Hospital of the Estonian Evangelical Lutheran Church, which have 24 beds between them, and at Tartu University Hospital, which has seven beds); and in patients' homes by palliative home care services launched in 1997 by the Estonian Cancer Society⁴ and used by 1,000 patients every year (15 home care teams with one to five nurses and one or two physicians each). The palliative care principles of pain relief and psychosocial support are also applied, to some degree, by healthcare professionals delivering acute care in hospitals. A multidisciplinary palliative care team, the first of its kind, was created in 2011 at a tertiary care hospital, the North Estonia Medical Centre in Tallinn.⁵

Awareness of spiritual care needs is increasing as palliative care is developing and hospitals are hiring more chaplains (ordination required) and pastoral counsellors (no ordination required). Spiritual care in hospital practice is becoming more acknowledged as a concept. Both chaplains and pastoral counsellors receive special

education in pastoral care, and both would have the ability to train other staff. They are expected to help train hospital staff to provide spiritual support, recognise patients' spiritual needs, and respect patients' individual cultures and beliefs. At the same time, hospital chaplains and pastoral counsellors are also there to offer support to patients who belong to a particular religion and their families, as well as to anyone caring for the dying.

Members of the clergy working in the community may also visit patients in hospital or at home; sometimes they can only visit patients in hospital if they have been invited to do so, either directly by the patient or by staff. Spiritual care service provision is not organised in all hospitals along the same lines, and we lack studies to fully describe the current situation, needs and potential for implementing spiritual care at the end of life in the hospital and the home environment.

Recent developments in palliative care

Palliative and hospice care conferences have been held in Estonia every two years since 2006. In 2007–09, an Estonian cancer strategy project was undertaken in collaboration with the Estonian National Institute for Health Development; as part of that project, palliative care standards were elaborated at the oncology centre of the North Estonia Medical Centre.

In 2010, a non-profit organisation, Pallium, was founded with the aim of developing palliative and hospice care in the country.⁶ Pallium's founding members were hospices, healthcare institutions and individuals interested in improving access to, and quality of, palliative and hospice care. Pallium also aims to develop training programmes and conduct research in the field. More research would certainly be useful for implementing spiritual care at the end of life in the home care environment.

Pallium's work is based on the WHO definition of palliative care,⁷ according to which spiritual support is an important part of holistic care and the interdisciplinary team addresses patients' individual needs, including their spiritual care needs. That said, in practice, the care provided does not always meet these requirements.

Higher education in pastoral care

Professional pastoral caregivers have been trained since 1992 at the Tartu Academy of

Theology, founded the same year as a result of a collaboration between representatives from various Christian churches (the Evangelical Lutheran Church, the Orthodox Church, the Methodist Church and the Union of Free Evangelical and Baptist Churches).⁸ The Tartu Academy of Theology has had Lutheran, Orthodox, Baptist, Methodist, Pentecostal, Adventist, Catholic and Evangelical church members attending the studies. In 2013, the Tartu Academy of Theology joined forces with the Institute of Theology of the Estonian Evangelical Lutheran Church.

At the Institute of Theology of the Estonian Evangelical Lutheran Church, founded in 1946, a range of subjects are taught in the curriculum, including thanatology and geriatric studies, and pastoral care features as a minor specialty.⁹

Conclusions

Considering the statistics, we must acknowledge that, in our multi-religious and multicultural society, there is a need for inter-faith and interdisciplinary training of chaplains and pastoral counsellors, as well as a need to train hospital staff and other professional caregivers in spiritual care. These needs have been partially addressed, on the one hand by offering higher education in pastoral care, and on the other by the general development of palliative care. At the same time, we must conduct further studies to identify the needs and potential for implementing spiritual care at the end of life, both in institutions and at home.

Declaration of interest

The author declares that there is no conflict of interest.

This article is part of a series on spiritual care at the end of life. Previous articles covered the Netherlands, Italy, the UK, Germany and Finland.

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