

Implementing spiritual care at the end of life: Portugal

► **Sílvia Caldeira, Sara Pinto** and **Manuel Luís Capelas** describe the provision of spiritual care at the end of life in Portugal, focusing on the activities of the multidisciplinary Spirituality Group established by the Portuguese Palliative Care Association.

Portugal has a resident population of 10,374,822 inhabitants.¹ In 2011, 95.40% of the population considered themselves to have a religion, and 81% of them identified as Catholic.¹ In this mainly Catholic country, the religious chaplain, whether Catholic or from another denomination, is considered a valuable resource in attending spiritual and religious needs. Nonetheless, there is a need to strengthen the competencies of all healthcare professionals (HCPs) in being able to deliver spiritual care for patients and their families at the end of life.

Research into spirituality in palliative care

The development of palliative care in Portugal began with the establishment of the Portuguese Palliative Care Association (Associação Portuguesa de Cuidados Paliativos – APCP) in 1995.² Scientific research into several aspects of palliative care is becoming more widespread, particularly with regard to the spiritual component. So far, the majority of studies have been conducted in hospital settings, with cancer and geriatric patients. The results suggest that spirituality is positively related to quality of life, hope, well-being and happiness and also to better control of pain and human suffering. Only four instruments have been validated for the specific context of palliative care.^{3–6} Despite the importance of all these studies, the vast majority of works are published in Portuguese and located in the Portuguese university repositories, which impedes dissemination of the knowledge produced in Portugal, but may also be understood as a positive factor for knowledge transfer among Portuguese nurses.

Two books have been published discussing the provision of spiritual care and the role of chaplains in this field.^{7,8} The Portuguese law regarding spiritual assistance is not clear about the role of nurses in spiritual care and often refers to religious assistance and, so, chaplains are commonly expected to be the sole providers of ‘spiritual care’.⁹

Spiritual care in clinical practice and education

Most research into spiritual care is being done by nurses,¹⁰ which indicates a reductionist perception of the role of HCPs and a need for educational training. Nurses tend to recognise spirituality as an important aspect of human existence, especially during times of need and illness, and they recognise that spirituality encompasses more than religiosity. Nurses also agree about their role in spiritual care and are often reported to request chaplain support when diagnosing spiritual needs.⁸ Several master’s courses and other post-graduate courses in palliative care have been established in Portuguese universities, nursing schools and healthcare institutions. Most include a curricular unit that explores both spirituality and the provision of spiritual care.

Spiritual care is considered as a way of both doing and being with the patient and their family, and so, spiritual care is perceived as a dimension of holistic palliative care that preserves dignity and helps patients to find meaning in life and suffering. In 2014, the APCP founded the Spirituality Group, which has a multidisciplinary approach and aims to promote reflection, intervention and research in this specific area, a theme often included in the programmes of the annual Portuguese conferences in Spiritual Care. The Catholic

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University of Portugal (Universidade Católica Portuguesa) held two international scientific events. In 2013, the 6th Bi-annual International Student Conference discussed Spirituality in Healthcare: From Education to Transformation. This was followed in 2014 by the conference Spirituality in Patient Care, with Dr Harold Koenig. Both events aimed to promote the implementation of spiritual assistance.

Conclusion

Organising workgroups and developing consistent research projects into spirituality and end-of-life care are considered the first steps and the most effective strategy, at the moment, to promote the effective implementation of spiritual care. The priority, however, is to include content related to spirituality as a normal component of educational courses for all HCPs. Until this has been realised, the implementation of spiritual care may be difficult to implement consistently in all palliative settings ■

Declaration of interest

The authors declare that there is no conflict of interest.

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Key points

- ▶ The Portuguese Palliative Care Association (Associação Portuguesa de Cuidados Paliativos – APCP) has been critical in the development of palliative care in Portugal.
- ▶ Portuguese patients are mostly Catholic.
- ▶ The incorporation of spirituality into clinical practice is often based in research and some curricular units in palliative care master's degrees, but implementation needs further planning, development and evaluation.
- ▶ The education, research and support of the Spirituality Group within the APCP will facilitate an effective integration of spirituality into palliative care.