

**THE MOST RECENT STUDIES  
IN  
SCIENCE AND ART**

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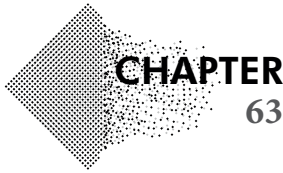
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**CHAPTER**  
**63****SPIRITUAL CARE IN PALLIATIVE CARE IN TURKEY****Turgay SIRIN****INTRODUCTION**

Nowadays, a general increase has been observed in chronic diseases that lead to death, such as cancer, ischemic heart and other heart diseases, stroke and hypertensive diseases, respiratory system diseases throughout the world and in our country (American Cancer Society Cancer Statistics Center, 2017; American Cancer Society Cancer Research Program, 2017; Türkiye Halk Sağlığı Kurumu [Public Health Institution Of Turkey], 2017). This also leads to an increase in the number of people who need palliative care. For this reason, the improvement of newly emerging palliative care processes in our country will provide new opportunities for people living in Turkey to reach palliative care service that we regard as a human right. In line with this purpose, issues such as the definition of palliative care, definition of spiritual care, spiritual practices in palliative care abroad, and spiritual care practice processes in palliative care in Turkey will be discussed in this chapter.

**Concept of Palliative Care**

The World Health Organization defines palliative care as “an approach that is aimed at improving the quality of life of patients and their relatives who face a life-threatening disease and that aims for the early diagnosis and treatment of physical, psychosocial and spiritual problems, especially pain” (WHO, 2017). The International Palliative Care Association (IAHPC) describes palliative care as “the care of patients with an active, continuous and advanced disease, the focus of which is to decrease pain and to improve the quality of life” (Doyle and Woodruff, 2013).

The origin of the concept of modern palliative care dates back to the hospice movement. According to the translation of linguists, as a lexical meaning, hospice derives from a root meaning “hospitality.” Madame Garnier opened a place to help patients under the name of “Calvaire” for the first time in France, Lyon in 1800, and then it was also opened in England and Ireland (Stevens, Elaine, Susan Jackson, Stuart Milligan, John Wiley & Sons, 2009:6)

In brief, palliative care is a concept that is used to describe the primary care of patients and their families who have fatal diseases, especially cancer, and who face problems resulting from these diseases. Palliative care is the most basic human right. Therefore, palliative care is a very important field that necessarily needs importance due to increased cancer or other chronic diseases in our country as well as in the world, and that requires both health system and healthcare workers, and numerous specialists, especially spiritual care specialists work together systematically.

Palliative care attempts to provide patients with the possible active life as long

as they live and provides support to families to deal with the disease process. Palliative care teams basically include doctors, nurses, psychologists, social service specialists, dieticians, pharmacists, physiotherapists, religious officers, spiritual counseling and volunteers who have received special education in this field (Özçelik et al., 2010). In other words, the palliative care process appears as an interdisciplinary process, in other words, a process that requires more than one department to work together.

There is growing literature in the field of religiosity, spirituality, and health (Hill et al., 2000; Miller & Thoresen, 2003; Powell, Shahabi & Thoresen, 2003; M,şşer, 1999; Zinbauer & Pargament, 2000). These studies reveal the positive relationships of religiosity and spirituality with psychological behavior and our spiritual and physical health.

Consequently, individual needs of the patient are met in the palliative care process and the patient is provided with the most basic care services at home, in the hospital or in any care home, in other words, wherever he/she is treated. In this process, the primary goal is the patient's perception of life and death as a natural process, the fact that he/she does not attempt to expedite or delay death and to ensure the best possible quality of life until the moment of death. Another point that needs to be emphasized here is that palliative care is not limited to the end of life period, but, it is also a process that involves providing support for patient relatives in the mourning process after death. For this reason, palliative care is a process that requires financial and spiritual support in terms of patients and their relatives. In particular, spirituality plays an effective role in this process.

### **Concept of Spiritual Care**

Spiritual care is a newly emerging concept in Turkey. There are also different debates regarding the translation of this concept. In Turkey is using term of "Manevi Bakım" generally as a concept of spiritual care. "Manevi Bakım" in Turkish which is also the equivalent of the concept of "spiritual care" in English. "Spiritual care" is used to refer to spiritual support services that are mainly applied in hospitals or in social service and care facilities in our country. Except this, there are also different English concepts such as "spiritual counseling, spiritual care, religious care, religious counseling, pastoral care, pastoral counseling" that exist in the foreign literature, and many of these concepts have similar and different practices, procedures and methods. It is observed that the use of "spiritual counseling and guidance" has become widespread as the concept expressing the "counseling" aspect of these concepts and that the use of "spiritual care" has become widespread to express the "care" (interest, care, support) aspect in our country. In other words, we can say that the concept of "spiritual counseling and guidance" is used as the equivalent of English concepts such as "spiritual counseling, religious counseling, pastoral counseling" of these concepts that have differences and similarities abroad, and that the concept of "spiritual care" is used as the equivalent of the concepts "religious care, pastoral care, spiritual care" in our country.

The word pastor is an English word and has the meanings of the priest, religious officer of the church and community. The word pastoral means a simple home, a quiet life in rural life, and it also has meanings like community members, bishops

involving the members of a religious community. On the other hand, the term pastoral care (i) consists of spiritual support, spiritual aid, recommendations, and advice provided by the religious officer of the community to the community or church members, and it also means spiritual support, aid, special advice, and recommendations provided by a teacher or an educational authority to students (Büyük İngilizce Sözlük [Big English Dictionary], 1993).

Spiritual Care [Eng.: Spiritual Care // Germ.: Geistige Pflege; Seelsorgerische Pflege; Seelsorge] is an important component of areas such as medical treatment, medical and social service, medical and psycho-social rehabilitation services, especially palliative care. It is social and human-oriented care services aimed at supporting the spirituality of people who are in need of care, increasing their commitment to life, ensuring that they are at peace with their inner world, and removing spiritual deviations and fears. Spiritual care is an interdisciplinary field. Spiritual care is a service that is at the intersection of the fields such as religion, psychology, social services, education, and counseling.

The word “manevi” is using in Turkish as a spiritual (Eng.: Spiritual // Germ.: Geistig; Seelisch; Moralisch; Innerlich) is an adjective of the Arabic origin and means “the thing belonging to what is known by grasping with heart (soul) without sense organs” or immaterial, abstract, spiritual, psychic, inward and faithful” (Türk Dil Kurumu [Turkish Language Society], 2017). Although the word spiritual is used separately from the word religion in the literature, the terms “religiosity” and “spirituality” have been defined in different ways by psychologists for more than a century (Paloutzian and Park, 2013:63). However, it can be said that there is a consensus that both concepts are multidimensional. With respect to the general tendency of specialists on these definitions, it can be said that they address religion as a broad-band concept and do not separate it from spirituality (Pargament, 1999; Paloutzian and Park, 2013; Hill et al., 2000). In brief, it would be correct to say that religious and spiritual phenomena have generally been gathered under the broad-band and wide range of the religious structure or that the terms religion and spirituality have been used interchangeably (Paloutzian and Park, 2013:64).

In general, spirituality can be related to religion which includes the issues such as searching for significance in life, encountering transcendence (supremacy), a feeling of attachment, searching for an ultimate truth or the highest value, respect and gratitude for a mysterious being, and a personal change, and it can be said that it is the whole of personal experiences that can be gained outside religion. Zinnbauer defines the concept of spirituality as “a personal or group search for the sacred” and defines religiosity as “a personal or group search for the sacred explained in a traditional and sacred context” (Zinnbauer and Pargament, 2013:89). According to Pargament, spirituality is “the search for the sacred” while religiosity is “the search for significance that is somehow associated with the sacred” (Zinnbauer and Pargament, 2013:91).

It can be said that spiritual life generally has three different types or significance. The first one of these is a God-oriented spiritual life that is put forward as the reason for thought and practice in theology and is envisioned both as broad and narrow. The second one is a world-oriented spiritual life that emphasizes the relationship of someone with ecology or nature. The third one is a “humanistic”

(or human-oriented) spiritual life that emphasizes human success or potential. In brief, spirituality is the “significance” system of the person, and the whole of his emotional experiences and his thoughts in line with this significance, and the behaviors exhibited in line with this effect. From this point of view, spiritual care is supporting a person to organize all disruptions in these processes and helping patients to relieve their spiritual suffering and pains (Zinnbauer and Pargament, 2013).

Spiritual care has been implemented in Europe and the United States in a modern way for more than a century. For example, in this historical process, the American Association of Pastoral Counselors was established to accredit spiritual care and counseling centers and training programs in 1963. This organization, which operates actively also in our day, is an interreligious organization that represents more than eighty belief groups, including Catholic, Protestant, and Jewish beliefs, in spiritual care studies. Nowadays, spiritual care has achieved three million hours of experience in corporate and private settings. Furthermore, for example, the number of the AAPC certified pastoral counselors has tripled over the last two decades only in America (AAPC, 2017).

Spiritual Care is a field of profession in many countries of Europe, and especially in America. It is also observed that religious scholars have established “Spiritual Counseling” programs and opened schools by getting the support of voluntary organizations, universities, and hospitals to improve themselves in this field. For example, the school named Health Care Chaplaincy provides “Spiritual Counseling” training (Clinical Pastoral Education) for religious scholars from different religions engaged in spiritual care in the hospitals in New York (Mollaoğlu, 2013).

Spiritual care is not entirely a psychotherapy process. It is never a psychiatric examination or treatment. In this sense, spiritual care is a field of application between religion and psychology. It is a field of application that is referenced by religion, but, that also uses the methods and principles of psychotherapy without excluding them. Therefore, religious counseling is a combination of education, religion, and psychology and is at the intersection of these three fields. Here, the religious counselor should determine his own field very well and should know very well that he should not be involved in a field in which he should not intervene.

Spiritual care involves helping behaviors in the form of providing improvement (mental health problems, etc.), support (people with disabilities, etc.), guidance (such as finding employment), care (in growing and developing) and reconciliation (in problems such as marriage) for people who have problems in the context of ultimate significance and subjects, by the representative religious scholars (Clebsch & Jaekle, 1964:4). From a different perspective, spiritual care is a care service that includes helping activities aimed at prevention, relieving or facilitation in people who try to deal with anxiety, by using verbal or nonverbal, direct or indirect, literal or symbolic ways of communication, conducted by those who accept that there is a transcendent dimension in human life (Lartey, 2003:30).

In the literature, it is possible to find many domestic and foreign studies on the effects and implementation processes of spiritual care (Mollaoğlu, 2013; Moss, Holley, Davison et al., 2004; Bostancı and Buzlu, 2010; McFarland and McFarlane, 1997; Ergül and Temel, 2007; Seyyar, 2010).

In palliative care, the primary goal of spiritual care processes is to help to relieve the spiritual sufferings that are called the spiritual pain the patient has and that accompany the physical pains of the patient. Spiritual Pain (Spiritual Distress) refers to the deterioration in the system of values that give strength and hope and ensure the meaning of life (Klimes, 2005). This deterioration is accompanied by the dimensions of spiritual alienation, spiritual anxiety, spiritual guilt, spiritual questioning, spiritual anger, spiritual idleness and despair (Higgs et al., 2010). The patient may fight with the being that he has accepted as the creator (God, Allah, etc.) or may struggle with questions such as “Why did this happen to me?”. For this reason, it can be said that the primary goal of spiritual care for palliative care patients is to decrease or eliminate the conflict between beliefs and values and health care.

Consequently, it is possible to describe spiritual care as “the spiritual support services in which advanced communication and psychotherapy techniques are used together with religious methods and techniques, with the aims of providing religious and spiritual suggestions, guiding people to worship within the frame allowed by their diseases, supporting survival resistances and positive contributions to treatment in order to meet the religious and spiritual needs of patients and their relatives who demand, and supporting the mourning process in case of patient losses, provided that there is no intervention in the medical treatment of inpatients in hospitals”.

### **Spiritual Care Practices and Spiritual Care Services for Muslims in Western Countries**

Spiritual care practices abroad are conducted under the state control. Spiritual care employees must be educated. It is observed that these education programs are generally at the master degree education and doctorate education levels after undergraduate education. It has also been observed that people who provide these services are basically educated in theology.

In the investigations personally conducted by me, it has been observed that spiritual care services abroad have been provided in hospitals at an advanced level. For example, in the Netherlands, there are many hospitals where spiritual care employees work for the members of different religions or even those who indicate that they do not believe in any religion (for example, see. Holland Bloorview Kids Rehabilitation Hospital, 2017)

Nowadays, spiritual care practices abroad are also developing particularly for Muslims. In this respect, it is known that spiritual care services are provided for Muslims in European countries and in the United States. People who will provide these services are expected to have received the spiritual care education in the relevant country and to speak the language of the country well. For this reason, it is observed that spiritual care services for Muslims have not yet been developed enough as it is for the members of other religions.

It is also observed that the fields such as “Islamic Spiritual Care” have developed abroad, and even in this regard, the master degree education program has been opened within Rotterdam Islamic University (İUR, 2017).

In spiritual care services for Muslims, it has also been observed that there

is a different process from other spiritual care processes. Indeed, it has been observed that while the hospital makes a request for hospice care or end-of-life preparations for palliative care patients, especially for those in the terminal period, after deciding that they would not live, Muslims have different applications such as making efforts to keep the patient alive by stating that only God can decide on dying (“No one knows where he would die”, Lokman; 31/34). However, nowadays, the fact that Muslims living in foreign countries want to die as a Muslim and with a nice end appears to be a quite great need.

Some different models have been found in the literature for the spiritual care processes applied to achieve the aims of spiritual care. For example, Govier defined a model for spiritual care that he expressed as five R (Govier, 2000). Five principles that are thought to be effective for approaching the patient are expressed in this model. These are 1-2. Reason and Reflection; finding the meaning of life, arousing and reflecting the desire to continue to live 3. Religion; expressing religion and spirituality, preparing a frame for values and beliefs 4. Relationships; establishing a relationship based on love, trust and hope 5. Restoration; re-shaping.

Except this, Karagül (2012) mentions spiritual care processes such as notification and the Irshad Model, Therapy (Treatment) Model, Consolation and Explanation Model (Hermeneutics, Tafsir), Counseling Method, within the context of spiritual care studies conducted with Muslim patients in the Netherlands.

### **Spiritual Care for Palliative Care Patients in Turkey**

In Turkey, the field of palliative care began to attract attention in the 1990s, and the number of medical oncology and algology physicians and academic and clinical specialists who have received education in the field of palliative care has begun to increase especially in recent years. In Turkey, the concept of “palliative care” has not yet been fully established, and it is often considered as “supportive care” and “end-stage care” and is considered equivalent to pain control (Özçelik et al., 2010, Uslu and Terzioğlu, 2015). Similarly, qualified manpower in the field of palliative care and especially in the field of spiritual care is not at a sufficient level in Turkey. For this reason, the Ministry of Health has demanded the opening of master degree and doctoral programs in spiritual care and psychology of religion at universities from the Council of Higher Education (Güçlü, 2015:570). Nowadays, education programs on palliative care are going on with the contributions of national and international institutions and organizations, and the number of palliative care units in university hospitals, the hospitals of the Public Hospitals Administration of Turkey, and private centers is gradually increasing (T.C. Sağlık Bakanlığı [R.T Ministry of Health], 2014).

In Turkey, the National Palliative Care Program was organized under the guidance of the Ministry of Health in 2009 for the purpose of increasing the quality of life of cancer patients and their relatives not only during the terminal period but during the treatment period, and the Palya-Turkish project, which is a nurse-based community-based project, was initiated as of the year 2011. Within the scope of the project, the training of healthcare personnel was supported, university and hospitals’ awareness of this issue increased, and the number of palliative care units increased (Uslu and Terzioğlu, 2015).

The addition of spiritual care processes in palliative care services in Turkey began with legislative regulations. For example, the establishment of Patient Communication Units in all public and private health institutions and organizations, the establishment of Patient Rights Boards in the Provincial Health Directorate, and the Duties, Working Procedures and Principles of Patient Rights Boards have been included in the scope of the regulation and rearranged along with the Regulation on the Amendment of the Regulation on Patients Rights, which was issued on 08.05.2014 and numbered 28993 in the Official Gazette and entered into force in Turkey. In Article 12 of this regulation, it is stated that “The necessary measures are taken in accordance with the facilities of health institutions and organizations so that patients can freely fulfill their religious duties. The religious officer who complies with the religious beliefs of patients is invited upon their request to provide patients with religious suggestions and to support them spiritually on condition of not causing disruption in institutional services, not disturbing others and not intervening in the medical treatment organized and carried out by the staff. Appropriate time and place are determined in health institutions and organizations for this”. Similarly, the “Directive on the Procedures and Principles of Palliative Care Services” was put into effect with the acceptance of the authority dated 07/07/2015 and numbered 253.

As a result of the relevant regulations of the Ministry of Health, a protocol on the provision of spiritual care services has been recently signed between the Directorate of Religious Affairs and the Ministry of Health, and pioneering studies have been initiated in the pilot provinces (DİB ile SB Arasında Protokol [Protocol Between DRA and MoH], 2015). Then, based on this protocol, the Directorate of Religious Affairs issued the “Directive on the implementation of spiritual support services in health institutions” with the approval of the Directorate dated 04/05/2017 and 65752239-010.04 -E.12947 (DİB Yönerge [DRA Directive], 2017). The procedures and principles for the staff of the directorate to provide patients and patient relatives in health institutions and hospital personnel, upon their request, with guidance in religious matters, and moral, motivation and spiritual support services are regulated in this directive. In the same directive, having received religious education at the undergraduate level by the spiritual support staff, having successfully completed in-service training within the ministry and directorate, and having graduated or still studying in a postgraduate program in the field of spiritual support are stated as the reasons for preference. In the same directive, the issues such as providing counseling/guidance on religious matters and providing moral, motivation and spiritual support to patients, their relatives and hospital staff, upon their request, in health institutions; providing spiritual support at home, upon request, together with the teams assigned to provide home care services; and performing studies to promote the spiritual support unit to the hospital staff and the public are indicated among the duties of spiritual support specialists (DİB Yönerge [DRA Directive], 2017).

In conclusion, spiritual support services in hospitals in Turkey are conducted under the control of the Directorate of Religious Affairs. The Directorate of Religious Affairs gave information about spiritual care processes in the previously mentioned directive and described many issues such as the facts that spiritual care specialists should get permission from other patients if there is more than one patient in the

same room during room visits; that interviews can be conducted individually or in groups upon request; that the duration of group interviews will not exceed 45 minutes, individual interviews will be planned in accordance with the patient's condition, needs, and expectations, and attention should be paid to ensure that interviews are not conducted too long; and that the listening, understanding and interpretation method will be mainly used during interviews, and spiritual support techniques such as careful listening, intervention when needed, guidance and re-listening, accepting, understanding, encouraging, supporting, giving courage and confidence, analyzing, interpretation, giving information, enlightening, suggesting and advice, questioning, developing empathy will be applied. The spiritual support interview form has been even arranged and issued in this directive (DİB Yönerge, 2017).

### **Conclusion and Recommendations**

In this paper, an attempt to evaluate and summarize the general principles of palliative care and spiritual care, the recommendations of the World Health Organization, and the common approaches in other countries was made. In the light of the findings obtained, it can be said that spiritual care practices in palliative care appear as a fairly new field of application for Turkey. For this reason, it is important that the spiritual care process develops in accordance with the cultural values, national and spiritual sensitivities of the country. Palliative care and spiritual care are the issues that have not been adequately addressed in our country except for the centers providing care only for cancer patients. Indeed, diseases requiring palliative care show a wide variety from cancer to neurological diseases, from advanced organ failures to infections such as AIDS and include patients from all age groups. It is important that there are various books, articles, and publications, especially various congresses on this subject. Furthermore, a spiritual care model specific to Turkey should be developed by examining the foreign samples and by benefiting from the experience of spiritual care practices conducted for Muslims, patients belonging to other religions, and even, patients who do not feel that they belong to a religion. In this case, spiritual care studies will develop much faster and will gain acceptance.

Similarly, the fact that healthcare professionals should be informed and educated on this issue is considered to be very important. Indeed, studies have shown that the majority of nurses are inadequate to meet the emotional and spiritual needs of terminally ill patients and their families (Cherlin et al., 2004; Hopkinson, 2003 and Mok, 2002).

It is also necessary to develop and increase postgraduate-level education for the training of spiritual care specialists in Turkey, to ensure cooperation and coordination between these departments, to officially recognize the spiritual care profession, and to maintain the services under the state control. This is of great importance for the expansion of the service range that people, who need spiritual care or counseling support, especially palliative care which is considered as a human right, can reach it, and for a humanistic life and end of life.

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