



THE INTERSECTION OF
SPIRITUAL CARE &
PALLIATIVE CARE



PALLIATIVE CARE NETWORK

Palliative Care for Everyone, Everywhere

Meet Ibrahim Long,

Chaplain

Please tell us about yourself and your work.

My name is Ibrahim and I am a Muslim spiritual care provider (chaplain). Like many in our field, my educational trajectory has primarily been within religious studies with an increasing focus on counseling and mental health. Most notably, I transitioned into my role as a chaplain while attending the first accredited graduate program in Islamic Chaplaincy at the Hartford Seminary. Shortly thereafter, I completed four units of Clinical Pastoral Education (CPE) and one unit of Pastoral Counseling Education (PCE) while serving as a Spiritual Care Resident at St. Joseph's Healthcare in Hamilton, Ontario. I was fortunate at that time to have the opportunity to serve patients and their family members in medical and psychiatric units.



In this series, the Intersection of Spiritual Care and Palliative Care explores the multinational and multicultural understanding of the intersection of spiritual care and palliative care and the contribution spiritual care can bring to palliative care.



I have now served for over a decade in healthcare, correctional, and post-secondary settings. Presently, I utilize my training and experience as an Islamic Studies Teacher at the Edmonton Islamic Academy; one of the largest Islamic schools in North America. There, I teach and counsel junior high, high school, and sometimes elementary students. I also serve as a Youth Wellness Lead and the first Chaplain for the Islamic Family and Social Services Association (IFSSA). There, I support youth through spiritually-inclusive programming and provide counseling and mentorship for Muslim youth and emerging adults.

Until recently, I also served as a part-time clinical chaplain at two local hospitals here in Edmonton. I still volunteer at times in some clinical work. However, my professional focus has primarily shifted to serving youth and young adults.

Could you define what spirituality is for you?

When it comes to my practice as a caregiver, I act upon an understanding that spirituality is a deeply felt concern within every human being to find meaning in his or her life, actions, and circumstances. For me, spirituality is an essential aspect of our well-being. As humans, we require a degree of meaning-making (and living our life in accordance with that meaning) to experience harmony within ourselves. It is, in fact, our spirituality (however we understand it) that supports us through difficult times, guides us through life's blessings, and leads us to personal growth.

How do you see your spiritual care fit into the medical field of palliative care?

A major aspect of our work with individuals is helping them to process their own emotions, beliefs, and experiences as they relate to their own mortality. This is, of course, highly personal for each person. However, our mere presence as a chaplain is an invitation to self-discovery and a supportive exploration of a patient's emotions and existential concerns. In this sense, we help to ensure and preserve a sacred dignity within the patient and, by implication, a sacred dignity in all human beings.



Could you tell us about one meaningful encounter you had with a patient or a family under your care that highlighted how spiritual care enriches the medical delivery of palliative care?

While on-call, I received a page to visit a patient in a palliative care suite. I was on-site and quickly took an elevator directly to the requesting unit. As soon as the elevator doors opened I heard someone screaming in pain. I was a bit shocked by this as I walked over to the unit clerk and reported that I was a chaplain and was responding to a page. The unit clerk appeared distressed and simply raised her hand, pointing towards the direction of the screaming patient, and said, "Just follow the screams." I was a bit intimidated by this and wondered what I could offer someone in so much distress.

When I arrived at the door of the patient, I saw that his room was full of members of our palliative care team, as well as some members of the patient's family. What was I going to do? I must have only stood there for a second when something strange happened. As everyone turned to look at me in the doorway, the patient saw me and immediately stopped screaming. The immediate change in the patient's demeanor was sudden and unexpected and noticed by everyone in the room.

The patient held out his hand for me to come to him. Quickly, I walked in and held his hand at his bedside. He looked at me as if I was the only person in the room. Then, he said, "Thank you for coming. I did not want to be alone." The fact that he said that he "did not want to be alone" was striking given that he was surrounded by a team of medical personnel. However, I understood immediately, as he would later verify in his words, that he did not want to be the only person of faith in the room.

Whether members of his palliative care team were people of faith or not, did not seem to matter to the patient. He wanted someone expressly there for the sole purpose of spiritual care.

As I continued to hold his hand, he passed on to me some of the wisdom that he felt was necessary for him to say at this time in his life. All the while, the palliative care team stared in astonishment. Thereafter, he thanked me again for being there and mentioned how important it was to have another person of faith with him as he faced death. We then shared a prayer and as I made my way out of the room, I had a feeling like something very special had just happened. At the same time, one of the medical personnel followed me out of the room and stopped me in the hall. She mentioned how astonished she was to witness the patient's dramatic change in demeanor. Her team had done everything they could for his physical pain and were struggling to understand why he was so anxious and upset. I told her how surprised





and moved I was, as well, by this experience and said that it was obvious that the patient's pain had been existential and could only be treated with spiritual care.

Do you think a medical palliative care provider can engage in spiritual care and if so how?

Yes, but only to a certain degree. Like all forms of caregiving, spiritual care requires specialized training and skills to ensure that the best interests of the patient or client are met. The first (and most important step) is simply to understand our own biases and beliefs so that we can ensure that we do not impose them onto those we serve. This takes a lot of time and personal effort.

Non-spiritual care professionals can still receive training in basic spiritual care and counseling skills. In fact, it has been my experience that there are some people who are just naturally inclined towards providing this kind of support. Though there are many others who are unaware of how their own perspectives and biases about religion and spirituality negatively impact those they seek to support. Spiritual care providers are also unique in that they blend spirituality with an awareness of mental health and counseling, which also takes unique training and education.

Given their field of service, it would be important for palliative care providers to receive some training in basic spiritual care. However, like other professionals, it would be important for them to also know when to refer the patient to specialists.



What is the one thing you would like any palliative care provider to know about spiritual care?

You are in a unique position within the medical field; helping individuals as they grapple with their own mortality. What our mortality means for you, and for each person, is uniquely impacted by our own spirituality, beliefs, and unique life and experiences. When spirituality in its various forms is welcomed and inclusively integrated into the care of each patient, it is a reminder that your patient, yourself, and all human beings are more than our physical body. Whether or not you believe in a soul, we are, at least, a living person composed of unique emotions, beliefs, and experiences that are deserving of dignity and respect. As each patient has lived his or her life in accordance with his or her faith (or struggled to do so), a palliative patient should be given the opportunity to integrate his or her faith and spirituality into the last chapter of their life and the palliative care that they receive within it.



Share your thoughts on spiritual care in palliative care.

Contact: Nina Redl at nina_redl@palliativecarenetwork.com



www.palliativecarenetwork.com
Contact: info@palliativecarenetwork.com