The Role of Clergy Through the Eyes of a Hospice and Palliative Care Physician

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About Me
My Training
What led me to hospice and palliative care
My new set of tools

![Diagram showing the transition from curative care to hospice and death and bereavement care over time.](image)

Adapted from:
Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Hospice

- Medicare benefit based on suspected prognosis of 6 months or less
- Provides visits from hospice nurses for education, aide for personal care, social worker for care needs/resources, chaplain, and physician
“Suffering is a state of severe distress associated with events that threaten the intactness of personhood or the interconnected physical, social, spiritual, and psychological aspects of self”
Deconstruction of Suffering

- Minimizing suffering to physical distress
- Avoiding the meaning of patient’s suffering
- Relying too heavily on data and testing
- Forgetting psychosocial, existential, and spiritual aspects of suffering
Total Pain

- Described by Dr. Cicely Saunders
- “Intense suffering frequently experienced by dying patients and their family as they traverse the continuum of living the last months of life, dying, death, and bereavement.”
Maslow’s Hierarchy of Needs

- Physiological
  - Physical issues, i.e., symptoms, function, fluids, nutrition
- Safety
  - Advance care planning, safe environment, promise to not be abandoned, safe death
- Love
  - Social and practical issues, family, community
- Esteem
  - Psychological issues, dignity, self-control
- Self-actualization
  - Meaning, value, spiritual issues

Developmental Tasks of the Dying

- Managing physical symptoms
- Maintaining or renewing a sense of identity
- Maintaining or enhancing relationships
- Obtaining closure to worldly affairs
Dignity

- “The quality or state of being worthy, honored, or esteemed.”
- “Notion of being able to maintain feelings of physical comfort, autonomy, meaning, spiritual comfort, interpersonal connectedness, belonging, and courage in the face of impending death.”
What I need your help with

- Listening
- Challenging
- Re-framing hope
- Prayer
- Reassurance
Spiritual Pain

- National Consensus Project for Quality Palliative Care
- “The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or the sacred.”
Dimensions of Spiritual Need

* Situational Transcendence
  * Seeking hope, purpose, meaning in their current situation
* Moral and Biographical Transcendence
  * Make sense of their life and achieve peace and closure
* Religious Transcendence
  * Religious reconciliation, divine forgiveness, and receiving religious rites and sacraments
It takes a village

- Knowledge
- Active Listening
- Presence
Case 1

- An elderly male who has been cared for at home by his daughter for several years who has become increasingly debilitated and required multiple recent hospital admissions.
- During this hospital stay patient develops respiratory distress after aspirating liquids into his lungs and is transferred to the ICU.
- ICU staff relates to patient’s daughter recommendation to not proceed with intubation due to his poor health and to change code status to DNRCC.
- Daughter agrees with recommendation and Chaplain called for emotional support for the daughter.
- Patient passes shortly after prayer led by Chaplain.
Elderly woman is hospitalized for lethargy and worsening shortness of breath

Found to have end stage heart failure and recommendation has been made by cardiologist to not proceed with any invasive interventions

Husband in agreement with this recommendation however not interested in talking about end of life care because his church has a prayer chain and he is expecting a miracle for his wife
Case 3

- 19 years ago patient was in a care accident and as a result became paraplegic
- When asked about spirituality her husband relates that at the time of her care accident she heard a presence tell her that it would be alright
- She has been diagnosed with a terminal cancer
- Her husband tells me that he is concerned that she may not still feel as if God is with her
A widowed male sees his primary care physician for a new cough and a chest x-ray is ordered showing a lung mass
- Patient wishes to not pursue biopsy or treatment but rather let “nature take its course”
- His PCP enrolls the assistance of a palliative care team
- The social worker assists with getting him Meals on Wheels and assistive devices as he becomes weaker
- The physician meets with the patient to have a discussion regarding prognosis and recommends hospice
- Patient struggling with his declining health and loss of autonomy – wishing he would die saying that he misses his wife and wishes to be reunited with her
- Reveals to the Chaplain that he has regrets from his time in the military and wishes to be forgiven
- Patient able to pass peacefully at the hospice house
Case 5

- Patient in the acute specialty hospital who received a tracheostomy following an episode of respiratory failure
- He had been making progress with weaning from the ventilator but recently had been requiring more time on the ventilator again
- Patient requesting to speak with hospice and to be prescribed dilaudid and ativan
- I met with the patient and his disease severity did not match his request for hospice
- With more questioning he shared that he did not feel encouraged by some of his care team members and he felt as though he was suffering without hope for improvement in his condition. He identified himself as a Buddhist.
- I scheduled medication for pain and insomnia and consulted with the Chaplain regarding the fundamental principles of Buddhism
- Over the following week that patient reported improvement in his sleep and pain. Got a hair cut. In addition he was able to tolerate increasing periods off of the ventilator and he was eventually able to be discharged out of the hospital
References