

# **Spiritual/ existential care of terminal ill patients: How is it documented in a palliative in-patient care unit in Västerås, Sweden**

Course Project for the Nordic Specialist Course in Palliative Medicine 2017-2019

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# Palliative care should meet

- Physical
- Psychological
- Social
- **Spiritual** and **existential**  
needs



# **Spiritual /Existential care**

- Meaning
- Suffering
- Death
- Guilt
- Shame
- Hope
- Despair
- Love
- Family
- Faith/Belief
- Loneliness
- Responsibility
- Forgiveness
- Freedom

# What I did:

- I reviewed 100 medical records of patients who died at the Palliative Care unit in Västerås during 2017 concerning presence of existential /spiritual content.
- I started by date 31 December 2017 and went back in time.
- Each medical record was reviewed 3 month back in time or shorter, depending on how long the patient lived.

# Patient characteristics

Age	
average	74,21
max	96
min	29
median	75,5

Sex	
Female	49
Male	51

Time in ward	Days
average	13,55
max	90
min	1
median	7

Diagnosis	
Cancer	95
Other diagnosis	5

# Results

<b>Conversation</b> <b>sex</b>	<b>Yes</b>	<b>No</b>
Female	23	26
Male	15	36
All	38	62

# Existential /spiritual conversations

Number of patients	Number of conversations	Sum of conversations
21	1	21
11	2	22
5	3	15
1	4	4
38		62

# Who had the existential conversations?

Conversations performed by	Number of conversations
Doctor	34
Nurse	24
Assistant nurse	3
Social worker	1
Deacon	0 (no opportunity to document in the patients records)
	62



# Content of the conversations 1

- Responsibility for the parents
- Sorry she can't bear it any more
- Expresses that she does not have a long time left
- Waiting for death
- Why me?
- Find support in faith
- Can't bear to go any further
- Fear of drinking water can prolong life

# Content of the conversations 2

- Sorry about loneliness
- Thinking about live and death
- Ask how long he should lie in bed like this
- Fear of being alone and abandoned
- Thoughts on the final stages of live what causes anxiety and pain
- Thoughts about death approaching
- Fear of dying
- Concern for the disease and the future

# Content of the conversations 3

- Not afraid to die but afraid of the dying process
- Expresses suffering
- Wish to be able to end his life. Think it is enough now
- Want life to end, tells about his life
- Accept that she will soon die
- Worried that his sons will be sad when he dies
- Wish to talk to the priest about getting things in place
- Think that life is no longer meaningful

# Content of the conversations 4

- Hard to let go of the control, hard to get help from the staff
- Sorry for having to leave the beautiful life on earth
- Feel prepared for death, no fear of death
- Everything feels like a darkness, feel alone, misses his wife
- Feel sad about the fact that life is running out
- Concerns about having to leave his parents and his sister
- Expresses concern over loneliness, tells that she has had a good life
- Feel ready with life, "of something you have to die"

# Conclusion

- The low number of patients who had a documented existential conversation in their medical records can be explained by the fact that the staff do not always document these conversations.
- The staff at the palliative care unit in Västerås need to become more aware when they have spiritual/ existential conversations and how these are documented.

# Thank you!

