A sunset scene with a bright sun low on the horizon, casting a golden glow over a field. Silhouettes of trees and a building are visible in the foreground against the darkening sky.

# Spiritual Care: healing at the end of life

Doug Bridge, palliative care specialist  
CMDFA conference, Brisbane, 14 July 2017

## Rare genetic condition unites an inspirational couple

AMANDA SAUNDERS

It is called 18q minus syndrome, only about 1000 people have it worldwide and it leads to physical and intellectual retardation, ranging from minor to severe.

Because of an incomplete 18th chromosome, Perth man Martin Bridge, 24, and Scot Kathryn McKerracher, 30, have all their lives fought crippling social isolation, physical disabilities and the inescapable knowledge they were "different".

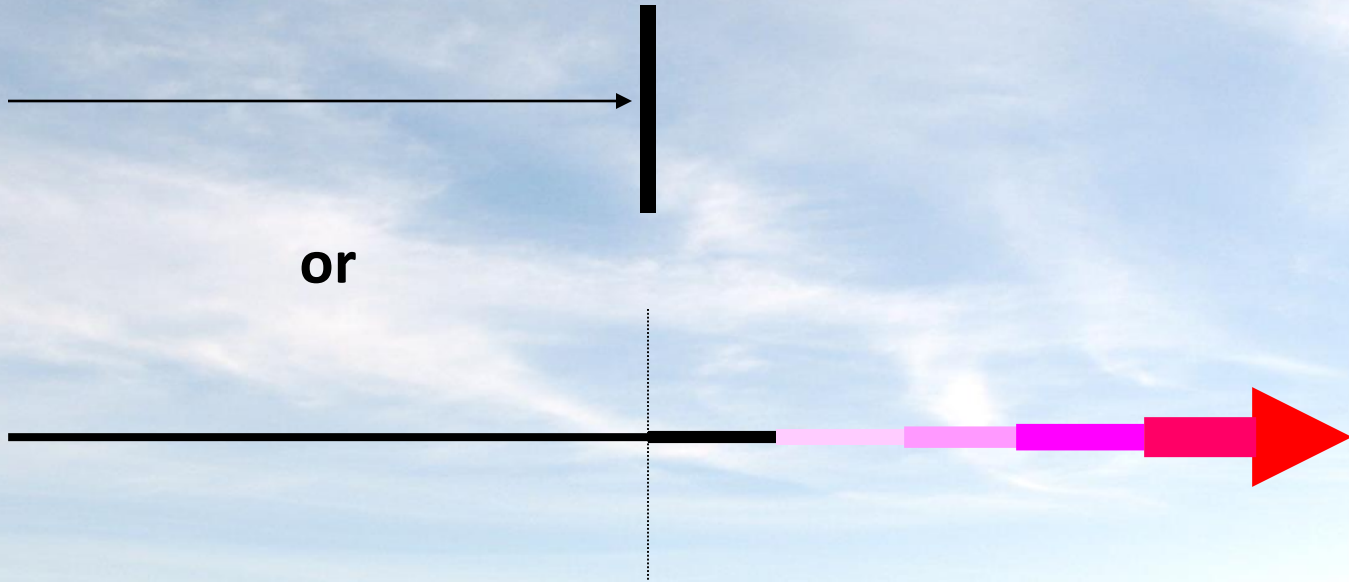
On Thursday they were married in Mt Pleasant, the culmination of a long-distance romance that began on an elevator at an 18q minus conference in Los Angeles three years ago.

When Mr Bridge was three, a Perth geneticist said he would be physically and mentally retarded, probably would not go to school and was unemployable.

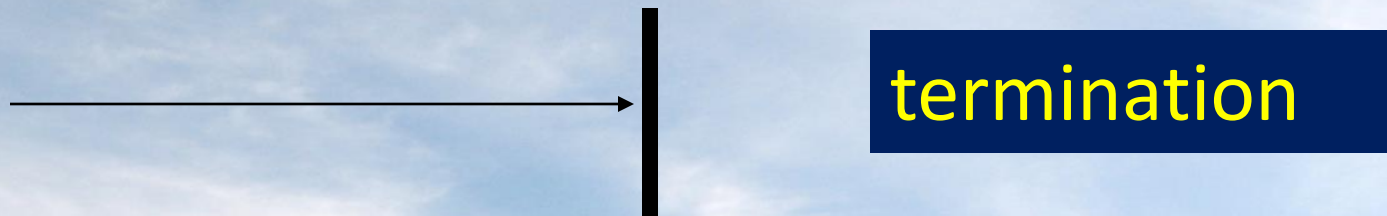
It had taken his parents Doug and Trena two years to obtain a diagnosis for their son, who was an unusually small baby, looked floppy and was slow to learn to walk and talk, because of the limited knowledge about 18q minus syndrome in the 1980s. They were



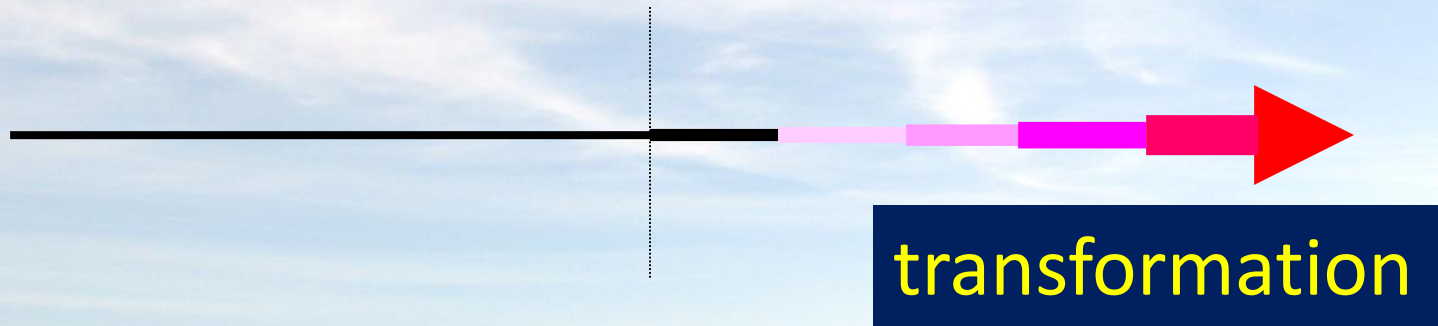
DEATH: the END ?  
... or the BEGINNING ?



DEATH: the END ?  
... or the BEGINNING ?



or





**Aotearoa 2016**  
**Spirituality Workshop for Palliative Care**

**9.30am - 4.30pm Sunday 3 July 2016**  
**Totara Hospice**

**Facilitator: Prof Doug Bridge, palliative care  
physician**



For group discussion

Choose your death: sudden or predictable ?

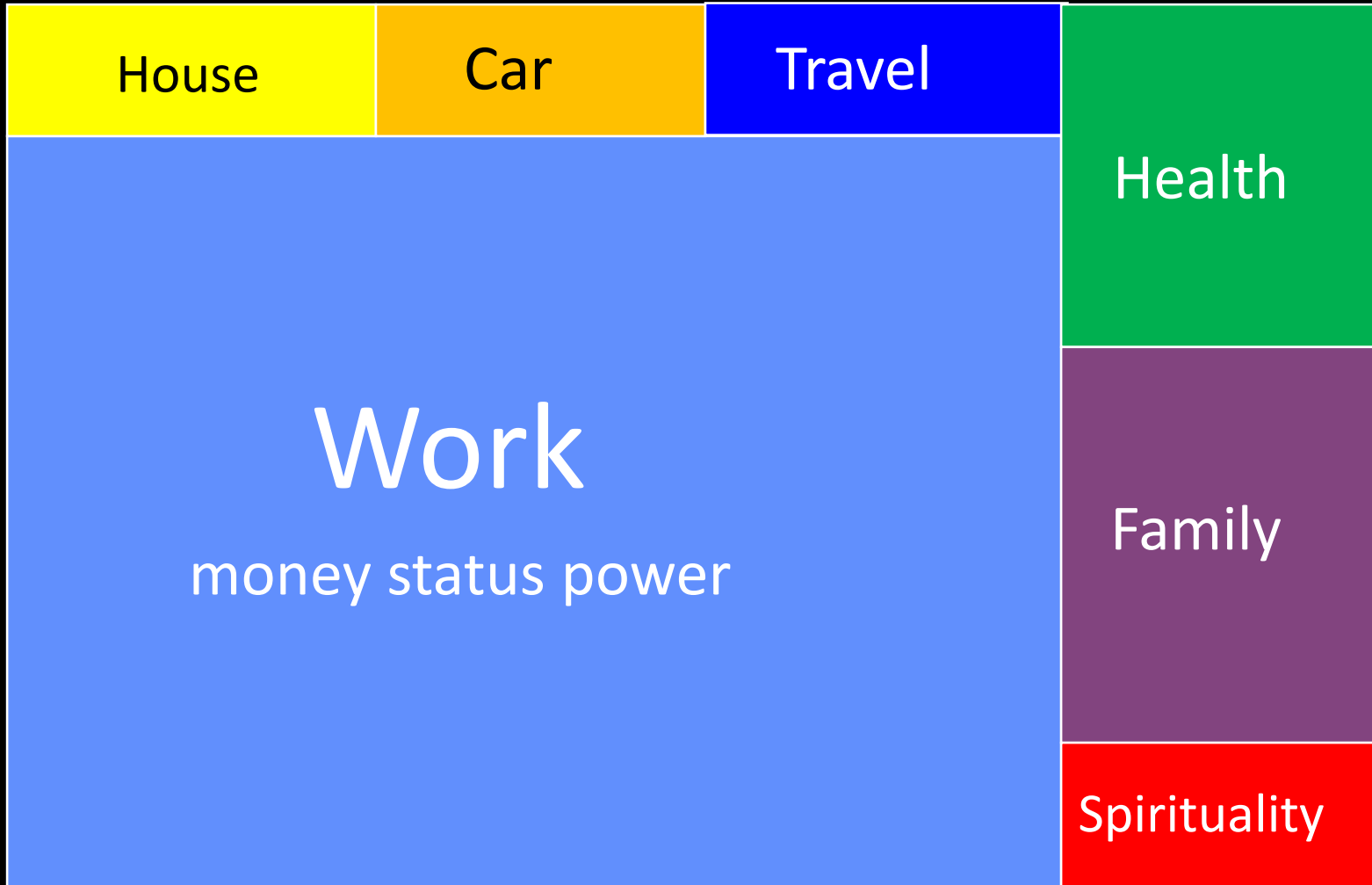
If you could choose the way you will die, would you rather die:

Suddenly, without warning, (eg a cardiac arrhythmia)

or slowly and predictably (eg a cancer)?

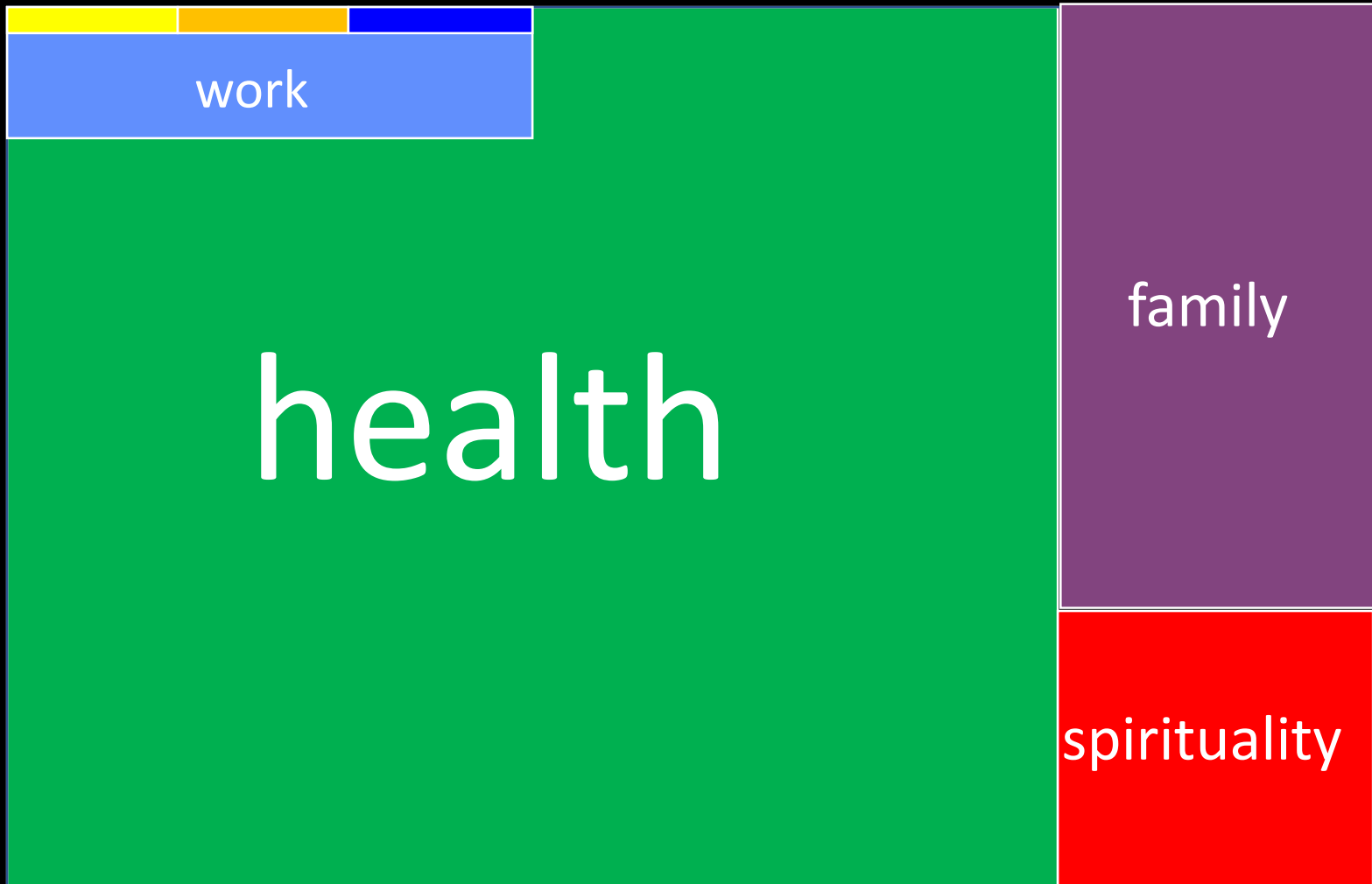
What are the advantages and disadvantages of each ?

# Healthy person's world

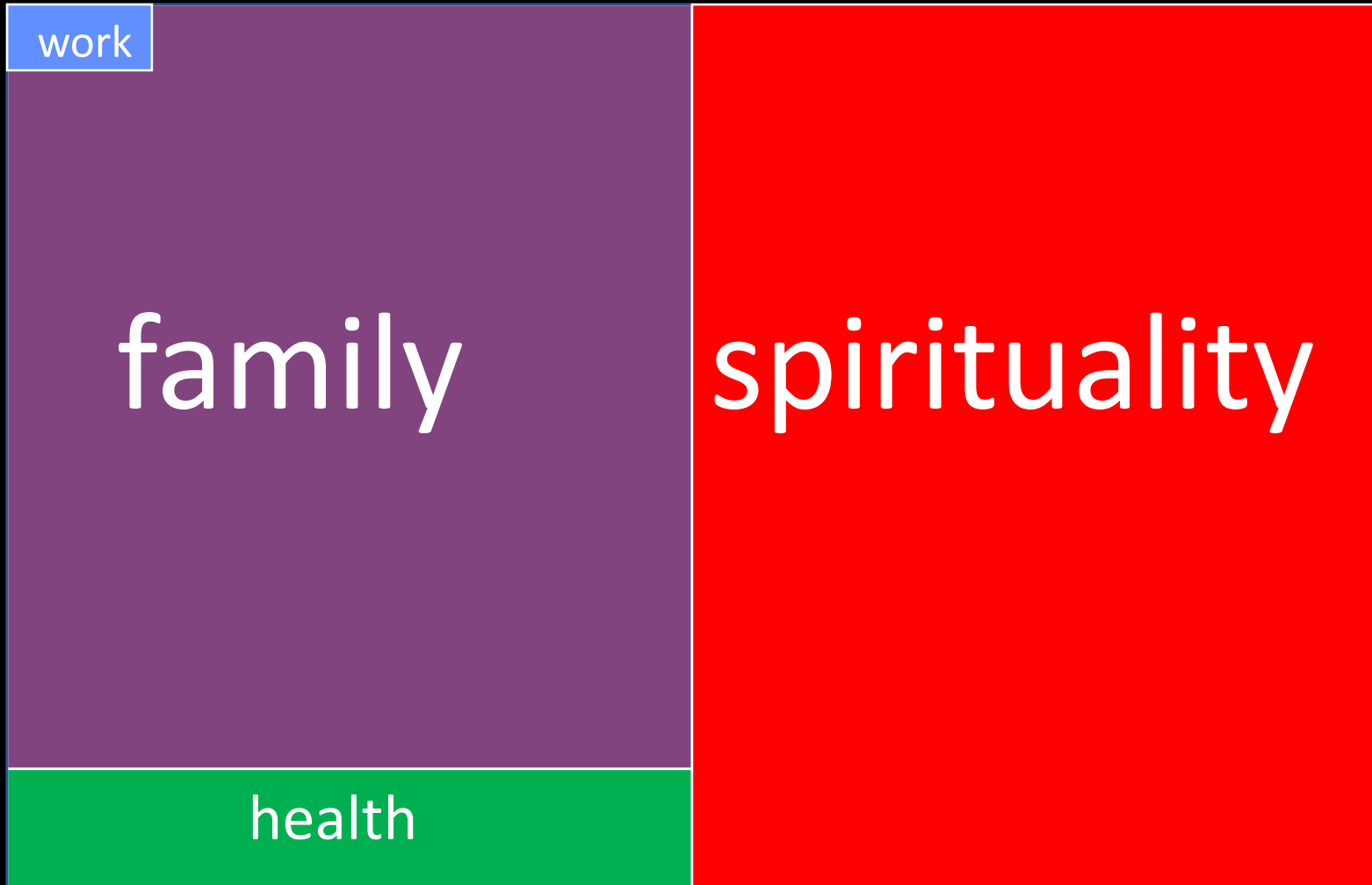




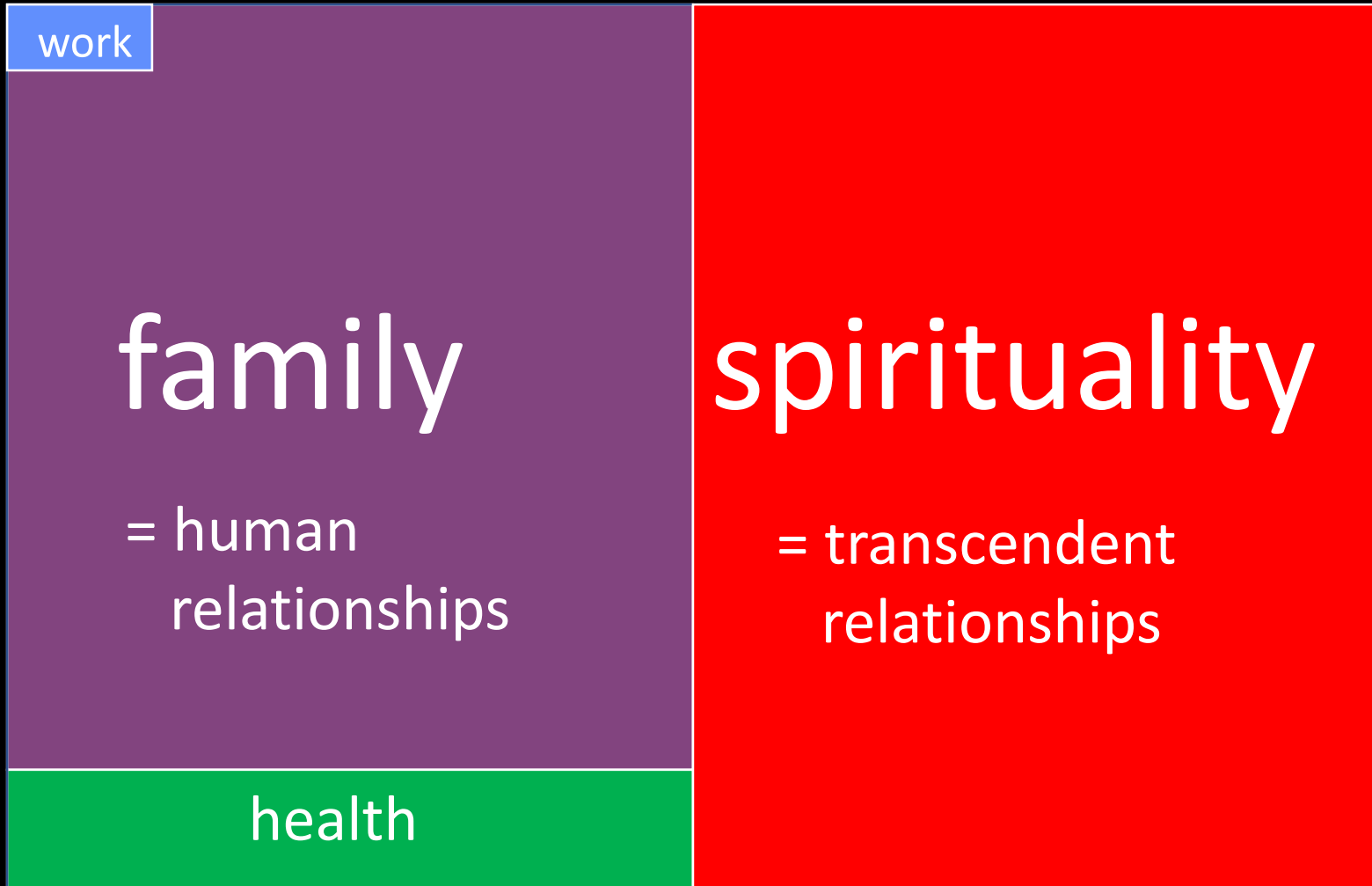
# Sick person's world



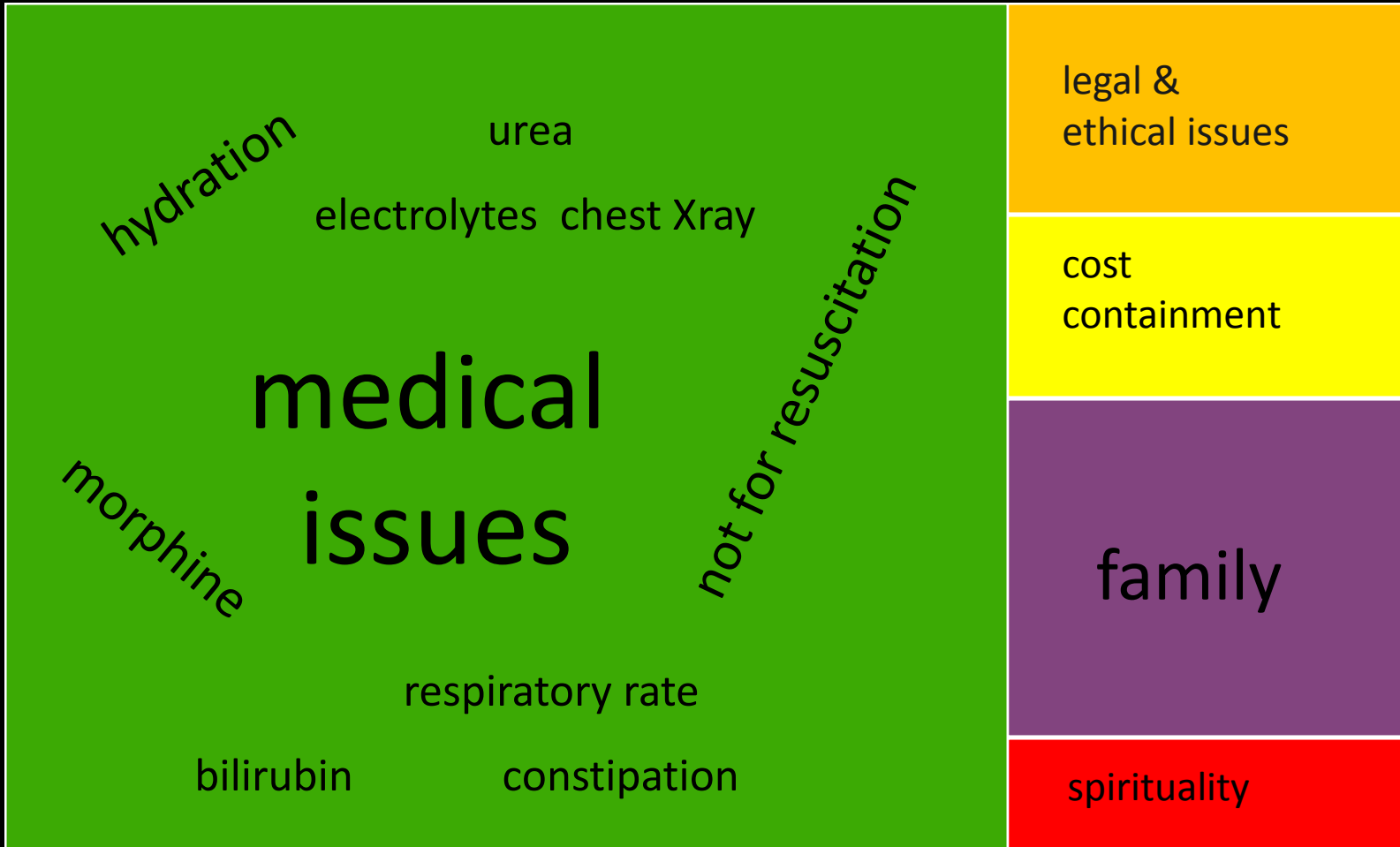
# Dying person's world



# Dying person's world



# Doctor's view of a dying patient



Royal Australasian College Physicians  
Chapter of Palliative Medicine  
Advanced Training Curriculum

DOMAIN 1 MEDICAL EXPERT/CLINICAL DECISION MAKER  
Theme 1.8 Understand the Role of Spirituality in the  
Experience of Patients, Their Families, and Carers  
Learning Objective 1.8.1

*Recognise that spirituality, however expressed, is a key dimension of the human experience and understand how spiritual issues can impact on suffering*

# RACP curriculum

## **Knowledge**

Outline the major religions and other cultural belief systems or forms of spirituality and how they influence the patients' and their families' capacity to deal with suffering, death, and dying

## **Skills**

Apply knowledge of how different belief systems deal with suffering, dying, and death in the care of patients and their families.

# Membership of the RACP Spirituality Training Working Party

Michelle Gold (chair)

Amy Waters (chair of the training committee  
for Palliative Medicine),

Martha Mherekumombe (paediatric palliative  
care specialist)

Melanie Lovell

Deborah Barham (advanced trainee  
representative) NZ

Shamsul Shah NZ

Doug Bridge











## Workshop principles:

- Self-discovery
- Self-awareness
- Self-disclosure *voluntary*
- Listening
- Confidentiality



staring *at the* sun  
*Overcoming the Dread of Death*



IRVIN D. YALOM

Author of the Bestselling *The Gift of Therapy*

## Yalom on learning by self-discovery

“Therapists have always operated under the assumption that **the truth one discovers oneself has far greater power than a truth delivered by others.**”

# Yalom on self-disclosure in therapy

In his book "Staring at the Sun", Yalom describes the importance of self-disclosure in **the creation of a healing relationship.**

“Self-disclosure plays a crucial role in the development of intimacy. Generally, relationships build by **a process of reciprocal self-revelations.** One individual takes the leap and reveals some intimate material, thereby placing himself or herself at risk; the other closes the gap by reciprocating in kind; together, they deepen the relationship via **a spiral of self-revelation”.**



**Australian aboriginal spirituality**

# Western Australian Regions







Karijini National Park.





# DVD: Peter Stream 10 min



For group discussion

What did you learn from this video clip?



Learning from inspiring leaders

Prof Chantal Chou 趙可式博士

Taiwan 台灣





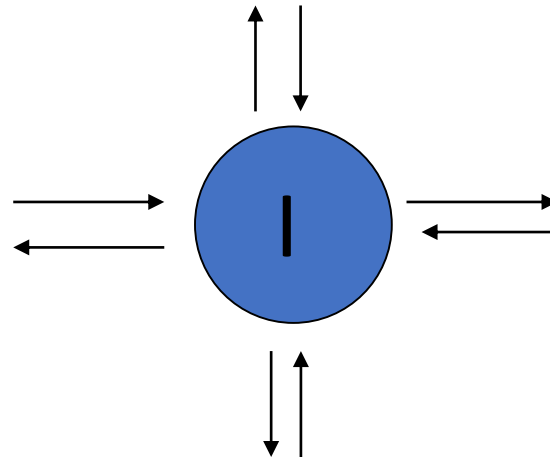
# A model of spirituality in terminally ill patients (Prof Chantal Chao)

## **Communion with a higher being**

faithfulness, hope gratitude

## **Communion with self**

Self-identity,  
wholeness,  
inner peace



## **Communion with others**

Love, reconciliation

## **Communion with nature**

Inspiration from the beauty of  
nature, creativity

Chao CS, Chen CH, Yen M. The essence of spirituality of terminally ill patients. Nurs Res 2002; 10(4): 237-245.

Rev Dr Michael Wright  
UK chaplain, researcher, educator



“Hospices arose in a Christian context

But non-religious patients demonstrate similar needs to their religious counterparts: for **love**, for **meaning**, for **forgiveness** and for **transcendence**”

Spirituality: a developing concept within Palliative Care  
Progress in Palliative Care 2001; 9: 143-148





## Aotearoa 2016

# The Spiritual Dimension of Palliative Care

9.30am - 4.30pm Sunday 3 July 2016, Totara Hospice

Facilitator: Prof Doug Bridge, palliative care physician

## Workshop notes



**See page 4:  
Healing and palliative  
care . . . .**

## Healing - Prof Balfour Mount



Healing is a **relational** process involving movement towards an experience of **integrity and wholeness**, which may be facilitated by a caregiver's interventions but is dependent on an innate potential within the patient. It is not dependent on the presence of, or the capacity for, physical well being. Indeed, **it is possible to die healed.**

Palliative Medicine 2003; 17: 657-658

# Cure or heal?

Diseases can be cured

Suffering persons need healing



# Heal (Oxford dictionary)

cause (a wound, injury, or person) to become sound or healthy again

Old English *hælan* (in the sense 'restore to sound health'), of Germanic origin; related to Dutch *heelen* and German *heilen*, also to [whole](#)



# Whole

## adjective

1 *[attributive]* all of; entire: *he spent the whole day walking she wasn't telling the whole truth*

used to emphasize a large extent or number:  
*disputes on a whole range of issues*

2 **in an unbroken or undamaged state; in one piece**: *owls usually swallow their prey whole*

*[attributive]* with no part removed: *puddings made with whole milk*

***[predic.] healthy: people should be whole in body, mind, and spirit***



Two-way healing:  
patient and health care professional

Balfour Mount

“Such integration would promote healing in both student and patient, for, it would seem that healing begets healing begets healing”

Palliative Medicine 2003; 17: 657-658

# **Relationship-mediated healing**

A powerful 3 minute video clip  
that we will view twice

For group discussion

What did you learn from this video clip?

Have you had similar experiences of remarkable healing with your patients?





# The problem of suffering and evil

Who is this?

Alexandr Solzhenitsyn  
1918-2008

Nobel prize for literature





Alexandr Solzhenitsyn  
and Russian Prime Minister Putin Sept 2000



Soviet prisoners in the Siberian Gulag

## **Reflecting on decades in Siberian prison camps**

Prison causes the profound rebirth of a human being... profound pondering over his own 'I'... Here all the trivia and fuss have decreased.

I have experienced a turning point. Here you hearken to that voice deep inside you...

***Your soul, which formerly was dry, now ripens from suffering...***

And that is why I turn back to the years of my imprisonment and say, sometimes to the astonishment of those about me: "Bless you, *prison!*"...

In prison, both in solitary confinement and outside solitary too, a human being confronts his grief face to face.

# Strength from a wound?



Soren Kierkegaard:

“With the help of the thorn in my foot, I spring higher than anyone with sound feet”

Danish philosopher  
and theologian

1813-1855

For group discussion

In your own life, can you identify a period of intense suffering for which you are now grateful?

Are you now able to say “bless you, suffering?”

If you feel comfortable, share with your group.