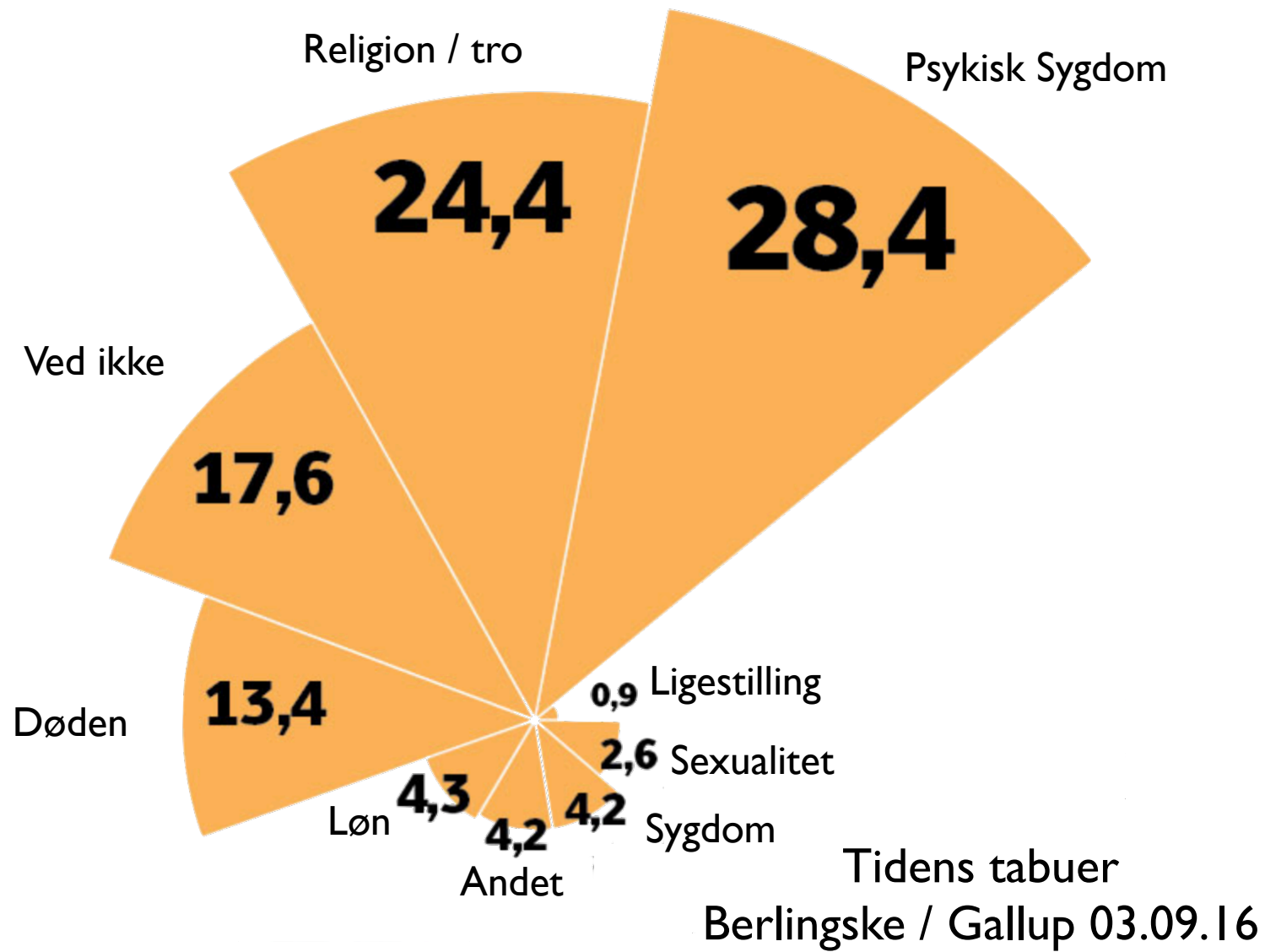
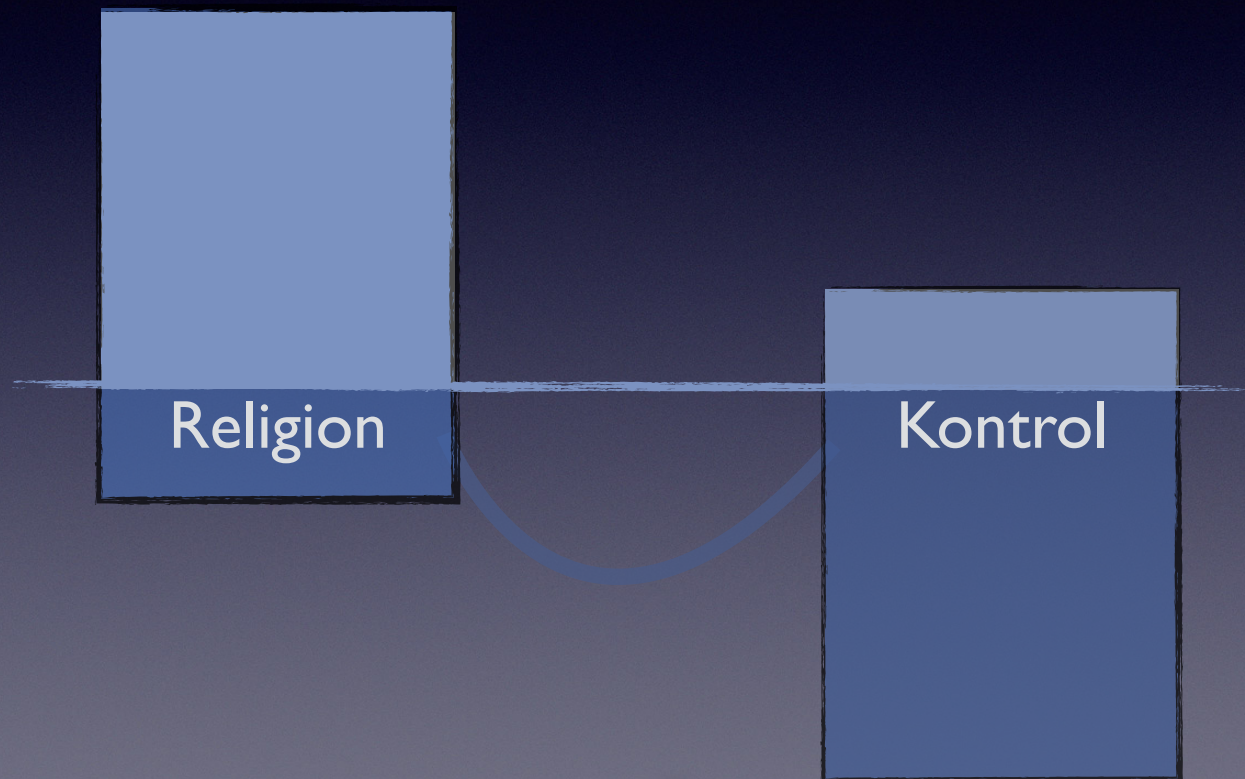




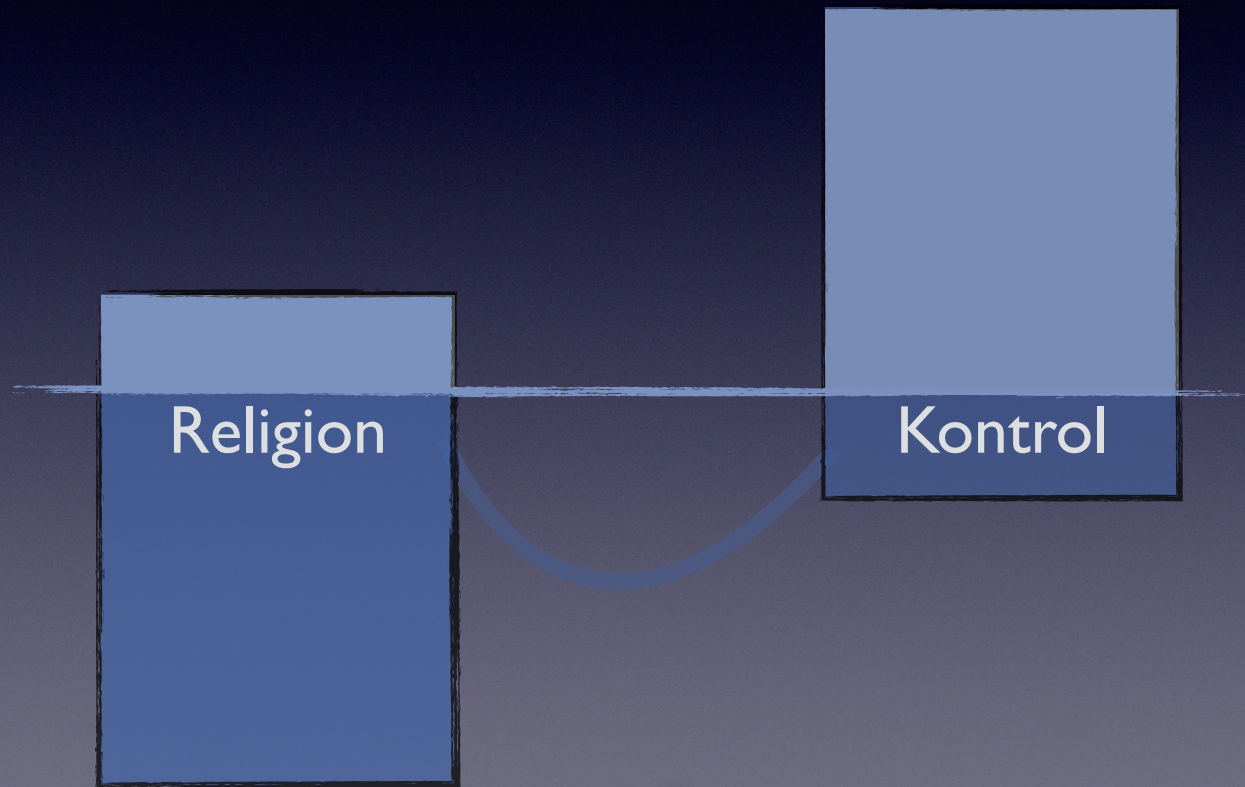
Palliativ indsats fokuserer på døendes eksistentielle og åndelige behov



Forbundne kar: Kontrol og religiøsitet



Forbundne kar: Kontrol og religiøsitet



Danmark sekulært!

Så hvorfor åndelig omsorg i Danmark?!

To svar herpå:

1. Danmark er sekulært - derfor er der intet behov for åndelig omsorg!
2. Danmark er sekulært - derfor er der stort behov for åndelig omsorg!

Mange patienter er alene med deres eksistentielle og åndelige problemer



Fysisk smerte

Symptomer
Træthed, etc

Social smerte

Relationer til familie
Arbejdsliv
Finansielle problemer

Smerte

Psykisk smerte

Sorg, depression
Angst, vrede
Tilpasningsproblemer

Åndelig smerte

Eksistentielle forhold
Mening med liv og lidelse
Trosspørgsmål

Åndelig smerte

Eksistensielle forhold

Mening med liv og lidelse

Trosspørgsmål

WHO's definition af palliativ indsats, 2005/2012

Den palliative indsats ... integrerer omsorgens psykologiske og åndelige aspekter.





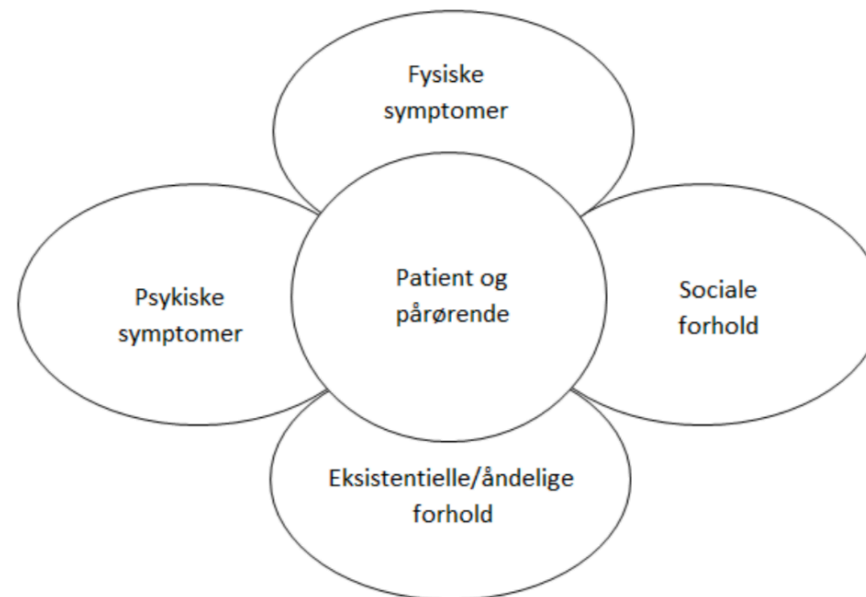
SUNDHEDSSTYRELSEN

Anbefalinger for den palliative indsats

4.1 Den helhedsorienterede palliative indsats

Den palliative indsats tager udgangspunkt i et helhedsperspektiv på patientens og de pårørendes behov og problemer i forbindelse med livstruende sygdom. Dette kan illustreres i nedenstående figur 2.

Figur 2: Palliative behov hos patienter med livstruende sygdomme og deres pårørende



A national evidence based guideline for spiritual care

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Background

Despite increasingly robust research into the **spiritual dimension of palliative care**, many caregivers are still uncertain **how to give good care** in this area.

In the Netherlands, a guideline on existential crisis (2006) and spiritual care (2010) had been published, with limited use in practice. In 2016 the development of a **national evidence based guideline** spiritual care for physicians and nurses was undertaken in order **to improve the delivery of spiritual care**.

Methods

Initiated by the Comprehensive Cancer Centre the Netherlands (IKNL) a **writing group** consisting of health care professionals, volunteers and patient advocates with mandates from **different organizations** (n=11) was formed.

A **survey on the functioning of an existing consensus based guideline** was conducted among professionals (n=171) and patients (n=103).

48% of the **professionals** never or almost never used the guideline in practice, and 19% used the guideline often to very often.

Top three of **problems reported by the patients** were:

Results I

An **evidence based guideline on spiritual care in palliative care** consisting of 14 questions with answers with different levels of evidence, authorized by a number of professional organizations:

- 1) When is attention for existential meaning/spirituality needed?
- 2) How can I recognize questions and/or needs in the domain of spirituality?
- 3) How does a spiritual process come into existence and how does it develop?
- 4) How can a spiritual crisis be recognized?
- 5) How to deal with hope in patients in the palliative phase?
- 6) How can I have a conversation about spirituality?
- 7) What is the role of the physicians and nurses compared to specialized care givers in the domain of spirituality?
- 8) What conversation tools can be used in order to explore the spiritual dimension?
- 9) What is the effect of interventions aimed at spirituality on the quality of life of patients in the palliative phase?