

## PALLIATIVE CARE : A THEOLOGICAL FOUNDATION

### THE SPIRITUAL DIMENSION OF PALLIATIVE CARE IN THE LOCAL CHRISTIAN COMMUNITY

**George Beuken**

*Abstract: In the last of his four part exploration of a theological foundation for palliative care, the author, writing from a Roman Catholic perspective, considers the place of the local Christian community in the holistic care of the sick. The Christian community plays a vital role in such care, and needs to be equipped to fulfil this calling by the establishment of pastoral care teams. The 'body of Christ' cares for its members, and such care extends beyond the care of the terminally ill to encompass the care of the bereaved. Through such attention to emotional and spiritual need, the Christian community bears witness to the continuing compassion of Christ.*

*Key Words: Holistic; palliative care; pastoral care; spirituality; bereavement care; befriending.*

#### Introduction

From a Roman Catholic perspective, medical ethics has to do with a healing process by which the community respects the dignity of every human person in all its dimensions and the sick person is restored to the fullness of life in community. It is not to do with certain rules about forbidden procedures. Ethical behaviour fosters the deepest sharing of communal life centred in the Trinity. This ethical vision with its perception of the true scale of values is summed up and expressed in the sacraments, especially in the Eucharist. The sacraments represent for us the way in which Jesus, in love, interacted with sick people.

#### Holistic Care and the Local Christian Community

The National Health Service in the Patient's Charter (1991) outlines The World Health Organisation's declaration of health:

*"...Health ... which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right..."*

This definition of health presumes a holistic approach to health and health care. The basic components of holistic care include: respect for other people's privacy, dignity and sensitivity; good communication both in language and style; appreciation of an individual's spiritual as well as physical needs; an understanding of family and cultural needs; a demonstrable acceptance of other people's beliefs and practices.

Hospitals today do not encourage long stays unless absolutely necessary. This means that for most patients the contact with pastoral care is brief. Hence it must be focused on assuring the patient that God through the Christian community is at their side in a difficult moment and that when they leave hospital it will still be concerned and available to help. The praxis for the pastoral care of the long term sick or the terminally ill has become the local Christian community.

It is therefore of primary importance if the "Body of Christ" is to care for itself, that there be an appropriately trained pastoral care team for the effective pas-

toral and palliative care of the sick and dying, in order to provide the continuity of care in depth.

In recent times the Scottish Bishop's Conference, in response to the challenge of HIV/AIDS, issued the following statement:

*"All Christians are called to share in the Church's ministry to the sick as a sign of Christ's continuing compassion. Christian faith and our heritage of compassion from Jesus Christ compels us to take up this challenge... Our concern for the sick must be clearly expressed with parish communities. We are calling on every parish to be aware of possible needs and if necessary to set up support groups to offer time and practical help to AIDS sufferers. Such compassion should be extended to the families of AIDS victims and especially in bereavement".*

This welcome pastoral guidance from the Bishop's Conference of Scotland can be seen as a blue print for the pastoral care of all sick and terminally ill people, not to be held exclusively for the care of AIDS sufferers and their families.

### **The Expression of Christ's Compassion: a calling for all**

It would seem to be clear that as the Church is the Sacrament of Jesus Christ, then the context and the praxis for the pastoral care of all sick and the palliative care of the dying is the Christian Community and its activity. The Church, the people of God, the "Body of Christ", is the sign of Christ's continuing compassion in the world. This compassion is expressed in the sacramental ministry of the Anointing of the Sick, and in the ongoing compassionate love expressed in the palliative care of our sisters and brothers. When we volunteer to help our neighbour who is in need or who is sick, we are privileged to meet Christ in that work. Christ in turn will not be outdone by our generosity as we hear in St. Matthew's Gospel:

*"Come you whom my Father has blessed, take for your heritage the kingdom prepared for you since the foundation of the world...I was sick and you visited me...When did we see you sick and go to see you? I tell you solemnly when you did this to the least of these brothers of mine, you did it to me."*  
(Matthew 25:34-40)

It should also be remembered, that deacons and lay ministers, although they cannot give sacramental absolution, can truly help a sick person to conversion and reconciliation with God and neighbour in an efficacious way. This is no way proposing a revival of the "confession to a layman" which was common in the Middle Ages when a priest was not available, but emphasizing that today in pastoral counselling such confession often takes place spontaneously. When it does deacons and lay ministers should help such patients make an act of contrition and then encourage them to have a priest hear their confession when it becomes possible. Patients should be assured that here and now the mercy of God is truly present in prayer and with this trust in God's mercy they should be at peace. The reason for confession later is to ratify and complete by the public acknowledgement of the priest as a representative of the Church a conversion that has already taken place. There is no reason for non-ordained ministers to believe that because they are not ordained, they cannot help patients achieve this reconciliation here and now.

As sickness dying and death become more clinical and sanitized in our society, it is essential that we do not lose sight of the human person, sadly, often described by the condition that he or she suffers from. We must always remember that dying people are actually living people, men and women living out whatever time is left to them with a desperate urgency.

### **A continuing journey: Ministry to the bereaved**

Experience has shown that ministry to bereaved people is much more effective if that ministry is seen as a natural follow on to the pastoral care of the sick. In this situation trust has already been established between the pastoral minister and the bereaved family. The minister is often seen as a vital connection between the family and the deceased, more importantly the minister has journeyed through the experience with them; honest communication in this situation is much more easily achieved. It is desirable therefore, that those who undertake the ministry of the pastoral care of the sick, undergo bereavement befriending training, equipping them for this important work.

In Matthew's Gospel Jesus is buried in Joseph of Arimathea's tomb. Joseph rolled away a huge stone across the entrance to the tomb and went away. "Mary Magdalene and the other Mary were there, sitting opposite the tomb" (Mt.27:61). Mary Magdalene waits, she who stood by and witnessed his death, is the first to witness the resurrection. Her compassion is rewarded with rejoicing and meeting that is beyond hope. To be compassionate opens us up for resurrection: to suffer and die in Christ is one day to rise with him and share his glory. This is our faith, this is our hope, this is our love for one another, especially for those who suffer and die amid the world's indifference, insensitivity, and lack of compassion.

### Some conclusions

There is a need for care in the "spiritual dimension" for all terminally ill people.

While the benefits of 'specialist palliative care' and multi-disciplinary working are widely acknowledged within the hospice movement we are challenged as to how we might provide an equitable standard of care for all.

The 'Guidelines for Chaplaincy and Spiritual Care in The NHS in Scotland' provide the blueprint for the ongoing development of 'Spiritual Care Services' and emphasize the important role adequately trained volunteers can play in the delivery of effective spiritual care. However, the challenge remains as to how we adequately and appropriately meet the

spiritual care needs of the many terminally ill people who are cared for at home.

As Christians sharing in the priesthood of Jesus Christ we have a certain obligation to ensure that this need is adequately met. A "good death" can be achieved when the dying person is relieved not only of their physical pain but also of their emotional pain and relief of emotional pain is somewhat achievable through good honest and open communication with others and God.

At a time when the human resources of the Christian Churches are stretched to the limit and the demands on parish priests and ministers are overwhelming, we need to look again at the role and ministry of the lay faithful within the Church. Ministry is not and should not be the sole prerogative of the ordained minister. Each and every parish has a responsibility to recruit and train a pastoral care team for the effective spiritual care of the sick, dying and bereaved. Thus fully realizing the Church's nature as the Sacrament of Jesus Christ.

### References

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*George Beuken is Pastoral & Spiritual Director at St. Andrew's Hospice, Airdrie.*