Appendix A

Better Spiritual Care: Facing Death and Finding Hope
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Working on a daily basis with severely ill and dying patients can exact a considerable emotional toll on health care professionals. Continual confrontation with death and dying makes us acutely aware of our own mortality. If we cannot come to terms with this, we will not be able to give our patients what they most urgently need: the feeling that they will not be abandoned, no matter what happens or how they behave. This is easier said than done, since dying patients are extremely receptive to non-verbal communication and will immediately spot inconsistencies and hidden fears on the professional’s side. The necessary prerequisite to any meaningful work in end-of-life care is, therefore, for the professional to come to terms with his/her own mortality and to develop an attitude of unconditional acceptance of the patient. This is hard work, and requires a thorough review of our attitude towards death, life, and the sense of our existence. It is all, in essence, about taking good spiritual care of ourselves before we go out and try to help others. Dr. Sheila Cassidy, author of Sharing The Darkness: The Spirituality of Caring, asks: “If I do not love myself, how can I be of any help to others?” Sorting out personal problems in advance, if necessary with the help of a psychotherapist, is vital to the quality of our work in end-of-life care, as is regular supervision of the whole team.

If this preparatory work is not done, severe burnout syndromes are usually the result. If it is however, caring for the dying can be one of the most gratifying experiences in our lives. The title of Christine Longaker’s beautiful book, Facing Death and Finding Hope, is as much about the patients as it is about the professionals caring for them. There is nothing as intimate as dying, yet our patients are willing to share it with us in exchange for our presence and care. In return, we receive the most precious of gifts: the chance to discern, every day anew, what really matters in our lives. Dr. Cassidy puts it quite plainly: “The older I get, the less I know except that what really matters is loving.” She is not talking about her private life, but about her work in palliative care, and she explains how to do it: “At heart, professional loving is about competence, empathy, and communication.” These are indeed the cornerstones of end-of-life care, a job that can be a nightmare or the greatest of privileges, depending on how we prepare ourselves for it.

References
