The use of pastoral and spiritual support in bereavement care

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For many people, the death of a loved one can result in feelings of shock, numbness or denial, even though they may have been expecting it for some time. Pastoral and spiritual care is a vital part of an authentic, holistic health care service. Nurses need to be aware of the needs of relatives and friends of the deceased and understand their role in practical matters such as death certificates, cremation forms and last offices.

Access to support
When a patient dies it can often be an extremely emotional and painful time for those who remain. Collick (1986) described death as a crisis for both the dying and the living, for which they are usually wholly unprepared. For many, even though they may have been expecting it for some time, the death can result in feelings of shock, numbness or denial. For others, the feelings may be of anger and rage, deep sadness or relief. Each person’s grief is unique and should be respected.

Health care professionals need to be sensitive to each individual’s needs, providing a comforting and supportive environment in which the bereaved can grieve and say their farewells. The relatives and friends of the deceased are entitled to receive appropriate, effective, sensitive and efficient care for themselves and for their dead loved one. Such care at this time can aid the long-term grieving process. Access to the department of pastoral and spiritual care can provide support in this important area.

Pastoral and spiritual care department
The pastoral and spiritual care department at United Lincolnshire Hospitals NHS Trust has three key areas of responsibility: pastoral, spiritual and bereavement care. This responsibility encompasses patients, their relatives and friends, as well as trust staff, whatever their belief, faith, religion or view. Pastoral and spiritual care is a vital part of an authentic, holistic health care service. People need to find meaning or purpose in their life experiences, and be able to express their fears and anxieties when they face illness, bereavement or death.

The department supports people as they face these doubts and fears, which are often brought into sharp focus at a time of illness or other crisis. The department should work with and complement the contributions of other teams involved in patient care. Health care professionals work in a stressful environment. They also require somewhere to offload in a confidential, independent setting. Again, this is the department’s responsibility.

Education and training is an important part of the chaplains’ role. They can provide formal and informal teaching sessions on spirituality, religion, culture, ethics, multi-faiths and bereavement care.

Staff members within the department of pastoral and spiritual care are part of the hospital therapeutic team, and they are concerned with people’s total well-being, not just the religious side. They are available to offer support and comfort with sensitivity and understanding.

Patients of faiths other than Christianity may wish to see a representative of their own faith and the department can arrange this, if requested. Staff should bear in mind that people of faiths other than Christianity are often also pleased to be visited by one of the trust’s Christian chaplains. The chaplains have a wealth of experience with ethnic groups. They can offer help and advice on their care: the chaplains’ activities within the health care setting are varied (Box 1).

Care of the deceased
Deceased patients should always be treated with dignity and respect. The last offices should be carried out in accordance with good nursing practice and the procedures of the individual trust.

From the nurse’s point of view, care of the deceased can offer a point of closure in her or his relationship with a patient and is the ‘last thing’ that she or he can do for the patient (Cooke, 2000). It is important that full consideration is given to all the spiritual, cultural and pastoral needs of the patients and their relatives and friends, especially when a death has occurred.

It should be remembered that, while guidelines on religious customs and practices are important, people as individuals will vary in their preferences and in their adherence to their chosen faith.

Therefore, it is important to consult the patient’s relatives regarding the wishes of the deceased patient (Cooke, 2000). As far as it is possible, these wishes should be complied with.

The bereaved
For the relatives and friends of the deceased, gentle affirmation of the reality of the death, avoiding euphemisms, is important at this stage. This is to help the bereaved in the first task of mourning, which is to accept the reality of the loss (Worden, 1991).
Privacy and dignity
Relatives and friends of the deceased are entitled to be treated with dignity and respect at all times. They should be given as much privacy as possible and, if the deceased is in a single room, a 'Do not disturb' notice should be placed on the door. A nurse should offer to remain with the relatives should her or his support be required, and the bereaved should be offered the support and ministry of a hospital chaplain or appropriate faith leader. It is also extremely important that the relatives are given, if they wish, the opportunity to discuss the death in private with a health care professional.

If relatives are present at the time of the person's death, they should be allowed to stay with the deceased for a reasonable period of time before the last offices commence. Relatives or carers may appreciate being given the opportunity to assist in the washing and preparing of the body (Sheldon, 1997), and this personal involvement can provide a positive and powerful memory for those who grieve.

Viewing the body
After the last offices have been completed, relatives may value some further time to sit with the deceased before the body is transferred to the mortuary. Viewing of the body can be especially valued by relatives who were not present at the death, but the mortuary staff will need to be informed if viewing is requested – this is to allow them time to prepare the body and transfer it to the chapel of rest. Understandably, this can be a very upsetting time for all the family members concerned, and relatives and friends will need preparation and sensitive support.

It is good practice for relatives and friends to be asked to sit in the waiting area outside the chapel before a viewing, so the attending nurse or staff member can check that the correct body has been prepared and that the deceased looks presentable. Unnecessarily adding to the distress of those who have come to view the deceased is to be avoided.

If a body bag has been used, it should be opened with caution and discreetly folded back to facilitate viewing. Those viewing the deceased will require preparation and a careful, sensitive explanation as to why the body bag has been used.

Help with making arrangements
At distressing times it is very difficult to absorb information that is given to you. Following a death, the bereaved can be faced with a whole range of things they need to do, people they need to see and arrangements they must make. To assist them, written information should be given before they leave the hospital.

When the relatives are ready to leave the hospital, it is essential that staff ensure the bereaved have a safe means of returning home. Leaving their loved one behind can be very difficult for the relatives and friends of the deceased, and they may need help in order to do this. However, care should be taken to avoid rushing them at a significant and sensitive time (Wright, 1996).

Practical matters
Death certificates and cremation forms need to be signed by medical staff who have seen the patient before death. In some cases, such as death within the first 24 hours of admission to hospital, deaths will need to be reported to the coroner. In these cases, the death certificate should not be given to the relatives without the authority of the coroner. If there are unanswered questions that need to be addressed, the next of kin may be asked for permission to hold a post mortem. Only the next of kin may give permission for the examination when the coroner is not involved. In these cases, all cannulas and dressings should be left in situ as they may help to establish the cause of death.

Trust procedures regarding the handover of a patient's property and money should be followed carefully. Consideration should be given to individual relatives' needs and access to transport for collecting property.

If possible, the necessary papers should be given to relatives at the time of death, to avoid the need for additional visits to the hospital. If it is necessary for the relatives to return, then everything should be available when they call back. If this is not going to be possible, then a telephone call should be made making a new appointment, with an explanation as to why this is necessary.

Conclusion
Pastoral and spiritual care is a vital part of an authentic, holistic health care service. Nurses need to be aware of the needs of relatives and friends of the deceased and understand their role in death certificates, cremation forms and last offices. They should also know how to liaise with their department of pastoral and spiritual care. This department is able to provide additional expert support for the spiritual, cultural and pastoral needs of the patients and their relatives and friends, especially when a death has occurred.

BOX 1. ACTIVITIES OF THE PASTORAL AND SPIRITUAL CARE DEPARTMENT

● Chaplains are people of faith who are available for patients, relatives, visitors and staff
● They offer a reminder of the spiritual dimension of illness and death
● They endeavour to ensure that the spiritual and cultural needs of people from all religious and ethnic backgrounds are met
● They provide confidential spiritual and pastoral care
● They provide religious worship, ritual and sacrament when required
● They are a resource for the multidisciplinary health team

REFERENCES

This article has been double-blind peer-reviewed. For related articles on this subject and links to relevant websites see www.nursingtimes.net