Spiritual care in Brazil: challenges and possibilities of integrating spirituality into patient care[1]

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The first three presentations addressed spiritual care within the European reality, in a medical and nursing perspective. Talking about spiritual care in Brazil means to approach this subject from a "marginal" perspective, since, compared to Europe and USA, this reflection is still in its infancy in Brazil, despite being a very religious country.

The Greeks used two words to define life: *zoe* and *bios*. *Zoe* refers to life as the simple fact of existing, the living that is common to all living beings: plants, animals and humans. Agamben (2007, p. 9) calls this simple fact of existing as "bare life" (or "naked life"). *Bios* refers to the qualified life, the ways of existence of living beings. When we talk about spiritual care, we are talking about the bridge between *zoe* and *bios*. There are many people who stay in a state of "bare life" because they lack the most diverse types of care, including, spiritual care, which allows the passage of a state of mere existence - of bare life - to *bios*, the form of qualified life, developed in its potential to exist. Ironically, when the "bio-medical" perspective comes into play in health care, it deals with life in a reductionist mode, in which concerns are about the power to "make" live (or let die), about the '*zoe*' nature of human existence, since its focus is reduced to diagnosis and treatment of symptoms (and elimination) of diseases.

In the 70s, sensitive to the ways of life on the planet, Potter (1971) proposed a reflection on the development of science and technology and its impact on the survival of planetary life. That's when he outlined bioethics as a bridge to the future, as a science of human survival. Therefore, having the bioethics bridge as a backdrop, I will present the spiritual care in Brazil. In this sense, despite the fact that the reflections have been born in a marginal place, the invitation is that the perception of gaps (not only in Brazil, but in various other places) encourages us to think about strategies for building bridges together. So I suggest that in this brief reflection we think about the construction of 4 bridges – as I discuss below:

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1. The bridge between scientific knowledge, professional training and the human needs of holistic care

The first study that addresses "spiritual assistance" in the context of health was of Benko and Silva in 1996. The authors conducted an empirical survey with 24 teachers of a large nursing school in Brazil and concluded that there was not only a lack of clarity on the notions of spirituality, religiosity and spiritual assistance, but also, from the 79.1% of teachers who declared to address these issues in their disciplines, none of them provided a formal time to do so, leading the authors to believe that the matter was addressed in an unsystematic way and may not equip the student (BENKO and SILVA, 1996, p. 82). This reality has barely changed since then. However, there have been more studies pointing this gap, as shown in research both in the field of nursing (MESQUITA et al., 2014; SOUZA, MAFTUM & MAZZA, 2009; ESPINHA et al. 2013; BENKO & SILVA, 1996) and in medicine and bioethics.

Later, in 2005, two authors of bioethics, discussing the issues of palliative care, wrote about the need to implement the holistic care approach, integrating the dimension of spirituality in healthcare practices (PESSINI & BERTACHINI, 2005).

In 2009, Silvia Caldeira published a theoretical essay on prayer as a practice of care in nursing. For the first time, a spiritual care conception emerges in the literature in Portuguese. For Caldeira (2009), one of the reasons for the neglect in providing spiritual care is the recognition of such activity as a specific task of hospital chaplains.

Noteworthy is the fact that the subject began to be studied and used in this way from 2009 onwards, mainly in the nursing field, although empirical studies do not show a clear definition of the term (with the exception of the theoretical essay cited above). In medicine, the discussions and research about the "integration of spirituality in patient care" began in 2007. Both in medicine and nursing, the conclusions are basically the same: there is a gap in the training of professionals when it comes to spiritual care. Students feel unprepared for their integration into clinical practice and professors also feel unprepared to discuss these issues with their students.

Researchers are unanimous in their perception that there is a gap between the desire of patients on this subject and medical conduct.

Also in relation to scientific knowledge produced in the academy, there is a gap between the sciences dealing with care. There is a tendency of medical sciences, nursing, psychology, chaplaincy, looking at the patient only from their own perspective. This is not to deny the specificity of each area, but to recognize that there is a potential in the interdisciplinary dialogue for the construction of a singular care practice, impossible to be built outside of this place. In other words, spiritual care calls for building a bridge between disciplines aiming at a better provision of patient care.

2. A bridge between the academy and the periphery

In relation to what could be considered "spiritual care experts", namely, hospital chaplains, there are few specialized courses (lato sensu) in spiritual care in Brazil. There is no training in Clinical Pastoral Education such as those existing in Europe

and USA. Chaplains hired by hospitals to perform the spiritual care service are rare. A significant number of chaplains are unpaid. However, spiritual assistance to people in Brazilian hospitals is ensured by the Federal Law 9982 of July 14, 2000, and held by many volunteers, religious people, pastors and clergy who are often contacted by hospitals to provide spiritual care to patients who request for it or to whom it is offered by nurses who are sensitive to patient needs (HEFTI & ESPERANDIO, 2014, p. 23). “Pastoral care” is provided as a way of spiritual care.

Several churches have initiatives of spiritual care among specific populations (people with drug addiction problems, abandoned children, and children removed from the family by denouncing violence, etc.). These initiatives can be characterized as religious-confessional care, given its aim of evangelization. Therefore, there emerges the question of how to strengthen the common objectives between the academy and the "periphery", safeguarding the necessary differences in the objectives of these bodies. How could such bridge be constructed?

One of the biggest challenges in building a bridge between the academy and the periphery refers to the public health system.

Health care in Brazil happens in many areas:

- There are hospitals that are 100% SUS (Unified Health System - provided by the government) and private hospitals (supported by Health Insurance Plans).
- There is a network of outpatient care in medical specialties and Health Units with primary health care. In 2010, there were more than 40,000 units in Brazil.

This health care network began in 1988, when the creation of the Unified Health System was approved. From 1990 onwards, the structuring of the SUS began. In 1991, the Program of Community Health Agents was created. In 1994, the government created the Family Health Program. This program has become "the Family Health Strategy" setting up a state health policy in the 2000s. Within this state health policy, there is the organization's gateway to the public health system, with teams composed of a doctor, a nurse, a nursing technician and six community health agents. This team works in a service region that covers approximately 3,500 people. Community health workers are residents of the region serviced by the team. They make the bridge between the teams and the population.

Spirituality is still a "marginal" subject within the primary health care. In the article “The Paths to healing” (FERREIRA & ESPIRITO SANTO, 2011, p. 186) observe that religion "is of great importance for populations of low-income, it is part in their daily lives as an important healing resource." It is noticed that family doctors are among the few health professionals who recognize the spiritual resources and religious communities as a support network in care. The agents, in turn, share their beliefs with more freedom and tend to value the practice of religion with their patients.

How to practice spiritual care at low-income populations, without falling into the trap of alienation – which is, to stimulate the spiritual and religious resources without reducing them to a simple pain relief strategy?

3. The bridge between the peripheral countries and the countries of privileges - the role of researchers

How to build local perspectives of spiritual care from a global solidarity network? Today, the provision of spiritual care in many countries, but especially in Europe, is confronted with the reality of migration, socially vulnerable people. People migrate with their beliefs, values, and religious traditions. At some point, these people will be in health care facilities. Studies show that immigrants do not see themselves with rights to claim for a good care they need because they do not recognize themselves as legal persons in the country to which they emigrated. How can we expand the reflection on spiritual care for people in situations of social vulnerability? Not only that, how can we build bridges between countries that are at a more advanced reflection on this issue and the countries that are still starting this walk? How can the scientific community contribute to the training of professionals from sharing their learnings about spiritual care? The peripheral countries should teach how to care for socially vulnerable people and the most privileged countries should share the progress of their research on spiritual care. How to awaken the researchers to the benefits of international cooperation, broadening the perspectives of researchers and allowing the testing of the universality of concepts and strategies? A bridge between people!

One of the characteristics of spirituality is the sense of common/community. How to implement a "bioethics bridge" in the scientific community regarding the spiritual care? How can we develop a spiritual care among us partners/research fellows with common interest? Would the creation of an international association be a possible solution for this mutual care and cooperation?

Final considerations

Every millisecond people are born while others are dying. In death and in life, people are struggling and in need of care to make these passages with meaning and purpose, because it is the ability to create meaning that differentiates us from animals and makes life (bios) worthwhile. Meeting spiritual needs can help a person to better cope with a painful situation. Spirituality is an invisible and no cost resource that can make all the difference in the facing of suffering and in the human experience of creating meaning and purpose. For us, researchers on the topic, the challenge is to go out of ourselves, in a joint effort to build bridges able to connect with the other, with the world and transcendence.

References:

AGAMBEN, G. **Homo Sacer: o poder soberano e a vida nua**. Belo Horizonte, UFMG, 2007.

BENKO, M.A. & SILVA, M.J.P. Pensando a espiritualidade no ensino de graduação / Thinking about spirituality within nursing undergraduate program / Pensando en la espiritualidad en la enseñanza de pre-grado, **Revista Latino-Americana de Enfermagem.** Ribeirão Preto, v. 4, n. 1, p. 71-85, 1996.

CALDEIRA, S. Cuidado Espiritual – Rezar como intervenção de enfermagem / Spiritual Care – Prayer as a nursing intervention / Cuidado Espiritual – Rezar como intervención de enfermaria, **CuidArte Enfermagem.** FIPA, Catanduva, v**.** 3, n. 2, p. 157-164, 2009.

ESPINHA, D.C.M. et al. Opinião dos estudantes de enfermagem sobre saúde, espiritualidade e religiosidade / Opiniones de los estudiantes de enfermería sobre la salud, la espiritualidad y la religiosidad, **Revista Gaúcha Enfermagem,** Porto Alegre, v. 34, n. 4, 2013.

FERREIRA, J.; ESPÍRITO SANTO, W. Os percursos da cura: abordagem antropológica sobre os itinerários terapêuticos dos moradores do complexo de favelas de Manguinhos, Rio de Janeiro, **Physis - Revista de Saúde Coletiva.** Rio de Janeiro, v. 22, n. 1, p. 179-198, 2012.

HEFTI, R.; ESPERANDIO, M.R.. The Interdisciplinary Spiritual Care Model: A holistic Approach to Patient Care**. Horizonte**, Belo Horizonte, v. 14, n. 41, p. 15-47. Jan/Marc 2016.

MESQUITA, A.C. et al. El bienestar espiritual y la prestación del cuidado espiritual en un equipo de enfermería - The spiritual well-being and the provision of spiritual care in a nursing staff. **Index de Enfermaría,** Granada, v. 23, n. 4, 2014.

PESSINI L, BERTACHINI L. Novas perspectivas em cuidados paliativos: ética, geriatria, gerontologia, comunicação e espiritualidade / New perspectives in palliative care:ethics, geriatrics, gerontology, communication and spirituality. **Mundo Saúde,** São Paulo**,** v. 29, n.4, p. 491-509, 2005.

POTTER, V. R. **Bioethics: bridge to the future**. Englewood Cliffs, Prentice-Hall; 1971.

SOUZA, J.R, MAFTUM, M.A., MAZZA, V.A. The nursing care in the spiritual dimension: undergraduates' experience / O cuidado de enfermagem na dimensão espiritual: vivência do estudante de graduação. **Online Brazilian Journal of Nursing** . Niterói (RJ), v. 8, n. 1, 2009. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2009.2127/466>. Access: 2015 Oct 31.