

**“Spiritual care in Brazil: challenges  
and possibilities of integrating  
spirituality into patient care”**

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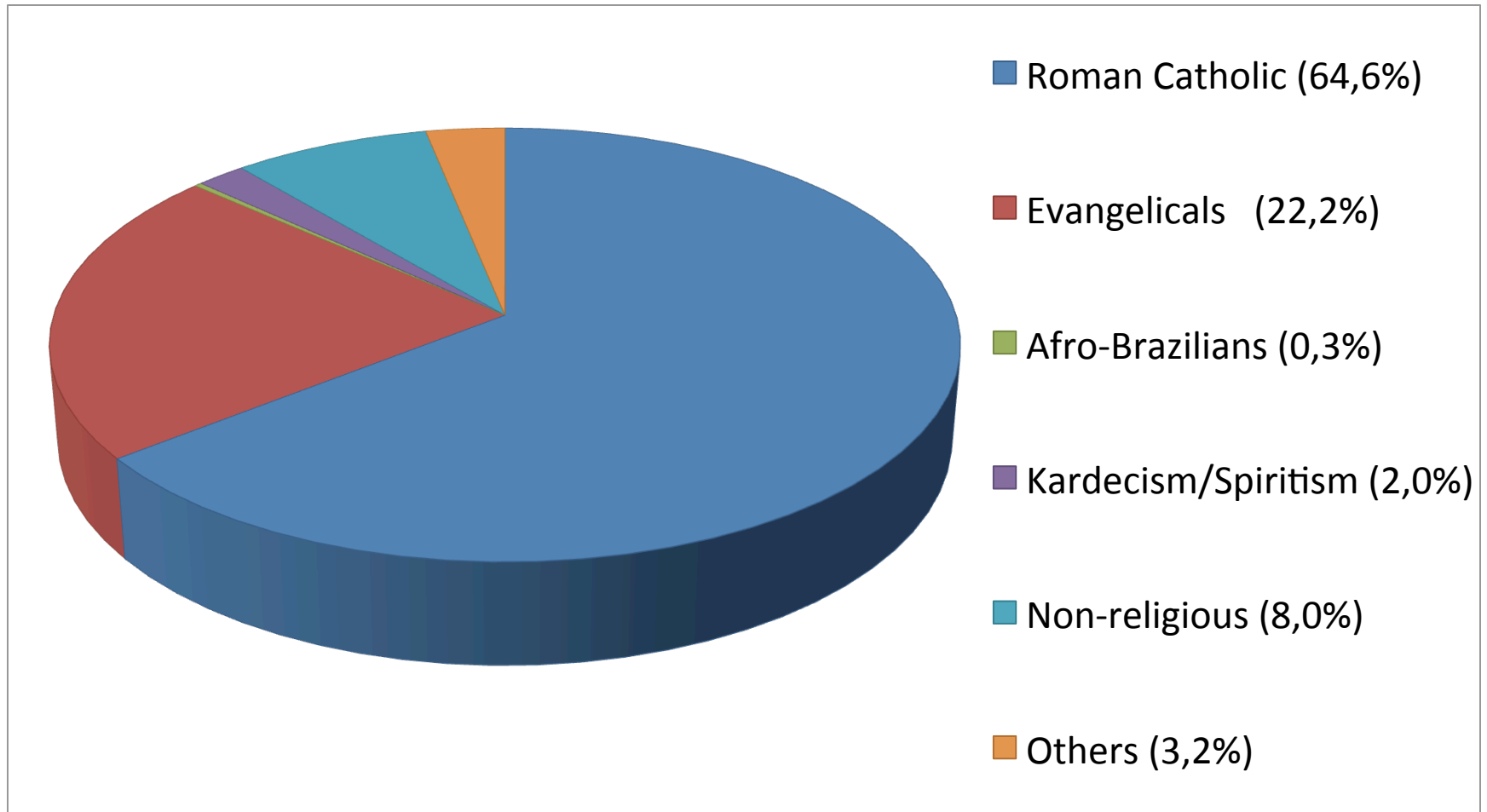
**PPGT/PPGB - PUCPR**

# Brazil



# Religious Map of Brazil

(Current population: 209 millions)

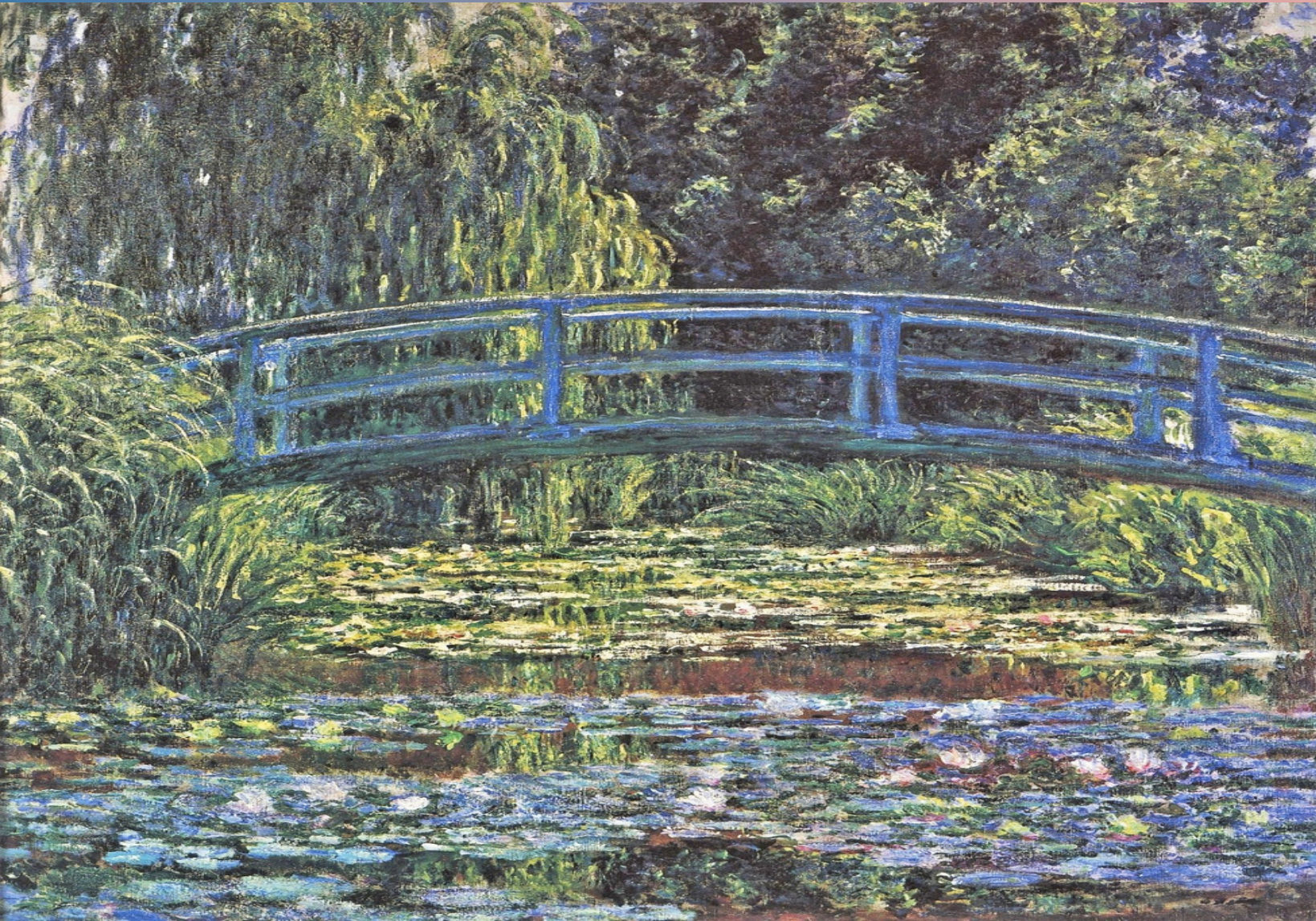


# “Spiritual care in Brazil: challenges and possibilities of integrating spirituality into patient care”

- Greeks: two words to define life:
  - *Zoe* – refers to life as the simple fact of existing, the living that is common to all living beings: plants, animals and humans. “Bare life” (or “naked life”)
  - *Bios* –refers to the qualified life, the ways of existence of living beings.
- Spiritual care – bridge between *zoe* and *bios*



# Four Bridges





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



- 1996 - "spiritual assistance" - 24 teachers of a large nursing school
- there was not only a lack of clarity on the notions of spirituality, religiosity and spiritual assistance
- 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
- the matter was addressed in an unsystematic way and may not equip the student

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



- 2005 – Bioethics - palliative care – need to implement the holistic care approach, integrating the dimension of spirituality in healthcare practices.
- 2009 – Silvia Caldeira – one of the reasons for the neglect in providing spiritual care is the recognition of such activity as a specific task of hospital chaplains

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



- 2007 – Medicine – Spiritist Psychiatrists – discussions & research about the "integration of spirituality in patient care"
- Gap in the training of professionals
  - Students feel unprepared for their integration into clinical practice
  - professors also feel unprepared to discuss these issues with their students.
- Researchers are unanimous: there is a gap between the desire of patients on this subject and medical conduct.
- gap between the sciences dealing with care.
- Spiritual care calls for building a bridge between disciplines aiming at a better provision of patient care.



## 2nd

# A bridge between the academy and the periphery



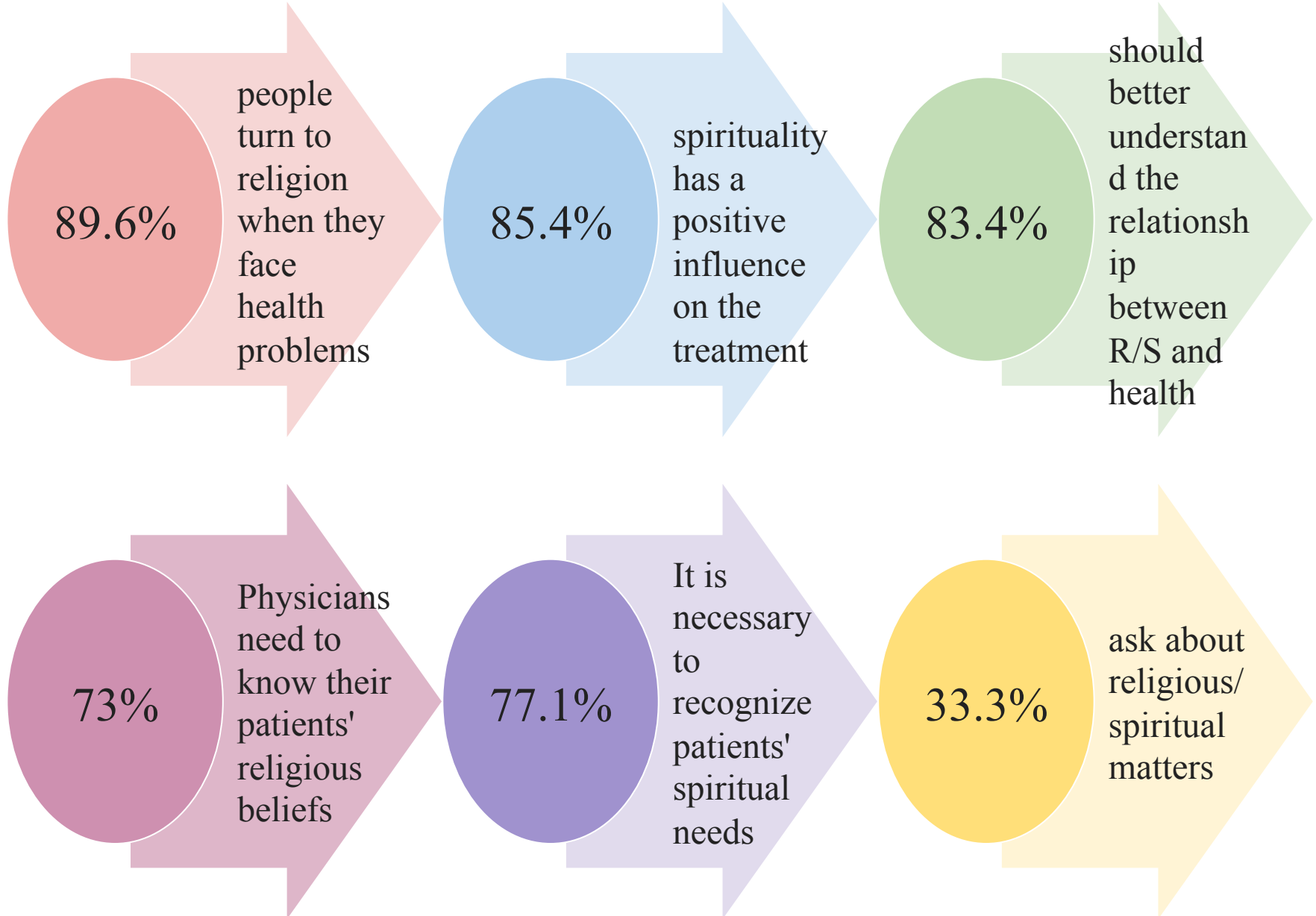
- Few specialized courses (lato sensu) in spiritual care in Brazil.
- No training in Clinical Pastoral Education
- Chaplains hired by hospitals to perform the spiritual care service are rare.
- A significant number of chaplains are unpaid.
- Spiritual assistance to people in Brazilian hospitals is ensured by the Federal Law 9982 of July 14, 2000, and held by
- 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
- spiritual care = pastoral care
- very few publications on this topic
- Diversity of Practices. Far away from academy!
- Spirituality is a "marginal" subject within the primary health care.

## A bridge between the academy and the periphery



- 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
- 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.

# Doctors' Beliefs and Medical practices



## A bridge between the academy and the periphery



- Although most professionals do not integrate this dimension in the treatment process, it is done by the patient.
- Patients will do it their own way, with their own resources, since the S/R is a cultural trait in the subjectivity of Brazilians (Ferreira & Espírito Santo, 2012)
- 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?



### 3rd

## 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?
- 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.
- 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?
- 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 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?

# 4th

## 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

- In death and in life, people are struggling and in need of care
- 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 the human suffering.
- However, in order to be a benefit for the patient instead of a risk, one of the most important things we have to bear in mind is that spiritual care must be grounded on the patient's spiritual needs, regardless of health care professionals' beliefs.



## Last remarks

- Why do you do what you do?
- How does it connect to your own spirituality?
- As a community of researchers we have to be careful not to fall into the trap of build a fence between us and others
- We are invited to build bridges.
- What kind of bridges have you been building?





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