

# Spirituality and sexuality in palliative care



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### Significance of spirituality and sexuality in palliative care

According to WHO (2012) " Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual". The aim of palliative care is to provide comfort care and support system at end of life, to relieve suffering and cope with problem associated with life changes due to illness. Literature also supported that Palliative care does not depend on prognosis, as the life is at end stage, or cure the disease. But it focuses primarily on anticipating, preventing, diagnosing, and treating symptoms experienced by patients with a serious or life-threatening illness and helping patients and their families make medically important decisions.

During my palliative course clinical I encountered with 80 year old male patient admitted with complain of drowsiness, hiccups and upper GI bleed. At Aku he was treated as aspiration pneumonia. During history taking patient stated that, from two days I was feeling weak and unable to move myself. After investigations, reports revealed that he was suffering from bilateral brain atrophy, subdural hygromas and Pleural effusion in left lung. In Four days clinical I observed that his son took care of his father, reciting holy Quran and sprinkle holy water on his face. When I assessed patient's spiritual Domain, his son verbalized that before hospitalization he was very punctual in his rituals, offered prayers. Due to hospitalization he was unable to perform his rituals. During care when I asked about patient's memorable

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day he stated that my memorable day is when me and my wife went to America to meet my daughter . we enjoyed a lot, visited the entire beautiful place and spend good time with my family. Suddenly patient stop conversation and cried. I shocked for a while, elaborating further he mention that he lost his wife. I felt very sad. The moment is very emotional, and my eyes are full of tears. I felt like crying. I felt the pain he was going through from which he can get relief after peace full death. I was very sorry for the absence of his family members, during his last movement who can give at least moral support for him.

As a nursing student my responsibility is to provide holistic care to the patient and his family. During care I identified several affected domains, like physical (pain in leg and stomach, drowsiness), psycho-social (death of wife), spiritual (religious), and many others. Here all domains of palliative care are interlinked to each other but I focused on two affected domains: spiritual and sexual.

This paper is about issues, intervention, recommendations regarding spirituality and sexuality. I would like to discuss the highlighted domain which was spirituality. Many patients find changes in their spirituality when they are at end of life. Some patients get very closer to God, offer their rituals and find religion as a coping mechanism to enhance their well-being. While some people get confused and stuck in spiritual conflicts, blaming God for illness and denied from happening as result they separate themselves from supreme-power. Similar is the case with my patient, because of his illness his religious practice was greatly altered. As patient was CBR and has pain in his leg and right hand. He used to offer regular rituals prior, to his

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illness and now he is upset as he is unable to do. But he is very satisfied with his God's blessing. He says that " God gave me everything, fulfill my wishes, and I am very happy with my life. But now he considers himself unkempt because of urine bag, NG tube. I encouraged patient and his family to reconnect with God. Sulmasy, D. P. (2006). Stated that " spirituality play a vital role in a person's coping style. It can also provide a network of social support that promote and to maintain emotional and psychological wellbeing". As a nurse when I assess patients need, he verbalized that he wants to offer prayers. At that time I provide table covered with clean white clothes, so that patient put his tasbii on it and offer his prayer. Due to his physical illness he does not able to stand so, I encourage patient to offer ritual on his bed and I assist him with physical limitation. I curtain patients bed provided privacy and encouraged patient's family to recite holy Quran near bed side, and assist to show the direction of kiblah. During feeding his son requested me to give holy water I give. The family really appreciates me and my effect comes fruitful. It makes me so happy and proud.

Other highlighted domain was sexuality. Sexuality is fundamental desire for all human being. According to WHO as cited in (Tierney, D. K. (2008). " Sexuality is the combination of physical, emotional, intellectual, and social aspects of sexual beings in positive ways to enrich and enhance personality, communication, and love". Most of the health care professionals are hesitant in asking about these issues. Health care provider always address physical, social, psychological domain and many times they neglect the domain of sexuality in their care. As a palliative care nurse it's my responsibility to provide holistic care to patients so it's important to discuss the impact of

their illness on sexuality. Sexuality is not only about intercourse or not refer to just a physical act but it means identity, gender roles and orientations, libido, pleasure, and attachment. It is experienced and may be expressed through thoughts and feelings and love. It doesn't matter patient is so aged, weak or drowsy, but we have to assess patient sexual component. According to Julie (2004) sexuality is a lifelong natural need that is not limited by age, physical appearance, health status, or functional abilities. Referring to my patient's sexual domain. No doubt patient's wife is no more, he feel alone and misses his wife, he seems weak or aged but we have to assess patient's sexual need, his feeling toward it. May be patient wants to meet his daughter share his feeling and emotion with her, gave any advice to them. As a nurse it is not necessary that I help patient to meet with his wife to fulfill his sexual desire, it doesn't mean that. Delivering physical care also come in sexuality. Moreover, during our palliative course theory session, one of our faculties told us that physical appearance also comes under component of sexuality. If a person is looking well, his self-esteem also improves, while if a person is unkempt, his self-esteem declines which ultimately affects patient's sexuality too. I give fully attention to my patient in care, I give mouth care, bedding, encourage to change clothes. Encourage patient's family to share his feeling with him.

Now a day Palliative care nursing is a very new and fruitful concept. It is started in our country but on a very slow moving and special effort is needed to build up this field. Moreover at organization level we have to work on it. Awareness session, programs are required. So we should conduct session with collaboration of other institution to come close to holistic care during

last moment of live. As a student nurse it is our responsibility to assess all domain of palliative care. I would like to share a model that would further enhance our capabilities to understand the qualities of nurses that would help the nurses to play an effective role in palliative care. The model I am discussing is "The Nursing Role Effectiveness Model." This model focuses on the nursing variables such as education and working experience that had a direct impact on patient's effective palliative care. If a nurse is well aware and educated about the technical ways of communication with a dying patient, so she can ease his suffering in an effectual manner (Lange, Thom & Kline, 2008). Furthermore, health care team should have knowledge about spirituality so that they can identify and fulfill the need of patients by providing them holistic care. It is also recommended that there should be a separate room for patient and family, where they can peace fully performed their rituals. There should a system in hospital policy that provides a spiritual leader.

For sexuality it is necessary that nurse should perform a profound sexual assessment and build a therapeutic relationship. It would allow the client to comfortably verbalize his feelings. Moreover, if his family would be there so we would encourage them to spend time with the patient, hug him, kiss him or be intimate with him. Hereother ways of conveying intimacy. Legg, M. (2013).

In conclusion, palliative nursing care plays a vital role in terminally ill patients and family to enhance their wellbeing. It is very important component of holistic care and we nurses also play very crucial role in improving condition of patients, providing moral support, which include <https://assignbuster.com/spirituality-and-sexuality-in-palliative-care/>

social, sexual, spiritual emotional and psychological domain. By end of two week of clinical I realized that how much palliative course is important to enhanced or support for patient. In future I will tried my best to help them , provide a moral care . i used this knowledge in to practice in my community to promote this course.

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