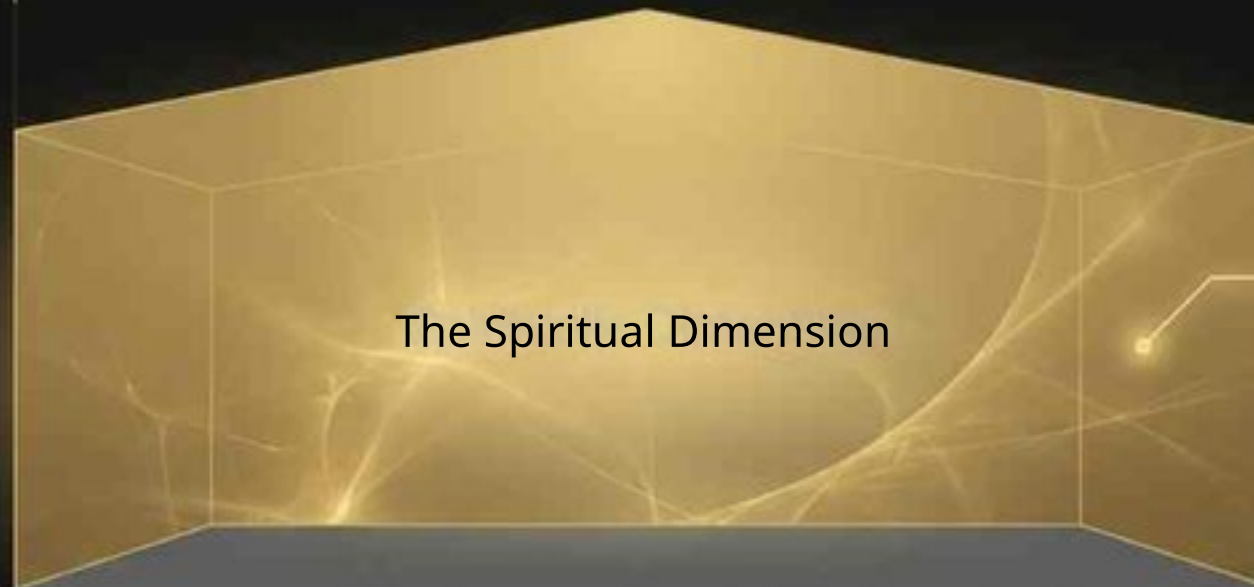


Palliative Care – Illness, Suffering, Death, and Spirituality

Religious and Philosophical
Concepts at the End of Life

A Visual Reference Guide for Nurses and Caregivers

The Foundation: More Than Just Medicine



Spiritual care is not a mere add-on to otherwise medical care. It is part of a holistic understanding of the human person.

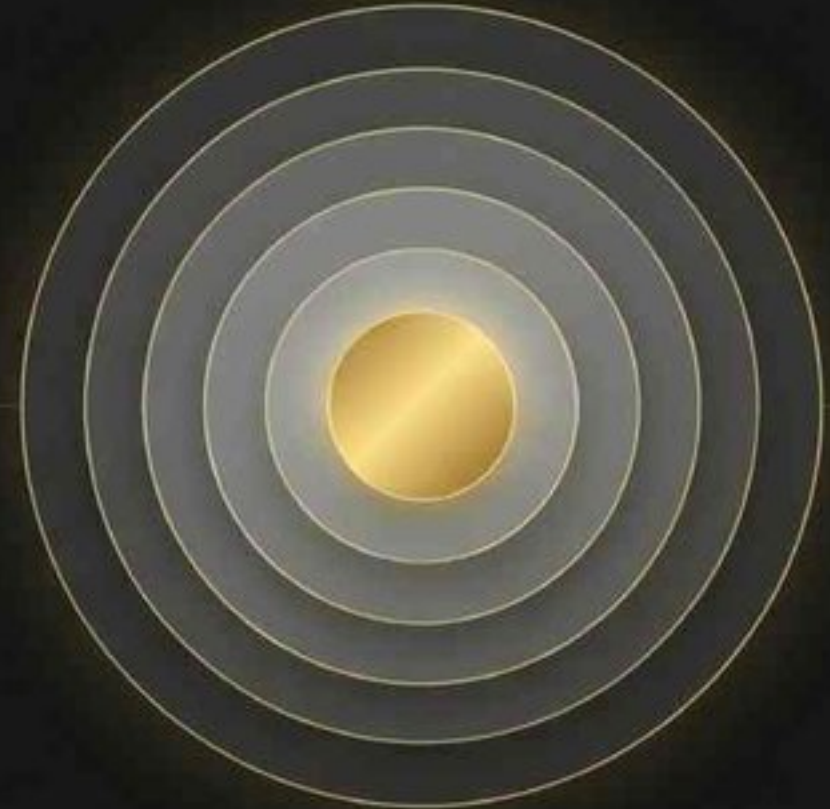
Medical Symptom Management

1	2	3
• Spirituality is a journey of discovery—often contradictory and dynamic.	• Don't lecture; instead, create space.	• Guiding principle for practice: Understand religion—ask people.

The Multidimensional Nature of Suffering



The Total Pain Concept considers four dimensions of pain that coexist and reinforce one another.



The 3-Body & 5-Shell Model describes the same person from the outside in. No single shell represents the whole person, but each surrounds the innermost, inviolable core: the Self.

Dying as a Journey from the Outside In

1

Physical shell. Manifests as: pain, weakness.

What helps: symptom management, mindful touch, protection of privacy.

2

Energetic shell. Manifests as: shortness of breath, restlessness, fatigue.

What helps: care in stages, breathing breaks, rest.

3

Mental shell. Manifests as: fear, anger, sadness, humor.

What helps: listening, allowing feelings to be expressed, providing security through presence.

4

Shell of wisdom. Manifests as: “Why me?”, guilt, search for meaning.

What helps: Not judging interpretations, space for reflecting on one’s life, spiritual care.

5

Shell of bliss. Manifests as: peace, wonder, stillness.

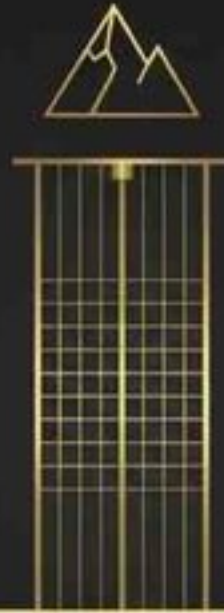
What helps: Cherishing moments, embracing stillness, not having to “do” anything.

The “Why?” Question: Patterns of Interpreting Suffering



Suffering as punishment

Accompanied by feelings of guilt and shame. The belief that one must atone



Suffering as a Test

for past actions.
The situation as a spiritual challenge or test, often linked to a divine plan.



Suffering as an Existential Reality

The acceptance that illness and death are fundamental conditions of human life.

Essential for providing support: None of these interpretations should be imposed on the patient from the outside or judged prematurely.

The spectrum of spiritual coping (Coping)



Warning: Spiritual Distress

Manifests as a sense of being forsaken by God, negative religious coping ("I prayed so much, but it didn't help"), **and** a feeling of utter meaninglessness.

Requires a multidisciplinary assessment.

What Comes Next?

Conceptions of the Afterlife at the Core

Concept	Personal identity?	Guiding Hope
Resurrection (Christianity/Islam/Judaism)	Remains intact	New life in/with God; Restoration.
Reincarnation (Hinduism)	Reincarnation	Continuous development in the cycle of births.
Nirvana (Buddhism)	Dissolves	Liberation from the suffering-filled cycle of conditioned existence.
Materialism (Atheism)	Ends irreversibly	Consciousness ceases completely with the physical processes.

These concepts must never be conflated in everyday nursing practice.

World Religions in Everyday Nursing Practice: Critical Areas of Action

Christianity

At the time of death: prayer, blessing, anointing of the sick.

After death: final blessing, folding of the hands, possible laying out.

Islam

At the time of death: Face toward Mecca, recitation of the Quran (Surah Yasin), moistening the lips.

After death: Minimal touching, gloves, ghusl (ritual washing) must be performed by Muslims of the same sex.

Judaism

At the time of death: Do not leave the person alone; recite the Shema Yisrael; life-sustaining measures often take precedence.

After death: Arms placed alongside the body, prompt burial, tahara performed by the Chevra Kadisha.

Hinduism/Buddhism

At the time of death: Mantras, Ganges water, tranquility, clear mind (consider sedation).

After death: Family washes and dresses the body (Hinduism); a period without physical contact (Buddhism).

Spiritual Anamnesis:

Sensing rather than questioning

“I want to go outside.”

“Please turn on some music.”

“Why should I still be alive?”

Sensing in Practice:

- Proceed slowly and allow for pauses.
- Ask questions instead of making assumptions:
“What do you mean by that?”
- Pay attention to breathing and nonverbal cues.
- Be aware of your own response.

Spiritual needs cannot be measured like vital signs. They want to be acknowledged.

Structured conversation models: FICA vs. SPIR

FICA:

- F (Faith): Is there anything that gives you strength?
- I (Importance): How important is that to you right now?
- C (Community): Do you have a supportive community?
- A (Address in Care): What should we take into account?

SPIR:

- S (Spiritual Beliefs)
- P (Place in Life)
- I (Integration)

R (Role of the Caregiver): “How should we address your spiritual concerns?
What do you hope we’ll do?”

The open-ended question for everyday life: **“What is sacred to you?”**

When words fall short: Symbolic acts

Rituals do not have to be religious. They give inner processes an external, tangible form.



Letting Go:
Consciously hand over an object. Light a candle. After the person has passed away, open the window.



Reconciliation:
Write a letter or a voice message to someone — even if it's never sent.



Gratitude & Appreciation:
A retrospective of one's life through photos. Creating a memory book. Expressing gratitude or writing it down.

The Role of the Companion: Balance and Self-Care



The Dangers:

- **Projection:** Transferring one's own fears ("I would be so afraid of death").
- **Proselytizing:** Presenting one's own worldview as universally valid.

The Attitude (Sevá / Service

Serving without expectation):

- The patient is not the professional.
- Compassion that becomes exhausted becomes a danger.

Breathing pauses and transitional rituals (e.g., consciously taking off one's work uniform) mark the boundary between work and private life. **Self-care is a prerequisite, not a weakness.**

Perhaps this is one of the deepest competencies of palliative care: neither having to explain a person's suffering nor interpret their death—and yet not leaving them alone with their questions.