



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA



**Gauteng**  
Centre of Excellence  
for Palliative Care

# The National Policy Framework and Strategy for Palliative Care 2017-2022: The role of Spiritual and Pastoral Care

Dr Mpho Ratshikana-Moloko

# Outline

1. Introduction
2. Definition and concepts of palliative care
3. Strategy and Goals
4. Why and where does Spiritual Care fit
5. How do we do this
6. Support to Families and HCW Task Team responsibilities
7. Future plans
8. Conclusion

# Introduction

- Palliative Care (PC) provided since 1979 in SA (NGO), following on UK model (1960)
- 1999 CHBAH
- 2014- World Health Assembly (WHA) adopted Resolution 67.19, “Strengthening of palliative care as a component of comprehensive care throughout the life course.”
- Steering Committee on Palliative Care May 2016
- 6<sup>th</sup> April 2017- Policy Framework and Strategy on Palliative Care approved by National Health Council

- **"You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die."**
- **Dame Cicely Saunders**

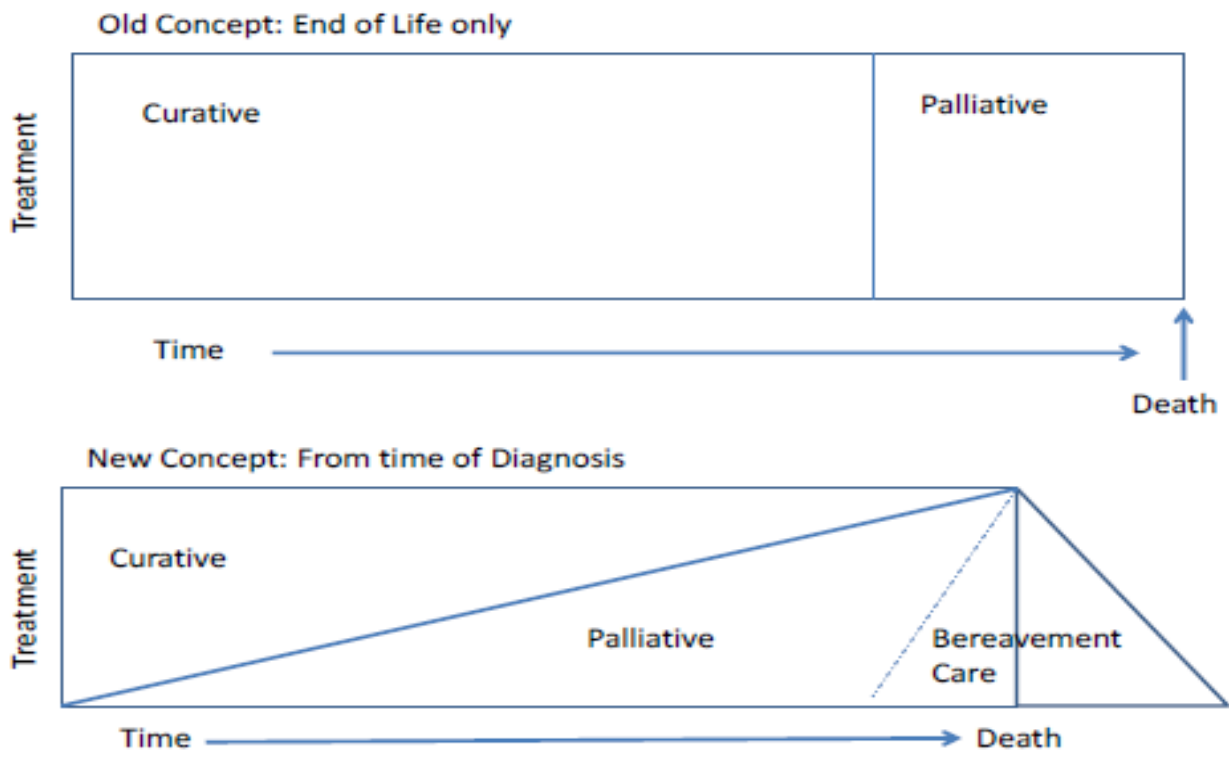


# What is Palliative Care

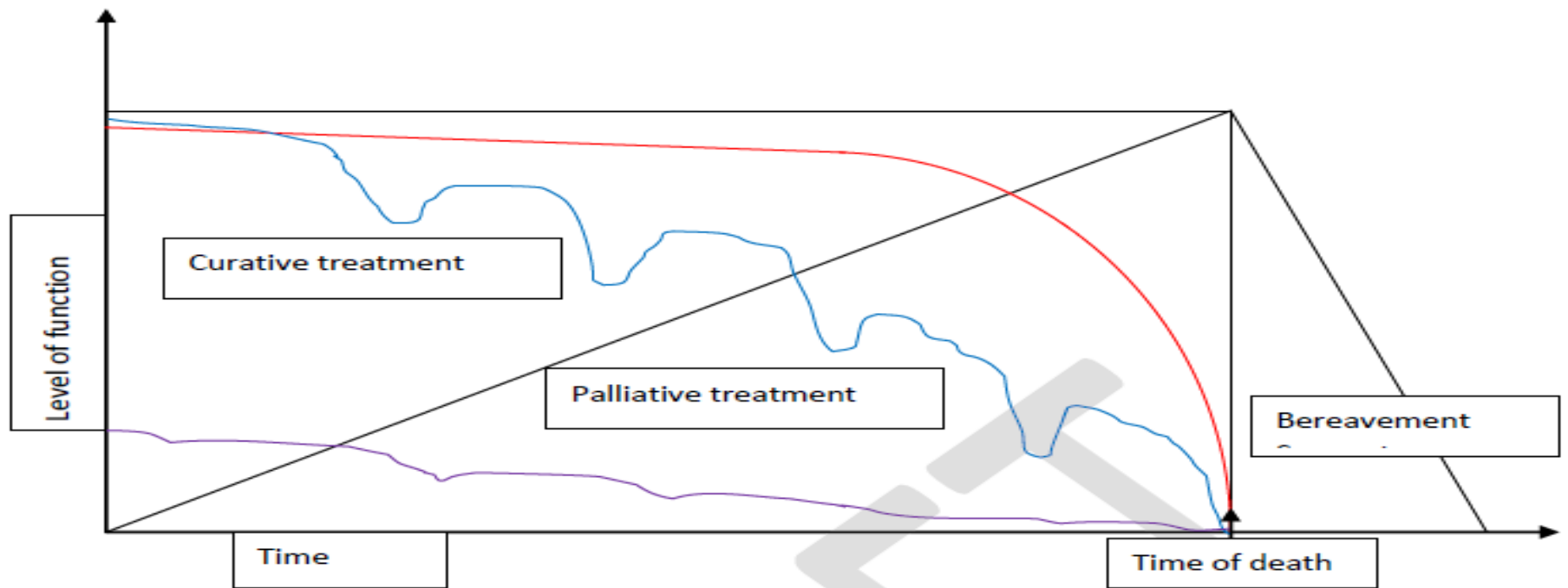
- “An approach that improves the quality of life of patients (adults and children) and their families, who face life-threatening illness by preventing and alleviating unnecessary suffering”.
  - Services have to be integrated within the continuum of care
  - Across all levels of the health system with a focus on primary health care.

# WHO Principles of Palliative Care

- Affirms life and regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other distressing symptoms
- **Integrates psychosocial and spiritual aspects of care**
- Offers support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement



**Diagram 1: Old and new concept of palliative continuum of care. (Adapted from J Lynn *et al.* 2003)**



**Diagram 2 showing the relationship of curative and palliative treatment with illness trajectories.**

----- Cancer trajectory

----- End stage chronic illness trajectory (e.g. heart failure, renal failure, HIV)

----- Dementia/ Frailty trajectory

Palliative care should be offered from the time of diagnosis. As function declines over time and cure is no longer possible, palliative care becomes more important until the time of death. The family are supported through the bereavement process.



# Strategy

## Vision

- **All adults and children, including their families**, facing the problems associated with **life threatening or life limiting** illness will receive palliative care to maintain **quality of life, dignity and comfort** throughout the course of the illness.

## Mission

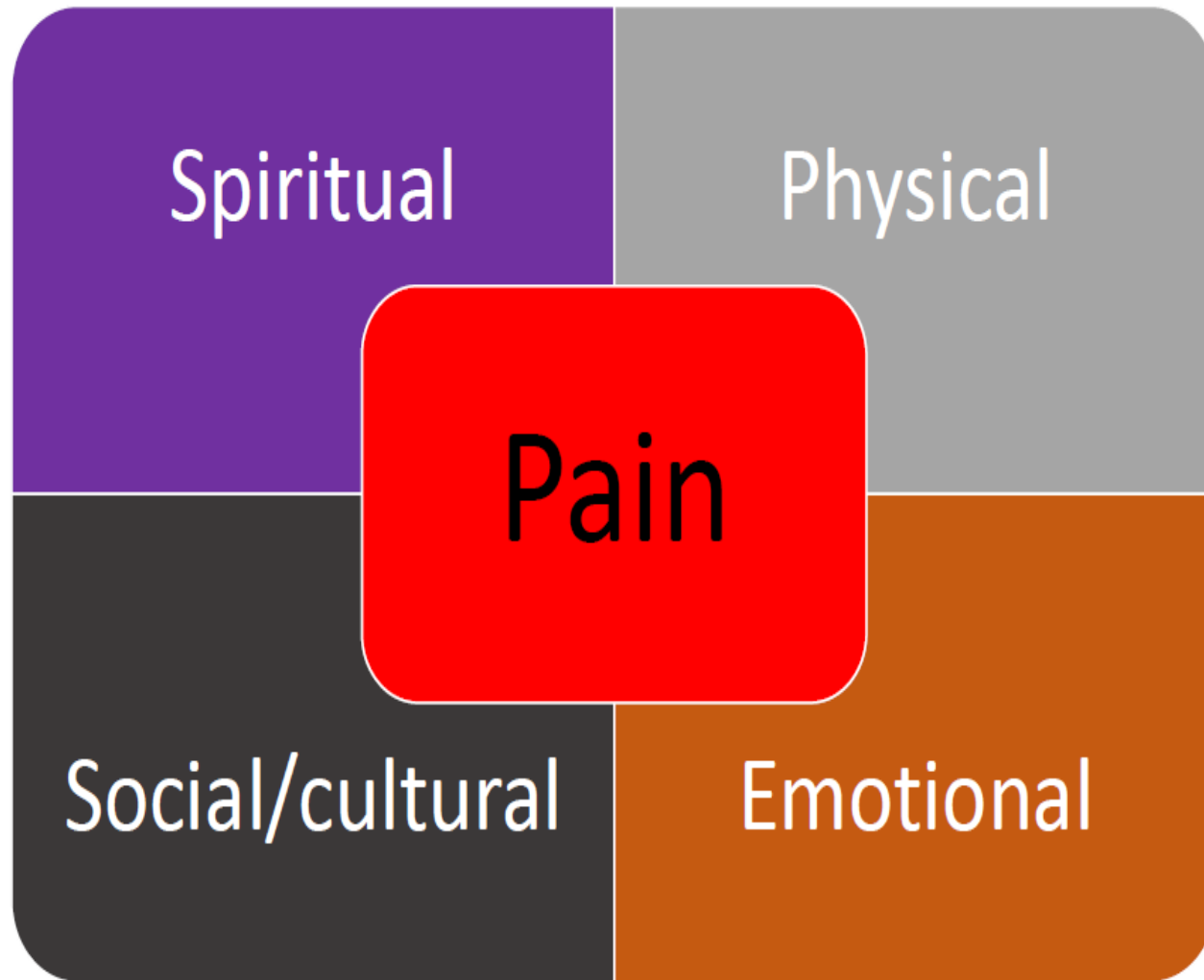
- To improve the **quality of life**, well-being, comfort and maintain **human dignity** for individuals, through an age appropriate health service that values patients' need to receive personally and **culturally sensitive** information on their health status, adequate **relief of suffering** in physical, psychosocial and **spiritual** domains of care, while acknowledging their central role in making decisions concerning treatment.
- **Principles:** Right to health, Patient-centred and ethical, Equitable access, Holistic, Integrated, Patients and families as partners, enabling legislation, multi-sectoral approach , Quality and evidence based care.

Goals	Objectives
<p>Goal 1: To strengthen palliative care services <b>across all levels of the health system</b> from the tertiary hospital to the patient in the home to provide <b>integrated and equitable care</b>.</p>	<ul style="list-style-type: none"> <li>- To publish national guidelines</li> <li>- To develop care pathways</li> <li>- To provide equitable access to appropriate medications and consumables</li> </ul>
<p>Goal 2: Ensure <b>adequate numbers</b> of appropriately <b>trained health care providers</b> to deliver palliative care at all levels of the health service.</p>	<ul style="list-style-type: none"> <li>- To <b>provide in-service training</b> (current HCW)</li> <li>- To ensure that PC is <b>included in curricular of providers</b></li> <li>- To strengthen post-graduate learning opportunities</li> <li>- To assess feasibility of establishing specialty for nurses and doctors</li> </ul>
<p>Goal 3: Establish and maintain systems for <b>monitoring and evaluation</b> of South Africa's palliative care program.</p>	<ul style="list-style-type: none"> <li>- Review existing information system related to PC</li> <li>- To integrate PC indicators and targets into DHIS</li> </ul>
	<ul style="list-style-type: none"> <li>- To determine the need for and to undertake audits</li> </ul>

# Why and where does Spiritual Care Fit



Acknowledging a complex interplay:



# Spirituality: Definition

A Consensus Project definition:

- “Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence and experience relationship to self, family, others, community, society, nature and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.”

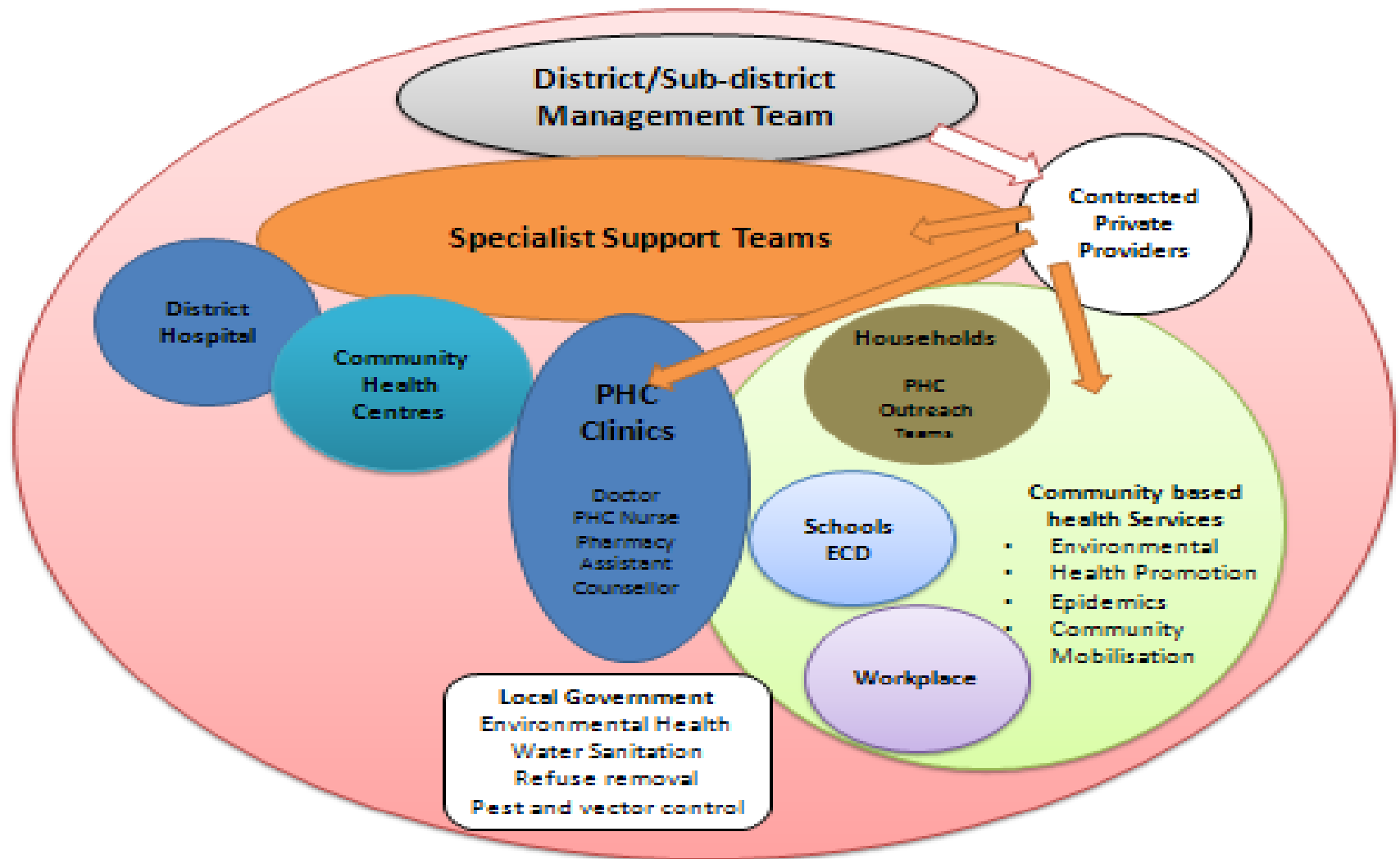
# Policy recognizes Spirituality as a need

- “Spiritual care is a very important component of palliative care which is currently provided by volunteers from NGOs, or from the community. A spiritual approach to healings is usually an important practice by traditional healers. **Health services should partner with spiritual or religious and traditional healers to attend to the spiritual need of patients and their families and thus provide a more holistic approach to healing**”.

# How it will be implemented

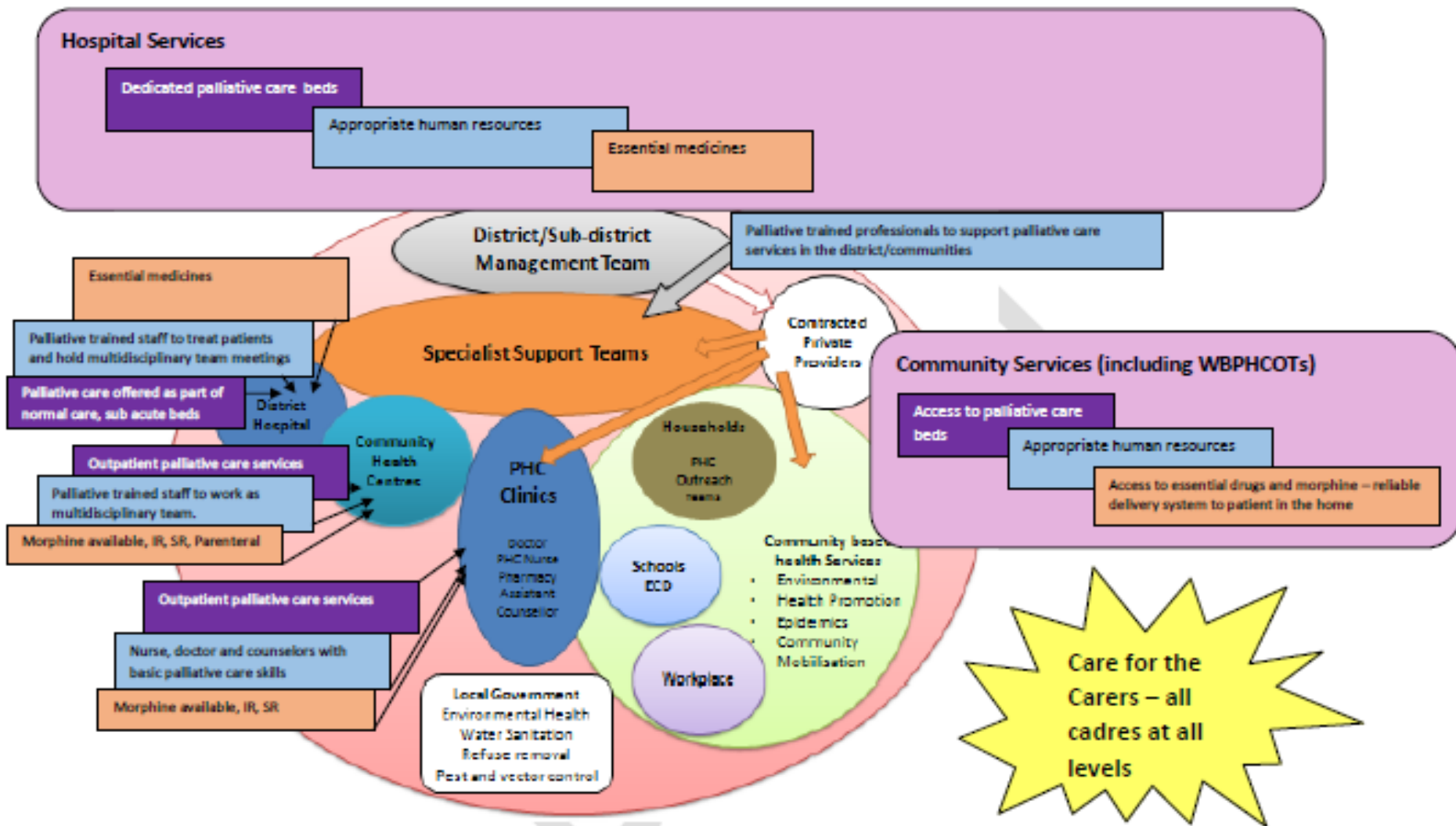
- Service delivery platform- all levels of care
- Package of care (level of functioning of patient)

# Service Delivery Platform





# Service Delivery Platform



# Packages of Care



Packages of Care for a Palliative Care Patient – Related to level of functioning						
Medical	Psychosoci al	Spiritual	Allied Services	Staff	Consumable s/ Equipment	Transport
ECOG 0 to 2 (No limitation on activities, some limitation to activities of daily living, including inability to work to spending time in bed but <50%/day)						
Pain control Other symptoms controlled	Counseling – patient and family Education - patient and family	Counselin g and support for patient and	Access to allied services Physiothera py Occupationa	Nurses Doctor Allied Health Workers Nutritionists Social and Social Auxilliary Workers	Morphine and other analgesics Other palliative medications	Patient and family transport to and from clinics/hospit als

**Packages of Care for a Palliative Care Patient – Related to level of functioning**

Medical	Psychosocial	Spiritual	Allied Services	Staff	Consumables/ Equipment	Transport
	ID documents / Birth certificates Access to social grants as needed	family Advanced care planning	I therapy Speech Therapy Dietician/ Nutrition support	Psychologists Spiritual counsellors	Wound dressings	Public/ private/ ambulance if acute need for admission

**ECOG 3 (Unable to work. Spending >50% of day in bed. Needing some assistance with self care)**

Pain Control Symptom control	Ongoing Counseling and education Social grants	Ongoing counseling and support	Ongoing access to allied services	Nurses Doctor support Allied Health Workers Nutritionists Social and Social Auxilliary Workers Psychologists Spiritual counselors Home Based Care Community Health Workers	Morphine and other palliative medications Wound dressings Zimmer frame/ walking (mobility) aids/ Wheelchair	Transport to and from clinic/hospital as above Transport for personnel doing home visits
---------------------------------	---	--------------------------------	-----------------------------------	--	---	---

Pain and symptom control Nursing care at home	Ongoing counseling and education for patient and family Support through the dying process Social grants	Ongoing counseling and support Funeral plans	Decreasing support from allied services	Home based care Community Health workers Counsellors – social and spiritual Nurses Doctor support	Morphine and other palliative medicines Wound dressings Decreasing need for walking aids and wheelchair Continence products (diapers, linen savers), gloves	Transport for personnel visiting homes. May need transport to a hospital/ sub acute facility/ hospice (palliative ambulance)
<b>ECOG 5 (Death)</b>						
Certification of death	Bereavement counseling and support for family	Counseling and support Rituals	No further support	Doctor/paramedic/nurse to certify death		Transport to mortuary (usually for family to arrange)

**Table 2. Packages of Care for a Palliative Care Patient**

# Activities for Task Team-Support to families and HCW

1. Research and review available policies and guidelines relevant to PC on support to families in SA and internationally
2. Develop guidelines on support to be provided to patients and their families
  - 2.1 Review existing national and international best practices on support to patients and families
  - 2.2 Develop/review norms and standards for supportive care to be provided to patients and their families
3. Research/review available guidelines on support to health care workers, community health care workers and volunteers as carers
4. **Research and review national and international guidelines on spiritual care support**
5. **Develop a policy statement for spiritual care within the health system**
6. Develop national guidelines on spiritual care support
  - 6.1 Research and review national and international models of care for spiritual care
  - 6.2 Define the scope of practice for spiritual care counsellors

# Existing pastoral and spiritual care services

- Volunteers in Hospitals
- Chaplains:
  - Department of Correctional Service
  - Defence
  - Local Government
  - KZN Health

# Future Plans

- Review available international guidelines
- Review models of spiritual care locally and internationally
- Develop spiritual care guidelines
  - Who can/will provide the services
  - Need for Accreditation
  - Accountability
  - Training in Palliative Care (curriculum and competencies)
- Define the scope of practice for spiritual care counsellors
- Expertise with commitment in Spiritual Care
- Workshop- Spiritual Care
- **(RESEARCH)**

# Conclusion



# Some statistics-statssa vs global

Religion	Global	South Africa
Christian	33%	86%
Islam	21%	1.9%
Hinduism	14%	0.9%
Judaism	1%	0.2%
Ancestral/Traditional		5.4%

# Research Results: Spiritual needs (n=190)

Variable	Results %
Are you religious/spiritual	97%
Religion	Christian-86%; Traditional, ancestral-7%;
Believe in God	<b>98%</b>
Seeking stronger connection with God	<b>92%</b>
Feeling abandoned by God	12%
Punishment from God	8%
Abandoned by church	12%
Asking for forgiveness from God	<b>88%</b>

# Research Results: Spiritual needs (n=190)

Variable	Results %ts
Is life worthwhile	92%
Are you at peace	81%
Accepting death	70%
Afraid of dying	<b>26%</b>
Emotional suffering	74%
Physical distress	71%
Place of death	61% (hospital)
Palliative Care visit	97%
Spiritual visit (religious/traditional)	<b>22%</b>

# Conclusion

- We have an opportunity to shape our health care system
- Traditional Healer office at National Department of Health
- How do we collaborate?

# Acknowledgements

- National Department of Health
- Steering Committee for Palliative Care
- Task Team-Supporting Families and health Care Workers
- Gauteng Centre of Excellence for Palliative Care team

Thank you



# Wits Palliative Care

Centre for Palliative Care

Chris Hani Baragwanath Hospital  
Corner College Road and Theatre Road  
Postal Address: Chris Hani Baragwanath  
Academic

Tel: 011 933 0049/0260