



Spirituality as a Factor in Coping with a Terminal Illness
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Volume 9, No. 8

August 2009

Case: MB is a 78-year-old female who was diagnosed with breast cancer in 1971 and subsequently underwent a radical mastectomy. MB's husband died from prostate cancer in 1979 after being cared for by his wife leaving her with three sons, the youngest of whom was 15 years old. In 1995 she was diagnosed with ovarian cancer, and after a period of remission, the cancer metastasized and a recto-vaginal fistula necessitated surgery for a colostomy in 2008. During her period of remission from ovarian cancer, MB's 40-year-old son was diagnosed with a glioblastoma and was cared for by his mother at her home until his death in 1998. Two years ago, another of MB's three sons was diagnosed with cancer—prostate—and continues to do well with his treatment. MB was admitted to hospice care in 2008. In 2009, MB developed urinary incontinence and was found to have an erosive, metastatic bladder tumor.

Discussion: While *spirituality* and *religion* are often confused and the words used interchangeably, they are two distinct yet complementary entities. This writer describes spirituality as *a relationship with whatever one considers to be ultimate in one's life* while religion is a *system of rituals, beliefs, and practices which order and give direction to one's spirituality*. Throughout her struggles with her own illnesses and those of her husband and children, MB has coped through the help of not only an active practice of a religion but also a strong personal spirituality: a developed relationship with God. She describes her life and her family as *in the hands of God* and believes that *God arranged* for her period of remission from ovarian cancer to enable her to care for her son during his terminal illness. Throughout her time in hospice care, MB has remained peaceful and accepting of her diagnosis and prognosis as well as coping with the effects of a bladder tumor, fistula and colostomy.

Balboni, et al. reported that nearly half of the patients surveyed felt that their spiritual needs were minimally or not at all supported by a religious community, and 72% reported that their spiritual needs were supported minimally or not at all by the medical system.

MB, however, received strong support from her faith community, regular visits from her pastor, regular reception of the sacraments of her church, and regular supportive visits from the hospice spiritual counselor. As her health deteriorated, MB prepared her family for her death, giving instructions to her two remaining sons and receiving the

sacraments of her church daily. She continued to find meaning in her life not only in continuing to care for her family but also knitting and crocheting items for family, friends, and for a religious order operating a home for the elderly poor. Her peaceful acceptance of her many challenges in life is a reflection of the findings of many researchers that faith and a spiritual connection are key means of coping with the diagnosis and treatment of cancer. (Mervaglia; Steer & Lee)

Stephenson et.al. found that hospice patients struggle with the question of *who is in charge* as their health and life spin out of their control. Through her many challenges, MB came to believe that God is in control of her life, and while she did not understand the reasons why she and her family endured such suffering, she continued in her belief that her God is one of love and compassion. While she yielded the ultimate control of her life and destiny, MB did verbalize a concern of the cancer *spreading to my brain* and *losing control* because she feared her sons could not cope with this situation. MB also verbalized a concern for a son who enjoyed gambling and feared how he would handle his inheritance. She faced this worry by stating *I know I have no control over him, and I have to let it go and give it to God*.

It is well documented that the needs of cancer patients, especially those receiving hospice care, include attention to the spiritual dimension of their lives and illness. All those involved in the care of these patients must consider the whole person while caring for the patient, recognizing the important place of spirituality in their ability to cope. A large majority of patients report that spiritual beliefs and resources are important means of coping with the diagnosis, treatment, and prognosis of their cancer. Holistic healthcare for cancer patients must include providing spiritual care and support by competent, trained professionals, an area increasingly neglected in a healthcare system wrought with cutbacks and deficits.

References:

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3. Steer, C. John & Lee, Chris. Addressing Spiritual Care: Calling for Help. *Journal of Clinical Oncology*. 22(23) (December 1, 2004) pp. 4856-4858.
4. Stephenson, Pamela et. al. The Experience of Spirituality in the Lives of Hospice Patients. *Journal of Hospice and Palliative Nursing*. 5(1) (January-March, 2003) pp. 51-58.

For palliative care consultations please contact the *Palliative Care Program* at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, 623-3008, beeper 263-9041, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women's Hospital, 641-2108, beeper 917-9276, VA Palliative Care Program, 688-6178, beeper 296. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's page 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.