

**HotPick April 2004**

**Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers**

*Murray s, Kendall K, Boyd K, Worth A, Benton, TF.*

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This study highlights the critical importance of the spiritual dimension of people, and some of the issues surrounding the experiences of suffering different illnesses, and patient, carer and professional responses to them.

Spirituality is acknowledged as an important dimension in health care. What to do to alleviate it is more problematic: there are problems of definition, of the perception of just how important it is, of professionals' consciousness that this is an intensely personal area and an unwillingness to intrude.

By defining spirituality as the needs and expectations which humans have to find meaning, the authors have looked beyond religiosity to any belief system that generated meaning for individuals. Having said that, individuals that had a strong link to a faith found it most important in receiving comfort.

The devastating, sudden impact of diagnosis of lung cancer on people, and the period of fear, deep hurt and desperation as they waited the commencement of treatment were different experiences to the frustration and tedium of living with a chronic illness experienced by heart failure patients. Lung cancer patients experienced prolonged periods of despair punctuated with short periods of hope; heart failure patients described more concerns around physical impairment and frustration.

Patients from both groups reported keeping their distress from family and particularly health professionals. There was a perception that this form of distress was not part of the brief of health professionals. Moreover, it appeared that patients didn't quite know how to articulate the distress, even if health professionals were available and willing to explore the issues. Some were, however, certain that what they were experiencing was not depression. They were also very grateful when health professionals did have the capacity to explore these issues.

High level communication skills specifically probing for statements of existential distress, and plenty of time, were key commodities required to address these issues.

This is an important study because it highlighted the difference between malignancy and organ failure as causes of terminal illness. It is also important as a prospective study, which teased out the different phases of the illness experience as the patient approached death.

## **Reviewer**

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Dr Geoff Mitchell's main research interests are the role of General Practitioners in palliative care. His other research interests are in GP management of Attention Deficit Hyperactivity Disorder, and in quality issues in General Practice. He has authored over 50 refereed journal articles, book chapters and reports in these and other areas of clinical general practice.

He was involved in the development of a Hospice and a regional palliative care network in Ipswich. He has co-authored a clinical handbooks of Palliative Care entitled "The Blue Book of Palliative Care", "Therapeutics Guidelines: Palliative care.", and a national report into the palliative care education and support needs of GPs in palliative care.