Merseyside & Cheshire Cancer Network (MCCN)

Spiritual Care Guidelines & Standards

These spiritual care guidelines and standards are drawn from both the NICE Supportive and Palliative Care Guidance Chapter 7: Spiritual Support Services, the literature and the outcome of our own Network Spiritual Care Audit (2006).

Guidelines

1. Spiritual needs are included as part of the initial holistic assessment and ongoing care for every patient who has contact with a palliative care professional. Spiritual care should provide support to make sense of difficult life events - which may be achieved through exploration of spiritual and existential issues, fostering of realistic hope and the promotion of wellbeing.

2. All palliative care professionals will be aware of spiritual issues for patients and ‘families’ and be able, and feel confident, to respond in a flexible, non imposing and non judgemental manner, which includes support in living with unanswered questions, without necessarily having to refer on.

3. Palliative care professionals can facilitate access to different forms of spiritual support, religious or otherwise, sought by patients and ‘families’, and have a current awareness of local community resources in this area.

4. Recognising the spiritual needs of staff, palliative care services should facilitate the support and education of their own staff members, in the work they do in the area of spirituality and should encourage the process of spiritual caring which requires constant reflection, assessment and review.

Standards

1. Every patient record demonstrates (Grade D)
   a. documentation of an initial spiritual care assessment
   b. record of the patient’s faith tradition (religious affiliation or belief system), or it’s absence, and the significance of this for them.
   c. evidence of ongoing spiritual assessment and care

2. All palliative care staff will be able to demonstrate (Grade D)
   a. attendance at training in spiritual awareness at least on induction, and/or as part of their continuing professional development
   b. that they undertake assessment of spiritual needs
   c. that they provide, or arrange provision of, ongoing spiritual care
   d. access to
      i. suitably qualified, authorised and appointed spiritual care givers
      ii. a current directory of local community spiritual care resources (religious and other).

3. Each Integrated Clinical Network has (Grade D)
   a. a nominated person to be responsible for liaising with local faith leaders and other spiritual resources
   b. inpatient and day facilities with dedicated and accessible multifaith quiet space and equipment
   c. palliative care services whose policies and procedures reflect recognition of the spiritual needs, support & education of their own staff members.

4. Merseyside and Cheshire Cancer Network has an agreed Spiritual Care Policy. (Grade D)


4. Watts GF. Love and Death. In. p. inspired by the death of the artist’s friend, the Marquis of Lothian, in 1870, depicts Love, in the form of a naked winged Cupid, standing on the threshold of the house of Life, vainly trying to prevent the entry of Death, heavily draped with bowed head and invisible face, symbolising that death is unknown and unknowable.


