

Spirituality in the Health system

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 Launched on October 13, 2016 by **Deputy President Cyril Ramaphosa and** Minister of Health Dr Aaron Motsoaledi, the movement encourages knowing one's health status, increased physical activity, healthier eating, adherence to treatment, good sexual health and a safe, violence-free society.







- During the COVID-19 crisis, the church serves the spiritual and social needs of people afflicted by the pandemic which is gripping the world, and its key role was highlighted by the World Health Organization (WHO).
- On 31 March a panel of experienced church leaders and medical experts went on air to address the global challenge of the COVID-19 pandemic

from a medical, moral, and spiritual perspective.







The statement by the World Council of Churches and to the World Health Organisation

"As people of faith, we stand with the God of life, the source of all existence, life, and health. And we pledge our every effort to protect and safeguard life, to promote health, and to raise the prospects of the sick, the vulnerable, the marginalized, and the elderly. That is who we are, that is what we do, that is why we are here."







'WHO privileged working with churches'

- "So, we feel very privileged at WHO to begin to enter into a conversation and relationship with faith communities around the world because we do see the work, the existing work that you do and the existing role that you play in the lives of millions of people as absolutely critical at the moment."
- "In Africa, Asia, Europe, North America or elsewhere, each locale presents distinctive challenges for the churches' mission and healing presence, even apart from the medical assets that many churches have to offer in this situation."

The role of the church in the fight against Covid-19



- To teach/Educate
 - To counsel
 - To lead
 - To guide
 - To pastor
 - To Interpret
 - To comfort







- Churches do not speak with one voice, do not sing from the same hymn book
- Sometimes actively discourage their members to get a Covid-19 vaccination

Have been super spreaders and also



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- COVID-19 has not suspended life (may have made life worse than it was before Covid-19):
 - The poor are still poor
 - The unemployed as still unemployed and may even get worse
 - The sick are still sick
 - The destitute are still destitute
 - Drug addicts are still addicted





The realities of Covid-19 Pandemic

- The Covid-19 pandemic has affected all countries, societies, and health systems.
- It has disrupted varying spheres of our social, political, or economical lives.
- It has also intruded into our spiritual domain, which is the foundation of human existence and getting more attention in Global Health recently.
- "Spirituality is that aspect of humanity that refers to the way individuals seek and express meaning and purpose and experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" Christian Puchalski et al (2009).
- Despite the lingering uncertainty, COVID-19 silently offers us an opportunity to reflect on the spiritual impact it has on the world and our communities.
- In this broad sense, the spiritual impact is currently not unequivocally positive; however, humanity, as a whole, can take a spiritual leap forward.

Reflection on the Spiritual Impact of COVID-19



- COVID-19 creates a worldwide threat but reminds us we are a global community
- COVID-19 demands physical distancing but requires unified societal action.
 - Interconnectedness and the need for cooperation to solve
 Covid-19 crisis
 - Solidarity is key in defeating Covid-19
- COVID-19 attacks human beings but stirs up humanity as well
- COVID-19 ceases religious freedom but kindles faith



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• Why me?

• Where am I going?

• What must I learn?

Existential questions



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What is the role of the doctor?

Different opinions

• What are the needs

• What are opportunities







 Does spirituality play a role in the consulting room?

 Is it the doctor's task to explore and discuss spiritual issues?



Reproductive health



- Beginning of life
- Family planning methods
- Debate about condoms
- Unplanned and unwanted pregnancies
- TOP
- Incomplete abortions
- STI's and HIV



Lifestyle and health



- Healthy habits
- Vegans
- Supplements
- Vaccinations
- Harmful habits
- Sexual health
- LTBGI







- Restrictions: food, smoking, drinking
- Opportunities
- Coping and resilience

Values





End of life



- Aging and suffering
- Completed life
- Doctor assisted suicide and euthanasia
- Palliative sedation
- Death
- Life after death



Mental health



- Life skills and coping
- Habits and stress

Addictions

Guilt and shame



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What do you prescribe?



- Looking for meaning
- Superstition
- Severe regret
- Bitterness
- Loneliness
- Fear

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Racism





• Were you trained as a doctor to take a spiritual history?

• Are confident to take a spiritual history and explore further?

• How do you respond?



Doctor and/or pastor



Ethical boundaries

Abuse of power

Professionalism

Doctor's own spirituality and worldview





Spiritual history and counseling

- FICA
- HOPE

• Spiritual needs or distress

• Self or refer





Splituelly in the BCMP curriculum at the University of Pretoria Objective Holistic patient care by Clinical Associates. Faith Healers Sangoma Clinics Lifestyle Hospitals Faith Hope Health Faith Missions NGO's CHW's Relations ARV Programmes COMPASSION CALLING GRACE VALUES LIFE AFTER DEATH Spirituality MIRACLES SEP ANCESTORS HUMAN CONDITION Practices SACRIFICE LIMBIC RESONANCE Ethics COPING MECHANISMS PEACE SURVIVAL VALUE YOUR LIFE **ALTRUISM** Methods: - Short orientation by Hospivision in pastoral and trauma counselling. Learn to take a spiritual history: FICA (Faith, Impact, Community, Action). Assess the influence of the patient's faith and spiritual resources on the management of this patient. Identify patients where the spiritual factor had a positive or negative impact on the outcome. Reflect on the role of the clinician's own spirituality and on his/her function. Describe the effect of the integration of spirituality in the bio-psycho-social method on the patient-clinician relationship. Quality improvement projects on pastoral-spiritual care in district hospitals and clinics. nnect, commit and care. obe, 2009. care, Harold G Koenig, 2002. Dr Martin Bac, Dr Murray Louw, Dr Aldino Mulanga Department of Family Medicine, University of Pretoria UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIRESITHI YA PRETORIA



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Learning to integrate spirituality



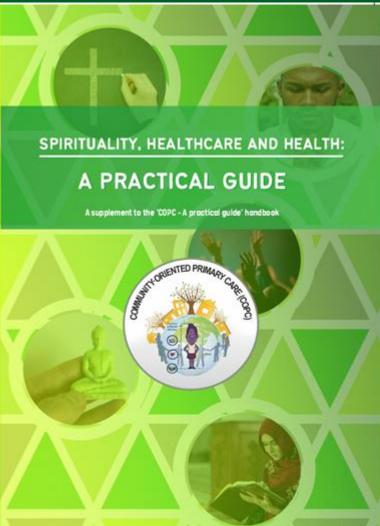
- Course like 'Saline Process' https://www.ihsglobal.org/SPOT
- Study books by Puchalski and Koenig:
- Oxford Handbook on spirituality and health
- Religion, Spirituality, and Health: The Research and Clinical Implications



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THANK YOU

ngiya thokoza ro livhuwa! enkosi! ke a leboga! dankie! ado liuhuwa! thank you! inkomu! ngiya60ngal ke a leboha! siyabonga!

