



Australian Government
Department of Health and Ageing

**FINAL REPORT:
LOCAL PALLIATIVE CARE GRANTS PROGRAM**

**Pastoral Care, Counselling and
Support Sub-program**

**SPIRITUAL CARE PROJECT
MID NORTH COAST DIVISION OF GENERAL PRACTICE
MAY 2009**

**Anna Bloemhard
Project Officer**

FINAL REPORT TEMPLATE: LOCAL PALLIATIVE CARE GRANTS PROGRAM

Pastoral Care, Counselling and Support Sub-program

Name of Project: *Mid North Coast Rural Palliative Care – Spiritual Support Project*

Name of Participant: *Mid North Coast Division of General Practice Ltd*

Population or geographic area the Project covered: *Coffs Harbour, Bellingen, Grafton and Nambucca Valley Local Government Areas*

Part 1 - the Participant is to provide the information required in the column on the right

Goals	Achievements
<p>Purpose of Project To embed spiritual care within local health care services to ensure that this element of care becomes an integral component of local palliative care service delivery</p>	<p><i>Was access increased? If so please explain how. (maximum 250 words)</i></p> <p>1. Overview 129 spiritual care educational events were held for health care professionals and volunteers on the Mid North Coast (see attachment A). The educational events took place in the form of seminars, workshops and in-service training by the project officer, as well as lectures and workshops by guest speakers. The events ranged from 45 minutes to 3 hours to full day workshops. Often these took place in health campuses or residential aged care facilities. At other times the workshops were not connected to a facility and were run on neutral ground in eg community centres, or other public buildings providing wider access to workers of all facilities.</p> <p>Topics in the workshops ranged from ‘What is spiritual care’ to ‘Aboriginal spirituality’; ‘Spirituality in death and dying’; ‘Spiritual self-care’; ‘Dealing with difficult conversations’; and ‘Spiritual care skills’. The project officer organised, developed and facilitated the majority of these workshops. A few times each year, budget permitting, guest speakers were invited to highlight different aspects and a wider exposure. See attachment B for examples of workshop programs and content.</p> <p>2. Special events. a) The ‘Conversations about spiritual care’ (a 4 week/2 hour) program was designed for volunteers and professionals in health care (see attachment C1-2). b) In 3 workshops in Grafton, Nambucca and Coffs Harbour we focused on Aboriginal spirituality and the project was fortunate enough to have local Gumbbaingirr elders ‘yarning’ about their spirituality and the spiritual needs of Aboriginal people in health care. These workshops were very popular (see attachment D).</p>

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	<p>c) An annual workshop for clergy and pastoral carers focused on understanding of the medical issues surrounding death, hospital admissions and dying. Speakers from the local palliative care team and aged care provided excellent information and discussion point (see attachments E1-3).</p> <p>As part of the project a ‘Pastoral Care Resource Directory’ was updated twice and is made widely available to volunteers, hospital wards and the palliative care team (see attachment E4).</p> <p>d) Six special events involved workshops and seminars with nationally recognised guest speakers and experts in the field of spirituality and care. Dr. Bruce Rumbold, Dr. Elizabeth MacKinlay, Petrea King, Ven. Rinpoche Tenzin Tsultrum, Judy Arpana and Radha Nicholson all attracted audiences between 20-35 participants for their mostly day long workshops (see posters in attachment F1-6).</p> <p>Conclusion: The high profile of the Spiritual Care Project has ensured that Spiritual Care now is an integral and well-recognised part of aged and palliative or indeed health care. It would be hard to quantify the results of the project as spirituality is not something to be measured, but is to be understood, recognised and practiced. However, evaluations of all workshops consistently show great appreciation and increased awareness and interest in developing spiritual care competencies.</p>
<p>Estimated number of patients/families carers to be assisted Up to 200 patients per annum</p>	<p><i>Estimate of number of people assisted</i></p> <p>129 events with 1704 participants over the period of 2006-2009 (see attachment A)</p> <p>In total 128 Spiritual Care events (seminars, workshops, lectures) were organised and the majority (more than 90%) of these were facilitated/led by the project officer. In total 1704 health care providers (RNs, AINs, ENs, social workers, psychologists, volunteers and some GPs) attended these events, but it needs to be noted that at times people came to more than one workshop, which means that the total number of people exposed to the training can only be estimated (possibly 1000-1400) (see attachment A).</p>
<p>Service infrastructure Staffing costs, workshop delivery</p>	<p><i>Resources funded by means of the Project (dot points)</i></p> <ul style="list-style-type: none"> • Spiritual care project officer’s wages • Spiritual care workshops, seminars, lectures facilitated by Project officer (catering, hall hire) • Spiritual care workshops, seminars, lectures facilitated by Guest Speakers (travel, fees, hall) • Professional development event for project officer (happiness conference) (travel, registration)

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<p>Physical resources Resource package for workshop participants</p> <p><i>Resources funded by means of the Project (dot points)</i></p>	<p>Resource booklets: (see attachment G 1-5)</p> <ol style="list-style-type: none">1. Spiritual Care for Self and Others (the first run consisted of 500 printed copies (\$3,250))2. Conversations about Spirituality, Grief and Death3. Death and Dying, Loss and Grief4. Self-care for Health Professionals5. Sharing and Celebrating Spirituality <p>The first booklet was designed as the spiritual care education manual for health professionals, to be used for self-paced learning, or as a guideline/outline for workshops. The booklet was distributed to the libraries of the local health campuses and RACFs. In addition, it has been distributed for free to the palliative care team, health care facilities, GPs and workshop participants. Recently it has featured on the MNCDGP's website (http://www.mncdgp.org.au) and in the publication 'Psycho-Social Update'. As a result of the wider distribution, copies have been ordered by palliative care organisations and RACFs in NSW and Victoria.</p> <p>Three new booklets have been compiled recently, using workshop notes and hand-outs. The fourth booklet consists of excerpts from the minutes of the critical reference group - 'conversations about spirituality' were an integral part of these meetings. These booklets will also appear on the MNCDGP website (http://www.mncdgp.org.au)</p> <p>In the next couple of weeks, a last publication will be posted on the same website containing a plethora of links to appropriate websites that have been screened for content. The information in that document has all the restrictions usually associated with information found on the web, but can be useful for the discerning student. For example, one section contains links to all the major world religions, another details several relaxation techniques and/or features spoken, guided visualisations.</p> <p>These booklets can be used for self-guided and self-paced study, as focal points for group discussions or can be used as a framework for workshops about spiritual care. A separate teaching manual was not constructed based on the belief that teaching spiritual care needs to be interactive, linked to present concerns and can therefore not be taught 'by the book'.</p>
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FINAL REPORTING TEMPLATE

ATTACHMENT B

Part 2 - the Participant is to provide the information required in the final three columns

The columns “project objectives”, “key activities” and “achievement of objectives” should contain information based on your grant submission. The columns “what did you do?” and “how did it go?” should contain information that explain if you undertook key activities and if not what activities you did undertake, and did you achieve the project objectives.

Project objectives	Key activities	What did you do?	Achievements of objectives, eg outcomes, performance indicators	How did it go?
<p>1.To provide spiritual care educational opportunities for local health care providers and palliative care education opportunities for local spiritual care practitioners</p>	<p>1.To establish a Project Advisory Group composed of representation from project partners and key local figures in the industry</p>	<p>1. The Spiritual Care Project was governed by the Critical Reference Group, whose (initially 15) members graced the project with their very diverse, highly competent and qualified input and advice. The group consisted of a GP, several clinical nurse consultants, members of the 3 local palliative care teams (Grafton, Coffs Harbour and Nambucca), the chaplain of Coffs Harbour Health Campus, the aged care professor of Southern Cross University, several Directors of Nursing from RACF and the manager of the Aged Care Assessment Team. The Critical Reference Group met once a month initially and since 2008, four times per year). From the very beginning we dedicated half an hour of the meetings to have a conversation about facets of spirituality from our own individual perspective, which</p>	<p>1. Although many members came to all meetings, over the years people moved away, had other jobs or commitments etc. At the end a core group of 5-7 members attended all the meetings. As a result of conversations at the Critical Reference Group meetings a booklet (Sharing about Spirituality) was published and is available on line (see attachment G5). It contains a compilation of these discussions. The members of the Reference Group agreed that publicising this would contribute to raising awareness and understanding of this multi-faceted jewel called spirituality.</p>	<p>1. The project officer would like to thank the well-qualified members of the Reference Group, who are all very active in the community, for their continued generous offers of time, wisdom and insight during the project. Their help was important in many ways. Individual members linked me to their organisations, organised or co-facilitated events, and promoted the project. As a group we discussed, planned, reviewed and recreated many events and at times the project officer would work with one person only. Often members of the committee would attend workshops, as participants and in some cases (e.g. the chaplain) as co-facilitator.</p>

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	<p>2. To develop a complete set of ‘exploring workshops’, involving experiential exercises, mini lectures, readings and dialogue on spiritual and pastoral care needs of the elderly and dying.</p>	<p>became a peer-education session for all and resulted, with permission of the members, in a booklet called ‘Sharing and Celebrating Spirituality (See attachment G5).</p> <p>2. Apart from the occasional lecture or key-note address, the workshops were designed to be interactive and experiential. The project officer kept the conversations in the workshops lively by gathering and reflecting back participants’ insights. I would illustrate comments and ideas about spirituality with practical examples and stories. I would confirm suggestions in the light of the literature on spiritual care to facilitate further discussions and usually would get the attention of even the most reluctant participants.</p> <p>As my Masters thesis explored spiritual care giving, it was easy to develop a series of initial handouts. As a result of interactive conversations during the workshop these were further developed in the 3 years of addressing specific issues that were raised during the workshops.</p>	<p>2. The hand-outs that were compiled and further developed for the workshops now have been compiled in a series of five resource booklets (see attachment G) which are available on the Mid North Coast Division of General Practice’s website http://www.mncdgp.org.au. The booklets can also be ordered for cost price from the Division.</p> <p>Resource booklets: (see attachment G 1-6)</p> <ol style="list-style-type: none"> 1. Spiritual Care for Self and Others (the first run consisted of 500 printed copies (\$3,250) 2. Conversations about Spirituality, Grief and Death 3. Death and Dying, Loss and Grief 4. Self-care for Health Professionals 5. Sharing and Celebrating Spirituality 6. Internet and resource document 	<p>2. In general, the hand-outs were given after the workshops were finished, because the project officer did not want to influence the content or directions of the workshops unduly.</p> <p>The booklets were compiled towards the end of the project. An initial run of 500 ‘Spiritual Care for Self and Others’ was printed and distributed for free to RACFs, the palliative care team, health campuses and workshop participants etc.</p> <p>The project officer was told by DoHA that there may be some funding available in the 2009/2010 to finance a print run for distribution of all the booklets, as the booklets are very popular and provide an alternative exposure to the project’s aims.</p>
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<p>2.To establish a network of providers who are able to become “spiritual care educators” and engage in activities with health care providers and ancillary staff</p>	<p>To conduct a minimum of one peer education learning and development workshops in each LGA for those who have successfully the initial education, previously detailed with the aim to sustain, disseminate and expand this knowledge base and to develop competent peer educators within the local community.</p>	<p>A 2 hour peer education learning and development workshop that run over 4 weeks (a total of 8 hours of teaching) was developed from the existing materials and offered in Coffs Harbour and in Grafton. The program was called ‘leadership in spiritual care’ and focused on meta-learning and the ability to share information about spiritual care with other health professionals (attachment H1-2).</p> <p>The aim was to train participants who had attended previous training events and were keen to play a leading role in their respective facilities (RACF, the Health Campuses in Grafton, Coffs and Macksville).</p> <p>As an alternative way of conduction peer education learning, I have been involved in all PEPA ‘Program of Experience in the Palliative Approach’ programs in the local government area. Since 2007 I conducted a 3 hour workshop on spiritual care for self and others (attachment I).</p>	<p>The peer education learning and development workshop program in Coffs Harbour was successful. From the initial 22 participants, 12 health care workers attended all sessions and received a certificate of ‘leadership in spiritual care’</p> <p>Although there was great interest in attending the course, there were some difficulties with the more structured part of the course, where participants received ‘homework’ and were asked to do presentations and lead discussions of the readings that were handed out. Because most healthcare workers do shiftwork it was difficult to follow through and did not always succeed; participants could not always attend, had been busy or had other obligations, etc.</p> <p>The course in Grafton was cancelled as after the first evening. There simply were not enough participants who could come to all sessions (less than 3 participants) and it was not profitable to continue.</p>	<p>The weekly topics in the program were:</p> <ol style="list-style-type: none"> 1. Spirituality and religious diversity (with guest speaker) 2. Facing death: assessing the impact 3. Communication skills and other interventions 4. Spiritual Self Care and supporting colleagues. (attachment H1-2) <p>Each session involved structured learning, mini lectures and interactive exercises. The participants learned about meta-learning and on how to facilitate greater understanding of spiritual care in other healthcare workers and how to keep discussions about spiritual care alive in health care settings.</p> <p>The last Spiritual Care training event took place in April 2009 and was called ‘Best Practice in Spiritual Care’. The seminar brought together all the different strands, themes and perspectives of the last three years. (attachment K)</p>
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	<ul style="list-style-type: none"> Produce a book of readings and training manual for the peer education learning and development workshops, including a CD-Rom 	<p>As discussed elsewhere in this evaluation, a comprehensive series of booklets was developed from the hand-outs of the workshops.</p> <p>In discussion with committee members it was decided not to proceed with a CD-rom, but to post these resources on line, so they are widely available and accessible for self-paced learning (See attachment G 6).</p>	<p>The booklets are very accessible, easy to read and inclusive. They feature appropriate photos and are visually attractive. This format entices even those who may not be so interested in ‘spiritual care’ or what they imagine this entices.</p> <p>The many photographs were graciously supplied for free by friends and colleagues.</p> <p>The booklets were professionally edited for free by Gai Stern from Bellingen and screened for inclusivity by Indigenous persons.</p>	<p>The booklets are very popular and I receive regular requests for copies (see attachment G6). Up till now the project has been able to provide copies for free and they are downloadable from the web. Printed versions of the booklets will continue to be available for cost price from the MNCDGP.</p> <p>As a result of these publications the project officer has been invited as a key-note speaker at several conferences. I also received several invitations to run workshops as a consultant, now the project is officially finished. Furthermore, the project officer will continue to offer to free educational sessions for local volunteer organisation.</p>
<p>3.To create a comprehensive resource package</p>	<ul style="list-style-type: none"> That a resources package that includes bibliography, relevant documents, selected journal articles and book chapters on spirituality and palliative care be collated into a CD-Rom and paper based format 	<p>Resource booklets: (see attachment G 1-6)</p> <ol style="list-style-type: none"> Spiritual Care for Self and Others (the first run consisted of 500 printed copies (\$3,250) Conversations about Spirituality, Grief and Death Death and Dying, Loss and Grief Self-care for Health Professionals 	<p>All resources and booklets are available on-line (http://www.mncdgp.org.au)</p> <p>The Spiritual Care for Self and Others had a print run of 500 and was distributed for free in the local health care community, RACFs and health campuses. (also please see point 1.2 in this report for more information)</p>	<p>A hard copy of all the booklets has been included (see attachment G). Additionally they are available from the MNCDGP’s website. A CD-rom containing all the booklets will also be submitted as part of this report. (also please see point 1.2 in this report for more information)</p>

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	<ul style="list-style-type: none"> • That this resource package be available to local community and health care libraries. 	<p>5. Sharing and Celebrating Spirituality 6. Internet and Reference Document</p> <p>A document detailing spiritual care resources, including books, journal articles and web-sites will be published on the MNCDGP website in the near future.</p> <p>The booklets have been widely distributed, as detailed elsewhere, and will continue to be available for downloading from the MNCDGP's website, and also can be ordered in hard copies for cost price.</p>	<p>Please note: Ms. Kim Douglas of DoHA suggested that there may be about \$3000 available in DoHA's next financial year's budget for another print run. This would be very welcome, as only the 'Spiritual Care for Self and Others' booklet has been printed widely and distributed locally to RACF, NCAHS departments, palliative care teams, GPs and other relevant organisations. The four other booklets have not been distributed to the partner organisations as the Spiritual Care Budget is exhausted.</p>	<p>Hopefully, these booklets also will be made available widely, eg on CareSearch and other palliative care web- sites. Many health professionals have given very positive feedback, saying that the booklets give a good insight into what spiritual care means. Wider distribution would ensure that a level of sustainability is build into the project's outcomes.</p>
<p>4.To provide a forum for ongoing discussion and exploration of these issues</p>	<ul style="list-style-type: none"> • To establish a peer support spiritual care forum based on the expressed needs of local health care providers 	<p>The workshops were a great avenue for peer consultation, conversations and interaction. They formed a fertile ground for discussion and exchange of ideas.</p> <p>Extensive networking within the palliative care, aged care and general health care community took place for the duration of the project. This included attending meetings and organising workshops in collaboration with:</p>	<p>As the hospital chaplain in Coffs Harbour explained in an address to celebrate the achievements of the three palliative care projects in this area funded by DoHA: 'spiritual care has been put on the map. Thanks to the project, there is now an understanding, language and competency in spiritual care giving' in this area (see attachment J1-3) As a founding member of Miindala, a spiritual and emotional volunteer support group in the Bellingen Shire, the project officer helped establish ongoing support for people who are facing a life-threatening</p>	<p>As there is no ongoing or continuing funding it will not be possible for health care providers, or even the link nurses, to continue the process of peer consultation and support apart from the opportunities they will have in their respective facilities.</p>

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	<ul style="list-style-type: none"> To develop a mechanism to ensure that this peer support forum continues after the completion of the project. 	<p>1.Directors of Nursing from the local government area’s RACFs 2.The local Palliative Care Team and the local hospitals, eg Coffs Harbour Health Campus, Baringa Private hospital, Macksville and Grafton district hospitals. 3.There were 2 other DoHA funded projects in the LGA and collaboration with the Palliative Care Project Officer and the Spiritual Care Coordinator of Catholic Care took place on a regular base. 3.The project officer is a Miindala foundation and board member, and also as the supervisor and educator for this local volunteer organisation providing spiritual and emotional care for people with terminal illness. 4.Extensive collaboration with the ‘Silent Visitors’ palliative care volunteer organisation at Coffs Harbour Health Campus</p> <p>The project officer, especially near the end of the project, was invited to be a key-note speaker at the State Palliative Care conference (attachment M); composed several powerpoint presentations (attachment N) and wrote a few papers for these occasions</p>	<p>illness. Volunteers with Miindala are part of NALaG (national association of loss and grief), and thus part of a wider network.</p> <p>The presentations, articles and powerpoints developed as a result of the project are a tangible resource for continuation of the project after its completion.</p>	<p>Now the project is finished, the project officer will offer to continue running trainings and workshops in a volunteer capacity or where appropriate as a consultant.</p> <p>A compilation of evaluation results shows an overall high level of satisfaction with the workshops and the project in general (attachment S).</p>
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	<p>Evaluation of the project was ongoing and at most workshops an evaluation form was handed out (Attachment R1-2).</p>	<p>(Attachment O). A practice report was published in the Australian Journal of Pastoral Care and Health (attachment P) and a review of the project in Psycho-Social Update (attachment Q).</p> <p>Evaluations from workshops and seminars were compiled into spreadsheets and formed the feedback mechanism or action research component of the project for improving workshops or finding new ways and different topics to present (Attachment R1-2).</p>	<p>The evaluation results that were compatible have been compiled to give an overview or summative average score for workshop satisfaction, learning experience and workshop delivery (see attachment S1) as well as a compilation of qualitative comments received at the workshop (see attachment S2). Please note that these compilations were chosen in no particular fashion; apart from that they were available in a similar evaluation form format and thus give an accurate impression of the success of the program</p>	<p>Written comments compiled from the same evaluations also showed that the project was well received (attachment S).</p> <p>Finally, a compilation of notes received from members of the critical reference group, managers of departments and health campuses and other health care professionals who were intimately connected to the program is included. They also confirm the importance of this very special project (Attachment T)</p>
<p>5.To integrate spiritual care practitioners into the local palliative care system</p>	<p>To identify and implement a process that enables spiritual care providers to become active palliative care team members who are available to provide support across the care</p>	<p>The spiritual care project in collaboration with Rev. Lenore Moules, the hospital chaplain, organised and conducted two half day workshops for clergy and pastoral carers focusing on understanding of the medical issues surrounding death, hospital</p>	<p>In total 62 clergy and pastoral carers from many different denominations attended these 2 workshops. Clergy had an opportunity to familiarise themselves with medical issues, palliative care and to feel more included in a</p>	<p>These events for clergy offered excellent information and discussion points. The evaluations of both workshops showed a high level of satisfaction with the content and presentation. Lively discussions in both workshops about the</p>

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	<p>continuum: acute, community and aged care setting</p>	<p>admissions and dying. All church denominations and religious organisations received an invitation to attend the workshops. Clergy had an opportunity to meet the local palliative care team and aged care providers, who spoke about their work and what can be expected in those situations. Prof. Colleen Cartwright explained Advance Care Directives and the right to die with dignity (See attachment E1-4).</p>	<p>team approach of professionals that supported clients with a life threatening illness or facing death.</p> <p>Rev. Lenore Moules is the hospital chaplain, a member of the Critical Reference Group and a member of the palliative care multi-disciplinary team at Coffs Harbour Health Campus. We worked together on many occasions; Lenore attended many of the workshops and clearly supported the project. She remarked on more than one occasion that since the Spiritual Care Project she feels that her role as pastoral carer is now more accepted, recognised and even more in demand.</p>	<p>moral implications of Advance Care Directives, the boundary between dignity in dying, self determination and concern about euthanasia.</p> <p>As part of the project a ‘Pastoral Care Resource Directory’ was updated twice and is made widely available to volunteers, hospital wards and the palliative care team (see attachment E5).</p>
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Where applicable, attach any tools, resources and other material produced for this Project, in support of this Report.

ATTACHMENTS

- A - Spiritual Care Trainings Completed 2006-2009**
- B - Training programs Spiritual Care Project**
- C1 – Poster ‘Spiritual Care Conversations’**
- C2 - Evaluation report ‘Spiritual Care Conversations’**
- C3 - Workshop notes ‘Spiritual Care Conversations’**
- D – Poster Aboriginal Spiritual Care Conversations Nambucca**
- E1– Poster clergy Palliative Care Seminar 2007**
- E2 - Letter of invitation for clergy**
- E3 - Dying with Care Evaluation results Clergy**
- E4– Poster clergy Palliative Care Seminar 2008**
- E5 - Pastoral Care Resource Directory 2008**
- F1 – Rumbold poster and invite health carers**
- F2 – Mackinlay poster workshop for health carers**
- F3 – Tibetan Monks poster**
- F4 - Petrea King poster and invite**
- F4 - Petrea King poster health carers**
- F5 – Radha Nicholson Inspiration and Freedom**
- F5 - Radha Nicholson report workshop**
- F6 – Poster workshop with Judy Arpana**
- G1-6 Spiritual Care Booklets**
- H1 – Leadership in Spiritual Care Poster**
- H2 - Leadership in Spiritual Care program**
- I - PEPA powerpoint for training for AINs/RNs**
- J1 - 3 Projects Celebration Poster**
- J2 - Press release 3 Projects celebration**
- K - Poster last Spiritual Care Event**
- L - Self-care program at Baringa**
- M - Paper for Sea Change NSW State Palliative Care conference**
- N1 – ERA research conference powerpoint presentation**
- N2 - Spirituality in aged care powerpoint presentation**

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- O1 – Impermanence paper**
- O2 – Longevity conference paper 2007**
- O3 – Bellinghen Institute paper - Turning towards the light**
- P - Bloemhard-Practice report**
- Q - Bloemhard-Practice PsychoSocial Update 081024 final**
- R1 - Evaluation result template**
- R2 - Evaluation templates Spiritual Care Project**
- S1 - Evaluation result summary spiritual care**
- S2 – Qualitative summary of Evaluations Spiritual Care Project**
- T - Congratulations Spiritual Care Project090318**
- U1 - Petrea King residential Aboriginal elders workshop poster and invite**
- U2 - Petrea King Aboriginal liaison teachers one day workshop poster**
- U3 - Rainbow ritual, Petrea King**
- V - Financial reports**

Part 3 - the Participant is to provide the information required below

Unintended consequences (if any) of the Project

Please include both positive and negative consequences. This information will be used to improve palliative care policy and service provision. Your organisation's relationship with the Department will not be adversely affected by a revelation of any negative unintended consequences of the Project.

Strictly speaking, the parameters and objectives of the project were focusing on palliative care and pastoral care. It soon became obvious that these boundaries were limiting the scope of the project and the project officer decided to extend the aim of the project to enhance the understanding and competency in spiritual care giving to all professionals and volunteers in healthcare. In Buddhism, illness, old age and dying are seen as the 'divine messengers' and to limit spiritual care education to those who care for the dying and those facing a life-threatening illness is unproductive and unnecessary. As a result the project reached far wider and was of much greater 'consequence'.

The program ran very smoothly and did not encounter major difficulties that impacted significantly on the delivery of the program and the achievement of the objectives. I had great support from the members of the Critical Reference Group and the management and staff from the Mid North Coast Division of General Practice, who administered the project. There was much cooperation with the project officers of the two other local DoHA funded palliative care projects, Julie Mildenhall from the Integrated Network Palliative Care Project and Penny West from the Palliative Approach in Catholic Care Project. Their ability to network and involve me in their projects resulted in wider access and visibility of the project. The very last event was a joint 'celebration of achievements of the 3 palliative care projects' and involved Bellingen Playback Theatre giving a spontaneous and creative response to the key features of the three projects (**Attachment J2-3**). The powerpoint presentation of that event outlined the main achievements and outcomes of the spiritual care project (**Attachment J1**). Support and networking also was received from the partner organisations, the local palliative care teams (Grafton, Coffs Harbour and Macksville) and Directors of Nursing and CEOs from the local RACFs and health campuses.

Collaboration with clergy and pastoral carers was facilitated by the hospital chaplain, who was a very active member on the Critical Reference Group of this project. This partnership added to greater understanding and acceptance within the religious communities and those who do not feel connected to any religion. A 'Pastoral Care Resource Directory' detailing the contact details of all participating organisations and available pastoral care services was updated twice during this project (**attachment E5**). However, some of the more fundamental religious groups did decline to participate in the workshops organised for clergy (**see attachment E**) and were not interested in any networking or further dialogue. This is further explained in the paragraph below.

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The very name ‘spiritual care project’ at times was an obstacle as it called up all kinds of interpretations, some less favourable and thereby possibly prevented some from participating or attending the workshops. Interestingly, what spirituality means was often the very first point of discussion in the workshops and mostly would dispel any reservations very quickly. A great example was a workshop/talk I was invited to give to a prostate cancer survivor group; after a ‘cold’ start, the group very quickly warmed to the spiritually enhancing experience of their illness. In contrast, all volunteer palliative care organisations wanted as much training as they could have and I did a host of workshops for the ‘Silent Visitors’ (Coffs Harbour), Miindala (Bellingen) and the Palliative Support Groups in Grafton and Macksville.

The project officer was regularly invited to run workshops with cancer survivors or other support groups (Alzheimer, older carers) and although, strictly speaking, this was not part of the project, it was always very rewarding, heart-warming and I believe, valuable, for the participants to explore the spiritual dimensions of their situation. Often friends, carers or family would be present and had the opportunity to talk about issues that were not always breached at home.

Although the project officer conducted regular training on health campuses, in RACFs, with the palliative care and social workers teams and other professional health organisations, time restraints played a big role in the delivery of those training programs. In-service training was often the only possibility for busy hospital wards or in under-staffed nursing homes to engage with the project. Yet, in-service training often was reserved for the obligatory medical training and if there was time for spiritual care training, this was restricted to 30-45 minutes of training and took place only once per semester or even year. A 4 week, 1 hour training in Dorriggo that took place at the very beginning of the project (and was very well received by staff and management with glowing evaluations), never was repeated – and when the project officer reminded the manager of other sessions she always was eager, *after* the restructuring, the obligatory training, hospital inspections and renovations, the paperwork etc. was completed. This story was repeated in many places, especially where the compulsory training had to come first.

Sessions that the project officer organised outside working hours and in public places such as neighbourhood centres mostly attract professionals and volunteers with an already well developed interest in spiritual care. They would share that they already incorporated spirituality in their care. Participation in these workshops was free of cost, but would not be paid for as working hours as nurse-educators could not afford to pay their workers to attend whole or half-day training sessions. As a result, some health professionals and volunteers attended most sessions the project officer would organise, where others (who might need it most) would not attend. However, it can be argued that these ‘leaders and advocates for spiritual care’ would influence the culture of the organisations they work for.

An interesting unintended consequence was a shift of focus from caring for others, to learning about how spiritual care for oneself could look like. As a result of the first workshops, the project officer learned that spiritual care could easily become another ‘demand’

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on an already over-stretched workforce. There was also a danger to see spiritual care as another ‘technology of healing’; something you apply to someone else who needs your expert help, like a medicine or a band-aid. Over the years of the project it became very clear that spiritual care needs to begin ‘at home’, that health professionals need to learn to be in touch with their own spirituality, their beliefs and needs. There was a great need for carers to learn about relaxation, meditation or other practices that would bring peace of mind, to counteract the pressures of modern life and workplace demands. Self-care, burn-out prevention and human flourishing or positive well-being became a focus of many of the later workshops. That change was received very well; spiritual care giving is much easier from a well-nourished sense of the spiritual; then it becomes easy to extend a loving hand to others in need. This shift in focus also made the workshops more interesting and experiential; it would build on knowledge that was already present and just needed to be remembered **(see attachment L for an example of a self-care program)**.

There is no doubt that spiritual care training raises a person’s awareness about these issues and provides an opportunity for further self reflection and self development (Wasner, Longaker et al. 2005). However, it also needs to be noted that a few one-hour training sessions only form the beginning of achieving a high level of confidence, skills and competency. Spiritual maturity is a process that needs ongoing attention and practice; as the project is now finished, the only opportunity for such engagement is with the resources that were produced as part of the project. Initially compiled from my Masters Thesis (Bloemhard 2005) and other resources, these handouts are now compiled in a series of booklets and available on-line at the Mid North Coast Division of General Practice’s website (<http://www.mncdgp.org.au>). The booklets are also for sale at cost price from the Division. The last 4 booklets were only finalised weeks before the closure of the project and there was no more funding to do a print run for distribution to RACFs, GPs and the local Health Campuses and Palliative Care Teams. After discussions with Kim Douglas, the DoHA may make some funding available in the next budget to accomplish a wider distribution.

Another great feature of this project was the many special events that were offered for free with guest speakers of international renown. These different events brought a wide perspective and understanding of spirituality and the care at the end of life (see attachment F1-6). Some of these events also involved a public lecture at Southern Cross University, which always attracted much interest and attendance. The teaching workshop about living and dying from a visiting Tibetan Buddhist Rinpoche was very well attended (**attachment D**). One newly arrived GP confided that ‘if a Division of General Practice can host such an event, I know I have come to the right area’. The project officer is grateful for the trust and support that was received from the CEO and project manager of Mid North Coast Division of General Practice given the unusual, ‘non-medical’ nature of the project and for organising events that were ‘different’ or a bit out of left field.

At some of these events my Aboriginal woman friend and mentor, Aunty Bea Ballangarry, would speak a heartfelt welcome to country. Petrea King met with a few of the Aboriginal elder women as she was interested in working with them. As the crowning unintended

Standard Funding Agreement

consequence of the project, in May 2009, Petrea returned for a residential workshop for female Aboriginal elders from the local Gumbainggirr tribe. Funded by her foundation, this workshop became a showcase and moving celebration of Aboriginal culture, the power of spirituality in healing and the ability to transform suffering (**see attachment U1-3**). It was an honour to be involved in this weekend and the day workshop following the weekend, with Aboriginal liaison teachers in school who are working with kids experiencing trauma and loss. As this event took place in early May 2009, it became for me a very rewarding farewell.

In conclusion, the project had many intended and unintended consequences, most of which were very positive. These consequences all involved embedding a 'language of spiritual care' in the local health care community and enhancing the capabilities of the workforce to engage in spiritual care giving. As the hospital chaplain said at the 3 projects celebration: 'Spiritual care is now an integrated, well accepted component of all palliative care. I have seen a big shift in my role as the hospital chaplain – although already invited to the multi-disciplinary team meetings with the palliative care team. As a result of the spiritual care project there is more awareness about the need for spiritual care and I am now often invited to participate in the care of palliative care patients.'

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Part 4 - the Participant is to provide the information required below on system level impacts and outcomes of the Project

This survey was completed (tick one)	
Through a group meeting to consolidate one response on behalf of the Participant	Yes, the critical reference group worked through the survey and together we planned the responses. The survey also was presented to the CEO and project manager of the Mid North Coast Division of General Practice
By an individual expressing their own views, and not necessarily those of the Participant	Yes also in this case as the project officer wrote, organised and compiled all the information in this survey.

Description of the Participant organisation

- Non-profit/charitable organisation** For profit organisation Non-government health care provider
Government funded health care provider Palliative Care provider Aged Care Provider
Aboriginal or Torres Strait Islander organisation Other (please describe):

How did the palliative care Project go?

Did it change the way you deliver services?

Yes, positively Yes

Was the impact on consumers acceptable?

Yes

Comments?

As mentioned before, the effects of spiritual care training are difficult to quantify; how these are rated depends on subjective interpretations, perspectives, circumstances and perceptions. The only clear indication lies in the evaluations and anecdotal evidence.

The evaluations show a consistently high level of satisfaction. The project officer did not notice adverse reactions, or any signs of distress or discomfort by any of the participants, at any of the workshops. Not one of the many evaluations over the years contained negative comments or rated the event as 'unsatisfactory'. No-one ever left the workshops prematurely, apart from one incident at the 'Freedom and Inspiration' meditation workshop. Two persons left, because they had expected talks and lectures and were not comfortable to sit in silence for the most part of the day. They elected to leave, rather than to experience first hand what all other participants described as 'peaceful'; 'a relief', 'so relaxing' and 'a real eye-opener and reminder of the peace within'. Even at workshops where people would share at the beginning; 'I am not spiritual' or 'I don't know about this'; at the end participants would agree that we 'are all spiritual beings' and that the whole concept 'was much more ordinary and acceptable' than expected. For further information see **attachment S2** detailing some of the qualitative comments from the evaluations over the years.

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How did the Project go for people with diverse cultural and linguistic needs?

Did the Project have any impact or outcomes for people from culturally and linguistically diverse backgrounds such as, Aboriginal and Torres Strait Islander people, children, people with dementia, financially disadvantaged people or people living in remote areas?

Yes If yes, please specify:

The spiritual care workshops were attended by people from different religious, cultural and ethnic backgrounds. Elsewhere it was explained that the word 'spirituality' had different meanings for different people. However, at the same time it seemed that the underlying unifying message of spirituality effortlessly crossed the boundaries for the culturally diverse populations on the Mid North Coast of NSW. Not one participant in all the workshops eventually disagreed with the following assumption: 'We are all spiritual beings; it is just that some are more in touch than others'.

Ivan Kolaric, a retired consultant of Police Management of Diversity wrote an excellent guide on religious diversity for the Victorian police (unfortunately out of print). He presented in one of the workshops and we discovered that his guidelines (awareness of diversity, acceptance, respect and inclusion) are the same as the guiding principles for all spiritual care.

As already written elsewhere, a great feature of this project were the many special events that were offered for free with guest speakers of international renown. These different events brought a wide perspective and understanding of spirituality and the spiritual needs at the end of life (**see attachment F1-6**). There was much interest in the teaching about living and dying, from a visiting Tibetan Buddhist Rinpoche (**attachment F3**).

Aboriginal spirituality featured quite prominently in some of the workshops as there is a significant and very vibrant Aboriginal community in the LGA. At some of these events my Aboriginal woman friend and mentor, Gumbainggirr elder woman Aunty Bea Ballangarry, would share her vision of Aboriginal spirituality or speak a heartfelt welcome to country. Aunty Bea also features in the 'Spiritual Care for Self and Others' booklet. In Nambucca we had a very insightful workshop about Aboriginal spirituality, attended by 6 Gumbainggirr elders and a large circle of health professionals (**Attachment D**). We learned about local stories of spiritual significance and the needs of members of the Aboriginal community when entering the health system and hospital.

Petrea King and her partner Wendie Batho were very interested in running a workshop with Aboriginal women and the project officer organised a meeting between her, Aunty Bea and some other local female elders. As the crowning unintended consequence of the spiritual care project, in May 2009 Petrea and Wendie returned for a residential workshop for female Aboriginal elders from the local Gumbainggirr tribe. Funded by sources connected to her foundation, this workshop became a showcase and moving celebration of Aboriginal culture, the power of spirituality in healing and the ability to transform suffering (**see attachment U 1-3**). It was an honour to be involved in this weekend and the day workshop following the weekend, with Aboriginal liaison teachers in school who are working with kids experiencing trauma and loss.

Standard Funding Agreement

The outcome for the Aboriginal community was significant. The elders and teachers had an opportunity to hear Petrea's life-affirming messages, which include the inherent resilience of the soul. The central precept of her work is the universal need to connect with life and to care for life, yourself and others at all levels – physically, emotionally, mentally and spirituality. Petrea and Wendie shared stories and significant practices that nurtured the spirit; they supported and empowered elders and teachers to be alive to the present. This involved finding ways to let go of the hurts of the past, without diminishing the suffering, pain and loss that each and every participant of these workshops had experienced – or still was experiencing. Petrea taught the rainbow ritual, a simple but powerful way of connecting heart to heart with significant others; those who have died; the ones we are separated from; people who are suffering or those who are in deep grief. Petrea handed out 3.500 colourful silk rainbow ribbons that represent and remind us of the power of that ritual. These ribbons are to go to Aboriginal school kids and others who are in need of reconnecting from the heart. All participants of the elder workshop received Petrea's book 'Your Life Matters' and the teachers received 3 rainbow books each in which Petrea shares how children can learn to cope with trauma and grief. Given the success of these workshops, Petrea King is hoping to find more funding to continue the workshops in this area.

If yes, are there any specific issues relating to these groups that you encountered during the Project? (please describe)

Specific issues for the Aboriginal community in this area (and no doubt in most areas) involve an extraordinary amount of inter-generational loss and grief, hurt and trauma, dislocation and alienation. Every family has many stories relating to stolen lands, stolen culture and stolen generations. Petrea had the courage to address the need for becoming free from the past, to let go and to forgive as the medicine of today's suffering. She explored the spiritual path that would give new hope, inspiration, self-esteem and courage to move towards healing and peace within.

As a participant, facilitator and organiser of these workshops, I witnessed profound sharing, profound healing and a sense of relaxation and an increased sense of self that was very touching. There are not many opportunities for Aboriginal people to share at such a deep level with each other, as the divisions born out of trauma often run deep between the different mobs. The safe and healing environment that Petrea and Wendie created had a profound effect on all who participated.

Bloemhard, A. (2005). Aged Care and spirituality: How do we care? Southern Cross University.

Wasner, M., C. Longaker, et al. (2005). "Effects of spiritual care training for palliative care professionals." Palliative Medicine **19**: 99-104.

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Agency, inter-agency and system effects of the Project

Please tick the appropriate boxes. Where a statement is irrelevant to your Project, tick the box marked 'Irrelevant'.

Please note: This survey was completed at a Critical reference Group meeting

Impact statement	Agree	Unsure/ don't	Disagree	Irrelevant	Comment
Different professionals and services now work better as a team to improve the services that people receive.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The palliative care and RACFs' multi-disciplinary team meetings now embrace spiritual care as an serious health concern.
The Project has improved the way that professionals providing palliative care in our area communicate with each other.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is now an inclusive 'language of spiritual care' that is understood by more health professionals
The Project was effective in improving information sharing between professionals providing palliative care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above
The Project has resulted in more patients receiving palliative care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The Project has resulted in a more streamlined and efficient referral process for our clients/patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Because spiritual needs are now better recognised and referral to chaplains, pastoral carers and volunteers has improved
The Project has resulted in better treatment and support for our clients/patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiritual care now has a higher priority, which supports relief from anxiety and fears for patients.
The Project has resulted in better volunteer services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All volunteer organisations received a significant amount of training in spiritual care issues and communication skills
The Project has resulted in better support for volunteers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteers also received training is self care, relaxation and meditation practices and personal development
The Project has raised community awareness about palliative care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some of the guest speakers also help public lectures about spirituality in health care and dying. I worked with many support groups to increase competency and awareness
The Project has increased the skills and knowledge of staff working in palliative care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The palliative care teams were invited to all workshops and at times I attended multi-disciplinary team meetings. The teams also received the many resources (booklets)

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Impact statement	Agree	Unsure/ don't	Disagree	Irrelevant	Comment
The Project has increased the palliative care skills and knowledge of staff working in other parts of the health system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All workshops were made available to all health care staff. Most RACF has at least one person attend the 'leadership in spiritual care' train the trainer workshop series
The Project has increased the palliative care skills and knowledge of staff working in the community care sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above
The Project has resulted in better services and support for carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above
The Project has improved the availability of bereavement support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The Project has improved the quality of bereavement support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Although this was not the focus of the project it has been an unintended consequence as volunteers had the opportunity to attend the workshops
We want the changes that the Project has achieved to continue.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As so succinctly stated in an evaluation in answer to the question what improvements could be suggested: for Anna to receive more funding!

Add any further comments on consumer, agency or system-level issues raised by any of the questions above (note the number of the question) or on any other matters not already covered in this feedback sheet.

I would like to share the following emails and correspondence received in the last weeks of the project, please also see Attachment S2 for qualitative evaluations of the workshops over the years:

From: Carroll, Vince [mailto:Vince.Carroll@ncahs.health.nsw.gov.au]

Sent: 03 February 2009 14:48

To: TAGBloemhard, Anna

Subject: RE: Spiritual care project meeting

Anna,

The education you provided received positive feedback both from the delivery and the balance of same from a spiritual and non spiritual perspective.

Well done and thankyou.

Regard, *Vince Carroll*
Area Health Manager, Bellingen and Dorrigo



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Dear Anna

Thank you for our time together. The impact that you've had in relation to the care of the real person has been immeasurable. The gentle way in which you approached managers whose working lives are so full of the materialistic things made it possible for you to get through to them. I'm sure that you were "god sent"
I agree that the little booklet is perfect for sharing.

Kind regards

Anne Sneesby, CNC, Manager of ACAT, Coffs Harbour



Dear Anna,

I am sorry I have not been able to be involved in Spiritual Care Reference Group, as it is difficult with limited staff & needing to get away to go to Coffs. I want to congratulate you on all that you have achieved during this time. I always enjoy listening to you speak & look forward to seeing you at the PEPA program in May.

Regards,

Di Green, CNC Palliative Care, Macksville Base Hospital



Dear Anna,

I just wanted to congratulate you on how well Saturday went. I spoke to a number of people afterwards who all gained a great deal from participating

Prof. Colleen Cartwright. ASLaRC



Hello Anna,

Regretfully I will have to apologise for not being able to attend the last of our meetings this afternoon. Thank you for the efforts you have made over the last couple of years to bring us together and to provide us with the many inspirational and educational opportunities in Spiritual Care. Please pass my apologies on to the group at today's meeting and my best wishes for the future. No doubt our paths will cross again on other occasions.

Michael Donnelly, Spiritual Care Coordinator,
Catholic Health, Coffs Harbour



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Dear Anna

I just want to congratulate you on the splendid job you did with the Spiritual Care Project. This was always going to be a wonderful project and your input insured that the outcomes achieved were truly great, Best Wishes,

Jane Phillips,
Program Manager
Education and Service Development Section
Cancer Australia



Dear Anna

Thank YOU for everything you have accomplished during this project. It has been a pleasure and an honour to be part of it! I do look forward to continuing our friendship - you have become a special part of my life's journey.

I would be most happy for our 'sharing' booklet to be put on the website. For me, it was a wonderful way of looking back over the project and recalling some of those special moments. Finally, my apologies for the workshop last Saturday - it just became too hard to fit it in, much as I would have appreciated the time out.

Blessings to you,
Lenore

Rev'd Lenore Moules <><
Chaplain , Coffs Harbour Health Campus
02 6656 7152

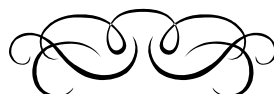


Congratulations for a job well done and the best of luck with your future,
love from Susan Edwards, CNC, Baringa Hospital



Thank you Anna, for giving yourself so generously and graciously to our Spiritual Care Project. You inspire, encourage and teach by example.

Sister Anne Henson, pastoral carer
Mater Christi RACF, Coffs Harbour



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To Dear Anna,

Thank you for the wonderful contribution you made to the Coffs Harbour Palliative Care Conference. Your presentation was an inspiration a reminder of why we need to go gently in the world. Many Thanks,

Joan Ryan, Palliative Care NSW



From: Claire McKenna [mailto:clairemc@bhs.org.au]

Sent: Tuesday, 31 March 2009 1:07 PM

To: Sarah Findlay

Subject: RE: Spiritual Care booklet

Anna

Thanks so much for the permission to print the booklet. I look forward to reading your series of booklets. I think the fact that it has taken 3 years of work is reflected in the quality of what you have already done and is the problem with so many other flyers/brochures which have been written without much consultation and over a very short space of time.

We will keep you in mind for future forums.

Regards
Claire

*Consortium Manager
Grampians Region Palliative Care Consortium*

*Phone 5320 3563
Mob 0428 737 330
Fax 5320 6493*



Once again Anna thanks for all your efforts in developing and presenting this entire program. It has really raised the profile of Spiritual Care in this region.

Michael Donnelly, Spiritual Care Coordinator,
Catholic Health, Coffs Harbour



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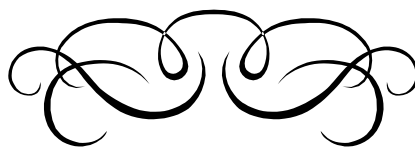
I would like to conclude this report with a few anecdotal stories to illustrate the impact of the spiritual care project.

Still in the early days of the project, I agreed to give a talk to a group of prostate cancer survivors who met in the local RSL. Running the gauntlet of poker machines and beer soaked air, I arrived in a small back room full of Aussie blokes...and thought; how am I going to talk about spirituality with them? I decide to listen instead and slowly the stories emerged of changed attitudes to life, of gratitude and appreciation for the support of their families, of going fishing and staring into the void their illness had created. Together we found a spirituality that was earthy, real and heart-warming. In the end they all agreed how good it was to explore the non-physical side of their predicament. They all wanted to go home and talk to their loved ones, or just spend more quiet time contemplating a new-found peace and acceptance of life.

One workshop participant in an in-service training, a cleaner in a RACF and former car mechanic, shows signs of boredom and disinterest. Finally he says 'I haven't got a spiritual bone in my body'. When asked what he thinks spirituality is he says 'oh, don't know, religion I guess or New Age stuff'. Slowly his attention changes and then he tells his story: The car fumes had made him really sick and after years of being at home he felt useless and depressed. He decided to take on a part time position and being with the 'oldies' in the RAC had changed his life. He never thought that finding meaning and purpose, being of service was spiritual and was delighted to discover that he was spiritual too!

One of the palliative care volunteers, who usually is very active and lively, was looking very gloomy and unhappy for a while now: A personal issue, I thought. She attended the workshop with Judy Arpana 'Facing Death, Finding Hope' where a central feature is a meditation on forgiveness. Afterwards, she commented that she couldn't do the exercise; she really felt hatred and admitted that this had poisoned her life for a while. She even had seen her doctor because she was starting to feel physical ill. Judy suggested to continue doing the exercise each day and maybe write a letter to the person who so consumed her thoughts. The letter then had to be burned.

The volunteer rang me 4 days later and told me that this dark cloud had evaporated after writing the letter(and burning it) and doing the exercises. She had been able to let go and realised that to forgive was not so much concerned with the other person, but really meant to take the burden of her own shoulders and the misery out of her own life.



This is the end of the survey. Thank you for your time.