



SPIRITUAL CARE

We humbly acknowledge that the land on which the Waterloo Wellington Integrated Hospice Palliative Care Network serves is located on the ancestral and traditional lands of the Anishnawbe, Mississaugas of the Credit First Nation, Haudenosaunee, and Attawandaron Peoples.

Spiritual issues often arise when a person is dealing with a serious illness and end-of-life concerns. These are some examples of how someone might express how they are feeling in words^{1,2}:

- “There is no one that really cares.”
- “I don’t know why this is happening to me.”
- “It’s not going to get better, so why bother doing anything more?”
- “I can’t take this anymore.”
- “I don’t feel like living.”
- “My life is meaningless.”
- “There is nothing left for me to live for.”
- “I need to be forgiven for what I did.”
- “What if all that I believe is not true.”

Spiritual Care Providers are specially trained to offer support through all stages of palliative and end-of-life care. They provide a compassionate presence that recognizes the dignity and worth of each person to help individuals:

- Find meaning and hope
- Face anxieties and fears
- Express feelings in their own way
- Connect with spiritual resources, including local faith communities, Elders, traditional healers and wellness programs
- Participate in reflection, prayers, rituals or ceremonies
- Be supported while thinking through challenging health care decisions

For more information about contacting a Spiritual Care Provider in your area, please ask a member of your health care team, visit www.caredove.com/wwihpc or contact:

**Kitchener-Waterloo / Cambridge
Hospice of Waterloo Region:**

519-743-4114 | info@hospicewaterloo.ca

**Guelph and Wellington County
Hospice Wellington**

519-836-3921 | info@hospicewellington.org

Lisaard & Innisfree Hospice:

519-208-5055

admin@lisaardandinnisfree.com

¹The GW Institute for Spirituality and Health (GWish), 2008.

²Puchalski, C.M., et al. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine*, 12(10), 885-904.