



## Spirituality and the end of life

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*We can never know what to want, because, living only one life, we can neither compare it with our previous lives nor perfect it in our lives to come. There is no way of verifying which decision is the right one for there is no comparison. Everything happens all at once for the first time and with no preparation.*

Milan Kundera, *The Unbearable Lightness of Being*

This month in *Canadian Family Physician*, Mystakidou and colleagues report on the results of a study conducted in Greece looking at patients suffering from advanced cancer to see whether spirituality had any effect on their feelings of despair and wish to end their lives (page 1720). Their results demonstrated that these feelings were widespread since 25% of participants were in despair and 15% wanted to die. This was in agreement with the results of earlier studies, which had revealed that patients at the end of life were more at risk, more desperate, and more likely to want to die than those in the general population were. In addition, the study established a relationship between the variables that showed that spirituality was likely associated with feelings of well-being. The authors thought that interventions aimed at increasing feelings of spiritual well-being and fostering a sense of peace at the end of life could contribute greatly to these patients' mental health. They also thought that these interventions would be beneficial even among those who did not have profound religious convictions.

### It's much easier to treat the pain

A great many family physicians (including me!) are ill at ease and feel somewhat reticent talking about spirituality with their patients. It is true that this subject is not normally part of the conversation; nobody would think it appropriate to question the spirituality of patients who consult for respiratory infections, arterial hypertension, or erectile dysfunction. Any doctor who, without apparent cause, raised the subject of spirituality with these patients would be considered eccentric. But even when circumstances seem right, such as in palliative care or when patients are gravely ill, family physicians are generally uncomfortable when talking about spirituality.

Most find it much easier to treat the pain and symptoms that come at the end of life than to raise these questions that seem so personal. After all, as one of my colleagues said, "We are doctors, not priests!"

The main misconception we have about spirituality is no doubt that it is associated directly and exclusively with religious beliefs and convictions. By definition, *spirituality* is the collection of beliefs and activities that are associated with spiritual values. For some, spirituality is synonymous with religion, while for others the notion refers more to a sense of being and to the moral values attached to that.

No matter what our personal beliefs are, we all agree that our lives are fleeting and that none of us will live forever. I invite anyone who doubts this to read Michel Albin's *Lazare*.<sup>1</sup> And when we get to the end of our lives, when death is on the horizon, it is quite normal to ask ourselves the existential questions that we normally prefer not to raise. Why me? Why now? Where did I come from? Is there any life after this one? But as Kundera points out, it is also normal to look back over our lives and wonder whether the choices we made were the right ones. Basically, what we all seek is to make sense of our existence and our death.

### Merely being attentive will help calm a patient's despair

When we come to the end of our lives, if death allows us time to reflect and does not scoop us up unawares as the result of a terrible accident or a sudden illness, let us hope that the doctor who is present at our bedside knows how to ease our suffering and distress. Let us hope also that beyond our illnesses, he or she can be attentive to our lives, no matter what paths we have chosen, and that he or she can help us to make sense of things. That attention to our spirituality should help to ease our despair and lessen the desire for death that haunts so many people at the end of life. 

**Competing interests**  
None declared

#### Reference

1. Albin M. *Lazare*. Paris, Fr: Broché; 1924.