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Introduction

Palliative care is de ned by the World Health Organization as "An strategy that enhances the quality of life of patients (adults and children) and their families who are dealing with challenges related to life-threatening disease" (source). With the early detection, accurate evaluation, and treatment of pain and other issues, whether they be physical, psychological, or spiritual, it avoids and alleviates su ering. I strive to thoroughly assess and attend to my patients' and their loved ones' needs as a palliative care physician. I am especially trained as an expert in evaluating and treating "pain and other bodily symptoms," therefore this may be a di cult task. I view myself as a generalist in terms of psychosocial and spiritual matters, with psychologists and social workers serving as experts in psycho-social care and health care chaplains serving as experts in the care of spiritual needs. In this essay, I'd want to discuss some ways that generalists like myself may take to detecting spiritual needs and delivering spiritual care in palliative care, as well as how multidisciplinary cooperation and specialised training might be advantageous, rst and foremost to our patients. In this study, I would want to discuss some ways that generalists like myself may take to detecting spiritual needs and delivering spiritual care in palliative care, as well as how multidisciplinary cooperation and specialised training might be advantageous, rst and foremost to our patients. I work as a consultant for doctors and nurses who are dealing with di cult palliative issues as a palliative care specialist. A general practitioner recently phoned me for advice regarding one of her palliative patients during a consultation. e conversation serves as an illustration of how spiritual concerns might come up during a clinical consultation between a doctor and patient.

e 34-year-old lady was the subject of the consultation. Just a er her second pregnancy, she underwent a cervical cancer screening, and the results were disastrous: Pap 5, stage IV. Ascites resulted from metastases in her lungs, peritoneum, and abdomen. She continued

shown to evaluate spiritual needs or spiritual well-being in palliative care [3]. e Quality of Life at the End of Life (QUAL-E) measure [4] and the Missoula Vitas QOL [5] are two instruments that measure

we have the chance to work together with colleagues from other professional disciplines, and when those colleagues greet a patient with a similar openness, it gives us the chance to have an even more thorough and comprehensive understanding of the patient during an interdisciplinary encounter. A referral to a spiritual care professional and assistance from a health care chaplain, a quali ed psychologist, or social worker should be taken into consideration when this understanding reveals that a patient has spiritual needs. In addition, coworkers at a team meeting like this could encourage one another to improve your own clinical language.

Discussion

I see myself as a generalist when it comes to spiritual concerns because I have a medical training that is primarily somatic. A team member who is a health care chaplain may serve as an important source of inspiration for the development of our own clinical language and our ability to speci cally "thread" consideration of spiritual matters into our knowledge of the patient. We observe a hopeful and comprehensible growth because it is challenging to discriminate between spiritual and psycho-social needs: In recent years, psychologists, psychiatrists, and medical social workers have also developed interventions to support/ treat patients, such as Meaning Centred erapy [11], CALM [12], and Dignity erapy [13]. It would be fascinating to monitor the best practices in how di erent disciplines succeed in partnership to meet patients' most fundamental needs. e Dutch guideline Spiritual Care in Palliative Care 2018 empowers collaboration between the chaplains and the psycho-social specialists. International curricula are also created, such the three-day Interprofessional Train-the-Trainer Spiritual Care Education Curriculum course o ered by the George Washington Center for Spirituality and Health. ese training programmes are designed to introduce and encourage interprofessional collaboration in palliative care for patients from all professional disciplines, in order to address their requirements including their spiritual needs [14-20]. In addition to focusing on the formation of an open and listening attitude and developing communication skills regarding spiritual themes, the programme strikes a balance between knowledge of spirituality and spiritual care.

Conclusion

In palliative care, analytical and holistic techniques are utilised to evaluate the patient's su ering, including their spiritual anguish. A holistic approach suggests the di culty of creating a personal therapeutic language that will allow us to accept and encourage patients to share their own narratives as they are aware of them and to be alert to emerging concerns and patient needs, including spiritual needs. In our e orts to develop this clinical language, which is the bearer of our witnessing the patient's su ering and discussing the support that as closely as possible matches the patient's needs, self-re ection, high-level interdisciplinary collaboration, and speci c training in interdisciplinary collaboration may be helpful.

Acknowledgement

Note applicable.

Con ict of Interest

Author declares no con ict of interest

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