

FAST FACTS AND CONCEPTS #449
END OF LIFE CARE CONSIDERATIONS FOR THE PENTECOSTAL PATIENT
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Introduction Pentecostals are a grouping of Protestant Christians. It includes many churches and traditions such as Assembly of God, Church of God, Holiness, Pentecostal Holiness, Apostolic, Charismatic, Spirit-Filled, Vineyard Fellowship, Four Square Gospel, and Full Gospel (1). Pentecostal beliefs place a strong emphasis on God’s supernatural power through the Holy Spirit which includes miraculous healing. At times, this can make goals of care discussions and end-of-life care challenging for the medical team. This *Fast Fact* provides guidance to clinicians in caring for Pentecostal patients near the end of life. **Importantly**, while what is discussed here may apply for many Pentecostals, clinicians must always use cultural humility in exploring the specific beliefs, practices, and care preferences of individual Pentecostal patients (see *Fast Fact* #216).

Pentecostal beliefs & practices relevant to end-of-life care

- God intervenes directly and physically through the power of the Holy Spirit. Physical sickness can be a manifestation of spiritual illness or misdeeds, so physical healing may require spiritual healing (2-4).
- Spiritual practices for healing can include clapping, dancing, praying out loud, raising hands in prayer, anointing with oil, music, scripture reading, prophecy, and speaking in tongues (5).
- Patients/families may reference a “word(s) of knowledge” provided by a minister or prophet, or even themselves, which not only predict the patient’s illness, but their eventual clinical recovery.
- “Spiritual warfare” may be a concern to the patient/family: the battle of good vs. evil and/or God vs. the Devil (6). As such it is important for most Pentecostals to “keep the faith” and maintain trust in a potential supernatural outcome. “Prayer warriors” may be mentioned as part of the patient’s spiritual ‘army’ in the battle of good vs. evil (and health vs. death).
- The patient/family may believe that a miracle cannot occur if they allow in doubt or negativity. *The miracle depends, at least in part, on their level of faith* (7).

Tips for the medical clinician

- Ask for support from chaplains to conduct spiritual assessment and address spiritual concerns.
- When Pentecostal faith statements are made at the bedside or in a family meeting, VitalTalk’s acronym NURSE (8) can be a useful tool to explore meaning, convey respect, and offer empathy.

	Example
<u>N</u>aming	<i>“It sounds like you are worried that talking about prognosis may make your husband feel like there is no hope for a miracle.”</i>
<u>U</u>nderstanding	<i>“Knowing this helps me understand more what you may be thinking when I explained how the chemotherapy is not working like we hoped it would.”</i>
<u>R</u>especting	<i>“You’ve done an amazing job of sticking with a very difficult treatment plan and remaining hopeful and faith-filled.”</i>
<u>S</u>upporting	<i>“Our team, including our chaplain, will do our best to support you spiritually. Your pastor is also welcome to attend our next meeting.”</i>
<u>E</u>xploring	<i>“Can you tell me more about what you mean when you said that God told you that he’s not done with you yet?”</i>

- Offer to discuss a patient’s condition with family away from the bedside if requested by the patient.
- Ask for permission to discuss prognosis or next steps.
- Phrases such as “we’ve reached the limits of what medicine/science can do” may be helpful.
- Enlist support from ethics if goals of care discussions reach an impasse.

Tips for the chaplain

- Let the patient/family know that their minister is welcome at bedside (or via phone if visitation is not possible) to pray or anoint with oil, or to attend the next family meeting.
- Invite the patient/family to offer the prayer to allow you to better understand their theology and hopes.
- Bedside items such as a Bible lying open to a specific Scripture requested by the patient/family (9), anointing oil, or a blessed prayer cloth may be welcome signs of spiritual support.

- Scriptures that speak of God's protection from evil and God's healing are often requested, such as Psalm 91 ("*Whoever dwells in the shelter of the Most High will rest in the shadow of the Almighty*") or Isaiah 53:4-5 ("*by his wounds we are healed*").
- Themes of divine protection, healing, trust, the power of the Holy Spirit, and imagery of the blood of Jesus providing atonement and healing may be welcome in theological discussion and prayer (10).
- If appropriate, explore with family if a miracle could occur without the use of artificial life support. For example, if extubation is being discussed, would the family find it acceptable with their faith to allow God to do a miracle if God wills after the breathing tube is removed? If appropriate, explore with family what may be a sign that God is "calling their loved one home."
- Reframe expressed feelings of guilt or 'lack of faith' if the hoped-for outcome does not occur and affirm the faith of the patient/family. For example, "*Your trust in God has been incredible to witness and I want you to know that I do not see anything lacking in your faith in God. I will continue to pray along with you for God's presence and guidance during this hard time.*"

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