

A Need of Philosophical Counseling and Palliative Care for Life Threatening Illness

DR MAYURI BARMAN
ASSISTANT PROFESSOR(SENIOR GRADE)
DEPARTMENT OF PHILOSOPHY
PANDU COLLEGE, GUWAHATI, ASSAM

Date of Submission: 22-08-2022

Date of Acceptance: 05-09-2022

I. Introduction :

In this universe we the human beings were born not to think individualistically but to help each others. Vie acing our lives from the cosmic angle make us feels tiny. It may seem as if we are in an island standing alone and thinking of our lives what will be out next plan to set our lives. This mysterious universe always makes our may which we find ourselves to help each other where we can give meaning to our individual lives from human-based perspectives. There are two ways of thinking about “humanity”. Humanity can be ‘thought’ individualistically and ‘holistically’. Though our individual effort we can make it holistically meaningful as individual human beings are the foundation of humanity where one by one individual become meaningful which leads to humanity meaningful.

View of different religions on life of death :

According to Hinduism, the purpose of life is the four universal goals – dharma, artha, kama, halsa. The true meaning and purpose of life holds in gods purpose. Life would be assured if there is no purpose and meaning of life. Buddhism believes in after life and the ultimate goal can be reach only through Nirvana, freedom from the cycle of suffering and rebirth.

Christianity believes death is only a consequence of sin and so deep soul is temporarily separated. In Jainism, there is a concept of self willed death to obtain freedom by sacrificing self. Assessment of spiritual needs leads to three factors – sense of meaning and purpose, means of forgiveness and source of love and relationship. In Jainism, it can be seen as willful death in the concept of Mahaprasthana or Santhara. The dvout Jains believe that Mahavira, the 24th Tirthankar, allowed Santhara, as the ultimate test of spirituality, will power, whose ultimate goal is purifying body and mind and facing death voluntarily.

II. Caring :

The concept of caring has become one of the important concept in ethics and in moral theory in recent times. The importance was recognized in the field of nursing and health care institutes. Caring, from the philosophical side can be seen its ethical value which arose from the work of the social psychologist Carol Gilligan. Gilligan argued from the different angle, a voice different from angle, a voice different from the duty centered voice that is concerned on actions of right or wrong on the more principles which set out our obligations to one another. But, Kant’s moral theory say that his theory of moral thinking is seen as inherently rational and dispassionate rather than giving importance to emotion or compassion Gilligan did not accept to think ethical problems along rationalist lines which will lead to progress in moral development. Whether it is emotional or rational;, expressions of caring are articulations of our moral being which is said to be valid.

III. Caring as a virtue :

Caring can be understood as a virtue. To act virtuously is to act in a way that is ethically admirable. It includes emotions, sensitive awareness, that motivates every actions with ethical importance. The notion of virtue overcomes the distinction between emotion of caring and ethical thinking on the other hand. On this dualism, caring belongs to those who prepare for the action rather them to the action itself, while under the ethical perspectives if we see the side of caring it will fall under actions inspired by caring rather than on the caring itself.

But the question arises what actually the agents go for. If the caring essentially emotional and amiable to moral evolution or ethical control, then their positions would be tenable, if this need to be true, the emotions that agents feels before or during their actions would be irrelevant to the moral status of those actions. But virtue is not an emotion, it is a completed form of emotional, motivational, cognitive as well as rational orientation of one’s whole being.

Alasdair MacIntyr gives the following definition of virtue – “A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and lack of which effectively prevents us from achieving any such goods.”

The important thing here is that virtue is defined with reference to the “practice”. But caring across various domains is not the same virtue. It takes different forms in different contexts such as mothering, friendship, healthcare etc. Though it is used in different context, still there is something common to all these variations of the virtue of caring. Caring should be analysed as an reformer of the self towards the world in many characteristic ways. It is not only emotional, motivational or a form thinking, but it is a orientation of the whole of our internal life, both emotional and rational which is a dynamic orientation towards the world.

IV. Positive Perspectives of Palliative Care :

Palliative care is a positive perspective that improves the quality of life of patients who are suffering and facing life threatening illness. P.C. is the kind of suffering – physical, psychological, social. Both children and adult get the special care of the whole body, mind and spirit and also involves giving support to the family.

Globally, it is estimated that patients with threatening diseases is around 40-60% of all deaths – majority of adults in need of P.C. have chronic diseases such as cancer 34%, respiratory diseases (10.3%), aids 5.7% and diabetes (4.6%).

Palliative care philosophy is a holistic approach for patients. Every individual includes doctors, consolidate the doxa of medicine which includes medical professional values that spread positivistic side that configure a control oriented by the organizing policy. They ensure that the patients and families get more palliative care instead of focusing on medical issues and logic and likely to strengthen and implement palliative care philosophy in practice.

Studies shows that palliative care in the community gives patients and their families higher quality of life and care. This research paper is trying to focus on their philosophical counseling and how it aims at in relieving and controlling pain and other symptoms with quality of care for patients and their families. World Health Organisation (WHO) defines palliative care as “an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual”. (WHO 2018).

The philosophy of P.C. is an holistic approach to patients with an aims to relieve and control pain and other symptoms. Palliative care is regarded as patient centred, comprehensive and multidimensional, addressing physical, psychological, social and spiritual dimensions of patients and their families (Wachzed et.al. 2016).

P.C. is ideally provided by doctors, nurses, psychologists, dietician etc. who used to play a pivotal role in nursing and caring with philosophically counseling them to get rid of the external pain in their body. This holistic approach provided by the terms establish one-to-one relationship with each patient.

If we see the philosophy of P.C. then certain positive vibrations can be seen :

Firstly, give people with life limiting illnesses a reason to hope and a feeling of greater self confidence and dignity.

Secondly, a holistic approach which respects the dignity and worth of each person.

Thirdly, an environment is created to nurtures them physically, intellectually, socially of spiritually.

V. Place of Spirituality in Palliative Care :

Spirituality plays a vital in leading peoples illness and finding a new meaning to life, reducing sufferings and improves wellbeing and connectivity with the values that guide the individuals search for purpose of life. Spirituality can be expressed in religious ways through a relationship with God or other higher power. It can also be expressed non-religiously through beliefs and values which is worshipped as a highest power, where it does not need to be religious.

CONCLUSION: Benefits of Spiritual Care :

Patients with extreme illness suffer with distress, hopeless, angry, fear etc. A spiritual crisis for such patients may lead to negative impact on a persons well-being at the end of his life. So, spirituality in palliative care can change this meaning of life and purpose. Thus, spiritual care is defined as assisting people to connect to their practices and ideas that are at the centre of their being and gives them meaning to life.

Patients with their spiritual care were found to have inner peace rather than dwelling their impending death. By focusing on this spiritualism patients can control their life with better well-being. An aspiring quotation by Viktor Frankl, “Man is not destroyed by suffering, he is destroyed by suffering without meaning.” Thus, it shows the importance of spiritual care is needed for the people who are suffering with tragic illness to cope with their lives through meaning and purpose. Spirituality is said to be the effective keeping mechanism. It is an essential part of the “existential domain” measured in quality of life. Spiritual beliefs can help every patients to cope with diseases and face death. Studies shows that 75% of patients stated that religion had a significant place in their lives and 49% said that they had become more spiritual after their diagnosis. Among 90% HIV positive patients who are spiritually active had less fear of death and less guilt. The common spiritual reassurances cited were beliefs that they would be in the loving presence of God or a higher power, that death was not the end but a passage, and that they would live on through their children and descendents. Patients with their terminal illness pain is everyday reality where they suffer with fear, distress, loneliness etc. In developed as well as undeveloped countries, lots of people are dying slowly in unrelieved pain with physical, psychosocial problems. Thus, the power of spirituality is a positive thinking with hope for meaning to life.

Bibliography:

- [1]. Devi,B.C.R,Tang T.S and Corbex,M “ Setting up home based Palliative Care in Countries with limited resources: a model from Sarawak, Malaysia”, European Society For Medical Oncology, Oxford University Press, 2008.
- [2]. Jane Urie, Marie Fallon, “ Palliative Care” The pharmaceutical journal vol 265,October 2000.
- [3]. Rinck GC, Van den Bos GA, “ Journal of Clinical Oncology, American Society of Clinical Oncology, High Wire Press,1997.
- [4]. Santha, S, “ Palliative Care. The Social Science View”, Abhijeet publication, New Delhi,2015.