

## Praying for Patients at the End of Life: A Form of Spiritual Care

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### Dear Editor,

The role of spiritual care in critical care nursing is very important. Patients with end-stage diseases usually have painful experiences at the end of life. Provision of adequate supportive and palliative care is a major issue in nursing. The integration of religious concepts in new nursing principles is an interesting phenomenon, which can be effective (1). In this regard, Bahar et al. noted that “nurses should be closely acquainted with the prevailing traditions and religious beliefs in the communities where they serve” (2).

Here, the authors, as a holistic care team, aimed to discuss the practice in a rural area in northeastern region of Thailand, a tropical country in Southeast Asia. Although Buddhism is deeply rooted in Thailand, a Buddhist approach to spiritual care has been only applied for a few years and it is considered as a new phenomenon. As a Buddhist country, local patients usually have faith in Buddhist principles and hold religious amulets for psychological support at hospitals.

The patients’ relatives usually bring different amulets to the patient’s bed and pray for healing through superstitious powers. Accordingly, local hospitals integrate the local belief in the concept of spiritual care to support patients at the end of life. At hospitals, specialized nursing teams are appointed to pray for the patients. The patients respond to the prayers as they start to feel more relaxed, and the relatives feel content to hear the prayers. In fact, this confirms the concept proposed by Fournier on “creating a sacred place in the intensive care unit at the end of life” (3).

Praying for patients at the end of life has been shown to be an effective nursing practice, supporting both patients and their relatives. Masa’Deh et al. noted that “most family members want this option for some religious and cultural reasons such as praying and supplicating to support their loved one” (4). There are various “dying care” interventions (5), some of which are complex and require additional instruments in need of systematic evaluation (5).

In comparison with other techniques, praying can be simple and easy-to-practice. It requires no complex tools and imposes no costs on anyone. It is also understandable and involves the patient’s family and relatives, as an important neglected part in “dying care” interventions (6). This process can help support both patients and their relatives. In addition, it is a way to create a “sacred space” (3) in the care unit, and at the same time, nurses can practice some good deed in line with their religious beliefs. Finally, in our opinion, nurses can use praying for patients at the end of life as an effective strategy to support the patients and their relatives and prepare them for a peaceful death.

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