

THE IMPORTANCE OF SPIRITUAL CARE IN PATIENTS WITH NEUROLOGICAL DISORDERS

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Dear editor,

Spiritual care takes patients' needs, options, resources, civil rights, and limits in the field of religiosity/spirituality into account. Spiritual care is not a (burdensome) add-on to "normal" care. On the contrary, it encompasses everything that makes a therapeutic relationship "spiritual", especially the helpers' first person-perspective (my spiritual journey, my mindfulness, my difficulties with religion and spirituality) (Frick 2017). Herein, we present our observations on spiritual support in patients with neurological disorders to increase the awareness of clinicians regarding the importance of spiritual care.

Patients with a variety of neurologic conditions such as Parkinson disease, dementia, amyotrophic lateral sclerosis, brain tumors, stroke, and acute neurologic illnesses have substantial unmet needs that can be addressed through a combination of primary and specialty palliative care. The complex needs of these patients are ideally managed with a comprehensive approach to care that addresses the physical, psychological, social, and spiritual aspects of care in an effort to reduce suffering (Robinson & Holloway 2017). De Fazio et al. (2015) examined religiousness and spirituality in patients with bipolar disorder. They found that religiousness and spirituality were important when facing symptoms and relapses in the life world. These beliefs influenced the relationship with psychiatrists and spiritual figures of reference (Fazio et al. 2015). A significant positive association was found between religion involvement and quality of life in patients with schizophrenia (Caqueo-Urizar et al. 2016). In our daily practice, we have also observed peaceful and relaxing effects of religiousness, spirituality, and spiritual support in many patients with neurological disorders and their families in our hospital. Religion and spirituality were also important for many patients not only cope with serious illness such as brain tumor and stroke but also simple diseases such as acute viral myositis and febrile seizure.

In the treatment of spiritual distress, clinicians are responsible for attending to the suffering of their patients. Clinicians should treat patients' spiritual distress, as with any other distress. Patients' spiritual resources of strength should be supported and integrated into the treatment or care plan (Puchalski et al. 2019). Spiritual care providers should be able to answer following questions related to meaning and purpose in life, which were asked by many patients: Who are you? Where do you come from? What are you doing here? What is your destination? The short answers of these questions are as follows: I am God's servant, I was sent from the unknown realm to this world to be tested and I am a traveler to the hereafter. These people you see are creatures brought to the realm of being rather than the darkness of nothingness with the power of Eternal Sultan. Eternal Sultan has chosen us humans among all His existence and has given us great trust. We move towards eternal bliss through resurrection. Our job in the world is to develop our talents, which are our capital, by provide those ways of eternal bliss (Nursi 2012).

In conclusion, we would like to stress that spiritual support and care are important for many patients with neurological disorder in all societies and cultures in the world; therefore, health professionals should take into account patients' religiosity/spirituality and spiritual distress.

Acknowledgments: None.

Conflict of interest: None to declare.

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