



Connections

Giving hope, comfort, peace and sharing community with those we serve.

Communications Strategy Update

The Boards of Directors of the Interfaith Health Care Association of MB (IHCAM) and the Catholic Healthcare Association of MB (CHAM) met on April 30th to take part in the presentation of the proposed Communications Strategy that aims to demonstrate the strength faith and values based not-for-profit independently owned organizations in the health and human service sectors can bring to the province of Manitoba. This gathering comes after nine months of research, surveys, focus groups and one-on-one interviews.

The next steps include appointing 7 people to an advisory council that will give the direction on the first phase of implementing the action plan and determine the budget requirements which will then be presented to each respective board for approval.

Butterfly Model of Care in Canada (BMC)

Last February, the National Director of the BMC came to Winnipeg with her associate to present a half day public lecture and a full day workshop on this model of care. BMC rests on the belief that for people experiencing dementia, feelings matter most, that emotional intelligence is the core competency and that “people living with a dementia can thrive well in a nurturing environment where those living and working together know how to “be” person centered together.”

(Dr. David Sheard). The Butterfly Project incorporates several key components and guides and nurtures leadership, staff, families and care partners to be person-centered and relationship focused through established methodologies, tools, and staff Being a Butterfly training workshops.

A number of attendees indicated that they were quite interested in seeking how they could implement elements of this model into their PCHs.

IHCAM is therefore in the process of having conversations with some of the CEOs and Dementia Care Matters on determining next steps.

Designing for dementia is not about buildings first, but about developing a transformational culture of care.

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Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.

Health Care The field of health care is broadly defined as the field concerned with the maintenance or restoration of health of the body or mind.

Caring for the Human Spirit Conference — May 21 & 22

IHCAM is once again sponsoring the Healthcare Chaplaincy Network’s Annual Conference at no charge to those interested in attending the sessions. Please refer to the poster within this edition of *Connections*.





SPIRITUAL CARE:

WHAT IT MEANS,
WHY IT MATTERS
IN HEALTH CARE

Update on Spiritual Health in Manitoba's Health Transformation System

There is growing recognition that excellent patient experience encompasses the whole person, including spiritual care.

In IHCAM's February edition of *Connections*, we informed readers of recommendations that have been taken by last year's Provincial Spiritual Health Advisory Committee to government with respect to the provision of Spiritual Health Care throughout Manitoba's health sector.

Despite their indication the emphasis will continue on key programs including healthcare (read below), unfortunately, no further developments or communications have transpired between IHCAM, MHSAL or Shared Health on this matter.

The executive director of IHCAM will continue to advocate on behalf of its members and other organizations who recognize the importance of spiritual care in the health system.

IHCAM, the Manitoba Multifaith Council's Spiritual Health Committee, and the Manitoba Chapter of CASC have expressed concerns in writing about some Spiritual Care positions that were not renewed or left vacant for much of the year in some health care facilities.

Earlier this year Manitoba Health, Seniors and Active Living (MHSAL) communicated its intent on reorganizing and refocusing its mandate to support health system transformation by strengthening its focus on policy, planning, funding and oversight. As a result, the department has reorganized into four new divisions - with no program-specific branches.

The provincial health system will continue to place emphasis on key programs and services, such as mental health and addictions as well as spiritual health care. However, the design of the new department intentionally shifts the work of MHSAL away from direct service delivery and program implementation. Greater emphasis is being placed, moving forward, on evaluating how the health system best meets the needs of the client/patient and citizen.

As a result, there is no longer a Mental Health and Addictions (MHA) Branch. The MHA Branch has been working to transition our policy, planning, funding, and oversight related work to the appropriate branches within the department. Government is also working to transition its service delivery and program implementation work to service delivery organizations such as Shared Health. The majority of the former MHA Branch staff will be taking their knowledge of mental health, addictions and spiritual health care into new branches, such as Policy and Standards and Knowledge Translation.

The detailed planning of MHSAL's reorganization is ongoing and the department will be connecting with organizations, programs and service areas as planning progresses to discuss how ongoing and upcoming work may be affected or influenced. When the work is formally transitioned to a different Branch or to Shared Health, organizations like IHCAM should be notified.

Physicians Addressing Patients' Spiritual Concerns at the End-Of-Life

Part I: Researchers at the University of Chicago and other universities analyzed data from a survey of a national sample of 1,156 US physicians from various specialties to **determine attitudes toward addressing patients spiritual concerns at the end-of-life and physicians willingness -- if asked by patients -- to engage in prayer.**

The average age of physician participants was 46; 65% were male; 66% were white non-Hispanic; were 60% family medicine or internal medicine; 57% were Christian, 10% Jewish, 10% Muslim, 7% Hindu, and 12% none. Religion was "very important" or "most important" to 41% of physicians responding.

Results: Two-thirds (65%) indicated that "For doctors, addressing patients' spiritual concerns at the end-of-life is essential to good practice"; and 81% indicated that it was appropriate for the doctor to encourage patients to "talk with the chaplain or pastoral care provider" usually/always.

More than half (55%) said that they would "join the family and patient in praying," if asked; 62% indicated that they had not actually prayed with patients or family members within the past 12 months; 18% indicated they had prayed with 1 or 2 patients; and 21% indicated they had prayed with 3 or more patients.

Jewish physicians were least likely to encourage patients to talk to a chaplain (OR=0.41, 95% CI=0.20-0.82, compared to those with no religious affiliation), whereas Catholic physicians were most likely (OR=1.96, 95% CI=1.10-3.47, compared to those with no religious affiliation). In general, more religious physicians were more likely to believe that spiritual care was essential to good medical practice.

Citation: Smyre, C. L., Tak, H. J., Dang, A. P., Curlin, F. A., & Yoon, J. D. (2018). Physicians' opinions on engaging patients' religious and spiritual concerns: a national survey. *Journal of Pain and Symptom Management*, 55(3), 897-905.

Comment: While the majority of physicians agreed that spiritual care is essential to good medical practice for patients at the end of life, note that 35% (over one third) weren't so sure about that. Likewise, 45% of physicians said that they would not join the family and patient in prayer, even if asked to do so.

Given the 62% response rate to the survey, it is likely that this is a "best case scenario" since physicians not interested in the topic probably didn't respond.



Part II: The same researchers analyzed data from the national sample of US physicians, this time seeking to examine physician **perceptions of the psychological impact of patient prayer and beliefs at the end-of-life.**

Results: 85% indicated that patients' prayer at the end-of-life has a positive psychological impact; 51% indicated that the patient's belief in "divine judgment" had a positive psychological impact; and 17% indicated that patients' expectation of a "miraculous healing" had a positive psychological impact.

With regard to discussing death with patients towards the end of life, only 52% said they felt very comfortable doing so (38% said somewhat comfortable and 10% said not comfortable). Hindu physicians were most likely to indicate a high comfort level talking with patients about death (OR=3.00, 95% CI=1.28-7.02, compared to those with no religious affiliation). Physicians who indicated they were "spiritual but not religious" were less likely to feel very comfortable in talking to patients about death (OR=0.66, 95% CI=0.48-0.91); likewise, physicians who believed that patients' expectation of a miraculous healing had positive psychological benefits were also less likely to report feeling very comfortable talking with patients about

death (OR=0.65, 95% CI=0.45-0.93). Researchers concluded: "Formal training in spiritual care may significantly improve the number of religion/spirituality conversations with patients at the end of life and help doctors understand and engage patients' religious practices and beliefs."

Physicians' religious characteristics and their perceptions of the psychological impact of patient prayer and beliefs at the end of life: a national survey.

Citation: Thompson, K., Tak, H. J., El-Din, M., Madani, S., Brauer, S. G., & Yoon, J. D. (2019). *The American Journal of Hospice and Palliative Medicine* 36(2), 116-122.

Comment: Only a bare majority (52%) of US physicians felt very comfortable discussing death with patients, whereas many physicians felt less than very comfortable when confronted with this task. Most physicians (over 80%) did not think that patients praying for miraculous physical healing was in their best interests. However, physicians for whom religion was the "most important" were more likely to believe that that patients' belief in miraculous healing was something psychologically beneficial. Miracles that happen at the end-of-life in response to prayer may not always involve physical healing.

MEMBERSHIP OPPORTUNITIES

The Interfaith Health Care Association of Manitoba (IHCAM) is a voluntary non-profit provincial association created in 1995 and comprised of health and social care organizations that are owned and operated by nine faith groups; Baptist, Catholic, Jewish, Lutheran, Mennonite, Pentecostal, Salvation Army, Seventh-Day Adventist and United. IHCAM advocates on behalf of its membership the value of faith-based health care and governance, and creates opportunities for sharing of information, formation, and communication.

IHCAM's membership represents over 13% of Manitoba's health care budget employing over 10,000 staff and attracting over 2000 community volunteers. **Associate Members consist of individuals or non-profit health care organizations operating in the Province of Manitoba.** If you, or your organization, is interested in becoming a Regular or Associate member, contact our executive director Julie Turenne-Maynard for more details at 204.235.3136 or jtmaynard@cham.mb.ca.

<http://www.ihcam.ca/media/IHCAM-Membership-Application--Fees-structure.pdf>

FORMATION DEVELOPMENT FUND FOR MEMBERS



Interfaith
Health Care
Association
of Manitoba

Members who are interested in attending the October 31st retreat or another formation opportunity and require financial support are invited to submit an application to the formation



Shahina Siddiqui is the Executive Director of the Islamic Social Services Associations. A well-known leader in the Islamic community, she is a free-lance writer, author, spiritual counselor, speaker and educator. Shahina has been working for decades to build bridges between faith and cultural communities, to help preserve human rights, develop cultural competency and mutual understanding.

an afternoon with Shahina Siddiqui

Spiritual Care & MUSLIM TRADITIONS

—Interactive Learning Retreat June 12, 2019—

Drawing on Muslim civilization's medical scholarship, breakthroughs, and knowledge; participants will receive tools and insight to improve care for the individual and family in trying times, considering medical options, and end of life decisions.

REGISTRATION

Please join us on June 12, 2019
12:30: Vegetarian Lunch
1:30 - 4:30: Retreat

Registration Fee: Lunch Included: \$45 \$40 CASC Member \$20 Student
Without Lunch: \$30 \$25 CASC Member \$10 Student

Location: Winnipeg Central Mosque
715 Ellice Avenue, Winnipeg, MB R3G 0B3

Please RSVP prior to May 28, 2019 by e-mail to CascMbContEd@gmail.com noting any dietary needs. Payment can be made in advance through Interac E-transfer sent to cascmbst@gmail.com or at the door via exact cash or cheque made payable to CASC Manitoba.



UPCOMING EVENTS

- **Manitoba Multifaith Council AGM** May 14
- **HealthCare Chaplaincy Network Caring for the Human Spirit Conference** May 21 & 22
Misericordia Health Centre
- **Centre de Santé 20th Anniversary** June 06
- **Spiritual Care & Muslim Traditions** June 12
- **Grey Nuns 175th Anniversary Celebration** June 21
- **Charity Golf Tournaments**
St. Amant June 6 & 13
<https://stamant.ca/foundation/>
Eden Health Care Ironman June 19 <https://edenhealthcare.ca/events/upcoming-events/iron-man-2019-registration-is-open/>
Misericordia Golf Classic June 26 <http://www.misericordiafoundation.com/misericordia-golf-classic.html>
MCC Mb Golf Tournament July 10
- **SBH Cardiac Classic** August 12
<https://stbhf.ca/en/events/cardiac-classic/>
- **Global Leadership Summit** August 8 & 9
<http://growingleadership.com/summit2019>
- **Lessons to the Living from the Dying Public Lecture** October 30th
- **WISE Relationship in Accompanying the Dying** Full-day retreat, October 31st

IHCAM

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Winnipeg, MB R2H 2A6
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jtmaynard@cham.mb.ca

2019

Caring *for the* Human Spirit[®] Conference

Presented by



May 21 & 22nd

Via Webcast

Misericordia

Health Centre

Join IHCAM at the **Misericordia Health Centre to take part in the 6th Annual Caring for the Human Spirit Conference[®]** via webcast to learn and exchange ideas from some of the most influential leaders in the spiritual care arena that will help you achieve new levels of success in providing compassionate whole person care.

Caring for the Human Spirit Conference[®] is the premier international forum for cutting-edge topics to enhance multidisciplinary teams in spiritual care. The conference is designed to provide spiritual care providers with the skills, best practices, research, that can advance your career and improve optimal care for those in need.

**NO REGISTRATION REQUIRED — ATTEND THE SESSIONS THAT ARE OF INTEREST TO YOU
FREE OFFERING ON BEHALF OF IHCAM**

Conference sessions will take place in MHC's Conference Room WE294—99 Cornish Avenue

May 21st

9:00 am	Plenary Session	Blending Humanistic and Economic Outcomes to make the case for spiritual care
11:00 am	Plenary Session	The Spiritual Care Profession: Mandated or Obsolete?
2:00 pm	Workshop	Hope, another four letter word, going from miracle to transcendent resilience
4:00 PM	Workshop	Meaning Making in Palliative and End-of-Life Care

May 22nd

9:00 am	Workshop	Finding Meaning Without God: Spiritual Care for the Nonbeliever
11:00 am	Plenary Session	Panel Discussion: The Role of the Chaplain in Palliative Care

To view the detailed conference program click on: <http://www.cvent.com/events/2019-caring-for-the-human-spirit-conference/agenda-d27bd32322174135891978054e5fa68c.aspx?p=13>

IHCAM will obtain a copy of all workshop and plenary presentations post conference that will be made available on IHCAM's website.

Fêtons 20 ans
ensemble

Celebrating
20 years
together



Courir/marcher

pour
s'amuser!

pour votre santé

2 km / 5 km

Run/Walk

for
fun!

For Your Health

Pique-nique
gratuit!
Free Picnic!

Prix!
Prizes!

Des activités
amusantes pour
les enfants!
Fun activities
for kids!

Musique
Par Parazar
Music by
Parazar



06.06.2019

Parc Whittier Park
836, rue Saint-Joseph Street

• 17 h 30 à 20 h 30

Frais d'inscription pour la
course/marche

- Adultes : 20 \$
- Jeunes : 15 \$ (12 à 17 ans)
- Familles de quatre ou plus : 50 \$
- Enfants de 11 ans et moins : gratuit

Une partie des recettes seront versées au
Centre Flavie-Laurent.

Le pique-nique GRATUIT est ouvert
à tous, mais vous devez vous inscrire.

Inscription : avant le 30 mai!

- en personne :
unité 106, 147, boul. Provencher
- au téléphone :
204-233-ALLÔ (2556)
1-800-665-4443
- en ligne :
centredesante.mb.ca/anniversaire

• 5:30 p.m. to 8:30 p.m.

Registration fee for the run/walk

- Adults: \$20
- Youth: \$15 (ages 12 to 17)
- Families of four or more: \$50
- Children 11 and under: free

A portion of the proceeds to go to
Centre Flavie-Laurent.

The FREE picnic is open to all, but you
have to register.

Register before May 30!

- in person:
Unit 106, 147 Provencher Blvd.
- by phone:
204-233-ALLÔ (2556)
1-800-665-4443
- on line:
centredesante.mb.ca/anniversaire

233-ALLÔ

Centre de santé
Saint-Boniface



Plus d'information / More information
centredesante.mb.ca/anniversaire

JOURNEYING TOGETHER

COMPANIONING PEOPLE WHO ARE SUFFERING

These days clinicians and caregivers are under unbelievable stress. This highly experiential retreat, that includes periods of silence and stillness, aims to reach out to caregivers that are doing the lion's share of the care, help them build resilience, and help them stay "human" despite the pressures that surround them.

Frank Ostaseski will assist participants to explore and develop key elements of Wise Relationship including three-center listening, skills for deepening dialogue, mindfulness practices that develop cognitive control, emotional balance, and somatic awareness. At the end of the retreat, participants will better understand the skillsets required and how to work with the obstacles they are faced with daily.

"Dying is much more than a medical event. It is a time for important psychological, emotional and spiritual work – a time for transition. To a large extent, the way we meet death is shaped by our habitual response to suffering, and our relationship to ourselves, to those we love, and to whatever image of ultimate kindness we hold."

—Frank Ostaseski



Frank Ostaseski is an international expert on accompanying those who are dying, visionary cofounder of the Zen Hospice Project, and founder of the Metta Institute. He has lectured at Harvard Medical School, the Mayo Clinic, Wisdom.2.0, and teaches at major spiritual centers around the globe. Frank is the 2018 recipient of the prestigious Humanities Award from the American Academy of Hospice and Palliative Medicine. His groundbreaking work has been highlighted on *The Oprah Winfrey Show* and honored by His Holiness the Dalai Lama.

TO REGISTER: <https://bit.ly/2nxdKma>

LECTURE & RETREAT SITE: St. Boniface Cathedral
180 avenue de la Cathédrale

FOR MORE INFORMATION: Shawna Namaka 204.258.1053 or
snamaka@chcm-ccsm.mb.ca

PUBLIC LECTURE LESSONS TO THE LIVING FROM THE DYING

October 30, 2019

St. Boniface Cathedral

7:00 pm - 8:30 pm, doors open: 6:30 pm

Entrance fee: \$25 / CHAM & IHCAM Members: \$15

FULL-DAY RETREAT WISE RELATIONSHIP IN ACCOMPANYING THE DYING

October 31, 2019

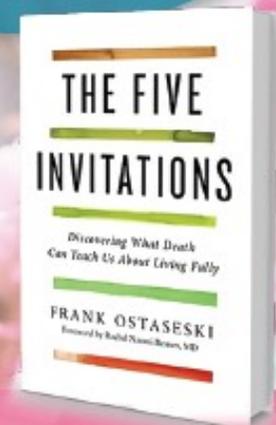
St. Boniface Cathedral 10:00 am - 4:00 pm

Pre-registration required

Registration fee: \$175

CHAM & IHCAM Members: \$150

Includes lunch and afternoon snack



OUR HEALTH AND WELL-BEING IS SHAPED BY THE WAY WE LIVE. WE CAN TAKE RESPONSIBILITY FOR OUR HEALTH AND WELL-BEING BY CHOOSING TO LIVE FULLY.



AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE
Association professionnelle de soins palliatifs



zen-hospice.ca/compassion-project