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SPECIFICS OF PALLIATIVE CARE IN ITALY RELEVANT TO THE CURRENT POST-COVID-19 PERIODKrzysztof Trebski¹, José Carlos Bermejo², Cecilia Costa³, Peter Caban⁴¹ Inst. Centro Spiritualità Nicola D'Onofrio, Bucchianico (IT)¹ Faculty of Theology, Trnava University in Trnava (SK)² Universidad Ramón Llull de Barcelona; Universidad Católica de Portugal (Lisboa); Universidad Católica de Valencia San Vicente Mártir; Centro de Humanización de la Salud (CEHS) Tres Cantos, Madrid (Spain)³ Faculty of Education Sciences (DSF), University of Roma Tre (IT); Higher Institute of Religious Sciences „Ecclesia Mater”, Pontifical Lateran University, Vatican City (VA)⁴ Karl-Franzes Universität (Graz, AT)**Submitted: 15 September 2021****Accepted for publication: 30 October 2021****First published: 31 October © Acta Missiologica | Volume 15 | Number 2 | 2021****Abstract****Background:** A special survey carried out between April and September 2021 in Italy involving 600 respondents forms the basis of the present contribution. This survey focused on mapping and acquiring a deeper understanding of the possibilities of promoting a long-term vision for the development of future care for people in the pre-terminal and terminal stages of the disease and for the dying.**Conclusion:** Similar surveys may provide relevant and inspiring stimuli for additional and novel specific surveys, studies and analyses, as well as scientific and professional discourses regarding the importance of establishing inspiring long-term visions for the development of future care for the dying.**Keywords:** Terminally ill – The dying – Palliative care – Consequences of the COVID-19 pandemic. Post-COVID-19 syndrome.**Introduction**

The reports of the victims of the COVID-19 pandemic as well as personal testimonies reported in the mass media have propelled the topic of death and dying into the mainstream discourse. Prior to the pandemic, people pondered and talked very little about death in public. It was an unpleasant topic to discuss. Nowadays, public attention is focused more on the quality of the living conditions at the end of a person's life. These facts enable doctors, nurses, carers, other health professionals, social workers and volunteers who have long been involved in palliative and hospice care to talk more openly about the terminal stage of life as an important part of life's journey that should be accompanied by one's loved ones and professionals who help alleviate the suffering of the dying. In this context, the development of palliative care is becoming increasingly

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important. For a relatively long period, Italy has lagged behind many other developed countries in the field of palliative care.³⁴⁸ In order to support the development of palliative care in Italy, a special survey was carried out between April and September 2021. Italy was included in this survey due to the fact that it was a country that was particularly affected by the first wave of the COVID-19 pandemic. During this period, it dealt very intensely with the issue of palliative care and, consequently, the subject of euthanasia.

Methods and Results

A total of 600 respondents participated in this special survey. They have been working professionally for a long time in hospice and healthcare facilities throughout Italy.

This survey set out to:

Map the situation in the field of palliative care that was caused by the pandemic and the COVID-19 disease.

Identify the problems in the field of palliative care and propose solutions.

Present an overall vision of palliative care in the future.

These objectives were achieved with the help of the following research questions:

What are the consequences of the first and second waves of the COVID-19 pandemic for the provision of palliative care in Italy?

What are the ways of supporting the development of palliative care provision in Italy in the future?

The respondents were approached through contacts and trusted experts working in Italy in the field of healthcare and palliative care, who have a long-standing knowledge of the centres where this special survey was carried out, or who work directly in these centres. Respondents were subsequently contacted by these professionals in person, by telephone, by email or via applications. The sample of respondents was determined using the purposive sampling technique in Italy.³⁴⁹ In order to participate in the special survey, respondents had to have been working in hospice and palliative care in hospice and healthcare facilities in Italy for at least 5 years.

Respondents included doctors (185), nurses (139), carers (116), other health professionals (48), social workers (52), and volunteers (60). The average age of survey respondents was under 65 years.

In order to ensure that the respondents and the survey were legally protected, the respondents submitted specialised consent/GDPR. Seeing as though the survey focused on the personal and subjective perspectives of respondents, it was suitable to use a qualitative approach and carry out in-depth online interviews with the respondents. One interview lasted 60 minutes.

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348 In this context, see for example: Fabio Turone, "Italy sets up national palliative care service," *BMJ: British Medical Journal* 340 (2010): n. pag. DOI:10.1136/BMJ.C1481

349 In this context, see for example: John W. Creswell, and J. David Creswell, *Research Design. Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed. SAGE Publications, Inc., 2017).

The research team consisted of all authors of the article. They interviewed the survey participants, wrote transcripts of all conducted interviews and wrote down the research notes. Under the supervision of a supervisor, they discussed the survey results together in a plenary session, with particular attention paid to uncommon answers, biases, and assumptions (e.g. cultural and religious differences). Reciprocal briefings were also conducted during the survey. These consisted of detailed descriptions of the various steps employed in the analysis and the conclusions provided to the supervisor in order to develop both the design and the analysis of the study. These briefings also consisted of interviews with eligible respondents carried out prior to the implementation of the special survey.

The survey captured the unique experience of the interviewed respondents. To a certain extent, the number of survey respondents working in different professions in palliative and hospice care (doctors, nurses, carers, other health professionals, social workers, volunteers) in Italy was limiting. For this reason, the results of this special survey need to be supplemented by further research on this topic, which will be carried out from September 2021 onwards. This is to ensure that this supplementary research can help provide a more comprehensive picture of the relevance of palliative care to the current post-COVID-19 period, as palliative care is nowadays a very serious and important field that needs to be continually addressed.

Prior to the survey, all participants attended a series of lectures as part of three joint online sessions in order to learn about the survey, the way it will be conducted, what research methods will be used and why, how participants can get involved and what their role will be, as well as its purpose, aims and benefits for palliative care practitioners and also academics who have been researching the challenges and benefits of palliative care for a long time. Participants were also assured that their identities would be kept confidential.

As part of these important ethical considerations, all survey participants were given the opportunity to decline participation in the survey to ensure that data collection sessions only included respondents who were properly prepared to participate and provide information in a straightforward manner. At the beginning of each joint survey session, the participants were asked and encouraged to be honest. The researchers attempted to establish a trusting and respectful relationship from the very first contact with the participants and to let them know that there were no right answers to the questions they were about to be asked.

The survey was conducted in the following 20 hospice and healthcare facilities:

- Hospice Villa Speranza;
- Ospedale San Pietro Fartebenefratelli – Roma;
- Fondazione Sanità e Ricerca – Roma;
- ISPRO;
- Hospice MTC Seràgnoli, Bentivoglio;
- Hospice Bellaria, Bologna;
- Hospice c/o Presidio ospedaliero Santa Colomba di Savignano sul Rubicone AUSL Cesena;
- Hospice V. Grassi, Forlimpopoli;

- Hospice territoriale di Dovadola IPAB Opera Pia Zauli;
- Hospice Casa della Solidarietà Associazione ADO AUSL di Ferrara;
- Hospice Territoriale di Codigoro AUSL di Ferrara;
- Hospice Centro oncologico Azienda Ospedaliera di Modena;
- Hospice Ospedaliero di Guastalla;
- Hospice Casa Madonna dell'Uliveto, Montericco di Albinea;
- Hospice Centro di Cure Palliative Fidenza;
- Hospice Centro di Cure Progressive Pietro Coruzzi, Langhirano;
- Hospice Casa di Cura Piccole Figlie dei Sacri Cuori di Gesù e Maria, Parma;
- Hospice Territoriale "Una casa per le cure palliative", Borgonovo
- Hospice San Domenico AUSL di Ravenna, Lugo;
- Unità di Terapia Antalgica e Cure Palliative c/o Ospedale di Rimini.

The analysis and interpretation of the results were done on the basis of verbatim transcripts of individual in-depth online interviews. The respondents' identities were kept confidential. The results can be summarised into two main topics:³⁵⁰

Topic 1: The Impact and Implications of COVID-19 in the Field of Palliative Care

The impact of COVID-19 was particularly evident in the first wave of the pandemic when it manifested, for example, in the form of misunderstanding, extreme fear of the negative consequences of the unknown COVID-19 virus when human behaviour was out of control from excessive shopping, social distancing, information hoaxes, irresponsible behaviour and refusal to wear masks due to the belief that COVID-19 was just a stronger form of influenza.³⁵¹ As was stated at the time: this "situation causes stress and results in physical inactivity that can lead to disorders of the locomotor apparatus, musculoskeletal system, and nervous system, as well as vision impairment and mental health disorders".³⁵² A large number of the aforementioned implications have paralysed and affected all parts of the healthcare system. The system itself has struggled to adapt to the unexpected changes that have led to an escalation of pre-existing problems but has also had to face new challenges related to logistics, shortages of health workers, protective equipment, and so on.

350 In this context, see for example: Loraine Busetto, Wolfgang Wick and Christoph Gumbinger, "How to use and assess qualitative research methods," *Neurol. Res. Pract.* 14, No. 2, (2020). <https://doi.org/10.1186/s42466-020-00059-z>

351 Lucia Ludvigh Cintulová, Jerzy Rottermund and Zuzana Budayová, "ANALYSIS OF MOTIVATION TO WEAR FACE MASKS IN THE SARS-COV-2 PANDEMIC RELEVANT ALSO FOR THE POST-COVID ERA," *Acta Missiologica* 15, no. 1, (2021): 119. <https://www.actamissiologica.com/>

352 Ján Mašán, Miron Šramka, Zuzana Prídavková, Alena Furdová, Silvia Golská, Eugen Ružický, and Oleksandr Dobrovanov. "Computer use during the COVID-19 pandemic," *International Journal of Health, New Technologies and Social Work* 16, no 1, (2021): 25.

Death as a topic has come to the forefront to a greater extent compared to the pre-pandemic period due to media coverage but also because of personal testimonies. The topics of terminal stages of life and palliative care have also been raised.

Health workers were overwhelmed physically but especially mentally. The need to improvise in managing patient care was mentally taxing, there was a lack of protocols and rules regarding patient care, and the approach to the patient was changing, not least due to the risk of disease transmission. The overall uncertainty was also enhanced by fear for one's own health, especially at a time when there was a lack of protective equipment.

The impact of the pandemic was felt particularly by patients who died alone without the opportunity to say goodbye to their loved ones. Volunteers were barred from the facilities and professional workers were overburdened with an abundance of rules and management issues. As a result, patients and their needs and problems were often overlooked. This situation brought the issue of palliative care in the home environment to the forefront.

"The presence and support (including phone conversations) of close family members proved to be very important for the patients. Staying in touch with one's loved ones increases the desire to fight the disease." (doctor)

"I hope that in the future people will no longer die alone in a foreign environment without the affection of their loved ones, in total despair, as has unfortunately often happened during this pandemic." (doctor)

COVID-19 also raised topics such as fear, loneliness and isolation, despair, and exhaustion. In addition to these negative aspects, it also highlighted the importance of greater solidarity and unity, as well as the value of human contact in the process of dying.

COVID-19 and the pandemic helped identify underlying issues that will need to be addressed in the future to avoid similar situations:

Staff shortages at all levels of healthcare.

Lack of regulations in the field of healthcare (therapeutic procedures) and logistics, the need for flexible implementation of changes in the system.

*"It is necessary to abandon the 'bureaucratisation' of services and formal rigidity." (doctor),
"...when the bureaucracy can be done remotely by digital means." (volunteer)*

"During the pandemic, there was ongoing organisational chaos and improvisation during times when keeping a cool head and making quick decisions was essential. This should be avoided in the future." (carer)

A lack of protocols regarding contact between relatives and patients as well as consideration for their fears and concerns about the infection.

"It would be ideal to raise awareness among people about the symptoms of the infection and instruct them on what to do when their terminally-ill family members develop COVID-19 symptoms." (nurse)

The survey respondents proposed solutions regarding the future care of COVID-19 patients.

First of all, palliative care for COVID-19 patients should be standardised, and the patients should receive adequate health care based on diagnostic and treatment protocols. These protocols should be continuously updated to correspond to the current conditions and possibilities.

"Improvisation in the provision of healthcare should be avoided. Therefore, it is necessary to draw up new treatment protocols for epidemics that are updated at least annually, along with refresher courses for employees." (doctor)

It would be ideal to set up specialised facilities for terminal COVID-19 patients, where contact with relatives would be allowed.

"...for example, in rooms equipped with glass to isolate the patient's environment from that of the visiting family member." (doctor)

Establishing precautions, ensuring a sufficient supply of protective equipment and tests.

Staff and financial resources should be directed to areas that meet patients' actual needs.

A multidisciplinary approach should be ensured at the level of healthcare facilities. Professionals should share experiences and exchange information. Engagement of the younger generation in voluntary work is also suitable to ensure continuity.

"...the lack of psychologists and volunteers, often considered irrelevant during the COVID-19 pandemic." (doctor)

The pandemic period has also highlighted the importance of modern technology in regard to communication. Facilities should ensure the provision of this service as an alternative to the patient's face-to-face contact with the outside world. This contact can help patients reduce isolation and feelings of loneliness.

"Videophones (or similar equipment) should be set up in patients' rooms to enable them to communicate with the outside world without them having to exert too much effort." (doctor)

Topic 2: Palliative Care in General

In the survey, respondents described the future potential of palliative care, their expectations and suggestions on what to change.

The importance of palliative and hospice care will increase not only with the ongoing COVID-19 pandemic but also with the increasing number of patients with other terminal illnesses due to the overall ageing of the population.

Key areas include investment in human resources, including support for volunteer work. In an ideal scenario, a palliative care department should be set up in every hospital and/or palliative and hospice care centres should be established with a comprehensive approach and homogenisation of other facilities. These facilities should be more readily available throughout Italy. On the other hand, it will also be necessary to focus on moving patients into their home environment.

“There will be more and more people approaching the end of their life and we must be ready to accommodate them all.” (doctor)

They agree that the quality of care provision should be increased through its customisation and responsiveness to the patient’s needs and current condition. In approaching the patient, doctors are aware of the importance of not only the medical side but also the spiritual and social side.

“It will be important to surround patients with a team of different experts in order to help them in the best possible way and to take care of all their needs, including social, cultural, and spiritual ones.” (doctor)

“Finally, after many years, palliative care faculties are being set up at medical universities.” (another health professional)

Another key area will be public discourse aimed at promoting information about the nature of death (death is a physiological event), as well as highlighting the patient’s choice of treatment and advance care planning. The discourse will also explain the issue of palliative care and the way hospices work. Enhanced palliative care will be promoted as an alternative to euthanasia. It will differentiate palliative care from the treatment of the long-term ill.

“It would also be a good idea to educate the elderly and retired about the ways hospices work, as they are often perceived only as places where people go to die, a place they never really leave.” (volunteer)

“There is a need to change the perception that hospices are merely places where people go to die and palliative care is a cure for avoiding suffering before death.” (volunteer)

Euthanasia

The issue of euthanasia is another topic that is currently being widely discussed by the public. Respondents view the issue of euthanasia from several perspectives.

1. As an alternative and a choice for the patient
2. As a consequence of inner uncertainty, e.g. fear of pain, of experiencing psychological, social, and spiritual distress, of loneliness, of lack of care

“Euthanasia is not considered as an option when a terminally ill patient and their family members are provided with an opportunity to live with dignity and without physical pain.” (nurse)

“Sick people who feel that they are heard, loved and respected rarely request euthanasia.” (volunteer)

“Palliative care and the investment of resources in its improvement indicate that the core values of human life are still relevant in a given country. It represents the level of culture in that country.” (doctor)

3. As a (simpler) solution for families and ultimately for the entire system

“Perhaps facilitating death is “of interest” to certain family members who are tired of caring for a sick person with a terminal illness.” (doctor)

“The introduction of euthanasia is increasingly regarded as “an expansion of the palliative care perspective and a sign of the rise in compassion in modern society”, as well as an accommodation to the prevailing moral principles of patient autonomy.” (doctor)

4. As a more economical solution to the terminal stage of life for society

“The death of the terminally ill saves the economic resources of the state.” (another health professional)

“It is necessary to change the mentality in the younger generations. Their values are built on efficiency and tangible results but there is a lack of understanding of the value of human life beyond the physical goods that can be produced.” (carer)

The answer to the issue of euthanasia, according to the respondents, is the provision of care that reduces the potential will for euthanasia, while also providing people with choices. This alternative has four main pillars: competence in all aspects of care, individualisation (listening and reflecting on the needs of the patient and relatives), education (preparing for the process of dying) and socialisation (the patient should not feel lonely in the process³⁵³).

“I believe that everyone should have the freedom to choose how they want to walk to the end of their life’s journey. It is necessary to provide people with all the information they need and to illustrate in a clear and objective manner the different paths everyone can take.” (doctor)

“It is important to consider palliative care as a common service and to facilitate access to this type of care close to where patients live.” (another health professional)

“Once a patient is diagnosed with a terminal illness, preparation is necessary so that patients and their families are prepared for the process of accompanying the dying if necessary and to perceive it as “something ordinary” that does not arouse fear.” (volunteer)

The community (e.g. the parish community) could also be involved in socialisation where possible.

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353 See also: Józef Młyński, *Praca socjalna w bezpieczeństwie społecznym. Myśleć – widzieć – działać* (Wyd. «scriptum», Kraków 2021), 146.

Respondents participating in the special survey also came up with specific suggestions for palliative and hospice care that could be implemented in the future.

1. Professional training in the field of palliative care, including implementation in standard medical studies. Support also in other disciplines (helping professions) on the topic of palliative care and establishing a relationship with patients in terminal stages.
2. Treatment protocols for palliative patients appropriate to the patient's current condition (not only in relation to COVID-19 but also other serious conditions).
3. Establishment of multidisciplinary teams in inpatient and home hospices and an increase in the number of non-medical staff. According to their level of experience, non-medical staff may bring a more human dimension to care that was missing during the pandemic and the period of restrictions.
4. An increase and stabilisation of financial resources to ensure that individual facilities are able to plan their investments and not just react to current needs.
5. Other therapy alternatives such as pet therapy.

"Daily meetings (briefings) of these teams and joint planning of specialised care and assistive interventions." (doctor)

6. Development of strategies and programmes to support home palliative care that incorporate multidisciplinary community palliative care. The intention is that teams comprising health professionals, social and voluntary workers, community support workers and clergy will be available in local health districts for family members, carers and informal support providers during the course of the patient's care as part of these strategies and programmes.

"Many patients in the terminal stages of illness would prefer to die at home, but only a relatively small number of patients have this wish fulfilled. To some extent, this is due to the fact that patients and their families do not have the support they need for caring for a dying person at home." (doctor)

"Increased support for home palliative care could thus meet the goal of supporting patients who wish to die at home and also their families who care for them." (doctor)

7. The respondents expressed an interest in participating in special modular training programmes or workshops that would provide them with comprehensive and in-depth education, as well as resources that they could actually use in practice. These education programmes, according to respondents' statements, should also include training in counselling skills and compassion-focused therapy.

"The role of social workers is an integral part of palliative care. During contact with family members, social workers should not anticipate the death of their relative, but rather accompany them on the journey towards understanding the importance of being present – here and now, where every moment and every emotion counts. This reassurance is a source of strength for all people who want to experience the period of palliative care for their relative not in fear, but in peace." (social worker)

In addition to providing suggestions, respondents to the special survey also reflected on their own needs during the pandemic and articulated what their expectations were for the future. In addition to specialised education and training for all those involved in the care process (doctors, nurses, social workers, etc.), they would expect streamlined work management. This rationalisation is also associated with a higher quality of work and, together with psychological support, helps prevent burnout syndrome. Last but not least, adequate financial remuneration and recognition, as well as respect for all employees, contribute to the overall satisfaction of staff members.

"It is important that palliative care teams are able to recognise and meet social, psychological, and spiritual needs (including, of course, clinical needs related to illnesses) early on because neglecting these needs on a regular basis fuels requests for euthanasia in chronically-ill patients with the prospect of near death." (doctor)

"It is important to prepare health professionals not only to help provide physical relief but also to respond to the psychological, social, and spiritual needs of the terminally ill at the end of their days." (carer)

"Palliative care needs to be seen as an integral part of the process of care and support and not as an exception or, worse still, a waste of public economic resources." (carer)

Discussion

The survey identified problems in palliative and hospice care, provided proposals for solutions and presented an overall vision for palliative and hospice care in the future. The pandemic itself (hospitalisations, deaths) highlighted the importance of palliative care in society and its necessary integration into medical sectors. The role of palliative care will be crucial in the future in relation to the ageing population and the increase in patients with terminal illnesses. The increasing demand for palliative care will require systemic changes as well as changes at the education level, but also a greater public discourse about the terminal phase of life.³⁵⁴ In this regard, it will also be necessary to come up with various effective types of measures, as well as the possibilities of using the latest available means of distance therapy during similar pandemics or crises with the help of telerehabilitation, virtual reality, and artificial intelligence.³⁵⁵ It is important that these models of telerehabilitation, virtual reality and artificial intelligence include, for example, the training of slow and deep breathing.³⁵⁶ Medical practice has been increasingly demonstrating that "controlled slow breathing techniques may be an effective non-pharmacological treatment of augmented emotions, while it decreases anxiety, depression and stress."³⁵⁷ Furthermore, with

354 In this context, see for example: Jana Snopková and Igor Martuliak, "Management ošetrovateľskej starostlivosti na Algeziologickej klinike," XXI. Česko - Slovenské dialógy o bolesti, október 2019, Stará Lesná. in *Vedecký program a abstrakty, SOLEN. 2019, 17*; Igor Martuliak, "Farmakologické zaujímavosti z kongresu EAP – EFIC," *Pain in Europe XI, Valencia 2019*; Igor Martuliak, XXI. Česko - Slovenské dialógy o bolesti, október 2019, Stará Lesná. in *Vedecký program a abstrakty, SOLEN. 2019, 24*; Igor Martuliak, "Patofyziológia bolesti," *Abstrakty - V. kurz CEEA, 27.-29.11. 2019, IVVL Košice*.

355 Ján Mašán, Miron Šramka, Zuzana Prídavková, Alena Furdová, Silvia Golská, Eugen Ružický, and Oleksandr Dobrovanov. "Computer use during the COVID-19 pandemic," *International Journal of Health, New Technologies and Social Work* 16, no 1, (2021): 24.

356 See: Čelko, J., Gúth, A., Mašán, J., and Malay, M., "Effects of slow diaphragmatic breathing *Rehabilitácia* 56, no. 4, (2019): 275-287.

357 Čelko, J., Gúth, A., Mašán, J., and Malay, M., "Effects of slow diaphragmatic breathing *Rehabilitácia* 56, no. 4, (2019): 275-276.

such breathing, “pain decrease and improvement of gnostic and cognitive functions was also showed”.³⁵⁸ With similar techniques that significantly contribute to reducing anxiety, depression and stress³⁵⁹, it is important that staff are led towards their full autonomy, for example, in naming the feelings they experience³⁶⁰ in these difficult situations.

The pandemic highlighted the importance of human contact even in the terminal stage of life and the process of dying. Doctors and health professionals considered one of the biggest negatives to be dying in isolation and without being able to share the final moments of life with one’s loved ones. As a result, the topic of dying and planned care, including home hospices at the end of life, has come to the forefront in discussions held by both the professional and non-professional public. Patient-centred care during a pandemic is a challenge that needs to be handled in a way that is safe for all those involved.³⁶¹ The issue of euthanasia is also relevant in this context, as it has begun to resonate in society as a solution to the situation.

The anticipated greater shift of hospice care to the home environment will require new ways of preparation and logistics.

The pandemic has also highlighted the need to modernise palliative care facilities, create a sufficient financial reserve, and prepare for similar threats in the future.

Despite all the negatives, there were certain positive aspects of the pandemic: for example, it led to greater solidarity and unity, opened up new topics, and reminded us of the importance of human contact in the process of dying³⁶². This also reminds us of the importance of the concept of a neighbour. When we see our neighbour suffering we are “called to penetrate the depth of the mystery of the Cross and resurrection, which gives them the gift of trust, hope and power.”³⁶³ As we see, for example, in the parable of the Good Samaritan, we cannot refuse to provide help

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- 358 Čelko, J., Gúth, A., Mašán, J. and Malay, M., “Effects of slow diaphragmatic breathing Rehabilitácia 56, no. 4, (2019): 275-276.
- 359 Jan Masan, Kamil Koleják, and Mariana Hamarova, “The Emphasis on the Relevant Needs of the Parents of Extremely Premature Infants with Special Regard to the Impact of COVID-19,” *Clinical Social Work and Health Intervention* 12, no. 1, (2021): 12-13. DOI: 10.22359/cswghi_12_1_01
- 360 Jan Masan and Mariana Hamarova “Potential Solutions to Selected Consequences of the COVID-19 Pandemic on Mental Health Relevant Also for the Post-COVID Era,” *Clinical Social Work and Health Intervention* 12, no. 3, (2021): 9. DOI: 10.22359/cswghi_12_3_01
- 361 Michael J. Byrne, and Daniel R. Nuzum, “Pastoral closeness in physical distancing: The use of technology in pastoral ministry during COVID-19,” *Health and Social Care Chaplaincy* 8, no. 2, (2020): 206-217. <https://doi.org/10.1558/hsc.41625>
- 362 See also: José Carlos Bermejo, “Acompañamiento en el duelo,” in: Rafael Amo Usanos, Federico de Montalvo Jääskeläinen ed, *La humanidad puesta a prueba. Bioética y Covid-19* (Comillas, 2020) 347- 360.
- 363 Miloš Lichner, Ľubica Ilievová, and Erika Juríková, “STRENGTHENING THE PERCEPTION OF CHRISTIAN VALUES IN THE POST-COVID ERA ON THE BASIS OF SIGNIFICANT HISTORICAL EVENTS: THE CONGREGATION OF THE SISTERS OF MERCY OF THE HOLY CROSS AND THEIR FUNDAMENTAL INFLUENCE ON THE DEVELOPMENT OF NURSING EDUCATION IN SLOVAKIA,” *Acta Missiologica*. 15, no. 1, (2021): 155. <https://www.actamissiologica.com/>

to anyone.³⁶⁴ “Indeed, our Lord extends this rule to our enemies, too, when he says: ‘love your enemies, do good to those who hate you.’”³⁶⁵

Conclusion

The special survey that was carried out has demonstrated that the development of care for the dying is of fundamental and irreplaceable importance for society both in the present and in the future. The COVID-19 pandemic has also highlighted its importance in various aspects, as it has drawn even more attention to the concept of death and the process of dying. The results of the survey provided thought-provoking inspiration, suggestions, ideas, recommendations and experiences of doctors, nurses, carers, other health professionals, social workers and volunteers working long-term in the field of palliative and hospice care throughout Italy. These visions regarding the development of future care for the dying are also affected by the COVID-19 pandemic and are focused mainly on ways to improve future care for the dying, on highlighting its importance despite euthanasia, on visions that can be applied in the field of this care, and on the possibilities that are available to support them³⁶⁶. The current practice and the ongoing exploration of emerging findings regarding the development of palliative care have demonstrated that conducting similar research, studies, and analyses is also important during the critical periods brought about by various global crises and their impact on the lives of the entire population.

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CONFLICT OF INTEREST All the authors declare that the research involved in the article and the publication of the article were carried out without having any business, financial or other relations and/or circumstances that could be considered as a potential conflict of interest. At the same time, all the authors declare that there is no conflict of interest related to this article or its review.

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COMPARISON OF DEPRESSION AND RUMINATION BETWEEN CANCER PATIENTS AND A HEALTHY POPULATION



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Abstract

Background: Depression has a significant impact on the quality of life of cancer patients. Cancer patients suffering from depression have a lower quality of life, are less satisfied with medical care, have a longer hospital stay, and have a higher mortality rate. Rumination encourages people in a negative mood to engage in negative thoughts that emphasize their negative mood. The aim of the study was to compare depression and rumination between cancer patients and healthy individuals. Another aim was to examine the relationship between rumination and depression.

Methods: We examined depression using the Beck Depression Scale BDI-II. The Ruminative Response Scale questionnaire was used for the examination of rumination. The survey involved 207 respondents, aged 18-82 years (SD = 14). 104 respondents (97.1% women, 2.9% men) formed a sample of cancer patients, and the control group of 103 (60.2% women, 39.8% men) consisted of healthy individuals.

Results: The results demonstrated no differences in depression and rumination between healthy and oncological individuals. We have found out that rumination and depression strongly positively correlated with each other both in group of cancer patients and in the group of healthy population.

Conclusion: Our results show that no significant differences between oncological patients and healthy population in depression and rumination. The relationship between rumination and depression was stronger in the group of healthy population.

Keywords: Depression. Rumination. Oncological disease.

Introduction

Depressed patients experience higher somatic symptoms, which are often associated with negative effects on the development and management of the disease. The way individuals think about their condition, after the diagnosis of chronic disease, is an important mediator between the course of the disease and the physical or mental well-being of the individual.³⁶⁸ It is therefore important to know how the patient thinks about himself and his diagnosis. Specific ways of thinking about a disease may relate to its symptoms, causation, experiences with the disease,

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