Standard operating procedure (SOP) · HSP-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 10.5

At a glance

- Every patient is asked about spiritual, cultural and psychological needs at admission and at each review.
- The patient is connected to the chaplain or religious leader they choose.
- Cultural practices about care and the body are recorded and respected.
- The answer and the action are recorded on HSP-FRM-004.
- Stop and get help straight away if: a patient asks for a chaplain or religious leader and is not connected, or a stated cultural need is ignored with no reason recorded.

1. Purpose

To address the spiritual, cultural and emotional needs that matter at the end of life (10.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Patients at the end of life have spiritual, cultural and emotional needs that can be as important as the physical ones. Asking about them, and acting on the answer, respects the whole person.

5. Responsibilities

Role	Responsibility	Competence
Lead palliative clinician	Asks and acts on the answers	Clinician
Chaplain or religious leader	Provides the support the patient chooses	Chaplain

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Ask.

- Ask about spiritual, cultural and psychological needs at admission and each review.

Key point: Asked every time.

Step 2. Connect.

- Connect the patient to the chosen chaplain or religious leader the same day.

Key point: The patient’s choice.

Step 3. Record.

- Record the need, the action and any reason an action was not possible.

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Patients asked about needs at admission	100%	Monthly	Lead palliative clinician	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HSP-FRM-004	Spiritual, cultural and psychological needs record	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care guidance and the WHO Package of Essential Noncommunicable Disease interventions (2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Healthcare Ethics for ASF Accreditation (A-07)
- Patient Rights and Responsibilities (A-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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