

A photograph of a patient lying in a hospital bed, covered with white linens. Two individuals, likely healthcare providers or family members, are holding the patient's hands, providing comfort and support. The scene is softly lit, emphasizing a caring and compassionate environment.

# **Role of Spirituality in Health Care**

# Compassionate Care

- Technological advances of the last century tended to change the focus of medicine from a caring, service-oriented focus to a technological, cure-oriented focus.
- New More Compassionate Model of Care
  - Focus on The Whole Person
    - Physical
    - Emotional
    - Social
    - Spiritual

# Medicine as Service

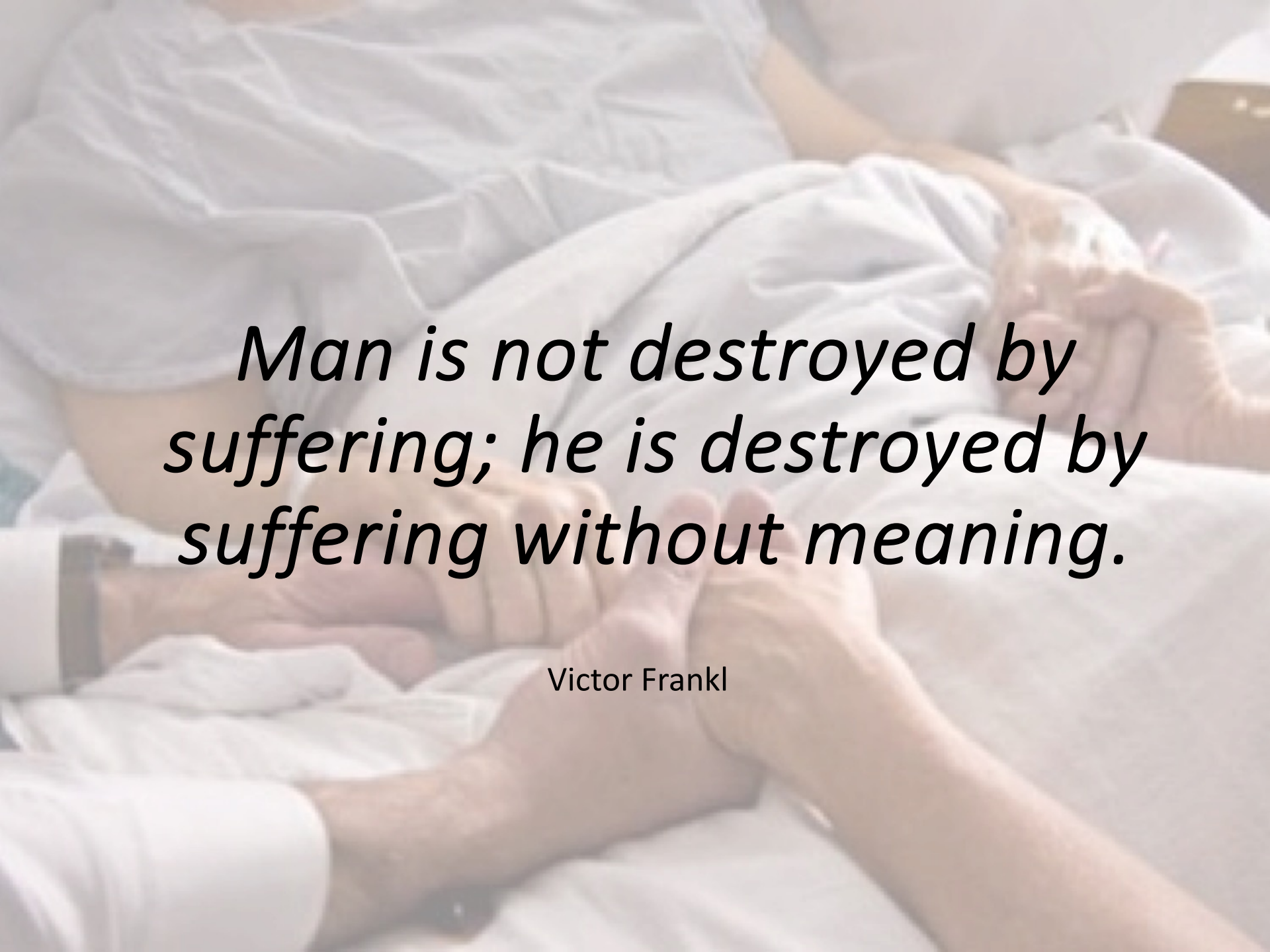
- Helping, fixing, and serving represent three different ways of seeing life.
  - **When you help**, you see life as weak.
  - **When you fix**, you see life as broken.
  - **When you serve**, you see life as whole.
- Fixing and helping may be the work of the ego, and service the work of the soul.

Rachel Naomi Remen, MD. Kitchen Table Wisdom: Stories that Heal. Riverhead Books.

# Compassionate Care

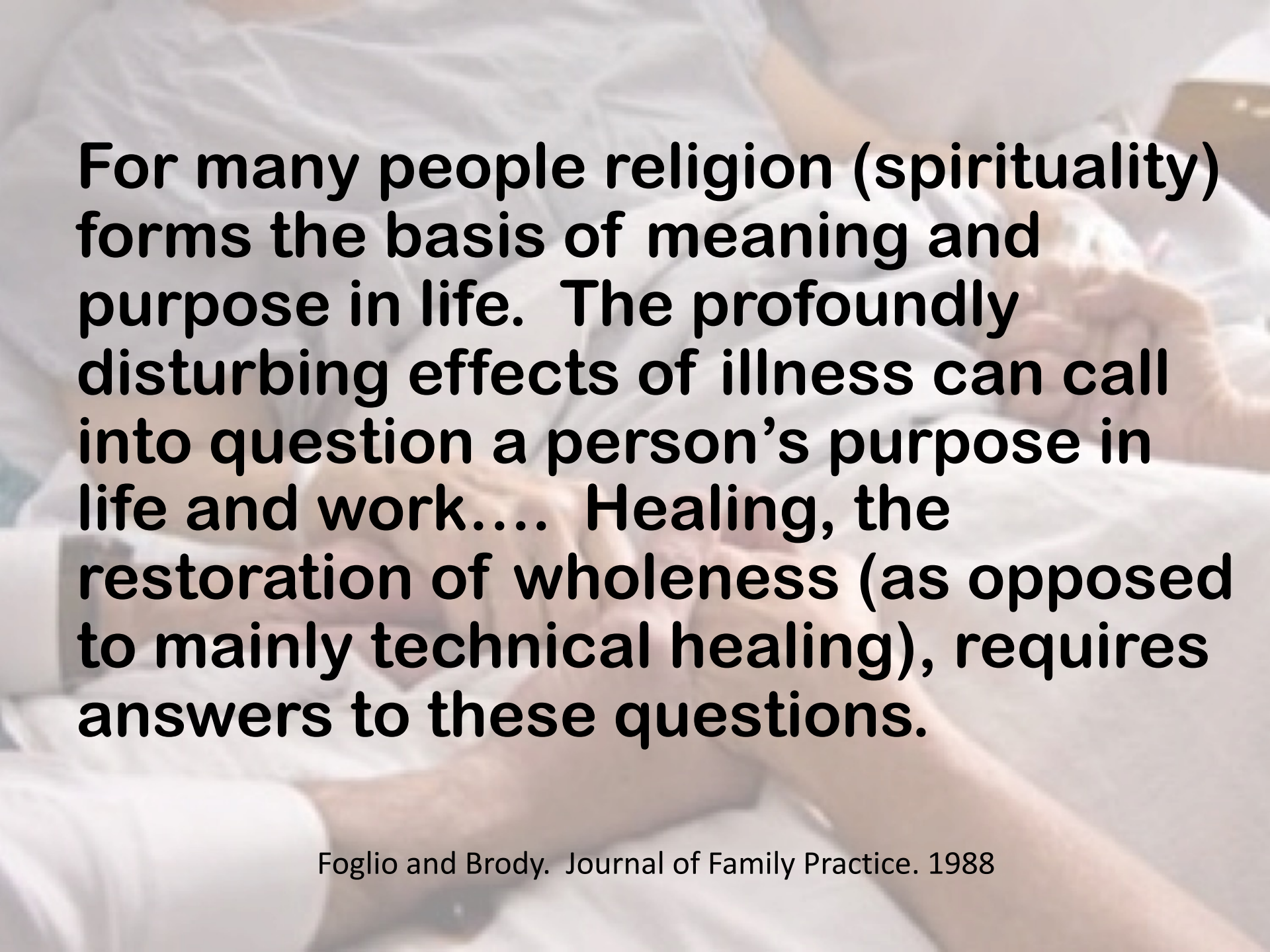
A photograph showing a person lying in a hospital bed, covered with white linens. A caregiver's hands are visible, gently holding the patient's hands. The scene is softly lit, emphasizing a sense of care and support.

- Compassion means to suffer with.
- Compassionate care means to walk with people in the midst of their pain.

A photograph of a person lying in a hospital bed, covered with white sheets. Several hands are visible, gently holding the person's hands, suggesting a supportive or caring environment. The background is softly blurred, showing a typical hospital room setting.

*Man is not destroyed by suffering; he is destroyed by suffering without meaning.*

Victor Frankl



**For many people religion (spirituality) forms the basis of meaning and purpose in life. The profoundly disturbing effects of illness can call into question a person's purpose in life and work.... Healing, the restoration of wholeness (as opposed to mainly technical healing), requires answers to these questions.**

A photograph of a person lying in a hospital bed, covered with white sheets. A caregiver's hands are visible, gently holding the patient's hands. The scene is softly lit, suggesting a hospital or care facility setting.

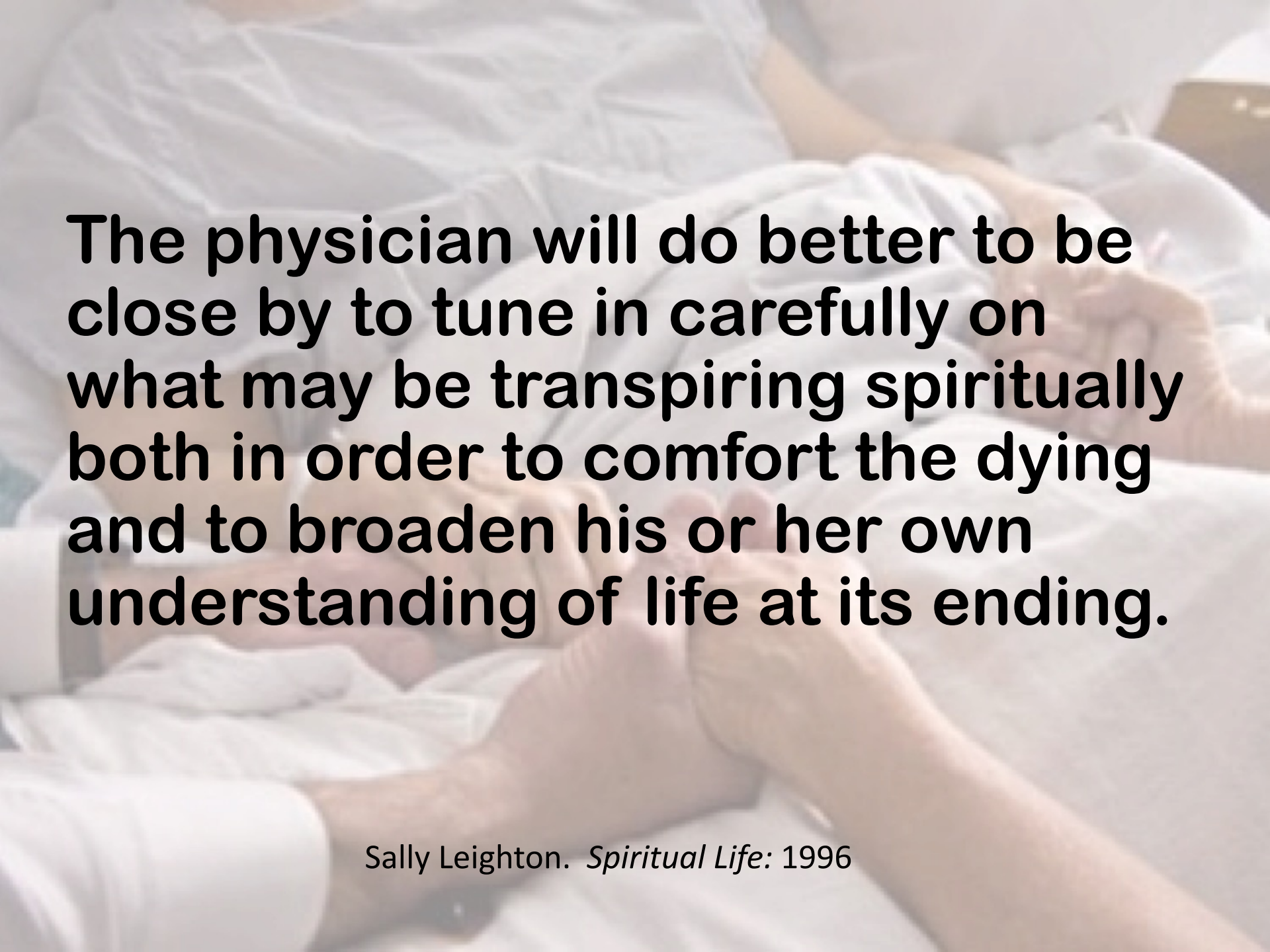
## **Spirituality and the Chronically and Terminally Ill**

- Suffering During Terminal or Chronic Illness
- Not related to physical pain
- Related to mental and spiritual suffering, to an inability to engage the deepest questions of life

# Questions Asked by Dying and Chronically Ill Patients

- Why is this happening to me now?
- What will happen to me after I die?
- Will my family survive my loss?
- Will I be missed? Will I be remembered?
- Is there a God? If so, will He be there for me?
- Will I have time to finish my life's work?



A photograph of a person lying in a hospital bed, covered with white sheets. Several hands are visible, gently holding the person's hands, suggesting a caregiver or family member providing support. The scene is softly lit, creating a calm and caring atmosphere.

**The physician will do better to be close by to tune in carefully on what may be transpiring spiritually both in order to comfort the dying and to broaden his or her own understanding of life at its ending.**

Sally Leighton. *Spiritual Life*: 1996

# Research in Spiritual Health

A photograph of a person lying in a hospital bed, covered with white linens. A person's hands are visible, gently holding the patient's hands, suggesting a caregiver or family member providing support. The scene is softly lit, creating a calm and caring atmosphere.

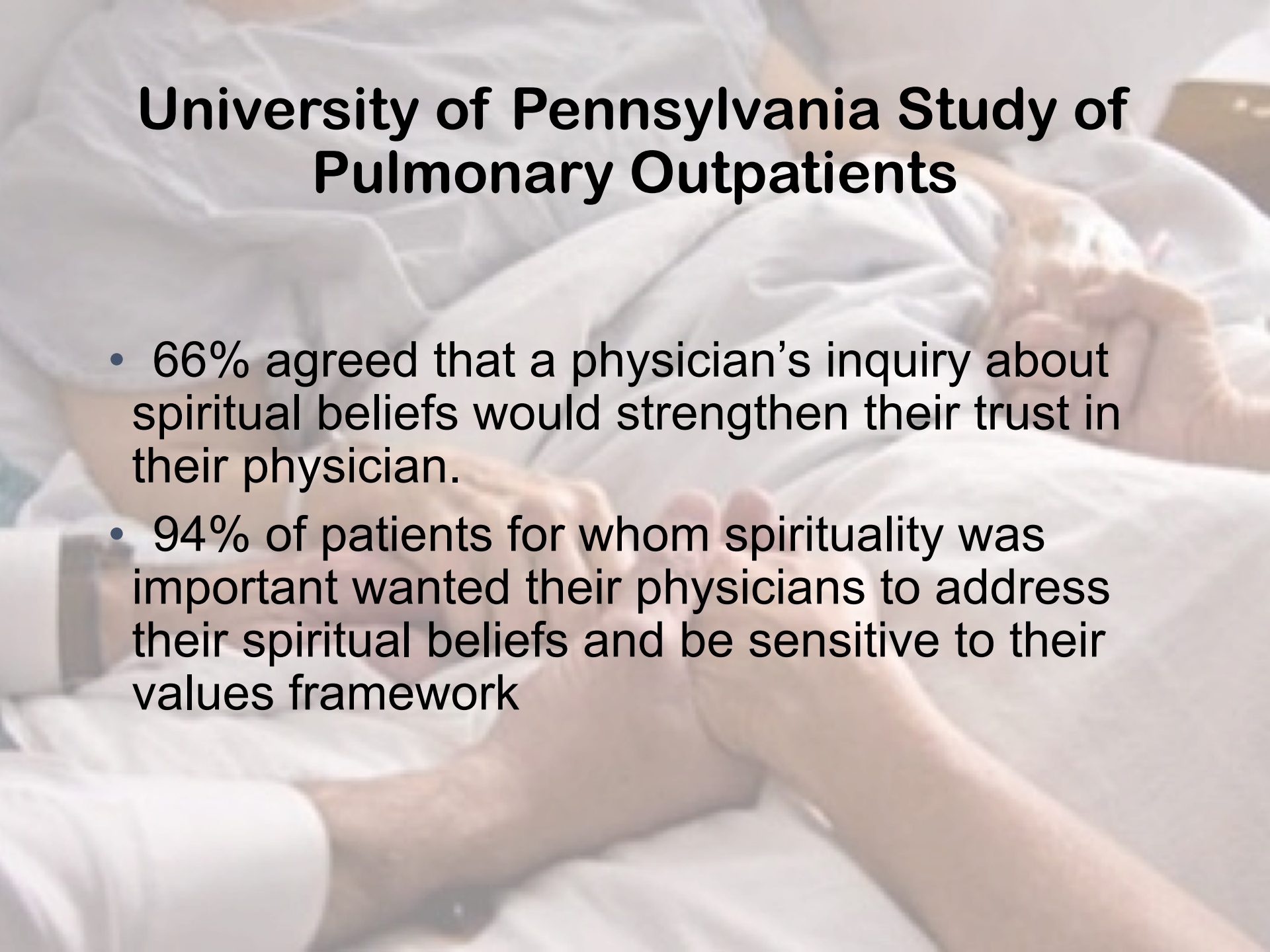
- Coping: Study of 108 women undergoing treatment for GYN cancers.
- 64% evaluated their physicians by the compassion those doctors showed to their patients.



# USA Weekend Faith and Health Poll

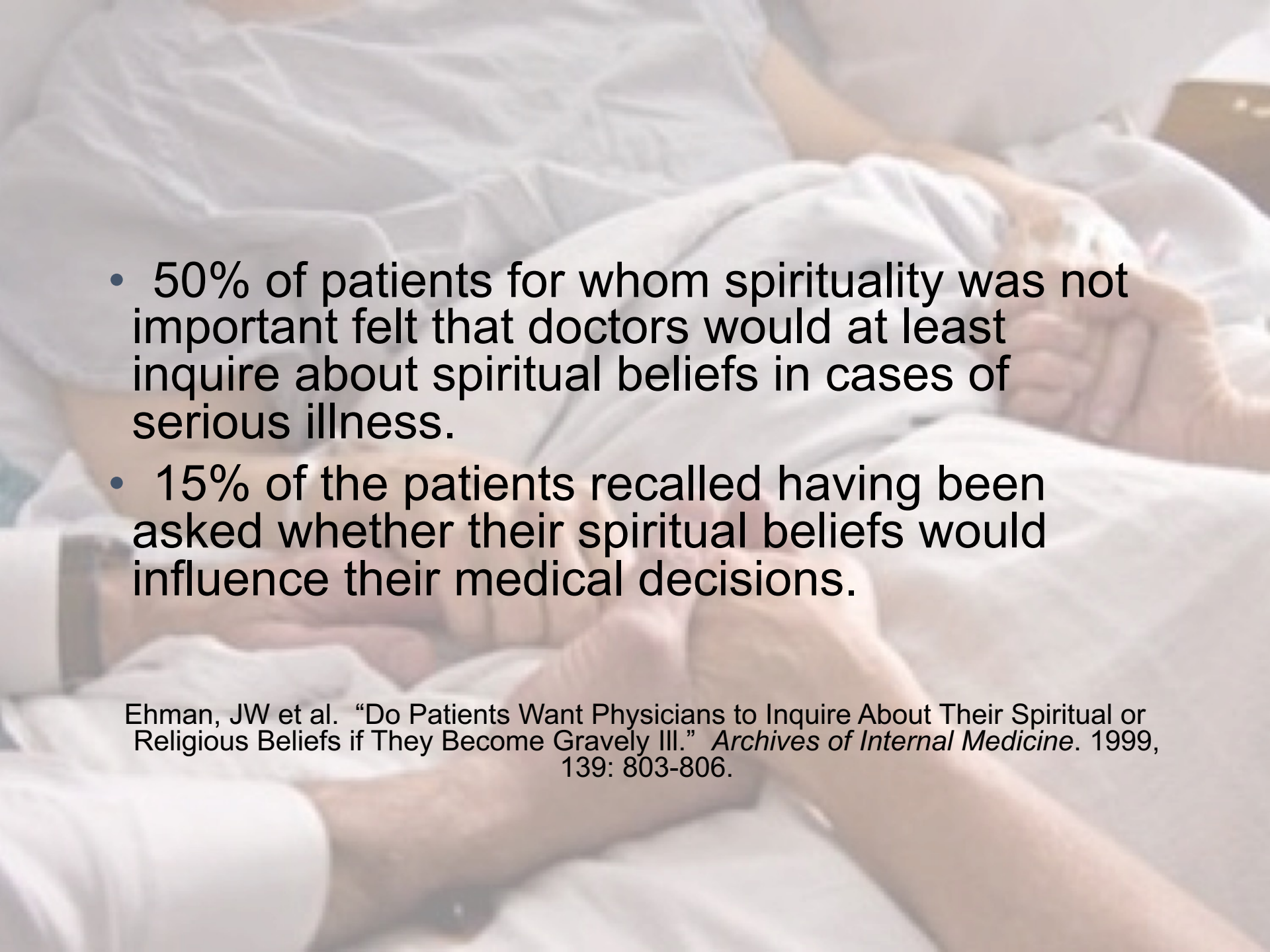
- 65% of people polled felt it was good for doctors to talk with them about their spiritual beliefs
- Yet only 10% say a doctor has talked with them about their spiritual faith as a factor in their physical health

USA Weekend. Feb 16-20, 1988



# University of Pennsylvania Study of Pulmonary Outpatients

- 66% agreed that a physician's inquiry about spiritual beliefs would strengthen their trust in their physician.
- 94% of patients for whom spirituality was important wanted their physicians to address their spiritual beliefs and be sensitive to their values framework

- 
- 50% of patients for whom spirituality was not important felt that doctors would at least inquire about spiritual beliefs in cases of serious illness.
  - 15% of the patients recalled having been asked whether their spiritual beliefs would influence their medical decisions.

Ehman, JW et al. "Do Patients Want Physicians to Inquire About Their Spiritual or Religious Beliefs if They Become Gravely Ill." *Archives of Internal Medicine*. 1999, 139: 803-806.

# Relaxation Response

- 10-20 minutes of meditation, twice a day leads to:
  - decreased metabolism
  - decreased heart rate
  - decreased breathing
  - slower brain waves


# Daily Meditation

- Beneficial for Treatment of:
  - Chronic Pain
  - Insomnia
  - Anxiety
  - Hostility
  - Depression
  - Premenstrual Syndrome
  - Infertility

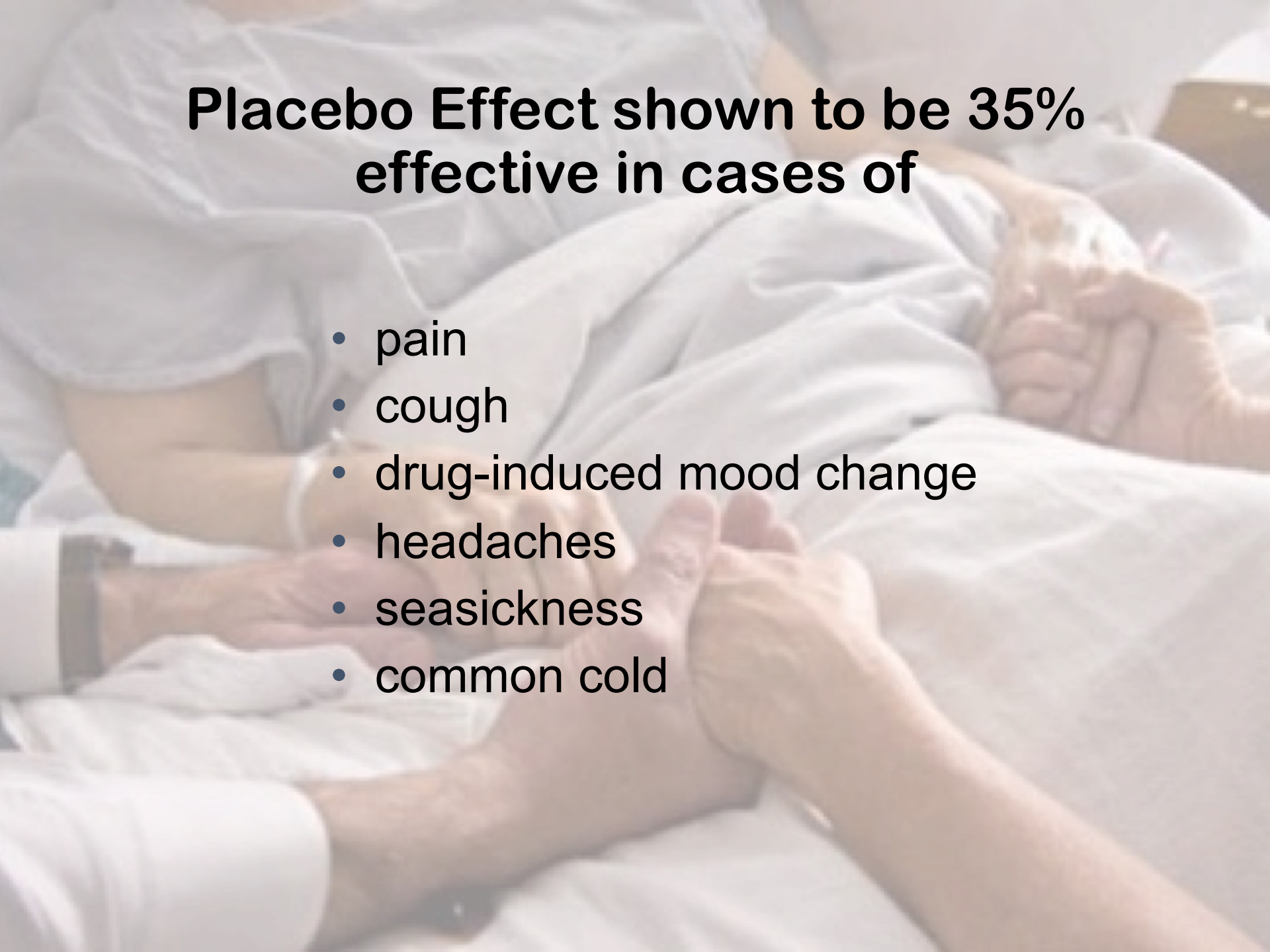
A photograph of a patient lying in a hospital bed, covered with white linens. A person's hands are visible, gently holding the patient's hands, suggesting a caregiver or family member providing support. The background is softly blurred, showing a typical hospital room setting.

**60 to 90%  
of all  
Patient Visits  
to  
Primary Care offices  
are stress related**



A photograph of a person lying in a hospital bed, covered with white sheets. A caregiver's hands are visible, gently holding the patient's hands. The scene is softly lit, creating a calm and supportive atmosphere. The text 'The Placebo Effect' is overlaid in the center in a large, bold, black font.

# The Placebo Effect

A photograph of a person lying in a hospital bed, covered with white sheets. A caregiver's hands are visible, holding the patient's hands and feet, suggesting care and support. The scene is softly lit, creating a calm and nurturing atmosphere.

# Placebo Effect shown to be 35% effective in cases of

- pain
- cough
- drug-induced mood change
- headaches
- seasickness
- common cold



# Placebo Effect Necessary Components

- Positive beliefs and expectations on the part of the patients
- Positive beliefs and expectations on the part of the physician or healthcare professional
- A good relationship between both parties

# Research in Spirituality and Health

- Mortality: People who have regular spiritual practices tend to live longer
- Coping: Patients who are spiritual utilize their beliefs in coping with illness, pain and life stresses
- Recovery: Spiritual commitment tends to enhance recovery from illness and surgery

# Research in Spirituality and Health

## Medical Compliance: Study of Heart Transplant Patients at University of Pittsburgh

- Those who participated in religious activities and said their beliefs were important
  - showed better compliance with follow-up treatment
  - improved physical functioning at the 12-month follow-up
  - had higher levels of self-esteem
  - had less anxiety and fewer health worries

# Research in Spirituality and Health

## Immune System Functioning: Study of 1,700 older adults

- Those attending church were half as likely to have elevated levels of IL-6 (interleukin 6)
- Increased levels of IL-6 associated with increased incidence of disease
- Hypothesis: religious commitment may improve stress control by:
  - better coping mechanisms
  - richer social support
  - strength of personal values and world-view
  - may be mechanism for increased mortality observed in other studies

A photograph of a person lying in a hospital bed, covered with white sheets. Several hands are visible, gently holding the patient's hands and arms, suggesting care and support. The background is softly blurred, showing a typical hospital room setting.

# Research in Spirituality and Health Coping: Advanced Cancer

- Patients in a hospice found that spiritual beliefs were positively correlated with
  - increased life satisfaction
  - happiness
  - diminished pain

Yates. *Med Ped Onc.* 1981; 9:121-128

# Research in Spirituality and Health

## Coping: Pain Questionnaire by Amer Pain Society to Hospitalized Patients

- Personal Prayer most commonly used non-drug method for pain management
  - Pain Pills 82%
  - Prayer 76%
  - Pain IV med 66%
  - Pain injections 62%
  - Relaxation 33%
  - Touch 19%
  - Massage 9%

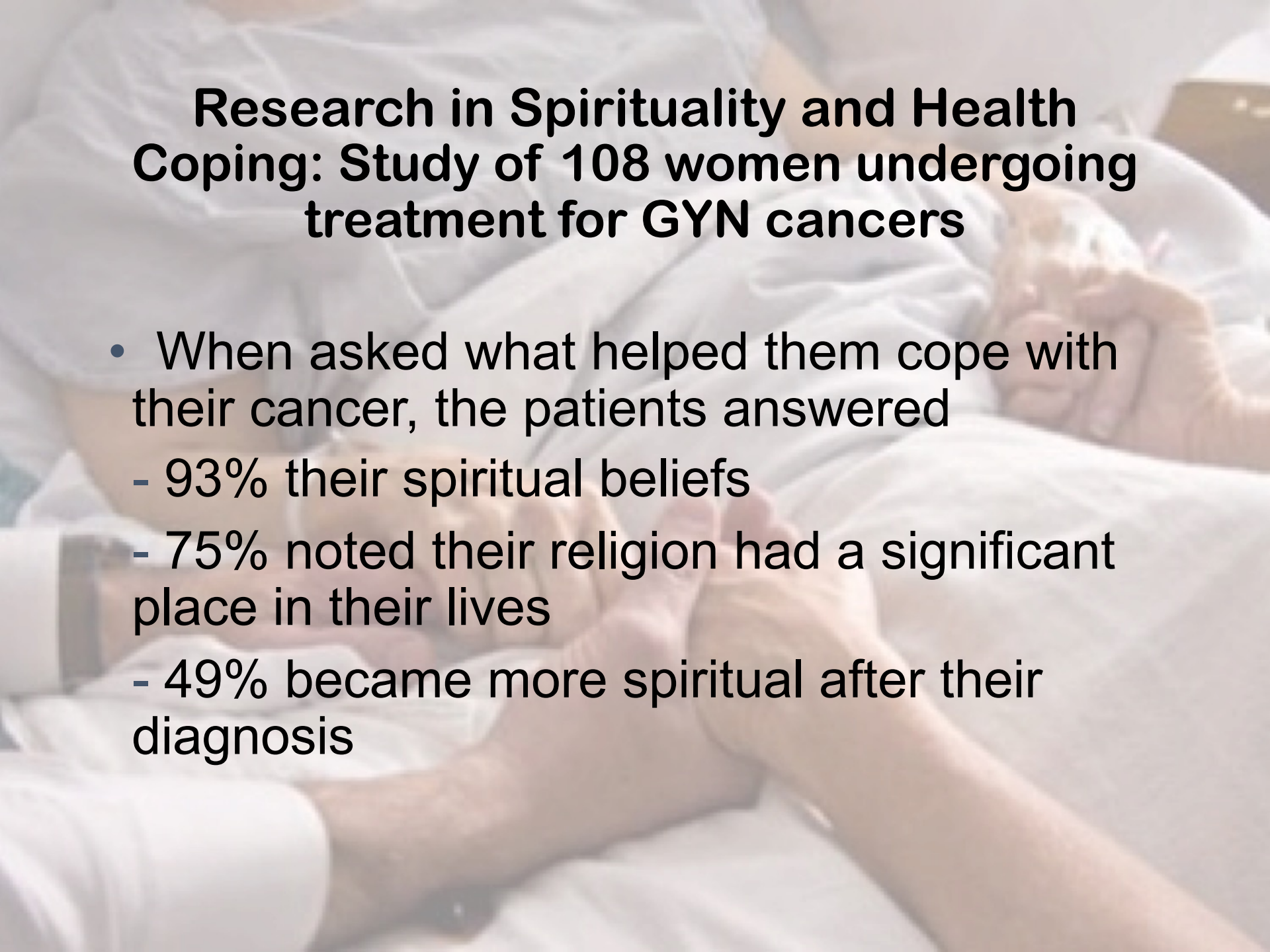
McNeil, JA et al. *J of Pain and Symptom Management*. 1998: 16(1) 29-40



# Research in Spirituality and Health

## Coping: Bereavement

- Study of 145 parents of children who died of cancer.
  - 80% reported receiving comfort from their religious beliefs one year after their child's death
  - those parents had better physiologic and emotional adjustment
  - 40% of those parents reported strengthening of their own religions commitment over the course of the year prior to their child's death



## Research in Spirituality and Health Coping: Study of 108 women undergoing treatment for GYN cancers

- When asked what helped them cope with their cancer, the patients answered
  - 93% their spiritual beliefs
  - 75% noted their religion had a significant place in their lives
  - 49% became more spiritual after their diagnosis

# Research in Spirituality and Health Quality of Life

- Existential domain: measures purpose, meaning in life and capacity for personal growth and self-transcendence:
  - Personal existence... meaningful
  - Achieving life goals... fulfillment
  - Life to point... worthwhile

These items correlate with good quality of life for patients with advanced disease

# Research in Spirituality and Health

## Coping: HIV-positive patients at Yale University Hospital

- 90 HIV-positive patients were surveyed about fear of death, advanced directives, religious status and guilt about HIV infection. They found that
  - those who were spiritually active had less fear of death and less guilt
  - fear of death more likely among 26% of patients who felt their disease was a form of punishment. 17% felt it was a punishment from God.
  - fear of death diminished among those who had regular spiritual practices or stated that God was central to their lives
  - patients who believed in God's forgiveness were more likely to engage in discussions about advanced directives

A photograph of a person lying in a hospital bed, covered with white linens. Several hands are visible, gently holding the person's hands, suggesting a supportive and caring environment. The background is softly blurred, focusing attention on the hands and the person in the bed.

# Gallup Survey Key Findings

## Finding Comfort in Their Dying Days

- Companionship
- Spiritual comfort

A photograph of a person lying in a hospital bed, covered with white sheets. A person's hands are visible, gently holding the patient's hands. The scene is softly lit, suggesting a hospital or care facility setting.

## **Gallup Survey Key Findings, cont... Reassurances That Gave Comfort**

- 82% Having given or received the blessings that are important to you
- 76% Believing that you have made your mark on the world
- 55% Knowing that ritual prayers will be performed



## **Gallup Survey Key Findings, cont...**

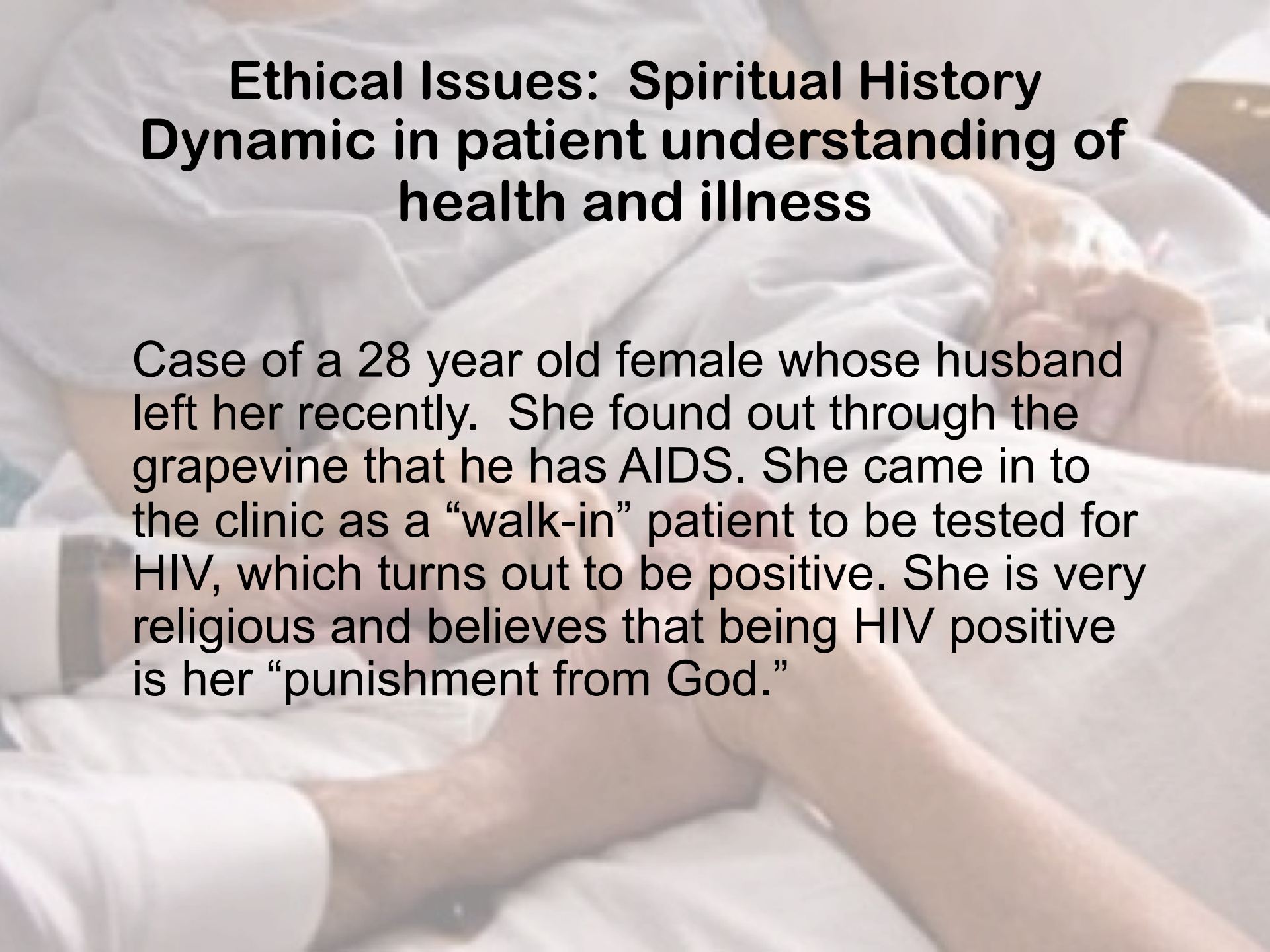
### **Reassurances That Gave Comfort**

- 89% Believing that you will be in the loving presence of God or a higher power
- 87% Believing that death is not the end but a passage
- 87% Believing that part of you will live on through your children and descendants
- 85% Feeling that you are reconciled with those you have hurt or who have hurt you

# Ethical Issues: Spiritual History Spirituality

- May be dynamic in patient understanding of illness
- Religious convictions / beliefs may affect healthcare decision-making
- May be a patient need
- May be important in patient coping
- Integral to whole patient care





## **Ethical Issues: Spiritual History Dynamic in patient understanding of health and illness**

Case of a 28 year old female whose husband left her recently. She found out through the grapevine that he has AIDS. She came in to the clinic as a “walk-in” patient to be tested for HIV, which turns out to be positive. She is very religious and believes that being HIV positive is her “punishment from God.”

A photograph of a person lying in a hospital bed, covered with white sheets. A hand is visible, resting on the person's arm, suggesting a family member or caregiver providing support. The background is softly blurred, showing a typical hospital room setting.

## **Ethical Issues: Spiritual History Religious convictions / beliefs in making healthcare decisions**

Case of an 88 year old male, dying of pancreatic cancer in the ICU in multi-system organ failure. He is on a ventilator. The team approaches the family about withdrawing support. The family is very religious and believes that the father's life is in God's hands; they believe that there will be a miracle and their father will survive.

# **Ethical Issues: Spiritual History Spirituality as a patient need**

Case of a 60 year old female post stroke patient with high blood pressure for many years. She is very debilitated, wheel chair bound, with a speech impediment. Her major coping strategy is prayer. She is a Baptist. Her church group and family are her major social supports. It is very important for her to discuss her spiritual beliefs with her physician.

A photograph of a person lying in a hospital bed, covered with white sheets. Their right hand is being held by another person's hand, which is visible in the foreground. The background is slightly blurred, showing a hospital room setting.

# **Ethical Issues: Spiritual History**

## **Way patients cope with suffering**

Case of a 46 year old female with advanced ovarian cancer. Her husband, who is her major support, died unexpectedly. Ms. R, who is Jewish, dealt with her suffering and depression through her faith in God. She also joined Jewish Healing Services for support and guidance.

# **Ethical Issues: Spiritual History**

## **Spirituality as Integral to Whole Patient Care**

Case of a 42 year old female with Irritable Bowel Syndrome. She has major stressors in her life including a failing marriage, and dissatisfaction at work. She has several signs of depression including insomnia, excessive worrying, decreased appetite and anhedonia. Overall, she feels she has no meaning and purpose in life. She did not respond to medication and diet changes alone. However, with the addition of meditation and counseling she improved.

# Research in Spirituality and Health

## Positive and Negative Religious Coping

- Positive Coping: Patients showed less psychological distress
  - seeking control through a partnership with God or Higher Power in problem-solving
  - asking God's forgiveness and trying to forgive others
  - finding strength and comfort from one's spiritual beliefs
  - finding support from spiritual / religious community

# Research in Spirituality and Health

## Positive and Negative Religious Coping

- Negative Coping: Patients have more depression, poorer quality of life and callousness towards others
  - seeing the crisis as punishment from God
  - excessive guilt
  - absolute belief in prayer and cure; inability to resolve anger when cure does not occur
  - refusal of indicated medical treatment

# Spiritual Coping

A photograph of a person lying in a hospital bed, covered with white sheets. Their hand is being held by another person's hand, suggesting care and support. The background is softly blurred, showing a typical hospital room setting.

- Hope: for cure, for healing, for finishing important goals, for a peaceful death
- Sense of control
- Acceptance of situation
- Strength to deal with situation
- Meaning and Purpose: in life in midst of suffering



# Spiritual Care

- Practice of compassionate presence
- Listening to patient's fears, hopes, pain, dreams
- Obtaining a spiritual history
- Attentiveness to all dimensions of the patient and patient's family: body, mind and spirit
- Incorporation of spiritual practices as appropriate
- Chaplains as members of the interdisciplinary healthcare team

A photograph of a person lying in a hospital bed, covered with a white blanket. Two hands are gently holding the person's hands, one near the top right and one near the bottom center. The background is softly blurred, showing a hospital room setting.

# Spiritual History

- F** Faith, Belief, Meaning
- I** Importance and Influence
- C** Community
- A** Address

A person is lying in a hospital bed, covered with white sheets. Their hands are being held and supported by several other people's hands, suggesting a supportive or caregiving environment. The scene is softly lit, and the focus is on the hands and the person in the bed.

# FICA

- F** What is your belief or faith?
- I** Is it important in your life? What influence does it have on how you take care of yourself?
- C** Are you part of a spiritual or faith community?
- A** How would you like your healthcare provider to address these issues?

# Spiritual History

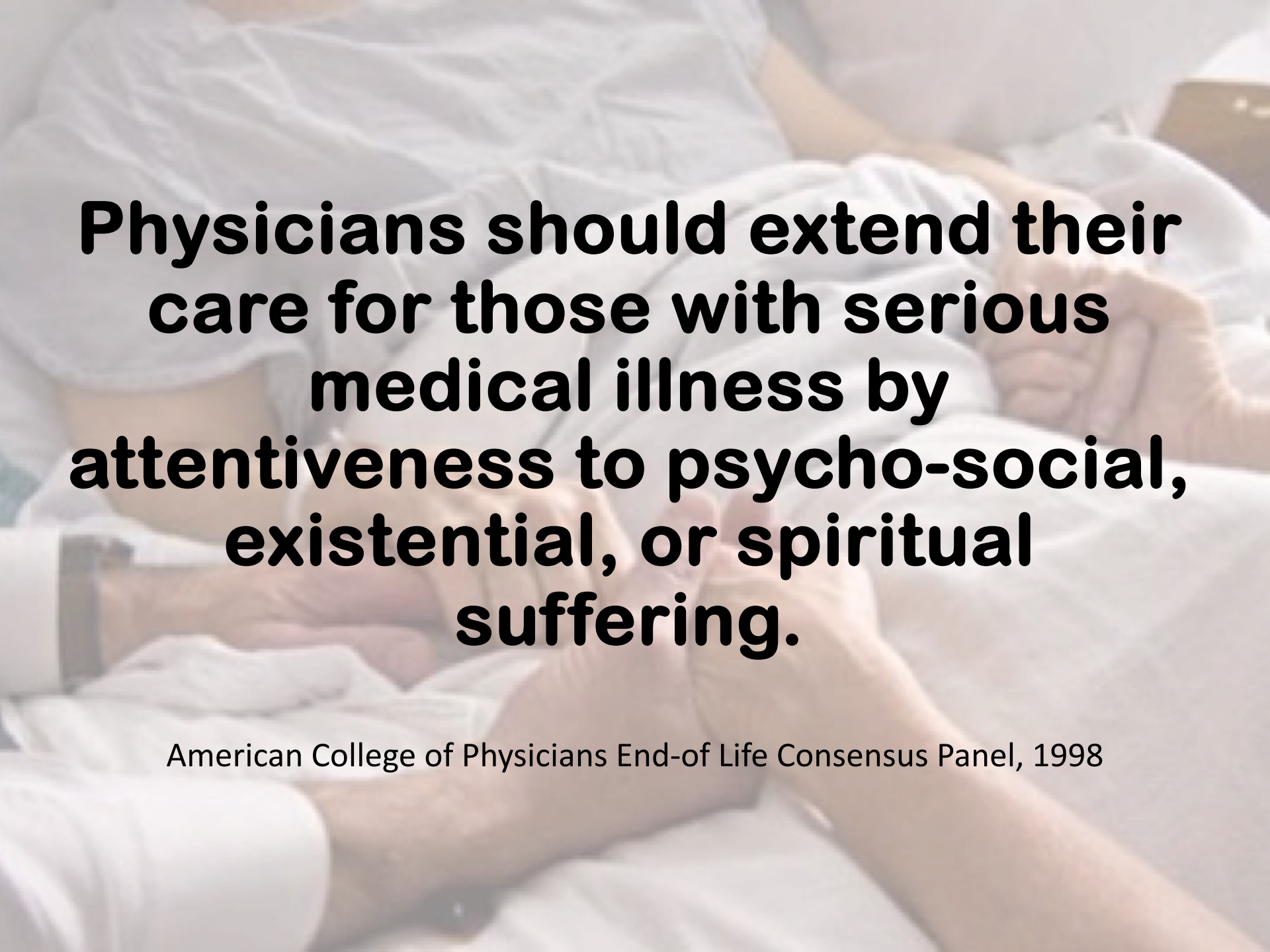
- Taken at initial visit as part of the social history, at each annual exam, and at follow-up visits as appropriate
- Recognition of cases to refer to chaplains
- Opens the door to conversation about values and beliefs
- Uncovers coping mechanism and support systems
- Reveals positive and negative spiritual coping
- Opportunity for compassionate care

# Social History / Patient Profile

- Lifestyle, home situation and primary relationships
- Other important relationships and social environment
- Religious preferences or other important belief systems
- Work situation and employment
- Social interests / avocation
- Life stresses
- Lifestyle risk factors: tobacco, alcohol / illicit drugs

# Ethics and Professional Boundaries

- Spiritual History: patient-centered
- Recognition of pastoral care professionals as experts
- Proselytization is not acceptable in professional settings
- More in-depth spiritual counseling should be under the direction of chaplains and other spiritual leaders
- Praying with patients
  - not initiated by physician unless there is no pastoral care available and the patient requests it
  - physician can stand by in silence as patient prays in his / her tradition
  - referral to pastoral care for chaplain-led prayer

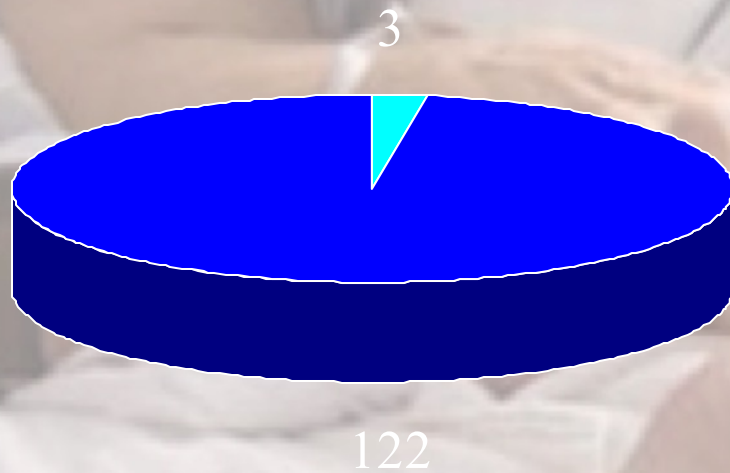


**Physicians should extend their  
care for those with serious  
medical illness by  
attentiveness to psycho-social,  
existential, or spiritual  
suffering.**

American College of Physicians End-of Life Consensus Panel, 1998

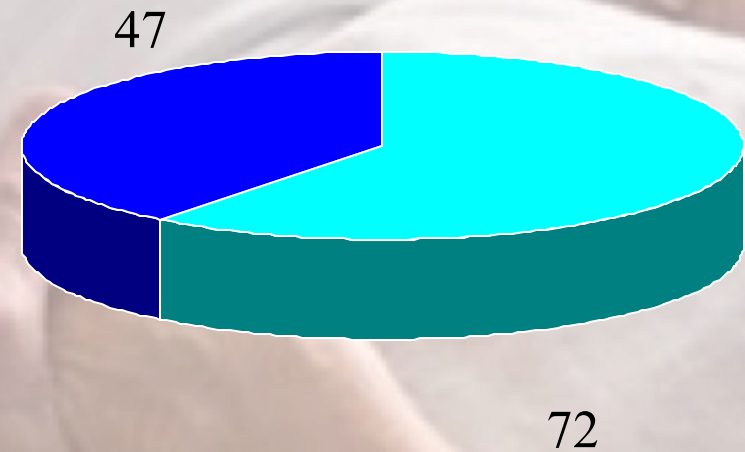
# US Schools Teaching Courses on Spirituality and Health

1992



■ Schools with Courses  
■ Schools without Courses

2000



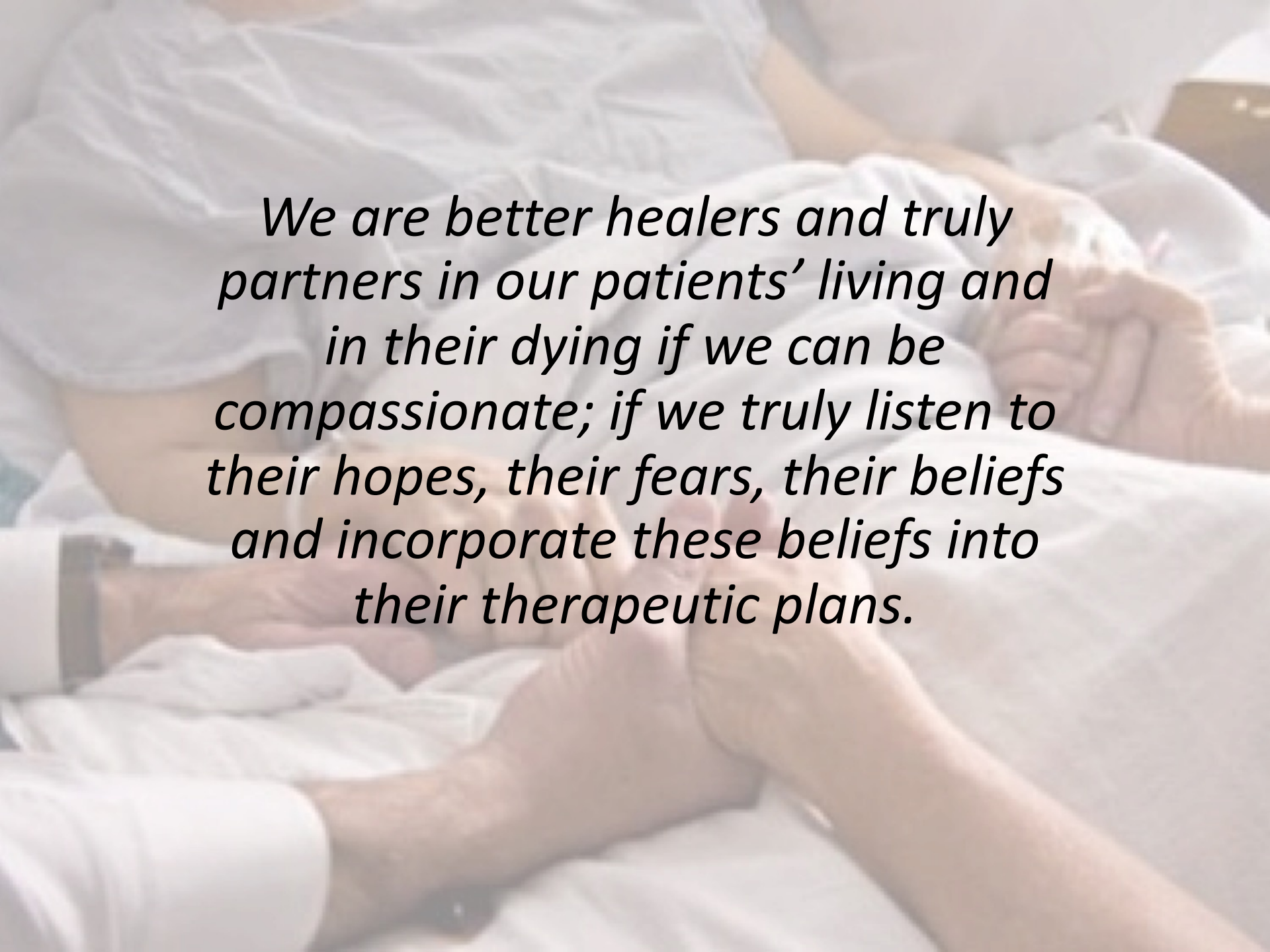
■ Schools with Courses  
■ Schools without Courses




# Spirituality, Cultural Issues and End of Life Care

Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and / or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

Association of American Medical Colleges, 1999

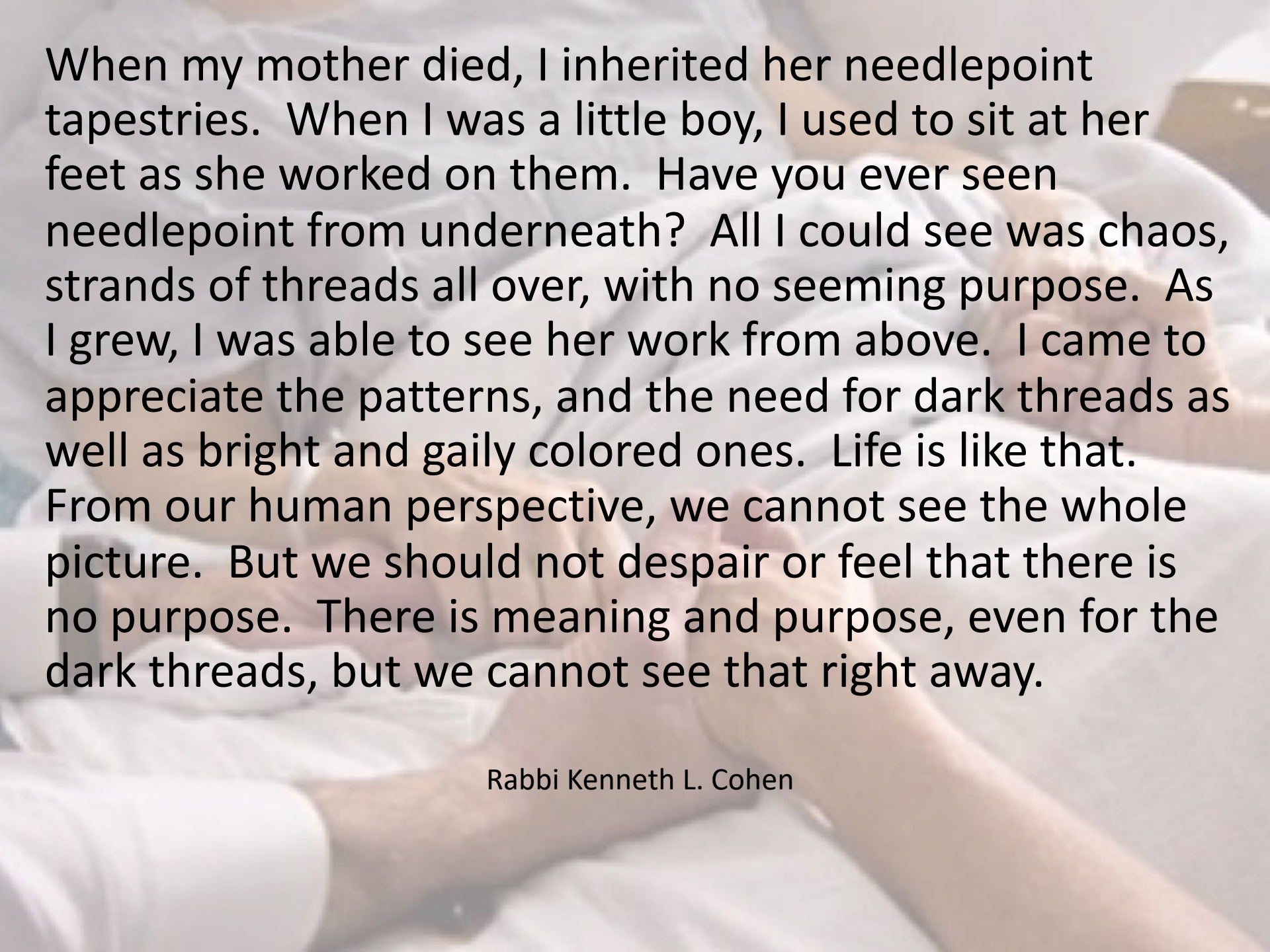
A photograph of a person lying in a hospital bed, covered with white sheets. A caregiver's hands are visible, gently holding the patient's hands. The scene is softly lit, creating a calm and caring atmosphere.

*We are better healers and truly partners in our patients' living and in their dying if we can be compassionate; if we truly listen to their hopes, their fears, their beliefs and incorporate these beliefs into their therapeutic plans.*

A photograph of a person lying in a hospital bed, covered with white sheets. Two hands are gently holding the person's hands, one from the left and one from the right, providing comfort and support. The scene is softly lit, emphasizing a sense of care and compassion.

# Compassionate Care Patients as Teachers of Compassion

- Learning to listen
- Learning to love
- Learning to be present to patients in the midst of their suffering
- Learning themes of forgiveness, loneliness, suffering
- Learning to be servers, not fixers

A close-up, slightly blurred photograph of a person's hands working on a needlepoint tapestry. The hands are positioned in the center-right of the frame, with the left hand holding the fabric steady and the right hand using a needle and thread. The tapestry is white with some dark threads visible. The background is out of focus, showing more of the tapestry and the person's arms.

When my mother died, I inherited her needlepoint tapestries. When I was a little boy, I used to sit at her feet as she worked on them. Have you ever seen needlepoint from underneath? All I could see was chaos, strands of threads all over, with no seeming purpose. As I grew, I was able to see her work from above. I came to appreciate the patterns, and the need for dark threads as well as bright and gaily colored ones. Life is like that. From our human perspective, we cannot see the whole picture. But we should not despair or feel that there is no purpose. There is meaning and purpose, even for the dark threads, but we cannot see that right away.

Rabbi Kenneth L. Cohen