

# The Role of Spirituality in Health and Illness

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## 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

- Medicine as Service Profession
- Spirituality courses as avenues for teaching compassion
- Compassion means to suffer with.
- Compassionate care means to walk with people in the midst of their pain.

***“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.” Foglio and Brody. Journal of Family Practice. 1988

## 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?

“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

## **What the Research Shows**

### **Research in Spiritual Health**

- 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**

USA Weekend. Feb 16-20, 1988

- 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

### **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.

### **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

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

### **The Placebo Effect**

- 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
- 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

### **Research in Spirituality and Health**

Coping: Advanced Cancer

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

- Patients in a hospice from Burlington, VT, spiritual beliefs were positively correlated with
  - increased life satisfaction
  - happiness
  - diminished pain

## **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%

## **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

### **Gallup Survey Key Findings**

- Finding Comfort in Their Dying Days
  - Companionship
  - Spiritual comfort
- 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 for you
  - 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

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

28 year old female whose husband left her recently. She finds out through the grapevine that he has AIDS. She comes in 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."

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

88 year old male, dying of pancreatic cancer in the ICU in multi-system organ failure. He is on pressors and 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.

### **Spiritual History Spirituality as a patient need**

60 year old female s/p CVA, IDDM, HTN 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.

### **Spiritual History Way patients cope with suffering**

46 year old female with advanced ovarian cancer. Her husband, who is her major support, dies 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.

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

42 year old female with IBS. 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
- 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**

- 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

## **Spiritual History**

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

## **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**

- 3 schools had courses
- 122 schools did not

**2000**

- 72 schools had courses
- 47 schools did not

**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.

***We are better physicians 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.***

**Compassionate Care Patients as Teachers of Compassion**

- Students learn to be compassionate by:
  - 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