The Role of Spirituality in Patient-Centered Care

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Disclosure
No Relevant Financial Relationships with any Commercial Interests
I have nothing to disclose.

Video Clip

Objectives
• To have an increase awareness of patients' spirituality and their desire to have it addressed by their physician
• To become familiar with the current literature demonstrating the benefits of integrating spirituality/religion in clinical practice
• To formulate a respectful response to your patient’s (or family’s) spirituality or belief in God
• To identify and overcome barriers to integrating spirituality/religion in clinical practice
• To begin using spiritual assessment tools in a clinical setting as a way to integrate spirituality/religion into your clinical practice.

Goals
• Attempt to provide a functional definition for Spirituality and Religion
• To introduce a body of literature highlighting the benefits of integrated spirituality/religion in clinical practice
• To introduce a variety of Spiritual Assessment Tools and Spiritual History Taking Techniques

Why do I care?
A conversation between a parent and a neonatologist...
Why should YOU care?

• Gallup Poll Report 2011
  - more than 9 in 10 Americans continue to believe in God or a “Universal Spirit”

• CBS Poll in 2009
  - 80% of Americans believed in the healing power of prayer
  - 63% felt that physicians should pray with patients who requested it

Why should YOU care?

A national survey of stress reactions after the September 11, 2001, terrorist attacks

Why should YOU care?

Do Patients Want Physicians to Inquire About Their Spiritual or Religious Beliefs If They Become Gravely Ill?
Ehman JW, Ott BB, Short TH, Ciampa RC, Hansen-Flaschen J.

Let’s Ask ourselves…

What is a physician?

\textit{noun} - a person skilled in the art of healing

What is Healing?

\textit{verb} - to restore to health

What is Health?

\textit{noun} - the condition of being sound in body, mind, or \textit{spirit}

What did we learn?

\textbf{Materialism}

• Only physical things truly exist

\textbf{Naturalism}

• All phenomena can be explained in terms of natural causes and laws

\textbf{Theism}

• Doctrine concerning the nature of a deity
  - The study of a deity’s relationship to the universe
  - A search for the “Sacred”
The Role of Spirituality in Patient-Centered Care

Medical Training Over the Last 30 Years

Then

• MD = Boss
• Freudian Theory
• Marxian Theory

Now

• Family Centered Care
• Cultural Competency
• Spiritual Awareness

Medical Training Over the Last 30 Years

Medical School and Residency

• Toward a Person-centered Medicine: Religious Studies in the Medical Curriculum: 1995 Journal of Academic Medicine
• The Development of Professionalism: Curriculum Matters: 2000 Journal of Academic Medicine
• The Role of Spirituality in Patient Care: Incorporating Spirituality Training into Medical School Curriculum: 2002 Journal of Academic Medicine
• Implementing a Medicine–Spirituality Curriculum in a Community-based Internal Medicine Residency Program: 2002 Academic Medicine
• Spirituality and Medicine: A workshop for Medical Students and Residents: 2006 Journal of General Internal Medicine

Spirituality or Religion?

Spirituality

• Individually oriented – inward experience
• Awe and wonder
• Mystery-seeking
• Value-sensing

Religion

• Community oriented – outward experience
• Dogma and Creeds
• Rituals and Routines
• Learned stories and prayers

Medical Training Over the Last 30 Years

Spirituality Institutes

GW School of Medicine and Health Sciences
Duke University School of Medicine
Texas Medical Center

Medical Training Over the Last 30 Years

Association of American Medical Colleges
Part III of the Medical School Objectives Project Report
“Communication in Medicine”

• The ability to elicit a spiritual history
• An understanding that the spiritual dimension of people’s lives is an avenue for compassionate care giving
• An understanding of the student’s own spirituality and how it can be nurtured as part of their professional growth, promotion of their well being and the basis of their calling as a physician.
How do we come to think about Spirituality/Religion?

Piaget’s Stages of Cognitive Development

• The Sensorimotor Stage: (birth to 2 yrs)
• The Preoperational Stage: (2 to 6 yrs)
• The Concrete Operational Stage: (7 to 11 yrs)
• The Formal Operational Stage: (12 yrs to adulthood)

How do we come to think about Spirituality/Religion?

Erikson Faith Correlates

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age range</th>
<th>Basic strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust versus mistrust</td>
<td>Birth to 1yr</td>
<td>Hope</td>
</tr>
<tr>
<td>Autonomy versus shame and doubt</td>
<td>1 to 3 yrs</td>
<td>Will</td>
</tr>
<tr>
<td>Initiative versus guilt</td>
<td>3 to 6 yrs</td>
<td>Purpose</td>
</tr>
<tr>
<td>Industry versus inferiority</td>
<td>6 to 12 yrs</td>
<td>Competence</td>
</tr>
</tbody>
</table>

How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

- Undifferentiated Faith: Up to 3 years old
  Acquire qualities of trust and mutuality as well as courage, hope, and love.

How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

- Intuitive-Projective Faith: 3-7 years
  Relate intuitively to the ultimate conditions of existence through stories and images and the fusion of facts and feelings.
How do we come to think about Spirituality/Religion?

**Fowler’s Stages of Faith**

### Myopic-Literal Faith: 7-12 years
- Attempt to sort out fantasy from fact by demanding proofs or demonstration of reality. The task is to learn not only the stories but also the beliefs and practices of the community.

### Synthetic-Conventional Faith: Adolescence
- Synthesize values and information and provide a basis for identity and outlook. Individuals generally conform to the beliefs of those around them until they reflect or study these beliefs objectively. Thus, they hold them tentatively.

### Individual-Reflective Faith: Young adults
- May continue into adulthood. Development of self-identity and worldview that is differentiated from those of others. Demythologize symbols into conceptual meanings.

### Conjointive Faith: Adults past middle
- Find new appreciation for their past and value their inner voices. Become aware of deep-seated mythic, prophetic, and images that are arise from their culture and social background. Try to unify opposites in mind and experience.

### Universalizing Faith: Infrequently reached
- Faith that is inclusive of all beings. They want to understand social, political, economic, or ideological burdens in society. They fully love life, yet hold it loosely. e.g., Martin Luther King Jr., Mother Theresa.
How do we come to think about Spirituality/Religion?

The Golden Rule

• Christianity – So in everything, do to others what you would have them do to you. For this sums up the Law and the Prophets (Matthew 7:12).

• Confucianism – Do not do to others what you would not like yourself. Then there will be no resentment against you, either in the family or in the state (Analects 12:2).

• Buddhism – Hurt not others in ways that you yourself would find hurtful (Udana-Varga 5.1).

• Hinduism – This is the sum of duty; do naught onto others what you would not have them do unto you (Mahabharata 5, 1517).

• Islam – No one of you is a believer until he desires for his brother that which he desires for himself (Sunnah).

• Judaism – What is hateful to you, do not do to your fellowman. This is the entire Law; all the rest is commentary (Talmud, Shabbat 3id).

• Taoism – Regard your neighbor’s gain as your gain, and your neighbor’s loss as your own loss (Tai Shang Kan Yin P’ien).

Could it be…

• social support, sacred rituals, prayer, and other manifestations of spirituality are significant dimensions in faith and healing.

• the ability to recognize and mobilize these resources on a patient’s behalf is thus a vital and largely untapped part of the physician’s healing role.

Compassionate Care

Christina Puchalski, MD, MS

• Compassion means “to suffer with”

• Victor Frankl says, “Man is not destroyed by suffering; he is destroyed by suffering without meaning.”

Spirituality, Religion, and Clinical Care

Daniel Sulmasy, MD, PhD

• Why not leave spirituality to families, clergy, and chaplains?
  - Patients are frightened by their condition and its meaning
  - Spiritual issues may be interfering with treatment
  - Treatment of the whole person

Religious Struggle as a Predictor of Mortality

Kenneth I. Pargament, PhD; Harold G. Koenig, MD; Nalini Tarakeshwar, MA; June Hahn, PhD

444 hospitalized medical patients followed for 2 years

• Each one of the 7 statements was rated on a 0-3 scale based on agreement

- For every 1 point increase on the religious struggle scale (0-21), there was a 6% increase in mortality,

  Increased mortality was independent of physical and mental health
Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer

Multi-site prospective study
- 345 patients with advanced cancer followed to death
- Intensive, futile life-prolonging care was significantly more common among those with high levels of religious coping

<table>
<thead>
<tr>
<th>Level of Religious Coping</th>
<th>Intensive Care</th>
<th>Chi-Sq</th>
<th>p Value</th>
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<tbody>
<tr>
<td>High</td>
<td>36%</td>
<td>4.68</td>
<td>0.03</td>
</tr>
<tr>
<td>Low</td>
<td>27%</td>
<td></td>
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Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death.

- If addressed, likelihood of receiving hospice increased five-fold
- Likelihood of receiving aggressive care near EOL decreased by 72%

Focus on spiritual well-being: harmonious interconnectedness of mind-body-spirit-use of the JAREL spiritual well-being scale

- Prayer is an important part of my life.
- I believe I have spiritual well-being.
- As I grow older, I find myself more tolerant of others' beliefs.
- I find meaning and purpose in my life.
- I feel there is a close relationship between my spiritual beliefs and what I do.
- I believe in a supreme being.
- When I am sick, I have less spiritual well-being.
- I believe in the afterlife.
- I am satisfied with my life.
- I set goals for myself.

Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment

- F: Faith or Beliefs
- I: Importance and Influence
- C: Community
- A: Address

TABLE 3
The HOPE Questions for a Formal Spiritual Assessment in a Medical Interview

- M: Sources of hope, meaning, comfort, strength, peace, love and connection
- O: Organized religion
- P: Personal spirituality and practices
- E: Effects on medical care and end-of-life issues

Evaluation of the FICA Tool for Spiritual Assessment

- F: Faith or Beliefs
- I: Importance and Influence
- C: Community
- A: Address
“To the doctor, the child is a typhoid patient; to the playground supervisor, a first baseman; to the teacher, a learner of arithmetic. At times, he may be different things to each of these specialists, but too rarely he is a whole child to any of them.”

— White House Conference on Children and Youth, 1930