

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

Compassionate Care

Compassion: To suffer with.

Compassionate care: 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?

Spirituality is integral to the dying person's achievement of the developmental task of transcendence and important for health care providers to recognize and foster.

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



Christina Puchalski MD

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

- 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

University of Pennsylvania Study of Pulmonary Outpatients, cont...

- 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

Benson, H. et.al.

- 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

“To the extent that any disease is caused or made worse by stress, to that extent evoking the relaxation response is effective therapy.”

Herbert Benson, M.D. [The Relaxation Response.](#)

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

The Placebo Effect

Christina Puchalski MD

Placebo Effect shown to be 35% effective in cases of

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

Remembered Wellness

A Patient's Desire for Health

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

Hams, RC et.al. *Journal of Religion and Health*. 1995: 34(1) 17-32

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

Koenig, HG et.al.

Christina Puchalski MD

International Journal of Psychiatry in Medicine. 1997 27(3) 233-250

Research in Spirituality and Health

Coping: Advanced Cancer

- 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%

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

Roberts, JA et.al. *American Journal of Obstetrics and Gynecology*.

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

Kaldiyan, LC et.al. AIDS. 1998: 12(1) 103-107

Gallup Survey Key Findings

Finding Comfort in Their Dying Days

- Companionship
- Spiritual comfort

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

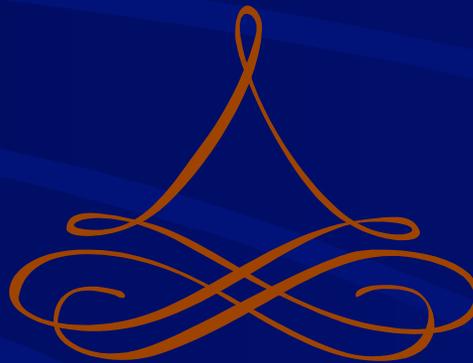
55% Knowing that ritual prayers will be performed for you

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

Spiritual Relationships



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

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.”

Ethical Issues: 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.

Ethical Issues: 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.

Ethical Issues: 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.

Ethical Issues: 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

Pargament, KL et. al. *J Sci Stud Religion* 1998; 37:710-724

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

Pargament, KL et. al. *J Sci Stud Religion* 1998; 37:710-724

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 **I**nfluence
- 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

Joint Commission on Accreditation of Health Care Organizations (JCAHO)

Pastoral counseling and other spiritual services are often an integral part of the patient's daily life. When requested the hospital provides, or provides for, pastoral counseling services.

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

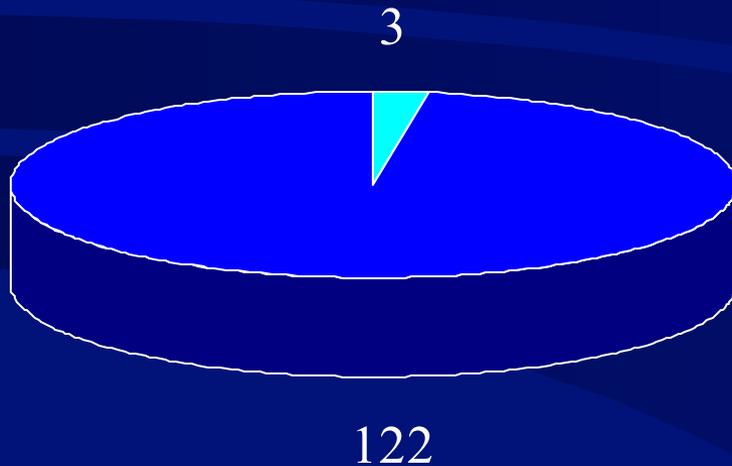
American College of Physicians End-of Life Consensus Panel, 1998

Physicians must be compassionate and empathic in caring for patients... In all of their interactions with patients they must seek to understand the meaning of the patients' stories in the context of the patients' beliefs and family and cultural values.... They must continue to care for dying patients even when disease-specific therapy is no longer available or desired.

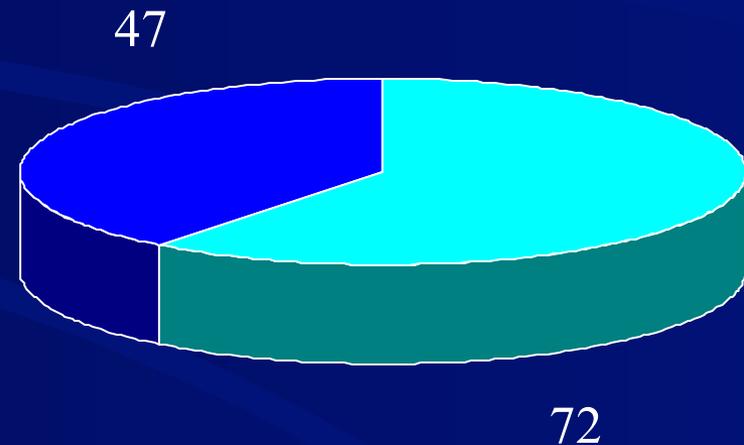
MSOP Report I, Association of American Medical colleges, 1998

US Schools Teaching Courses on Spirituality and Health

1992



2000



■ Schools with Courses
■ Schools without Courses

■ Schools with Courses
■ Schools without Courses

John Templeton Spirituality and Medicine Awards

- Undergraduate Medical School Curricula
 - \$25,000, four-year award
 - Started in 1995
- Psychiatric Residency Training Programs
 - \$15,000, one-year award
 - Started in 1998
- Primary Care Residency Training Programs
 - \$15,000, one-year award
 - Started in 2000

Number of John Templeton Spirituality and Medicine Award Winning Programs

- Undergraduate Medical School Curricula
 - 33 Award winning programs
- Psychiatric Residency Training Programs
 - 16 Award winning programs
- Primary Care Residency Training Programs
 - 10 Award winning programs

Spirituality and Medicine Courses at The George Washington University School of Medicine

Interwoven with the rest of the Practice of Medicine curriculum throughout the four years of medical school.

Practice of Medicine

- A.** New Approach to learning for the students, with emphasis placed on problem solving through self-motivated learning and independent study
- B.** Two major components
 1. Course in Doctor-Patient Relationship
 2. Interdisciplinary Course in Problem-Based Learning

MSOP Report III: 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.

MSOP Report III. Association of American Medical Colleges, 1999

Outcome Goals

Students Will:

- be aware of the need to incorporate awareness of spirituality into the care of patients in a variety of clinical contexts.
- will recognize that their own spirituality might affect the ways they relate to, and provide care to, patients.
- will be aware of the need to respond not only to the physical needs that occur at the end of life (and in life any illness) but also the emotional, socio-cultural, and spiritual needs that occur.

Learning Objectives - Spirituality

Before graduation students will have demonstrated to the satisfaction of the faculty:

- The ability to elicit a spiritual history
- An understanding that the spiritual dimension of people's lives is an avenue for compassionate care giving
- The ability to apply the understanding of a patient's spiritual and cultural beliefs and behaviors to appropriate clinical contexts (e.g. in prevention, case formulation, treatment planning, challenging clinical situations)

Learning Objectives – Spirituality, cont...

Before graduation students will have demonstrated...

- Knowledge of research data on the impact of spirituality on health and on health care outcomes, and on the impact of patients' cultural identity, beliefs, and practices on their health, access to and interactions with health care providers, and health outcomes
- An understanding of, and respect for, the role of clergy and other spiritual leaders, and culturally-based healers and care providers, and how to communicate and / or collaborate with them on behalf of patients' physical and / or spiritual needs

Learning Objectives – Spirituality, cont...

Before graduation students will have demonstrated...

- An understanding of their 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

General Recommendations

Consider spirituality as a potentially important component of every patient's physical well-being and mental health. Address spirituality at each complete physical exam; continue addressing it at follow-up visits if appropriate. In patient care, spirituality is an ongoing issue. Respect patient's privacy regarding spiritual beliefs; don't impose your beliefs on others.

General Recommendations, cont...

- Make referrals to chaplains, spiritual directors, or community resources as appropriate
- Awareness of your own spirituality will not only help you personally, but will also overflow in your encounters with those for whom you care.

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.

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

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