Spirituality and Patient Care

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Spiritual care is integral to the science and art of healing, and therefore a critical component in the quality of care. As stated in the Association of American Medical Colleges' 1999 Medical School Objectives Project Report on Communication in Medicine:

"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."[1]

Academic medical programs are beginning to address patients' spiritual needs. In the past decade, the number of medical schools that offer courses on spirituality has increased from three schools in 1992 to 84 in 2004.[2] For many patients, life-threatening illness may serve as a catalyst to question meaning and purpose in life, raising questions such as, "Why? Why me? Why now?" Healing, in this context, becomes more than a technical cure or fix, and includes a journey to integrate these questions into one's life. Optimally, spirituality provides a foundation for patients to move from a sense of brokenness to a sense of wholeness, allowing them to find meaning and purpose. In this way, spirituality is integral to whole patient care and helps to address patients' understanding of illness.[3,4]

Spirituality may be differentiated from religion. Spirituality is often framed as a more personal search for transcendent under-standing that may or may not include activities within organized groups, whereas religion is often regarded as a social institution with a set of specific belief systems and rituals.[5] Spirituality may be framed as an understanding of "something bigger than oneself" – it may include a reverent respect for God, a higher power, or equally felt as awe when walking in nature. The common ground that religion and spirituality share is a search for the sacred through the experience of subjective feelings, thoughts, and behaviors.

Providers in medical settings may have differing opinions as to whether spiritual care is part of their care domain. Chaplains and pastoral care counselors explicitly provide spiritual and emotional care to patients, and are often included in palliative care teams and other acute care settings. Clinical Pastoral Education (CPE) trains chaplains of all faiths to provide spiritual and emotional care in health care settings. This training is conducted by supervisors accredited by the Association of Clinical Pastoral Education (ACPE), and includes duty time as chaplains on call, detailed reporting and evaluation, and peer group learning and supervision.[6]

Spirituality provides a context for the many decisions that must be made in health care encounters. Nurses, social workers, and physicians often interact with patients at intimate times when spiritual support may be helpful. In addition, spiritual care often supports patient and family coping and even the patient's will to live. Responses to spiritual needs may take myriad forms, ranging from formal prayer to less structured but equally empathic gestures and words that support patients' and families' emotional and spiritual well-being. In responding to these needs, the clinician must consider his or her own personal understanding of spirituality, so that interactions are genuinely heartfelt and not simply another "task" to be done.

Basic information on patients' spiritual and emotional needs can be gathered by taking a spiritual history. Questions in a spiritual history help providers understand patients' spiritual beliefs, and the role that they play in patients' coping, as well as identify any spiritual needs that need to be addressed. Domains within such a history include:

- Does the patient use religion/spirituality to help cope or is it a source of stress?
- Is the patient a member of a supportive spiritual community?
- Does the patient have any troubling spiritual questions or concerns?
- Does the patient have any spiritual beliefs that might influence medical care?
- Are there ethical boundaries?

Beyond being aware of patients' spiritual needs, the health care provider's extension of caring through personal empathy is key. Physicians and others have an obligation to respond to suffering, provide compassionate care, and to recognize the spiritual needs that are important to patients. Research has demonstrated that physician empathy may be related to patient and physician satisfaction, better therapeutic relationships and clinical outcomes, and a reduction in malpractice claims.[7]

There are of course ethical boundaries to this involvement, which may include lack of knowledge, training, or time; discomfort with the subject; fear of imposing religious views; consent and confidentiality; and religious conflicts.[8] Spiritual care is by nature interdisciplinary, and often involves referral to and collaboration with pastoral care counselors or chaplains.[9]

Although a range of methodologies have been suggested for health care providers to identify and address spirituality in the context of patient care, it is equally important to determine when a conversation regarding spirituality can happen, and to acknowledge the impact of health care providers' involvement in attending to patients' spiritual and medical needs.

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