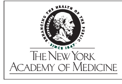

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Integrative Wellness Symposium On Mind/Body Medicine

Spiritually and Health: Implications for Clinical Practice

As presented on December 2, 2004 New York, New York

Introduction

The focus on spirituality in the practice of medicine has increased to historic levels in recent years, according to Christina M. Puchalski, M.D., who recently addressed a group of physicians, nurses and other health care professionals in New York City regarding the implications that spirituality has for clinical practice in the United States today. This increased focus on discerning, acknowledging and supporting patients' spiritual beliefs is evidenced by the growing trend in postgraduate medical education to include spirituality training in medical schools, as well as a large and growing number of studies supporting the premise that patients' values, beliefs, and religious or spiritual practices affect their health and should be assessed by the clinician. Dr. Puchalski, who is an Associate Professor of Medicine and Health Care Sciences at The George Washington University School of Medicine, and founder and director of The George Washington Institute of Spirituality and Health (GWISH), created the GWISH center with the vision of a more compassionate system of health care that focuses on bringing increased attention to the spiritual needs of patients, families and health care professionals.

This continuing medical education activity summarizes Dr. Puchalski's presentation, including a discussion on recent scientific-based advances in mind/body medicine, the broad diversity of patients' spirituality and beliefs and the role these beliefs play in chronic illness and end-of-life care. This report also reviews an algorithm for performing a spiritual assessment as a standard aspect of clinical practice. The New York Academy of Medicine has designated this educational activity for a maximum 1.5 category 1 credits toward the AMA Physician's Recognition Award. Detailed instructions for obtaining CME credit can be found at the end of this report.

The inclusion of spirituality in the practice of medicine

"Our work as clinicians goes beyond making the correct diagnosis to partnering with our patients to help them through their suffering," said Dr. Puchalski. She noted that suffering is multidimensional, and often encompasses the physical, mental, social, spiritual and existential. Moreover, she said that physicians and health care professionals should extend care to those with serious medical illness by attending to these multiple aspects of suffering without limiting care purely to a patient's physical and medical needs. She noted that inclusion of spirituality in medicine is somewhat instinctual, as it stems from our need to respond to and alleviate our patients' distress.

Clearly the health care community has started to realize the importance of consistently and methodically considering spirituality when treating patients. In recent years, academic institutions of medicine have started to recognize the important role that spirituality plays in the lives of many patients, and that as clinicians, we need to take into account our patients' spiritual needs during times of illness, Dr. Puchalski noted. The Association of American Medical Colleges has noted the importance of considering the "whole" patient — not just the physical component — and medical schools are responding. In 1993, only three of 132 medical schools across the U.S. included coursework on spirituality and health. By 2004, however, the number of medical schools that incorporated mandatory coursework in spirituality and health increased to 100. Dr. Puchalski added that this extraordinary increase in the inclusion of spirituality and health as part of the standard education of our nation's physicians speaks to a commitment to the importance of listening to patients and hearing what is important to them.

The instructional goals of spirituality and health education in medical schools are to help students recognize the following:

- The need to incorporate an awareness of spirituality into the care of patients in a variety of clinical contexts.
- How their own spirituality might affect the ways they relate to and provide care for patients.
- The need to respond not only to the physical needs of patients at the end of their lives, but also to the psychological, social and spiritual aspects of patients' lives as well.

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Spiritual issues that patients face during times of acute and chronic illness include meaninglessness, hopelessness, despair, lack of forgiveness, abandonment, anger and feeling unloved or unconnected, Dr. Puchalski noted, adding that spiritual issues take time to address and are not always immediately "fixable." Regardless, as clinicians, she said we should consider these spiritual aspects of the patients' suffering and attempt to address them. An ethics consensus conference sponsored by the Association of American Colleges and The George Washington University Institute on Spirituality and Health in 2003 asserted that there is an obligation to respond to suffering and provide compassionate care, as well as to recognize that spiritual needs are important to patients. Moreover, spiritual care is interdisciplinary-physicians' attention to the spiritual needs of their patients is not intended to replace the work of chaplains and other faith-based professionals, but rather to complement the role they may play in alleviating a patient's suffering. Further, the consensus statement recommended that an integration of spirituality into clinical practice not be coercive, and instead be patient-centered.

Dr. Puchalski reported that the consensus statement also noted the importance of clinicians setting professional boundaries, as proselytizing is clearly not ethical. "It is really about uncovering what our patients' beliefs are and then determining how to bring those beliefs into the clinical setting," she said. The consensus statement also noted that clinicians should recognize that the definition of spirituality is broad. Expanding on that point, Dr. Puchalski noted that spirituality is not always "religious" in a traditional sense, and may include a broad variety of practices, such as yoga or meditation, or simply a belief in a higher power or in embracing the mystery of life.

The Medical Schools Objective Project (MSOP) Report III on Spirituality, Cultural Issues, and End-of-Life Care stated: "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 a belief in God, family, naturalism, rationalism, humanism and the arts. All of 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. Report III — Contemporary issues in medicine: communication in medicine, Medical School Objectives Project October 1999 MSOP III. Washington, DC). Oftentimes, she added, illness and stress are triggers for a person's spiritual quest, on which they might question the meaning and purpose of their lives. "Healing is more than a technical cure or fix; it is the integration of these questions into our lives. Healing is an opportunity for spiritual growth," she said.

"It is really about uncovering what our patients' beliefs are and then determining how to bring those beliefs into the clinical setting."

The role of spirituality in health, medicine and clinical practice

The health care community and the public at large have increasingly become interested in the relationship between spirituality, religion and health; however, many clinicians are skeptical of spirituality, are uncomfortable discussing it or are unsure how to respond or incorporate spirituality into their practices. Dr. Puchalski noted that engaging patients in a dialogue about their spiritual needs can result in a richer and more rewarding experience for all parties involved.

Interestingly, physicians in general are less religious than patients: more than 95 percent of patients report they believe in God, while 64 percent of American physicians report believing in God (Astrow, A.B., Puchalski, C.M., Sulmasy, D.P. Religion, spirituality, and health care: Social, ethical, and practical considerations. *Am J Med*. 2001 Mar;110(4):283-7). This considerable gap may contribute to a difference in expectations in spirituality and medicine between those who provide care and those who receive it. Astrow et al. also reported a survey which found that 77 percent of patients surveyed desired their physicians to consider their spiritual needs, and 48 percent would like their physician to pray with them. Regardless, few of those surveyed reported ever having a spiritual discussion with their physician.

Astrow et al. pointed to two possible factors for the issue of spirituality and medicine receiving increasing recognition: the realization of the limits of science and medicine and recent well-controlled studies which have shown a positive impact of health care outcomes among patients who were religious. In those studies, regular, active participation in a religious practice was associated with improved health and better outcomes.

Dr. Puchalski remarked that the relatively large placebo effect in clinical studies — which is often as high as 35 percent in various diseases including pain, cough, drug-induced mood changes, headache, seasickness and the common cold — speak to the power of the mind. Some studies have indicated that 10 to 20 minutes of

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meditation daily improves chronic pain, insomnia, anxiety, hostility, depression, premenstrual syndrome and infertility, she added. Other research has indicated that forgiveness (a "hot topic" in spirituality-related research) helps and that "forgiveness education" programs have been shown to increase hope, while a willingness to forgive others improves self-esteem and decreases depression and anxiety.

Dr. Puchalski also noted the potential for religious beliefs to have a deleterious effect on health and the importance of exploring that possibility, noting a case in which a patient believed that her ill health was the result of previous actions in her life.

She reported that focus groups conducted with patients living with HIV/AIDS have found that patients often report that HIV made them look at life differently, led to a belief that they are on the earth for a specific purpose, and that their faith in God helps them. Some patients even report that their life was better after being diagnosed with HIV/AIDS (Tsevat et. al. The will to live among HIV-infected patients. *Ann Intern Med*. 1999 Aug 3;131(3):194-8). Gallop surveys have also shown that patients report that their two primary needs at the end of their life are companionship and spiritual comfort, she reported.

Finally, Dr. Puchalski added that patients who were questioned about spirituality by their provider reported having an increased trust in their provider, feeling closer to their provider and having a general feeling that their wishes are being respected. A 1997 study of women undergoing treatment for gynecological cancers revealed that 64 percent of survey participants evaluated their physicians according to the compassion they showed for their patients and 93 percent of respondents said that their spiritual beliefs helped them cope with cancer (Roberts, J.A., et. al. Factors influencing views of patients with gynecologic cancer about end-of-life decisions. *Am J Obstet Gynecol*. 1997 Jan;176(1):166-72).

Integrating spirituality into daily clinical practice

Dr. Puchalski recommended integrating a "spiritual history" as part of a patient's clinical assessment, noting that religious convictions and beliefs may affect a patient's health care decision-making and should be factored into discussions of a patient's treatment course, which is especially true during end-of-life care. Further, a patient may need their spirituality and beliefs to be recognized and considered, and they may be important to the patient's ability to cope with illness. In other words, she said, spirituality is integral to whole-patient care.

Dr. Puchalski presented an algorithm called "FICA" that can be used in the clinical setting to take a spiritual history. The FICA algorithm, which stands for Faith, Importance, Community, and Address in Care, is designed to help clinicians structure questions when taking a patient's spiritual history. FICA is further broken down as follows (Puchalski CM, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. *J Pall Med*. 2000;3:129-37):

F: Faith, Belief, and Meaning

"Do you consider yourself spiritual or religious?" or, "Do you have spiritual beliefs that help you cope with stress?"

If the patient responds "No," the physician might ask, "What gives your life meaning?" Patients may respond that their family gives their life meaning, or their career or nature.

I: Importance and Influence

"What importance does your faith or belief have in your life?"

"Have your beliefs influenced how you take care of yourself in this illness?"

"What role do your beliefs play in regaining your health?"

C: Community

"Are you part of a spiritual or religious community? Is this of support to you and how?"

"Is there a group of people you really love or who are important to you?"

Communities such as churches, temples and mosques, or a group of like-minded friends can serve as strong support systems for some patients.

A: Address in Care

"How would you like me, your health care provider, to address these issues in your health care?"

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Dr. Puchalski recommended taking a spiritual history at the initiation of care and intake assessment, as part of the social history, and because spirituality is an ongoing issue, it should be re-evaluated at follow-up visits as appropriate — for example, if a patient's health status changes considerably (e.g., the patient is diagnosed with cancer).

Spiritual care options or interventions may include listening to the patient, providing a safe environment for the patient to express feelings, referring a patient to a professional spiritual care provider, such as a chaplain, encouraging spiritual practice such as yoga or mediation, allowing for the participation in rituals or sacraments, reflective readings from poetry or literature, journaling, nature walks, and joining spiritual support groups (Puchalski CM. Spirituality in health: the role of spirituality in critical care. *Critical Care Clinics*. 2004;20:500).

Conclusion

Dr. Puchalski reports that clinicians should consider spirituality as an important aspect of every patient's well-being and their mental health. She emphasized the need to refer patients to chaplains and other resources in the community as necessary to ensure that a patient's spiritual needs are being met and to fully address the multidimensional aspect of human suffering.

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