Where we’ll go in this segment…

- Some context from clinical practice
- What we are teaching health professions students about this these days
  - Some data on the relationship between spirituality and health
  - What we teach them to do for patients
  - What we encourage them to do for themselves
- A brief intro to what we do in the S&H course here at USD
- Suggestions for further reading/resources

We begin with a case… how do we put “spirituality” into a typical health care visit?

A Case, continued…

- “What gives you the strength to face all the challenges that you have in life right now? What gives you hope?”
  - H – sources of Hope
  - O – organized religion that the patient may belong to
  - P – personal spirituality/beliefs
  - E – effect that these have on medical care and decision making
- Illness grasps persons by the soul as well as by the body (Sulmary)

What about health care professionals themselves?

- “The grass is always greener on the other side…” but:
  - Less than half of physicians say they would choose medicine as a career if they had it to do again
  - About half of those who would choose medicine again, only about 50 – 60% would choose the same specialty

Medscape Survey, published online 4/30/2013:

What Percentage of Physicians Are “Burned Out?”

Emotional Resilience, 66% 78%
Spiritual Wellness, 72% 88%
Professional Performance, 85% 96%
Mental Health, 72% 88%
Work-life Balance, 66% 78%
Financial Stability, 66% 78%
Life Satisfaction, 66% 78%
Personal Growth, 78% 88%
Personal Happiness, 66% 78%
Physical Health, 72% 88%
Many suggest that the risk of burnout is much higher if one does not take care of one’s self:

- Physically
- Emotionally
- Spiritually

As a student recently said in clinic, “What’s the use? Why go to graduate school? What’s the meaning and purpose of all of this anyway, when we’re all just going to die?”

From the Oxford Textbook of Spirituality in Healthcare (2012):

“The problem with professionalism is that it has no soul… it educates the mind, but fails to engage the heart… professionalism, as it is currently taught, does not engage the whole person…If professional formation has a future, it must focus on educating whole persons – it must focus on the self, on the spirit, and on the soul.” (pp. 448 – 449)

Questions, questions…

- Definition of Terms
  - What is Spirituality?
  - What is Religion?
  - Spirituality and Religion: The Relationship
  - Why Are Spiritual Beliefs Important?
  - What is “spiritual care” and who does that?
  - What is the health care provider’s role in spiritual care, and how do they interface with those “spiritual care providers”?
  - How does all of this impact us personally?

What is Spirituality?

- **Spirituality** has many definitions
  - Is multidimensional and yields varied definitions
  - Integrates values and ultimate concern with:
    - Oneself
    - One’s relationship with others
    - A higher power / the Divine
    - Surrounding environment
  - Entails connectedness
    - To self-chosen beliefs and values and practices that may or may not be related to religion.

- **Spirituality** is the concern for:
  - meaning, purpose, and fulfillment in life

What about religion?

- **Religion** is an organized system of beliefs usually centered around worship of a supernatural force or being. Religion is a shared belief which defines the self and/or group’s purpose in life.
- Religions are generally highly organized including rituals, which are often solemn and ceremonial, and which reinforce the faith.
  - Faith is the assent to the belief system, supernatural being and belief structure which is defined by particular teachings or dogma.
  - Dogma is essential to the identity of the religion. To deny the dogma in many cases is to deny the religion itself.
Meaning

- Values, beliefs, practices, relationships, experiences, that lead the person to the awareness of God/the divine/transcendence and a sense of ultimate value and purpose in life.

Man is not destroyed by suffering; he is destroyed by suffering without meaning.

Victor Frankl

Why is Spirituality Important?

- In healthcare we emphasize "Evidence-Based Medicine".
  - Evidence shows us that patients with strong spiritual health are:
    - More hopeful
    - Have better coping skills
    - More resilient, and...
    - Have better outcomes when facing health challenges and serious diseases
- Compassionate care is highly valued by patients
- When we attend to this need, patient satisfaction is greatly enhanced (and as noted above, we know their outcomes are improved).
- But just as importantly...
  - Health care professionals may be more susceptible to burnout if their own spiritual needs are not attended to -- we need to take care of ourselves.

Spirituality is important because our patients think it is important...

- 93% of Americans believe in God
- 89% of Americans report affiliation with a religious organization
- 83% of Americans say religion is fairly or very important to them
- 62% of Americans say that they are members of a church or synagogue
- 58% of Americans pray every day (and 75% at least weekly)
- 42% of Americans attend religious services weekly or almost weekly (and 55% attend at least monthly)

(Citations found in Dr. Koenig’s Testimony of 9/18/2008)

What we are teaching health professions students today about these issues...

- The data in support of the importance of spiritual health to physical and mental health
- How to do a “spiritual history”
- What to do with that information
- How to collaborate with spiritual care providers in health care settings
- We suggest that the spiritual well being of the health care professional is critical as well

10 Most Common CAM Therapies—2002

<table>
<thead>
<tr>
<th>Therapy</th>
<th>% of Patients Using</th>
</tr>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>14%</td>
</tr>
<tr>
<td>Massage</td>
<td>11%</td>
</tr>
<tr>
<td>Yoga</td>
<td>8%</td>
</tr>
<tr>
<td>Meditation</td>
<td>7%</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>5%</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>4%</td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>4%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>4%</td>
</tr>
<tr>
<td>Yoga</td>
<td>4%</td>
</tr>
<tr>
<td>Meditation</td>
<td>4%</td>
</tr>
</tbody>
</table>

Research in Spirituality and Health
Coping: Pain Questionnaire by American 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%

McNei et al. J of Pain and Symptom Management. 1998: 16(1) 29-40

TJC Specifies Spiritual Assessment

An assessment of a client’s spiritual orientation is necessary in order to determine any barriers that the client might encounter in affiliating with certain types of self-help groups.

Spiritual orientation refers to the individual’s attitudes and outlook about the nonphysical aspects of life—the “spirit”. It is often reflected in belonging to a church, following a religion, or holding specific religious beliefs. The assessment should, at a minimum, determine the patient’s denomination, beliefs, and important spiritual practices, if any.

Standard PC.3.100
Original Date: 7/31/01, Revised Date: 4/1/05

The Joint Commission

Medical School Objectives Project 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. (emphasis added)

MSOP Report III.
Association of American Medical Colleges, 1999

US Medical Schools Teaching Courses on Spirituality and Health

<table>
<thead>
<tr>
<th></th>
<th>1992</th>
<th>2010</th>
</tr>
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<tbody>
<tr>
<td>Schools with Courses (2%)</td>
<td>138</td>
<td>16</td>
</tr>
<tr>
<td>Schools without Courses</td>
<td>144</td>
<td></td>
</tr>
</tbody>
</table>

(Data from Christina Puchalski, M.D. / GWish)

Daniel P. Sulmasy, OFM, MD, PhD:
The Rebirth of the clinic... pp. 182 – 183:

- “There is a moral duty to address spiritual matters in health care. This duty is grounded not in improved health care outcomes or consumer demand but in the nature of illness and healing. This duty must be carried out carefully, avoiding any kind of proselytizing or charlatanism... Health professionals have a duty to recognize and elicit patients’ spiritual concerns and respect patients’ spiritual struggles. Their duty is not to provide spiritual service or counsel... the collaborative model is preferred to neoshamanism. Clinicians have a duty to help their patients, aided by clergy, in addressing the spiritual issues that arise as a matter of course in the face of illness... the recurring questions of meaning, value and relationship. If we are to heal patients as whole persons, we cannot avoid these questions.”

What are we teaching them... to recognize clues to Spiritual/Existential distress or crisis...

- “Why me?”
- “How could God let this happen?”
- “What is there left for me now?”
- “Why did I survive (and they didn’t)?”
- “Why am I here?”
- “Where am I going?”
- “What is the purpose of my life?”
Spiritual Care Resources
Available to health care professionals:
- Recognizing patients’ spiritual issues
- Recognizing patients’ spiritual problems/pain as distinct from emotional/psychiatric issues
- Recognizing patients’ inner resources of strength, or lack of resources
- Incorporating patients’ spirituality into the treatment or care plan (presence, referral, ritual, prayer, meditation, journaling etc.)
- Taking a Spiritual History (FICA, HOPE, SPIRIT and others)

Spiritual Assessment Tools:
- F - Faith, belief, meaning
- I - Importance, influence in healthcare decisions
- C - Community connections
- A - Address/act/what the patient would like us to take
- S - Spiritual beliefs the patient may have
- P - Personal beliefs
- H - Sources of hope
- O - Organized religion that the patient may belong to
- E - Effect that these have on medical care and decision-making

OR SIMPLY:
- What's important to you?
- What gives you the motivation to get up and get going in your day?
- Is there anything about your belief systems that would be important for me to know in order to provide better care for you?

We teach the students about the data...

Self-Rated Religious Coping

Responses by 337 consecutively admitted patients to Duke Hospital / Koenig 1998

Religious Activity and Diastolic Blood Pressure

Six-Month Mortality After Open Heart Surgery

Summary: Physical Health
The second edition was published in 2012...

Some key elements of R/S…
(these are the theories about why it is helpful)

- Greatly enhances one’s sense of meaning and purpose in life
- Greatly enhances one’s resiliency in the face of adversity in life and/or health problems

Resiliency is one of those qualities that enhances patient outcomes, patient satisfaction AND healthcare providers’ ‘professional health’ and satisfaction.

Resiliency is emerging as a field of study, and one very important way to improve resiliency in healthy attendance to one’s spiritual needs and well being.

- Psycho- (the emotional and spiritual aspects of a person)
- Neuro- (impacts the nervous system and especially brain centers)
- Immunology- (which impacts the functioning of our bodily immune system and repair)

Effect of Purpose in Life on the Relation Between Alzheimer Disease Pathologic Changes and Cognitive Function in Advanced Age

“Those who have a ‘why’ to live, can bear with almost any ‘how.’”
Viktor Frankl
The concept of religion/spiritual activity enhancing health is not limited to the United States…
- 2012 studies in Greece, Korea, Israel, Canada, the UK, in addition to the U.S.
- Emerging theme is that religious attendance is related to better physical and mental health, whereas frequency of prayer is related to worse health.
- Both findings may in part result from the effects of poor health on religious activity, i.e., preventing religious attendance and increasing use of prayer as a coping mechanism.

A study: Does Belief in God Affect Psychiatric Treatment Outcomes?
- Those with belief in God (52% indicating moderately or very strong belief) were more likely to experience better outcomes from psychiatric treatment compared to those with less strong or no belief in God. This effect was explained by pre-treatment belief in the credibility of the treatment and the expectation of improvement.
- Koenig et al: in a review of the literature on religion/spirituality and optimism in the Handbook of Religion and Health (2012), “80% of studies found that religious persons were significantly more likely to be optimistic. Indeed, such optimism may facilitate response to psychiatric treatment.”

Research in Spirituality and Health
Positive and Negative Religious Coping
- Positive Coping: Patients showed less psychological distress
  - seeking control through a partnership with God
  - asking God’s forgiveness and trying to forgive others
  - finding strength and comfort from one’s spiritual beliefs
  - finding support from spiritual / religious community

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

Research in Spirituality and Health
Positive and Negative Religious Coping
- Exercise Compassionate Presence
  - Compassion: “to suffer with”
  - Presence: to be with the patient, to the exclusion of all other distractions
  - Intention to be compassionately present to the patient

Research in Spirituality and Health
Positive and Negative Religious Coping
- Practice Relationship-centered care
  - Health care as a partnership with the patient
  - Truly listening to the patient (to his/her fears, hopes, dreams, beliefs and reactions)
  - Respect the therapeutic/healing power of the relationship

Research in Spirituality and Health
Positive and Negative Religious Coping
- Spirituality of the healthcare professional (what is our spiritual practice to cope, to reflect on what we do, to nourish the basis of our call to profession)

Spiritual Care: What do we do within ourselves?
- Slow down, quiet down, be present.
- Get comfortable with silence.
- Put ourselves back into the experience (but without the need to change it)
- Pay attention to the fine points of the experience (sounds, smells, demeanor of others, the room, etc.)
- Appreciate the beauty of the situation (and even in dire situations, there is beauty or awe).
- Allow ourselves to feel the suffering, without trying to fix it.
- Tune into our own experience about it – be aware of our reaction.
...to nourish the basis of our call to profession…

- Revisit meaning in our lives:
  - What is your mission/destiny/the thing you are supposed to do?
  - Don’t reject what you’ve been given to achieve that, nor waste time and peace of mind envying what you don’t have.
- Connect with our sense of higher power, or transcendence, or ground of being.
- Live in a place of awareness, and do not ignore any source of pain in our lives.
- Envision our future.
- “Give to get back” as a way of life.

Health Care 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.


From the Oxford Textbook of Spirituality in Healthcare (2012):

- “The problem with professionalism is that it has no soul… it educates the mind, but fails to engage the heart… professionalism, as it is currently taught, does not engage the whole person… If professional formation has a future, it must focus on educating whole persons – it must focus on the self, on the spirit, and on the soul.” (pp. 448 – 449)

Resources… where does one begin?

- An excellent source for latest research
- the Duke Center for Spirituality, Theology & Health

http://www.spiritualityandhealth.duke.edu/

An excellent resource for clinical applications…

www.GWish.org
More Resources, and a good place to start:

- George Washington Institute for Spirituality and Health (GWish) at George Washington University School of Medicine [www.GWish.org](http://www.GWish.org) (Christina Puchalski, M.D., Director)
- Many books by Dr. Koenig, including:
- Two books by Dr. Sulmasy:

Some leaders in the field:

- Harold Koenig, M.D., M.H.Sc.
  - Co-Director, Center for Spirituality, Theology and Health at Duke University School of Medicine
  - Professor of Psychiatry & Behavioral Sciences
  - Associate Professor of Medicine
  - B.A. Stanford University
  - M.D. Stanford University
  - M.S. Stanford University
  - Author of dozens of books and articles on Spirituality and Health

- Daniel P. Sulmasy, O.P.M, M.D.
  - Franciscan Friar, Professor of Medicine at the University of Chicago School of Medicine, and Professor of Ethics at the University of Chicago Divinity School.
  - A.B. and M.D. degrees: Cornell University
  - Residency, chief residency, and post-doctoral fellowship in General Internal Medicine at the Johns Hopkins Hospital.
  - Ph.D. in philosophy from Georgetown University.
  - Author of many books and dozens of articles on Spirituality and Health

The UCSD Center for Mindfulness

- [http://health.ucsd.edu/specialties/mindfulness/Pages/default.aspx](http://health.ucsd.edu/specialties/mindfulness/Pages/default.aspx)
- Steven D. Hickman, Psy.D., Director

- [http://ucsdcfm.wordpress.com/](http://ucsdcfm.wordpress.com/)

As the skirmishes and battles on healthcare rage loudly on in the political and financial arenas of our society, there is a darker, more troubling process unfolding “on the ground” in the day-to-day practice of medicine and healing in general. Within the crucible of the doctor-patient encounter, where human suffering is intended to meet compassionate and effective healing, something isn’t working. Patients aren’t satisfied with the quality of care they receive and doctors are experiencing declining job satisfaction, burnout, “compassion fatigue” and are feeling increasingly estranged from the profession that once inspired passion and dedication. Physician and physician-in-training suicide is a rising and troubling outgrowth of this underlying malaise in the system.

Our USD course in Spirituality and Health Course Objectives

- Distinguish between spirituality and religion and how they relate to health and well-being.
- Evaluate the research linking spirituality to health and well-being.
- Analyze the implications of ethical principles influencing the integration of spirituality and health.
- Develop skills and strategies to support spiritual care in a variety of roles.
- Analyze current resilience models and their relationship to health.
- Examine the meaning and relevance of spirituality for personal well-being.
- Explore the impact of spirituality on attitudes towards suffering.
- Examine the relationship of spirituality to compassion in interacting with others.

Questions / Discussion