SPIRITUAL HEALTH:
A VITAL COMPONENT OF THE WHOLE PERSON

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OBJECTIVES

By the conclusion of this presentation, participants will learn to:

- Identify patients with spiritual issues that may affect their health treatments
- Integrate the body-mind-spirit triad in patient treatment plans
- Differentiate between Spiritual Health professionals and community clergy

Andrew T. Still, D.O.

- Osteopathic medicine, as established by Still has as its premise …

"…healing the patient requires the physician to address the problems of the mind, body, and spirit."

Talley, J. A., and Magie, R. (2014). The integration of the "Spirituality in Medicine" curriculum into the Osteopathic communication curriculum at Kansas City University of Medicine and Biosciences. *Academic Medicine, 89*, 43-47.

Spirituality in psychiatry

- “Although attendance at religious services was not protective against recurrence of depression, individual engagement with clergy in times of difficulty for spiritual support and to gain understanding from a spiritual perspective may offer prevention against future episodes of depression.”

Miller, L., Wickramaratne, P., Gameroff, M. J., Sage, M., Tenke, C. E., & Weissman, M. M. (2012). Religiosity and major depression in adults at high risk: A ten-year prospective study. *American Journal of Psychiatry,* 169(1), 89-94.

Spirituality in cancer patients

- “The majority of advanced cancer patients have spiritual needs while hospitalized, believe that spirituality plays a major role in their health and recovery, and desire spiritual care from their healthcare team, religious community, and/or hospital chaplain….People who received less spiritual care than they desired were at significantly greater risk of depressive symptoms and lower sense of spiritual well-being, defined as poorer sense of purpose in life, meaning, and peace.”

Pearce, M. J., Coan, A. D., Herndon II., J. E., Koenig, H. G., & Abernathy, A. P. (2012). Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients. *Support Care Cancer, 20*, 2269-2276.

Spirituality in Cardiac patients

- “Associations of stronger religious beliefs with fewer complications and shorter hospital LOSs accord with previous findings, extending them for the first time to indicators of surgical recovery.”

Contrada, R. J., Goyal, T. M., Cather, C., Rafalson, L., Idler, E. L., & Krause, T. J. (2004). Psychosocial factors in outcomes of heart surgery: The impact of religious involvement and depressive symptoms. *Health Psychology,* 23(3), 227-238.

Spirituality in pediatric ICU patients

- "…higher satisfaction with ICU care is directly associated with satisfaction with spiritual care. When spiritual care providers specifically engaged in discussing patient's end-of-life wishes, families reported higher satisfaction with overall decision-making."

Arutyunyan, T., Odetola, F., Swieringa, R., & Niedner, M. (2018). Religion and spiritual care in pediatric intensive care unit: Parental attitudes regarding physician spiritual and religious inquiry. *American Journal of Hospice and Palliative Medicine, 35*(1), 28-33.

Spirituality in HIV patients

- "…both religiousness and spirituality, although rarely assessed, remain an important force in the lives of those with HIV, regardless of many of these people having been rejected by traditional religion. They still remain religious or spiritual, and this religiousness/spirituality is related to a number of beneficial outcomes including less affective distress, lower cortisol, and long survival."

Ironson, G., Solomon, G. F., Balbin, E. G., O'Cleirigh, M. S., George, A., Kumar, M., Larson, D., Woods, T. E. (2002). The Ironson-Woods spirituality/religiousness index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS. *Annals of Behavioral Medicine. 24*(1), 34-48.

Spiritual distress and health outcomes

- "Spiritual distress is associated with poorer health outcomes, including:
  - "Greater physical pain (Delgado, 2016; Harris, 2017)
  - "Depression (McGrath, 2002; Hurd, 2010)
  - "Anxiety (Delgado, 2016)
  - "Poor emotional well-being (Salsman, 2015)
  - "Diminished quality of life (Jafari, 2015)
  - "Increased risk for suicidal ideation (Trevino, 2014)
  - "Requests for euthanasia and physician-assisted suicide (Radbruch, et. al. 2016)."

Puchalski, C. M. (June, 2019). *Has the pendulum swung too far to reductionist spiritual care.* Paper presented at the meeting of the Association of Professional Chaplains, Orlando, FL.

What do patients want?

- “Many patients have a strong interest in discussing spirituality in the medical consultation.”
- “Better patient care by helping the patient cope with illness and promoting trust when physicians are involved in spiritual discussions with patients.”
- “Most patients do not expect their doctor to be a spiritual advisor, but expect the involvement of clergy….”

Best, M., Butow, P., & Oliver, I. (2015). Do patients want doctors to talk about spirituality? A systematic literature review. *Patient Education and Counseling. 98*, 1320-1328.

NCP Guidelines

- Endorsed and supported by a wide coalition of groups including but not limited to:
  - The Joint Commission
  - American Board of Internal Medicine
  - American College of Surgeons
  - American Heart Association
  - American Nurses Association
  - Association of Professional Chaplains
  - National Association of Catholic Chaplains
  - Neshama: Association of Jewish Chaplains

National Consensus Project for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care. (4th ed.).* Retrieved from https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

NCP Spirituality

- “Spirituality is recognized as a fundamental aspect of compassionate, patient and family centered care. It is defined as a dynamic and intrinsic aspect of humanity through which individuals seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices. Reference to spiritual care within the NCP Guidelines also refers to religious and/or existential needs depending on the context”.

National Consensus Project for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care. (4th ed.). (*p. x). Retrieved from https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

Basic requirements

- “5.2.2 Spiritual screening is completed as part of every clinical assessment to identify spiritual distress and the need for urgent referral to a professional chaplain. Screening is designed to evaluate the presence or absence of spiritual needs and spiritual distress.
- “5.2.3 IDT members also include a spiritual history as part of the clinical evaluation in the initial assessment process. A spiritual history identifies patient preferences and values that may affect medical decision-making.”

National Consensus Project for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care. (4th ed.). (*p. 33). Retrieved from https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

Joint commission requirements

- JCAHO has adopted a standard that includes spiritual care.

- JCAHO recognizes professional hospital chaplains as “the discipline most responsible for assuring these values are included in the care plan for patients.”

D Lewis. (2008, May 7). The Joint Commission and spiritual care [Web blog]. Retrieved from https://www.sdiworld.org/blog/joint-commission-and-spiritual-care

Joint commission requirements (continued)

- "Joint Commission Website Standards Q&A: At minimum, a spiritual assessment should define patient's faith group, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed."

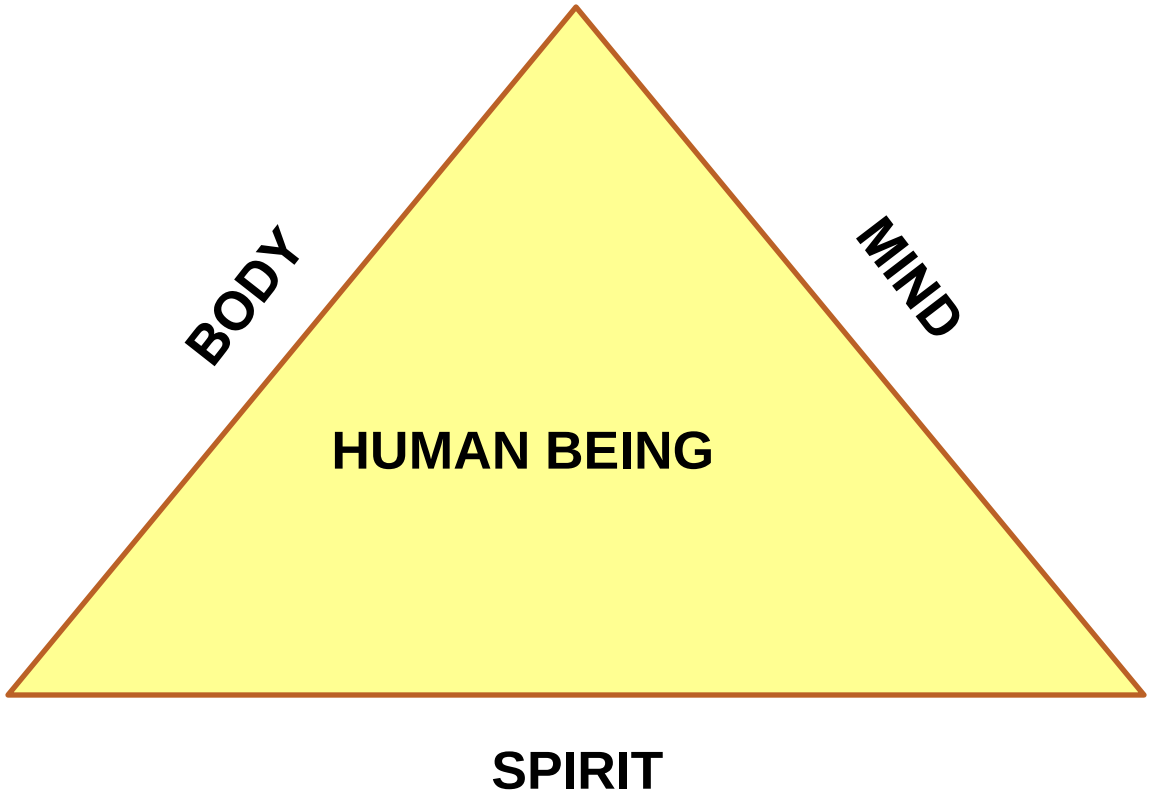
Association of Professional Chaplains, Commission on Quality in Pastoral Services. 2005). *Chaplains, Assessment, and Documentation: A template.* Retrieved from http://www.professionalchaplains.org/files/resources/reading_room/chaplains_assessment_documentation_template.pdf

Joint commission requirements (continued)

- "Who should conduct a spiritual assessment? … As with other types of assessments, the spiritual assessment should be multidisciplinary. Physicians, therapists, nurses, and clinical pastoral staff should receive training…."

Joint Commission. (2005). Evaluating your spiritual assessment process. *The Source, 3*(2), 67.

The Whole Person: Body-Mind-Spirit



FICA Model

- Faith and belief – Do you have spiritual beliefs that help you cope with stress
- Importance – Have your beliefs influenced how you care for yourself
- Community – Are you part of a spiritual or religious community
- Address in care – How would you like me to address these issues in your healthcare

Saguil, A. & Phelps, K. (2012). The Spiritual Assessment. *American Family Physician 86* (6), 546-550.

HOPE Model

- Hope, strength, comfort, meaning, peace, love, connection
- Organized religion
- Personal spirituality and practices
- Effects on medical care/end of life decisions

Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician 63*(1), 81-88.

What am I to do?

- Become familiar with the FICA or HOPE model.
- Use the model you choose to learn about your patient's spirituality.
- Understand that there is huge diversity among and within faith communities.
  - Christians – Orthodox, Roman Catholic, Protestant,
  - Jews – Chasidic, Orthodox, Conservative Reform
  - Islam – Sunni, Shia
  - Other faiths – Buddhist, Baha'i, Hindu, Zoroastrian
- Understand that here is huge diversity among various cultures.

Faith group diversity

- Christians
  - Abortion
  - Blood transfusions
  - Vaccines
- Jews
  - Withholding and withdrawal
  - Time of death
  - Dietary requirements
- Islam
  - Dietary requirements
  - Prayer

What am I to do? (continued)

- Feel free to ask your patient (or a family member) questions to clarify their feelings and desires.
- Incorporate the patient's desires into the care plan, if possible.
  - Prayer
  - Special foods (Halal, Kosher)
  - Other needs
- If you feel that addressing the patient's spiritual needs might help ease the patient or aid in the patient's recovery, feel free to ask a chaplain to become involved with the patient.

Conflicts

- What happens if you and the patient do not agree on the plan of care?
- What happens if there is moral injury to members of the medical team?

Spiritual Care Specialists

- Clinical Pastoral Education (CPE)-trained chaplains
- Board Certified Chaplain (BCC)
  - Masters degree or above
  - 4- units of CPE (minimum 400 hours per unit)
  - 2000 hours of supervised work beyond CPE
  - Endorsement
  - Passing Boards
    - Boards follow the Common Standards
    - Boards have both a written and an oral component to them.
  - 50 hours of Continuing Education annually to include research
  - Peer review every five years.

Spiritual Care Specialists (continued)

- In the U.S. board certification is provided by three major organizations who use a set of common standards developed in 1994.
- These groups are
  - Association of Professional Chaplains
  - National Association of Catholic Chaplains
  - Neshama: Association of Jewish Chaplains
- CPE accepted for board certification is approved by the Association for Clinical Pastoral Education (ACPE) who is the only entity authorized to provide CPE by the U.S. Department of Education.

Spiritual Care Specialists (continued)

- There are other groups who provide “certification” to their own standards.
- Not all hospital chaplains are Board Certified. Many are initially employed with one or two units of CPE .
- Hospital Pastoral Care Departments are generally headed by Board Certified chaplains.

Spiritual Care Specialists (continued)

- NCP Guidelines
- "1.6.1 All members of the IDT have appropriate levels of education, including training in palliative care….
  - d. Spiritual care providers have relevant master's degrees and are ideally board certified as a professional chaplain."

National Consensus Project for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care. (4th ed.).* Retrieved from https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

Spiritual Care Specialists (continued)

- Joint Commission Guidelines
- "LD.3.70 The leaders define the required qualifications and competence of those staff who provide care, treatment, or services…."
- "JCAHO Glossary: Qualified individual – An individual or staff member who is qualified to provide care, treatment, and services by virtue of the following: education, training, experience, competence…."

Association of Professional Chaplains, Commission on Quality in Pastoral Services. 2005). *Chaplains, Assessment, and Documentation: A template.* Retrieved from http://www.professionalchaplains.org/files/resources/reading_room/chaplains_assessment_documentation_template.pdf

Spiritual Care Specialists (continued)

- Chaplains have different training from congregational clergy
- Chaplains learn to WALK WITH the patient, not CHANGE the patient

  - Boundaries
  - Transference
  - Counter-transference
  - Social Theory
  - Family Theory

QUESTIONS?

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