How Spiritual Issues Can Be Addressed in Clinical Care

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Spirtual History: A Patient Need

- Surveys: 50-85% want physicians to address patients' spiritual needs and incorporate into treatment
- Why?: increases trust, helps MD understand patient more, helps MD with treatment plan, patients feel listened to and cared for, helps encourage realistic hope and provide compassionate care.
- Conclusion: Patients want spiritual issues addressed and integrated into their care

Inpatient Implementation

Care Model

Diagnoses (Primary)

Key feature from History

Example Statements

- Existential
- Lack of meaning / questions meaning about one's own existence / Concern about afterlife / Questions the meaning of suffering / Seeks spiritual assistance

- "My life is meaningless"
- "No one cares for me"

- Abandonment / God or others lack of love, loneliness / Not being remembered / No sense of relatedness

- "God has abandoned me"
- "I feel useless"

- Anger

- Displaces anger toward religious representatives / Inability to forgive

- "Why would God take my child…its not fair"
- "I am not sure if God is with me anymore"

- Concerns about relationship with deity

- Closeness to God, deepening relationship

- "I want to have a deeper relationship with God"
- "I want to pray more"

- Conflicted or challenged belief systems

- Verbalizes inner conflicts or questions about beliefs or faith

- "I am not sure if God is with me anymore"
- "I am not sure if God is with me anymore"

- Despair / Hopelessness

- Hopelessness about future health, life

- "Life is being cut short"
- "There is nothing left for me to live for"

- Grief / loss

- Grief is the feeling and process associated with a loss of a person, health, etc.

- "I miss my loved one so much"
- "I wish I could run again"

- Guilt / shame

- Guilt is feeling that the person has done something wrong or evil; shame is a feeling that the person is bad or evil

- "I do not deserve to die pain-free"
- "I forgot the prayer I was taught"

- Reconciliation

- Need for forgiveness and/or reconciliation of self or others

- "I need to be forgiven for what I did"
- "I need to be forgiven for what I did"

- Isolation

- From religious community or other

- "I just can't pray anymore"
- "I have no one to talk to"

- Religious specific

- Ritual needs / Unable to practice in usual religious practices

- "I am not able to attend church"
- "I do not have time"

- Religious / Spiritual Struggle

- Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping

- "What if all that I believe is not true"
- "I fear God is not here"

Spiritual Assessment Examples

Forming a Spiritual Treatment Plan

- A team activity with chaplain in the lead
- What are the patient’s spiritual strengths and resources?
- What are the patient’s spiritual issues/needs?
- What interventions will enhance the strengths and minimize the issues?
- What is the role of each team member?

Spiritual Treatment Plans

1. Make a diagnosis
2. Distinguish simple from complex
3. Recommend interventions
4. Referral to chaplain
5. Write up plan
6. Follow up
Chart documentation

- All healthcare providers and chaplains need to document spiritual issues in chart
- What needs to be documented:
  1. spiritual diagnosis
  2. relevant information from the spiritual history that pertains to the clinical situation
  3. assessment and plan for the spiritual diagnosis including and follow up that is needed

Charting

- In social history section or as part of subjective if spiritual issue contributing to acute visit or main reason for visit
- Put A (assessment part) in treatment or care plan (BPSS model)
- All healthcare professionals should look in spiritual care section
- Clergy consider charting through the chaplains office

Communicating About Spiritual Issues

- Recognizing spiritual themes, diagnosis or resources of strength
- Following a patient’s lead
- Responding to spiritual cues
- Spiritual screening/spiritual history/
- Spiritual assessment (full assessment done by BCC)

Principles of Assessment

- Spiritual history requires active listening, presence
- Clinician does not need to be expert in or have knowledge about the patients’ belief system
- Discussions are patient-centered and patient-directed.

Listening

- Resist the urge to “Fix”
- Must be comfortable with unknowns
- Your purpose, in delivering spiritual care, is to “Be” not to “fix”
- Listening vs. Doing
- Questions are not necessarily asked to be answered
- Resist the urge to lead
- Patient vs. provider agenda

Non-Anxious Presence

- Patience
  - No schedule
  - No agenda
  - Nowhere else to be
- Grounding
  - From within oneself
  - From without
  - Connect to whatever power is sacred to you
## Compassion

<table>
<thead>
<tr>
<th>Empathy</th>
<th>Sympathy</th>
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</thead>
<tbody>
<tr>
<td>• Active listening</td>
<td>• Active answering</td>
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<tr>
<td>• Being with</td>
<td>• Feeling sorry for</td>
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<tr>
<td>• Respect for the individual’s journey</td>
<td>• Guiding the journey</td>
</tr>
<tr>
<td>• Respect for the process</td>
<td>• Following the impulse to control the process</td>
</tr>
<tr>
<td>• Honoring the effort to make meaning</td>
<td>• Suggesting meaning</td>
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## Joining

The skill of letting someone know that you are "in the boat" with them

- That you are with them- they are not going through their experience alone
- Not waving from the shore
- Not pushing the boat away

*Karen Scalla, RN*

## Pitfalls in Discussions About Spiritual and Religious Issues

- Trying to solve the patient’s problems or resolve unanswerable questions.
- Going beyond the physician’s expertise and role, or imposing the physician’s religious beliefs on the patient.
- Providing premature reassurance.
- Not working with spiritual care professionals


## Ethics and Professional Boundaries

- **Spiritual History:** patient-centered Follow patient lead (use of spiritual practices etc.)
- 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

## Talking about Spiritual Issues

- **Spiritual Screening**
- **Spiritual History**
- **Comprehensive Spiritual Assessment**
- What underlies this is compassion…

## Spiritual/Religious Screening

A quick determination of whether a person is experiencing a serious spiritual/religious crisis and therefore needs an immediate referral to a professional chaplain. Good models of spiritual/religious screening employ a few, simple questions, which can be asked by any health care professional in the course of an overall screening.

Spiritual Screening

- Do you have any spiritual beliefs that might affect your stay here at the hospital?
- Are there any spiritual beliefs that you want to have discussed in your care with us here?
- How important is spirituality in your coping? and “How well are those spiritual resources working for you at this time?”

Spiritual Assessment

A more extensive [in-depth, on-going] process of active listening to a patient’s story as it unfolds in a relationship with a professional chaplain and summarizing the needs and resources that emerge in that process. The summary includes a spiritual care plan with expected outcomes which should be communicated to the rest of the treatment team.


Spiritual History

- Comprehensive
- Done in context of intake exam or during a particular visit such as breaking bad news, end of life issues, crisis
- Done by the clinician who is primarily responsible for providing direct care or referrals to specialists such as professional chaplains.

FICA

- Developed with a focus group of primary care physicians
- Used in the social history section of H & P
- Tool used to invite patients to share about their beliefs and values
- Helps identify spiritual distress, conflict, meaning of illness, inner resources of strength
- Helps identify referrals (chaplain, meditation, journaling, music, spiritual direction, pastoral counseling, other spiritual resources)

Social History

- Important relationships; sexual history
- Occupational history
- Avocation interests
- Wellness/prevention: exercise, nutrition, spiritual beliefs, smoking, alcohol/drugs, seat belts, domestic violence, mood
Validation (COH) Borneman, Ferrell and Puchalski, JPM 2010

- Inter-item correlation between FICA quantitative and COH spirituality domain of QOL instrument:
  - Religion
  - Activities
  - Change over time
  - Purpose
  - Hope
  - Spiritual

Spiritual History

F - Do you have a spiritual belief? Faith? Do you have spiritual beliefs that help you cope with stress/what you are going through/in hard times? What gives your life meaning?

I - Are these beliefs important to you? How do they influence you in how you care for yourself?

C - Are you part of a spiritual or religious community?

A - How would you like your healthcare provider to address these issues with you?

NCC Definition of Spirituality

“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”

F: meaning, purpose, transcendence (sacred, God, significant, others, moment)....Inner Life

I: how this affects one's life, healthcare decisions, coping

C: connectedness to others within a sacred, or significant context

Faith/Belief/Meaning Theme (n=73)

- Appreciation of life and family: 47
- Life activities work, purpose: 31
- Faith/hope in healing: 18
- Relationship with God: 12
- Appreciation for life: 7
- Reading Bible: 5
- Agnostic: 5
- Positive state of mind: 5
- Religious affiliation: 4
- Prayer: 4
- Fate in God’s Hands: 4
- Nature: 4

Importance and Influence Theme (n=73)

- Faith very important: 56
- Faith helps control stress: 40
- Faith factor in decisions: 26
- Faith/belief helps in coping: 10
- Faith not important: 9
- Nature: 2
- Attending church: 2
- Illness is positive: 1

Faith/Belief/Meaning Theme (n=73)

Community Theme (n=73)

- Family/friends: 47
- Church: 21
- Prayer: 8
- Does not identify with community: 5
- People with similar situations: 4
- God: 4
- Religious affiliation: 3
- Medical team: 1
Address in Care (n=73)

- Important but not necessary in care: 15
- Integrate into care: 41
- Provider should not be involved: 5
- Unsure: 10

Case: Teresa

Teresa is a 17 year girl just diagnosed with leukemia. She has had fevers and also decreased appetite, and weight loss. She is fearful about chemotherapy even though her doctors tell her things will be “ok”. She had a friend who had leukemia who lost all her hair from chemo, and had to take time off from school and graduate late. Is anxious a lot and having trouble sleeping. She denies suicidal ideation but does feel anxious and maybe a “little depressed”. She is a bright student with hopes of being a doctor one day. Teresa has a loving family. She also has two dogs she loves dearly. She loves sports and is involved in girls soccer.

Spiritual History

- F: I was raised Jewish; my meaning though is in nature. I love to hike and I also have a garden at home.
- I: I love to be active. Its great to see the plants grow. There is something in that. I am afraid I won’t be able to be in the garden much nor hike. I have done some meditation classes too and like them
- C: Friends. We do the Sabbath each Friday but we don’t go to temple except at Yom Kippur and maybe other holidays.
- A: I am afraid I wont be able to be in the garden nor hike much now. I do think about dying one day I guess. Do you know where we go when we die?

Recommendations

- Every patient should be screened for spiritual distress
- Clinicians should include a spiritual history as part of the routine history
- Spiritual issues, distress, resources of strength should be documented in patient chart and followed up appropriately
- Chaplains should be integral part of healthcare team and should be the expert in spiritual care
Healing

Healing is much more than physical comfort or disease remission. It is the restoration of a person's sense of balance, wholeness, meaning, and positive relationship with self, others, God and the world. It springs forth from the therapeutic relationships...in the moment of healing, the patient and clinician share a deep and fulfilling mystery.

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GWish: www.gwish.org

- Education resources (SOERCE, National Competencies etc.)
- Retreats in for Healthcare Professionals (Assisi, US)
- Time for Listening and Caring: Oxford University Press
- Making Healthcare Whole, Templeton Press
- FICA Assessment tool--- online DVD
- Summer Institute in spirituality and health at GWU. July 2011
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