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ON HALLOWED GROUND: SPIRITUALITY AND OUR CARE OF PATIENTS



Our proposed goals

1. Learn a simple screening tool for asking patients about their faith: FICA.
2. Recognize how your own beliefs and attitudes affect the way you address (or don't address) your patients' spirituality.
3. Learn new ways to incorporate spiritual assessment into your clinical practice



Today's goals

- Reflect on how spirituality and religion intersects with your and others' care of patients
- Consider whether further integrating spirituality and religion into your job might enhance your work-life
- Learn a few ways you might try to do this
 - Consider asking more patients about spirituality and religion
 - Learn and practice generous listening

Today's Schedule

- 2-205: Settle & Introductions
- 205-220: Dan Sulmasy: Discussion of patient data, how to ask patients about spirituality & religion, and issues of ethics/boundaries
- 220-225: Kathy McGrail, MD: Story 'Hallowed Ground'
- Erik Fromme :
 - 225-240: Reflective writing exercise
 - 240-255: Form pairs, share stories. Sit in silence when you are finished.
 - 255-325: Large group discussion
 - 325-330 : Evaluations



Dan Sulmasy, MD, PhD, OFM



Kathy McGrail, MD

Reflective writing exercise


- Take 15 minutes
- Have you ever, in the course of caring for a patient, felt yourself to be on hallowed ground?
 - When?
 - How did you recognize it?
 - What do you do?
- Describe a time in your work with patients or trainees that felt unusually powerful or even sacred.
 - Note: we will ask that you share your story with one other person

Generous listening


- When we listen we are usually thinking. We may be deciding if we like or dislike what is being said, if we agree or disagree with it, if we believe it or not. We may be listening competitively. We may be listening with an agenda. As health professionals we are trained to listen for what is wrong and are concerned with whether or not we know how to fix it
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Generous listening

- In listening generously we do not do any of this
- We just listen in silence, not to analyze or even to understand
- We are listening simply to know what is true for another person at this time
- When we do this we often enable someone to recognize what is true for them for the first time
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Find a partner, share your story

- Take turns telling each other your stories
 - Take 7.5 minutes each
 - Listen generously
 - When you finish, try sitting in silence
 - This will help me know when everyone is done, and may be an important experience for you or your partner
- 



Large group discussion

- Asking patients about spirituality & religion
- Generous listening
- Integrating spirituality & religion into your work
- Concerns



Evaluations:

- today's goals

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Talking to Patients About Spirituality and Religion

Dan Sulmasy, OFM, MD, PhD
St. Vincent's Hospital—Manhattan &
New York Medical College

Outline

- Some data
- Some suggestions
- Some ethical issues

Is Failure to Meet Spiritual Needs Associated With Cancer Patients' Perceptions of Quality of Care and their Satisfaction with Care?

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Questions

Do patients want to be asked about spirituality and religion?

Do they have unmet spiritual needs?

Are unmet spiritual needs associated with their perceptions of quality and satisfaction with care?

Patient Beliefs and Experiences

- 52-94% of patients want MDs to inquire about spiritual needs
- Rarely happens

Methods

In Jan-Feb 2005, consecutive outpatients were asked to complete a questionnaire at the Saint Vincent's Comprehensive Cancer Center in New York City.

Patient characteristics (N = 369)

Mean Age	57.5 years
Female	65%
Caucasian	67%
Married	48%
At least one child	67%
College educated	65%
Privately insured	67%
Breast cancer	32%
Non-breast solid tumor	31%
Leukemia/lymphoma	31%

Patient characteristics

Catholic	47%
Jewish	19%
Protestant	16%
Atheist/agnostic	6%
“Spiritual but not religious”	66%
Attend religious services at least once/week	29%

Inquiries About Religious Beliefs

Appropriateness of physician inquiring about religious beliefs	52%
Has staff inquired about spiritual or religious beliefs?	9%
Has physician inquired about spiritual or religious beliefs?	0.6%

Inquiries About Spiritual Needs

Appropriateness of physician inquiring about spiritual needs	58%
Has staff inquired about spiritual needs?	6%
Has physician inquired about spiritual needs?	0.9%
Have your spiritual needs been met?	82%

Correlations between practices and beliefs about inquiries

- Patients who described themselves as “spiritual but not religious” were less likely to think it appropriate for a physician to inquire about religious beliefs (OR = 0.48, CI = 0.28-0.84, $p=0.001$)
- Those who attended religious services at least weekly were more likely to think it appropriate for a physician to inquire about religious beliefs and needs (OR = 2.86, CI = 1.45-5.62, $p < 0.001$)

Specific Spiritual Needs

Individual Spiritual Needs	Number reporting	Percent
Meet similar patients	147/337	44%
Relaxation	185/332	56%
Help with sadness	121/332	36%
Help share feelings	102/334	31%
Spiritual resources	90/328	27%
Help with family worries	100/333	33%
Finding meaning in life	91/331	27%
Finding hope	93/329	28%
Overcoming fears	124/335	37%
Talk about meaning of life	67/330	20%
Talk about dying & death	66/326	20%
Finding peace of mind	102/334	30%

Multivariate linear regression model for satisfaction with care

Characteristic	β	p-value
Spiritual needs met? 1= yes, 2 = no	-.162	0.006
Appropriateness of questioning	-.095	0.10
Education level	-.146	0.01
Single v. other	.105	0.07
Life satisfaction	.107	0.07

Appropriateness of questioning = “Do you feel it is appropriate for your doctor to ask about your religious affiliation or your religious or spiritual beliefs?”

Single v. other = single v. married/divorced/widowed

Life satisfaction = score based on Satisfaction with Life questionnaire

Multivariate linear regression model for patient rating of quality of care

Characteristic	β	p-value
Spiritual needs met? 1 = yes, 2 = no	-.154	0.009
Appropriateness of questioning	-.046	0.35
Education level	-.180	0.002
Type of cancer/blood problem	.077	0.18
Catholic v. non-Catholic	-.115	0.05
Life satisfaction	.129	0.03

Appropriateness of questioning = “Do you feel it is appropriate for your doctor to ask about your religious affiliation or your religious or spiritual beliefs?”

Life satisfaction = score based on Satisfaction with Life questionnaire

Spiritual needs met = “Do you feel your spiritual needs are being met?”

Conclusions

- A majority of patients thought it appropriate to be asked about spiritual and religious beliefs and needs
- Few had these needs addressed by staff, especially physicians
- More religious patients were more likely to think such inquiries appropriate
- Appropriateness of inquiries regarding spiritual and religious beliefs and needs did not affect satisfaction or patient ratings of quality of care
- Independent of life-satisfaction, if patient's spiritual needs were not met, patient ratings of quality of care and satisfaction with care were lower

Limitations

- Single institution study
- One month sample
- Not all patients completed survey

Implications

- Even in a less religious population, a majority of patients welcome inquiries about their spiritual and religious needs
- Many patients in an urban/secular milieu are hesitant about inquires concerning their religious/spiritual beliefs
- An opportunity to improve patient ratings of quality of care through inquiries about spiritual and religious needs: should be explored

How?

“Hints”

- Recognizing clinical clues
- Opening the door for patients

The Clinician's Role

- Assure spiritual assessment
- Refer as necessary
- Take the patient's lead

Open-ended questions

- “What are the sources of meaning in your life?”
- “What role does spirituality or religion play in your life?”

“FICA”

- F: Faith and beliefs
- I: Importance
- C: Community
- A: Address

Referral

- Pastoral Care—expertise
- Team Model
- Role confusion for patients

Ethics

- Justification: not data on outcomes, but the centrality of spirituality to the experience of illness & injury in human persons
- Boundaries
 - No proselytizing
 - No prayer with consent
 - Intimacy & power imbalance
 - Vulnerability & respect for autonomy
- Safest bet:
 - start gingerly & follow patient's lead

St. Francis Kissing the Leper
Rossellini's "Little Flowers of St. Francis"



Spirituality & the Physician-Patient Dyad

PT religious?

yes

no

yes

PT+ / MD+

PT- / MD+

MD
religious?

no

PT+ / MD-

PT- / MD-

Neither MD nor PT religious

- Least chance of offense
- Most trouble in addressing spiritual needs

MD-PT both religious

- Same religion
 - share language, texts, practices
 - still must be careful—spirituality is personal
- Different religions
 - mutual respect
 - ecumenical
 - interfaith

MD not religious, PT is religious

- Moral obligation of MD to attend to patient's spiritual and religious needs
- Respect
- Referral
- “I do not share your faith, but I understand how important Buddhism is to you, especially at this time, as a source of hope, value, and strength. How can I help you live well as a Buddhist for as much time as remains for you?”

MD is religious, PT is not religious

- Highest danger for abuse
- Obligation to attend to the spiritual needs of non-religious patient--difficult