Special Article

Spirituality and Medical Practice

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Spirituality is an important aspect of health care that is not often addressed in modern day primary medical practice. Controversy surrounds the role of spiritual issues in medical practice. Some of this stems from confusing spirituality with religion.

This paper distinguishes between spiritual and religious issues and reviews the history of these issues in medicine, the growing medical literature in this area, and some practical guidelines for the practicing physician.

The authors conclude that, when appropriate, spiritual issues should be addressed in patient care since they may have a positive impact on patient health and behavior, and recommend that the medical model be expanded to a biopsychosocial-spiritual one. The guidelines developed by the American Psychiatric Association provide a useful model for the practicing physician to follow. More research is needed in this area, but the authors conclude that enough is already known to support the inclusion of spiritual issues in medical education.

Key words. Religion and medicine; primary health care; physician-patient relationship.
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Spirituality is an important aspect of health care that is not often addressed in modern day medical practice.[1] *Spirituality* has been defined as having to do with "the spirit or the soul, as distinguished from the body, what is often thought of as the better or higher part of the mind."[2] Spirituality has to do with man's search for a sense of meaning and purpose in life[3,4]; it is that part of a person's psyche that strives for transcendental values, meaning, and experience.[5] *Spirit* is that aspect or essence of a person (soul) that gives him or her power and energy, and motivates the pursuit of virtues such as love, truth, and wisdom.[6]

Religion, on the other hand, is "any specific system of belief, worship, conduct, etc, often involving a code of ethics and a philosophy."[2] It may include doctrine, dogma, metaphors, myths, and a way of perceiving the world.[7] Organized religion is one way of expressing one's spirituality. Common to many religions are purity of life, peace, and belief in immortality and a higher power.[8] The wide variety of religions attests to the importance of spirituality to humans. This diversity makes it important for the physician to provide medical skills to both atheists and devoutly religious persons, no matter how different their beliefs are from those of the physician.

It is the authors' conviction that spirituality or religion helps individual patients cope with illness (a psychosocial emotional imbalance), disease (a physical disorder), and other stressful life events.[4] The clergy may promote this process; hospital chaplains and community pastors who have had clinical pastoral education often assist in the healing process by being "physicians of the soul" and are often called on to minister to the spiritual needs of patients in hospitals and nursing homes.[9] Physicians can help their patients develop spiritual health. Most physicians neglect this component of a patient's health, however, because of personal discomfort with the subject, concern for imposing their own beliefs on patients, or the belief that medicine is a science whereas spirituality is not.[1]

Foster and his colleagues[10] have outlined five requirements for physicians to meet the spiritual needs of their patients. In their view the physician must: (1) be trustworthy, (2) treat the patient as a person, (3) be kind, (4) maintain hope, and (5) assist the patient in determining what it means to live.

Historical Background

Medicine originally developed in religious contexts.[11] *Shamans* were the therapists in preindustrial societies.[12]

continued on page 205

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continued from page 201

During the early Christian era, physicians were clergy members, and the church was the first to grant a medical license.[11,13] Priests were custodians of public health and were interested in the whole person.[8] It was the development of a scientific basis for medicine that made it necessary to separate it from religion.

With the advent of medical technology in the 20th century, medical practice has undergone great change that includes the acceptance of a mechanistic-reductionist model with an emphasis on technology. This biomedical model has led to patients feeling alienated from their physicians' humanity. As medicine becomes more subspecialized, it is at risk of getting even farther away from care of the whole patient.

An attempt to expand the biomedical model was made by Engel in 1980.[14] He described a patient with an acute myocardial infarction, emphasizing the importance of recognizing and attending to psychosocial factors when providing medical care. Since that time there has been an explosion of interest in psychosocial issues in medicine, and the biopsychosocial model has been widely taught in medical schools. In 1986, Hiatt[15] proposed expanding the model to biopsychosocial-spiritual, as did Kuhn[16] in 1988. They believed this model could help to unify the technical aspect of medicine with such diverse matters as medical ethics and attitudinal influences in healing,[15] that to be healthy involves the optimal functions of body, mind, and spirit in whatever the social context.[16]

Literature Review

Spirituality Within Medical Practice

There is growing evidence that spiritual practices can complement medical treatments in cases of both acute and chronic disease.[13,17–24] This concept would extend health to optimal functioning in physical, mental, social, and spiritual areas.[25] There is increasing momentum to address spirituality in health care as evidenced by the increase in "12-step programs" used by such groups as Alcoholics Anonymous (AA) for overcoming addictive behavior. These programs incorporate belief in a higher power as essential in the treatment plan. Holistic medicine, as discussed in *Love, Medicine, and Miracles* by Bernie Segal,[26] and *The Road Less Traveled* by M. Scott Peck,[27] speaks to the exploding interest in the intersection between medicine and spirituality.

Nine religious ideas have been described that provide an ethical foundation for medical practice. These include stewardship, creation, human dignity, freedom, love, covenant, justice, vocation, and finitude.[28] A useful historical paper[11] describes medicine and religion intersecting in four areas: (1) meanings of health and illness; (2) relation of health to other human values; (3) attitudes toward the aged, incurable, and weak; and (4) attitudes toward nature.

Religion serves to give hope in the face of death[14] and provides practical resources for coping with sickness, such as prayer, social support, and ritual actions aimed at forgiveness and healing.[22]

Koenig and colleagues have described family physicians who believe that religion has a positive effect on the mental and physical health of elderly patients and that, if appropriate, religious values should be discussed with these patients. One Christian physicians' support group encourages members to pray for their patients, read scripture to them as a therapeutic modality, and encourage patients to get in touch with and exercise their spirituality.[21] Nurses trained in therapeutic touch have been able to decrease the pain, the emotional and spiritual fears, and the anxieties of persons with AIDS, thereby restoring a sense of balance to the patient.[29,30]

Some innovative teaching programs (eg, California's Loma Linda University) have integrated a spiritual dimension into medical training by having the hospital clergy participate in medical rounds with residents.

Effects of Spiritual Healing and Prayer on Patients

Cohen[31] referred 44 patients to spiritual healers and found that 35 (80%) felt better after the experience. He noted that these healers spent up to eight times longer with patients than the average family physician. The increased time, combined with touch in a safe environment, counteracts fear, stress, and loneliness, all of which retard healing. Vaillant,[32] in three prospective studies, found that participation in Alcoholics Anonymous was significantly more effective than medical or psychological treatment in helping alcoholics achieve long-term sobriety. The original 12-step program encourages a personal experience with a "higher power," which is compatible with all medical care and every religion.

Prayer, a spiritual activity found in every religion, has been studied since the 19th century. A recent study[23] randomly assigned 393 patients admitted to a coronary care unit either to a group that received daily prayer or a group that did not. The project was fully explained to each patient, and informed consent was obtained regardless of the patient's religious affiliation or lack of it. Evaluators, staff, and patients were blinded throughout the study. At admission there were no significant differences between the two groups on cardiac and noncardiac diagnoses. At discharge the prayer group differed signif-

icantly on 6 of 26 treatment and outcome variables. They required less ventilation assistance ($P < .002$), fewer antibiotics ($P < .005$), had fewer cardiopulmonary arrests ($P < .02$), fewer episodes of congestive heart failure ($P < .03$) and pneumonia ($P < .03$), and required fewer diuretics ($P < .05$). Religion has also been shown to play a healing role in postabortion dysphoria.[24]

Effect of Organized Religion on Community Health

Studies of particular religious groups have shown that health has been enhanced in certain areas. Mormons have a lower incidence of cancer associated with smoking and lower rates of cancer of the breast, ovary, uterus, cervix, and prostate than the general population.[33] Blood pressure was lower in religious immigrants than in nonreligious ones, and lower in frequent churchgoers than in infrequent ones.[34,35] Churchgoers were healthier in a variety of areas as compared with those who attended church infrequently or not at all; these areas included mental health: there was decreased suicide and psychiatric morbidity among churchgoers.

Many churches take an active role in providing health care to their congregations, specifically reaching out to the elderly.[37] Churches and other religious organizations can provide a lifelong support system that includes prayer and psychological help provided within the context of communal relationship.[38]

Some churches have provided places for hypertension surveillance and other social and health programs. Others provide financial support for community programs such as the Crisis Pregnancy Center, the Salvation Army, and Third World medical missions. Community problems identified by the clergy in one study included lack of jobs, pregnancy in teenagers, gang crimes, hunger, and school dropouts.[39]

Cooperation between clergy and physicians has been emphasized. If this cooperation does not occur, the outcome of medical care can be jeopardized through noncompliance with medicines, missed appointments, and therapy rejection.[18] It is not necessary for the physician to share the patient's religious or spiritual beliefs.[38] It is, however, important to understand and respect the patient's belief system since such systems tend to be stable and resistant to change. Priests and ministers can enhance patient care in the following ways:[38] (1) improve the patient's compliance with medication, (2) help the patient cope with problems encountered in daily life, (3) encourage the patient to return to the physician for follow-up, (4) support family members, (5) provide the patient with opportunities to socialize through the activities of their religious institution, and (6) involve patients in rituals that provide structure and hope.

Incorporating Spirituality into Medical Practice

It is evident that there is a growing body of medical literature suggesting that spirituality is of interest and beneficial to the practice of primary care medicine. However, as in any other scientific endeavor, tools to measure the object in question are needed. Herein lies the problem, since spirituality is not provable or quantifiable.

Research to assess spiritual health or well-being is in its infancy. The most commonly used scale has 20 items combining existential and religious issues for an overall scale of spiritual well-being.[40] This instrument has the advantage of being scorable. However, it does not address some of the issues raised in Kuhn's Spiritual Inventory.[16] The 25 questions in Kuhn's inventory are intended for clinical use by a physician, and not all have to be asked. The inventory describes a patient with spiritual health as one who (1) attaches meaning and purpose to life events, including the illness; (2) has hope, faith, and a relative absence of guilt; (3) is able to love and forgive self and others, (4) participates in laughter and celebration, and (5) is involved in a community of faith and practicing worship, prayer, and meditation.

We support and recommend the guidelines adopted by the American Psychiatric Association, which can be paraphrased as follows for all physicians:[41]

1. Physicians should maintain respect for their patients' beliefs. It is useful for physicians to obtain information on the religious or ideologic orientation and beliefs of their patients so that they may properly attend to them in the course of treatment. If an unexpected conflict arises in relation to such beliefs, it should be handled with a concern for the patient's vulnerability to the attitudes of the physician. Empathy for the patient's sensibilities and particular beliefs is essential.
2. Physicians should not impose their own religious, antireligious, or ideologic systems of beliefs on their patients, nor should they substitute such beliefs or rituals for accepted diagnostic concepts or therapeutic practice.

Studies on faith healing suggest that this practice does not need to be in competition with medical treatment. The results are often enhancements of the patient's subjective well-being and changes in the patient's lifestyle rather than changes in the disease process. As such, these results are of value to physicians.[42,43]

continued on page 208

continued from page 206

Conclusions

It is important for primary care providers, trained to consider the whole family and person, to take into account their patient's spiritual health. The physician need not share the patient's beliefs, but must understand and respect them in order for treatment to be effective. Family physicians are adept at physical diagnosis and treatment, and to a lesser extent, psychosocial intervention, but they are usually ignorant of the spiritual component of illness.[44] The family physician cannot choose whether to acknowledge religious variables in practice; they exist, whether recognized or not.[17] Reiser and Rosen[44] have expressed concern over "contemporary medicine's lack of appreciation for the human spirit. [Physicians] should realize how important spiritual concerns are for many of their patients, and how abysmally neglected they have been in the prevailing ethos of contemporary medicine."

Spiritual issues can be raised by the physician and are potentially useful in promoting a patient's sense of well-being and response to treatment. This is an area that can be researched and included in medical education.

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