

Chapter 4: What Might Result?

Spirituality in Patient Care: Why, How, When and What

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“Emerging research demonstrates the positive effect of an individual’s beliefs on his or her health.”

Key Skills: Listening in order to understand, showing respect for R/S beliefs, supporting the patient’s spiritual beliefs, appropriate referral.

1. Ability to Cope (73)

Verbalizing past experiences and beliefs of support reinforces these in the present thus enhancing the ability to cope.

Asking questions in a Spiritual History suggests the importance of these matters which reinforces for religious and spiritual patients the value in their lives and health of attending to these matters. The more reinforcement, the greater the benefit to coping.

“Nothing in life is more wonderful than faith – the one great moving force which we can neither weigh in a balance nor test in the crucible.” William Osler, 1910, *British Medical Journal*. This effect is particularly prominent for those who value spiritual and religious beliefs and practices

2. Health Professional-Patient Relationship (76)

“If an HP validates the [spiritual and religious] beliefs [of the patient], this not only empowers the patient but also enables the patient to more fully place his or her trust in the HP and in the treatment plan. The bond between patient and HP becomes stronger...”

By asking SH questions in a respectful manner, the HP indicates a desire to understand an important part of who that person is.

3. Compliance (77)

The more a patient feels their physician knows and knows about them, the more compliant. Being known increases trust. Trust increases confidence in the treatment plan. Familiarity also increases motivation to follow through with the protocol, particularly when it is difficult.

HP knowledge of and openness to Pt SH makes it more likely that the Pt will feel comfortable discussing religious or spiritual issues which may conflict with the recommended treatment plan, rather than simply nodding assent and then choosing to be quietly noncompliant

4. Mobilizing Community Support (79)

If clergy are familiar with HPs, it is easier and more likely for them to support and reinforce the treatment plan. Clergy also are well positioned to encourage overall health of body, mind, spirit & relationships.

Clergy can mobilize community support for the Pt

Clergy are more likely to refer members of their congregation to HP they trust will be responsive to spiritual and religious concerns of the Pt

5. *Course of Illness (80)*

Beliefs have a strong influence on stress, depression, anxiety and hope, and thus on the natural healing processes –(neuroendocrine, immune, circulatory)

Stress has been shown to increase the length of hospitalization and recuperation

Greater trust increases compliance, thereby impacting recovery

Trust of the Pt in the HP increases trust and faith in the treatment, magnifying the placebo effect

Increasing community support further increases coping, thus aiding in healing

6. *Benefits to the Health Professional (81)*

Attending to spiritual and religious needs along with patients can strengthen or restore the idealism and altruistic aspirations that motivated many HPs to pursue medicine as a career

HPs who treat Pts as whole persons may find that they also experience a greater sense of wholeness

7. *Negative Consequences (82)* Some possible examples to explore

- A religious patient is offended because the SH is not tailored to the Pt's religious faith
- The Pt's family is of a religious background different from the Pt and the family are upset that the Pt's beliefs are being supported
- The Pt feels that his religious beliefs are not being respected
- A non-religious Pt becomes upset by the line of questioning in the SH
- Bringing up religious questions at a time of health crisis raises anxiety, such as that the illness may be some form of punishment from God
- The Pt mistakenly concludes that is spiritual questions are asked because she is near death
- Spiritual issues arise from the SH conversation and the HP is unprepared to address them and no chaplain or other clergy is readily available
- The Pt asks what the religious and spiritual beliefs of the HP and the HP is unprepared to answer