



Spiritual Healing

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Physicians and medical schools
go beyond the physical examination
to focus on the spiritual needs of patients

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Most patients aren't used to their physicians saying "God bless you" after an examination. But when Michael Weaver, M.D., '77, visited Jamaica on a mission trip last year, he quickly learned that patients expected a blessing from their doctor. When he came back to the emergency room at Saint Luke's Hospital, he used the same blessing for the patients.

"They were shocked, but pleased," he says. "They said, 'Well, God bless you, too!' It's nice to reconnect with that spiritual aspect and not only do physical healing. I hope to do that more in emergency practice here."

Patients in the United States tend to agree. Surveys suggest that most patients regard their spiritual life as important as their physical life. According to the Gallup Report, 84 percent of the public says that religion is important in their lives. A USA Weekend poll found that 65 percent of people felt it was good for doctors to

talk with them about their spiritual beliefs. However, only 10 percent of those people said that a doctor talked with them about their spiritual faith as a factor in their physical health.

To help meet the public's needs, the medical community has had an increasing interest in spirituality over the past five years, says David Moller, Ph.D., director of the school's Serridge Office of Medical Humanities.

"For one reason, the nation is hungering for meaning and spirituality. Also, research is indicating that spirituality impacts health outcomes. Patients are rejecting the biomedical model in favor of more comprehensive, compassionate care."

Faith and Healing

Many researchers have looked at the benefits of spirituality – in particular, prayer – on health outcomes, including William Harris, Ph.D., professor of medicine and the Daniel J. Lauer, M.D./Missouri Endowed Chair in Metabolism and Vascular Disease. In 1999, he conducted a study of 990 heart patients admitted to Saint Luke's Hospital's coronary care unit. Each patient was the subject of prayers for 28 days. Overall, he found that the patients who were prayed for did 11 percent better than their peers.

"Up until recently, the benefits of prayer were just anecdotal," says Dr. Harris. "Maybe someone said that they got better because someone prayed for them. Now we can explore those supernatural causes with unbiased scientific techniques."

Other studies have looked at the effect of religious participation on health outcomes. A study of heart transplant patients at the University of Pittsburg found that those who participate in religious activities and said their beliefs were important showed better compliance with follow-up treatment. In addition, they had improved physical functioning at the 12-month follow-up, higher levels of self-esteem, and less anxiety and fewer health worries.

Religion and spirituality may have an effect on a patient's ability to cope with illness and pain. The American Pain Society conducted a survey of hospitalized patients and found that personal prayer was the most commonly used non-drug method for pain management. A study of patients in a hospice in Burlington, VT, found that spiritual beliefs were

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positively correlated with increased life satisfaction, happiness, and diminished pain.

Dr. Moller remembers a patient who was suffering from lung cancer, emphysema, and peripheral vascular disease, and had six months to live. He says her religious background helped give her the strength to endure months of extreme pain.

"She talked about the gratitude she had for the care she received and the people who visited her," he says. "She saw dying as a sacred responsibility, to do it in a way that honored God. Her relationship with God gave her meaning and strength through unimaginable suffering."

Doctor's Role

When Richard Butin, M.D., was in private practice, he kept religious pictures on his walls. He says these pictures sometimes helped him find out if spirituality was important to his patients.

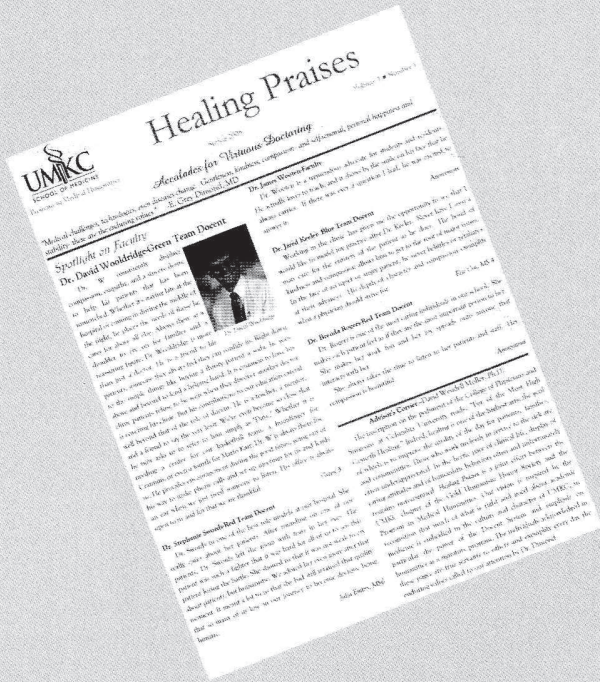
"I had my own examining rooms, so I could put things in them that were evidence that my faith was important to me," he says. "I might have an Old Testament verse, not offensive to anybody. If somebody said something about it, I'd pick up on that, so you could explore their spirituality."

Today, as assistant professor of medicine and docent at Truman Medical Center, Dr. Butin doesn't have his own examining rooms, so finding out about a patient's spiritual needs takes a bit more detective work. He says when he has the time he conducts a spiritual assessment of his hospital and clinic patients to learn about their needs.

"We're seeing patients at their sickest time, so if faith is important to them, I hate to think that we're missing an opportunity to reassure them, pray with them, ask what their concerns are. I don't think patients or doctors should have to check their faith at the door in order to be inoffensive."

Physicians conduct spiritual assessments as part of the patient interview to find out how spirituality can be used as a source of strength and coping. Dr. Moller teaches his medical students about how to conduct spiritual assessments during his lecture on palliative care.

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(Above) *Healing Praises*, a newsletter recognizing outstanding physicians and medical students for their humanistic qualities, was a joint effort between members of the UMKC School of Medicine's Gold Humanism Honor Society members and the Sirridge Office of Medical Humanities. It was published in spring of 2005. The individuals recognized were outstanding in their efforts to improve the daily life of patients, families and communities. Whether it was through spirituality, through acts of kindness or compassion, or by simply being there for their patients and families, their efforts enhanced the medical experience and truly represented their chosen profession.

Many hospitals have pastoral care departments that are knowledgeable of various faiths and denominations. At Truman Medical Center, a hospital chaplain is readily available to provide support for patients as well as direction for physicians.

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"The chaplain helps to explore the patients' spirituality and find out the best ways to help them," says Dr. Butin. "They'll sometimes come on rounds with me and provide consultations on the patients."

Dr. Butin says this can help in cases where the physician may not be familiar with a patient's spiritual beliefs. For instance, Dr. Butin had an Islamic patient who didn't want his hip to be fixed.

"He said that God would fix his broken hip," he says. "It became a real ethical and spiritual problem because he was evoking religion as a reason to refuse care. We asked the chaplain to come and help us. It turned out that the views he (the patient) held weren't consistent even with the Islamic faith. It was a struggle that the chaplain was able to help us with, since he was familiar with the religion."

Mostafa Badr, Ph.D., associate professor of pharmacology, teaches a class called "Islam and Modern Practice of Medicine and Pharmacy." The goal for the class is to help students learn more about Islamic beliefs that are expected to impact health care delivery.

"There wasn't much understanding [of Islam] in the field of medicine originally," says Dr. Badr. "As the number of Muslims increased, society started paying attention to Muslim needs for health care."

In particular, Muslims aren't allowed to consume certain products, such as alcohol. In these cases, says Dr. Badr, a physician should be respectful of the patient's beliefs.

"We know that there is scientific evidence that a glass of wine is good for health," he says. "But if a patient tells a physician that that's out of the question, then that should be the end of that. Physicians should not try to convince the patient – instead, they should try to seek alternatives."

However, there may be some cases where a necessary treatment conflicts with a patient's beliefs. In those instances, it may be helpful for physicians to bring in a third party who is familiar with the religion, says Dr. Badr. For example, during the month of Ramadan when

spirituality, but spirituality for the patients that they are going to serve."

Dr. Moller uses the FICA model to help students and residents develop spirituality questions for patients. FICA stands for Faith (do you have faith?), Influence (how do these beliefs influence you?), Community (are you part of a religious community?), and Address (how would you like your health care provider to address these issues with you?).

After this interview, the physician designs a plan to help fulfill the patient's needs, says Dr. Moller.

"The plan might include a hospital chaplain or social worker or the patient's own faith community," says Dr. Moller. "Some physicians might even actively pray with the patient. That's perfectly appropriate, as long as there is mutual consent."

In cases such as these, physicians must set aside their own beliefs to approach these decisions in a patient-centered way, says Dr. Moller.

a Muslim patient is fasting, the physician might want to advise the patient to break the fasting to take medicine for his or her own welfare.

"It is preferable that if you're not a Muslim yourself, that you bring in a Muslim physician, a colleague of yours, to convey the message to the patient," he says. "A Muslim physician would appreciate the gravity of breaking fasting if there is another effective alternative available."

A third party can be helpful with other religions as well. For example, Jehovah's Witnesses don't accept blood transfusions because they believe that the blood is contaminated. In cases such as these, the Jehovah's Witnesses' Hospital Liaison Committees help physicians provide alternative solutions for patients.

"Just because a person won't accept a transfusion, that doesn't mean that something else can't be done," says Caroline Baughman, School of Medicine lecturer, who teaches the communication skills component of the C.U.E.S. course, including spirituality. "A physician is not in a position to argue. They should work to understand what this belief means to the patient and come to an agreeable solution."

In cases such as these, physicians must set aside their own beliefs to approach these decisions in a patient-centered way, says Dr. Moller.

"Physicians are moral actors in the doctor/patient relationship," he says. "They are always promoting values, whether explicitly or implicitly. If it's a child, you have the option of taking legal maneuvers, but if it's an adult, you have to respect that person's beliefs."

Along those same lines, physicians should also be careful not to impose their beliefs on a patient who doesn't place importance on religion or spirituality.

"Physicians are not clergy but they can be facilitators for spiritual support," says Dr. Moller.

At UMKC, medical students learn about spirituality during the C.U.E.S. (Communication, Understanding, Education, and Self Assessment) course during their third year.

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Medical School Trends

In the past decade, more medical schools are making spirituality part of the curriculum. In 1992, only three medical schools had a course on spirituality and health. In 2000, that number had grown to 47.

At UMKC, medical students learn about spirituality during the C.U.E.S. (Communication, Understanding, Education, and Self Assessment) course during their third year. During the course, students hear from experts from different cultural backgrounds, including Muslim, Hindu, Christian, Pagan, and Jew. They learn how to interview a patient in a hospital setting when time is usually limited.

"In a typical situation, a student would only have 15 minutes with a patient, so we show them how to ask these questions without bulldozing the patients," says Baughman. "The physician might say, 'May I ask about your spirituality?' They should always take cues from the patient to determine the depth of the discussion."

Baughman says that the class is eye-opening for many students, who may not have realized the importance of spirituality in various health care scenarios. For instance, spirituality might be important to a patient who is expecting a baby or facing a life-altering condition like diabetes.

"Up to this point, many of the students just see the chaplains as a resource for patients in end-of-life issues," she says. "For the first time, they see the chaplain as a resource for any number of conditions. Spirituality can help provide structure and meaning to life for a patient."

Some students are more comfortable than others in asking patients about spirituality, she says. They may choose to talk to the patient themselves, or they may feel more comfortable bringing in a third party, such as a chaplain. Either way, students are encouraged to develop their own approach for discussing spirituality with patients.

"Our goal is to give students the specific tools and opportunities to connect with their patients," she says. "They learn to take their cues from the patient to determine what kind of spiritual support is needed."