Addressing spiritual concerns in care of patients at the end of life

July 22, 2013

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Background

- George Engle: Biopsychosocial Medicine (1977)
  - Health > biology
  - Spiritual? Death?

Year 2013. The Spiritual has Arrived

National Consensus Project\(^1\)

Clinical Practice Guidelines for Quality Palliative Care ......................................................... 14
Domain 1: Structure and Processes of Care ............................................................................. 15
Domain 2: Physical Aspects of Care ......................................................................................... 28
Domain 3: Psychological and Psychiatric Aspects of Care ..................................................... 38
Domain 4: Social Aspects of Care ............................................................................................. 45
Domain 5: Spiritual, Religious and Existential Aspects of Care ........................................... 49
Domain 6: Cultural Aspects of Care ......................................................................................... 56
Domain 7: Care of the Imminently Dying Patient .................................................................. 60
Domain 8: Ethical and Legal Aspects of Care ........................................................................ 63

DOMAIN 5: Spiritual, Religious and Existential Aspects of Care

\(^1\) Available at: www.nationalconsensusproject.org
Why is spiritual care now standard?

1) Data says spiritual concerns are central to patient experience.

2) Most patients welcome attention to their spiritual concerns.

3) An array of figures have been making persuasive arguments.
Coping with Cancer study

• 68% of 343 patients with advanced cancer said religion was very important.
  – African American (89%)
  – Hispanic (79%)

Coping with Cancer study

- 4/5 (78%) of a subset of patients said that religion/spirituality had been important to their cancer experience.

Coping with Cancer study

- 3/4 (74%) of a subset of patients said that religion/spirituality played a central role in their ability to cope with cancer.

Duke University

• 2/3 (67%) of 542 hospitalized patients reported that religion was important to their coping with illness.

**Completion** emerged as one of the 6 components of a good death.

– Often involves explicitly spiritual and religious dimensions.

Steinhauser, K.E., et al. (2000). In search of a good death: observations of patients, families, and providers. Annals of Internal Medicine, 132(10), 825-832.
Importance of attributes of EOL experience

Steinhauser, K.E., et al. (2000). Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA, 284(19), 2476-2482.
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Spiritual concerns impact other outcomes

- Quality of Life
- Use of life sustaining technology
- Adherence to physician recommendations
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Survey of patients in outpatient primary care waiting rooms

• 66% thought physicians should be aware of their patients’ religious and spiritual beliefs.

• 33% thought their doctor should ask them about religious and spiritual beliefs in a routine office visit.

• 10% agreed, “I want my doctor to discuss spiritual issues with me, even if it means spending less time on my medical problems.”

Survey of patients in outpatient primary care waiting rooms (continued)

• 70% thought that such inquiry would be appropriate “when I am near death”

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Why physicians and other health care professionals should attend to spiritual issues:

1) Religion, spirituality and medicine are necessarily intertwined together in the care of patients at the end of life
“Religion and medicine meet at the same junctures in human life” (birth, sickness, suffering, and death).

What is spirituality?

Sulmasy: “Spirituality and religion are related but conceptually different. I define spirituality as the ways in which a person habitually conducts his or her life in relationship to the question of transcendence. A religion, by contrast, is a set of beliefs, texts, rituals, and other practices that a particular community shares regarding its relationship with the transcendent. Spirituality is thus simultaneously a broader concept than religion and a narrower concept than religion. It is broader in the sense that all religious and even nonreligious persons confront the question of transcendence, and so the term is compatible with all forms of religious belief and even the rejection of religion. Spirituality is narrower than religion, however, in the sense that, because only persons can engage questions of transcendence, each relationship with the transcendent will always be unique and spirituality ultimately personal. Even within a given religion, there will be as many spiritualities as there are individuals”
Why physicians and other health care professionals should attend to spiritual issues:

1) Religion, spirituality and medicine are necessarily intertwined in the care of patients at the end of life

2) “Patient-centered” means taking spiritual issues into account
Steinhauser et al:

“It may be useful to recognize that for most patients and families who are confronting death and dying, psychosocial and spiritual issues are as important as physiologic concerns. Patients and families want relationships with health care providers that affirm this more encompassing view.”

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Why physicians and other health care professionals should attend to spiritual issues:

1) Religion, spirituality and medicine are necessarily intertwined in the care of patients at the end of life

2) “Patient-centered” means taking spiritual issues into account

3) Attending to spiritual issues makes a difference (for the better)
Coping with Cancer Study

- Balboni TA et al, J Clin Oncol. 2010
  - 343 patients with advanced cancer, observed until death.
  - Spiritual care = patient-rated support of spiritual needs by the medical team and receipt of pastoral care services.

Findings: More spiritual care associated with:
- Higher QOL (mean scores 20.0 vs. 17.3, P = .003)
- More than twice the odds of entering hospice (AOR, 2.37; 95% CI, 1.03-5.44 [P=.04]).
Figure 3. End-of-life (EoL) medical care among 147 patients receiving high spiritual support from religious communities according to receipt of EoL discussions and high spiritual support from the medical team. *Hospice is inpatient or home hospice care in the last week of life, and aggressive medical interventions include receipt of ventilation, resuscitation, or care within an intensive care unit (ICU) in the last week of life.
University of Chicago Hospitalist Project

- Williams J et al. JGIM. 2011.
  - 3,141 general medicine inpatients
  - data gathered 30 days post discharge
  - Findings:
    - Discussion of R/S concerns was associated with higher patient satisfaction on four different measures (ORs 1.4–2.2, 95% confidence intervals 1.1–3.0)… regardless of whether or not patients said they had desired such a discussion.
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Biopsychosocial

Biopsychosocial-Spiritual
Challenges posed by pluralism

1. “Every ethos implies a mythos”

“…there is no spirituality of care at the end of life and no ethics of care at the end of life that does not presuppose some account of death that comes from a faith-like set of beliefs, often embodied in narrative, beyond the reach of bare reason or brute fact.”

Challenges posed by pluralism

2. Consensus about good end of life care limited

- (Somatic) pain should (usually) be relieved, when doing so does not pose undue (?) risks or cross other (?) moral boundaries

- Patients’ refusals of life-sustaining technology should (generally) be accommodated

- Caregivers should show respect and attention to patients in the interactions (although there is disagreement about respect required in some cases)
Challenges posed by pluralism

2. Consensus about good end of life care limited

With respect to physicians’ roles in addressing spiritual concerns of patients

– pay attention (don’t ignore patients’ spiritual concerns)
– get help when you need it (generally but not exclusively from chaplains)
– respect your limits
Regarding policy

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promoting scholarship and discourse at the intersection of medicine and religion

http://pmr.uchicago.edu
“Physicians may ask a screening question (such as “What role does faith or spirituality play in your life?”) that displays awareness of these important aspects. Physicians can then ask whether the patient would like to speak in greater depth with a chaplain. Although physicians may not be responsible for resolving the psychosocial and spiritual needs of patients, acknowledging the presence and complexity of these needs is a way of actively affirming the whole person.”

1. Pay attention
2. Get help from professionals
3. Respect your limits

Steinhauser, K.E., et al. (2000). In search of a good death: observations of patients, families, and providers. Annals of Internal Medicine, 132(10), 825-832.
Sulmasy notes, “In the *Bhagavad Gita* (8.6), one reads the reply of the god Krishna to the inquiries of Arjuna who is facing the prospect of death on the battlefield: ‘On whatever sphere of being the mind of a man may be intent at the time of death, thither will he go.”