The Ethical Basis of Spiritual Care

Helena Torres, PharmD, LPCC

But is it ethical…?

Ethical=> being in accordance with the **rules or standards** *for right conduct or practice, especially the standards of a profession; pertaining to* **right and wrong** *in conduct*[1]

ethical. (n.d.). Dictionary.com Unabridged. Retrieved May 30, 2014, from Dictionary.com website: http://dictionary.reference.com/browse/ethical

Ethic of Spiritual Care

- *Spirituality: Search for meaning and purpose in the sacred*
- *Religion: A specific set of organized beliefs and practices, usually shared by a community or group*
- *Spiritual Care: Identifying and addressing the spiritual aspects of a person's worldview and how this affects their wellbeing*
- *Ethical: Pertaining to right and wrong in conduct; being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession*
- *Question—*
  - *Is it ethical to bring the spiritual into patient care?*
  - *If "Yes," what ethical issues should guide spiritual care?*

Ethical Codes

- the latest version of the American Medical Association (AMA) Code of Medical Ethics that states "physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities" (Code of Medical Ethics of the American Medical Association 2016)
- Provision 1 of the ANA Code of Ethics states, "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" and "optimal nursing care enables the patient to live with as much physical, emotional, social, and religious or spiritual well-being as possible and reflects the patient's own values."

Tenants of medical ethics

Beneficence (benefit)	*Non-Maleficence (no harm)*
Autonomy	*Justice*

Ethics of Spiritual Care

- *Christian perspective*
  - *God calls each of us to a specific vocation and our contribution to that vocation can be holy and can be a place and platform for a personal ministry of evangelism and discipleship.*
    - *Colossians 3: 23*
    - *Ephesians 2:10*
    - *1 Peter 2:9*

Joe

- *A 50-year-old tall man with a large frame has lung cancer metastatic to liver. On several trips to the cancer center, he appeared extremely weak and in need of assistance. At home, he was having difficulty accepting help with his activities of daily living (bathing, dressing, toileting, grooming, eating) from even his wife or family. He continues to refuse family assistance despite near falls. The medical team is concerned for his safety and has recommended physical therapy and occupational therapy multiple times to assist him, but he has repeatedly declined these offers.*

Background of Spirituality in Medicine

*"**Spirituality has played a role in health care for centuries** but became overshadowed by **technological advances** in diagnosis and treatment in the early 20th century. The scientific focus moved the culture of medicine away from a holistic, service-oriented model to a technological reductionist model. There is now a movement **to reclaim the spiritual roots of medicine**!"*

- Christina Puchalski, MD, Director of the George Washington Institute for Spirituality and Health

Background of Spirituality in Medicine

AMA 1847 Code of Ethics
"For, the physician should be the minister of hope and comfort to the sick."

"It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits."

The preamble to the 1847 Code of Ethics states explicitly that medical ethics "must rest on the basis of religion and morality." Like taking an oath, it rests on the presumption that professionals serve something higher than themselves

(American Medical Association, 1847

Whole Person Perspective

BODY	**SOUL**
Hypertension **Chronic pain,** *inflammation* *Auto-immune disorders* *Digestive Problems* *Many infections* *Malignancies*	**Fear,** *worries* *Anxiety* **Anger,** *bitterness, resentment* *Shame, guilt* *Jealousy, envy* *Grief*
SPIRIT	**SOCIAL RELATIONS**
Poor self-image **Depression** *Meaninglessness* *Sense of rejection* *Loneliness*	**Dysfunctional relationships** *Divorce* *Abuse* *Poverty* **Unemployment**

Joe

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Keeping the whole person perspective in mind, what would you like to know about Joe's <u>social</u> situation?

Joe

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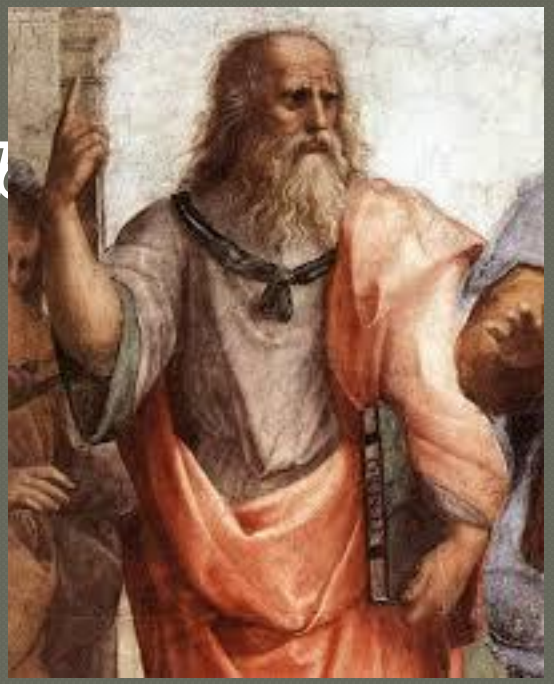
- *Social*
  - *Professional writer*
    - *"My pen has taken me out of the projects, given me control of my circumstances from a very young age, and helped us get through COVID without a cough. Listen to this, "Death is as much a reality as birth, growth, maturity, and old age—it is the only certainty of life."Yes, you guessed it. I wrote that in my will yesterday. I hate to brag, but I'm quite proud of that line.*
  - *Married 25 years with no children*
  - *Lives in Los Angeles, CA*

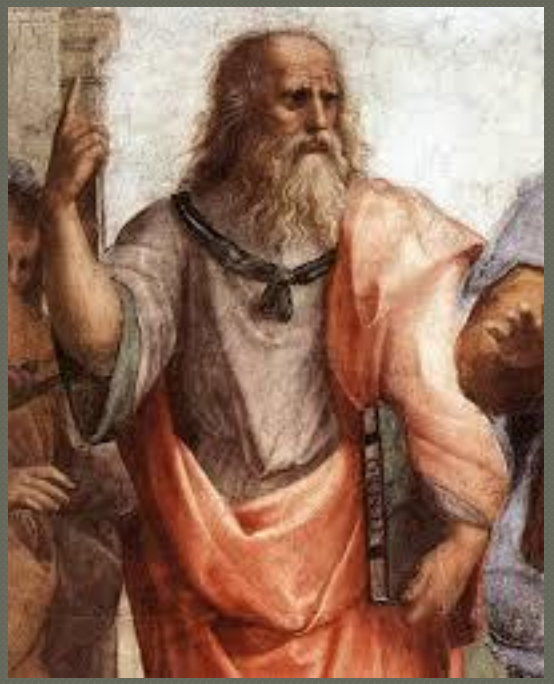
"The greatest mistake in the treatment of diseases is that there are physicians for the b and physicians for the soul, although ***the two cannot be separated****."*



- Plato (~428-348 BC)

"as you ought not to attempt to cure the eyes without the head or the head without the body, so neither are you to attempt to cure the body without the soul. For ***the part can never be well unless the whole is well.***

- Plato *(~428-348 BC)*



Biblical Perspective

- *Some physical diseases are spiritually based*
  - *"When I refused to confess my sin, my body wasted away, and I groaned all day long." Psalm 32:3*
  - *"A tranquil heart gives life to the flesh, but envy makes the bones rot." Proverbs 14:30*
    - *Broken relationship with God*
    - *Broken relationship with others*
    - *Broken relationship with self*

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  - *Married 25 years with no children*
  - *Lives in Redlands, CA*

- **What more would you like to know about Joe?**

Joe

- *Spiritual*
  - *Atheist*
  - *Currently practicing no religion*
  - *Born Presbyterian*
  - *There's no life beyond this one.*
  - *Has been feeling less than human with his physical decline (self-worth)*
  - *Deep pride in his quality of life and independence, master of his surroundings and himself*

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- **What issues do you see? How would you address them?**

Scientific perspective on spiritual care

What do the studies tell us?

General Findings

- *Patients use religion to cope*
- *Patients would like their physicians to discuss religious and spiritual issues*
- *Most studies → positive correlations between religion & health, especially with*
  - *Heart and vascular diseases*
  - *Cancer*
  - *Mortality in general*
  - *Psychological benefits*

MAJOR Systematic Review

- *"Religion, Spirituality, and Health: The Research and Clinical Implications" by Harold Koenig, MD (2012)*
  - **3,300** *articles*
  - **Majority** *of studies showed a significant relationship between religion/spirituality and* **better health**

Most Studies Show

- **Positive correlation**
  - *Sense of well being*
  - *Happiness, life satisfaction*
  - *Hope and optimism*
  - *Higher self-esteem*
  - *Better adaptation to bereavement*
  - *Social support*
  - *Marital stability*
- **Negative correlation**
  - *Loneliness*
  - *Rate of depression recovery*
  - *Rates of suicide*
  - *Anxiety*
  - *Psychosis*
  - *Abuse of drugs and alcohol*
  - *Delinquency*

JAMA | Special Communication

Spirituality in Serious Illness and Health

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Table 5. Spirituality in Health: Multidisciplinary Delphi Expert Panel 3 Top-Ranked Suggested Implications for Serious Illness and Health Outcomes[a]

Ranking of suggested implication	Suggested implication	
	Serious illness	Health outcomes
Highest ranking	Routinely incorporate spiritual care into the medical care of patients with serious illness.	Incorporate patient-centered and evidence-based approaches regarding the beneficial associations of religious/spiritual community participation to improve medical care and population health.
Second highest ranking	Include spiritual care education in the training of all members of the interdisciplinary medical team caring for seriously ill patients.	Increase awareness among public health professionals of evidence of protective health associations of religious/spiritual community participation.
Third highest ranking	Include specialty practitioners of spiritual care (eg, chaplains) in the care of patients with serious illness.	Recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

[a] The full lists of ranked suggested implications are available in eAppendixes 6A and 6B in the Supplement.

American Academy of Family Physicians

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*
Patients should have a spiritual assessment upon admission to the hospital.	C	9
Addressing spirituality may help when forming a comprehensive treatment program for patients with chronic pain.	C	10
Spirituality should be addressed as one of the core components of quality palliative care.	C	11

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.xml.

Your patient's beliefs

- *Spiritual faith can help recovery.. 79%*
- *Faith helps recovery from ills…… 56%*
- *A doctor should talk to patients about their spiritual beliefs…… 63%*

-USA Weekend. April 5-7, 1996

Unmet Need

Spiritual Care from Nurses or Physicians

- *Advanced Cancer*
- *> 80% patients, nurses, and physicians thought spiritual care from nurses or physicians was important*

AND YET…

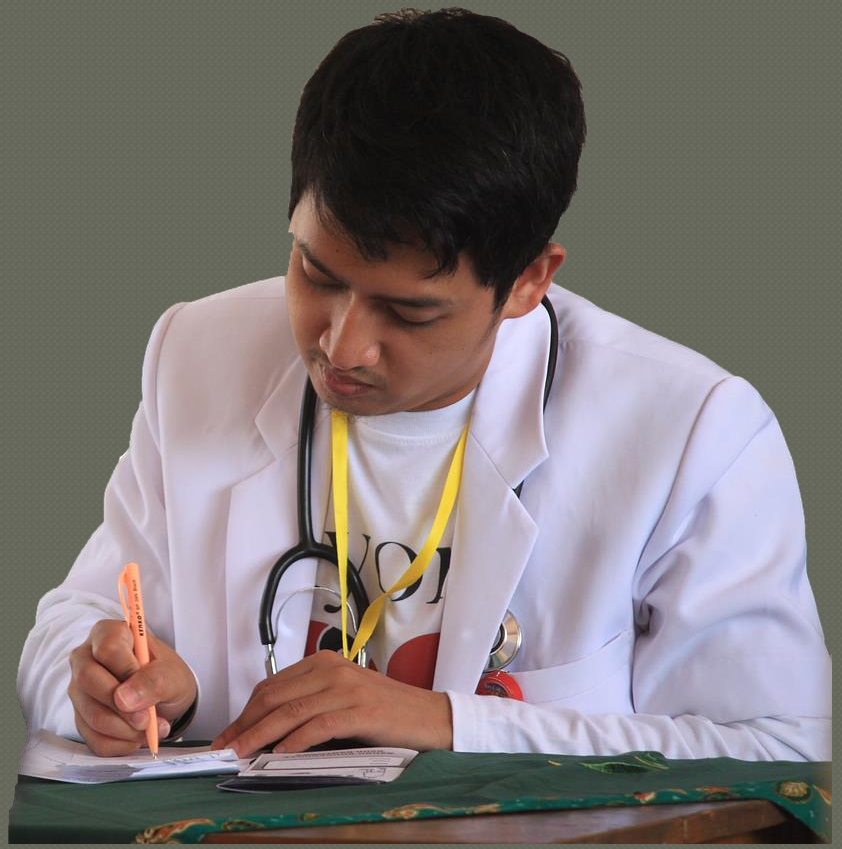
- **MOST** *(70-90%) patients never received any form of spiritual care*

Lack of Training

- *The strongest predictor for not providing spiritual care (odds ratio [OR] = **11.20**, 95% CI, 1.24 to 101; and OR = 7.22, 95% CI, 1.91 to 27.30, respectively)*

Medical Training

- **More than half** *of all U.S. medical schools now require some training in spiritual care (Larimore et al., 2002)*
- *JAMA survey showed that* **84** *of 126 accredited US medical schools offered courses on spirituality in medicine (Fortin & Barnett, 2004)*



Prayer and Patients

- *75% of Americans claim to pray regularly and/or believe in the healing power of prayer.*

Data from the Pew Forum U.S. Religious Landscape Survey conducted May 8 to Aug. 13, 2007 among more than 35,000 Americans age 18 and older; released in 2008.

Patient Satisfaction

1.7 million patients, 33% of all U.S. hospitals

Patient satisfaction with emotional & spiritual aspects of care:

**one of the lowest among all clinical care indicators*

**one of highest areas needing quality improvement.*

-Jt Comm J Qual 5'a/2003;29:659-670

Patient Satisfaction

Patients who had discussions of religion & spiritual concerns:

more likely to rate their care at the highest level on four different measures of patient satisfaction, regardless of whether or not they said they had desired such a discussion.

-J Gen Intern Med. 2011 Nov;26(11):1265-71

Surgical Patients

83% agreed or strongly agreed that surgeons should be aware of their patients' religiosity and spirituality.

63% concurred that surgeons should take a spiritual history.

64% indicated that their trust in their surgeon would increase if they did so.

-J Surg Educ. 2011 Jan-Feb;68(1):36-43

Better Outcomes

Religiousness is related to:

- *significantly less depressive symptoms*
- *better quality of life*
- *less cognitive impairment*
- *less perceived pain.*

Clinicians should consider taking a spiritual history and ensuring that spiritual needs are addressed among older patients in rehabilitation settings.

-J Rehabil Med. 2011 Mar;43(4):316-22

“I do not ask that you take them out of the world, but that you keep them from the evil one. They are not of the world, just as I am not of the world. Sanctify them in the truth; your word is truth. As you sent me into the world, so I have sent them into the world. And for their sake I consecrate myself, that they also may be sanctified in truth.

“I do not ask for these only, but also for those who will believe in me through their word, that they may all be one, just as you, Father, are in me, and I in you, that they also may be in us, so that the world may believe that you have sent me.

John 17:15–22

Physician's viewpoint

- *The majority (75%) of physicians agree that religion and spirituality is important to patients for coping and for giving them a positive state of mind*

- *Curlin FA et al. Physicians' Observations and Interpretations of the Influence of Religion and Spirituality on Health. Arch Intern Med. 2007;167:649-654*

Physician's viewpoint

In a recent multicenter survey of 476 physicians' attitudes toward spirituality in clinical practice, 85% said physicians should be aware of a patient's religious and spiritual beliefs.

-JAMA. 2004;291(23)

Negative studies – very, very few in comparison with neutral/positive

- *Mixed association between religion and schizophrenia*[1]
- *Faith healings*[2]

1. *Mohr S, Huguelet P. The relationship between schizophrenia and religion and its implications for care. Swiss Med Wkly 2004; 134: 369-376*
2. *Asser SM, Swan R. Child fatalities from religion motivated medical neglect. Pediatrics 1998; 101: 625-629*

Current state of spirituality in medicine

By keeping patients' beliefs, spiritual/religious needs and supports separate from their care, **we are potentially ignoring** *an important element that may be at the core of patients' coping and support systems and may be integral to their wellbeing and recovery.*

-Med J Aust. 2007 May 21;186(10 Suppl):S57-9

Current state of spirituality in medicine

Given the advances in this area over the past decade, physicians **can no longer ignore the spiritual aspects of care**.

Nor are they able to ignore the spiritual aspects of delivering care.

-So Med J 2004 Dec; 97 (12): 1194-1200

Medical Ethics

- Beneficence
  - Best interest of the patient
- Non-maleficence
  - First, Do no harm
- Autonomy
  - Right to refuse/choose treatment
- Justice
  - Equal distribution of health resources
- Dignity
  - The right to dignity
- Truthfulness and Honesty
  - Informed Consent

Beneficence (benefit)

Non-Maleficence (no harm)

Autonomy

Justice

Effects of Religion on Health

- *Overall spiritual people 'do better' – less disease, better coping/results*
- *Decreased mortality shown in studies is only partially explained by demographics, lifestyle changes and social support*

Beneficence (benefit)

Non-Maleficence (no harm)

Autonomy

Justice

Beneficence—Non-Maleficence Net Benefit

- *Patients use religion to cope:*
- *Religion positively correlates with health:*
  - *⬇'d Heart and vascular dz with ⬆'d survival*
  - *⬇'d hypertension with improved response to therapy*
  - *⬇'d cancer and ⬆'d survival*
  - *⬇'d overall mortality*

Effects of Religion on Health

- *Extrinsic religion (lifestyle, social):*
  - ⬆*'d stress and anxiety*
- *Intrinsic religion (internalized):*
  - *Decreased depression*
  - *Increased forgiveness*
  - *Psychological effects*
  - *Increased hope and optimism*

Mark 8:1-9

- *Context of teaching*
- *Jesus had compassion*
- *Acknowledged what they would lack in His sending them away*
- *Didn't send them away hungry*

Beneficence

(benefit)

Non-Maleficence

(no harm)

Autonomy

Justice

Respect for Autonomy

- *Definition: deliberated self-rule*
- *To make free choices, patients need*
  - *Adequate accurate information*
  - *Understanding and deliberation → decide*

- *For constructive choices and behavior, this requires an adequate worldview, valid beliefs and values*

As Clinicians, We Need to

- Perform a spiritual assessment
  - To see the patient's worldview
  - The patient is in control of the conversation and gets to choose his worldview and his perception of life
- Rx patients' illness and help…

As Clinicians, We Need to

- *Help patients develop an adequate O. S.*
  - *See God as good, believe He is trustworthy*
  - *Value goodness, rightness, growth*
  - *Value their self-worth, acceptance and love*
  - *Chose from position of self-worth, acceptance and love*
- *So chose worthy goals and valid pathways, i. e.,*

Autonomy: "Deliberated self-rule"

Beneficence

(benefit)

Non-Maleficence

(no harm)

Autonomy

Justice

Justice

- *Moral obligation to be fair, impartial, & equitable, especially with regard to*
  - *the distribution of health resources*
  - *respecting an individual's rights*
  - *following legal laws*
- *If you know a better way of coping, then it should be shared with all patients otherwise it is Maleficence*
- *Christian understanding of personhood sets the highest standard for justice*

"He hath shewed thee, O man, what is good; and what doth the LORD require of thee, but to do justly, and to love mercy, and to walk humbly with thy God?"
Micah 6:8

Healing

- *Sozo: "to heal" or "to save"*
- *Requires a worldview*
  - *That honors* **justice, love, grace, beauty**
  - *Moves toward integrated unity restoring relationships*
- *Faith that leads to actions*
- *Understand etiology & pathogenesis of illnesses*
- *Understand and receive necessary therapy*
  - *Including spiritual therapy*
- *"Incurable," patients who receive spiritual therapy do better than those who don't*

Mark 2:5-12

- *Matthew 4:23=> preaching, teaching, and healing*
- *Addressing the physical only will almost always be the easier option*
- *But the beneficial, no harmful, autonomous and just thing is to address the patients spiritual beliefs*

We Began with the Question, "Is Spiritual Care Ethical?"

- *Three ethical reasons answered affirmatively:*
  - *It provides significant "net benefit" (beneficence over non-maleficence)*
  - *It validates autonomy by enabling deliberated decisions*
  - *It is just, validating and honoring the autonomous humanity of each patient*
- *Spiritual care is moral and ethical when* **skillfully provided**

Patient's Expressed Wishes

- *"To ignore, override, repudiate, or ridicule the patient's values is to assault the patient's very humanity. This affront aggravates the disintegration of the person already there as a result of illness." Pellegrino*
- *Spiritual care should empower patient autonomy*
- *We need to "take the initiative" in "gentle ways" to learn about their spiritual preferences.*

Understand Our Own Spirituality

- *We are broken clinicians before our patients*
  - *Goes contrary to all professional training!*
  - *Clinical competence requires superior knowledge and skill*
  - *Spiritual competence requires awareness–owning our brokenness.*
- *Listening to patient, "been there, done that!"*
  - *Our hearts go out to them, we understand*
  - *We offer what "worked for me!"*

Professional Integrity

- *No spiritual facades!*
  - *The initial spiritual history/evaluation is done for the patient's sake, not the clinician's*
  - *The initial spiritual history/evaluation does not require a spiritual person!*
  - *Spiritual therapy requires a spiritually attuned person*
- *For patients with spiritual needs*
  - *Provide spiritual care with integrity, even on "bad days"!*
  - *If you cannot meet the need as a person of integrity, call for assistance–chaplain, colleague*

JCAHO Mandates Spiritual Care

"A spiritual assessment should … determine the patient's denomination, beliefs and what spiritual practices are important to the patient. … The standards require organizations to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment."

JCAHO PE 1.1.5.1

- *Clinicians are required to offer spiritual assessment and appropriate spiritual care. In offering spiritual care we:*
  - *Seek to understand the patient's spiritual needs*
  - *Follow the patient's expressed wishes*
  - *Neither prescribe nor proscribe* spiritual practices*
  - *Understand our own spirituality*
  - *Practice spiritual care with professional integrity*

*condemn

Joint Commission

- *Spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and what spiritual practices are important to the patient.*
- *The standards require organization's to*
  - *define the content and scope of spiritual and other assessments*
  - *the qualifications of the individual(s) performing the assessment.*

Joint Commission

- *Examples of elements that could be but are not required in a spiritual assessment include the following questions directed to the patient or his/her family:*

Joint Commission

- *How does the patient keep going day after day?*
- *What helps the patient get through this health care experience?*
- *How has illness affected the patient and his / her family?*
- *Who or what provides the patient with strength and hope?*
- *How does our faith help the patient cope with illness?*

Ethical reasons answered affirmatively

- ✓ *There are MANY* **benefits**
- ✓ *There is* **harm in NOT addressing** *religious struggle*
- ✓ *Harms from spiritual intervention can be prevented mostly by* **informed consent, patient centered care, respect and sensitivity**
- ✓ *Many* **patients desire** *it*
- ✓ *It supports* **autonomy** *by enabling deliberated decisions*
- ✓ *It is just to address spiritual needs in all who are human.*
- ✓ *Spiritual care is a standard!*

Additional potential benefits of spiritual care

- ✓ Strengthen patient-provider relationship
  - Increase patient compliance
  - Decrease malpractice claims
  - Decrease provider burnout
- ✓ Tailor medical care to patient's religious tradition
- ✓ Help patients recognize spiritual challenges they are facing

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- **What issues do you see? How would you address them?**

Joe

- *Heart check*
- *Evaluate your initial responses to Joe*
- *How would you approach him differently now?*
- *What principles will you keep in mind?*

Spiritual Interventions

No.	The attributes of spiritual care	Definition
1	The exploration of spiritual perspective	Assessing the signs of spiritual distress, diagnosing the patient's spiritual needs, and exploring the patient's sources of strength and hope [16].
2	Healing presence	The nurse's unique presence as a full physical, psychological, and spiritual presence through a fully caring presence and altruism [16].
3	The therapeutic use of self	The unique use of self in creating a therapeutic relationship, active listening to the patient, being non-judgmental, and unconditional acceptance of the patient by the nurse in care situation [16].
4	Intuitive sense	Perceiving the patient's spiritual status and situations through sensing into one's own being, and emotional identification with patient, as well as sensing the opportunity for spiritual conversation [16].
5	Patient-centeredness	The use of interventions based on confirming the unique value and the place of each patient as an individual person in care position [16].
6	Meaning-centered therapeutic interventions	Unique interventions for providing the patient with spiritual support through the development of meaningful relationships, instilling positive thinking and energy, religious intervention, and complementary intervention [16].
7	The creation of a spiritually nurturing environment	Creating a unique environment to develop a spiritually supportive environment through safeguarding the ethics of care, respecting the religious/spiritual and cultural values of the patient, and trying to build a safe environment [16].
8	Documentation and evaluation	The correct perception and the documentation of the interventions and the results, by encouraging the patient to express her/his own spiritual states, and discussing the results with her/him [26, 27].

Red Flags - Patient

- *Assess, especially for harmful spiritual beliefs*
  - *For the patient's sake, not your spiritual ego (or lack of)*
  - *When you don't feel like it*
- *Treat*
  - *Be genuine!*
  - *Harm can be done if not addressed or addressed halfheartedly*
  - *If you cannot meet the need, refer to a colleague or chaplain*

No Thanks

- + Red Flag, Refusing Intervention
  - Express respect for autonomy
  - Continue to offer intervention
  - Explore response
  - Similar to medical interventions
- You are not entitled to know about anyone's religious/spiritual beliefs
- May need to establish more of a relationship first (trust/ rapport)
- Check your heart

Treating Precautions

- *Praying for a patient is not a win for spiritual care.*
- *Not praying for a patient does not mean that you failed to do spiritual care.*
- *This is not an excuse to not pray when the Spirit leads you.*
- *If you are not spiritually attuned, refer to someone else.*
- *Clinical competence requires superior knowledge and skill*
- *Spiritual competence requires awareness–owning our brokenness.*
- *John 15:5 "I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit;* **apart from me you can do nothing.**

Spiritual Intervention Training

- *May decrease reliance on the Holy Spirit and increase reliance on spiritual care skills*
- *May lead to spiritual performance trap*

Patient-centered approach

- ***Check your heart***
- *No personal agenda*
- *Seek to understand* **the patient's** *spiritual needs*

- *Sensitivity*
- *Respect*
- *What is God already doing in this patient? Join Him there…*
- *Within the boundaries of maintaining your integrity and of conscience*

Spiritual Care

1. *Pray God leads you, keeps you humble, and gives you a willing heart.*
2. *Listen to the patient.*
3. *Do it ethically.*

Questions?

References

- American Medical Association. (1847, May). Proceeding of the National Medical Conventions, held in New York and in Philadelphia. Retrieved from http://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%2FAD000001%2F0039PROC&page_name=28
- Astrow, A. B., & Sulmasy, D. P. (2004). Spirituality and the patient-physician relationship. JAMA: The Journal of the American Medical Association, 291(23), 2884. doi:10.1001/jama.291.23.2884
- Astrow AB, Wexler A, Texeira K, He MK, Sulmasy DP. Is failure to meet spiritual needs associated with cancer patients' perceptions of quality of care and their satisfaction with care? J Clin Oncol. 2007 Dec 20;25(36):5753-7. doi: 10.1200/JCO.2007.12.4362. PMID: 18089871.
- Autonomy | Definition of Autonomy by Merriam-Webster. (n.d.). Retrieved May 30, 2017, from https://www.merriam-webster.com/dictionary/autonomy
- Balboni TA, Balboni M, Enzinger AC, Gallivan K, Paulk ME, Wright A, Steinhauser K, VanderWeele TJ, Prigerson HG. Provision of spiritual support to patients with advanced cancer by religious communities and associations with medical care at the end of life. JAMA Intern Med. 2013 Jun 24;173(12):1109-17. doi: 10.1001/jamainternmed.2013.903. PMID: 23649656; PMCID: PMC3791610.
- Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, Prigerson HG. Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. J Clin Oncol. 2007 Feb 10;25(5):555-60. doi: 10.1200/JCO.2006.07.9046. PMID: 17290065; PMCID: PMC2515558.
- Balboni, M. and Peteet, J. (2017) Spirituality and Religion within the Culture of Medicine. New York, NY: Oxford University Press, USA.
- Beneficence. (n.d.). Retrieved May 30, 2017, from https://www.merriam-webster.com/dictionary/beneficence
- Casar Harris, R., Amanda Dew, M., Lee, A., Amaya, M., Buches, L., Reetz, D., & Coleman, G. (1995). The role of religion in heart-transplant recipients' long-term health and well-being. Journal of Religion and Health, 34(1), 17-32. doi:10.1007/bf02248635
- Clark, P. A., Drain, M., & Malone, M. P. (2003). Addressing patients' emotional and spiritual needs. The Joint Commission Journal on Quality and Safety, 29(12), 659-670. doi10.1016s1549-3741(03)29078-x
- Curlin, F. A., Sellergren, S. A., Lantos, J. D., & Chin, M. H. (2007). Physicians' observations and interpretations of the influence of religion and spirituality on health. Archives of Internal Medicine, 167(7), 649-654. doi: 10.1001/archinte.167.7.649
- D'Souza, R. (2007). The importance of spirituality in medicine and its application to clinical practice. Med J Aust, 186(10). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/17516886
- Ethical (n.d.). Dictionary.com Unabridged. Retrieved May 26, 2017 from http://www.dictionary.com/browse/ethical?s=t
- Farthing, K. (2014). The ethical basis of spiritual care [PowerPoint slides].
- Ferreira-Valente A, Sharma S, Torres S, Smothers Z, Pais-Ribeiro J, Abbott JH, Jensen MP. Does Religiosity/Spirituality Play a Role in Function, Pain-Related Beliefs, and Coping in Patients with Chronic Pain? A Systematic Review. J Relig Health. 2019 Sep 18. doi: 10.1007/s10943-019-00914-7. Epub ahead of print. Erratum in: J Relig Health. 2019 Oct 26;: PMID: 31535274.
- Fortin, A. H., & Barnett, C. G. (2004). Medical school curricula in spirituality and medicine. JAMA: The Journal of the American Medical Association, 291(23), 2883. doi:10.1001/jama.291.23.2883
- Fountain, MD, MPH, D., & O'Donnell, DO, S. (2008). Helping hurting people. Bristol, TN: Selah Publishing Group, LLC.
- Gartner, J., Larson, D. B., & Allen, G. D. (1991). Religious commitment and mental health: A review of the empirical literature. Journal of Psychology and Theology, 19, 6-25. Retrieved from http://journals.biola.edu/jpt/volumes/19/issues/1/articles/6

References con't

- Ghorbani M, Mohammadi E, Aghabozorgi R, Ramezani M. Spiritual care interventions in nursing: an integrative literature review. Support Care Cancer. 2021 Mar;29(3):1165-1181. doi: 10.1007/s00520-020-05747-9. Epub 2020 Sep 14. PMID: 32929533.
- Hodges, G. (2016). Ethics of whole person care [PowerPoint slides].
- Joint Commission on Accreditation of Healthcare Organizations. (2010). Joint commission guide to allied health professionals. Oakbrook Terrace, IL: Joint Commission Resources
- Jung, J. (2015). The ethics of spiritual care in the healthcare setting [PowerPoint slides].
- Koenig, H. G. (2004). Religion, spirituality, and medicine: Research findings and implications for clinical practice. Southern Medical Journal, 97(12), 1194-1200. doi:10.1097/01.smj.0000146489.21837.ce
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 1-33. doi:10.5402/2012/278730
- Koenig, H., McCullough, M. E., & Larson, D. B. (2001). Handbook of Religion and Health. New York, NY: Oxford University Press, USA.
- Kuczewski, M. G. (2007). Talking about spirituality in the clinical setting: Can being professional require being personal? The American Journal of Bioethics, 7(7), 4-11. doi:10.1080/15265160701399545
- Larimore, W. L., Parker, M., & Crowther, M. (2002). Should clinicians incorporate positive spirituality into their practices? What does the evidence say? Annals of Behavioral Medicine, 24(1), 69-73. doi:10.1207/s15324796 abm2401_08
- Larimore, W., & Peel, W. C. (Directors). (2014). Grace prescriptions [DVD]. USA: CMDA.
- Lyon, M. E., Garvie, P., He, J., Malow, R., McCarter, R., & D'Angelo, L. J. (2012). Spiritual well-being among HIV-infected adolescents and their families. Journal of Religion and Health, 53(3), 637-653. doi:10.1007/ s10943-012-9657-y
- Mouch CA, Sonnega AJ. Spirituality and recovery from cardiac surgery: a review. J Relig Health. 2012 Dec;51(4):1042-60. doi: 10.1007/s10943-012-9612-y. PMID: 22592500.
- Nonmaleficence | definition of nonmaleficence by Medical dictionary. (n.d.). Retrieved May 26, 2017, from http://medical-dictionary.thefreedictionary.com/nonmaleficence
- Osman H, Shrestha S, Temin S, Ali ZV, Corvera RA, Ddungu HD, De Lima L, Del Pilar Estevez-Diz M, Ferris FD, Gafer N, Gupta HK, Horton S, Jacob G, Jia R, Lu FL, Mosoiu D, Puchalski C, Seigel C, Soyannwo O, Cleary JF. Palliative Care in the Global Setting: ASCO Resource-Stratified Practice Guideline. J Glob Oncol. 2018 Jul;4:1-24. doi: 10.1200/JGO.18.00026. PMID: 30085844; PMCID: PMC6223509.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. Archives of Internal Medicine, 161(15), 1881-5. doi:10.1001/archinte.161.15.1881
- Pew Forum on Religion & Public Life, & Pew Research Center. (2008). U.S. religious landscape survey: Religious affiliation: Diverse and dynamic. Retrieved from Pew Research Center website: http://www.pewforum.org/files/2013/05/report-religious-landscape-study-full.pdf

References con't

- Phelps AC, Lauderdale KE, Alcorn S, Dillinger J, Balboni MT, Van Wert M, Vanderweele TJ, Balboni TA. Addressing spirituality within the care of patients at the end of life: perspectives of patients with advanced cancer, oncologists, and oncology nurses. J Clin Oncol. 2012 Jul 10;30(20):2538-44. doi: 10.1200/JCO.2011.40.3766. Epub 2012 May 21. PMID: 22614979; PMCID: PMC4827261.
- Press Ganey. (2004). Press Ganey knowledge summary: Patient satisfaction with emotional and spiritual care. Retrieved from Press Ganey Associates website: http://docplayer.net/32105849-Press-ganey-knowledge-summary-patient-satisfaction-with-emotional-and-spiritual-care.html
- Pressman, P., Lyons, J. S., Larson, D. B., & Strain, J. J. (1990). Religious belief, depression, and ambulation status in elderly women with broken hips. American Journal of Psychiatry, 147(6), 758-760. doi:10.1176/ajp. 147.6.758
- Rippentrop, E. A., Altmaier, E. M., Chen, J. J., Found, E. M., & Keffala, V. J. (2005). The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. Pain, 116(3), 311-321. doi:10.1016/j.pain.2005.05.008
- Roberts, J. A., Brown, D., Elkins, T., & Larson, D. B. (1997). Factors influencing views of patients with gynecologic cancer about end-of-life decisions. American Journal of Obstetrics and Gynecology, 176(1), 166-172. doi:10.1016/ s0002-9378(97)80030-0
- Saudia, T. L., Kinney, M. R., Brown, K. C., & Young-Ward, L. (1991). Health locus of control and helpfulness of prayer. Heart & Lung: The Journal of Critical Care, 21(1), 60-65. Retrieved from http://europepmc.org/abstract/med/1988394
- Siddall, P. J., Lovell, M., & MacLeod, R. (2015). Spirituality: What is its role in pain medicine? Pain Medicine, 16(1), 51-60. doi:10.1111/pme.12511
- Stuckelberger A. 2005. Spirituality, Religion and Health United Nations Geneva Panel Report: "Spirituality, Religion and Social Health" 58th World Health Assembly in Geneva.http://www.rcrescendo.org/11.Siritualitetpastorale/ GINEBRA/SPIRITUALITY.pdf
- Taylor, D., Mulekar, M. S., Luterman, A., Meyer, F. N., Richards, W. O., & Rodning, C. B. (2011). Spirituality within the patient-surgeon relationship. Journal of Surgical Education, 68(1), 36-43. doi:10.1016/j.jsurg.2010.08.007
- Trevino KM, Balboni M, Zollfrank A, Balboni T, Prigerson HG. Negative religious coping as a correlate of suicidal ideation in patients with advanced cancer. Psychooncology. 2014 Aug;23(8):936-45. doi: 10.1002/pon.3505. Epub 2014 Feb 27. PMID: 24577802; PMCID: PMC4776639.
- USA Today. (1996, April 5). USA Weekend [New York].
- Williams, J. A., Meltzer, D., Arora, V., Chung, G., & Curlin, F. A. (2011). Attention to inpatients' religious and spiritual concerns: Predictors and association with patient satisfaction. Journal of General Internal Medicine, 26(11), 1265-1271. doi:10.1007/s11606-011-1781-y
- World Health Organization. Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health : final report of the Commission on Social Determinants of Health. Retrieved from World Health Organization website http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf

A case-based approach to ethical decision-making
Adapted from AR Jonsen, M Siegler, W Winslade, Clinical Ethics, 7th edition. McGraw-Hill, 2010.

MEDICAL CONSIDERATIONS *The Principles of Beneficence and Nonmaleficence* *1.What is the patient's medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?* *2.What are the goals of treatment?* *3.In what circumstances are medical treatments not indicated?* *4.What are the probabilities of success of various treatment options?* *5.In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?*	*PATIENT PREFERENCES* *The Principle of Respect for Autonomy* *1.Has the patient been informed of benefits and risks, understood this information, and given consent?* *2.Is the patient mentally capable and legally competent, and is there evidence of incapacity?* *3.If mentally capable, what preferences about treatment is the patient stating?* *4.If incapacitated, has the patient expressed prior preferences?* *5.Who is the appropriate surrogate to make decisions for the incapacitated patient?* *6.Is the patient unwilling or unable to cooperate with medical treatment? If so, why?*
QUALITY OF LIFE *The Principles of beneficence and Nonmaleficence and Respect for Autonomy* *1.What are the prospects, with or without treatment, for a return to normal life, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?* *2.On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?* *3.Are there biases that might prejudice the provider's evaluation of the patient's quality of life?* *4.What ethical issues arise concerning improving or enhancing a patient's quality of life?* *5.Do quality-of-life assessments raise any questions regarding changes in treatment plans, such as forgoing life-sustaining treatment?* *6.What are plans and rationale to forgo life-sustaining treatment?* *7.What is the legal and ethical status of suicide?*	*CONTEXTUAL FEATURES* *The Principles of Justice and Fairness* *1.Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?* *2.Are there parties other than clinicians and patients, such as family members, who have an interest in clinical decisions?* *3.What are the limits imposed on patient confidentiality by the legitimate interests of third parties?* *4.Are there financial factors that create conflicts of interest in clinical decisions?* *5.Are there problems of allocation of scarce health resources that might affect clinical decisions?* *6.Are there religious issues that might affect clinical decisions?* *7.What are the legal issues that might affect clinical decisions?* *8.Are there considerations of clinical research and education that might affect clinical decisions?* *9.Are there issues of public health and safety that affect clinical decisions?* *10.Are there conflicts of interest within institutions or organizations (e.g. hospitals) that may affect clinical decisions and patient welfare?*