

Faith & Healing (Newsweek Nov 10, 2003)
 Can religion improve health?
 While the debate rages in journals and med schools,
 more Americans ask for doctors' prayers.

<http://www.msnbc.msn.com/id/3339654/>

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Mind-Body-Spirit Connection

- Mind-body-spirit
 - Mind: Psychological dimension
 - Body: Physical dimension
 - Spirit: Spiritual dimension
- Whole person care acknowledges the mind-body-spirit connection

Young C, Koopsen C. (2011). Spirituality Health and Healing. An Integrative Approach. 2nd ed. Jones and Bartlett Publishers. Sudbury, MA.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Historical Context

“the separation of spirituality and health is a recent phenomenon” Harold G. Koenig



Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Historical Context

- Historically, medicine and religion were linked
 - Care included ministering to both physical and spiritual needs (ancient Egypt)
- Renaissance
 - Doctor was also a priest
 - Medical training was either monasteries or church-supported universities

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Historical Context

- 1400-1800
 - separation between religion and medicine
 - biomedical model emerges
 - science provides more answers
 - Rene Descartes: church should focus on the mind and spirit, science should focus on the body

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Young C, Koopsen C. (2011). Spirituality Health and Healing. An Integrative Approach. 2nd ed. Jones and Bartlett Publishers. Sudbury, MA.

Historical Context

- Late 1800's-Early 1900's
 - patients treated in holistic manner as limited cures and treatments existed
 - in U.S., most hospitals built by religious denominations (whole person care)

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Historical Context

- 1900's—first half
 - Development of technology leads to biomedical model focused on cure in western medicine
 - 1910: Flexner states no evidence to support the connection between religion and health
 - 1927: Religion had an "irrational and neurotic influence on the psyche" Sigmund Freud
 - 1950-1980: Studies of religion and health still frowned upon by mainstream scientists
 - 1960's: Specialty-based practice emerged with focus on scientific and technical aspects of care
 - Covalt: her patients seldom requested religious or spiritual help and were neurotic if carried Bible

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Covalt NK. The meaning of religion to older people. Geriatrics 1960; 15:656-64.

Puchalski CM, Farrell B (2010). Making Healthcare Whole. Integrating Spirituality into Patient Care. Templeton Press: West Conshohocken, PA.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Historical Context

- 1980-1990
 - Increasing research in mainstream journals on religion and health
- 1990-2000
 - Increasing studies published in mainstream medical journals on religion and health
 - Many medical schools begin including spirituality and health in curricula

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Historical Context

- 2000's
 - Increasing interest amongst patients and providers of the spirituality link to health
 - Increasing use of complimentary and alternative therapies

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality vs. Religion

What's the difference?



Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality

The personal quest for understanding answers to ultimate questions about life, about purpose and meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Religion

An organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/ reality) and to foster an understanding of one's relationship and responsibility to others in living together in a community

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality vs. Religion

- Individualistic
- Less visible and measurable, more subjective
- Less formal, less orthodox, less systemic
- Emotionally oriented, inward directed
- Not authoritarian, little accountability
- Unifying, not doctrine oriented
- Community-focused
- Observable, measurable, objective
- Formal, orthodox, organized
- Behavior-oriented, outward practices
- Authoritarian in terms of behaviors
- Doctrine separating good from evil

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality vs. Religion

- Historically, there has been a mixing of the two terms in the literature
- Spirituality is the more all-encompassing term
 - Religion is a main means to spirituality
- Religion has been the more widely studied in the literature as more easily defined

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Puchalski CM, Ferrell B (2010). Making Healthcare Whole. Integrating Spirituality into Patient Care. Templeton Press: West Conshohocken, PA.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Measures of Religiosity

- Many examine attendance in an organized religious setting (“How often do you attend Sunday worship service?”)
- Nonorganizational (private, personal, individual) religiosity (Duke Religion Index)
- Subjective religiosity (“How important is religion to you?”)
- Religious Coping (Religious Coping Index)
- Several dimensions of religion (DUREL)

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Measures of Spirituality

- Spirituality and Religiosity may run together
- Spirituality may be less offensive to some (“What gives you meaning in life”)
- Measures
 - Spiritual Well-Being Scale
 - Index of Spiritual Orientation
 - INSPiRiT
 - FACIT SpWB
 - SBI-15

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Is Spirituality/Religion Important to Patients?

- 95% of U.S. population believes in God
- 94% believe that spiritual health is as important as physical health
- 77% believe that physicians should consider their patient’s spiritual needs as part of medical care
- 37% want physicians to discuss their religious beliefs more
- 80% state that their physicians never or rarely discuss spiritual or religious beliefs with them

King DE, Bushwick B. *J Fam Pract* 1994;39:349-52.
Gallup G, Lindsay DM. 1999. *Surveying the religious landscape: Trends in U.S. beliefs*. Harrisburg, PA: Morehouse.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Is Spirituality/Religion Important to Patients?

- N=456 surveyed from primary care clinics in 6 academic medical centers (NC, FL, VT)
- Results
 - 1/3 wanted to be asked about religious beliefs during routine office visit
 - 2/3 felt physicians should be aware of their religious or spiritual beliefs
 - Desire for spiritual interaction increased with severity of illness and near-death experience
 - Desire decreased with intensity of spiritual intervention (prayer)
 - 10% willing to give up time spent on medical issues to discuss religious/spiritual issues

J Gen Intern Med 2003; 18(1):38-43

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality in Healthcare Clinical Practice—Physician Attitudes

- Primary Care Physician Attitudes
 - Survey administered--multicenter, cross-sectional, nonrandomized
 - 6 teaching hospitals (NC, VT, FL); family practitioners and general internists
 - Results
 - 465 physicians responded (62% response rate)
 - 84.5% believed that they should be aware of patient's spirituality, but most would not ask about spiritual issues unless patient was dying
 - Less than 1/3 of physicians would pray with patients even if dying, but over 3/4 would pray with if the patient requested it
 - Family practitioners were more likely to take a spiritual history than general internists

Arch Intern Med 2003;163(22):2751-6

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Physicians AACP

Spirituality in Healthcare Clinical Practice—Physician Attitudes

- *“For many physicians whose training is steeped in science, spirituality is a bit like jelly—good if you can grasp it, but notoriously difficult to pin down”*

Whipp M. (1998) Spirituality and the scientific mind. A dilemma for doctors. In Cobb M, Robshaw V (eds). The spiritual challenge of health care. (pp 137-150). Edinburgh, UK: Churchill Livingstone.
Young C, Koopman C. (2011). Spirituality Health and Healing. An Integrative Approach. 2nd ed. Jones and Bartlett Publishers. Sudbury, MA.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Physicians AACP

Spirituality and Health *What Clinical Evidence Is There?*

- Mental Health
 - well-being, depression, suicide, anxiety, schizophrenia and other psychoses, addictions to alcohol and drugs, delinquency, marital instability, personality
- Physical Disorders
 - heart disease, hypertension, cerebrovascular disease, immune system dysfunction, cancer, mortality, disability, pain, health behaviors

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Physicians AACP

Spirituality and Health

What Clinical Evidence Is There?

- Use of Health Services
 - treatment compliance
 - use of medical services

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health:

What Clinical Evidence Is There?

Hypertension

- Studies generally support a consistent pattern of greater religious involvement and lower blood pressure
 - 34 studies examined spirituality and religion
 - Of the 16 examining religion, 14 found lower blood pressure among more religious
 - Much of the data comes from cross-sectional studies, sample populations may affect results
 - Classified as evidence score of 2 (reasonable evidence)

Seeman TE, Dubin LF, Seeman M. Religiosity/spirituality and health: a critical review of the evidence for biological pathways. *Am Psychologist* 2003;58:53-63

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health:

What Clinical Evidence Is There?

Hypertension

- N=3963, community dwelling adults, ≥65yo, population-based, longitudinal cohort study
- Small (1-4mmHg) but consistent differences in BP between frequent vs. infrequent church attendees and frequent vs. infrequent praying or studying the Bible (p<0.0001)
- 40% lower likelihood of having DBP ≥ 90mmHg in those who attended religious services and prayed or studied the Bible at least once per week (p<0.0001)

Koenig HG, et al. The relationship between religious activities and blood pressure in older adults. *Int J Psych Med* 1996; 26:189-213

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Heart Disease

- Religion has been associated with decreased risk factors (lower blood pressure, less cigarette smoking, more exercise, less alcohol use, less depression, improved coping with stress, greater well-being and social support)
- Studies results generally vary with the religion (ex. Mormons lower risk)
 - Probably result of differences in diet, health behaviors, social and family life

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Spirituality and Health: What Clinical Evidence Is There? Heart Disease

- N=232 after CABG
- 63% Protestant, 25% Catholic
- Results:
 - 5% mortality who attended religious services at least every few months
 - 12% mortality who never or rarely attended religious services (p=0.6)
 - Patients who neither depended on religion for strength or comfort nor participated in social groups had a mortality risk >14 times that of group that did (OR 14.3)

Ozman et al. Psychosomatic medicine 1995;57:5-15.

Spirituality and Health: What Clinical Evidence Is There? Intercessory Prayer

- N= 393, db, randomized, controlled trial
- Intercessory prayer (N=192) vs. Control (N=201)
- Doctors/patients did not know who was being prayed for
- Prayer was of petitionary type to Judeo-Christian God
- Results:
 - Less CHF 8 vs. 20 (p<0.05)
 - Fewer diuretics 5 vs. 15 (p<0.05)
 - Fewer cardiac arrests 3 vs. 14 (p<0.05)
 - Fewer pneumonias 3 vs. 13 (p<0.05)
 - Fewer antibiotics 3 vs. 17 (p<0.005)
 - Fewer intubations 0 vs. 12 (p<0.05)

Byrd RC. South Med J 1988;81:926-29.

Spirituality and Health: What Clinical Evidence Is There? Intercessory Prayer

- N= 990, db, randomized, controlled trial
- Patients admitted to CCU
- Intercessory prayer (N=466) vs. Usual care (N=524)
- First names of patients in prayer group given to outside intercessors who prayed every day for 4 weeks (unknown to patients)
- Results: Lower weighted mean CCU course scores (6.35 +/- 0.26 vs. 7.13 +/- 0.27, p=0.04) and lower unweighted mean CCU course scores (2.7 +/- 0.1 vs. 3 +/- 0.1, p=0.04) in the intercessory prayer group
- Conclusion: prayer may be effective adjunct to standard medical care

Arch Intern Med 1999;159(19):2273-8

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Immune System Functioning

- Some evidence that religious practices (prayer, meditation, faith) may be associated with decreased cortisol levels
- Some evidence that religious practices improves immune function in elderly (decreased IL-6) and HIV+/AIDS patients (increased CD4+ counts)
- More work needs to be done in this area

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Cancer

- May be very important in helping patients cope with cancer and find meaning, but not all patients use spirituality at same rate
- Effect of spirituality in cancer patients:
 - Increased: QOL, feelings of comfort, peace, support, coping
 - Decreased: pain, anxiety, fatigue

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Boudreaux ED, O'Hea E, Chasak R. Spiritual role in healing: An alternative way of thinking. Primary Care: Clin Office Pract 2002.

Young C, Koopsen C. (2011). Spirituality Health and Healing. An Integrative Approach. 2nd ed. Jones and Bartlett Publishers. Sudbury, MA.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Cancer

- Certain religious groups (Mormons, Seventh-Day Adventists, conservative Protestants) have cancer rates 1/2 to 2/3 of general population
 - Healthier lifestyles (smoking, alcohol, diet, risky sexual behavior)
 - Improved immune system functioning (decreased depression, improved coping with stress, increased social support)
- No true cause and effect relationship

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Spirituality and Health: What Clinical Evidence Is There? Behaviors

- Religious involvement is inversely related to:
 - Alcohol abuse
 - Cigarette smoking
 - Illicit drug use
 - High-risk sexual practices

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Spirituality and Health: What Clinical Evidence Is There? Smoking

- Prospective cohort, N=4569 adults 20-32y
- Results:
 - 34% of patients smoked if attended church < 1x/month or never vs. 23% if attended church \geq 1x/month ($p < 0.001$)
 - At 3 year follow-up: 90% greater risk of smoking if attended church < 1x/month or never vs. those attending church \geq 1x/month ($p < 0.001$)

Wholey MA et al. Religious involvement and cigarette smoking in young adults. Arch Intern Med. 2002;162:1604-10.

Spirituality and Health: What Clinical Evidence Is There? Mental Health

- Majority of studies show an association:
 - *Increased*: well-being, happiness/life satisfaction, hope and optimism, purpose/ meaning in life, self esteem, adaptation to bereavement, social support, mental stability and satisfaction, faster depression recovery
 - *Decreased*: depression, suicide, anxiety, psychosis, alcohol and drug use, delinquency and criminal activity, loneliness
- Cross-sectional designs limit causality

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Depression

- 101 studies
 - 93 cross-sectional or prospective trials
 - 60 studies showed decreased depression
 - 13 studies showed no association
 - 4 studies showed increased depression
 - 16 studies showed mixed results
 - 8 clinical trials
 - 5 showed increased speed of recovery from depression

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health: What Clinical Evidence Is There? Depression

- Jews and people not affiliated with religion are at increased risk of depression
- Intrinsic religiosity decreases depression but extrinsic religiosity increases depression
- Risk of depression depends on measure of religious involvement employed
- Religious involvement plays an important role in coping with stressful events
- Religious psychotherapy is as effective as secular psychotherapy

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health:
What Clinical Evidence Is There?
Depression

“Prayer and Prozac”



+



Matthews DA, Clark C. *The faith factor: proof of the healing power of prayer*. 1999. Penguin.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health:
What Clinical Evidence Is There?
Anxiety

- 76 studies
 - 69 cross-sectional and prospective
 - 35 showed decreased anxiety
 - 17 no association
 - 7 mixed results
 - 10 increased anxiety
 - 7 clinical trials
 - 6 showed significant benefit

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health:
What Clinical Evidence Is There?
Anxiety

- Cross-sectional design limits causality
 - positive correlation may mean that religious activities increase anxiety and guilt
 - or, anxiety may act as a stimulus for religious activities to relieve anxiety

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.
Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality and Health

What Clinical Evidence Is There?

Use of Health Services

- Treatment Compliance
 - No consistency in literature overall
 - High level related to better compliance
 - Need more studies
- Use of Medical Services
 - Studies have shown both a decrease and an increase

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons
2010 Annual Meeting and Symposium
American Association of Colleges of Pharmacy
ACCP

Spirituality and Health

Health Behaviors

- Increased religiousness is associated with positive health behaviors
 - decreased cigarette smoking, alcohol, drugs
 - decreased risky sexual behaviors
 - more likely to wear seat belts
- Certain religious groups adhere to healthy diets and have lower cholesterol levels and decreased CAD
- Positive correlation between obesity and involvement in religious activity

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons
2010 Annual Meeting and Symposium
American Association of Colleges of Pharmacy
ACCP

Spirituality and Health

Negative Effects

- May be used in place of healthcare
 - Not seeking medical care
 - Refusing treatments (blood transfusions, childhood immunizations, prenatal care, mental health treatment)
- Participation in unhealthy practices
- Religious abuse
- May result in excessive guilt, judgmental

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons
2010 Annual Meeting and Symposium
American Association of Colleges of Pharmacy
ACCP

Does the Relationship Exist between Spirituality and Health?

- Relationship appears to be firmly established--there is a *definite association*
 - research is mostly cross-sectional and prospective cohort studies
- Causality however is not as easily determined
 - would be based on randomized, controlled clinical trials

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.
Boudreaux ED, O'Hea E, Chasak R. *Spiritual role in healing: An alternative way of thinking*. *Primary Care: Clin Office Pract* 2002.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Why Does the Relationship Exist between Spirituality and Health?

- Little research studying the mechanisms
- Hypothesized mechanisms include:
 - increased health behaviors
 - enhanced social support
 - increased mental health
- In turn, this leads to effects on:
 - stress hormones, immune system, autonomic nervous system, disease detection and treatment compliance, decreased high risk behaviors
- Likewise, background factors must be taken into account (genetics)

Koenig HG, McCullough ME, Larson DB (2001). *Handbook of Religion and Health*. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality in Healthcare Critique—Ethical Concerns

- Factors that influence health are beyond the domain of medical professionals
- May be interpreted as being coercive
- If linking religious activity is positive to health outcomes, then the converse should be true
- Run the risk of discriminating between patients

Sloan RP, Begliella E. *Am Fam Physician* 2001;63(1)

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications for Clinical Practice

- Taking a religious/spiritual history
 - Need to be aware and supportive of beliefs that are important to the patient in coping
- Support or encourage religious/spiritual beliefs
- Ensure access to religious resources
- Refer to clergy/chaplains
- Use advanced spiritual interventions cautiously (including prayer)
 - Needs to be patient centered

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications Joint Commission

- Requires organizations to include and document spiritual assessment as part of overall patient assessment
 - Leaves it up to the organization to define the content and scope of the assessment and qualifications of who performs the assessment
- States patient has a right to have cultural, psychosocial, spiritual, personal values, beliefs, preferences respected
- Hospital accommodates the right to pastoral and other spiritual services for patients

Assessed June 21, 2010

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications Taking a Spiritual History

- The **HOPE** Questions
 - **H**: Sources of hope, meaning, comfort, strength, peace, love, and connection
 - **O**: Organized religion
 - **P**: Personal spirituality and practices
 - **E**: Effects on medical care and end-of-life issues

Am Fam Physician 2001;63:81-8,89.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications Taking a Spiritual History

- **FICA**
 - **F: Faith, Belief, Meaning** (Do you have a spiritual belief? Faith? Do you have spiritual beliefs that help you cope with stress? What gives your life meaning?)
 - **I: Importance and Influence** (Are these beliefs important to you? How do they influence you in how you care for yourself?)
 - **C: Community** (Are you part of a spiritual or religious community?)
 - **A: Address** (How would you like your healthcare provider to address these issues with you?)

Puchalski C, Romer AL. J Palliative Med 2000;3:129-37.

Applications Taking a Spiritual History

- **SPIRITual History**
 - **S (Spiritual Belief System):** Do you have a formal religious affiliation? Do you have a spiritual life that is important to you?
 - **P (Personal Spirituality):** Describe beliefs/practices of your religion that you personally accept? What does your spirituality/religion mean to you?
 - **I (Integration with a Spiritual Community):** Do you belong to any spiritual or religious groups or communities? Importance to you?
 - **R (Ritualized Practices and Restrictions):** What specific practices do you carry out as part of your spiritual/religious life? What is forbidden?
 - **I (Implications for medical care):** Would you like to discuss the religious or spiritual implications of your health care? Are there certain elements of healthcare that your religion forbids?
 - **T (Terminal events planning):** As we plan for your care near the end of life, how does faith impact on your decisions?

Maugens TA. The SPIRITual history. Arch Fam Med 1996;5:11-6.

Let's Practice Taking a Spiritual History....

- Pair up with a partner and take a spiritual history using the assessment questions....



Pharmacy Applications Patient Scenarios



- Young Muslim patient with HIV observing Rhamadan who has been nonadherent....
- Middle-aged patient recently diagnosed with an illness who feels that God is punishing him for sins of their past....
- Elderly patient who requests you as the pharmacist to pray with them that their medicines will help them....
- Elderly patient facing death who looks worried and is holding a Bible....

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications for Education

• Medical Schools

- In 1993, only 3 medical schools offered courses in religion, spirituality, and medicine
- In 2006, more than 100 of the 141 medical schools in the US and Canada have spirituality courses (70% required courses)
 - Grants from John Templeton Foundation
 - AAMC (Medical School Objectives Project) calls to understand patients' beliefs
 - Family Medicine residency programs inclusion

Young C, Koopsen C. (2011). Spirituality Health and Healing: An Integrative Approach. 2nd ed. Jones and Bartlett Publishers. Sudbury, MA.
Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Applications for Education

• Pharmacy Schools

- Survey of Pharmacy Students revealed 72.5% would enroll in a spirituality course if given the opportunity
- 21.4% of Pharmacy Schools indicated that curriculum includes instruction on spiritual aspects of patient care, 63% of chairs think it is appropriate, 91% of students leaders believe important

Koenig HG, McCullough ME, Larson DB (2001). Handbook of Religion and Health. New York: Oxford.
Hakmeskel B, DeSimone L, Dutta A. ASHP-Midyear-Clinical-Meeting2001;36(Dec):P-435E.
AUP#2003(07) Article 44

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Bernard J. Dunn School of Pharmacy
Shenandoah University
Winchester, VA



Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Spirituality in Patient Care
Shenandoah University
HP 317/617

- This course explores the link between spirituality and patient care
- Emphasis is placed on the knowledge, skills, values, meanings, and experiences of the spiritual experiences of patient, family, and the healthcare team
- Interdisciplinary elective course (pharmacy, nursing, other HP students)

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

SPIRITUALITY:
Weaving Wholeness
into Health Care

Wednesday, October 27, 2010
8:00 A.M. – 4:00 P.M.
SAVE THE DATE
Fennell Room, Beards Student Center
at Shenandoah University, Winchester, VA

A regional conference to understand the role of spirituality in the delivery of whole person care.

FEATURED SPEAKER:
Christina Puchalski, MD, MS
Assistant and Executive Director of the Center for Health Systems Research and Analysis

With a career where she has care providers from all disciplines understand how the person can address the needs of body, mind and spirit, Shenandoah University and Valley Health are pleased and proud to sponsor this speaker program which will shape the future of health care by teaching current and future providers.

www.aacp.org/healthcareconference

For additional information contact: Beth Brantley
brantleyb@shenandoah.edu • 540.734.1342

ValleyHealth Shenandoah
Winchester Medical Center UNIVERSITY

Expanding Our Horizons 2010 Annual Meeting and Symposium American Association of Colleges of Pharmacy AACP

Additional Information

- **Books**
 - Making Health Care Whole—Integrating Spirituality into Patient Care (Puchalski CM, Ferrell B)
 - Spirituality, Health, and Healing—An Integrative Approach 2nd ed (Young C, Koopsen C)
 - Medicine Religion and Health—Where Science and Spirituality Meet (Koenig HG)
 - Handbook of Religion and Health (Koenig HG et al.)

Additional Information

- **Books**
 - The Healing Power of Faith (Koenig HG)
 - The Faith Factor: Proof of the Healing Power of Prayer (Matthews D)
 - Spirituality in Patient Care: Why, How, When and What (Koenig HG)
 - Is Religion Good for Your Health?: The Effects of Religion on Physical and Mental Health (Koenig HG)
 - God, Faith, and Health: Exploring the Spirituality-Healing Connection (Levin J)

Additional Information

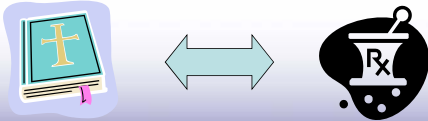
- **Websites**
 - www.spiritualityandhealth.duke.edu
 - www.gwish.org
 - www.aapc.org
 - www.nih.org
 - www.templeton.org
 - www.templetonpress.org

Spirituality and Health: Is there a Link?
Conclusions

- Spirituality/religiosity in healthcare is not a new phenomenon
- Literature overall supports a definite association between spirituality/religiosity and improved physical and mental health
- Applications into clinical practice should be considered
- Studies to determine causality are needed
- Pharmacy applications should be pursued

***Science without religion is lame.
Religion without science is blind.***

Einstein 1941



Spirituality

“The spiritual dimension cannot be ignored, for it is what makes us human.” Victor E. Frankl



Monday, July 12, 2010

Special Session: Beyond
Pharmacotherapy:
Spirituality in Healthcare

Activity Code:
XCL4E6

Expanding Our Horizons 2010 Annual Meeting and Seminars American Association of Colleges of Pharmacy AACP