Beyond Pharmacotherapy: Spirituality in Healthcare

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Objectives

• Recognize the importance of spirituality historically and in 21st century medical practice
• Provide an overview of the literature concerning the relationship between spirituality and health outcomes
• Learn tools and techniques for incorporating spirituality in patient care, teaching, and daily practice
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/

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

Mind-Body-Spirit Connection

Historical Context

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


• 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


  Publishers. Sudbury, MA.

• 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)

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


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


Historical Context

• 2000’s
  – Increasing interest amongst patients and providers of the spirituality link to health
  – Increasing use of complimentary and alternative therapies

Spirituality vs. Religion

What’s the difference?

**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.


**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.

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


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


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)

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


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


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

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

Results

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

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

Spirituality and Health

What Clinical Evidence Is There?

• Use of Health Services
  – treatment compliance
  – use of medical services

• 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)


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


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)


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)

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

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


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


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

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

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 ≥ 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 ≥1x/month (p<0.001)
**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


**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


**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

Spirituality and Health: What Clinical Evidence Is There?

Depression

“Prayer and Prozac”


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


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

**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


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**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


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**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

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


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)


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, Begiella E. Am Fam Physician 2001;63(1)
**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


**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

**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.
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?)


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?


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 Ramadan 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….

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

• 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

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).
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, Koopssen C)
  - Medicine Religion and Health—Where Science and Spirituality Meet (Koenig HG)
  - Handbook of Religion and Health (Koenig HG et al.)

- **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)

- **Websites**
  - www.spiritualityandhealth.duke.edu
  - www.gwish.org
  - www.aapc.org
  - www.nihr.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.

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

Einstein 1941

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**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

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