Honoring My Own Spiritual Beliefs...While Respecting Others

Brian Jones, MS

Thought to Ponder...

• Most of us enter into hospice with a specific set of beliefs relative to the afterlife, salvation and death. How can we make sure we don’t compromise our own belief systems while ministering to those who have views which may conflict with our own?
Outline...

• Importance of Spirituality in Healthcare
• Newfound Recognition of Spirituality in Healthcare
• Importance of Knowing our own Spiritual Beliefs
• When Views Conflict: How to Handle
• How to Effectively Minister to Patients
• Personal Growth in the Process

Characteristics distinguishing religion and spirituality.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Spirituality</th>
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<tr>
<td>Community focused</td>
<td>Individualistic</td>
</tr>
<tr>
<td>Observable, measurable,</td>
<td>Less visible and measurable, more</td>
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<tr>
<td>objective</td>
<td>subjective</td>
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<tr>
<td>Formal, orthodox, organized</td>
<td>Less formal, less orthodox, less</td>
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<tr>
<td>Behavior oriented, outward</td>
<td>systematic</td>
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<tr>
<td>practices</td>
<td>Emotionally oriented, inward directed</td>
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<tr>
<td>Authoritarian in terms of</td>
<td>Not authoritarian, little accountability</td>
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<tr>
<td>behaviors</td>
<td></td>
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<tr>
<td>Doctrine separating good</td>
<td>Unifying, not doctrine oriented</td>
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<tr>
<td>from evil</td>
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Victor Frankl

- “Man is not destroyed by suffering; he is destroyed by suffering without meaning.”

- One of the challenges healthcare professionals face is helping people find meaning and acceptance in the midst of suffering and illness.

- Medical ethicists remind us that religion and spirituality form the basis of meaning and purpose for many people.

Rachel Naomi Remen, MD

- “Helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul.”
What patients desire...

• Ten percent of patients with a serious illness have the spirituality factor addressed by their physician, yet sixty to seventy percent would like it addressed.
• Forty-eight percent would like their physicians to pray with them if they could.

Research on the Role of Spirituality in Healthcare

• Mortality
• Coping
• Recovery
So...important, right? Impact?

• 72 of the 125 undergraduate medical schools in the US run courses on how to deal with patients’ spiritual concerns.
• Joint Commission, “For many patients, pastoral care and other spiritual services are an integral part of health care and daily life. The hospital is able to provide for pastoral care and other spiritual services for patients who request them.”
• American College of Physicians convened an end-of-life panel that concluded by saying that physicians should extend their care by attention to psychosocial, existential or spiritual suffering.

Continued...

• Association of the American Medical Colleges, “Physicians must be compassionate and empathic in caring for patients...they must seek to understand the meaning of the patients’ stories in the context of the patients’ beliefs and family and cultural values.”
• John Templeton Foundation supports curriculum in medical schools and residency training programs on spirituality.
Walls Broken Down

• “It’s becoming clear that medicine and religion are entering a new dynamic of mutual respect and inquiry. This is a convergence – not a collision – and it will determine the future of healthcare.”

Virginia Harris, chairman of the Board of Directors of The First Church of Christ, Scientist.

The Forgotten Factor

• According to Dr. David Larson, president and primary founder of the National Institute for Healthcare Research in Rockville, MD, faith has long been considered the “forgotten factor” in healthcare.

• Larson attributes the influx of females into the medical field as physicians as a primary element.
Reality...

• Chaplains receive training to address the spiritual needs of patients.
• However, hospitals across the country have been reducing their pastoral services or combining them with others.
• Hospice chaplains often carry very high caseloads.
• Unlike nurses, chaplains in hospice are rarely available 24/7.
• Thus, spiritual care often falls upon other direct care professionals in hospice.

Before I can help others spiritually, I have to have an understanding of my own spirituality.

• A starting place...

  www.beliefnet.com

  THE BELIEF-O-MATIC
Facts on the Spirituality of the Nurse

- The nurse’s own personal spirituality will permeate individual nursing practice.
- Becoming aware of one’s spiritual perspective will enhance personal awareness and, thereby, contribute to the spiritual care of patients.
- Nurses with a religious affiliation have a stronger spiritual base and are more likely to provide spiritual care in practice.
Spiritual Nursing Care

• At its foundational level, spiritual nursing is an expression of self.

Patients will ask...

• “...What do you believe?” They genuinely want to know. It can be supportive to share something of what you believe, but only if your words will be helpful to the patient.
Convergence

• “The chaplain’s job as a religious person is to develop his or her own faith to the point where they can relax or surrender their beliefs enough to join another person in theirs.”

Tim Ford, MA, MS, CT

When belief systems conflict...

• “The Chaplain serves as an advocate for the spiritual values and religious beliefs held by the patient, even when those values and beliefs are not those of the Chaplain.”

Guidelines for the Chaplain’s Role in Health Care Ethics, Association of Professional Chaplains
Scenarios...

• “I think I’m right with God, I’m ready to die and meet Him,” says the Jewish patient to the Baptist nurse.
• “I’m afraid of dying, I’ve been taught it’s a black hole,” says the patient to the Methodist home health aide.

Scenarios...

• “My priest just left he said I’m okay with God. I never really felt good about being Catholic. What do you think?” says the Catholic patient to the agnostic nurse.
• “Would you mind praying for me?” says the patient who claims no religious affiliation to the Unitarian social worker.
• “I think my disease is all about my thinking. I need to be more positive, don’t you think?” says the Christian Scientist patient to the social worker who is a Latter Day Saint.
Scenarios...

• “My minister never comes to see me. I don’t like the hospice chaplain because she’s a female. Would you read from the Bible for me?” says the Presbyterian patient to the male Lutheran social worker.

• “What I really need right now are some comforting words from the Koran. Would you pick mine up and read some to me please?” says the young Islamic patient to the Catholic nurse.

Scenarios...

• While tearing up over his constant paint, the Christian nurse asks her self-declared atheist patient if he would mind if she prayed for him.

• “Do you believe in hell?” asks the Disciple of Christ patient to the Evangelical Lutheran hospice medical director.
From the Chaplains

• “We have a phrase we use called cooperation without compromise.”
• “You cooperate with people of all faiths without compromising your beliefs.”
• “It’s not as difficult as it is sometimes portrayed.”
• “Respecting the right of the nonbelievers to be left alone.”

From the Chaplains

• “We are not generic chaplains.”
• “You walk with the person in the midst of their brokenness, using the resources of their faith to help heal them.”
Dr. R. Murali Krishna, president of the James L. Hall Center for Mind, Body and Spirit

• “If we’re imposing our belief system on them, then its crossing the boundary. We live in a world where people believe different things, and boundaries are important.”

Personal Reflections of a Buddhist Chaplain

• “I journey with my patients to the very depths of meaning in their lives and then invite them to apply that meaning to the present moment. Ultimately the healing comes in the companioning them on this journey, not championing any one form of dogma over another.”
Takes me back to my counseling days...

- I did not agree morally with all the decisions my clients chose. My faith was part of who I was. However, I recognized my role was to help them in their journey. If asked, I would tell them my views, but assure them our time together was about them and not me. I never offered to pray with a counseling client, however I had a few clients who requested it and I obliged in soft tones and in short display.

Caution...

- Aesculapian Power
- Recognize your own limitations. You may be a Sunday School teacher with a lot of biblical knowledge, but that doesn’t mean you are trained to help terminal patients wrestle with spiritual abstracts.
- Scope of practice is a legitimate issue. You don’t want a chaplain doing the heaving lifting for a patient who requires catheter insertion, so don’t try to cross a line and do his/her job.
- Sounds like a spiritual problem to me: Something you need to be able to identify to pass on to a spiritually/religiously trained individual.
Okay, so how can I help?

**Spiritual Inventory**
- FICA
- SPIRIT
- CSI-MEMO
- Kuhn’s
- Matthew’s
- HOPE
- ACP

**Four Approaches**
- Personal
- Procedural
- Culturalist
- Evangelical

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**Key Points to Remember**

- You can always pray silently for your patients everyday.
- Expressions such as love, hope and compassion constitute the most basic and universal approach to spiritual care.
- It can be risky. The caregiver must have excellent verbal and non verbal communication skills, including listening. There must be an attitude of warmth, respect, and empathy.
- A time for openness and nonjudgmentalism.
Key Points to Remember

• We must constantly exam our own personal agendas in the process. Remember it is patient-centered care, not clinician-centered care.
• Always ask permission to pray. Never ask unless you know it would be meaningful to the patient.
• Spiritual care in hospice is always interdisciplinary.

Outcomes of Spiritual Care

• More peaceful, relaxed, calm and grateful.
• Feelings of being comforted.
• Bring a “connection” to the patient/clinician relationship.
• Altruistically, being able to share of your self spiritually to a patient provides more inner satisfaction and feeling of providing truly holistic care.
• Learn from your patients. A living, breathing classroom in world religions, cultures and spiritual paths.
• Each new experience will help you with the next patient.
• A greater appreciation that not all questions have easy answers. Perhaps helping us with humility!
Compassion

• “to suffer with”
• Compassionate care calls clinicians to walk with people in the midst of their pain, to be partners with patients rather than experts dictating information to them.
• Listen to their hopes, their fears and their beliefs and incorporate these beliefs into their plans of care.

References


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