

Faith in Healthcare

What does evidence-based
medicine say about it?



August 25, 2018



*Prayer First.
Then Action.*

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E-mail from a UB 3rd year medical student

8/24/18

“Hey Drs. Caparaso and Holmes,

Today was my last day of inpatient call at Buffalo General Hospital. I have been part of the care of a patient who was there my entire time. He’s had more than a series of unfortunate events and he will likely be there for quite some time. We got to meet his family; they are wonderful people. He is a minister at a local church. After the chief resident and I were done talking with his wife today, the resident left but I stayed behind to ask the wife if I could pray for her husband and their family. It was a great experience, and I’m so grateful to have had the opportunity to work . . . in Faith in Medicine to build my confidence in praying with patients and their families.”

“Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.” Philippians 4:6

E-mail from a 1st year resident

8/2/18

"Hi Dr. Holmes,

Intern year is going well. . .

I would also like to let you know that I have continued to pray with some of my patients. I actually prayed with a patient on day 2 of inpatient. I had a woman with end stage endometrial cancer who came to the cardiology service with a malignant cardiac tamponade. I prayed with a few more patients after that as well."

Objectives

- Identify the role that spirituality plays in the health and well-being of people according to evidence-based medicine.
- Develop practical skills in knowing how and when to take a spiritual history.
- Identify ways of improving health and well-being and preventing or treating burn-out.



Not a new thing

“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)

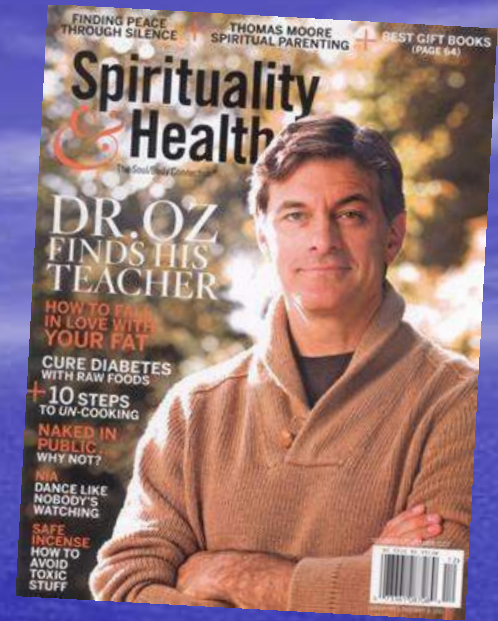
*Jowett B. The dialogues of Plato. 1952.
translator*

“I pray that all may go well with you and that you may be in good health, just as it is well with your soul.”

- 3 John 1:2 (~ 90 AD)

Eastern Orthodox Church established the first known hospital in 370 AD (in Asia Minor)

It's in the media



"I pretty much tried to handle it like I do every other case. I say a prayer and ask for the Lord's guidance, and then go from there."

- John Waldhausen, MD, head of the surgery team that separated conjoined twins in a lengthy and technically complex operation. Oct. 10, 2000, National Public Radio"

Definitions

Religion: Religare = latin, "to bind together"

"Religion is an organized system of beliefs, practices, rituals and symbols" Koenig H, Handbook of Religion and Health, 2001

Faith is "taking risks on sufficient evidence"

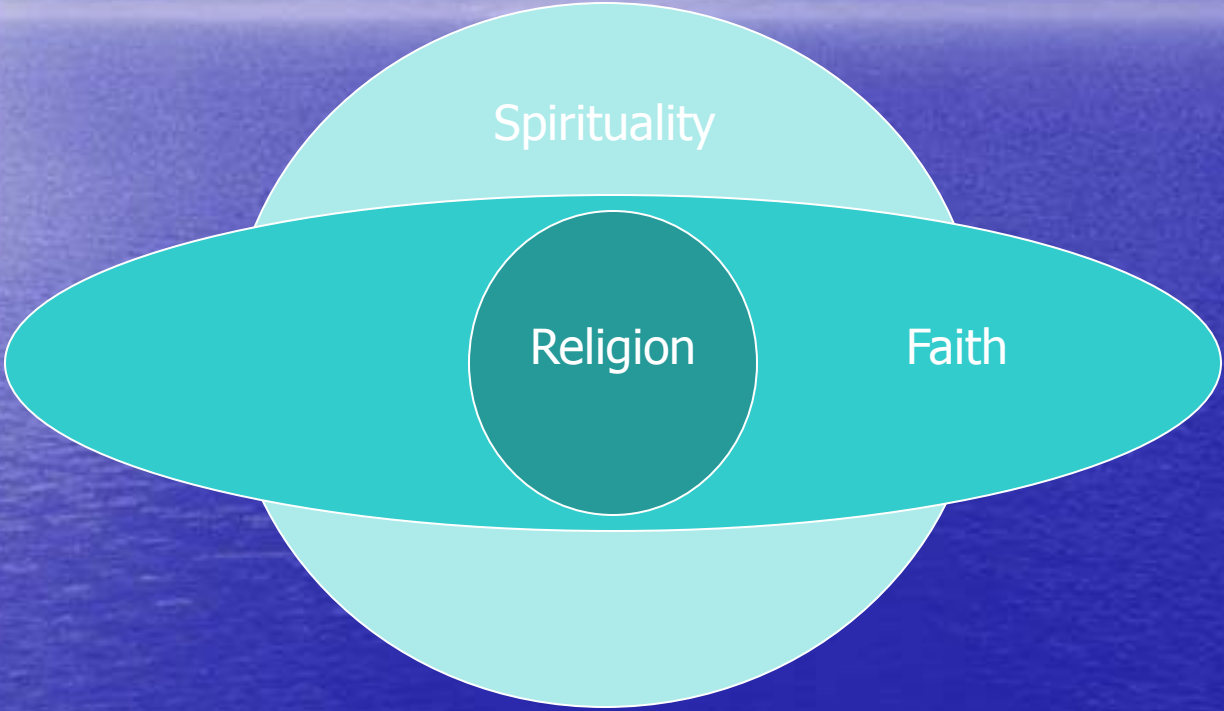
Faith defined in this way, is equally necessary to religion, science, and medical therapy.

Foglio, Brody. Religion, Faith and Family Medicine. *J of Fam Practice*, 27:5;473-474, 1988

Spirituality: spiritualitas = latin, "breath"

Webster's 3rd New Int'l Dictionary of the English Language, Unbrgd. G&C Merriam Co; 1961

"the state or quality of being dedicated to God, religion, or spiritual things or values, esp as contrasted with material or temporal ones" Collins English Dictionary - Complete & Unabridged 10th Ed. 2009

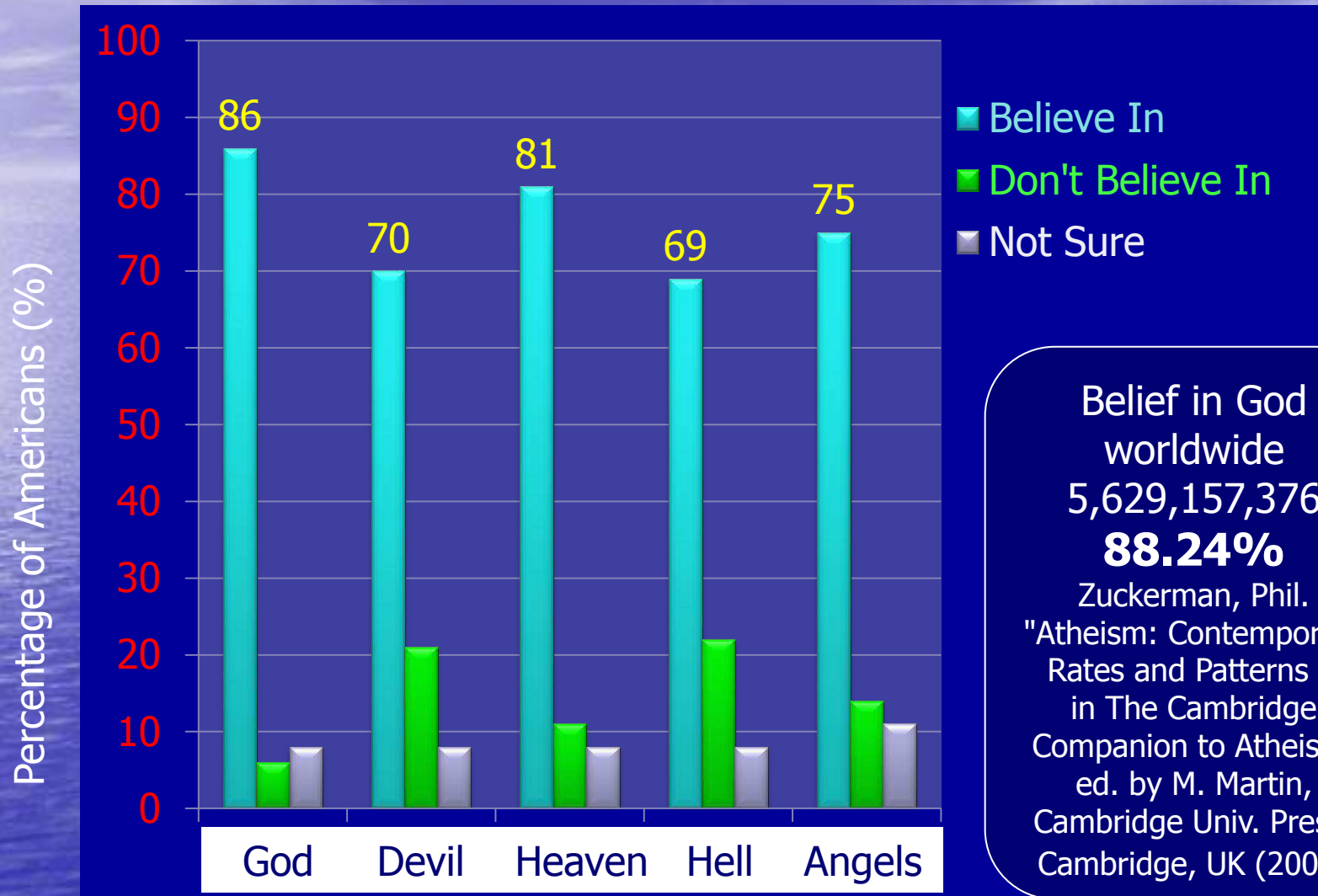


Spirituality

Religion

Faith

Americans Who Believe in . . .

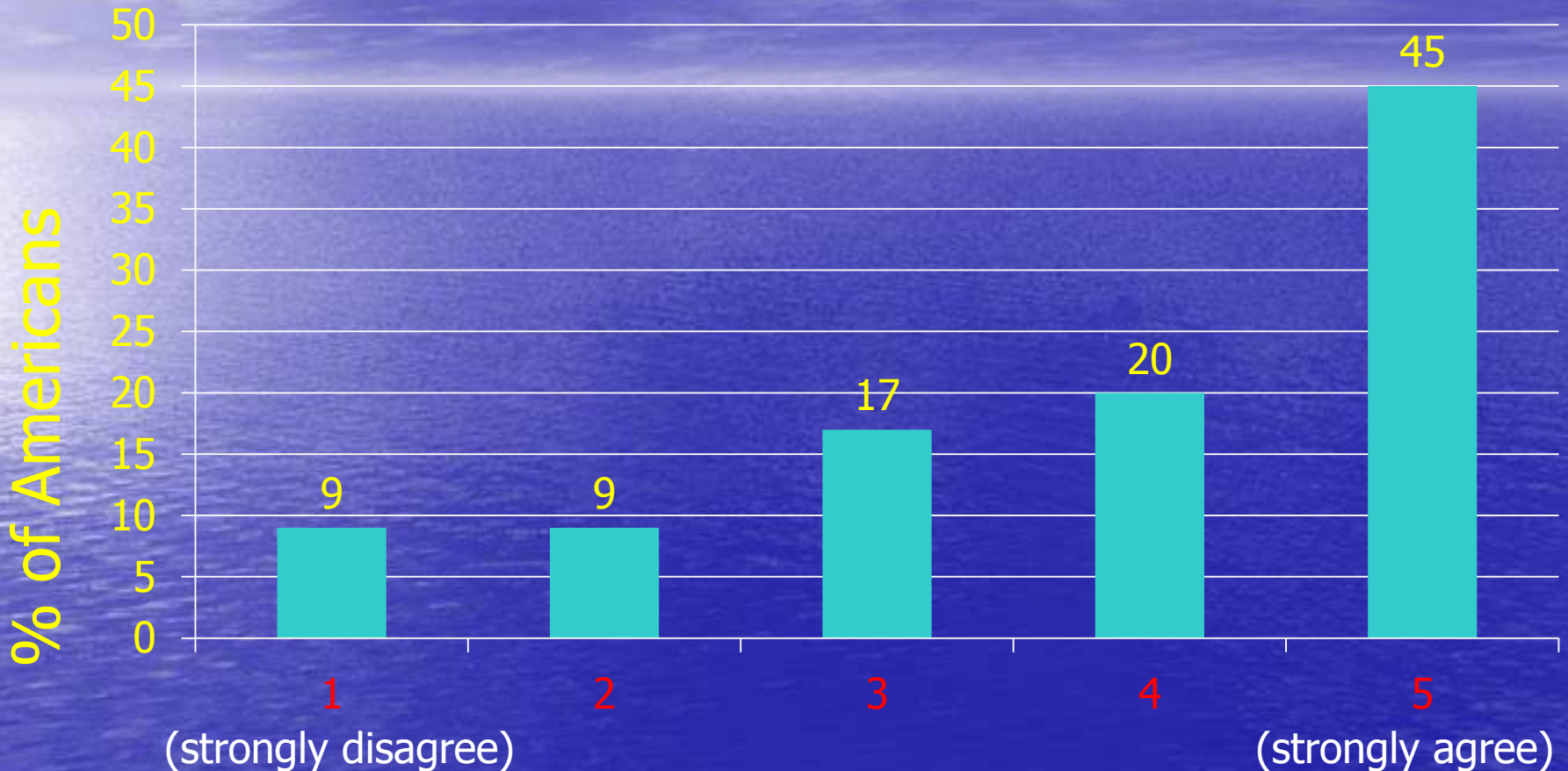


Gallup Poll. These results are based on telephone interviews with a randomly selected national sample of 1,003 adults, aged 18 and older, conducted May 10-13, 2007.

42% of Americans attend church, mosque, or synagogue once a week or almost every week

Gallup Poll. Results are based on telephone interviews with 428,516 national adults, aged 18 and older, conducted January 2008 through March 15, 2009, as part of Gallup Poll Daily tracking

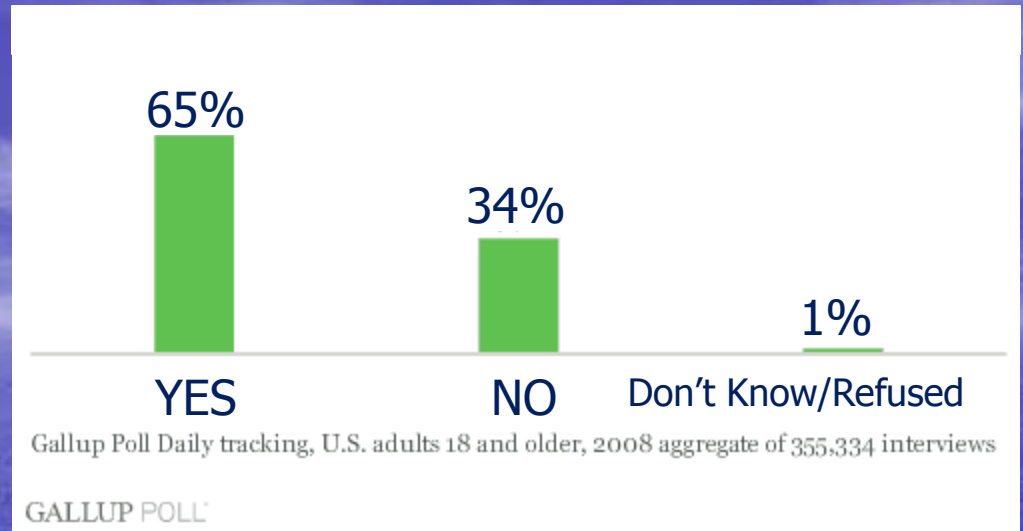
"I spend time in worship or prayer every day"



Gallup Poll. Results are based on telephone interviews with 729 adult members of a church, synagogue, or other religious faith community, aged 18 and older, conducted October through November 2001.

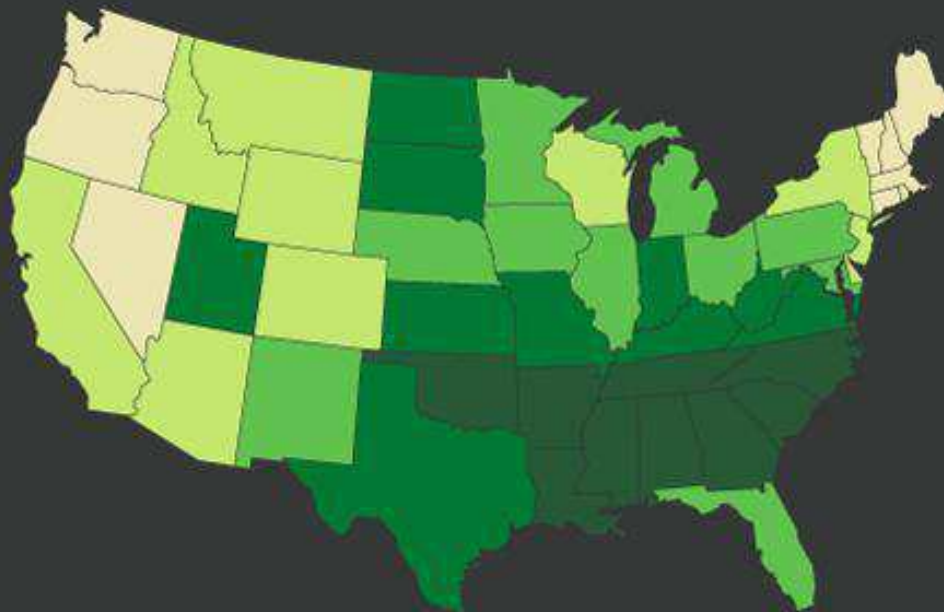
“Is religion an important part of your daily life?”

Gallup Poll 2008
355,334 adults \geq 18 yrs. old



State of the States *Importance of Religion*

- Most Religious
- More Religious
- Average
- Less Religious
- Least Religious



Importance of Religion

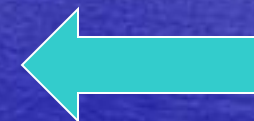
"Is religion an important part of your daily life?"

State	% Yes
Mississippi	85
Alabama	82
South Carolina	80
Tennessee	79
Louisiana	78
Arkansas	78
Georgia	76
North Carolina	76
Oklahoma	75
Kentucky	74
Texas	74
West Virginia	71
Kansas	70
Utah	69
Missouri	68
Virginia	68
South Dakota	68
North Dakota	68
Indiana	68
Nebraska	67
New Mexico	66
Pennsylvania	65
Florida	65
Maryland	65
Ohio	65

Iowa	64
Minnesota	64
Illinois	64
Michigan	64
Delaware	61
Wisconsin	61
District of Columbia	61
Idaho	61
Arizona	61
New Jersey	60
Wyoming	58
Colorado	57
Hawaii	57
California	57
Montana	56
New York	56
Connecticut	55
Nevada	54
Rhode Island	53
Oregon	53
Washington	52
Alaska	51
Massachusetts	48
Maine	48
New Hampshire	46
Vermont	42

Gallup Poll Daily tracking

Gallup Poll 2008



New York
= 56%

Nat'l Avg
= 65%

Our #1 job,
as health care providers,
is to assist patients in improving
their health and well-being.

Health

- Health is “the condition of optimal well-being”

- American Heritage Dictionary (1995)

- “Health is a state of complete physical, mental, social and **spiritual** well-being, not merely the absence of disease or infirmity.”

- adapted from the World Health Organization

Why Address Spirituality in Healthcare?

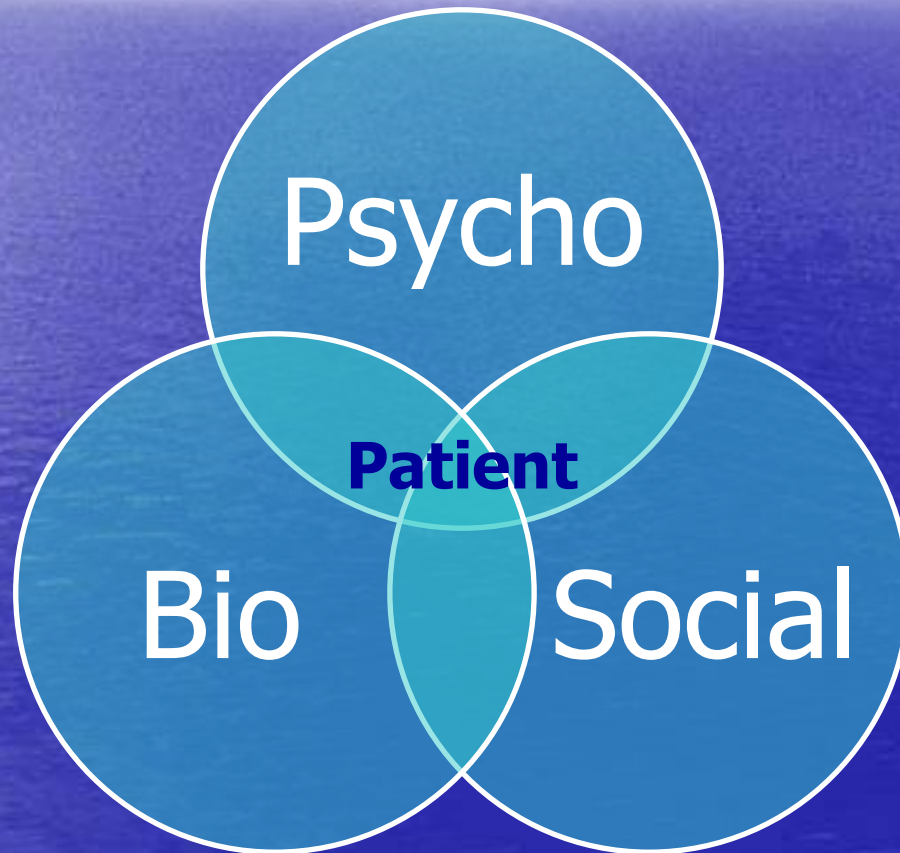
While the biomedical model is excellent for describing certain disease mechanisms (e.g. viral illnesses), it has difficulty accounting for psychological, sociological and spiritual factors that influence most, if not all, illnesses.

Engel GL. The Clinical Application of the Biopsychosocial Model.
Am J Psychiatry. 1980;137:535-544

Angry 16 yo girl who fights a lot with her 14 yo brother

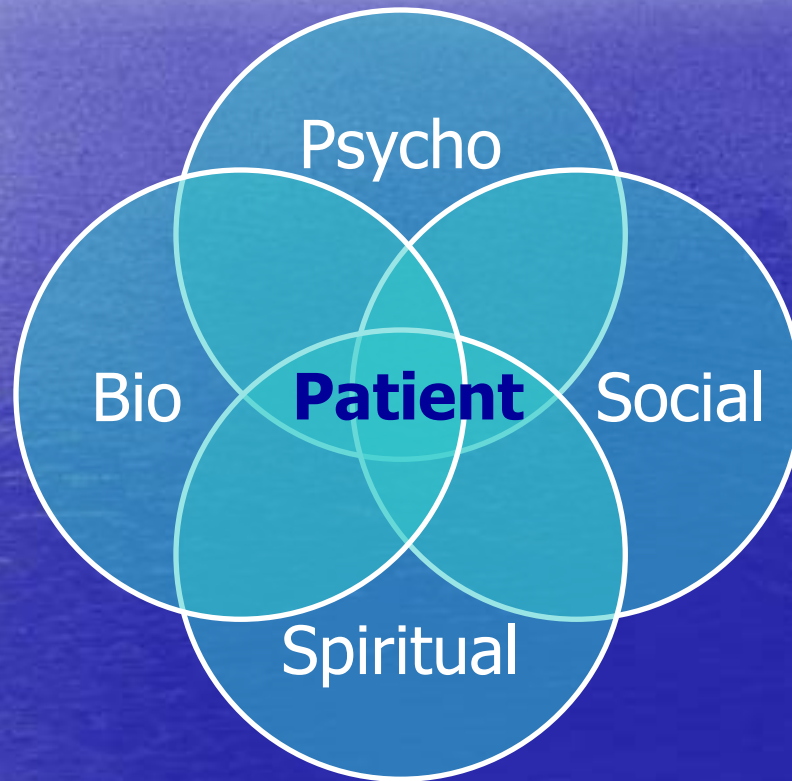
- When she was 5 yo she saw her mom get shot and killed.
- When she was 9 years old her "Daddy" got shot and killed and she misses him a lot.
- After he was killed she moved in with her grandmother, but her grandmother's boyfriend sexually abused her for 7 years. Eventually he was caught and put in jail.
- She recently moved to Buffalo to live with her aunt and brother. She had 3 other brothers, but in the last few years, two of them were shot and killed and the third was killed in a car crash.
- She's been feeling depressed and a few days prior to her visit with me she tried to commit suicide by cutting her wrists.
- She said she had never received any counseling.
- She said she felt very guilty because she had asked her mom to go for a walk and it was during that walk that she was killed.
- She said she was a Christian, but she was not involved with church. She seemed angry at the world, including God. I spent time listening to her, gave her antidepressant Rx, referred her for counseling and encouraged her to draw strength from her faith.

Whole Person Health Care The Bio-psycho-social Model



Whole Person Health Care

The Bio-psycho-social-spiritual Model



These factors are what determine the health & well-being of our patients.

- We need to address these factors if we want to improve their health & well-being.

Why Address Spirituality in Healthcare?

1. Spiritual beliefs are common among patients and serve a distinct purpose
2. Spiritual beliefs influence medical decision-making
3. There is a relationship between faith and health
4. Many patients would like their doctors to address issues of faith and health
5. There is a historical precedent for doing so

Koenig H, Spirituality and Patient Care; 2002

- Addressing spiritual beliefs with patients often improves the doctor-patient relationship
- The bio-medical model is often inadequate

Research



Most studies have shown that religious involvement are associated with better health outcomes, including . . .

- Greater longevity
- Coping skills
- Health-related quality of life (even during terminal illness)
- Less anxiety, depression and suicide

– Mueller P, Plevak D, Rummans T, “Religious Involvement, Spirituality and Medicine: Implications for Clinical Practice.” *Mayo Clinic Proceedings*, 76(12):1225-1235, Dec 2001

Spiritual Beliefs Influence Medical Decision Making

- A U. Penn study of 177 outpatients found that 45% indicated that religious beliefs would influence their medical decisions if they became seriously ill. – Ehman et al 1999
- Religious beliefs may influence such areas as diet, compliance, acceptance of blood transfusions, vaccines, addictions, acceptance of referrals to mental health professionals, etc.

Length of Life

- 21,000 adults in US – those who attended church more than once a week lived 7 years longer (on average) than those who never attended church. Among African Americans, the difference was 14 years.

- Hummer, *Demography* 1999

- $4 \text{ hrs/wk in church} \times 52 \text{ wks/yr} \times 80 \text{ yrs} = 1.9 \text{ yrs}$

Length of Life

- 2,025 adults > 54 yrs old – weekly church attendees had the lowest mortality rates.

Social activity was not beneficial by itself (i.e. Rotary club, hospital auxiliary, etc.).

However, church attendance and volunteer work had lower mortality than church attendance alone.

– Oman and Reed, American J. of Public Health 1998

Intercessory Prayer



- Double blind study with 1000 patients in a Coronary Care Unit (CCU). Half were prayed for by a specific group of people. Half were not. There was an 11% difference in health outcomes. Those who were prayed for did better.

– Harris et al. Archives of Internal Medicine Oct, 1999

- Double blind study 219 women in an IVF program in South Korea. Half were prayed for by groups of people in USA, Canada, and Australia. There was a 50% pregnancy rate in the intercessory prayer group and a 26% pregnancy rate in the control group.

– Lobo et al. J. of Reproductive Medicine 2001



- Spiritual practices have also been shown to be associated with less hospital days, less depression, less substance abuse, lower blood pressure, greater sense of well-being and more.
- Spiritual practices have not been associated with less obesity.



Many patients would like their doctors to address issues of faith and health

- 66% of patients felt that physicians should be aware of their patients' religious and spiritual beliefs

MacLean CD et al Patient Preference for Physician Discussion and Practice of Spirituality, *J Gen Int Med* 2003;18:38-43

- More than 75% of hospitalized patients believed that their physician should address spiritual issues as part of their medical care. -

King DE, Bushwick B, Beliefs and attitudes of hospital patients about faith healing and prayer. *J Fam Pract* 1994;39:394-352

Spiritual Beliefs Influence Medical Decision Making

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Joint Commission Standard



“Spiritual assessment should, at a minimum, determine the patient's **denomination, beliefs, and what spiritual practices are important to the patient.** This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed.”

American Psychiatric Association

recommends that physicians ask about the spiritual orientation of patients “so that they may properly attend to them in the course of treatment.”

- Committee on Religion and Psychiatry. “Guidelines Regarding Possible Conflict Between Psychiatrists’ Religious Commitments and Psychiatric Practice.” *Am J Psychiatry*. 1990;147:542

It's even in infection control training

"Exposure to needle stick injury increases the risk of acquiring serious or fatal infections. More than 20 other infections, other than HIV, HBV, and HCV, can be transmitted through needle sticks including: tuberculosis, syphilis, malaria, and herpes (CDC, 1998). The ramifications of such an injury touch every aspect of a person's life, physically, emotionally, professionally, socially, and spiritually."

Why Not?

- Despite the need, medical education provides very little training in addressing spiritual issues and caring for patients with strong spiritual convictions.
- One study surveyed family physicians and found that barriers to addressing spiritual issues included:
 - lack of time (71%)
 - inadequate training (59%)
 - difficulty identifying patients who want to discuss spiritual issues (56%)
- Including spirituality in education will help doctors, nurses, social workers, counselors and others overcome these barriers and will, most likely, lead to improved patient rapport and better patient care.

When to address spiritual issues with patients



- Complete physical exam (part of social history)
new patient, hospital admission, annual physical exam
- Patients in crisis, feeling stressed or going through a spiritual struggle
- When delivering “bad news”
- Patients struggling to make positive lifestyle changes
- Patients with difficult to treat diagnoses, such as chronic disease, cancer, addictions, chronic pain, depression, AIDS, etc.

How do you take a spiritual history? **HOPE**

- **H**ope - "What are your sources of hope, strength, comfort, and peace?" "What helps you through difficult times?" "Do you have any spiritual or religious beliefs?" "What aspects of your faith are helpful and not so helpful to you? (Does your faith decrease or increase stress?)"
- **O**rganization – "Do you attend _____ (synagogue, church, mosque, temple or other spiritual community)? "Is it a supportive community?" "How are you involved?"
- **P**ersonal Practices - "Do you have any personal spiritual practices, such as prayer, scripture reading, fasting?"
- **E**ffect on Health and **E**nd-of-Life Issues? - "What effect do you think your faith has on your health?" "Has being sick affected your ability to do things that usually help you spiritually?" "How does your faith affect your decisions regarding medical care near the end of your life?"

FLOSS your patients to identify sources of support and struggle

Family and Friends

Living situation

Occupation – What occupies your time?

Struggles and Stress

Abuse? Feel safe? Other challenges?

What helps you cope with stress and difficult situations?

Spiritual beliefs and practices



Screen for Spiritual Struggle

Spiritual struggle includes

- Loss of meaning and purpose
- Feeling punished or abandoned by God
- Despair
- Anger at God
- Grief or loss
- Hopelessness
- Guilt

I would add:

- Bitterness
- Lack of forgiveness

Consequences of Spiritual Struggle

- In 557 hospitalized, medically ill, older pts, spiritual struggle was associated with poorer physical health, worse quality of life and greater depressive symptoms.

Koenig H et al. Religious coping and health status in medically ill hospitalized older adults
J Nervous and Mental Disorders 1998;186:513-521

- In a 2 yr follow-up of this sample, pts with chronic spiritual struggle had poorer quality of life, greater depression and increased disability.

Pargament et al. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *J Health Psychology* 2004;9(6):713-730

- Also, spiritual struggle was a significant predictor of increased mortality, even after controlling for demographic, physical health and mental health factors.

Pargament et al. Religious struggle as a predictor of mortality among medically ill elderly patients: a two year longitudinal study. *Arch Int Med* 2001;161:1881-1885

Patient at ECMC admitted 8/20/18

- 58 yo female with admitted with COPD exacerbation
- Has h/o anxiety and PTSD since being raped at gunpoint in 1995
- She is currently in counseling 4x/week
- She said that she cannot forgive him
- She believes in God, prays a lot, rarely goes to church
- Recovery from COPD exacerbation has been slower than typical patients due to persisting anxiety

Sometimes Spiritual Beliefs May Be Harmful To Health

- ~ 60 yo woman went to a healing service, believed she was healed so she stopped taking her insulin. She got into a car crash and was on the surgery service at the Erie County Medical Center. I was consulted to manage her diabetes.

On the Other Hand . . .

- 50+ yo man with history of HTN, stated that people prayed for him at church. He believed he was healed so he stopped taking his blood pressure medicine.

Bottom Line

Health Benefits of Spirituality (as per my review of the research)

++ Length of Life (with religious attendance)

++ Mental Health and Life Satisfaction

(i.e. depression, anxiety, stress, crisis, addictions,
quality of life, coping with illnesses such as cancer)

+ Chronic Pain

+/- Other Physical Problems

+/- Intercessory Prayer

++ Beliefs influence
medical decision
making (which may
or may not benefit
health and well-being)

So What Can You Do?

- **Goal:**

Improve the health and well-being of patients

- **Action:**

Practice high quality, evidence-based, patient centered, whole person health care (using the bio-psycho-social-spiritual model)

Now What?

1. Ask pts about spiritual beliefs and practices
2. Educate pts about the relationship between spirituality and health and well-being
3. Encourage pts in their beliefs and practices if they are not harmful to their health
4. +/- Pray with pts → do this only if:
 1. You are comfortable with it
 2. There is an indication
 3. There is consent: Your pt asks you to do it or you ask your pt in a non-pressuring way and they give consent
(don't ask your pt unless you are 95% sure they will say yes)



Now What?

5. Consider referring pts to hospital chaplains, faith community nurses, community clergy, biblical counselors and/or mental health providers who addresses spiritual issues

How do you do this?

- Ask the pt, "Do you want to see a chaplain?" OR
- "I think it would be beneficial if a member of our pastoral care staff were to come and see you. If it is OK with you I will ask them to stop by."

Sulmasy D. Spirituality, religion and clinical care. *Chest* 2009;135:1634-1642

E-mails from a Physician

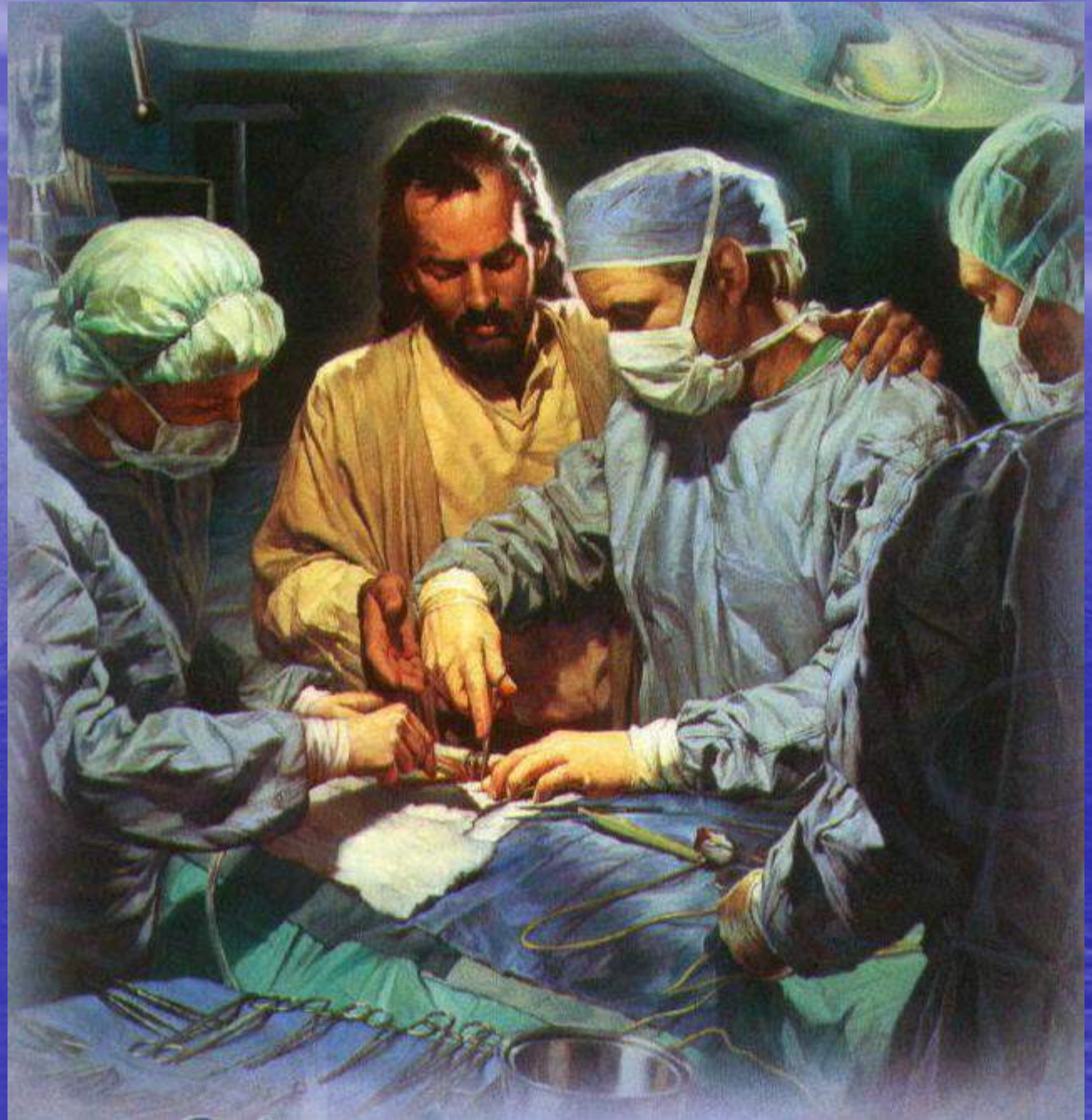
“I have a friend whose father recently suffered a mental breakdown. He is currently in the psych unit, and apparently not doing so well. The current dx is severe depression with psychotic features. On top of that, there seems to be a significant component of spiritual warfare. They have been asking if there is a chaplain that could go pray over/with him.”

A couple days later

“Thanks for your help with the chaplain recommendations. My friends were able to get in touch with our bishop, who did go to see him today, and I'm told he's already doing better after the bishop and others were anointed and prayed over him.”

Jesus
doesn't just
work in the
OR. He
works
wherever
you work.

Why not
ask for His
help and
expertise?



- Our job as health care professionals is not to push religion. It's to assist patients in optimizing their health and well-being.
- If patients consent, we should be willing and ready to assist them physically, emotionally, socially and spiritually.
- That's whole person healthcare and practicing it is how we optimize health and well-being – in ourselves and our patients.

Dr. Seligman's research findings conclude that there are 3 components of happiness

- **Pleasure** – short term smiles
- **Engagement** – depth of involvement with one's family, friends, work, romance and hobbies
- **Meaning** – using personal strengths to serve some larger end

Martin Seligman, PhD, psychologist, U Penn, *Authentic Happiness, 2002*

Telephone interviews with 529 randomly selected US adults 3-5 days after 9/11/01 **RESULTS:** 44% reported ≥ 1 substantial stress sx; 91% had ≥ 1 sx to some degree. **Ways they coped included: talking with others (98%) and turning to religion (90%).**

Schuster, M et al. A national survey of stress reactions after the September 11, 2001, terrorist attacks. *N Engl J Med.* 2001 Nov 15;345(20):1507-12.

- Of these three pathways to a happy and satisfied life, **pleasure is the least effective.**
- “This is newsworthy because so many Americans build their lives around pursuing pleasure. It turns out that engagement and meaning are much more important.”
-Martin Seligman, PhD, 2002

Are you a blank slate? Does your future happiness depend on your circumstances?

Role of Genes?

- David Lykken, PhD (1996), U of Minn, studied the role of genes in determining one's sense of satisfaction in life.
- 4,000 sets of twins born in Minnesota 1936-1955. He compared happiness data on identical vs. fraternal twins.
- **Conclusion:** about 50% of one's satisfaction with life comes from genetic programming.
- Genes influence traits such as having a sunny, easy-going personality, dealing well with stress and feeling low levels of anxiety and depression.

Lykken D, Tellegen A, Happiness is a stochastic phenomenon.

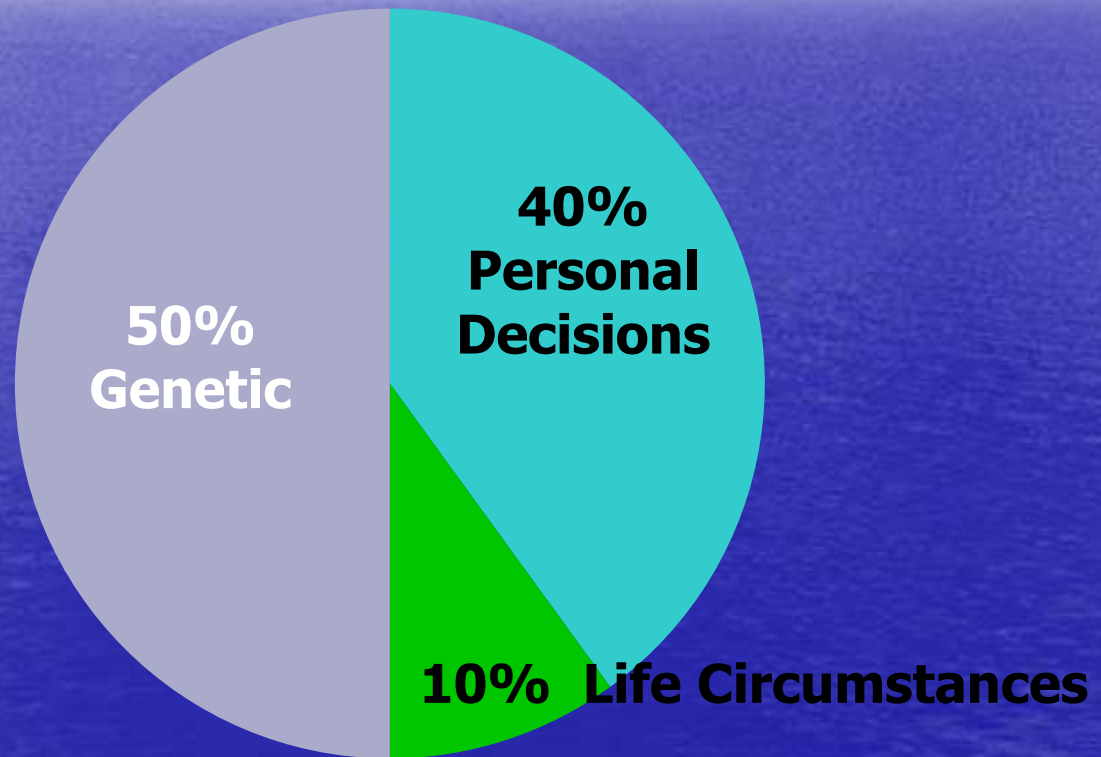
Psychological Science, 1996: (7)3, p186-9

"stochastic" = random, involving chance

Habit 1: “Your life is the result of your own decisions, not your conditions”

– Stephen Covey, 7 Habits of Highly Effective People

In terms of happiness:



Lykken D, Tellegen A, Happiness is a stochastic phenomenon. *Psychological Science*, 1996: (7)3, p186-9

Lyubomirsky S. *The how of happiness: a scientific approach to getting the life you want*. 2007

Happiness Boosters

Sonja Lyubomirsky, PhD, UC Riverside, received a million dollar grant (2003) from the National Institute of Mental Health (NIH) to conduct research on the possibility of permanently increasing happiness.

Lyubomirsky S, *The how of happiness: a scientific approach to getting the life you want*, 2008

Kennon S, Lyubomirsky S. How to increase and sustain positive emotion: the effects of expressing gratitude and visualizing best possible selves. *J Positive Psychology* 2006; 1:73-82

Happiness Boosters

1. Count your blessings (keep a “gratitude journal” and thank a mentor)
2. Practice acts of kindness to friends and strangers.
3. Savor life’s joys
4. Learn to forgive
5. Invest time and energy in friends and family
6. Take care of your body
7. Develop strategies for coping with stress and hardships

Happiness Boosters

Bottom Line:

- There is no avoiding hard times.
- Religious faith has been shown to help people cope.

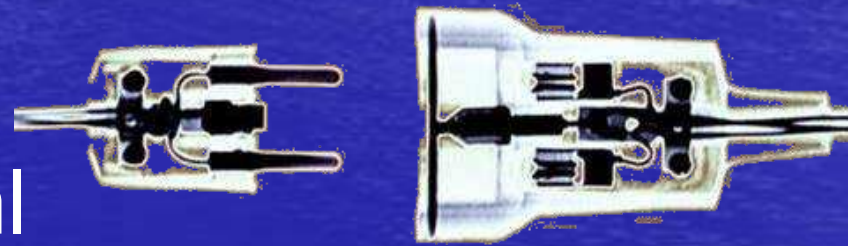
Lyubomirsky S, *The how of happiness: a scientific approach to getting the life you want*, 2008

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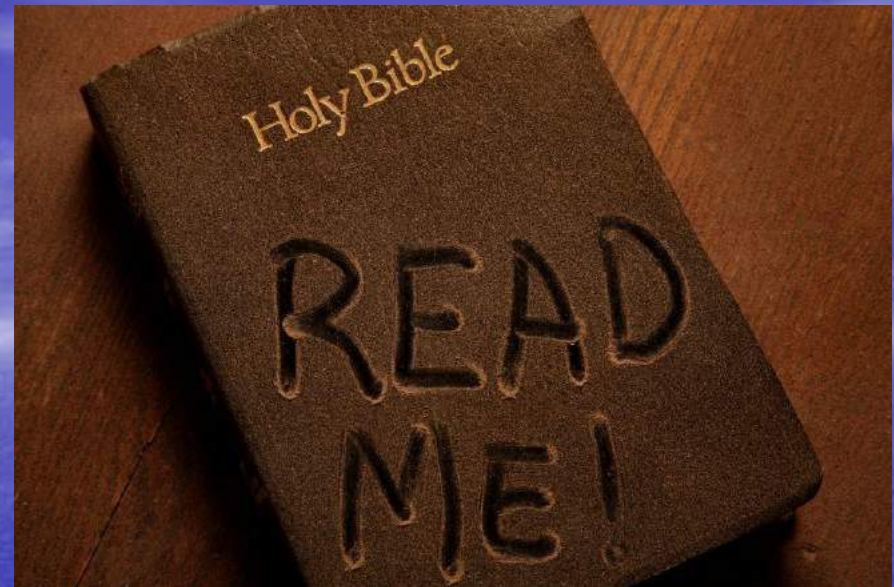


If you're feeling tired and burned out . . .

- It may be because your life is off balance
- Perhaps you are so busy doing a lot of good things that you're not adequately connected to the Source of your nourishment and energy.
- Our bodies need spiritual and emotional nourishment each day (especially Life-giving prayer & stillness) just as much as we need physical nourishment



The Owner's Manual



Do not merely listen to the word, and so deceive yourselves. Do what it says. But whoever looks intently into the perfect law that gives freedom, and continues in it - not forgetting what they have heard, but doing it - they will be blessed in what they do.

- James 1:22, 25

- Our job as health care professionals is not to push religion. It's to assist patients in optimizing their health and well-being.
- If we withhold letting patients know about a treatment that we know will be helpful for them, isn't that unethical?
- If patients consent, we should be willing and ready to assist them physically, emotionally, socially and spiritually.
- That's whole person healthcare and practicing it is how we optimize health and well-being – in ourselves and our patients.

Finally . . .

*Put on your own oxygen mask first, then
assist others.*

*God is more concerned with our walk with
Him, than He is what we do for Him.*

– Henry Blackaby

Prayer First. Then Action.



Questions
or
Comments ?

Patient Stories

- Phone prayer before hysterectomy
- Trigeminal Neuralgia
- Gyn bleeding
- Smoking
- Scalp lesion
- Depressed atheist
- Swallower
- 11 yo boy and pornography
- Liver transplant and Psalm 23
- Depression and church condemnation of mental health tx
- Coping with the death of an 11 wk old premie

