Chapter 3: When to include spirituality?

_Spirituality in Patient Care: Why, How, When and What_

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“Emerging research demonstrates the positive effect of an individual’s beliefs on his or her health.”

**Key Skills:** Listening in order to understand, showing respect for R/S beliefs, supporting the patient’s spiritual beliefs, appropriate referral.

1. **The Importance of Timing**(59)

   Not too hot – In a critical moment, like just before or after a surgery, may not be a good time to initiate a spiritual history, as this may stir fear in the patient and family, calling up images of a priest prepared to deliver last rites to the dying. Better to wait till things have settled, unless the patient or family initiate the conversation.

   Not too cold – if the patient is in for a routine, minor appointment or procedure, asking questions about spirituality may startle and confuse them, unless it is part of an overall life history or the HP is aware of some new information, such as a dramatic life change event that might prompt such conversation. Likewise, if the HP has no ongoing relationship with the patient, then it may be best to leave such conversation to others who do.

2. **When to do a Spiritual History**(61) - Just right

   New Patient Evaluation: When taking a medical history for a new patient, which would include a social history, which can easily include a brief spiritual history as part of the overall conversation.

   Admission to the Hospital: or nursing home, home health, or hospice. HPs in these settings often do not have access to primary care physicians records and do not have a previous relationship with the patient. Information learned in a Spiritual History, as part of a Social History, may affect medical decision made, course of treatment, and discharge.

   Health Maintenance Visit: during a yearly exam is a good time to ask spiritual history questions in the context of conversation about other social questions about family, job, recreation, and sources of stress.

3. **Repeating the Spiritual History**(63)

   Be clear within the system who will take the Spiritual History to avoid frustrating or confusing the patient with repetitive questions. Other HPs could simply ask, “Did you have an opportunity to discuss any relevant information or questions regarding your religious or spiritual beliefs and practices?”

   It is good to review the SH with each hospital admission or after any major life situation change.

4. **Supporting Religious Activities**(64)

   Listen attentively for indications that spiritual or religious practices are important and respond with encouragement and support where appropriate.

   If the patient expresses regret that important practices are no longer engaged, explore why, and what if anything might be done to overcome obstacles.

   In the absence of specific religious or spiritual practices, the HP may choose to discuss other more general social or altruistic activities which can provide some of the same supports as religious activities.
5. **Referring to Clergy (65)**
When the HP is not able to sufficiently and supportively respond to the issues raised by the patient
When the religious or spiritual beliefs and practices are significantly different from the HP.
HPs should work to get to know chaplain staff as such familiarity will facilitate referrals.

6. **Praying with Patients (66)**
In general it is preferable to wait for the patient to initiate prayer because of the power differential between patient and HP. It may be very difficult for a patient to refuse such an offer.

   a. **HP-Initiated Prayer**
      i. **Spiritual History has been taken** – if the SH has been taken and the HP knows from this information that the Pt welcomes and even desires HP initiated prayer
      ii. **Same Religious Background** – if the PT and the HP have the same religious background, this has been discussed, and therefore the HP knows that initiating prayer will be appreciated by the Pt
      iii. **Spiritual Need is Present** – If severe spiritual distress is evident and the HP believes that in this situation initiating prayer will help to bring comfort, calm and peace to the Pt
      iv. **Other considerations** – be sure that the Pt always feels in control, be sure that the HP specialty and the Pt condition and need do not complicate the situation – i.e. if a GP is treating a psychologically unstable Pt, prayer may not be advisable because of the way the Pt mental state may impact their receipt and experience of the prayer

   b. **Patient Initiated Prayer**
      It is often easiest to let the Pt lead the prayer, though some Pts report desiring their HP to pray with and for them.
      The HP needs to be self-aware of her own capacity and comfort in leading prayer and have a graceful response for those times when it seems inappropriate – such exchanges will usually also include a referral to a professional chaplain or other religious leader
      A good practice is to ask the Pt for his preferences and be prepared to follow those if able. When the Pt prays, the HP can sit or stand nearby, perhaps holding hands, and conclude the prayer with “Amen” which simply means “Let it be so” and does not suggest complete theological agreement with the one offering the prayer

7. **Summary and Conclusions (70)**
   **The role of the HPs is to cure sometimes, relieve often, and comfort always.**
   Do as an HP that which will facilitate the above.
   Taking a Spiritual History, and following that with conversation or prayer with the Pt, can be of great support to the Pt and offer helpful information to the HP as well as strengthening the relationship with patients for whom such issues are important.
   Spiritual History and interactions should never replace time spent to address medical needs.