WHOLE-PERSON CARE FOR THE PATIENT, FOR THE PHYSICIAN:

EMPHASIS ON THE IMPACTS OF FAITH AND SPIRITUALITY ON HEALTH

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STATEN ISLAND, NY

SEPTEMBER 6, 2018

BACKGROUND

- Dual Med/Peds Board Certified
- MBA in Healthcare
- CEO and CO-Founder, Beacon Christian Community Health Center
- Studied (amongst other things) links between faith, work, productivity and health

BEACON CHRISTIAN COMMUNITY HEALTH CENTER

- Started in 2006 as a faith-based community health center in northwestern Staten Island
- Only FQHC directly located in and directly serving the only MUA in Staten Island
- Total population of 10303 and surrounding areas: 30,000+
- Whole-person care model resulting in improving patient outcomes and steady patient satisfaction
  - Addresses the physical, mental, emotional and spiritual needs of patients in an appropirate cultural context

GOALS FOR TODAY

- To review the strong historical links between spirituality, faith and health as a function of whole-person healthcare
- To review some of the evidence for the effects of both positive AND negative spiritual beliefs
- To explore how faith and health integration is being practiced now (JCAHO, faith-based health centers, etc) including at Beacon
- To explore why whole-person care is important to us as physicians as well as to our patients

PART 1: THE CARE OF THE PATIENT

WHAT IS WHOLE-PERSON CARE?

- Care of the person from four major perspectives:
  - **Physical** – easy for us
  - **Mental** – becoming easier due to intentional integration
  - **Emotional** – often ignored; no time to handle, hard to understand
  - **Spiritual** – almost never addressed yet most important to most patients; focus on this
- Implications on how we interact with patients and understand and relate to and with them
- What is "health"?
- Experience shows addressing all four leads to better outcomes and more satisfied patients

DEFINITIONS

- “Religion is a comprehensive picturing and ordering of human existence in the nature and the cosmos.”

- Levin and Vanderpool. Journal of Religion and Health 1990;29:9-20

DEFINITIONS

- “Spirituality is a belief system focusing on intangible elements that impact vitality and meaning to life’s events.”

  – Maugans. The SPRITual History. Archives of Family Medicine 1995;5:11-16.

SPIRITUALITY VS RELIGION

"Although spirituality and religion overlap, the two are far from synonymous. Spirituality is broader than religiosity and it is possible to be spiritual and not religious."

– Hatch. J Fam Pract 1998;46:476-486

THE HISTORICAL IMPORTANCE OF BELIEF

"Religion and spirituality are among the most important factors that structure human experience, beliefs, values, behavior and illness patterns."

Lukoff D. J Nerv Ment Dis 1992;180:673-682

THE HISTORY OF FAITH AND HEALTH

- Health professionals leaned on it for themselves:
- Hippocratic Oath – Classic Translation:
  - "I swear by Apollo Physician and Asciepius and Hygieia and Panaceia and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:"

http://biotech.law.lsu.edu/cases/research/hippocratic-oath.htm

THE HISTORY OF FAITH AND HEALTH

- Other quick examples:
  - The care of plague victims during Roman and Dark Ages times by Christians
  - The contributions of Islamic scholars in the 1st and 2nd millennia to medical and scientific literature (Al-Kindi, Ibn Sina (Avicenna), etc
  - The influence of the work of Maimonides, a Jewish scholar and physician who linked faith and health in his writings
  - The effects of Hinduism, Confucianism, Buddhism, and other faiths on diet, healthy living, sexual practices, etc
  - The fact that all major religions have discussion and theology related to health, medicine and healthy living

THE PRESENT STORY OF FAITH AND HEALTH

- As of 2012, 84% of people around the world claim some form of faith belief

(http://www.washingtontimes.com/blog/watercooler/2012/dec/23/84-percent-world-population-has-faith-third-are-ch/)

- In the US, 78% of Americans adhere to some form of religion

(http://www.pewforum.org/religious-landscape-study/)

HOW FAITH IMPACTS HEALTH TODAY

- Time Magazine reported on a JAMA study 8/31/15: less than 20% of physicians in a recent study spoke about spiritual issues with families in an ICU setting while almost 80% of the families wished they would have (http://time.com/4017141/physicians-religion-icu/)
- 83% of respondents wanted physicians to ask about spiritual beliefs in at least some circumstances.

(Discussing Spirituality With Patients: A Rational and Ethical Approach. McCord G, Gilchrist VJ, Grossman SD, et al. *Annals of Family Medicine* 2004(Jul/Aug);2(4):356-361)

- But…

HOW FAITH IMPACTS HEALTH TODAY

- Physicians historically don't meet this need
  - 91% of McCord's respondents indicated their physician had never asked about their beliefs.
    - Discussing Spirituality With Patients: A Rational and Ethical Approach. McCord G, Gilchrist VJ, Grossman SD, et al. *Annals of Family Medicine* 2004(Jul/Aug);2(4):356-361
  - *USA Weekend* magazine poll reported 90%.
    - McNichol T. The new faith in medicine. *USA Weekend*. April 5–7, 2002:4–5.
  - Ehman et al reported 85%,
    - Ehman JW, Ott BB, Short TH, Ciampa RC, Hansen-Flaschen J. Do patients want their physicians to inquire about their spiritual or religious beliefs if they are gravely ill? *Arch Intern Med*. 1999;159:1803–1806.
  - King and Bushwick reported 80%,
    - King DE, Bushwick B. Beliefs and attitudes of hospital inpatients about faith healing and prayer. *J Fam Pract*. 1994;39:349–352.

HOW FAITH IMPACTS HEALTH TODAY

- The conclusion: "Despite the increased attention being focused on spirituality and health, research reveals that physicians are often reluctant to explore spiritual issues with their patients."

  Hatch. J Fam Pract 1998;46:476-486

- What is the impact on health outcomes? Why does this matter?

HOW FAITH IMPACTS HEALTH TODAY

- Patient self-satisfaction with health, morbidity and mortality are linked to positive spirituality and faith – hits all four areas in some way
- "Positive spirituality involves a growing, internalized personal relationship with the sacred or transcendent that …

  Is not bound by race, ethnicity, economics, class;

  promotes the wellness and welfare of self and others; and

  … results in the 'fruit' of love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control."

(Larimore et al. Annals of Behavioral Medicine 2002;24(1):69-73)

FIVE JAMA-RECOMMENDED QUESTIONS YOU MAY SEE ASKED ABOUT SPIRITUAL HISTORY:

1. The patient's religious background,
2. The role(s) that religious/spiritual beliefs/practices play in coping with illness (or causing distress),
3. Beliefs that influence/conflict w/ health decisions,
4. The patient's level of participation in a spiritual community and is that community supportive, and
5. Any spiritual needs that might be present.

(**usually, only see #1!**)

- At the very least, you may want to ask these questions at some point

Koenig. *ISRN Psychiatry*. 2012(Dec16):278730; original 5 questions reported in JAMA 288 (4): 487-493

THE PRACTICAL REASONS FOR A SPIRITUAL HISTORY ARE:

1. **Patient *desire***

- "Studies have shown that (up to) 90% of patients want physicians to address their spiritual needs."[1]
- "In general, the public appears … desires healthcare professionals to inquire about beliefs that are important to them."[2]

1. Katz PS. ACP Internist 2012(Oct).
2. Hatch RL, et al. The Spiritual Involvement and Beliefs Scale. Journal of Family Practice. 1998(Jun);46(6):476-486

REASONS TO TAKE A SPIRITUAL HISTORY

2. **Patient *benefit***

- "Assessing and addressing patients' R/S (religious or spiritual) needs is associated with greater satisfaction with care, better quality of life measures, less depression, fewer unnecessary health services, better functioning …"

Handbook of Religion and Health – Second Edition. Oxford Univ. Press, 2012.

REASONS TO TAKE A SPIRITUAL HISTORY

3. **Enhances the** doctor-patient relationship

- "Assessing and addressing patients' R/S (religious or spiritual) needs is associated with … a better doctor-patient relationship."

Handbook of Religion and Health – Second Edition. Oxford Univ. Press, 2012.

REASONS TO TAKE A SPIRITUAL HISTORY

4. Identification of ***Risk Factors***

- The presence of religious struggles predicts increased mortality (independent of health status, social support, and mental health).
- There is an inverse association between faith and morbidity and mortality of various types.

1) Koenig. *ISRN Psychiatry*. 2012(Dec16):278730.
2) Pargament, et al. *Archives of Internal Medicine*. 2001(Aug);161(15):1881-5.

REASONS TO TAKE A SPIRITUAL HISTORY

Identification of Risk Factors

- Higher religious struggle scores predict a 6% greater risk of mortality for every 1 point increase on a religious struggles scale ranging from 0 to 21 (P = 0.02).

Pargament, et al. *Archives of Internal Medicine*. 2001(Aug);161(15):1881-5.

REASONS TO TAKE A SPIRITUAL HISTORY

Identification of Risk Factors

- Patients who felt alienated from or unloved by God or attributed their illnesses to God or the devil were associated with a 16% to 28% increase in risk of dying during the 2-year follow-up period.

Pargament, et al. *Archives of Internal Medicine*. 2001(Aug);161(15):1881-5.

"LAP" RISK FACTORS

- "It was concluded that any degree of negative spiritual belief, regardless of positive spiritual beliefs, is associated with worse health outcomes."

Jones, A,, et al. Relationships Between Negative Spiritual Beliefs and Health Outcomes for Individuals With Heterogeneous Medical Conditions. Journal of Spirituality in Mental Health, 2015(April);17(2):135.

REASONS TO TAKE A SPIRITUAL HISTORY

5. **May *Enhance* Healthcare**

- "The available data suggest that practitioners who make several ***small changes*** in how patients' religious commitments are broached in clinical practice may enhance healthcare outcomes."
- Specifically: "preventing mental/physical illness…improving how people cope with mental/physical illness…facilitating recovery from illness."

(addresses the emotional and sometimes the mental side of the whole-person model as well)

Matthews, et al. *Archives of Family Medicine*. 1998(Mar);7(2):118-124.

REASONS TO TAKE A SPIRITUAL HISTORY

6. Considered a ***Standard of Care***

- A spiritual history is required by the Joint Commission for "patients cared for in hospitals or nursing homes, or by a home health agency."

Koenig, HG. *Spirituality in Patient Care. Why, How, When, and What*. Third Edition, (Templeton Press, 2013): 43-45.

THE JOINT COMMISSION REQUIRES:

- "The hospital respects the patient's cultural and personal values, beliefs and preferences" (RI.01.01.01 EP6)
- "The hospital accommodates the patient's right to religious and other spiritual services" (RI.01.01.01 EP9)
- The hospital prohibits discrimination based on age, race, ethnicity, religion, culture (RI.01.01.01 EP29)
- "For patients that receive end-of-life care, the spiritual variables that influence the patient's family members' perception of grief" (information gathered during initial assessment; (PC.01.02.01 EP4)

Spirituality in Patient Care. Why, How, When, and What. 3rd Edition: 43-45.

REASONS TO TAKE A SPIRITUAL HISTORY

6. Considered a Standard of Care

- "The ability to identify and address patient spiritual needs has become an important clinical competency."[1]

1) Katz PS. ACP Internist 2012(Oct).

Practical Applications in Healthcare

- Patients have to be seen as PEOPLE – minds, bodies, "souls" – they require a relationship; "the doctor-patient RELATIONSHIP"
- Physicians should take a comprehensive history including a spiritual history -- talk with pts about these issues
- Respect, value, support beliefs and practices of **the patient** and aim to identify the spiritual needs of the patient
- Ensure that someone meets patients' spiritual needs (including pastoral/spiritual care, spiritual community if applicable)
- Integrate spiritual needs with other economic, legal or physical non-medical needs of the patient (other social determinants of health)

(From: Koenig, H. Spirituality in Patient Care (Templeton Foundation Press, 2013)

PRACTICAL APPLICATIONS (CONTINUED)

- Joint Commission
- Faith-based health facilities already are experimenting with this
- Beacon and others' experience
    - The patient who was critically ill and the family members who were divided into two camps as to how to address the patient's spiritual future after death
    - The patient who I admitted yesterday after 2 cardiac arrests and her and her family's reassurance through their faith through a discussion I had with them yesterday
    - The patient who came in for an ENT referral but really came because of a deep recent emotional wound which required mental and spiritual intervention

IMPLICATIONS FOR US AS PHYSICIANS

- Spiritual history documentation
- Spiritual sensitivity and competency training of staff
- Community engagement with relevant local spiritual community leaders (Jewish, Christian, Muslim, Hindu etc)
- Strong data on effects on morbidity and mortality = strong need to address this issue before more lives are affected

- Other possible options?

CONCLUSION

"Assessing and integrating patient spirituality into the healthcare encounter can build trust and rapport, broadening the physician-patient relationship and increasing its effectiveness."

Saguil, A, Phelps, K. The Spiritual Assessment. *American Family Physician*. 2012(Sep 15);86(6):546-50.

PART 2: THE CARE OF THE PHYSICIAN

THE SAD TRUTH

- We stink at taking care of ourselves
- Medicine over history has seen a steady level of suicide and depression – Medscape this week – over 1000 doctor suicides since 2012 (https://www.medscape.com/viewarticle/901300_2) and climbing
- We are good at hiding/compartmentalizing our weaknesses and struggles
- The pressure cooker of medicine – emotional situations with patients, pressure on performance, malpractice threats, etc.

WHAT DOES THIS MEAN?

- Physicians are PEOPLE too – so the same rules we talked about with patients apply to us too!
- Care of the person (ourselves) from four major perspectives:
  - **Physical** – (sorta) easy for us
  - **Mental** – becoming HARDER
  - **Emotional** – often ignored; no time to handle, hard to understand
  - **Spiritual** – almost never addressed by the industry
  - Implications on how we interact with EACH OTHER and understand and relate to and with EACH OTHER
- What is "health" to us?
- Experience shows addressing all four leads to better outcomes and more satisfied PHYSICIANS

"PHYSICIAN, HEAL THYSELF"

- Need to make sure we are connected to these four areas, else we are just broken people trying to take care of other broken people – someone WILL pay the price.
  - Physical – taking care of our bodies
  - Mental – making sure we are taking time to mentally rest
  - Emotionally – making sure we have outlets to share our stresses ***and*** joys
  - Spiritually – making sure we are grounded in something beyond ourselves we can depend on
  - Beacon examples
  - Why we are all here – NOT just a pipe dream
  - Self-care MUST be an intentional goal, whether or not it is adopted institutionally we must help each other through

CONCLUSION

- "The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for ***the secret of the care of the patient is in caring for the patient***."

  - Dr. Francis Peabody, *The care of the patient*. JAMA, Vol. 88, pp. 877-882, Mar. 19, 1927

WITH MUCH APPRECIATION

- Thank you for this opportunity!

Q and A