

Intersectionality of Spiritual and Medical Care in a Hospital Setting

Specialized focus on End of Life Care and Death Stigma

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Goals and Final Conclusions

Goals:

- To understand the role of chaplains/spirituality in palliative care in a hospital setting and their role within the whole interprofessional team
- To understand the differences/stigmas around how patients die and how we as a society react to their death
- To explore the cultural differences people seek out when discussing spirituality with healthcare
- To use my knowledge about substance use disorder to educate the chaplain team about the biopathology of it and its public health aspects
- To create a way to bring back the knowledge I learn from the chaplains to my fellow student doctors

Conclusions:

- Chaplains provide spiritual and emotional support and companionship to patients undergoing medical needs in a hospital setting. They also provide support emotionally to the teams that work on the patients.
- While there are cultural differences the major struggle in understanding death is between the patient and the family. It becomes a discussion of quality vs quantity of life. Each side with their own priorities.
- Families of young people who are facing a terminal illness have a more difficult time accepting their death and may report high levels of distress in comparison to their peers.
- Learning from how chaplains operate with patients during palliative and general hospital health care will be useful in creating connections with patients. Chaplains are able to make significant relations with patients within minutes of meeting. Common practices of compassionate care involve heart-head-heart, the importance of silence, and always shifting tone to how the patient feels that day.

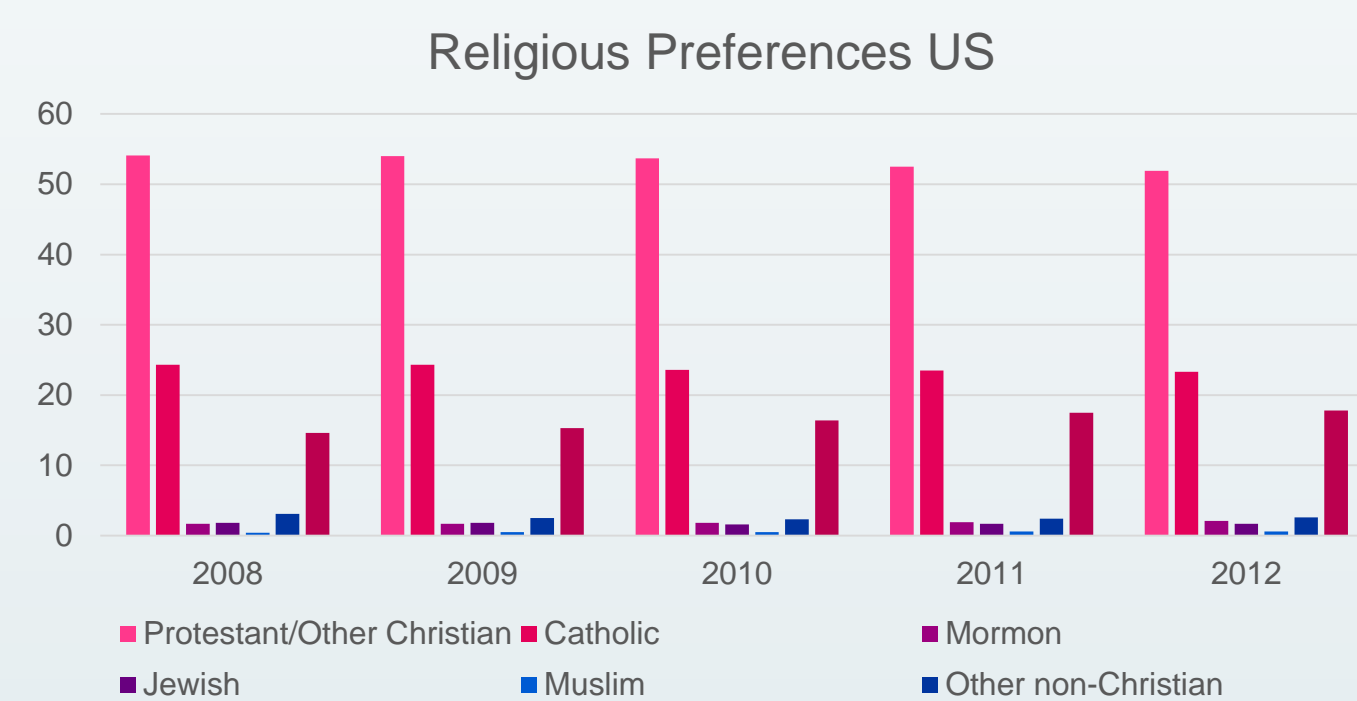
Spiritual care across faith and lack-of-faith traditions

- While 22.8% of identify as non-religious¹ 92% the group identify as having a belief in God¹
- Least likely to identify as "none" are Republicans, older Americans, those living in the South, blacks, women, and Hispanics²
- Palliative care patients with view of punishment or abandonment by God reported greater distress and lower quality of life³
- LGBTQ+ are less religiously affiliated than the general population¹

Essentially, there is a variety of ways patients participate in spirituality. Chaplains must be trained to handle all versions of spirituality. As the non-affiliated group increases in size so does the need to utilize humanist practices beyond faith traditions. While many people do not subscribe to one faith tradition they do express belief in a higher power so visits from chaplains still provide comfort during medical care. Patients report less symptoms of distress when their relationship with spirituality is satisfactory³ therefore it still remains an integral part of healthcare.

Code Switching during Chaplaincy:

- What is important in your life
- Where are your significant relationships?
- What values are most important to you?
- What gives you strength in challenging times?
- What is disrupting access to these resources right now?⁵



End-of-Life and Palliative Care: Spiritual Care Significance

- Majority of patients and family members felt that "Having a chance to talk about the meaning of death" was a high priority during terminal illnesses⁴
- Spiritual well being is negatively associated with symptom distress³
- Serotonin receptor densities are correlated with spiritual tendencies and therefore spiritual practices may influence mood and pain⁴
- Spiritual harm can occur when negative spiritual thoughts occur like "God is punishing me"⁴
- Feeling abandoned by higher power have negative outcomes in health and managing chronic pain⁴
- Total pain: complex of physical, emotional, social, and spiritual elements which includes anxiety, depression, fear, concerns for family, and meaning in the situation (Saunders)⁴

Palliative care addresses "total pain" and Maslow's Hierarchy of needs therefore many palliative care teams include chaplains. Good spiritual care can assist in the psychological understandings of pain, while spiritual harm can distress patients and worsen pain. Chaplains can assist in directing patients away from a punishing God or other spiritual harm practices. One of the major concerns for patients under going major medical changes is becoming a burden to their loved ones⁴. Chaplains can provide support to evaluate said concern and mitigate how to nullify said concern.

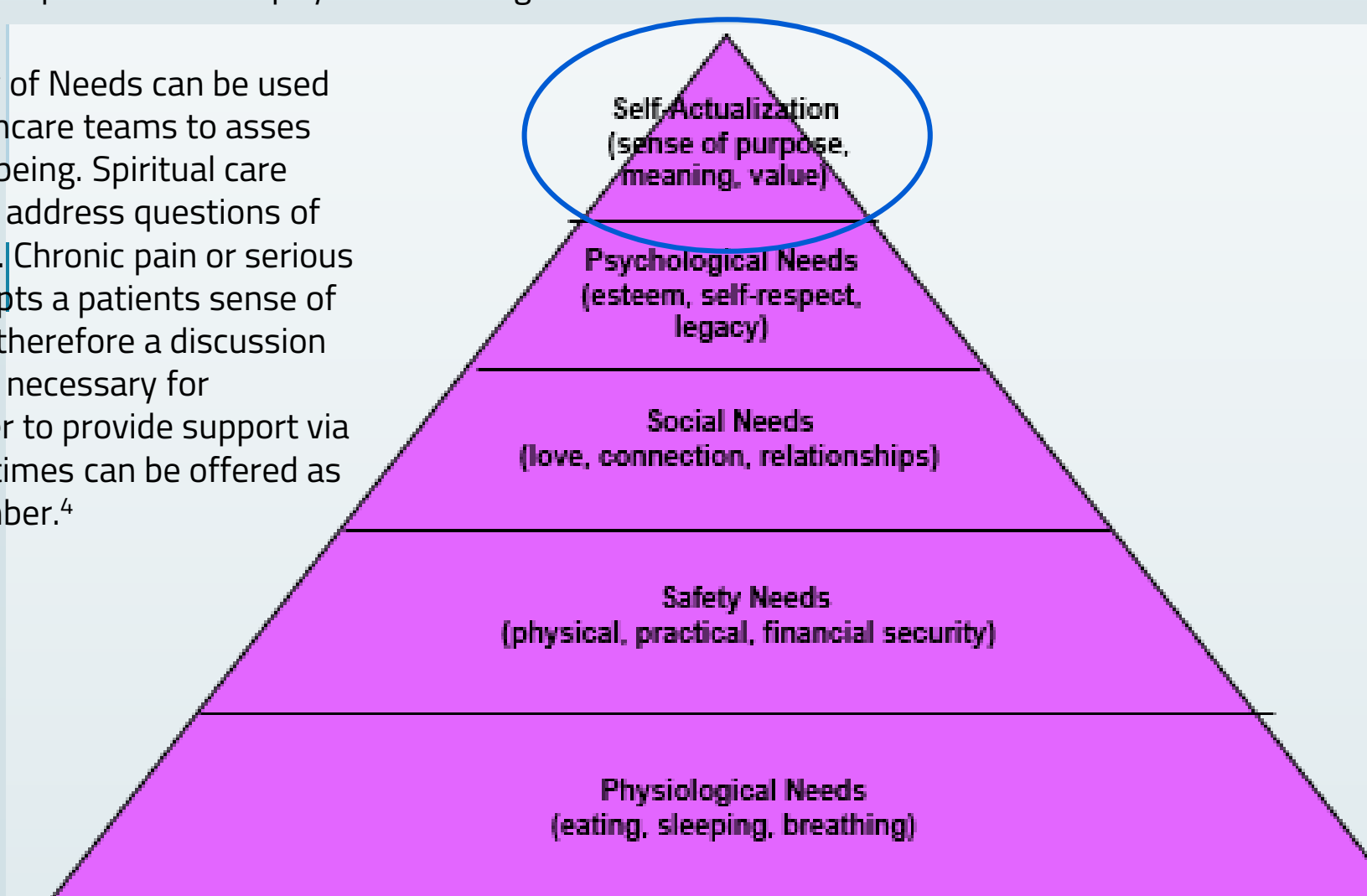
HOPE	FICA	OASIS
Hope	Faith/Beliefs	1. Neutral Inquiry 2. Inquire Further 3. Explore
Organized Religion	Importance/Influence (of beliefs)	4. Meaning and sources of peace 5. Spiritual Resources and Social Support
Personal Spirituality and Practices	Community	6. Help access spiritual resources 7. Close
Effects on Medical Decisions	Application	

Multiple ways in evaluating spiritual care of a patient. Current research moves between a more religious definition of spirituality (FICA) and a humanist definition (HOPE). OASIS is utilized by oncologist to evaluate patients and avoids religious connotation more than the other evaluations.

What I Learned

- What did I do?
 - I worked with chaplains of many different faiths at Baystate Medical Center by shadowing and reflecting with them throughout their shift
 - Sat in on discussions of ethics, faith traditions, interdisciplinary rounds, and spiritual care of patients
 - Presented information on the bio-physiology of substance use disorder in order to assist chaplains when caring for patients to redirect beliefs of moral failing
- Heart-Head-Heart
 - Compassionate care model where providers first meet the patient where they are at emotionally, then provides information, and finishes up with acknowledging where they are emotionally at the end of the conversation
 - Chaplains use model to provide companionship, redirect self hatred or punishment for current condition, support to frustrated dementia patients, quality vs quantity of life conversations, etc.
 - By meeting the patient or family member where they are at initially allowed chaplains access their emotional well being and history within a 15min conversation
- Burden vs Fight dichotomy
 - Patients facing serious illness (terminal or life altering) often mentioned not wanting to be a burden to their family members
 - Family members often push forward the idea that their family member is a fighter and they will get through their current illness
 - The different concepts quality of life can cause tension between family members and the patient. It also can lead to wishes of patients not being met in cases where a proxy is needed. Often chaplains can step in to discuss the differences with the whole family
- Importance of Silence
 - Providing space for patients to talk will provide great insight to their determinants of health
 - Often by adding silence the conversation information can move from superficial to discussions of substance about past occurrences like sexual assault, grief due to a recent loss, etc.
 - By allowing the patients to lead the conversation chaplains can provide cathartic experiences by just listening. Many patients felt calm from the conversations that they perceived to have no agenda
- Companionship in Hospital
 - Often residents and nurses do not have the time to sit and speak with patients about the meaning of life and how their life story has lead to their current situation. Chaplains are able to give this time
 - Although many people are not religious when a serious illness happens family and patients often seek out meaning and "taking all the good faith we can get" (family member at Baystate)
 - For those of strong faith traditions clergy can provide relief due to a visit from their faith community
- Healthcare workers require spiritual support
 - One of the chaplains would spread "peace and tranquility" to all healthcare workers on the wards they were covering
 - Due to high exposure of death and illness many physicians face emotional and spiritual harm
 - During difficult conversations with families the need for accurate clear information about the current medical situation may leave them unable to care for the spiritual and emotional needs to the family. Chaplains assisted physicians during these times

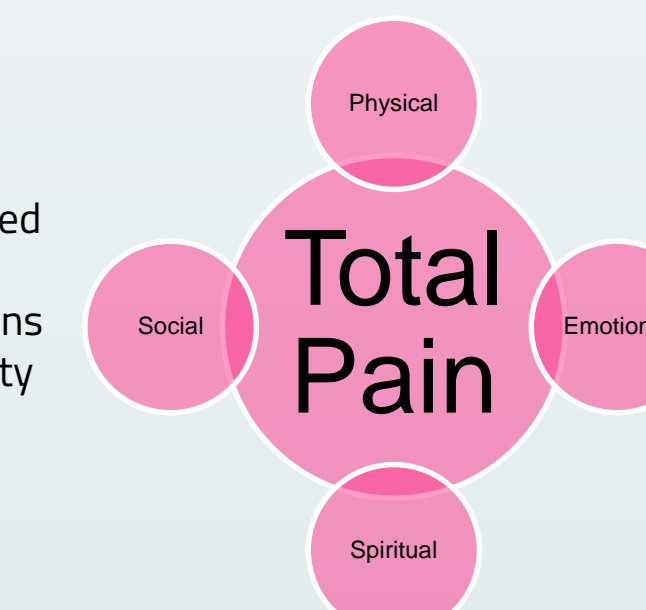
Maslow Hierarchy of Needs can be used by palliative healthcare teams to assess patients full well-being. Spiritual care often is utilized to address questions of Self-Actualization. Chronic pain or serious illness often disrupts a patients sense of self and meaning therefore a discussion around purpose is necessary for treatment. In order to provide support via chaplains it sometimes can be offered as a basic team member.⁴



Conclusions

- Chaplains can provide spiritual, emotional, and meaningful support to patients of all faith traditions or lack of faith traditions. While patients may not identify as religious during major life changes support of a neutral observer can assist in complex decisions and questions of life
- Often we view pain as a medically curable issue but serving total pain can provide patients with relief, especially in palliative care where chronic pain due to serious or terminal illnesses can eliminate trust in their emotional and spiritual support systems
- During end of life care patients who are younger and their families often had a hard time discussing death and the needs of the patient. This sometimes leads to feeling the palliative healthcare team is aggressive when coming to discuss options of comfort only care. Interfaith chaplains often were utilized to discuss the difficulty of losing a young person.
- While faith traditions and cultures have unique traditions surrounding death and illness interfaith chaplains do not necessarily go through and learn all traditions. Instead by coming to the patient with vague questions about what gives them meaning allows interfaith chaplains to operate in all faith traditions with the patients.
- Compassionate care meets patients where they are at emotionally during their stay in the hospital. By validating the feelings of the patients chaplains are able to create close connections that allow for difficult discussions about what gives their life meaning
- The greatest dichotomy in care and discussions around death was between the patient and the caregivers for the patient. The priorities of life and what a good life looks like are a quality vs quantity issue. Conversations around faith and spirituality can be avenues to coalesce the patient and the families' ideas about a good life and a good death

Overall spirituality and health care are linked due to the fact we all need to find meaning out of life, our work, and why a difficulty is occurring. In order to serve a patient total pain must be acknowledged which includes spiritual pain. Chaplains can provide the support to deal with spiritual pain as well as assist patients in any faith traditions on what they may need. Understanding the weight of how spirituality affects a patient is a necessity when discussing terminal illness and death, but does not need to be navigated alone. Interdisciplinary teams serve the whole patient



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