

## Short Communication

# Supporting the Spiritual Care of Patients and Healers

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Caring for the entire person, including their physical, psychological, social and spiritual well-being, is a tenet of family medicine. There are many interventions being undertaken to continuously improve the health of our patients across all these dimensions. However, physicians, nurses, students and other healers who practice in family medicine may find themselves so consumed by the stresses of the job that burnout is a real possibility [1]. There are many negative consequences of burnout, including inattention to detail, poor communication with patients increased medical errors [2] and early retirement or leaving the field of medicine [3]. The same spiritual care which helps our patients heal from mental or physical illness can also promote greater physician resiliency and less burnout. This paper aims to describe several interventions which can improve the spiritual care of family medicine providers and patients. Some of these suggestions require significant time and planning to implement. Others can be adopted immediately. The reader is encouraged to consider which of these might be appropriate in his or her work environment.

### Providers should spend more time directly caring for their patients

The American healthcare system, with its' restrictive ties to employer-sponsored insurance, is an accident of history. Traditional insurance was invented as a perquisite of certain jobs, and eventually evolved into a requirement for large employers to provide coverage to employees. However, there are a myriad of exceptions and loopholes in this system, from part-time employment to unaffordable premiums to poor quality benefits which leave the subscriber vulnerable to massive bills. Even with the recently expanded access, many of our citizens have no insurance or have only insurance of such poor quality that they cannot afford to seek healthcare. It leaves our citizens in danger of lack of access to healthcare during times in which they are already most vulnerable.

Having a single payer system would mean having just one set of rules which would apply equally to all patients regardless of age, wealth or employment. Providers could spend their time delivering care instead of fighting with insurance companies or trying to game the system to receive better reimbursement. This would produce a significant improvement in efficiency and attendant savings in costs [4,5]. The resources now spent on a massive workforce engaged in a perpetual struggle to obtain or deny payments could be repurposed to education, preventive medicine and wellness promotion.

### Interdisciplinary teams support comprehensive wellness

True wellness involves all aspects of a patient's well-being. Too often, we focus on physical disease to the exclusion of other

aspects of total wellness. Although a patient may be cured of her physical problem, does not have comprehensive wellness if she is suffering psychologically or spiritually. Family medicine has long been a champion of mental health promotion and should address spiritual wellbeing as well.

The medical home model is the first iteration of an idealized multidisciplinary team approach to primary care, and there is promising evidence of its efficacy [6,7]. Medical home patients are universally screened for depression, anxiety and other mental health issues, and may be offered resources to address those problems immediately with onsite counselling. This requires providers to be well trained in these issues, to have the time to address them during routine office visits, and to care deeply about these aspects of a patient's wellness. Counsellors should be trained to address typical primary care issues such as insomnia, chronic pain, eating disorders and mood disorders. Referrals for spiritual care should be available, if desired. Just knowing that their provider cared about them on a spiritual level can create an atmosphere of trust and ministry which would itself contribute to the healing relationship.

### Pastoral care for all hospitalized patients is a "best practice"

Hospitalization is a time of extreme vulnerability on the part of the patient. They may be facing life-and-death issues and suffering a feeling of near-total loss of control. They may be physically in pain and grappling with profound spiritual issues as well. Will I ever be well again? Is this the end of my life as I know it? What will happen to me? How do I cope with what is happening? These are questions that a provider can only partially address. Pastoral care is indicated. Pastoral care is a visit by a spiritual leader appropriate to the patient's faith tradition, with the goal of addressing the spiritual needs of the patient. Pastoral care visits increase patient satisfaction [8] and may even result in earlier discharge and significant cost savings [9]. Even if the patient is not facing a life-or-death issue, the experience of vulnerability may remind the patient of his mortality and be a perfect opportunity to address some of the "big issues" in life. All hospitalized patients, from those with elective knee replacements to those in the ICU, may benefit from being offered a visit from a pastoral care minister. What would that say about the mission of family medicine in promoting total wellness? How would the staff view the hospital's mission (and therefore their own career) if a pastoral care consult was esteemed equally with a cardiology consult or a physical therapy regimen?

### Reflective writing exercises should be allowed for some part of physicians' Maintenance of Certification

The current American system of Maintenance of Certification (MOC) is a yearly education and testing module which is

focused on demonstrating proficiency in scientific knowledge and reasoning. However, there is little to assess empathy toward patients or self-care among practicing providers. Empathy is necessary for producing compassionate physicians who can relate well to patients [10] and self-care may increase physician resilience to stress. As stated in a JAMA essay on narrative medicine, “A scientifically competent medicine alone cannot help a patient grapple with the loss of health or find meaning in suffering [11].” Reflective writing is the practice of writing out the story of a personal experience to deeply analyse the cognitive, emotional and spiritual meanings of the event to the author. There is a substantial body of research showing that reflective writing increases empathy and decreases burnout among medical students [12], residents [13] and practicing physicians [14]. A systematic review of reflective writing by medical students showed that the exercise increased empathy and ability to self-reflect, and that the assignment was well received by the students [12]. Practicing physicians experience similar benefits, including improved patient care and physician well-being [11].

Reflective writing could be an option for fulfilling some of physicians’ Maintenance of Certification (MOC) hours. After carefully de-identifying any patient information, some of these reflections could be published in a database accessible to colleagues in the same field. This would have a twofold impact: physicians would spend time meditating on the meaning of important patient interactions, and a sense of shared experience would decrease the isolation so common among physicians. Alternatively, an in-person workshop could both fulfill the MOC requirements and provide the additional benefits. Physicians who participated in these workshops would practice humility and vulnerability during the sharing phase of the workshop, and they would demonstrate respectful witnessing of the struggles shared by other physicians [14]. Any of the above interventions would add a much-needed humanizing component to MOC.

### **Retreats for family medicine providers and residents promote wellness**

The stresses on today’s providers are many and diverse. The end result of these stresses is a high rate of burnout and a loss of the sense of meaning in the one’s work [1]. Multiple forms of spiritual and wellness practice may combat this: personal spirituality, journaling, meditation, exercise, maintaining supportive relationships. However, these are usually discussed as something for the provider to seek out on her own time. (One more thing to do!) Imagine a system in which the provider’s spiritual wellness was seen as so important that the system supported the provider with one paid retreat day off per year. In keeping with the diverse spiritual backgrounds of providers, various retreat options could be available. However, they would all have a common goal: support the provider in achieving or reconnecting with a sense of greater purpose in his work. They would all ask the retreat participants to remember the values and goals which drew them to a career in medicine. A traditional approach to these retreats would include with time for prayer, reflection and discussion of values and meaning in one’s employment. However, those who prefer a secular approach could choose a non-traditional retreat emphasizing meditation, reflective writing or discussions of challenges and coping strategies.

This program would have at least three consequences. First, reflecting upon the factors which led them to choose the field of medicine would cause the provider to return with a renewed sense of purpose. In addition, spending meaningful time with colleagues builds and strengthens supportive relationships, which leads to increased resiliency to the stresses of the job [15]. Lastly, the provider would perceive that the family medicine healthcare system values their well-being as an individual, and not just as a production unit, which may also increase satisfaction and reduce burnout [3].

### **Healthcare students should be formally “missioned” before being sent out to practice**

All health science schools train students in professionalism and interpersonal skills. However, formal missioning ceremonies which recall the school’s core values are occasional and up to the individual schools. These include such practices as a Missioning Ceremony, Blessing of the Hands Ceremony [16,17] or Traditional Blessing Ceremony for Native American students [18] (University of Arizona website). All students should have the opportunity to receive a dedication appropriate to their faith tradition, perhaps in an interdenominational service. This dedication would be a re-orientation and re-commitment to the ideals that caused the students to seek a career in medicine: service to others, selflessness, constant self-improvement. These ideals, once held so dear, can be degraded or lost during the rigors of health science training, with its emphasis on competitiveness, infallibility and disdain for the weak. This ceremony would state that the value of selfless sharing is just as important as technical proficiency. The student’s spouse and family would be present at such a ceremony, thereby acknowledging their supportive role in the students’ healing vocation.

### **Physician-patient interactions should end with the physician thanking the patient for the opportunity to serve**

Ultimately, it is patients who allow us to practice our healing missions by entrusting their care to us. No patients, no mission. This simple intervention of thanking patients is shown to improve patient satisfaction [19] but more may have even more profound impact on the psychology of the physician. Such a habit of thanking the patient for an opportunity to practice one’s life work in a meaningful way will foster a sense of gratitude in the physician. Gratitude is associated with several positive markers of psychological well-being [20].

Thank you for allowing me to practice my life’s work in a spiritually meaningful way. Thank you for trusting me with your most intimate details. Thank you for your patience with long waits. Thank you for tolerating my imperfections as a doctor.

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