

Suffering, spirituality and refreshment

Megan Best
CMDFA National Conference 2015
Sydney



HammondCare

An independent Christian charity



THE UNIVERSITY OF
SYDNEY

Perished. Sidney Nolan. 1949






- 
- **GW**
 - **Female sculptor, 35 years**
 - **Metastatic ca breast**

Cassell EJ. The nature of suffering and the goals of medicine. *New England Journal of Medicine*. 1982;306(11):639-45.

What constitutes suffering?

Historical themes

- Victor Frankl: meaning in suffering**
- Cicely Saunders: total pain**
- Eric Cassell: overcoming the dichotomy between mind and body**




Suffering is defined as ‘an all-encompassing, dynamic, individual phenomenon characterized by the experience of alienation, helplessness, hopelessness and meaninglessness in the sufferer which is difficult for them to articulate. It is multi-dimensional and usually incorporates an undesirable, negative quality’.

Best M, Aldridge L, Butow P, Olver I, Webster F. Conceptual Analysis of Suffering in Cancer: a systematic review. *Psychooncology*. 2015.

- All-encompassing
- Individual
- Alienation
- Helplessness
- Hopelessness
- Meaninglessness
- Difficult to articulate
- Multi-dimensional
- Negative
- Dynamic



- 
- LA**
 - Lebanese patriarch, 68 years**
 - Metastatic ca lung, end stage disease**
 - Cachexia, pleurisy and dyspnoea at rest**

Christian views of suffering

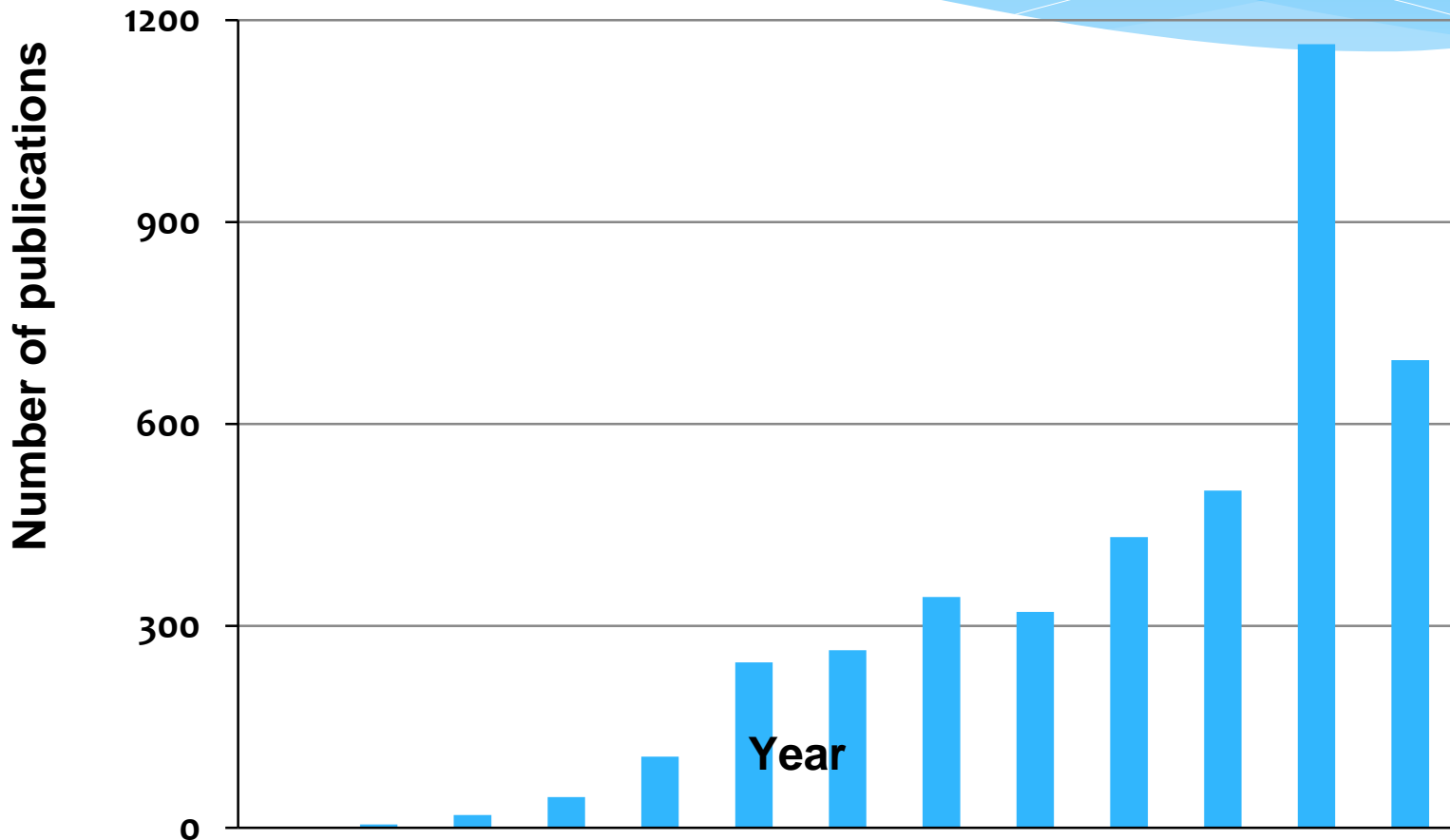
- Don't be surprised by suffering: 1 Pet 4:12
- A refiner's furnace: Jer 9:7; Zec 13:9; Mal 3:3;
- God's classroom: Heb 12; Rom 5:3ff; Jas 1:2-4



Therapeutic approach to suffering

1. **Treatment:** facilitating the articulation of spiritual suffering and promoting recovery of meaning
2. **Prevention:** by supporting the patient's spiritual well-being in healthcare

Growth in Medline-listed publications dealing with “spirituality” (subject heading) – from 1997-2009



‘consensus’ definition

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

Puchalski C, Ferrell B, Virani R, Otis-Green S, Baird P, Bull J, et al. Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *Journal of Palliative Medicine*. 2009;12(10):885-904.



spirituality

religion

Spirituality is Relationship

- **With self** (inner strength)
- **With significant others** (eg family)
- **With places and things** (eg nature, music, art)
- **With transcendence or that which is 'beyond'** (eg mystery of the universe, God, 'fate' ancestors.. etc)

Spirituality as relationship

With self

With significant
others

With the sacred or
transcendent

With places and
things

Sickness: relationships disrupted

With self



With significant others

SUFFERING

With the sacred or transcendent



With places and things

Biopsychosocialspiritual model of human beings

Healing: relationships restored

With self

With significant
others

PEACE

With the sacred or
transcendent

With places and
things

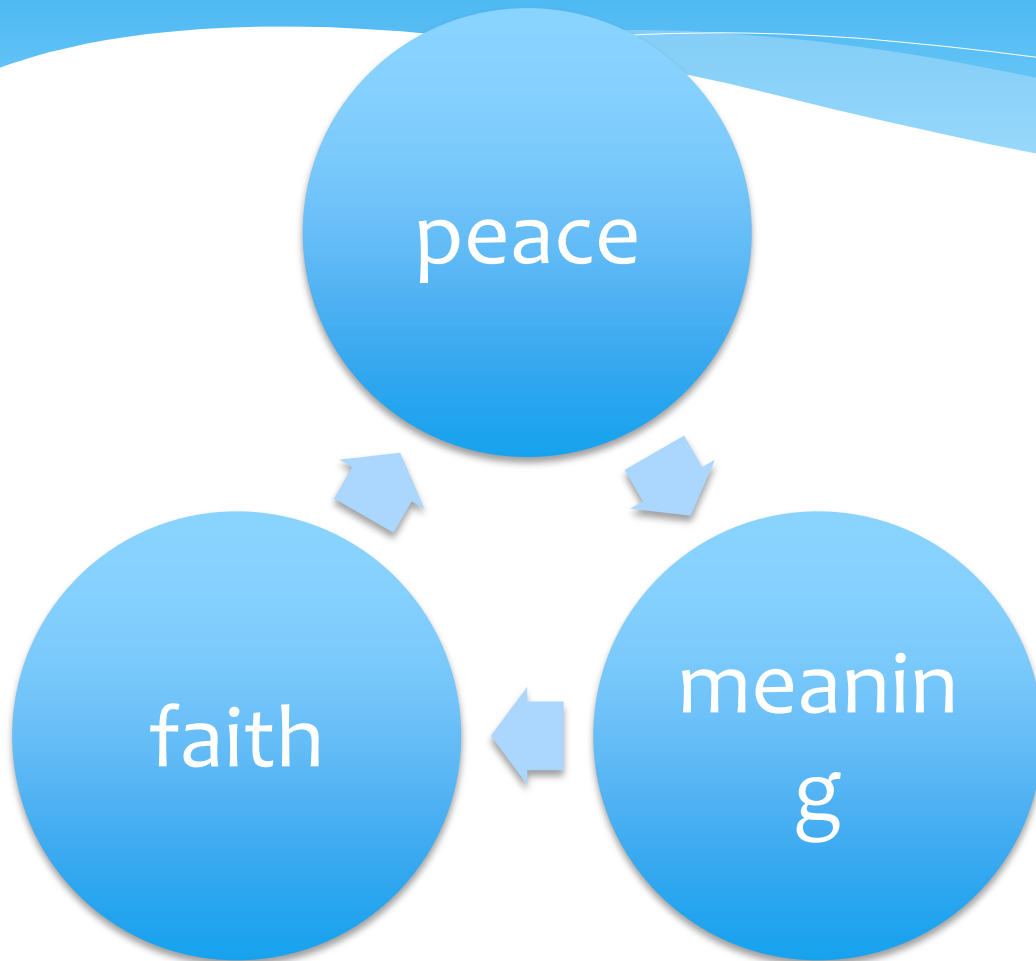
Biopsychosocialspiritual model of human beings

Spirituality in Australia

74% had spiritual or religious beliefs

Spirituality and religion, and the beliefs and practices associated with them, were found to be eclectic, individualised and evolving in response to life events such as loss and health crises.

Measuring spiritual wellbeing



- Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality of life measurement in oncology. . *Psychooncology*. 1999;8(5):417-28.
- Canada AL, Murphy PE, Fitchett G, Peterman AH, Schover LR. A 3-factor model for the FACIT-Sp. *Psychooncology*. 2008;17(9):908-16.

Illness/Dying brings Questions

- Why is this happening to me?
- What do I believe in?
- Is there a God?
- What will happen after death?
- Why am I being punished?
- Will my family cope when I'm gone?
- Will I be missed?
- Will I have time to finish...



Beneficial impact of spirituality/religion

Aspect of health	Highest level of evidence
<i>Stress reduction</i>	<i>Krause and Van Tran (1989), Leserman et al (1989), Williams et al (1991)</i>
<i>Relief of depression</i>	<i>Gartner et al (1991), Koenig et al (1998)</i>
<i>Recovery from illness</i>	<i>Levin 1996</i>
<i>Prevention of substance abuse</i>	<i>Larson (1980), Koenig (2001), Gorsuch (1995), Carroll (1993)</i>
<i>Prevention of suicide</i>	<i>Gonda et al (2007)</i>
<i>Prevention of heart disease and hypertension</i>	<i>Carroll (1993), Fraser and Sharlik (1997), Levin and Vanderpool (1987)</i>
<i>Relief of pain</i>	<i>Kabar-Zinn et al (1985)</i>
<i>Adjustment to disability</i>	<i>Idler and Kasl (1997)</i>
<i>Recovery from cardiac surgery</i>	<i>Oxman et al (1995)</i>
<i>Longevity</i>	<i>Hummer et al (1999), Clark et al (1999)</i>
<i>Reduced incidence and longer survival with cancer</i>	<i>Kune et al (1993)</i>
<i>Improved palliative care outcomes</i>	<i>Duggleby et al (2007)</i>
<i>Counselling outcomes</i>	<i>Hassad (1999)</i>
<i>Coping with illness</i>	<i>Hassed (2008), D'Souza (2007), Williams and Sternthal (2007), Hebert et al (2001), Eckersley (2007), Selway and Ashman (1998)</i>

Australian patient views

- ❑ **Over 80% believed there are links between spirituality/religion and health**
- ❑ **Over 80% believed that rituals and customs can help people when they are sick/suffering**
- ❑ **70% felt it is helpful for health staff to know their patients' beliefs and were willing to be asked about their beliefs;**
- ❑ **Patients wanted hospital staff to respect and support their beliefs and practices (may include referral to chaplain)**

Hilbers J, Haynes AS, Kivikko JG. Spirituality and health: an exploratory study of hospital patients' perspectives. *Aust Health Rev.* 2010;34(1):3-10.

Australia: role of the doctor in spiritual care of cancer patients

- Holistic care, understanding patient as an individual**
- Supporting access to source of spiritual strength**
- Not a spiritual advisor**

Spiritual support of cancer patients and the role of the doctor. Best, Butow & Olver Support Care Cancer (2014) 22:1333–1339 DOI 10.1007/s00520-013-2091-1

Generalist/specialist model of spiritual care

Chaplain (specialist)

doctor

Nursing/allied health staff

Psychologist/psychiatrist

Social worker

Burdens of spiritual care

- Difficult conversations
- High level doctor discomfort
- Lack of training
- Advanced communication skills needed
- Burnout risk

Asai M, Morita T, Akechi T, Sugawara Y, Fujimori M, Akizuki N, et al. Burnout and psychiatric morbidity among physicians engaged in end-of-life care for cancer patients: a cross-sectional nationwide survey in Japan. *Psycho-Oncology*. 2007;16(5):421-8. Girgis A, Hansen V, Goldstein D. Are Australian oncology health professionals burning out? A view from the trenches. *Eur J Cancer*. 2009;45(3):393-9. Graham J, Ramirez A, Cull A, Finlay I, Hoy A, Richards M. Job stress and satisfaction among palliative physicians. *Palliat Med*. 1996;10(3):185-94. Vermandere M, Choi YN, De Brabandere H, Decouttere R, De Meyere E, Gheysens E, et al. GPs' views concerning spirituality and the use of the FICA tool in palliative care in Flanders: A qualitative study. *Br J Gen Pract*. 2012;62(603):e718-e25. Chibnall JT, Brooks CA. Religion in the Clinic: The Role of Physician Beliefs. *South Med J*. 2001;94(4):374-9. Curlin FA, Chin MH, Sellergren SA, Roach CJ, Lantos JD. The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. *Med Care*. 2006;44(5):446-53. Al-Yousefi NA. Observations of Muslim Physicians Regarding the Influence of Religion on Health and Their Clinical Approach. *Journal of Religion & Health*. 2012;51(2):269-80. Best M, Butow P, Olver I. Doctors discussing spirituality: a systematic literature review. 2015.

Developing resilience

- Prayer and scripture meditation / bible study
- Fellowship where you can discuss difficult cases
- Familiarise yourself with guidelines – how to maintain patient autonomy while discussing spirituality

Ellis MR, Campbell JD. Concordant spiritual orientations as a factor in physician-patient spiritual discussions: A qualitative study. *Journal of Religion & Health*. 2005;44(1):39-53. Foster DW. Religion and medicine: the physician's perspective. *Health/Medicine and the Faith Traditions*. 1982:245-70. Kuczewski MG. Talking about spirituality in the clinical setting: Can being professional require being personal? *Am J Bioeth*. 2007;7(7):4-11. Best M, Butow P, Olver I. Why do we find it so hard to discuss spirituality? A qualitative study. 2015. In press.

FICA

F Faith, belief, meaning

- “Do you have spiritual beliefs that help you cope?”

I Importance and influence

- “What importance does your faith or belief have in your life?”

C Community

- “Are you part of a spiritual or religious community?”

A Address / Action in care

- “How should the healthcare provider address these issues in your healthcare?”

Puchalski CM. The role of spirituality in health care. Baylor University Medical Center Proceedings. 2001;14(4):352-7.



Are you at peace?

Steinhauser K, Voils C, Clipp E, Bosworth H, Christakis N, Tulsky J. “Are you at peace?”: One item to probe spiritual concerns at the end of life. Arch Int Med. 2006;166(1):101-5.

Learning from the experts

- DEVELOPING THE SELF
- DEVELOPING ONE'S ATTITUDE
- APPROACHING THE PATIENT

Thank you

I would like to acknowledge the generosity of Peter Ravenscroft and Ken Curry for letting me use some of their slides