



# Religiosity, Spirituality & palliative medicine

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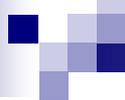
**KOSISH – the Hospice**

*[www.kosishngo.org](http://www.kosishngo.org)*



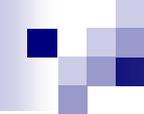
“It is seldom a **medical man**  
has true religious views –  
there is too much pride of  
intellect”

- George Eliot

- 
- Illness is a spiritual event. It grasps persons by the soul & by the body & disturbs them both. It raises troubling questions of a transcendental nature...about meaning, value & relationship.

*Daniel P. Sulmasy, Academic Medicine  
74:1003, 1999.*



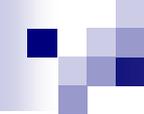


The physician's own belief system, whether spiritual, religious or none, affects medical decision making, consciously or unconsciously.

*Trapley & Trapley. Surg Clin N Am.91(2011)*

‘Visible light covers only 2% of the electromagnetic spectrum’



- 
- 'It is a grievous mistake to keep a wall of separation between medicine & religion. There is a division of labor but a unity of spirit. **The act of healing is the highest form of *'Imitatio Dei.'***

*Rabbi Abraham Heschel(1964)*

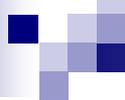
***Until you let go of who you are,  
you cannot be what you might be***





# American Cancer Society

- ‘available scientific evidence does not support claims that faith healing can actually cure physical ailments.’...’death, disability & other unwanted outcomes have occurred when faith healing was elected instead of medical care for serious illness.’



Tomkins et al. Faith-based healthcare 2:Controversies in faith & healthcare. Lancet July 2015

- *More than 80% of the population has religious faith. All religions believe that God or a superior force can intervene for the prevention & treatment of illness as a response to personal prayer, meditation, reading of sacred texts or healing services...some groups emphasize dependence on prayer...with advise not to take medical treatment.*

# Religion (*religare: to bind together*)

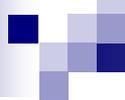
- Structured belief system that addresses universal spiritual questions
- Religious rites & rituals provides a concrete way of expressing spirituality
- Corporate (group based), structured, organized

Rx

Spirituality gives  
meaning &  
purpose to life.  
Spiritual issues  
often surface  
during end of life.  
Not all are  
religious but all  
are spiritual.







# Religion in Palliative Care

- Religion & religious traditions serve two main prime functions
  - Provision of a set of core beliefs about life events
  - Establishment of an ethical foundation for clinical decision making

# Role of religion

- Coping with stress
  - 9 of 10 hospitalised pt use religion to cope
  - Over 40% say it keeps them going
- Buffer against depression & speeds recovery from emotional disturbance
- Associated with positive emotions & QOL
- Related to lower rates of alcoholism, drugs, crime & better school grades
- Related to healthier life styles & fewer risky behaviours



# Role of religion

- Use of fewer health care services
  - Lower rates of hospitalisation & long-term care
- Greater marital stability
- Enhanced family relationships
- More social support

# Does Religious Attendance Prolong Survival?

- Harold G. Koenig, et al. J of Gerontology, 1999.
  - 'older adults, particularly women, who attend religious services at least once a week appear to have a survival advantage over those attending less frequently'.
  - $P < 0.0001$  for women &  $p < 0.05$  for men

# Religion & physical health

- Less stress-related medical conditions
  - CVS, strokes, BP, metabolic disorders, immune
- Greater longevity (**7-10 years of additional life**) & lower mortality
  - *Does religious attendance prolong survival? Harold G.Koenig, et al. J of Gerontology, 1999*
- Slows progression of cognitive impairment,
- Less functional disability with ageing & faster functional recovery after surgery

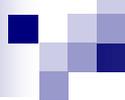
# Religious coping

- Efforts to understand & deal with life stressors in ways related to the sacred
- Serves multiple functions
  - Search for meaning, identity, intimacy, control
- It is multi-modal
  - Involves behaviours, emotions, relationships
- Is multi-valent; 'bitter & sweet'
- Adds a distinct dimension by virtue of its concern about sacred matters



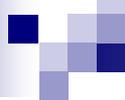






# Behaviors that erode patient dignity

- Relationships of inequality
- Treated like an object or without respect
- Wishes not honored
- **Loss of control over bodily functions**
- **Loss of ability to choose**
- **Dying in pain & alone/isolated**
- **Loss of meaning/purpose**



# Characteristics of spiritual suffering

- Pain, constant & chronic
- Insomnia
- Withdrawal, depression, guilt/self-loathing
- Conflict (family, palliative team, friends)
- Hopelessness
- Lack of sense of humor
- Unforgivingness
- Despair, fear, dread

# Universal Spiritual & Existential needs

- The need for love & authentic connection
- The need to understand & transcend suffering
- The hope to find refuge or a source of peace
- The need to find a meaning in life



Will we die in a manner consistent with the way we lived, which respects our personal values, spiritual beliefs, cultural background & preserves our dignity?





# Principles of spiritual care

- Spirituality an essential component of each person
- It is an ongoing issue – readdress it over time
- Demonstrate respect for patient's values, autonomy, vulnerability. Do not impose!
- **KNOW YOURSELF !**

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- Physician.....heal thyself!

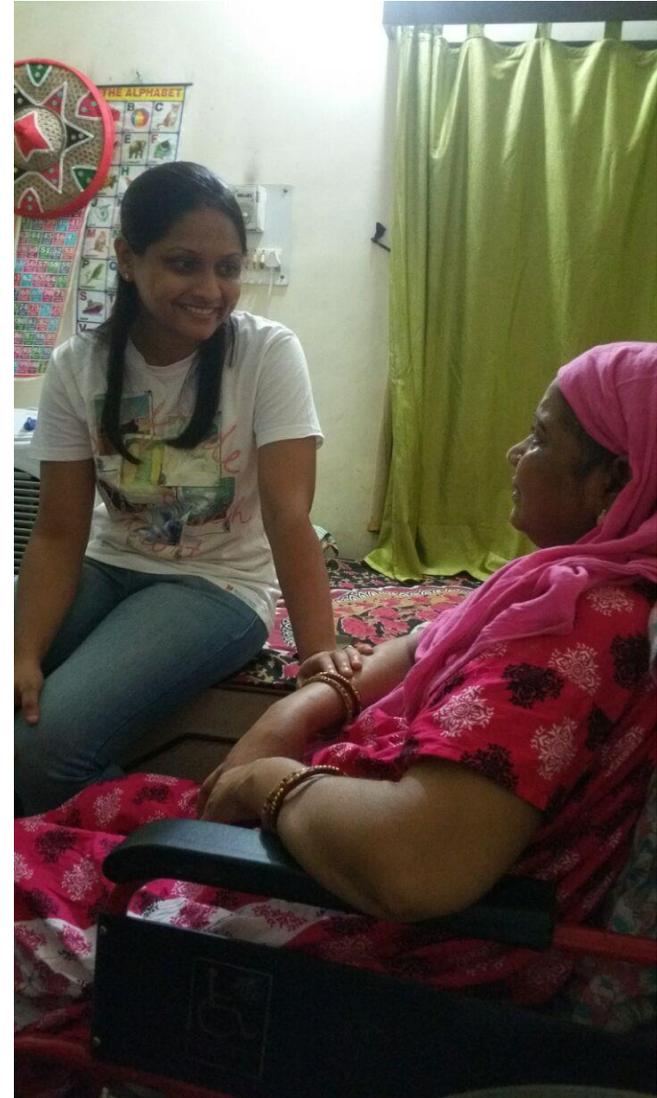






# Our inherent spiritual resources

- The capacity
  - for love & authentic connection
  - To understand & transcend suffering
  - To find a refuge or source of peace
  - To find meaning in life





- K - RAY
- BA - Meal
- BA - Enema
- I.V.P.
- H.S.G
- Ascending Urethrogram
- Micturating Cystourethrogram
- Ultra Sonography
- Color Doppler Study
- Echo- Cardiography

DIGITAL X - RAY

Single Use



17/12/2009 16:30



দুখার সফর, লাগে কুরআনি এবং দুখার বিকাশ।

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ  
اللّٰهُمَّ صَلِّ وَسَلِّمْ وَبَارِكْ عَلَى سَيِّدِنَا مُحَمَّدٍ وَعَلَىٰ آلِهِ وَصَحْبِهِ أَجْمَعِينَ

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OCT 2014

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WEDNESDAY

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SATURDAY

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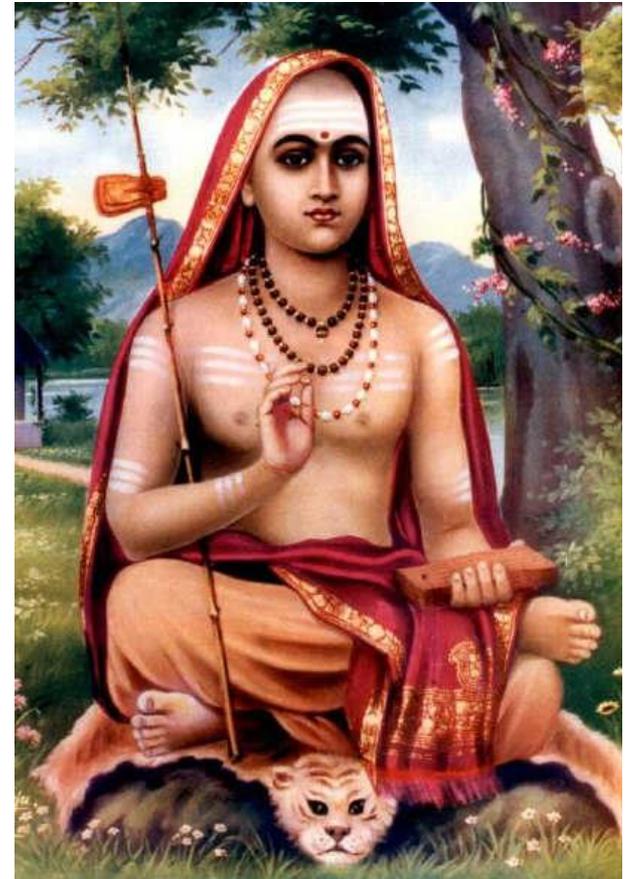
WORLD



*Jantunam narajanma durlabhamatah*

- Vivekacudamani, Verse 2, Adi Guru  
Sankaracharya (509 – 477 BC)

- It is the **spiritual part** of our nature that sets us apart from other creatures



# Hinduism perspectives



- “those who remember me at the time of death will come to me. Do not doubt this. Whatever occupies the mind at the time of death determines the destination of the dying; (Bhagvad Gita 8:5-6)
- “remembering me at the time of death, close down the doors of the senses & place the mind in the heart. Then, while absorbed in meditation, focus all energy upwards to the head. Repeating in this state the divine name, the syllable Om that represents the changeless Brahman, you will go forth from the body & attain moksha. (Bhagvad Gita 8:12-13)

# Hindu philosophy

- Body made of *pancha mahabhuta*

- Earth
- Water
- Fire
- Air
- Space



- Withdrawal of these elements progress from the grossest to the most subtle

# Intersection of culture & Spirituality



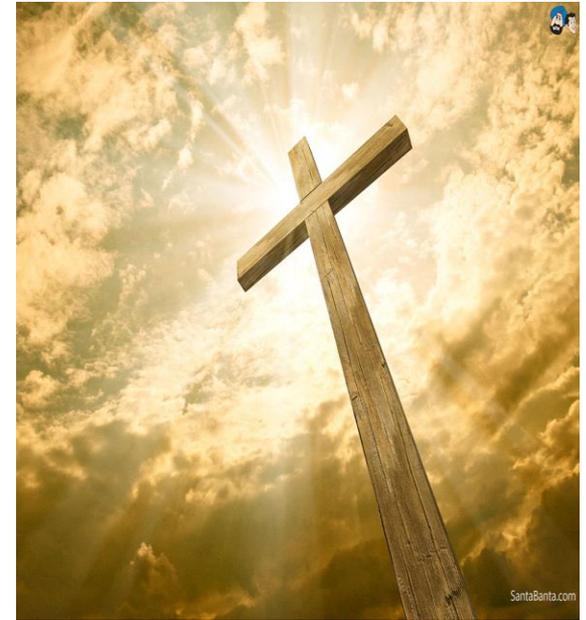
# Islam perspectives



- “Be sure that we shall test you with something of fear & hunger, some loss in goods or lives or the fruits of your toil, but give glad tidings to those who patiently preserve”(2:155)
- “when the believer is afflicted with pain, even that of a prick of a thorn or more, God forgives his sins & his wrongdoings are discarded as a tree sheds off its leaves”
- **Abu-Zaid Al-Balkhi (*Masalih al-Abdan wa al-Anfus*)- stressed the importance of combined treatment of body & soul...looking at beautiful pictures & listening to beautiful music**
- In illness seek Allah’s help with patience & prayer, increase remembrance of Allah to obtain peace, ask for forgiveness (tauba), give more in charity & read or listen to the Quran.

# Christian faith

- Sin & death – are the predicaments from which we seek salvation. Our predicaments are ontological. The cure of this predicament cannot come through human power alone & the power of God can help.



# The downside...

- Phelps et al, JAMA 2009

- High religious coping receiving more aggressive EOL care

- Balboni et al, JCO 2010, JAMA Internmed 2013

- Terminally ill patients who are well supported by religious communities access hospice care less and aggressive medical interventions more near death. Spiritual care and EoL discussions by the medical team may reduce aggressive treatment, highlighting spiritual care as a key component of EoL medical care guidelines.



# How do I do it?

- Recognize the suffering (sympathy)
- Respond with feelings of empathy
- Being a compassionate presence
  - Presence is awareness & kindness
    - Shift from 'doing' to simply 'being'
    - View the patient as a 'whole' with the suffering as only a temporary layer
  - Authenticity
    - Acknowledge your OWN fragility & mortality
- Remain available & present (don't abandon)



20/2/2009 11:38

# Cassell EJ. *(The nature of suffering & the goals of medicine)*

*...when physicians deconstruct suffering to its physical dimension while **ignoring the psychological & spiritual pain**, they not only fail to relieve suffering, but compound it.*

**Bodies do not suffer, only persons do.**

Suffering: threat to the integrity (wholeness) of the person.







**ORIGINAL ARTICLE** Year : 2016 | Volume : 22 | Issue : 2 | Page :

130--134 **Significance of end-of-life dreams and visions experienced by the terminally ill in rural and Urban India**

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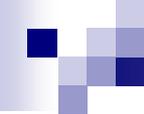




# Total Pain

- Physical
- Social
- Psychological
- **Spiritual**



- 
- **Religious pain:** feeling guilty over the violation of moral codes & values of his/her religious tradition
  - **Spiritual pain:** those who have concluded, through their own self-judgment, that there is something wrong with them at their core.









# Hope

- Hope has been defined in the context of terminal illness as the “positive expectation for meaning attached to life events” (*Parker-Oliver D.*)

As long as there is  
meaning, there is hope.



*help me  
listen to me  
stay with me  
remember me*

*Dr. Charles Corr*

