

Teachable Moment

Addressing Spiritual and Religious Needs in Advanced Illness

A Teachable Moment

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Story From the Front Lines

A 70-year-old man with a history of cirrhosis, ascites, and hepatic encephalopathy was admitted for abdominal pain and shortness of breath. He had been recently hospitalized for the same symptoms. This admission was for a liver transplant evaluation. Several days after admission, he developed acute hepatic encephalopathy, secondary to *Streptococcus mitis* bacteremia. Advance care planning had not yet occurred.

Over the next several days, his encephalopathy gradually improved with antibiotics and lactulose treatment, and the possibility of liver transplant was again discussed with the patient and his

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ing he was at high risk for mortality, surgical complications, and poor quality of life, the patient and his wife struggled to process through the next steps.

During a goals-of-care discussion, the couple revealed that they were devout Christians and that their faith had always played a significant role in helping them make difficult decisions. Spiritual Care services were subsequently consulted to help provide support and guidance, and the Sacrament of Anointing of the Sick was performed. After extensive consultation with both family and Spiritual Care services, the patient decided to return home with his wife to maximize the time he had left. The patient was discharged home shortly thereafter with hospice services.

Teachable Moment

Spirituality, most broadly defined, is the way one experiences, expresses, and/or seeks meaning and purpose. Effective incorporation of spiritual care has the potential to fundamentally influence how patients interpret their health and how they seek meaning and significance in serious illness. In particular, spirituality plays a significant role for patients facing serious illness toward the end of life. In a multicenter survey assessing patient preferences on discussing spirituality and religion,¹ 70% of patients who were approaching death and dying preferred to have their physicians ask about their spiritual and religious preferences, compared with 40% and 33% in hospitalized and office visit settings, respectively.

Although many patients desire having their spiritual needs addressed, a gap exists between what is desired and what is received. A study evaluating 2768 inpatients at a large urban center² found that of the 41% of patients who desired having their religious and spiritual needs addressed, only 21% actually received such care. In another survey evaluating how intensive care unit clinicians felt about addressing the spiritual and religious needs of patients,³ both fellows (74%) and attending physicians (79%) agreed that it was their responsibility to address such needs. However, these same

Box. Examples of Questions for the HOPE Approach to Spiritual Assessment

HOPE Approach to Spiritual Assessment

H: Sources of Hope, Strength, and Comfort

Can you identify any specific sources of hope and strength for you during difficult times?

O: Role of Organized Religion

Do you practice a specific religion or have particular spiritual beliefs that you find supportive?

P: Personal Spirituality and Practices

What personal religious and spiritual beliefs do you have and value?

E: Effects of Spirituality and Beliefs on Overall Care and End of Life

How can I incorporate your spiritual beliefs/practices to best support you during this time?

clinicians did not frequently address those needs in clinical practice (3% of fellows; 14% of attending physicians).

Despite underutilization, addressing spiritual and religious needs has been demonstrated to improve quality of care and reduce health care costs, particularly toward the end of life. A study evaluating 339 patients at a variety of outpatient centers who were observed until their death examined the associations with inadequacy of spiritual care provisions. Patients receiving low spiritual support (defined by patient-rated survey responses of "not supported at all," "to a small extent," or "to a moderate extent") had higher rates of intensive care unit death (5.1% vs 1.0%; $P = .03$), were less likely to receive a week or more of hospice care (53.1% vs 73.4%; $P = .009$), and had higher costs of medical care in the last week of life (\$5097 vs \$2657; $P = .01$).⁴ Additionally, addressing religious and spiritual needs has been demonstrated to be associated with higher patient satisfaction, regardless of whether such discussions were originally desired.²

Various tools have been developed to help physicians assess spiritual needs of patients and understand how it intertwines with their care. The "HOPE" assessment is a tool that has been found to be the most helpful and comprehensive, particularly toward the end of life (Box).⁵ The *H* represents identification of sources of hope, meaning, and comfort to patients. Clinicians may engage patients on religious or nonreligious sources of support in times of grief, and the general role that spirituality plays in their life. The *O* identifies whether patients adhere to an organized religion and the importance of these religious views to the patient. The *P* addresses personal spirituality and practices; clinicians may ask patients to elaborate on their spiritual relationships and any individual practices they use, such as prayer, meditation, music, poetry, or scripture reading. Lastly, the *E* seeks to bridge spiritual beliefs and practices with the effects on medical care and end-of-life issues.

This case illustrates the benefits of considering religious and spiritual needs and using Spiritual Care services, particularly when engaging patients in complex end-of-life decisions. We demonstrated how addressing the patient's needs helped him navigate end-of-life care and aided in the transition to care that was more

aligned with his goals. Incorporating the assessment of religious and spiritual needs within the medical review, along with consultation of Spiritual Care services, can therefore help clinicians deliver more compassionate and comprehensive patient-centered care.

ARTICLE INFORMATION

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