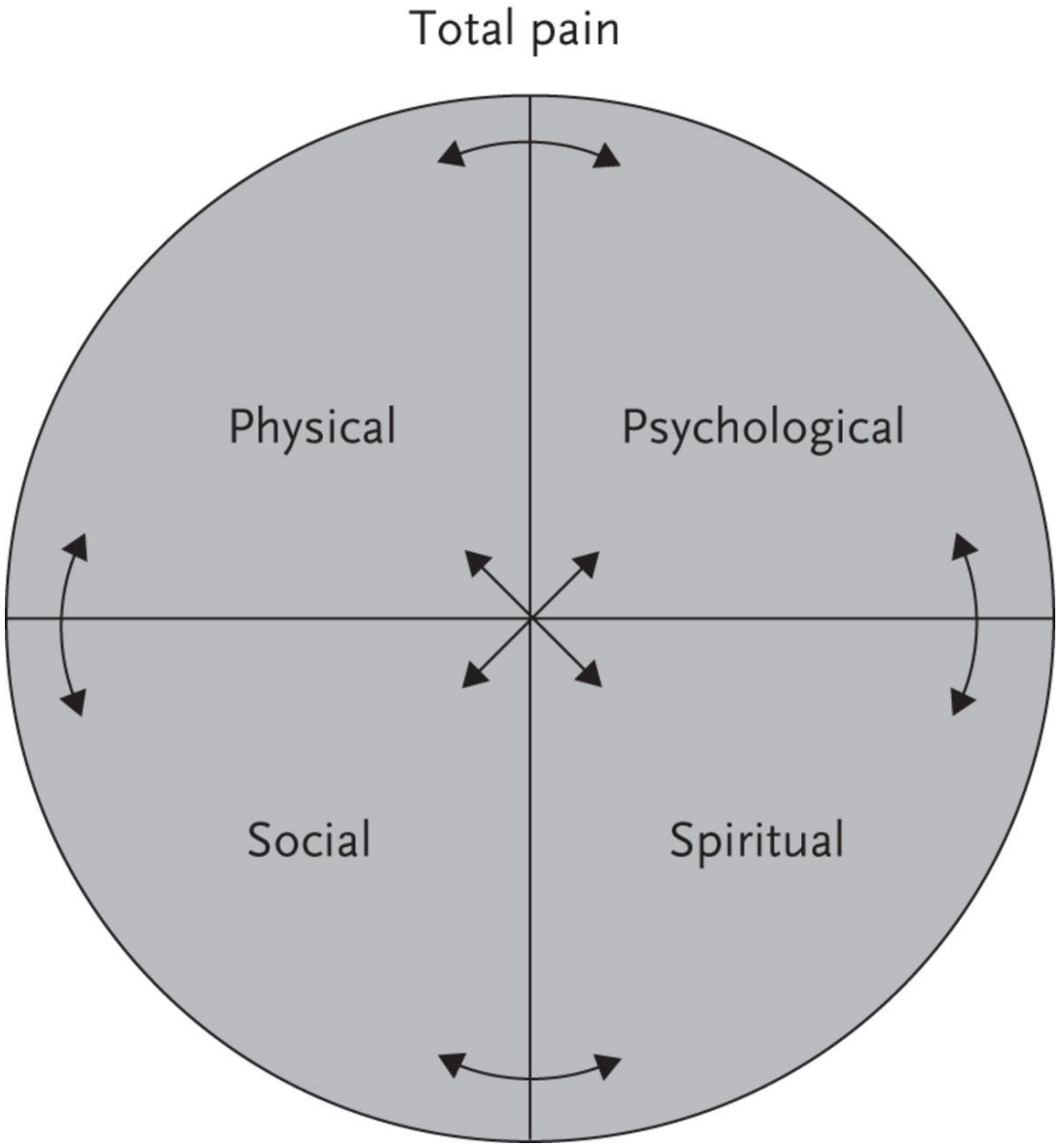
#goals

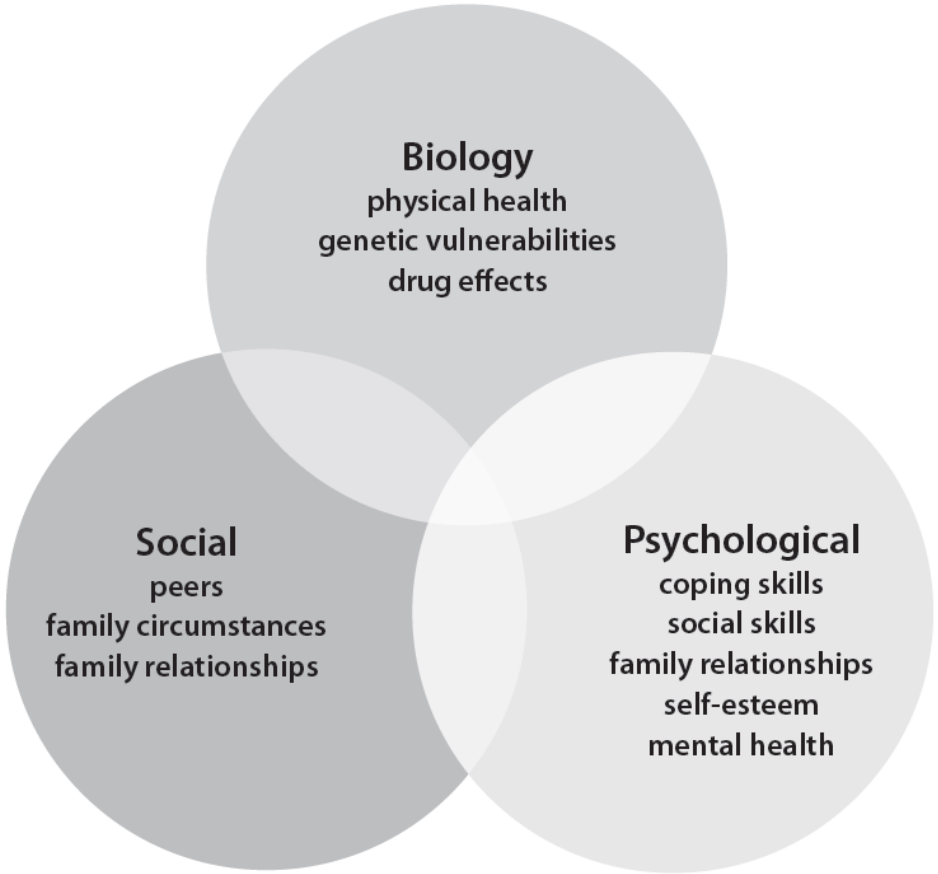
- Understand why and when you would want to take a spiritual history/assessment.
- Learn how to enter in conversation with a patient about their spiritual and or religious needs.
- Review the FICA spiritual assessment tool.
- Learn how to work with your interprofessional teams with the goal of meeting patients' spiritual and or religious needs.

Why is it important to inquire about patients' spiritual and religious needs in the healthcare setting?

CICELY SAUNDERS, MD



George Engle's Biopsychosocial Model of Care



PURPOSE & PERMISSION

The FICA Tool

Faith	• Do you consider yourself spiritual or religious? • Do you have spiritual beliefs that help you cope with stress? • What gives your life meaning?
Importance/ Influence	• What importance does your faith or belief have in your life? • On a scale of 0 (not important) to 5 (very important), how would you rate the importance of faith/belief in your life? • Have your beliefs influenced you in how you handle stress? • What role do your beliefs play in your healthcare decision-making?
Community	• Are you part of a spiritual or religious community? • Is this of support to you, and how? • Is there a group of people you really love or who are important to you?
Address	• How would you like your healthcare provider to use this information about your spirituality as they care for you?

Taking spiritual history in clinical practice: a systematic review of instruments

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Background: To facilitate the addressing of spirituality in clinical practice, several authors have created instruments for obtaining a spiritual history. However, in only a few studies have authors compared these instruments. The aim of this study was to compare the most commonly used instruments for taking a spiritual history in a clinical setting.

Methods: A systematic review of spiritual history assessment was conducted in five stages: identification of instruments used in the literature (databases searching); relevant articles from title and initial abstract review; exclusion and Inclusion criteria; full text retrieval and final analysis of each instrument.

Results: A total of 2,641 articles were retrieved and after the analysis, 25 instruments were included. The authors independently evaluated each instrument on 16 different aspects. The instruments with the greatest scores in the final analysis were FICA, SPIRITual History, FAITH, HOPE, and the Royal College of Psychiatrists. Concerning all 25 instruments, 20 of 25 inquire about the influence of spirituality on a person's life and 17 address religious coping. Nevertheless, only four inquire about medical practices not allowed, six deal with terminal events, nine have mnemonics to facilitate their use, and five were validated.

Conclusions: FICA, SPIRITual History, FAITH, HOPE, and Royal College of Psychiatrists scored higher in our analysis. The use of each instrument must be individualized, according to the professional reality, time available, patient profile, and settings.

Teachable Moment

Addressing Spiritual and Religious Needs in Advanced Illness
A Teachable Moment

Christian K. Alch, MD; Kristin M. Collier, MD; Raymond Y. Yeow, MD

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 wife. At that time, the couple raised questions regarding the risks and benefits of such an invasive procedure. Understanding 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.

Related article

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

HOPE Approach to Spiritual Assessment	
H: Sources of **H**ope, Strength, and Comfort	*Can you identify any specific sources of hope and strength for you during difficult times?*
O: Role of **O**rganized 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?*

Annals of Internal Medicine

Is it Time to More Fully Address Teaching Religion and Spirituality in Medicine?

Kristin M. Collier, MD; Cornelius A. James, MD; Sanjay Saint, MD, MPH; and Joel D. Howell, MD, PhD

IDEAS AND OPINIONS

Spirituality may seem an unlikely topic for academic discourse. We pass judgment on our fellow faculty members primarily on the basis of the quality (and quantity) of their scientific research. As education-minded physicians have increasingly sought to have medical education seen as an appropriate topic for scholarly study and academic rewards, they have tried to place their work within the trappings of quantitative science. That sort of systematic, quantitative approach (even in work labeled as "qualitative" research) may be ill-suited to a topic such as religion—a topic based on, well, faith. And faith, as Osler acknowledged, falls outside of the scientific model. Perhaps we ought simply to get to know our patients as human beings, whatever their system of beliefs. Perhaps we ought simply to give them the space to speak, and listen to them, absent guidelines, or checklists, or—dare we say it—scientific analysis. Perhaps that would be one way to bring us closer to understanding, and truly caring for, our patients as they wish to be cared for. We believe the time is now to more fully address teaching religion and spirituality in medicine.


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