Spirituality, religion, and healthcare

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"We are not human beings having a spiritual experience. We are spiritual beings having a human experience". Teilhard de Chardin.

"Helping, fixing, and serving, represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul". Rachel Naomi Remen.

Anna said: "Doctor, I'm frightened. I pray every day. I want you to pray for me". Anna looked squarely at me. It was clear she wanted a response. For a long while, I did not know what to say. A doctor's words have great power for a patient; they can help to heal, and they can do great harm.

None of the training I received in medical school, residency, fellowship, or practice had taught me how to reply to Anna. And although I am religious, I consider my beliefs and prayers a private matter. Should I sidestep Anna's request, in effect distancing myself from her at a moment of great need? Or should I cross the boundary from the purely professional to the personal and join her in prayer?

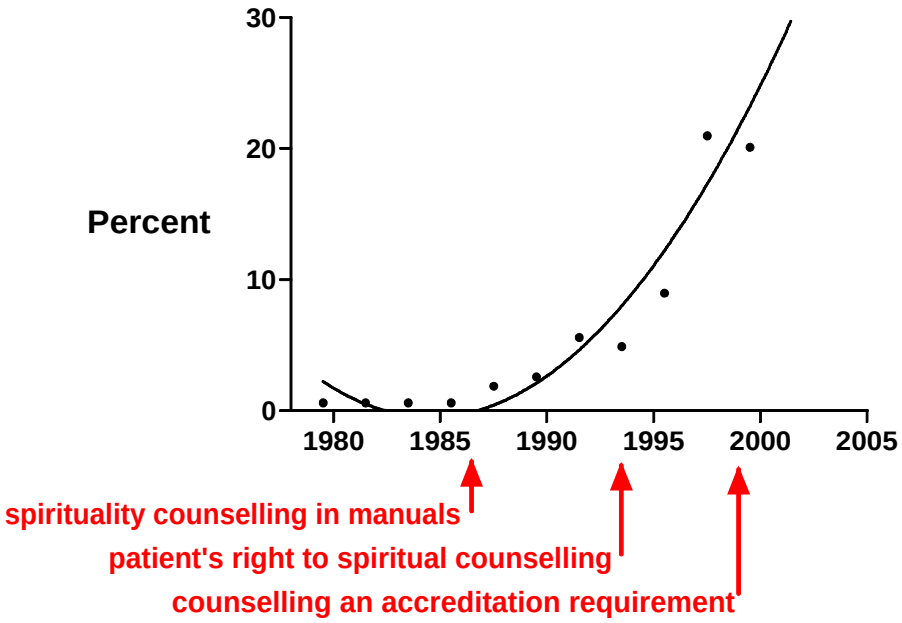
Dilemmas like this one have become points of sharp contention in the medical world. How should doctors examine and engage religion in the lives of their patients and in their own lives as clinicians? Is there any place for God at the bedside during rounds?

Introduction.

In most healing traditions and through generations of healers in the early beginnings of Western medicine, concerns of the body and spirit were intertwined. But with the coming of the scientific revolution and the enlightenment, non rational considerations were removed from the medical system. Today, however, a growing number of studies reveal that spirituality may play a bigger role in the healing process than the medical community had previously thought.

Discussions of spirituality and religion have long been considered inappropriate in the study and practice of medicine. That bias is beginning to change, however, as physicians begin to appreciate the importance of these issues to the health and well-being of their patients, as well as the role of spirituality in their own lives.

The technological advances of the past century tended to change the focus of medicine from a caring, service-oriented model to a technological, cure-oriented model. Technology has led to phenomenal advances in medicine and has given us the ability to prolong life. However, in the past few decades physicians have attempted to balance their care by reclaiming medicine's more spiritual roots, recognizing that until modern times spirituality was often linked with health care. Spiritual or compassionate care involves serving the whole person, the physical, emotional, social, and spiritual. Such service is inherently a spiritual activity.



Definitions.

In order to have a meaningful discussion with patients regarding spirituality and medicine care, a common understanding of terminology is essential.

1. Spirituality: Is defined as an experimental process whose features include quest for meaning and purpose, transcendence (a sense that being human is more than material existence), connectedness (e.g., with others, nature or the divine) and values (e.g., justice). Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and / or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

2. Religion: Organizes the collective experiences of a group of people into a system of beliefs and practices. Religion is an organized and public belief system of worship and practices that generally has a focus on a god or supernatural power. It generally offers an arrangement of symbols and rituals that are meaningful and understood by its followers.

3. Religiosity: Refers to the degree of participation in, or adherence to, the beliefs and practices of a religion.

4. Spiritual distress: Spiritual distress and spiritual crisis occur when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and

connection in life or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health. Medical illness and impending death can often trigger spiritual distress in patients and family members.

5. Spiritual care and spiritual assessment: General spiritual care can be defined as recognizing and responding to the multifaceted expressions of spirituality that physicians encounter in their patients and their families. It involves compassion, presence, listening and the encouragement of realistic hope, and might not involve any discussion of God or religion. General spiritual care may be provided by anyone. Specialized spiritual care often involves understanding and helping with specific theological beliefs and conflicts. It is ideally performed by persons with special training in this area, such as those trained as Clinical Pastoral Education (CPE) chaplains.
Spiritual assessment is the process by which health care providers can identify a patient's spiritual needs pertaining to medical care.

In health research we should differentiate between the terms spiritual and religious since, if they are used interchangeably, reports of spirituality may be describing religious practice and affiliation. These can be interrelated. Spiritual belief may or may not be religious, but most religious people will be spiritual. A non-religious person may still therefore have a deep spirituality and spiritual needs. Spiritual care is not just the facilitation of an appropriate ritual but engaging with an individual's search for existential meaning.

Spirituality fulfills specific needs.

- Meaning to life, illness, crises, and death
- Sense of security for present and future
- Guides daily habits
- Elicits acceptance or rejection of other people
- Provides psychosocial support in a group of like-minded people
- Strength when facing life's crises
- Healing strength and support

Spirituality may have a positive impact on health.

The health benefits of religion and spirituality do not stem solely from healthy lifestyles. Many researchers believe that certain beliefs, attitudes, and practices associated with being a spiritual person influence health. Qualities like faith, hope and forgiveness and the use of social support and prayer seem to have a noticeable effect on health and healing.

1. Faith: A person's most deeply held beliefs strongly influence his or her health. Some researchers believe that faith increases the body's resistance to stress.

2. Hope (a positive attitude that a person assumes in the face of difficulty): Without hope, many people become depressed and are prone to illness.

3. Forgiveness: A practice that is encouraged by many spiritual and religious traditions, forgiveness is a release of hostility and resentment from past hurts.

4. Love and social support: A close network of family and friends that lends help and emotional support has been found to offer protection against many diseases.

5. Prayer: The act of putting oneself in the presence of or conversing with a higher power has been used as a means of healing across all cultures throughout the ages.

Spirituality may have a negative impact on health.

Some experts warn that religious beliefs can be harmful when they encourage excessive guilt, fear, and lowered self-worth. Similarly, physicians should avoid advocating for particular spiritual practices; this can be inappropriate, intrusive, and induce a feeling of guilt or even harm if the implication is that ill health is a result of insufficient faith. It is also important to note that spirituality does not guarantee health. Finally, there is the risk that people may substitute prayer for medical care or that spiritual practice could delay the receipt of necessary medical treatment.

Negative Coping: Patients have more depression, poorer quality of life and callousness towards others:
- Seeing the crisis as punishment from God
- Excessive guilt
- Absolute belief in prayer and cure
- Inability to resolve anger when cure does not occur
- Refusal of indicated medical treatment

What is spiritual care?

Spiritual care is recognizing and responding to the multifaceted expressions of spirituality we encounter in our patients and their families. The purpose is to determine the nature of a person's relationship to God and other people, and to give the person the opportunity to accept spiritual support. Themes such as the search for meaning, feelings of connection or isolation, hope or hopelessness and fear of dying are all clues that a person is struggling with spiritual issues.

Practice of compassionate presence:

- Listening to patient's fears, hopes, pain, dreams
- Obtaining a spiritual history
- Attentiveness to all dimensions of the patient and patient's family: body, mind and spirit
- Incorporation of spiritual practices as appropriate
- Involve chaplains as members of the interdisciplinary healthcare team

Assess for spiritual crisis.

- Search for meaning or purpose in one's life.
- Loss of a sense of connection with people or God.
- Feelings of guilt or unworthiness

- No relationship with God
- Anger, denial, and bitterness expressed toward self, others, or God. Questioning of faith
- Desire for forgiveness
- Sense of abandonment by God

Basic spiritual needs for every person.

- A meaningful philosophy of life (values, and moral sense).
- A sense of the transcendent (outside of self, view of God and something beyond the immediate life, having hope.)
- A trusting relationship with God (faith).
- A relatedness to nature and people (friendship), Experiencing love and forgiveness.
- A sense of life meaning.

Dimensions of spiritual needs.

1. Situational:
- Purpose
- Hope
- Meaning and affirmation
- Mutuality
- Connectedness
- Social presence

2. Moral and biographical:
- Peace and reconciliation
- Reunion with others
- Prayer
- Moral and social analysis
- Forgiveness
- Closure

3. Religious:
- Religious reconciliation
- Divine forgiveness and support
- Religious rites/sacraments
- Visits by clergy
- Religious literature
- Discussion about God, eschatology, or eternal life and hope

Survey date demonstrating patient need.

Several surveys have documented patients' desire to have spiritual concerns addressed by their physicians. Religion, one expression of spirituality, plays a central role in the lives of many peoples. When asked, 95% of persons surveyed espoused a belief in God, 57% reported praying daily, and 42% reported attending a worship service in the prior week. The need for attentiveness to the spiritual concerns of dying patients has been well recognized by many researchers. People overwhelmingly want their spiritual needs addressed when they are close to death.

75% say religion is central to their lives; a majority feels that their spiritual faith can help them recover from their illness.
65% believed it is good for doctors to talk to patients about spiritual beliefs.
94% of patients with religious beliefs agreed that physicians should ask them about their beliefs if they became gravely ill.
45% of patients who denied having any religious beliefs still agreed that physicians should ask their patients about them.
68% of patients said they would welcome a spiritual question in a medical history; only 15% said they actually recalled being asked by their physicians whether spiritual or religious beliefs would influence their decisions.
The majority of people polled felt that doctors should talk with their patients about spiritual concerns, yet only 10% reported that their doctors had discussed such issues with them.

Studies of the links between spirituality and health.

Study focus	Finding
General population patients	95% of Americans believe in God 91%believe in God 74% feel close to God 77% believe physicians should consider their spiritual needs 73% believe they should share their religious beliefs with their physicians 66% want physicians to inquire about religious or spiritual beliefs if gravely ill 37 to 40% believe that physicians should inquire about religious beliefs more only 10 to 20% report that their physicians discusses religion or spirituality with them
Physicians	64 to 95.5% believe in God. 43 to 77% feel close or somewhat close to God. 77% believe that patients should share their religious beliefs with their physician 96% believe spiritual well-being is important in health. 11% inquire at least frequently about spiritual issues (less than 20% discuss this issue in more than 10% of encounters). Greatest barriers to discussion of spiritual issues are lack of time (71%), lack of training (59%), difficulty in identifying patients who want such a discussion (56%).
Relaxation response/meditation	80% of patients voluntarily chose a phrase with a religious focus. 25% experienced increased spirituality

	(subjective). Those who experienced increased spirituality had better medical outcomes.
Religious commitment and health outcomes	75% of studies show a positive association, including: prevention of illness (including depression, substance abuse, physical illness, mortality), coping with illness, Recovery from illness.
Placebo effect	Beneficial in 60 to 90% of diseases, including: angina pectoris, asthma, herpes simplex, duodenal ulcer.
Prayer effect	Prayer or mental effort from a distance can affect measurable outcomes. 58% statistically significant effect

Research on the role of spirituality in health care.

The effect of spirituality on health is an area of active research right now. Besides being studied by physicians, it is studied by psychologists and other professionals. The studies tend to fall into 3 major areas: mortality, coping, and recovery.

1. Mortality: Some observational studies suggest that people who have regular spiritual practices tend to live longer. Religious commitment may improve stress control by offering better coping mechanisms, richer social support, and the strength of personal values and worldview.

2. Coping: Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses.
Some studies indicate that those who are spiritual tend to have a more positive outlook and a better quality of life. Some studies have also looked at the role of spirituality regarding pain. One study showed that spiritual well-being was related to the ability to enjoy life even in the midst of symptoms, including pain. This suggests that spirituality may be an important clinical target. Prayer was used as a method of pain management.
Spiritual beliefs can help patients cope with disease and face death.
These findings are not surprising. We hear them repeated in focus group, in patient's writings and stories: When people are challenged by something like a serious illness or loss, they frequently turn to spiritual values to help them cope with or understand their illness or loss.

3. Recovery: Spiritual commitment tends to enhance recovery from illness and surgery. In general, people who don't worry as much tend to have better health outcomes. Maybe spirituality enables people to worry less, to let go and live in the present moment.
Related to spirituality is the power of hope and positive thinking.
Specific spiritual practices have been shown to improve health outcomes.

Dimensions of patient assessment.

1. Illness / treatment summary
2. Physical
3. Psychological
4. Decision making
5. Communication
6. Social
7. Spiritual
8. Practical
9. Anticipatory planning for death

Spiritual assessment.

1. Includes:

A spiritual assessment should include the following: determination of spiritual needs and resources, evaluation of the impact of beliefs on medical outcomes and decisions, discovery of barriers to using spiritual resources and encouragement of healthy spiritual practices.

2. How to begin:

A spiritual assessment performed during a medical encounter is a practical way to begin incorporating spirituality into medical practice. Physicians can begin with the following:
- Practicing compassionate presence
- Listening to patient's fears, hopes, pain, and dreams
- Obtaining a spiritual history
- Being attentive to all dimensions of patients and their families: body, mind, and spirit
- Incorporating spiritual practices as appropriate
- Involving chaplains as members of the interdisciplinary health care team

***3. General recommendations*:**

General recommendations when taking a spiritual history:
- Consider spirituality as a potentially important component of every patient's physical well being and mental health.
- Address spirituality at each complete physical exam and continue addressing it at follow-up visits if appropriate. In patient care, spirituality is an on-going issue.
- Respect a patient's privacy regarding spiritual beliefs; don't impose your beliefs on others.
- Make referrals to chaplains, spiritual directors or community resources as appropriate.
- Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make doctor-patient encounter a more humanistic one.

***4. General prerequisites*:**

Several factors can increase the success of a discussion of spiritual issues with patients.
a. Spiritual self-understanding and self-care: a physician needs to understand his or her own spiritual beliefs, values and bias in order to remain patient-centered and non-judgmental when dealing with the spiritual concerns of patients. This is especially true when the beliefs of the patient differ from those of the physician. Spiritual self-care is integral to serving the multiple needs and demands of patients in the current health care system. Self-care can take the form of reconnecting with family and friends, time alone (for quiet contemplation, playing a sport, recreational reading, nature watching, etc.), community service, or religious practice.
Self-care and self-understanding can help physicians prepare for difficult questions, such as "Why is this happening to my child (or me)?" or questions regarding the physician's beliefs. It can also help physicians prepare for times when patients may make requests for prayer, or prepare for emotional responses from the patient or the physician.

b. Establishment of a good physician-patient relationship: the patient is more likely to discuss spiritual concerns within the context of a trusting and therapeutic physician-patient relationship.

c. Appropriate timing of discussions: routine inquiry about spiritual resources can flow naturally following discussions of other support systems and may open the door for further discussion. Appropriate timing for more in-depth discussion requires skillful interpretation of verbal and nonverbal cues from patients and families and the willingness to explore further with gentle, open-ended interview techniques. The topic of spirituality may be introduced during discussion of advance directives, a new diagnosis of severe illness, terminal care planning, addiction, chronic pain, chronic illness, domestic violence or grieving.

***5. Informal spiritual assessment*:**

May be accomplished at any time during the medical encounter. Spiritual assessment often involves listening carefully to the stories that patients tell regarding their lives and their illness and then interpreting the spiritual issues involved. Themes such as the search for meaning, feelings of connection versus isolation, hope versus hopelessness, fear of the unknown, are clues that the patient may be struggling with spiritual issues. Perceiving these clues and following with open-ended as well specific questions regarding the patient's spiritual beliefs may reveal more about a patient's spiritual needs that direct inquiry with a formal spiritual assessment. This is the approach most often employed by CPE chaplains.

***6. Formal spiritual assessment*:**

Involves asking specific questions during a medical interview to determine whether spiritual factors may play a role in the patient's illness or recovery and whether these factors affect the medical treatment plan. The HOPE questions is a teaching tool to help medical students, residents and practicing physicians begin the process of incorporating a spiritual assessment into the medical interview. It does not immediately focus on the word "spirituality" or "religion". This minimizes barriers to discussion based on use of language.

Spiritual assessment tools.

1. The HOPE questions.

The **HOPE** questions for a formal spiritual assessment in a medical interview:
H: Sources of **H**ope, meaning, comfort, strength, peace, love and connection.
O: **O**rganized religion.
P: **P**ersonal spirituality and **P**ractices.
E: **E**ffects on medical care and **E**nd-of-life issues.

Examples of questions for the HOPE approach to spiritual assessment:

H: Sources of **H**ope, meaning, comfort, strength, peace, love and connection.

- We have been discussing your support system, I was wondering, what is there in your life that gives you internal support?
- What are your sources of hope, strength, comfort and peace?
- What do you hold on to during difficult times?
- What sustains you and keeps you going?
- For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?

O: **O**rganized religion.

- Do you consider yourself part of an organized religion?
- How important is this to you?
- What aspects of your religion are helpful and not so helpful to you?
- Are you part of religious or spiritual community? Does it help you? How?

P: **P**ersonal spirituality and **P**ractices.

- Do you have personal spiritual beliefs that are independent of organized religion? What are they?
- Do you believe in God? What kind of relationship do you have with God?
- What aspects of your spirituality or spiritual practices do you find most helpful to your personality? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

E: **E**ffects on medical care and **E**nd-of-life issues.

- Has being sick (or your current situation) affected your ability to do the things that usually help your spirituality? (or affected your relationship with God?)
- As a doctor, is there anything that I can do help you access the resources that usually help you?
- Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?
- Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?

- Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

2. The FICA method.

The **FICA** method of taking a spiritual history:
F: **F**aith and belief. Ask:
I: **I**mportance and **I**nfluence. Ask:
C: **C**ommunity. Ask:
A: **A**ddress/**A**ction. Ask:

F: **F**aith and belief. Ask:
- What is your faith or belief?
- Do you consider yourself spiritual or religious?
- Are there spiritual beliefs that help you cope with stress or difficult times?
What gives your life meaning?

I: **I**mportance and **I**nfluence. Ask:
- Is spirituality important in your life?
- What influence does it have on how you take care of yourself?
- Are there any particular decisions regarding your health that might be affected by these beliefs?
- How have your beliefs influenced your behavior during this illness?
What role do your beliefs play in regaining your health?

C: **C**ommunity. Ask:
- Are you part of a spiritual or religious community?
- Is this of support to you and how?
- Is there a person or group of people you really love or who are really important to you?

A: **A**ddress/**A**ction. Ask:
- How would you like me, your healthcare provider to address these issues in your healthcare?
- Think about what you as the health care provider need to do with the information the patient shared, e.g., refer to a chaplain, meditation, or another spiritual resource. It helps to talk with the chaplain in your hospital to familiarize your-self with available resources.

3. The SPIRIT method.

S: **S**piritual Belief System
P: **P**ersonal Spirituality
I: **I**ntegration in a Spiritual Community
R: **R**itualized Practices and Restrictions
I: **I**mplications for Health Care
T: **T**erminal Events Planning (advance directives, DNR wishes, DPOA etc..)

S: **S**piritual belief system:
- How would you describe your spiritual belief system?

- Do you find comfort in this current illness from your beliefs and practices?
- What in particular is helpful to you?
    Internal: private belief system
    External: participant in a community

P: **P**ersonal spirituality:
- What are your most important personal beliefs?
- The professional need not believe what the patient believes, but must acknowledge that the patient's beliefs are important.
- An individual may have a profound spirituality, but may not be overtly religious.

I: **I**ntegration in a Spiritual Community
- National Institute for Healthcare Research report studies claiming:
- Regular church attendees live longer.
- Risk of diastolic hypertension ranked 40% lower among people who actively participate in spiritual practices.
- 93% female cancer patients said their beliefs helped them sustain hope.

R: **R**itualized Practices and Restrictions
- Patients may especially value the rituals of their faith community:
- Baptism for a critically ill newborn
- Anointing (last rites) of a dying person
- Scripture
- Prayer
- Communion, or Eucharist Service

I: **I**mplications for Health Care
- What does the patient understand about his/her medical condition & prognosis?
- What are the patient's beliefs about suffering, about pain control?
- Does the patient understand the principle of double effect?
- What are the patient's goals in the time that is left?

T: **T**erminal Events Planning (advance directives, DNR wishes, DPOA etc.)
- Does the patient have an advance directive?
- Attorney in fact: Durable Power of Atty.?
- Curative - Palliative -Comfort Care?
- How does the patient view dying?
    Is it the final end?
    Is it the beginning of life eternal?
    What is the patient's final agenda?

4. The LET GO method.

L: **L**istening to the patient's story
E: **E**ncouraging the search for meaning
T: **T**elling of your concern and acknowledging the pain of loss
G: **G**enerating hope whenever possible
O: **O**wning your limitations

Requirements for physicians to meet the spiritual needs of patients.

A physician must:

- Be trustworthy,
- Treat the patient as a person,
- Be kind,
- Maintain hope,
- Assist the patient in determining what it means to live.

How we view illness.

We may view illness under variable angles:

- Illness a challenge
- Illness as enemy
- Illness as punishment
- Illness as weakness
- Illness as relief
- Illness as strategy
- Illness as having value

Patients raise spiritual questions.

Patients usually raise a lot of questions. Here are some examples:

- Who am I, now that I am sick or dying?
- What is the meaning of my life when I am no longer productive and independent?
- Where am I connected to others who value me and see me as a person of worth?
- What is my relationship to the Ultimate?
- What do I now value most in the time that is left to me?

Effects of spiritual assessment on medical management.

Many possible steps may follow the spiritual assessment.

1. Take no further action: spiritual concerns and questions often have no clear answers or solutions, yet they can significantly affect the quality of a patient's suffering. Experienced physicians know that in many cases there is little they can offer to their patients in the way of medical solutions and cure. At these times, the best therapeutic intervention is to offer their presence, understanding, acceptance and compassion.

2. Incorporate spirituality into preventive health care: patients can be helped to identify and mobilize their own internal spiritual resources as a preventive health care measure. These resources may include prayer, meditation, walks in the country or listening to soothing music.

3. Include spirituality in adjuvant care: The physician can help patients identify spirituality based measures that can be useful to them in conjunction with standard

medical treatment. For example, a patient may need to listen to music or read scripture before surgery.

4. Modify the treatment plan: modifications can be made based on better understanding of the patient's spiritual needs as related to medical care. This can include such measures as stopping or continuing chemotherapy in a patient with metastatic cancer; referring a patient with spiritual distress or crisis to a clinical chaplain; using community cultural or religious resources.

Conclusion.

Although spiritual care is advocated in the academic literature and health policy documents as an integral part of holistic health care, its importance is not always recognized, and its application certainly not straightforward.

The difficulties we face are likely to have many causes related to definition, the health system, research, knowledge associated with spirituality and the practice of spiritual care itself, and interactions between all these factors. If we acknowledge the need to move from the traditional form of religious care which in the past was provide by chaplains who afforded sacramental visits with some theologically considered words of comfort to more modernistic concept which differentiates religiousness from spirituality, recognizing that they are not synonymous, then we are challenged as to how to provide such care?

Certainly we have struggled with a definition of spirituality, in fact probably determining that it defies definition. However we have determined that spirituality is multidimensional construct, encompassing elements including:
- A journey of searching for purpose, something which provides direction and meaning in life;
- An encounter with transcendence;
- A sense of community with other travelers;
- For some, religious rituals and doctrine that provides a pattern for spiritual life;
- A sense of mystery;
- And personal transformation and relationships beyond the physical self.

If we acknowledged that during experiences of illness and suffering, people turn more to considering the existential issues in their lives as they confront their own humanity and mortality, we can conclude that the spiritual necessities in times of illness may include:
- The need for meaning and purpose in life;
- The need to give and receive love;
- The need for hope and creativity;
- And the need for forgiveness.

If this is the case, who then, within the health system that should take on this role?

Pastoral care is recognized as the church's overall ministry of healing, sustaining, guiding, and reconciling people to God and to one another. As such it provides a broad and inclusive ministry of healing, growth and spiritual nurturing, and has an integral part to play in providing spiritual care for patients and families within health

settings, is invaluable in advocating for the inclusion and consideration of spiritual issues in any health care intervention, and can be critical in caring for the staff in health care settings.

Nursing too claims spiritual care as an important component of holistic care. In fact the International Council of Nurses, Code of Ethics enunciates responsibility for spiritual care as an integral part of nursing, and nursing theorists suggest that historically a person's care was almost naturally placed at the heart of nursing, and encourage nothing less than the recovery of nursing's vocation in which nurses view spiritual care as an important component of holistic care.

Some authors support the role of the medical practitioner in the provision of spiritual care, encouraging doctors to share with their patients in their attempts to make sense of their lives. Furthermore they advocate the value of a relationship of mutual respect, involving time, knowledge and a willingness to remain involved with patients.

The greatest risk for health care would be for one professional group to claim supremacy for the provision of spiritual care, over any other, as this would defy the essence of spirituality itself.

It is evident that spiritual care in the health setting is a complex amalgam, and perhaps holistic health care remains more of an ideal than a reality in twenty-first century health systems, however, this should not deter those who seek to embrace it.

If we recognize spiritual care as the fundamental capacity to enter into the sacred world of another and respond respectfully to that essential mystery, then, in the spirit of holism, spiritual care should not be separated or segregated as a part of care, rather it should be envisaged as the very heart of care, otherwise we do it a severe injustice.

If this concept can be embraced we will move towards recognizing the sacredness of the work we are all called to. We will recognize and value the relationships between carers and those seeking wholeness and wellness, and will embrace a multidisciplinary approach to the provision of spiritual care.

Let us reflect on a three questions:

If holistic spiritual care within your own setting or experience was a reality what would be occurring in the care of those who experience spiritual distress or adversity in life?

What would have to occur for this to happen?

How can you achieve this, what obstacles would need to overcome in order to occur?