Incorporating Spiritual Humility In The Practice Of Medicine: Understanding How Spiritual Practices Of Patients And Families Relate To Our Practice Of Medicine

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http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Objectives

1. Recognize the importance of religion/spirituality in the lives of patients and families

2. Take a spiritual history using tools such as FICA and SPIRIT

3. Apply spiritual humility to the practice of medicine

4. Identify opportunities to incorporate spiritual humility in personal practice and training program
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>0-10 minutes</td>
<td>Introduction to the workshop and overview of the curriculum</td>
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<tr>
<td>10-20 minutes</td>
<td>Role of Spiritual Humility in the Practice of Medicine</td>
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<tr>
<td>20-35 minutes</td>
<td>Journaling followed by Pair : Share</td>
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<tr>
<td>35-45 minutes</td>
<td>Taking a Spiritual History Using FICA or Spirit</td>
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<tr>
<td>45-60 minutes</td>
<td>Role play demonstration of spiritual history taking</td>
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<td>60-75 minutes</td>
<td>Spiritual history practice</td>
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<tr>
<td>75-90 minutes</td>
<td>Application of Spiritual Beliefs to the Care of Children</td>
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Rationale for Resilience in the Face of Grief and Loss Curriculum

• Request from AAP Section of Medical Students, Residents, and Fellows (Now Section on Pediatric Trainees)

• Need to address their grief and loss during training

• Expanded to address the maintenance of wellness and resilience

• Included section on spiritual humility
Components of the Resilience in the Face of Grief and Loss Curriculum

• Part A: Understanding Grief and Loss

• Part B: Communication with Families about Critical Incidents and Life Altering Diagnoses

• Part C: Adaptive Behaviors and Coping; Mechanisms for Health Care Providers

• Part D: Introduction to Personal Wellness

http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Part A: Understanding Grief and Loss

- Knowledge of grief and loss reactions
- Ethical considerations in end of life decision making
- Common religious and spiritual traditions used by families

http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Join Poll Everywhere

Text AMANDAOSTA359 to 37607 to join, then text your message
How comfortable do you feel asking patients and families about their spiritual beliefs?

- Very Comfortable
- Comfortable
- Somewhat uncomfortable
- Uncomfortable
- Very uncomfortable

Start the presentation to activate live content
If you see this message in presentation mode, install the add-in or get help at Poll Everywhere.
the barriers that you have faced engaging with patients and families and their beliefs?
Questions Families Often Ask: Implicit Spiritual Themes

• Why is this happening?

• Is this a punishment for something I have done?

• Is this part of a bigger or divine plan?

• Is there some greater good I can obtain from this?

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Background

• Spiritual beliefs may serve as a support and comfort.

• 90% of the US population practices spiritual or religious traditions (Robinson 2006)

• Clinicians should support and respect these beliefs

• Attempt to implement traditions or explain why they cannot be done.
• Understand the individual spiritual beliefs of patients and their families.

• Parents and children may have different beliefs as well.

• Offer to include clergy from the family’s tradition(s).
Understanding the Family’s Perspective

• Rely on their spiritual beliefs to understand and accept difficult news.

• 60-80% of families had unmet spiritual needs (Feudtner 2003)

• Four explicit themes are critical (Robinson 2006)
  • Prayer
  • Faith
  • Access to and support of clergy
  • Belief in the endurance of the parent-child relationship beyond death

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Spiritual Humility

• Health care providers need to embrace spiritual humility.

• Spiritual **generalist** – insightful about need for spirituality

• Clergy or spiritual **specialists** – who can help guide and support families

• Access to multi-denominational chapel and services

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Perspective of Health Care Professionals

• Inquiring and respecting another’s spiritual belief

• We cannot possibly know all there is about another individual beliefs

• Spiritual humility allows us to acknowledge that we don’t know, but seek to understand

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Journaling Exercise Followed by Pair: Share

1. Can you describe an experience in your own practice where knowing more about the family’s spiritual beliefs may have been helpful?

2. Describe a time that personal spirituality conflicted with or contributed to a patient interaction?
Taking a spiritual history

• Allows families a mechanism to access resources.

• Receipt of support from spiritual community.

• Incorporate spiritual practices into hospital setting.

• Need not make assumptions.
Open the Discussion

What role does spirituality or religion play in your and your child’s life?
(Sulmasy 2002)

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Taking a Spiritual History: FICA

- **Faith and beliefs**
- **Importance**
- **Community**
- **Addressed**
Taking a Spiritual History: FICA

• **Faith and Beliefs**: Is there a particular faith(s) that you and your family are members of?

• **Importance**: How would you rank the importance that spirituality plays in your life?

(Astrow 2001)
(Puchalski, Larson, Post 2000)

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
FICA (continued)

• **Community**: Describe your connection to a spiritual community.

• **Addressed**: How can the healthcare team support your child and family in your faith and spirituality at this time?

(Astrow 2001)
(Puchalski, Larson, Post 2000)

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Taking a Spiritual History: Spirit

- Spiritual belief system
- Personal spirituality
- Integration with spiritual community
- Ritualized practices and restrictions
- Implications for medical care
- Terminal events planning
Taking a Spiritual History: SPIRIT (continued)

- **Spiritual belief system:**
  - A particular faith or sense of spirituality that is a part of your life?

- **Personal spirituality:**
  - Personally express your spirituality/connection to something greater than yourself?

(Maugans 1996)

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Taking a Spiritual History: SPIRIT (Continued)

• **Integration with a spiritual community:**
  - A spiritual community that you are a part of?
  - Regular religious or spiritual practices?

• **Ritualized practice and restrictions:**
  - Any restrictions or laws/rituals that you follow as a part of your faith?

(Maugans 1996) Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Taking a Spiritual History: SPIRIT (Continued)

• **Implications for medical care:**
  - A role for spirituality in what you are facing with your child now?
  - Wish to incorporate a particular practice/have a member of your community come in?

• **Terminal events planning:**
  - In the event that someone dies, what rules or beliefs/rituals should be carried out?

(Maugans 1996)

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Role Play Demonstration
Large Group Discussion

• What went well?

• What could have been done differently next time?
Taking Spiritual History at Your Table (FICA)

• **Faith and Beliefs**: Is there a particular faith(s) that you and your family are members of? Are there any beliefs important to you that you would like to share?

• **Importance**: How would you rank the importance that spirituality plays in your life (Very Important/Important/Not Very Important)?

• **Community**: Describe your connection, if any, to a spiritual community. How do you see this community supporting you in times of challenge?

• **Addressed**: Can you comment on a time that spirituality was important to you in healthcare?
Large Group Discussion

• What was easy about taking a spiritual history? What was difficult?

• Do you think that you could teach your learners to do this?
Case 1 (In Small Groups)

Your patient is a 6yo Middle-Eastern American boy whose family’s faith is important to them. The child is dying from a progressive neurological disease for which there is no treatment. The family hasn’t felt comfortable with their child dying in their home, so they request that their child be admitted to the hospital. However they want their spiritual leader to perform the death rituals in the hospital. How would you approach this request?

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Case 1: Points to Consider

1. What discussion would you want to have with the family?

2. What information would be important to know?

3. What resources could you access to assist with their request?

4. How would you navigate this request with the different disciplines involved with the child’s care- parents, nursing staff, child life, and chaplain?

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Case 2 (In Small Groups)

You are working in the PICU and a child is declared dead after a motor vehicle accident resulting in severe head trauma. The mother is distraught and states that in their Judaian religious beliefs, a family member must remain with her child’s body until taken to the funeral home.

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Case 2: Points to consider

1. How might you approach this request?

2. What would be your reaction?

3. What resources would you want to access within the hospital setting to try to honor this request?

Part A: Understanding Grief and Loss in Children and Their Families
http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
Wrap Up

• What are some barriers to implementation of this in your program?

http://www2.aap.org/sections/palliative/ResilienceCurriculum.html
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