

Spirituality and Religion in Modern Medicine

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ABSTRACT

Man has always yearned for a higher sense of belonging in life. Since ancient ages, human beings have tried to examine and evaluate the relationship between spirituality, religion and medicine. The interface of spirituality, quality of life and mental health is fascinating and sublime. Religion and spirituality play an essential role in the care giving of patients with terminal illnesses and chronic medical conditions. Patient's needs, desires and perspectives on religion and spirituality should be addressed in standard clinical care. Ongoing research in medical education and curriculum design points towards the inclusion of competence, communication and training in spirituality. There are structured and reliable instruments available for assessing the relationship between spirituality, religion and health in research settings. Intervention based scientific studies in the arena of spirituality and modern medicine are needed. Further research should be directed towards making modern medicine more holistic.

Key words: *Clinical care, modern medicine, religion, spirituality*


INTRODUCTION

Spirituality is an important determinant of physical, emotional, and social health.^[1] Spirituality today is an essential aspect of health care that is often not adequately addressed in modern-day medical practice.^[2] Interest in the relationship between spirituality, religion, and clinical care has increased in the last 15 years. Religions often provide patients with specific moral guidance about a variety of medical issues and prescribe rituals that are important to patients.^[3]

Historical evolution to current modern-day medical practice

At the start of modern medicine, the ancient holistic

paradigm of healthcare that was present in many cultures gradually became replaced by a dualistic approach that separated cure for the body from care for the soul. However, something went wrong. Ironically, the specialized and technical approach of medicine failed in its promise of holistic healing, compassion, and care. Patients always want to be approached as a person who is suffering, not as a faceless individual with malfunctioning organs.^[4] Caring for the spiritual aspect of the patient can provide the physician with a more in-depth understanding of the patient and his needs.^[5] There are ongoing controversies regarding integration of religion and spirituality into routine psychiatric practice. Disclosure to the patient by the psychiatrist of their own religious beliefs in the context of treatment is seen by some as potentially harmful.^[6] The search for meaning in life is a universal phenomenon selective to human beings. Over the last few decades, there has been an ever increasing body of evidence in the arenas of spirituality, mental health, and psychotherapy. It is necessary that mental health professionals become familiarized with these concepts and be able to correlate the spiritual as well as psychological needs of their clients.^[7]

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Interface between spirituality, quality of life, and mental health

Lucchetti *et al.* evaluated the relationship between spirituality, mental health, and quality of life in elderly outpatients. They found that spirituality is related to significantly less depressive symptoms, better quality of life, less cognitive impairment, and less perceived pain. They suggested that clinicians should consider taking a spiritual history and ensure that spiritual needs are addressed among older patients in rehabilitation settings.^[8] Shah *et al.* explored the relationship between spirituality and quality of life in patients with residual schizophrenia and found that spirituality and religiosity had an important influence on overall quality of life of patients with schizophrenia. They suggested that in addition to pharmacological and non-pharmacological management for schizophrenia, clinicians should also explore spirituality and encourage their patients to follow their religious practices and spiritual beliefs.^[9] Kasen *et al.* examined religiosity and resilience in persons at high risk for major depressive disorder and found that greater religiosity may contribute to development of resilience in certain high-risk individuals.^[10] Rasic *et al.* assessed relationships of religious worship attendance and seeking spiritual comfort with subsequent major depression, anxiety disorders, and suicidal ideation/ attempts. They found that respondents who attended religious services at least once per year had decreased odds of subsequent suicide attempts compared with those who did not attend religious services. They also found that seeking spiritual comfort at baseline was associated with decreased odds of suicidal ideation. They concluded that religious attendance is possibly an independent protective factor against suicide attempts.^[11] Spirituality and religion may be an important aspect for many psychiatric patients. These patients can have improved outcomes in recovery and rehabilitation if their spiritual needs are addressed in their treatment regimens.^[12] McFadden *et al.* assessed the potential impact of spiritual beliefs on lifestyle choices such as tobacco use and suggested that further studies to clearly define the potential impact of spirituality on smoking cessation are needed.^[13] Coleman *et al.* investigated the role of spirituality and religious practice in depression among older people and concluded that there is a perceived need for the development of research in the arena of spirituality and its role in coping with depression.^[14]

Spirituality and religion in patients in chronic medical illnesses and terminal conditions

Spirituality is a fundamental aspect to the human occurrence of health and healing, illness, and dying. It is a crucial element of holistic care for patients in palliative care settings. Sian *et al.* found that most patients with HIV/AIDS used their religious beliefs

to cope with their illness. Patients with greater optimism, self-esteem, and life satisfaction, but less alcohol consumption tended to be more spiritually oriented.^[15] Hexem *et al.* in a prospective cohort study assessed parental decision-making for children receiving pediatric palliative care. Some parents reported questioning their faith and had feelings of anger and blame toward God. Most parents felt that spirituality was important in helping them deal with tough times.^[16] Kurita *et al.* assessed spiritual activation and pro-inflammatory cytokine responses in elderly individuals with cardiovascular, cerebrovascular, and pulmonary diseases. They found that spiritual activation can modify pro-inflammatory cytokines and suppress the progression of chronic diseases.^[17] Groleau *et al.* explored illness narratives following a myocardial infarction (MI) and found that the heart was perceived as a receptacle that contained an accumulation of life's ordeals, negative emotions, and family traumas. They also found that spirituality was important for patients and their recovery consequent to the myocardial infarction.^[18]

Patient's perspectives on religion and spirituality

Williams *et al.* assessed inpatients regarding desires about spirituality and found that religious patients and those experiencing severe pain were more likely to desire as well as have discussions of spiritual concerns. Patients who had discussions of spiritual concerns were more likely to rate their clinical care at the highest level of patient satisfaction.^[19] Spirituality is considered to be one of the patient's vital signs that should be routinely screened and assessed. Research in spiritual care should focus also on patients with specific needs such as those with mental, neurological, or cognitive impairment.^[20]

Competence, communication, and training of spirituality in medical curriculum

Rasinski *et al.* examined training of physicians in religion and found that physicians reported having received training from many sources such as a book, CME literature, one's religious tradition, and from other miscellaneous sources. They, however, denied having received any formal spiritual training in their medical schools.^[21] Ford *et al.* assessed physicians' communication and competence about spiritual issues. They found that discussing about spiritual issues was a communication skill that trainees perceived to be more advanced than other commonly taught communication skills.^[22] Vermandere *et al.* reviewed the literature about general practitioners' views on their role in spiritual care and found that many saw themselves as supporters of patients' spiritual well-being, but lacked specific knowledge, skills, and attitudes to perform a spiritual assessment and provide spiritual care.^[23] Modern research data suggest that religion and spirituality may

have an optimistic outcome on mental and physical health. Medical institutions have been increasingly offering courses in spirituality and health. There is an increased emphasis on the multi-cultural aspects of religion and spirituality. There is a trend toward integration of spirituality and religion into medical education. This development is particularly evident in the specialty of psychiatry, where an increasing number of post-graduate residency programs are incorporating principles of spirituality in curricular development.^[24]

Available instruments for assessing spirituality in research studies

Monod *et al.* reviewed literature on the instruments available for assessing spirituality and found 35 instruments. They classified them into measures of general spirituality, spiritual well-being, spiritual coping, and spiritual needs. They suggested that the proposed classifications should help clinical researchers in investigating the complex relationship between spirituality and health.^[25]

Peter *et al.* conducted a systematic literature review and concluded that the longitudinal studies on spirituality and purpose in life were potential determinants of adjustment outcomes in the long term.^[26]

Moving toward newer paradigms in clinical care and research

Spirituality gives a sense of meaning to life. Spiritual issues that may lie undeveloped for many years often exteriorize toward the end of existence. Distress and agony affect the whole person and are often linked to the meaning that a patient connects with his/her symptoms.^[27] Longevity and well-being are newer challenges that modern medicine must deal with.^[28] Spirituality, quality of life, mental health, and life philosophy must be given adequate emphasis in medical education and training for improving existing standards in clinical care.

CONCLUSION

Spirituality is related to physical and mental health. Enhanced and effective interpersonal communication between providers and patients, using a person-centered framework, is essential for optimal clinical care. As scientific research continues to explore this complex relationship between spirituality, religion, and medicine, approaches that incorporate faith, neurobiology, and psychology should be encouraged.^[29]

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