Spirituality and Meaning in Medicine 2014-2015

Family Medicine Core Clerkship, Stanford University School of Medicine

Chaplain Bruce Feldstein MD, Marita Grudzen MHS, Arthur Johnson PhD
bfeldstein@stanfordhealthcare.org, mgrudzen@stanford.edu, avjohnson@stanford.edu

Goal: Identify and respond to your patient's spirituality and sources of meaning as well as your own.

Objectives:

- Define spirituality in the context of healthcare
- Identify three universal spiritual needs
- Recognize and reflect on spirituality and meaning in your own life
- Experience generous listening
- Establish a healing presence: prepare one's Attention and Intention, make a personal connection
- Take a Spiritual History using FICA/HOPE
- Identify and respond to your patient's Chief Concern—What Matters's Most—in addition to the chief complaint
- Understand the role of the chaplain and when to make a referral

Class Agenda: Framework and Clinical Application

1) Welcome and Overview – A Bio-PsychoSocial-Spiritual model of care
2) Introductions
3) What is Spirituality in Medicine? Definitions, Universal Needs
4) Take a Spiritual History – Why? What? How?
5) Responding to the Chief Concern – What Matters Most for You IS What Matters for Me
6) Making a meaningful connection by preparing one’s Attention and Intention
7) Assignment and Final Thoughts
8) (Optional) Sign up for Community Site Visit at the Spiritual Care Service at Stanford Hospital with Dr. Feldstein and chaplains

Assignment:

Write a brief reflection on any patient you have seen this rotation:

1) Where you elicited and responded to their CHIEF CONCERN (not just their chief complaint), and
2) Where you obtained a SPIRITUAL HISTORY using the FICA or HOPE questions.

Use the attached guidelines. Email your assignment to the instructors.

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What is Spirituality?

American Academy of Family Physicians

Spirituality is the way you find meaning, hope, comfort and inner peace in your life. Many people find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values and principles.


From Palliative Care Consensus Conferences:

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.


Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred.

Spirituality is expressed through beliefs, values, traditions, and practices.


Universal Spiritual Needs

According to Fish and Shelly (1978) there are three spiritual needs common to all people and underlying all religious traditions:

(1) need for meaning and purpose,

(2) need for love and relatedness,

(3) need for forgiveness.

From George Washington University Summer Institute on Spirituality and Healing, 2010
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# Notes: Landscape of Spiritual Experience by Chaplain Bruce Feldstein MD

<table>
<thead>
<tr>
<th>Settings/Situations</th>
<th>With Whom?</th>
<th>Dimensions</th>
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</thead>
<tbody>
<tr>
<td>Unexpected, unplanned</td>
<td>Happens to all human beings</td>
<td>Community</td>
</tr>
<tr>
<td>It simply happens</td>
<td>(1) With Self</td>
<td>Dignity, Integrity</td>
</tr>
<tr>
<td>Life Transition: birth, marriage, death, funeral, divorce</td>
<td>(2) With Others – Grandparents, Parents, Spouse, Children, Friends, Strangers, Community, Animals, Plants</td>
<td>Faith</td>
</tr>
<tr>
<td>In nature</td>
<td></td>
<td>Holy, Sacred</td>
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<tr>
<td>Traveling, Out of routine</td>
<td></td>
<td>Hope</td>
</tr>
<tr>
<td>Religious or not religious</td>
<td></td>
<td>Love</td>
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<tr>
<td>Can be an everyday occurrence, “not big” – a smile, ray of sunshine, beautiful view, laugh</td>
<td></td>
<td>Meaning</td>
</tr>
<tr>
<td>Can be once in a lifetime experience</td>
<td></td>
<td>Mystery</td>
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<tr>
<td></td>
<td></td>
<td>Relationship</td>
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<td></td>
<td></td>
<td>Values - Do the right thing. Do unto others as you would have them do to you.</td>
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<table>
<thead>
<tr>
<th>Negative Emotions</th>
<th>Catalysts</th>
<th>Positive Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>Alone, Solitude</td>
<td>Accompanied, Guided,</td>
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<tr>
<td>Angst</td>
<td>Contemplation, reading</td>
<td>Amazement, Radical Amazement</td>
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<tr>
<td>Anguish</td>
<td>Dream</td>
<td>Awe, Wonder</td>
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<tr>
<td>Anxiety</td>
<td>Experiencing nature, beauty, music, art</td>
<td>“Can’t put feeling into words”</td>
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<tr>
<td>Bewildered</td>
<td>Getting away from routine, travel</td>
<td>Comfort</td>
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<tr>
<td>Confused</td>
<td>Illness, trauma, surgery, transplant</td>
<td>Connected, Belonging (to something bigger)</td>
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<tr>
<td>Disconnected</td>
<td>Intense emotion</td>
<td>Gratitude, Appreciation, Blessed</td>
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<tr>
<td>Disgust</td>
<td>Kindness of others/strangers</td>
<td>Inspired</td>
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<tr>
<td>Fear, Scared</td>
<td>Meditation</td>
<td>Holy, Sacred, Divine</td>
</tr>
<tr>
<td>Frustrated</td>
<td>Prayer, Blessing, Surrender</td>
<td>Hope, Possibility</td>
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<tr>
<td>Hopeless</td>
<td>Religious settings or rituals</td>
<td>Meaning, Deep/Profound</td>
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<tr>
<td>Horrified</td>
<td>Sports, physical exertion</td>
<td>Peace, Whole</td>
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<tr>
<td>Isolated</td>
<td>Synchronicity</td>
<td>Redeemed, Healed</td>
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<tr>
<td>Loss of control</td>
<td>Transcendent experience, Near death, death of others, birth</td>
<td>Timeless</td>
</tr>
<tr>
<td>Sad</td>
<td></td>
<td>Wisdom, Understanding, Insight</td>
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<tr>
<td>Suffering</td>
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<td></td>
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<tr>
<td>Threatened</td>
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Spirituality and Meaning in Medicine
NOTES ON TAKING A SPIRITUAL HISTORY
by Chaplain Bruce Feldstein MD, Stanford University School of Medicine

1. There is strong evidence in the medical literature of the relationship between spirituality and health. Spirituality can be understood as the way one finds meaning, hope, comfort and inner peace. Many people experience spirituality through religion. Some find it through music or art, a connection with nature, or in relationship with others. Some in their values and principles.

2. Spiritual care provides for meaningful and compassionate care. Spiritual care involves recognizing and responding to the multiple expressions of spirituality we encounter in our patients, their families and ourselves. Spiritual care is everyone’s job—the patient, family and friends, hospital chaplains and other members of the health care team (physicians, nurses, etc.), as well as community clergy.

3. In providing spiritual care, we identify, respect and support the patient’s spiritual/religious orientation, to meet them in their world, as it is for them. Respect a patients’ privacy and don’t impose your own beliefs. Any form of proselytizing is prohibited.

4. Taking a spiritual history by health care providers is a process to identify and support a patient’s spiritual needs. Spirituality, particularly the dimensions of meaning and hope, is a core component of every patient’s well being and mental health whether or not they are religious. Spirituality is an ongoing issue, to be addressed at every visit if appropriate.

| SUGGESTED QUESTIONS FOR A SPIRITUAL HISTORY adapted from the FICA and HOPE models |
| Opening Phrases         | We have been discussing your support systems – or— This is obviously a difficult time. |
| F: Faith/Belief         | In the past, what sustains you in difficult times? What is there in your life that gives you internal support? What are your sources of hope, strength, comfort and peace? What gives meaning to your life? |
| I: Importance/Influence | Do you have spiritual or religious beliefs or practices that are important to you? that help you cope with stress? What is your faith or belief? |
| C: Community            | How are these important in your life? Have your beliefs or practices influenced how you take care of yourself? your health? |
| A: Address              | Are you part of a spiritual or religious community? Are you part of other groups or clubs? How can these support you? Is there a person or group of people you love or who are really important to you? |
|                         | How would you like me as your healthcare provider (doctor, nurse…) to address these issues in your healthcare? |

5. Referral. Refer the patient to their clergy or a chaplain or spiritual director if a patient asks or if there are signs of spiritual distress such as significant sense of isolation, hopelessness, guilt, anger at “Life” or God, feeling abandoned, or wondering “Why is this happening to me?”

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Notes on the Chief Concern
by Chaplain Bruce D. Feldstein M.D.
Adjunct Clinical Professor, Center for Education and Research in Family and Community Medicine, Stanford University School of Medicine

Identifying and responding to the patient’s chief concern should be part of every clinical encounter. I distinguish the chief concern from the chief complaint.

The chief complaint answers the question “What?” “What brought you in?” “What prompted you to come in?” The chief complaint is the clinician’s summary of the patient’s response, in the patient’s words. The chief complaint is typically described in terms of a symptom, such as shortness of breath or chest pain. It is described in the patient’s own words.

The chief complaint reflects the clinician’s biological and pathophysiological view of the patient, essential for generating a differential diagnosis. For example, the patient says, “I can’t breathe.” The clinician thinks, “can’t breathe” or may even interpret the patient’s words as “shortness of breath” or “SOB” and begins to consider categories of reasons for SOB—pulmonary, cardiac, muscular, metabolic, etc. The clinician goes on to generate questions that rule in or rule out various diagnostic possibilities, which in turn lead to diagnosis and treatment options.

The chief concern answers the question of “So What?” It’s about meaning—what matters, what’s important. “What is it about this that prompted you to come in?” “What are you most concerned about?” It reflects the underlying reasons, concerns and story that prompted the patient to come. It has to do with the patient’s sense of what’s important to them in their life, how their life is interrupted, who they are, what’s meaningful for them, their day-to-day commitments, relationships and values.

The chief concern is also from the patient’s point of view, in the patient’s own words.

The chief concern is typically described as a constellation of thoughts and feelings or as a story. If the chief complaint is “twisted ankle, can’t walk” the chief concern may be as simple as “I just can’t stand the pain.” Or it may be, “Can I still go on the cruise in 3 weeks, the one we’ve been planning for 2 years for our 50th wedding anniversary?” Or it may be, “This is the same thing that happened to Aunt Millie when she developed cancer in her spine (and I worry it will happen to me, too).”

Identifying and responding to the patient’s chief concern reflects the physician’s commitment to medicine and their patient. Listening for and responding to the patient’s concerns allow us to connect with our patients person-to-person, as human beings, at the level of meaning. Compassionate care happens when I as a clinician address what matters for you, the patient, as defined by you. This is a key value for the compassionate clinician - “What matters for you IS what matters for me.”

Eliciting the chief complaint provides a basis for diagnosis and treatment.

Eliciting and responding to the patient’s chief concern and other concerns provides a basis for compassionate and meaningful care.

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Spirituality and Meaning in Medicine

Assignment and Guidelines:

Reflection on Chief Concern and Spiritual History

Write a brief reflection on any patient you have seen this rotation:

1) Where you elicited and responded to their CHIEF CONCERN (not just their chief complaint).

Comment: The chief concern refers to what matters most to the patient, and is applicable to all patients. It may be quite matter of fact, "When will I be able to get back to work?" It may be private, "I don't want to lose my new boy friend due to these recurrent urinary infections... and end up an old maid like Aunt Marge." It may be existential, "I'm afraid I'm going to die, like Uncle Joe who had this same kind of chest pain."

2) Where you obtained a SPIRITUAL HISTORY using the FICA or HOPE questions.

Comment: Taking a spiritual history is useful for establishing a new relationship with a patient, as well as helping support and manage patients who are stressed, grieving, depressed, at the end-of-life, and those with chronic illness, behavioral change, or who give spiritual or religious cues. A spiritual history focuses on sources of hope, strength, meaning and purpose, peace or comfort. It can help identify areas of spiritual distress as well as areas of strength (including what has helped during difficult times in the past). This may include: family, friends, faith and community. Information on the FICA and HOPE questions are available on the handout and in Coursework.

Guidelines for reflection. In your reflection, consider the following:

a) How did you prepare your Attention (focus) and Intention before entering the patient's room?

Comment: Before entering the room, stop to gel or wash your hands, notice your feet on the ground and let go of preoccupations by taking a full relaxing breath. Then remind yourself of your intention for the patient. For e.g. "What matters for you, my patient, IS what matters for me... May I meet you in your world as it is for you, and accompany you from there... Whatever time I have, may I be fully present... May I draw from all of my life experience as well as my training and expertise to serve you."

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b) Comment on the words or phrases you used to elicit the chief concern and take a spiritual history. Describe the context. What was effective? What would you do differently next time?

b) How did the patient react to what you said or did? What did they say or do? Describe their words, body language and emotions.

d) What thoughts and feelings did you have in response to your patient's reactions? What did you then say or do?

e) To what extent did “identifying and responding to your patient’s chief concern” and “taking a spiritual history” produce satisfaction and/or meaning for your patient? for yourself?

f) How did preparing your Attention and Intention assist you to identify and address the chief concern or take a spiritual history?

g) How did what you say and do reflect your personal beliefs and values?

h) What surprised you? touched you? inspired you?

OPTIONAL

i) To what extent did “identifying and responding to your patient’s chief concern” and “taking a spiritual history” assist you: with a patient-centered care challenge/surprise? manage an acute problem? chronic illness? patient self-management challenge?
Spirituality and Meaning in Medicine

Goals of Medicine

Guerir quelquefois, To cure sometimes,
Soulager souvent, To relieve often,
Consoler toujours. To comfort always.

Motto made famous by Edward Livingston Trudeau MD (1848-1915)

Live the questions

Be patient toward all that is unsolved in your heart and try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.

Rainer Maria Rilke

Blessing Someone
(without using the word “blessing”)

(One may start with) What can I wish for you?

What I wish for you is ________.
What I hope for you is ________.
What I admire about you is ________.

Chaplain Bruce Feldstein MD

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