

# 4.1 Religious and Spiritual Issues: Assessing and Addressing

## Key Points

1. Spiritual and religious concerns may develop or intensify at Life's End. Many patients welcome an opportunity to talk about spiritual issues in relation to their health and current life experience. Patients and families often avoid these issues for fear of upsetting each other; many physicians feel unskilled, unprepared, and uncomfortable talking to patients about their spiritual and existential concerns.
2. Use a format, such as "FICA," to elicit concerns and identify sources of support. Normalize the topic.
  - Faith—Do you consider yourself a spiritual person?
  - Importance—Is faith important to you?
  - Community—Are you part of a spiritual or faith community?
  - Address—How can I address and respect these issues in your care?
3. Share the patient's wondering and questioning and what it is like to be human and to face Life's End. Do not attempt to answer the unanswerable.
4. Elicit further concerns with open-ended questions.
  - Do you have any thoughts about why this is happening to you (your family)?
  - Help me understand what you mean.
  - Many people with serious illnesses like yours ask such questions.
  - That sounds kind of scary or troubling to me too.
  - How does this make you feel?
5. Discussion guidelines
  - Empathize and share in the uncertainty;
  - Be guided by the patient's own search;
  - Answer personal questions simply; keep the focus on the patient;
  - Allow time and permission for expression of a range of emotions;
  - Clarify sources of hope, meaning, and support; identify Goals of Care that can help maintain hope; honor preferences at Life's End;
  - Foster religious participation and spiritual practice.

Pitfalls include trying to "fix" patient's problem, imposing or debating personal religious beliefs, providing inappropriate reassurance, and failing to attend to physician's own faith in light of continued losses.

## Religious and Spiritual Issues



### The Palliative Response

## Religion and Spirituality at Life's End

- Spiritual and religious concerns may develop or intensify at Life's End
- Many patients are thinking about these issues in relationship to their health
- Many patients welcome an opportunity to talk about religious and spiritual issues as they relate to their current life experience

## Barriers to Addressing Religious and Spiritual Issues

- Many persons have not expressed their existential concerns at Life's End for fear of upsetting families and friends
- Many physicians feel unskilled, unprepared, and uncomfortable talking to patients about religious and spiritual concerns

## Getting Started

- Ask open-ended questions
- Use a format
- Listen and respond empathically
- Be familiar with resources

*Pastoral care*

*Social Work and counseling*

*Communities of faith*

## The FICA Format\*

- **F**aith
- **I**mportance
- **C**ommunity
- **A**ddress

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## Faith

“Do you consider yourself a spiritual person?”

“Is faith important to you?”

- Most patients can answer this kind of question
- Include question in social history
- Normalize discussion of faith as part of routine and not a topic indicating that patient is “imminently dying”

## Importance

“Is your faith important in your life at this time?”

“Have you been able to take comfort from your faith?”

- May reveal sources of strength and support
- May guide physician in assisting patient to maintain sources of support

## Community

“Are you part of a spiritual or faith community?”

- May reveal a source of support
- May reveal that individual has become isolated from faith community

*Frequent occurrence when chronic illness prevents participation in faith community*

*Physician may be able to foster re-connection*

## Address

“How can I address and respect these issues in your care?”

- Patient may have important beliefs, practices, and rituals that are not part of your tradition
- Understanding patient’s tradition early on allows the physician to be sensitive to needs

## Patient’s Response

Many patients:

- Speak openly
- Are grateful to physician for asking about this important part of life
- Express no specific concerns or needs

## When Patient Voices Concern

Respond with:

- Open-ended questions
- Comments to normalize the concern

*“Help me understand what you mean.”*

*“Many people with serious illnesses ask such questions.”*

*“That sounds scary to me too.”*

*“Do you have any thoughts about why this is happening to you (your family)?”*

*“How does this make you feel?”*

## Discussion Guideline

Share versus Fix

Do:

- Share patient’s wondering and questioning
- Share in what it is like to be human and to face what is at Life’s End

Do not:

- Do not try to resolve (fix) the patient’s problem
- Do not try to answer unanswerable questions

### Discussion Guideline

#### Follow versus Lead

Do:

- Stay within physician's role and expertise
- Be guided by patient's own search

Do not:

- Proselytize
- Try to convert a vulnerable individual
- Impose personal religious or spiritual beliefs

### Discussion Guideline

#### Support versus Reassure

Do:

- Allow time and permission for people to express emotions
- Develop comfort with tears and range of feelings

Do not:

- Do not offer premature or inappropriate reassurance
- Do not be a phony

### Discussion Guideline

#### Questions about Physician's Beliefs

- Answer simply  
*"I would like to keep the focus on you rather than me"*  
*"I am a person of faith"*
- Avoid a religious debate
- Most patients are grateful that physician is interested in this important part of who they are

### Steps of Palliative Response

#### Assess

For patients with life-threatening and life-limiting illness

- Clarify sources of hope and meaning
- Identify Goals of Care  
*Maintain hope*  
*Honor preferences at Life's End*

### Steps of Palliative Response

#### Support

- Mobilize resources  
*Healthcare team*  
*Patient's community and community at large*
- Patient's spiritual/religious practice  
*Solace*  
*Meaning*  
*Hope*  
*Connection*

### Steps of Palliative Response

#### Self-Care for the Physician

- Develop healthy personal responses to experiencing the repeated loss of death
- Self-monitor and seek assistance as needed for:  
*Depression*  
*Substance abuse*  
*Burn-out*

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## **Selected Readings**

### **Religion and Spirituality at Life's End**

Daaleman, T. P. and L. van de Creek. "Placing Religion and Spirituality in End-of-life Care." *Journal of the American Medical Association* 284 (2000): 2514–2517.

Rousseau, P. "Spirituality and the Dying Patient." *Journal of Clinical Oncology* 18 (2000): 2000–2002.

### **Professional Considerations for Physicians**

Post, S. G., C. M. Puchalski, and D. B. Larson. "Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics." *Annals of Internal Medicine* 132 (2000): 578–583.

### **Listening and Caring/FICA**

Puchalski, C. M. "Spirituality and End-of-life Care: A Time for Listening and Caring." *Journal of Palliative Medicine* 5 (2002): 289–294.

### **Redefining Hope**

Parker-Oliver, D. "Redefining Hope for the Terminally Ill." *American Journal of Hospice and Palliative Care* 19 (2002): 115–120.