

Spiritual Care in Medicine: A Narrative Review (Oral)

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Abstract

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Abstract

Introduction / Rationale: Spirituality has long been acknowledged as an important aspect of health, although its incorporation into modern medicine remains inconsistent. Many patients report having a desire to have their spiritual concerns addressed in the contexts of their health. In the face of serious or chronic illnesses, having spiritual issues related to meaning, suffering, and hope may impact their medical decision making. Despite the growing recognition that spiritual care is essential to holistic, patient-centered care, medical students, physicians, and other healthcare workers report varying difficulties in discussing spirituality with patients. Examples include: lack of time, lack of training, questions about spirituality's role in their profession, and fear of offense. This narrative review examines the existing literature on spiritual care in medicine, attitudes of healthcare professionals towards addressing spiritual needs, and the role in medical education in preparing clinicians to provide this care.

Methods: A narrative review of literature was conducted using databases including PubMed, Sage, Google Scholar, and other academic search platforms through the Ross University School of Medicine library. Articles were chosen that specifically addressed spirituality in medicine, spirituality in patient care, physicians attitudes toward spiritual discussions, and spiritual care in medical education. Articles were identified using key words such as spiritual care, physician spirituality, spiritual history, and medical education. The relevant articles were reviewed and analyzed in a qualitative manner for recurring themes, including the patient's desire for spiritual discussion, the relationship between spirituality and health outcomes, physicians readiness and willingness to provide spiritual care, the role of professional organizations and medical schools in promoting spiritual competency.

Discussion / Significance:

The reviewed literature strongly suggests that many patients value incorporation of spirituality into their care. This has been found to improve coping, quality of life, and patient satisfaction with their healthcare team. However, multiple studies have shown that physicians are often avoiding these discussions because of time constraints, lack of training, uncertain professional boundaries, and concern for offense. Meanwhile, professional organizations and medical education leaders have continuously affirmed the importance of training clinicians to recognize and address spiritual needs, yet implementation in the medical curriculum has been inconsistent and variable. These above findings highlight the importance of a greater need for spiritual education to be implemented into medical training and clear dialogue about each person's role in providing spiritual care.