Forging Leadership in Compassionate Care: The Role of Spiritual Care Research

Tracy A. Balboni MD, MPH
2014 National Conference: Gateway to Compassionate Leadership
National Association of Catholic Chaplains
Talk Outline

Part 1: Why do we do research? The chasm between care of body and soul
  – Historical background of intersection of religion/spirituality (R/S) and Western medicine

Part 2: How it is a tool to address this divide between care of body and soul?
  – Research as story: 6 points regarding role of R/S in patients’ experiences of illness

Part 3: How does it guide the future? Casting a vision for spiritual care within medical care
  – Next steps for spiritual care in medical practice
Part 1: Why do we do research?
Historical background
Healing Traditions with Integrated Conceptions of Body and Spirit

• Health (illness): (im)balance of yin and yang
• Energy flows along meridians
• Acupuncture restores proper energy flow
John William Waterhouse. “A Sick Child brought into the Temple of Aesculapius”. 1877
Hippocratic Oath

I swear by Apollo, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement...
Rod of Asclepius

World Health Organization
Religion, Healing and Illness: High Middle Ages to Renaissance

- Rise of empirical inquiry, growth of sciences
- Cartesean dualism, segregation of material and spiritual

Raphael. The School of Athens. 1509-1510.
Religion, Healing and Illness: Enlightenment to Post-Modernism

- Primacy of human reason, materialism/reductionism
- Objective scientific discovery as source of truth
Where Philosophy Meets Human Experience

When Too Much is Too Little

R. Sean Morrison, M.D., Diane E. Meier, M.D., and Christine K. Cassel, M.D.
“The experience with this patient is a disturbing illustration of the care received by many terminally ill patients in U.S. hospitals – the site of death for 65 percent of the population. Despite repeated requests that he receive no further diagnostic interventions or life-prolonging treatment and that he be allowed to return home to die, the patient underwent a lung biopsy, three CT studies, daily phlebotomies, and insertion of multiple nasogastric tubes, as well as a gastrostomy tube. He was tied to a bed for 29 days so he would not remove the intravenous lines or feeding tubes, and he spent the last month of his life in the hospital. Recent reports suggest that his case, unfortunately, is not unusual.”
“The culture of modern medicine probably contributed to this patient’s suffering. The dramatic advances in medicine during this century have transformed death from a natural and expected milestone of human existence into an unwanted outcome of disease. Callahan has pointed out that the availability of a technique offering any possibility of prolonging life, no matter how limited, mandates its use, and he argues that this technological imperative appears to inform much of the decision making in the care of terminally ill patients.”
“First, the dying person confessed and then received the sacrament of extreme unction from the cleric who had heard confession and had absolved him. The administration of holy oil occurred on the traditional places of the five senses and the other bodily areas considered to be suffering… Some brethren remained with the dying inmate throughout the day and night, praying and reading from the Scriptures by candlelight. The point of this vigil was to ensure “proper passing”; nobody should be left to die alone. If death became imminent, the whole monastic community was summoned and the monks congregated around the sick on both sides of the bed alternately to pray and sing.”

Giotti, Death of St. Francis, c 1325
Part 2: How is research a tool? Research as storytelling - the role of spirituality in patients’ experiences of illness
Question 1:

Is religion/spirituality important to patients with advanced illness? What roles does it play?
Spirituality in Advanced Illness

Coping with Cancer 1 Study (n=343):
“How important is religion to you?”

Religion and Spirituality in Cancer Care Study

- 75 randomly selected patients receiving palliative RT (RR=73%) in 4 Boston centers
- 78%: religion and/or spirituality important to advanced cancer experience

<table>
<thead>
<tr>
<th>Theme</th>
<th>n (%)</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping through R/S</td>
<td>39 (74)</td>
<td>I don’t know if I will survive this cancer, but without God it is hard to stay sane sometimes. For me, religion and spirituality keeps me going.</td>
</tr>
<tr>
<td>R/S practices</td>
<td>31 (58)</td>
<td>I pray a lot. It helps. You find yourself praying an awful lot. Not for myself, but for those you leave behind. There will be a lot more praying.</td>
</tr>
<tr>
<td>R/S beliefs</td>
<td>28 (53)</td>
<td>It is God’s will, not my will. My job is to do what I can to stay healthy—eat right, think positively, get to appointments on time, and also to do what I can to become healthy again like make sure that I have the best doctors to take care of me. After this, it is up to God.</td>
</tr>
<tr>
<td>R/S transformation</td>
<td>20 (38)</td>
<td>Since I have an incurable disease that will shorten my life, it has made me focus on issues of mortality and sharpened my curiosity on religion/spirituality and what the various traditions have to say about that. I’ve spent a lot of time thinking about those issues, and it has enriched my psychological, intellectual, and spiritual experience of this time.</td>
</tr>
<tr>
<td>R/S community</td>
<td>11 (21)</td>
<td>Well, I depend a lot upon my faith community for support. It’s proven incredibly helpful for me.</td>
</tr>
</tbody>
</table>
Spirituality and Medical Decision-Making

Silvestri et al. *Journal of Clinical Oncology*, 2003

- 100 pts with advanced lung cancer, their caregivers, 257 medical oncologists
- Rank 7 factors important to patient in making treatment decisions
Spirituality in Medical Decision-making

7 factors ranked:

- Oncologist’s treatment recommendation
- Ability of treatment to cure disease
- Side effects
- Family doctor’s recommendation
- Spouse’s recommendation
- Children’s recommendation
- Faith in God
Spirituality in Medical Decision-Making

CWC 1 study: Relationship between religious coping and receipt of aggressive medical care at the EOL

Phelps et al JAMA 2009; 301(11): 1143-1147
Question 1: Is R/S important to patients with advanced illness?

- Important to most patients, particularly some racial/ethnic minorities
- Plays multiple roles: coping, practices, beliefs, transformation and community
- Impacts medical care decision-making
Question 2:

What role does R/S play in patient well-being as they encounter advanced illness?
Religion, Spirituality and QOL

Brady et al. *Psycho-Oncology* 1999

- Multi-institutional cross-sectional study of 1610 cancer patients.
- R/S (measured by the FACIT-Sp) \(\rightarrow\) independent predictor of QOL
- Controlled for physical well-being, emotional well-being, social well-being, disease, demographic variables
- R/S associated with improved symptom tolerance

Religion, Spirituality and QOL

Steinhauser et al. *JAMA* 2000

- National survey of 1885 seriously ill patients
- Importance of 44 attributes of quality of life near death
- 9 major attributes ranked
**Factors Considered Important to QOL at EOL**

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Patients</th>
<th>Bereaved Family Members</th>
<th>Physicians</th>
<th>Other Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom from pain</td>
<td>3.07 (1)</td>
<td>2.99 (1)</td>
<td>2.36 (1)</td>
<td>2.83 (1)</td>
</tr>
<tr>
<td>At peace with God</td>
<td>3.16 (2)</td>
<td>3.11 (2)</td>
<td>4.82 (3)</td>
<td>3.71 (3)</td>
</tr>
<tr>
<td>Presence of family</td>
<td>3.93 (3)</td>
<td>3.30 (3)</td>
<td>3.06 (2)</td>
<td>2.90 (2)</td>
</tr>
<tr>
<td>Mentally aware</td>
<td>4.58 (4)</td>
<td>5.41 (5)</td>
<td>6.12 (7)</td>
<td>5.91 (7)</td>
</tr>
<tr>
<td>Treatment choices followed</td>
<td>5.51 (5)</td>
<td>5.27 (4)</td>
<td>5.15 (5)</td>
<td>5.14 (5)</td>
</tr>
<tr>
<td>Finances in order</td>
<td>5.60 (6)</td>
<td>6.12 (7)</td>
<td>6.35 (8)</td>
<td>7.41 (9)</td>
</tr>
<tr>
<td>Feel life was meaningful</td>
<td>5.88 (7)</td>
<td>5.63 (6)</td>
<td>5.02 (4)</td>
<td>4.58 (4)</td>
</tr>
<tr>
<td>Resolve conflicts</td>
<td>6.23 (8)</td>
<td>6.33 (8)</td>
<td>5.31 (6)</td>
<td>5.38 (6)</td>
</tr>
<tr>
<td>Die at home</td>
<td>7.03 (9)</td>
<td>6.89 (9)</td>
<td>6.78 (9)</td>
<td>7.14 (8)</td>
</tr>
</tbody>
</table>

*Attributes are listed in the mean rank order based on patient response. Numbers in parentheses are mean rank order, with lowest rank score (1) indicating most important attribute and highest rank score (9) indicating least important. Friedman tests were significant at $P<.001$, suggesting that rankings by each group were different than would be expected by chance alone.*

Question 2: What role does R/S play in patient well-being within illness?

• Important to pt well-being
• One of the most important issues at the end of life
Question 3:

Does advanced illness raise spiritual concerns or needs? What are they?
Spiritual Issues in Advanced Illness

Religion and Spirituality in Cancer Care Study

• 75 randomly selected patients receiving palliative RT (RR=73%) in 4 Boston centers.
• 14 spiritual issues assessed
• 85% 1 or more spiritual issues
• Median of 4 spiritual issues

### Quantitatively-assessed religious/spiritual concerns in advanced cancer

<table>
<thead>
<tr>
<th>Religious/Spiritual Beliefs</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doubting one’s belief in God or one’s faith</td>
<td>13 (19)</td>
</tr>
<tr>
<td>Questioning God’s love*</td>
<td>14 (21)</td>
</tr>
<tr>
<td>Questioning God’s power*</td>
<td>14 (21)</td>
</tr>
<tr>
<td>Believing the devil caused the cancer*</td>
<td>6 (9)</td>
</tr>
<tr>
<td><strong>Religious/Spiritual community</strong></td>
<td></td>
</tr>
<tr>
<td>Feeling abandoned by ones religious/spiritual community*</td>
<td>6 (9)</td>
</tr>
<tr>
<td><strong>Religious/Spiritual transformation</strong></td>
<td></td>
</tr>
<tr>
<td>Seeking a closer connection with God or one’s faith</td>
<td>36 (53)</td>
</tr>
<tr>
<td>Seeking what gives meaning to life</td>
<td>37 (54)</td>
</tr>
<tr>
<td>Seeking forgiveness (of oneself or others)</td>
<td>32 (47)</td>
</tr>
<tr>
<td>Feeling angry at God</td>
<td>17 (25)</td>
</tr>
<tr>
<td>Feeling abandoned by God*</td>
<td>19 (28)</td>
</tr>
<tr>
<td>Feeling punished by God*</td>
<td>15 (22)</td>
</tr>
<tr>
<td><strong>Religious/Spiritual coping</strong></td>
<td></td>
</tr>
<tr>
<td>Seeking meaning in the experience of cancer</td>
<td>34 (50)</td>
</tr>
</tbody>
</table>
Question 3: Does advanced illness raise spiritual concerns or needs?

- Yes, for most
- Most with multiple spiritual issues
Question 4:

Do patients with advanced illness want their medical care to include attention to R/S dimensions?
Patient Preferences for Spiritual Care

Religion and Spirituality in Cancer Care Study

- Importance of oncology MDs/nurses “considering patients’ spiritual needs as part of cancer care”
- Four response options:
  - Not at all important
  - Mildly important
  - Moderately important
  - Very important

Winkleman et al. *Journal of Palliative Medicine* 2011
Patient Preferences for Spiritual Care in Advanced Illness

- MDs: 89% at least ‘mildly important’ (65% ‘moderately’ or ‘very important’)
- RNs: 87% at least ‘mildly important’ (69% ‘moderately’ or ‘very important’)
- 9% received spiritual care from MDs, 20% from RNs
- 8 spiritual care types included: spiritual history, referrals to chaplains
Question 4: Do patients with advanced illness want medical care to include R/S?

• Yes, most do
• Spiritual care is infrequent
Question 5:

Does spiritual care in the medical setting benefit patients with advanced illness?
Coping with Cancer Study

- Multi-site, prospective study of advanced, incurable cancer pts, N=343
- Purpose: examine psychosocial/spiritual factors and relationship to EOL outcomes

Balboni et al. *JAMA Int. Med.* 2013
Assessment of Spiritual Support

“To what extent are your religious/spiritual needs being supported by the medical system (e.g., doctors, nurses, chaplains)?”

Response Options:
- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- Completely supported

Low Support

High Support
Assessment of Spiritual Support

“To what extent are your religious/spiritual needs being supported by your religious community (e.g., clergy members of your congregation)?”

Response Options:
- Not at all
- To a small extent
- To a moderate extent
- To a large extent
- Completely supported

Low Support
High Support
EOL Outcomes: QOL Near Death

Caregiver-rated quality of death:
Sum (0-30) of assessments of:
1. Psychological distress near death
2. Physical distress near death
3. Overall QoD
EOL Outcomes: Medical Care in Last Week of Life

- Hospice: Inpatient or outpatient hospice in last week of life
- Aggressive EoL care measures: ICU care, resuscitation, or ventilation in last week of life
- Death in an ICU
Spiritual Care and QOL Mutivariable Analyses

Adjusted for:

- Race
- Religiousness
- Positive religious coping
- Baseline QOL
- Baseline existential well-being
- Baseline social support
- Recruitment site
- MD/patient relationship
Spiritual Care and EOL Medical Care Multivariable Analyses

Adjusted for:

- Race
- Advance care planning
- Pt EOL treatment preferences
- History of an EOL discussion
- Recruitment site
- MD/patient relationship
- Religiousness
- Positive religious coping
<table>
<thead>
<tr>
<th>Support of R/S needs by the medical team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>143 (42)</td>
</tr>
<tr>
<td>To a small extent</td>
<td>62 (18)</td>
</tr>
<tr>
<td>To a moderate extent</td>
<td>48 (14)</td>
</tr>
<tr>
<td>To a large extent</td>
<td>53 (15)</td>
</tr>
<tr>
<td>Completely supported</td>
<td>37 (11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support of R/S needs by religious communities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>110 (32)</td>
</tr>
<tr>
<td>To a small extent</td>
<td>43 (13)</td>
</tr>
<tr>
<td>To a moderate extent</td>
<td>43 (13)</td>
</tr>
<tr>
<td>To a large extent</td>
<td>55 (16)</td>
</tr>
<tr>
<td>Completely supported</td>
<td>92 (27)</td>
</tr>
</tbody>
</table>

| Pastoral care services                        | 158 (46) |
Medical Team Spiritual Support and QOL at EOL

- Spiritual support from the medical team: Absent 17.3 (15.9–18.8), Present 20.0 (18.9–21.1), P = .007
- Pastoral care services: Absent 17.7 (16.5–18.9), Present 20.4 (19.2–21.1), P = .003
- Pastoral care services or spiritual support from the medical team: Absent 15.8 (14.2–17.4), Present 20.3 (19.3–21.4), P < .001
## Medical Team vs Religious Communities and EOL Medical Care – Hospice

<table>
<thead>
<tr>
<th>High vs. Low Spiritual Support</th>
<th>Unadjusted OR [95% CI]</th>
<th>p</th>
<th>Adjusted OR [95% CI]</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>R/S Support from the Medical Team</td>
<td>1.65 [0.92-2.96]</td>
<td>.09</td>
<td>2.99 [1.45-6.17]</td>
<td>.003</td>
</tr>
<tr>
<td>R/S support from Religious Communities</td>
<td>0.53 [0.33-0.86]</td>
<td>.01</td>
<td>0.38 [0.20-0.72]</td>
<td>.003</td>
</tr>
</tbody>
</table>
Medical Team/Religious Communities and EOL Care – Aggressive Interventions

<table>
<thead>
<tr>
<th>High vs. Low Spiritual Support</th>
<th>Unadjusted OR [95% CI]</th>
<th>p</th>
<th>High vs. Low Spiritual Support</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>R/S Support from the Medical Team</td>
<td>0.67 [0.21-1.45]</td>
<td>.31</td>
<td>0.38 [0.15-0.98]</td>
<td>.04</td>
</tr>
<tr>
<td>R/S support from Religious Communities</td>
<td>1.63 [0.87-3.05]</td>
<td>.13</td>
<td>2.55 [1.10-5.93]</td>
<td>.03</td>
</tr>
</tbody>
</table>
Spiritual Support from Religious Communities and EOL Aggressive Care

Receipt of Aggressive Medical Interventions (%)

- Full Sample
  - High Spiritual Support: 10.7% vs. 16.3% (p = .13)
  - Low Spiritual Support: 10.7% vs. 16.3%

- High Religious Coping Patients
  - High Spiritual Support: 7.6% vs. 20.2% (p = .03)
  - Low Spiritual Support: 7.6% vs. 20.2%

- Racial/ethnic Minorities
  - High Spiritual Support: 8.8% vs. 22.5% (p = .04)
  - Low Spiritual Support: 8.8% vs. 22.5%

Death in an Intensive Care Unit (%)

- Full Sample
  - High Spiritual Support: 3.6% vs. 12.2% (p = .002)
  - Low Spiritual Support: 3.6% vs. 12.2%

- High Religious Coping Patients
  - High Spiritual Support: 3.0% vs. 15.6% (p = .01)
  - Low Spiritual Support: 3.0% vs. 15.6%

- Racial/ethnic Minorities
  - High Spiritual Support: 5.3% vs. 18.3% (p = .03)
  - Low Spiritual Support: 5.3% vs. 18.3%
Question 6:

How do spiritual factors interface with medical decision-making at the EOL?
CWC 2: Religious Beliefs about EOL Medical Care

- NCI-funded Coping with Cancer 2 Study (PI Prigerson)
- Ongoing multisite, cohort study of 200 White, 200 Black, 200 Latino advanced cancer patients examining factors influencing racial/ethnic disparities in EOL medical care
- Outcomes: medical care in last 1 month of life, quality of life.
Religious Beliefs about EOL Medical Care

- 7 questions assessed religious beliefs/values about EOL medical care (e.g., miracles, sanctity of life)
- Response options (5 point): Not at all, a little, somewhat, quite a bit, a great deal
- Preliminary data on 133 patients (accrued 11/2010-10/2012) who completed baseline interview
<table>
<thead>
<tr>
<th>Religious Beliefs about End-of-Life Medical Care Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My belief in God relieves me of needing to think about future medical decisions (e.g., DNR order or healthcare proxy) especially near the end of life.</td>
</tr>
<tr>
<td>2. I will accept every possible medical treatment because my faith tells me to do everything I can to stay alive longer.</td>
</tr>
<tr>
<td>3. I think agreeing to a do-not-resuscitate order is immoral because of my religious beliefs.</td>
</tr>
<tr>
<td>4. I would be giving up on my faith if I stopped pursuing cancer treatment.</td>
</tr>
<tr>
<td>5. I believe that God could perform a miracle in curing me of cancer.</td>
</tr>
<tr>
<td>6. I must faithfully endure painful medical procedures because suffering is part of Gods way of testing me.</td>
</tr>
<tr>
<td>7. My faith helps me to endure the suffering that comes with difficult medical treatments.</td>
</tr>
<tr>
<td>Statement</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>My belief in God relieves me of having to think about EoL medical decisions</td>
</tr>
<tr>
<td>I accept every possible medical treatment because my faith tells me to</td>
</tr>
<tr>
<td>Agreeing to a DNR order is against my religious beliefs</td>
</tr>
<tr>
<td>I am giving up on my faith if I stop treatment</td>
</tr>
<tr>
<td>God can perform a miracle and cure me</td>
</tr>
<tr>
<td>I must endure medical procedures because suffering is God’s testing</td>
</tr>
<tr>
<td>Faith helps me endure suffering from medical treatments</td>
</tr>
</tbody>
</table>
# Racial/ethnic Differences in Religious Beliefs about EOL Medical Care

<table>
<thead>
<tr>
<th>Belief Description</th>
<th>Black vs White</th>
<th>Latino vs White</th>
</tr>
</thead>
<tbody>
<tr>
<td>My belief in God relieves me of having to think about EoL medical decisions</td>
<td>12.8 &lt;.001</td>
<td>3.1 .04</td>
</tr>
<tr>
<td>I accept every possible medical treatment because my faith tells me to</td>
<td>3.1 .03</td>
<td>1.2 .78</td>
</tr>
<tr>
<td>Agreeing to a DNR order is against my religious beliefs</td>
<td>36.2 .001</td>
<td>6.1 .21</td>
</tr>
<tr>
<td>I am giving up on my faith if I stop treatment</td>
<td>3.2 .01</td>
<td>1.3 .67</td>
</tr>
<tr>
<td>God can perform a miracle and cure me</td>
<td>26.4 .002</td>
<td>7.3 .01</td>
</tr>
<tr>
<td>I must endure medical procedures because suffering is God’s testing</td>
<td>11.7 &lt;.001</td>
<td>2.8 .10</td>
</tr>
<tr>
<td>Faith helps me endure suffering from medical treatments</td>
<td>4.9 .002</td>
<td>2.1 .18</td>
</tr>
</tbody>
</table>
Preliminary Data: Religious Beliefs about EOL Medical Care

- Created score for religious beliefs about EOL care (RBEC, factor analysis → single factor)
- MVA to assess relationship of religious beliefs score with EOL treatment preferences (aggressive care to lengthen life even if poorer QOL vs. care focused on QOL even if meant living shorter)
Preliminary Data: Religious Beliefs about EOL Medical Care

• MVA included any significant confounding factors (e.g., demographics, religious tradition)
  – RBEC predicted greater preference for aggressive EOL care (AOR=2.49, \( p=.003 \))
  – Though race/ethnicity predictive of treatment preference in UVA, no longer predictive in MVA.
The Story Summarized: Role of Spirituality in Advanced Illness

1. Patient spirituality often central to experience of advanced illness
2. Patient spirituality influences QOL
3. Patient religious coping related to greater aggressive EOL care
4. Spiritual support from med teams associated with better pt QOL/less aggressive EOL care
5. Spiritual support from rel communities related to more aggressive EOL care
6. Religious beliefs about EOL medical care common, and related to greater preference for aggressive EOL medical care
Part 3: How does research inform and shape our vision for the future?
Spiritual Care Guidelines

- WHO Definition of Palliative Care
- National Consensus Project (NCP) for Quality Palliative Care
- JCAHO Guidelines
WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
NCP Spiritual Care Guidelines

Domain 5: Spiritual, Religious, and Existential Aspects of Care

5.1: The interdisciplinary team assesses & addresses spiritual, religious, and existential dimensions of care
   - All team members responsible to recognize spiritual distress and spiritual needs
   - Inclusion of a spiritual care professional – ideally chaplaincy
   - R/S communication is respectful and not imposition

5.2: Spiritual assessment & engagement
   - Standardization and documentation of R/S assessment
   - Ongoing reassessment
   - Address of R/S needs consistent with patient/family values
   - Referral to community-based spiritual professionals

5.3: Facilitation of R/S expressions and rituals by patient and family members (e.g., religious symbols)
Despite National Guidelines, Spiritual Care Infrequent

- Continued divide of the material/spiritual within medical culture
- Chaplaincy often not well-integrated within medical teams or in training within other medical disciplines
- Generalist spiritual care training lacking
- Generalist spiritual care remains infrequent, including spiritual histories, referrals to chaplains
Compassionate Leadership in Spiritual Care: Some Next Steps

• Generalist spiritual care training needed, ideally led by chaplaincy
• Models of care delivery integrating chaplaincy developed/improved
• Continued research telling of patients’ stories to the medical culture to illuminate the value of spiritual care
Acknowledgements

• Thank you for your invitation/attention!
• Holly Prigerson, PhD
• Paul Maciejewski
• Jane Weeks, MD
• Michael Balboni, PhD
• Tyler VanderWeele, PhD
• Andrea Enzinger, MD
• Susan Block, MD
• The CWC 2 Study Team
• Conquer Cancer Foundation (CDA)
• John Templeton Foundation
Relevant Definitions

- **Spirituality**: 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.

- **Religion**: a set of spiritual beliefs shared by a community, often associated with common writings and practices.

Patient Spirituality, Spiritual Supporters and EOL Medical Care

- Patient Spirituality
- R/S Values (e.g., life’s sanctity)
- R/S Beliefs (e.g., miracles)
- R/S Coping, Needs (e.g., meaning, forgiveness)
- Quality of Life
- EOL Medical Decisions
Patient Spirituality, Spiritual Supporters and EOL Medical Care

- Patient Spirituality
  - R/S Coping, Needs (e.g., meaning, forgiveness)
  - R/S Beliefs (e.g., miracles)
  - R/S Values (e.g., life’s sanctity)

- Spiritual Care from Religious Communities

- Aggressive EOL Care

- Quality of Life
Patient Spirituality, Spiritual Supporters and EOL Medical Care

- Patient Spirituality
  - R/S Values (e.g., life’s sanctity)
  - R/S Beliefs (e.g., miracles)
  - R/S Coping, Needs (e.g., meaning, forgiveness)

- Spiritual Care from Medical Team
- Aggressive EOL Care
- Quality of Life
Leadership in Compassionate Care

Luke 22:26 - But not so with you; rather the greatest among you must become like the youngest, and the leader like one who serves.

- Recognizing the needs of others, of our culture
- Meeting those needs by raising awareness of the need, casting a vision for the future