

## Spiritual History Taking

William K. Dolen

### Spirituality

- Maugans defines spirituality as “a belief system focusing on intangible elements that impart vitality and meaning to life's events.”<sup>1</sup>
- The United States is a pluralistic society. In seeing patients, you can't assume religious or spiritual background.
- Many religions advocate the idea of promoting that religion to others, but overt evangelism in a clinical situation is a delicate matter.
- Knowing how someone draws strength from God, “The Force,” or some other “intangible element” is useful in many clinical situations.
- In doing this, it's important to respect a patient's autonomy.
- If the history identifies spiritual “issues” that might affect medical treatment, early consultation with the hospital chaplain is advisable.
- Not all new patients need a spiritual history. For some, though, it is very important.<sup>2</sup>

### Getting Started

- Keep it simple, and matter-of-fact.
- Place it after the Social History, before the Review of Systems.
- A simple spiritual history only adds a few minutes to the overall complete history.<sup>3</sup>
- If a question draws a defensive reaction, explain that you're merely being thorough. Watch the patient's body language, and don't push hard.
- Many of the patients and families who need a spiritual history have long-term health needs, so there might be time later on to fill in the gaps.
- A simple opening question is, “In times of crisis, where do you find strength?” The answer will guide you through the other questions.
- If you identify potential issues, consult the chaplain; don't ask the patient whether he or she would like to see the chaplain.<sup>4</sup>

### Some Mnemonics

#### The SPIRITual History (Maugans, 1996)<sup>1</sup>

- **S: Spiritual Belief System.** Does the patient have a formal affiliation with a religious group?
- **P: Personal Spirituality.** Describe your spiritual beliefs and practices. Does your religious community have beliefs and practices that you don't accept? What does your spirituality

### Things to think about

A very politically correct definition.

Health care workers and chaplains need to be prepared to deal with different cultures, different faiths, and lack of faith.

Spiritual history taking is a discreet, politically correct way of finding out.

In addition to providing spiritual support, the chaplain can act as a liaison with clergy of other religions in interfaith matters.

Body language is everything.

If there's resistance in a more acute situation, one of the chaplains can help.

Would you be interested in practicing spiritual history taking with a standardized patient?<sup>10</sup>

It's common for people to associate with a formal religion.

If your patient has beliefs very different from yours, the

(religion) mean to you? Is it a part of your daily life?

- **I: Integration and Involvement In a Spiritual Community.** Do you belong to a particular spiritual (religious) community? What is your position (role)? Is it a source of support? How? Will this group provide help in dealing with health issues?
- **R: Ritualized Practices and Restrictions.** What practices (e.g., prayer or meditation) do you carry out as part of your spirituality (religion)? Does your spirituality (religion) encourage or forbid certain lifestyle practices or activities? Do you comply? What significance do these practices (or restrictions) have for you? Are there any specific elements of medical care that you forbid on the basis of spiritual or religious grounds?
- **I: Implications for Medical Care.** What aspects of your spirituality (religion) would you like us to keep in mind as we care for you? Would you like to discuss spiritual or religious implications of health care? What knowledge or understanding would strengthen our relationship as physician and patient? Are there any potential barriers to our relationship based on spiritual (religious) issues?
- **T: Terminal Events Planning (Advance Directives).** As we plan for your care near the end of life, how does your faith impact on your decisions? Are there particular aspects of care that you wish to forgo or have withheld because of your faith?

**FICA** (Barnett, 2006)<sup>5</sup> – This is what’s commonly used at MCG

- **F: Faith and Belief.** *Do you consider yourself to be a spiritual or religious person? What is your faith or belief?* If the patient answers yes, continue with the other questions; if no, you might ask: *What gives your life meaning?* Patients sometimes respond to this with answers such as family, nature, careers, etc.
- **I: Importance and Influence.** *What importance does faith have in your life? Have your beliefs influenced that way you take care of yourself and your illness? What role do your beliefs play in regaining your health?*
- **C: Community.** *Are you a part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?* Communities such as churches, temples, synagogues or masjids can serve as a strong support system for some patients.
- **A: Address in Care.** *How would you like us to address these issues in your health care?*

**FACT** (Larocca-Pitts, 2008)<sup>4</sup>

- **F: Faith, beliefs.** What is your faith or belief? Do you consider yourself a person of faith or a spiritual person? What things do you believe that give your life meaning and purpose?

chaplain can help you a lot.

You would want to know, for instance, that your patient is an ordained minister, or has a PhD in religion.

Some of these practices might interfere with the health care team’s treatment plans.<sup>11</sup> It’s better to know these things in advance.

Would you like us to notify other persons (such as clergy) in your religious community?

See the Georgia Advance Directive form. At MCG, the chaplains complete this with patients.

If you get “no” to both of these, then it might be time to move on to the Review of Systems.

Would you like us to contact your pastor, priest, rabbi, imam, etc.?

- **A: Active, available. Accessible applicable.** Are you currently active in your faith community? Are you part of a religious or spiritual community? Is support for your faith available to you? Do you have access to what you need to apply your faith (or your beliefs)? Is there a person or a group whose presence and support you value at a time like this?
- **C: Coping, comfort). Conflicts, concerns.** How are you coping with your medical situation? Is your faith (your beliefs) helping you cope? How is your faith (your beliefs) providing comfort in light of your diagnosis? Do any of your religious beliefs or spiritual practices conflict with medical treatment? Are there any particular concerns you have for us as your medical team?
- **T: Treatment Plan.** Based on the responses to these questions, the clinician now makes a judgment as to the appropriate treatment.

Support: lay and/or ordained ministry.

#### **FAITH** (King, 2002)<sup>6</sup>

- **F:** Do you have a faith or religion that's important to you?
- **A:** How do your beliefs apply to your health?
- **I:** Are you involved in a church or faith community?
- **T:** How do your spiritual views affect your views about treatment?
- **H:** How can I help you with any spiritual concerns?

(Thanks to JW)

#### **HOPE** (King, 2007)<sup>7</sup>

- **H:** Sources of hope, meaning, comfort, strength, peace, love, and connection
- **O:** Organized religion
- **P:** Personal spirituality and coping practices
- **E:** Effects on medical care

#### **TSH RSVP** (Koenig, 2006)

- T: Take
- S: Spiritual
- H: History
- R: Respect
- S: Support
- V: Value
- P: Pastoral Care referral

#### **Perceived barriers to spiritual history taking**

- *I don't know how to.* You can learn. Like everything else in medicine, it just takes practice.
- *Patient autonomy.* It isn't appropriate to project your belief system on a patient, or force a spiritual history on a nonreligious patient. The way that you ask questions is important.

- *I don't have time.* A simple spiritual history only adds a few minutes to the overall history. If you identify complex issues, a chaplain can fill in the details in a separate interview.
- *This isn't a medical issue.* Whether you agree with it or not, the simple fact is that most spiritual and religious traditions link health and spiritual practice. There's a big literature on this. Many patients hope that their health care providers will ask about spiritual issues.
- *These are very personal questions.* Yes, they are. However, medical history-taking always involves asking personal questions.<sup>5,8</sup>
- *This isn't a church.* You're right, but in a sense it is a temple of healing.
- *I'm not a pastor.* If you don't have training in pastoral care, you should not be providing spiritual direction to patients. However, you have trained and experienced consultants who can do this well.
- *I'm not a spiritual or religious person.* Your patient might be, and spiritual (religious) issues might affect recovery. Some would argue that health care professionals have a moral obligation to provide for their patients' spiritual needs.<sup>9</sup>
- *I'm not comfortable doing this.* Some sessions with a spiritual director might be helpful in your own spiritual development.

## References

1. Maugans TA. The SPIRITual history. Archives of Family Medicine 1996; 5:11-6.
2. Puchalski CM, Lunsford B, Harris MH, Miller RT. Interdisciplinary spiritual care for seriously ill and dying patients: a collaborative model. Cancer Journal 2006; 12:398-416.
3. Koenig HG. STUDENTJAMA. Taking a spiritual history. JAMA 2004; 291:2881.
4. Larocca-Pitts MA. FACT: taking a spiritual history in a clinical setting. Journal of Health Care Chaplaincy 2008; 15:1-12.
5. Barnett KG, Fortin AH. Spirituality and medicine. A workshop for medical students and residents. Journal of General Internal Medicine 2006; 21:481-5.
6. King DE. Spirituality and medicine. In: Mengel MB, Holleman WL, Fields SA, editors. Fundamentals of Clinical Practice: A Textbook on the Patient, Doctor, and Society. 2nd ed. New York: Kluwer Academic; 2002. p. 651-70.
7. King DE, Crisp J. Case discussion: do not neglect the spiritual history. Southern Medical Journal 2007; 100:426.
8. Koenig HG. The spiritual history. Southern Medical Journal 2006; 99:1159-60.
9. Sulmasy DP. Spirituality, religion, and clinical care. Chest 2009; 135:1634-42.
10. King DE, Blue A, Mallin R, Thiedke C. Implementation and assessment of a spiritual history taking curriculum in the first year of medical school. Teaching & Learning in Medicine 2004; 16:64-8.
11. Koenig HG. Religion, spirituality, and medicine: research findings and implications for clinical practice. Southern Medical Journal 2004; 97:1194-200.