

# Towards an Outline for an Undergraduate Medicine Curriculum in Spirituality

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### Abstract

Addressing patients' spiritual needs has been identified as key to improving patient well-being and survival when facing illness and receiving care. In addition, physicians' spirituality has been found to have an impact on how they practice and deliver care. PubMed and TRIP were reviewed for articles relevant to spirituality in medicine, particularly with respect to undergraduate medicine curricula. A review of grey literature was also completed. Taken together, the literature shows a growing consensus regarding the importance of integrating spirituality into the medicine curriculum in order to significantly improve the physical and mental well-being of both physician and patient. This article examines the evidence and beneficial outcomes associated with the provision of effective spiritual care, briefly discusses the skills medical students can acquire when learning about the spiritual dimension of care, provides an overview of the key components identified relating to spirituality and undergraduate medical education, and offers recommendations for medical school courses on spirituality.

### Introduction

Spirituality can be defined as an individual's sense of purpose, connection to others, and ability to find meaning in life.<sup>1</sup> According to Baldacchino, "spirituality is a unifying force which integrates biological, physiological and social components."<sup>2</sup> Anandarajah and Hight further define spirituality as having cognitive, experiential, and behavioural aspects that include the beliefs and values an individual lives by, feelings

such as hope, connection, and inner peace (among others), and external manifestations of individual spiritual beliefs.<sup>3</sup> While spirituality and religion are closely related concepts, religion can be distinguished by organized modes of worship and fellowship based upon unified systems of belief and practice with respect to the sacred.<sup>4</sup> Because spiritual pain arises as a result of disequilibrium between a person's hopes, beliefs, and values and their existential experience,<sup>5</sup> the need arises for the provision of spiritual care, that aims to respond to a human spirit faced with trauma, illness, or distress<sup>6</sup> in order to improve their well-being and survival.<sup>7</sup>

The importance of addressing a patient's spiritual well-being has been acknowledged by professional accreditation bodies, policy-makers, and medical schools in the US and UK, and in a 1998 World Health Organization (WHO) statement that a strictly biomedical view of patients will no longer suffice for health care, given mounting evidence of the value of spirituality and spiritual well-being to overall health and quality of life.<sup>6,8</sup> Their stance has been echoed by numerous medical accreditation agencies and professional associations that now require patients' spiritual needs to be addressed by a physician.<sup>6,9</sup> Finally, of the 32 medical schools in the UK, 59% report addressing spirituality in their curricula and, of that group, 50% make it a compulsory topic.<sup>10</sup> Similarly, over 75% of US medical schools have incorporated spirituality into their curricula.<sup>8</sup>

In Canada, the Royal College of Physicians and Surgeons of Canada sets the standards for "what it means to be a competent physician" as outlined by the CanMEDS competency framework.<sup>11</sup> While the framework does not explicitly address spirituality, it includes competencies with spiritual implications. For example, as an effective communicator, a physician should be comfortable eliciting and synthesizing information about a patient's spiritual values and concerns in order to assess their impact on health outcomes. However, despite the fact that physicians must be comfortable addressing sensitive topics related to spirituality, as well as mounting evidence regarding the benefits for incorporating spiritual factors into health care assessment and delivery, the literature is sparse with respect to spirituality in the context of undergraduate medicine curricula in Canada. Important strides towards reconciling the biomedical model of health with a more holistic one have been made with the introduction of medical humanities courses.<sup>12</sup> However, the teaching of medical humanities in Canadian medical schools also appears to lag behind that of their American counterparts.<sup>13</sup>

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Recently, the Spiritual Care Department of the University Health Network in Toronto piloted an Enriching Educational Experience in Spirituality for second-year medical students at the University of Toronto (U of T).<sup>14</sup> While this small step towards a more holistic approach to health care appeared successful at teaching small groups of students the importance of spirituality to patient well-being, second-year U of T students more generally failed to see its relevance to the physician-patient interaction.<sup>15</sup> This paper investigates this gap, examines the evidence for the benefits of spirituality to health outcomes, and discusses what medical students are learning or should learn about spirituality. The importance of incorporating spirituality into undergraduate medicine curricula will be emphasized, and a summary of successful strategies that have been used in teaching spirituality will be provided.

### Method

This literature review examined evidence supporting spiritual care practices and how spirituality has been integrated into undergraduate medicine curricula. Several keyword searches were conducted by the authors in the PubMed<sup>16</sup> and TRIP<sup>17</sup> databases. This methodology allowed for evaluation of both traditional academic literature and “grey literature,” which is comprised of websites, reports, and recommendations that have been assessed for quality and clinical usefulness.

The PubMed search was run using the keywords “spirituality,” “spiritual well-being,” and “undergraduate medical education.” Relevant search results were obtained in TRIP using the same set of keywords in addition to “spiritual needs” and “spiritual care.” Both databases’ search results were filtered by relevance, date of publication (2001-2011), and articles written in English, effectively limiting the search to Canada, the US, and the UK.

### Review of Evidence

A review of the evidence demonstrates a mounting body of support for the beneficial effects of incorporating spirituality into holistic health care. The National Health Services (NHS) for Scotland reiterates the WHO’s stance against a strictly biomedical view of health, stating that it is “no longer acceptable to treat people as less than individuals with their own resources of strength, beliefs, relationships and life context which makes a crucial difference not only to their ability to recover from, but their very understanding of health and illness.”<sup>16</sup> This view is supported by a growing body of research from across medical disciplines providing evidence regarding the impact of spirituality on health outcomes:

- Spiritual well-being promotes better immune function and reduces levels of depression in women living with HIV,<sup>18</sup> while providing a strong stress-buffering effect in cancer patients.<sup>19</sup>
- Spirituality is a major determinant of Quality of Life (QOL) in patients living with cancer<sup>20</sup> or amyotrophic lateral sclerosis.<sup>21</sup>
- Spiritual beliefs help patients cope with illness,<sup>22</sup> increase energy levels in the chronically ill,<sup>23</sup> and impact rehabilitation outcomes in brain trauma victims.<sup>24</sup>
- A study of palliative care physicians’ “perspectives and expe-

riences regarding the importance of spirituality in providing palliative care to patients” found that physicians’ spirituality is “fundamental to a palliative care physician providing compassionate and holistic care.”<sup>25</sup>

- Addressing patients’ spiritual needs and concerns critically enhances QOL,<sup>26</sup> improves patient perceptions of care and well-being,<sup>27</sup> and influences the use of hospice while decreasing aggressive end-of-life measures.<sup>28</sup>
- Religious beliefs and practices can either be important coping resources when dealing with an illness or can contribute to mental pathology; thus it is important that physicians address a patient’s religious and spiritual beliefs when doing a health assessment.<sup>29</sup>

In addition to the beneficial patient-centred health outcomes associated with the assessment and provision of spiritual care and spiritual well-being, medical students acquire new skills when learning how to deliver spiritual care. Such skills have direct implications for meeting CanMEDS competencies for graduating physicians.

### Medical Competencies

Medical students are expected to develop, in addition to clinical skills and medical knowledge, a plethora of traits that can only be fostered through experience and reflection. As Milch and Dunn noted, the analytical and technical skills of, for example, a surgeon, are no longer sufficient to support the doctor-patient relationship.<sup>30</sup> The CanMEDS competencies reflect this change. In addition to the long list of topics Canadian medical students must focus on, they must also develop observable “essential abilities,”<sup>11</sup> including the ability to:

- Communicate in the clinical setting.
- Practice and emphasize patient-centred care and shared decision-making.
- Collaborate with health care professionals from “a variety of perspectives and skills.”<sup>46</sup>
- Practice health advocacy by recognizing determinants of health in a population and mobilizing resources that can enhance health outcomes.
- Identify and explore the patient’s context and preferences during health assessment.
- Express empathy, compassion, trustworthiness, effective listening, and respect for diversity.

Courses dealing with spirituality can foster the development of many of these competencies by emphasizing compassion, presence, listening, collaboration, and the patient as a person.<sup>31,32</sup> Such care requires that the physician establish a trusting relationship with the patient, provide a supportive environment, be sensitive to spiritual and cultural belief systems, use their “presence” or therapeutic use of self during spiritual distress, and demonstrate caring.<sup>33</sup>

Awareness of spirituality can help students better cope with the stresses of medical school<sup>34</sup> and teach them how to work collaboratively within a health care team. As one study found, when physicians are aware of their own spirituality and work in a health care setting that supports the provision of spiritual care, it can lead to better team functioning and improved patient care.<sup>35</sup> Recognizing this, some medical schools offer courses dedicated to patient and physician spirituality, in order

to equip students with the knowledge and skills to care for their own spiritual well-being, increase their sensitivity to patients' spiritual issues and needs, and become comfortable discussing spiritual and other "difficult" concerns or issues.<sup>36</sup>

### Spirituality in Undergraduate Curricula

In recognition of spirituality's important role in patient health outcomes and the development of physician competency, strategies and curricular content have been developed for teaching spirituality in undergraduate medicine. Puchalski and Larson,<sup>37</sup> for example, identified the key components of spirituality courses offered by medical schools in the US during the late 90s, including:

- Teach how to do a spiritual assessment respectfully and without judgement.
- Review literature discussing spirituality's role in overall health.
- Examine cases where spiritual beliefs negatively affected health outcomes.
- Present chaplains and spiritual counsellors as important health care team members.
- Emphasize effective and compassionate communication with chronically ill and terminal patients "about their suffering, their beliefs, and their choices for therapy and care."
- Teach how to deliver "bad news in a caring compassionate manner" and how to use a patient's spiritual beliefs as a "clinical resource when appropriate."<sup>37</sup>
- Encourage students to reflect on their own belief system and how it affects their own coping skills with regards to medical school and patient care.
- Review the major religious traditions and how they can affect patients' decision-making and coping skills in the health care setting.

Four key teaching strategies appear to be most effective at eliciting desired educational outcomes: academic study with literature review, experiential learning, reflective exercises, and small-group discussion with other students, faculty, and spiritual experts (e.g. chaplains).

### Academic Study with Literature Review

A literature review provides students with a "scientific door" into the topic of spirituality, making it "more palatable" and academic, while providing a knowledge base for future learning.<sup>38</sup> By presenting evidence of spirituality's role in health care and outcomes, a class on spirituality can be presented as more than just an exercise in "feelings," but as a course that complements and enhances students' clinical skills.<sup>15</sup> In addition, as Catanzaro and McMullen point out regarding spirituality in nursing education, "A profession cannot progress without knowledge of its own history."<sup>39</sup> A knowledge of the history of spirituality in medicine enables both students and educators to situate spirituality's relationship with medicine in the context of its break from the health care setting during the Renaissance and Enlightenment and the advent of the "dichotomous worldview" of religion versus science.<sup>40</sup>

### Experiential Learning

Experiential learning appears key to understanding the

spiritual dimension of health. Spirituality is not easily learned in a lecture; rather it must be experienced, for example, by accompanying hospital chaplains/spiritual counsellors or other members of an inter-disciplinary health care team on their rounds.<sup>2,39</sup> Required home visits help students to consider the needs of the patient broadly in the absence of the requirement to provide immediate, acute care.<sup>39</sup> They also give students a better understanding of the health care world from the patient perspective.<sup>41</sup> These clinical experiences can demonstrate the importance and utility of spiritual care.<sup>32</sup> For example, one group of students reported that spiritual practice is "more helpful for coping with health conditions than healing tissue."<sup>34</sup>

### Reflection

Reflective exercises, such as journaling, writing short essays, and reflective readings, can increase students' self-awareness about the impact of their own spirituality and belief systems on their medical practice by promoting opportunities to "synthesize" what they have learned from both academic and experiential components of a course.<sup>32,39,42</sup> In the process, educators can learn where the knowledge gaps are and provide health-care students with constructive feedback to inspire continued reflection and awareness.

### Small Group Discussions

Small group discussion is an often-cited and effective learning tool.<sup>42</sup> For example, students in small groups have been asked to practice taking their classmates' spiritual histories.<sup>32</sup> Taking a spiritual history and discussing its relevance can demonstrate to students how spirituality impacts health outcomes and decision-making, while clarifying their own spiritual stance and understanding. It also provides students with the opportunity to learn about patient coping mechanisms and how to make use of them as a clinical resource.<sup>43</sup> Small group discussions also enable students to address the interplay of physicians' spirituality and their own lives.<sup>35</sup> Having clinicians honestly discuss their own experiences of spirituality in health care, and how they personally cope with their own spiritual concerns while addressing patients' needs, can help students better understand the need for work-life balance, wellness and self care, in order that they, in turn, can deliver high quality care.<sup>35</sup>

### Conclusion

Learning about the spiritual dimension of health can teach undergraduate medical students how to be effective communicators and collaborators, develop stronger interpersonal skills, and be more culturally sensitive and empathic caregivers. All of these qualities can have a direct and positive impact on the quality of care a patient receives, as well as on health outcomes.<sup>44</sup> While organizations in the US and UK and the WHO have all recognized the benefits of educating students on spirituality and spiritual care, awareness in Canada seems to be lagging behind. Although the Canadian Medical Association (CMA) Code of Ethics clearly states that a physician should consider a patient's "cultural traditions, their personal preferences and values" in accordance with the patient-centred model of care,<sup>45</sup> the concept of spirituality has yet to be incorporated into the CanMEDS framework and mainstream under-

graduate medical education. For those educators working to bridge this educational and student comprehension gap, the curricular components discussed in this paper are presented as worthwhile tools to help teach students the value of addressing the spiritual domain as a part of person-centred care that addresses the needs of both patients and providers.

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