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Bigger Roles Checking On Spirit After For Chaplains On Patient Medical Teams A Transplant



By LAURA LANDRO

Doctors and nurses were preparing Kathleen Hynes for a stem-cell transplant at Long Island's North Shore University Hospital last June when she asked them to page another member of the medical team—hospital chaplain Kimberli Lile.

Ms. Hynes, a 53-year old cancer patient, wanted the chaplain to bless the cells before they were administered intravenously.

Hospital chaplains have long been a source of comfort and succor for patients facing daunting illness.

Chaplains are seeking bigger roles in hospitals and in some cases joining the medical-care team, as new research shows positive spiritual guidance and discussion can help improve a patient's medical outcome.

Some hospitals are giving patients questionnaires upon admittance to identify who may benefit most from chaplain referrals.

Chaplains, of course, may still pray with patients regardless of denomination, help families make difficult end-of-life decisions or simply offer a sympathetic ear.

As interest rises in the links between religion, spirituality and health, there is a new push to establish chaplaincy in the medical mainstream and apply more rigorous scientific research. The Association of Professional Chaplains, which certifies health-care chaplains, issued its first standards for practice in 2009, including the requirement that chaplains document their work in patient medical records and stay abreast of new research.

Medical schools are adding courses on spirituality and health, and training residents to consider patients' spiritual needs. Some two-thirds of U.S. hospitals provide chaplaincy services; others rely on local clergy and lay volunteers.

Studies indicate as many as 40% of patients with serious illnesses like cancer struggle with spiritual concerns, which can harm emotional and physical well-being, says George Fitchett, research director in the Department of Religion, Health and Human Values at Rush University Medical Center Chicago.

Patients who have negative thoughts—say, questioning God's care for them—are more likely to develop worse health outcomes than patients who show positive spiritual coping, such as turning to religion for solace.

Chaplains "are patients' greatest advocates," says Harold Koenig, director of Duke University's Center for Spirituality, Theology and Health. They should work closely with other medical professionals, he says, and help them understand how spiritual beliefs influence patients' treatment decisions and response.

Studies indicate that chaplain visits can result in less patient anxiety, shorter hospital stays and higher satisfaction. Still, a review in the *Journal of Health Care Chaplaincy* concludes that many studies haven't been rigorous enough to test effectiveness and define the best practices of chaplains' care.

"Every dimension of health care has to be accountable," says Walter Smith, a Jesuit priest and president of the nonprofit Health Care Chaplaincy in New York, which conducted the review and provides chaplains to area hospitals.

"Creating a strong research foundation of what chaplains do in the clinical setting will mark the coming of age of health-care chaplaincy as a profession," he says.

With a \$3 million grant from the John Templeton Foundation—whose late founder was an investor interested in the intersection of scientific research and spirituality—the Health Care Chaplaincy will oversee six national research projects on professional chaplains' role in health and palliative care, Dr. Smith says.

A study published online in July in the *Journal of General Internal Medicine* found that among 3,000 patients hospitalized over a three-year period at the University of Chicago Medical Center, 41% wanted a discussion of religious and spiritual concerns, yet only half of that group reported having one.

Patients who had a spiritual discussion reported being more satisfied with their overall care, whether or not they said they had desired it.

Patients may hesitate to ask for a chaplain's services out of concern that chaplains will proselytize—even though in many cases they don't use explicit theological language and "are there to be companionable and offer support," says Wendy Cadge, associate professor at Brandeis University.

Doctors, she adds, may feel uncomfortable asking patients about spiritual needs, or that it is inappropriate to do so.

That's where tools such as spiritual history-taking can help, says Christina Puchalski, director of the George Washington Institute for Spirituality and Health, in Washington D.C., who developed a screening questionnaire.

Ann Berger, chief of pain and palliative care at the National Institutes of Health's Clinical Center in Bethesda, Md., says it is "an easy way to ask these questions of patients and teach spiritual assessment to health-care providers." Chaplains visit referrals from such questionnaires and often make rounds to chat informally with patients.

At North Shore University Hospital, Ms. Hynes met Rev. Lile, a Health Care Chaplaincy employee, when the chaplain stopped by her room.

Ms. Hynes, a Catholic, had turned to her faith to help her cope with the 2008 death of her husband and the loss of her teaching job. After she was diagnosed with mantle cell lymphoma, a rare and often aggressive cancer, Rev. Lile helped Ms. Hynes face some of her fears, she recalls. "She gave me a beautiful prayer, and we sat and talked for an hour. She was so receptive and interested in what I was going through."

The two spoke often during Ms. Hynes's hospital stay, laughing over the notion that Rev. Lile, trained as a Lutheran minister, would be blessing Catholic holy water that Ms. Hynes's son brought to the hospital for the stem-cell transplant.

After the transplant, Ms. Hynes wrote to Rev. Lile to express her thanks: "I feel so blessed to have your encouraging influence during this turning point in my life. . . . The beautiful prayer and blessing is a memory I will always carry with me."