

HEALTH SENSE

MGH program teaches caregivers to tend to the spiritual need of patients The Boston Globe

By Judy Foreman | June 11, 2007

The lovely chapel at Massachusetts General Hospital was crammed with flowers and well-wishers one recent afternoon, as seven newly certified spiritual caregivers – five nurses, a social worker, and a medical student – took to the microphone.

The graduates of the five-month program spoke of praying with a homeless, schizophrenic man as his foot infection was treated and his toenails clipped. They spoke of helping a man with veins ruined by intravenous drug use pray to his Higher Power to ease the pain as an IV needle was inserted. They spoke of the need to make medical care more "sacred" – to comfort by being with, not just doing to, a patient.

Or, as their mentor, Mass. General chaplain the Rev. Angelika Zollfrank put it: Of learning to "hold patients in deeper and more meaningful ways."

Studies have repeatedly shown that patients in hospitals have religious or spiritual needs, and that very often those needs go unmet.

Earlier this year, for example, Dr. Tracy A. Balboni and colleagues at the Harvard Radiation Oncology Program and elsewhere found that 72 percent of advanced cancer patients felt their spiritual needs were going unaddressed by the medical system.

Now, places such as the Kenneth B. Schwartz Center at Mass. General are increasingly recognizing those needs. The idea is "not to impose God or a Higher Power on a nonbeliever," said Kathleen Gallivan, director of the chaplaincy department at Brigham and Women's Hospital. But to ask "a patient whether religion or spirituality is a resource for them."

"Illness is always a crisis in meaning," Gallivan said. People wonder, "Why is this happening to me? What does it mean for my future? For my family? For my job?"

Gallivan said she's eager to do more to meet patients' spiritual needs at the Brigham.

At Mass. General, the Clinical Pastoral Education program trains people who are already healthcare providers to attend better to their patients' spiritual needs.

The Joint Commission, formerly the Joint Commission on the Accreditation of Healthcare Organizations, has for years "required hospitals to accommodate the rights to pastoral and other spiritual services for patients," said Pat Adamski, director of the standards interpretation group at the commission.

There are also efforts in academia, like those sponsored by the John Templeton Foundation, a Philadelphia-based nonprofit group, to study how spiritual questions might be better addressed in the medical system.

Ten years ago, a pivotal study found that 88 percent of patients experienced "religious needs" while hospitalized, George Fitchett, the study leader and director of research in the Department of Religion, Health, and Human Values at Rush University Medical Center in Chicago, said in an e-mail.

Since then, studies have found that severely ill patients often face a spiritual or religious as well as a medical crisis when they are in the hospital.

At Duke University Medical Center, for instance, Dr. Harold G. Koenig a psychiatrist and co-director of the school's Center for Spirituality, Theology, and Health, said his research has found that 90 percent of patients rely on religious beliefs to help them cope with the stress of illness.

Yet a patient satisfaction survey conducted in 2001 on more than 1.7 million hospitalized patients by Press Ganey Associates found that patients' spiritual needs often go unmet, calling the area a "prime opportunity" for improvement by hospitals.

All of which seems a shame, given how little it takes for patients to feel that their inner life counts.

In a 2005 paper, clinical psychologist Jean Kristeller and her team at Indiana State University randomly assigned 118 cancer patients to be asked or not asked a few standardized questions about their spiritual needs during a routine office visit.

Just being asked the questions, without any subsequent intervention, was surprisingly effective: Three weeks later, patients who had been questioned reported being less depressed, having more improvement in quality of life, and being more likely to believe their doctor cared about them than those who were not asked.

While psychiatrists, psychologists, and social workers also help patients wrestle with such questions, hospital chaplains are more fully trained to help people use their spiritual resources to cope with illness.

"Pretty much everybody else has a task to do. But the task of the chaplain, or a pastorally trained person, is to just sit with the person and find out what their agenda is," Gallivan said. "Our job is to be, not to do."

But chaplains can only do so much.

Since 1980, the number of American hospitals with chaplains has remained roughly constant – between 54 and 64 percent, said Wendy Cadge, a Brandeis University sociologist.

If more hospitals followed the Schwartz Center's lead and began offering pastoral training to nurses – and doctors – it wouldn't be up to chaplains alone to fill the need.

That's what most inspires the youngest of the Schwartz Center graduates, 26-year old Alyssa Rosen, a singer and fourth-year student at Harvard Medical School.

Dark eyes and dark hair shining at the graduation, Rosen, a future pediatrician, said her goal is to "be the technically skilled physician I am growing into without giving up the sacred human connections that call to me." ■

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