

The Doctor and the Pastor: a Relationship of Opposition or Cooperation?

Tanya W. Spirto, M.D.

Clinical Faculty, Stanford University School of Medicine

Personally...

- ◆ Russian Orthodox immigrant family
- ◆ Education in Catholic parochial schools
- ◆ College (U. of Chicago), medical school (Northwestern) and residency training (USC) in very secular institutions
- ◆ Marriage in Greek Orthodox Church
- ◆ Clinical practice (Obstetrics/Gynecology and Oncology)
- ◆ Involvement in the Church since 1995

Personally...

- ◆ Unofficial “Church doctor”
- ◆ Community service
 - Board of Directors, Sequoia Hospital
 - California Medical Association
 - Parish Council and Stewardship Chairperson
- ◆ Challenges: professional, practice, personal
 - Faith in my life
 - Relationship with my pastor
 - Spirituality in my work



Outline



1. U.S. Healthcare
2. Spirituality
3. Medical Education
4. Pastoral Healthcare
5. Conflict vs. Collaboration

U.S. Healthcare

- ◆ Unique problems
 - The best and the worst of quality and access
 - Huge number of uninsured (46 million or 15%); employer-based insurance (60%); Medicare (elderly) and Medicaid (poverty) are underfunded
 - Skyrocketing costs (25% of the GNP)
 - Malpractice insurance worries
 - Morale problems within the medical/nursing professions

U.S. Healthcare

- ◆ Multiple cultures, races, ethnicities and religions
 - 22% of population are foreign-born
 - 95% believe in God
 - 50% religious, 33% “spiritual”, 11% neither, 4% both spiritual and religious
- ◆ Tolerance and acceptance: goal vs. reality
- ◆ Problems with standards and consistency
- ◆ Difficulty coordinating efforts in care
- ◆ “Graying of America”:
 - Geriatric medicine, end-of-life issues and palliative care

U.S. Healthcare

- ◆ Evolution of spirituality in healthcare
 - Pressure on physicians:
 - Training in a “bio-psycho-social-spiritual model”
 - Sensitivity to spiritual needs and concerns of patients
 - Pressure on religious institutions and on hospitals:
 - Standardized training of those in pastoral healthcare
 - Non-denominational approach to health, independent of the provider’s own faith

Spirituality and Health

- ◆ “Spirituality is the way you find meaning, hope, comfort and inner peace in one’s life. Many people find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values and principles.”

- *American Academy of Family Physicians, 2001*

Spirituality and Health

- ◆ Medical profession is gradually facing/accepting the idea that spirituality plays a significant role in illness, health care, and recovery
- ◆ “Healthcare professionals must be aware of the benefits of spiritual practices in order to better serve their patients”
 - *Harvard, Beth Israel, Mind/Body Med Inst, GWish*

Spirituality and Health

- ◆ “It is undeniable that spirituality plays a significant role in healthcare—for the patient and the family and friends. Spirituality brings the human, caring dimension to health and healing and makes healthcare more compassionate.”
 - ◆ *George Washington Institute of Spirituality in Health(GWish)*
- ◆ However, <10% of practicing physicians actually address spiritual issues with their patients

Medical Education

- ◆ More than 100 medical schools in U.S. include lectures on spirituality in medicine
- ◆ Stanford University School of Medicine
 - required class “Spirituality and Meaning in Medicine”: goal—to identify and respond to a patient’s spirituality as well as your own, taking a spiritual history
 - elective course “Healer’s Art”: addresses grief and loss, mystery and awe, and service as work of the soul
 - Course director Chaplain Bruce Feldstein, M.D.: hospital chaplain, former Emergency Physician, faculty at medical school and in Clinical Pastoral Education

Medical Education

◆ Goal of the training

- The physician's aim is “to support patients within the faith or meaning that sustains them, whether religious or secular, and *not to undermine that faith system.*”
- “The more a physician is open to the spiritual/religious framework of the patient, the greater the *trust* the patient will have for the physician.”
- “The more *self-aware* a physician is of her or his own guiding values and ethical principles, the greater the chance the physician will be able to support the patient/family in making ethical decisions that are congruent with their beliefs.”

Medical Education

- ◆ “Know thyself”
 - Dr. Puchalski (GWish): “You can’t address a patient’s spirituality until you address your own...I see being a physician as a spiritual calling.”
 - Website: www.gwish.org, links to SOERCE
 - Conferences sponsored by Harvard and GWish
 - Dr. Daniel Sulmasy: [The Healer’s Calling: A Spirituality for Physicians and Other Healthcare Professionals](#)
- ◆ Required continuing medical education classes on end-of-life care and pain management include spiritual healthcare issues

“Soul of Medicine”

- ◆ Rachel Naomi Remen, M.D.(UCSF)
 - Enter medical school with a sense of privilege and excitement; after 4 years this has given way to cynicism and numbness as trained to value *objectivity*
 - Professionalism (our attitudes, self-expectations and training) makes us vulnerable to *stress* (fatigue, numbness, overwork and unreasonable expectations)
 - 40% of practicing physicians were clinically *depressed*, most thought about leaving the profession; many wouldn't want their children to choose medicine as a career
 - Must educate students to find *meaning* as skillfully as we educate them to pursue medical expertise
 - “A physician's calling to be a healer is a respected one”

Accreditation

- ◆ The Joint Commission: a driving force in healthcare!
 - Accreditation of all facilities and home health care
 - Mandates and sets standards for the provision of culturally and linguistically appropriate health care (including spiritual services)
 - Emphasis on interdisciplinary collaboration
 - Chaplains chart their assessment in the patient's permanent records; to include: relationship with a faith community, relationship with God, spiritual resources, spiritual concerns identified by patient
 - “Spiritual orientation is not considered synonymous with a client's relationship with an organized religion.”

Pastoral Healthcare

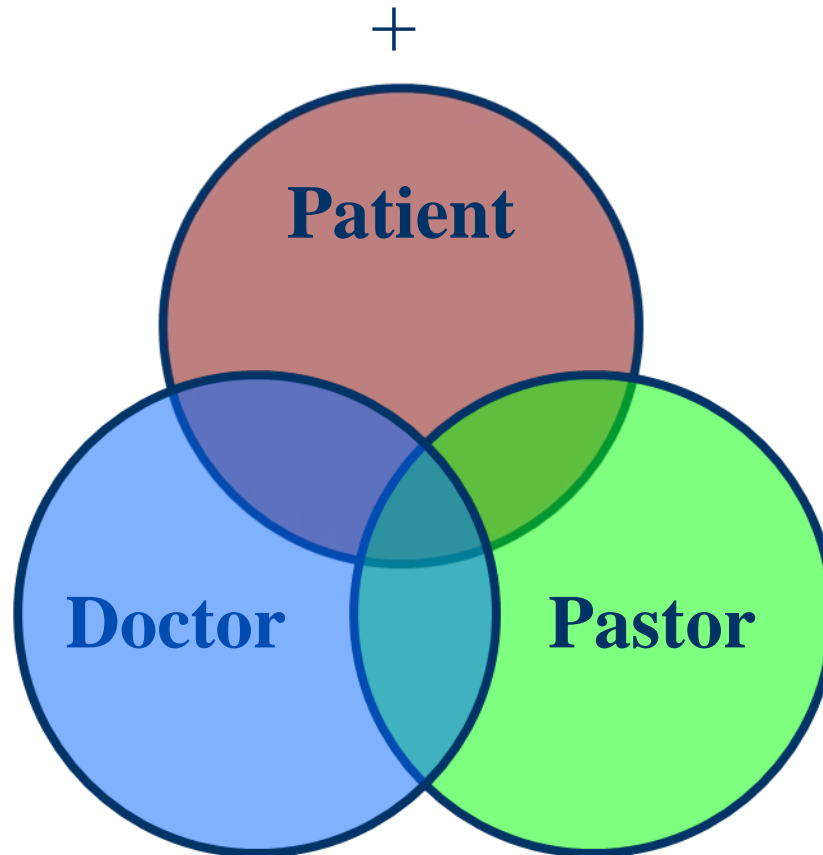
- ◆ In 1925, Rev. Anton Boisen sought to “break down the dividing wall between religion and medicine”
- ◆ Current training of clergy includes pastoral healthcare in the curriculum of rabbinical, Catholic and Christian seminaries
- ◆ The five largest healthcare chaplaincy organizations in North America represent over 10,000 members
- ◆ Physicians encounter these pastors in all venues from hospitals to hospices and are accustomed to their levels of expertise, professionalism and medical knowledge; exposure to a patient’s own clergy is less common and variable.

Collaboration ?

Doctor <-> Patient <-> Pastor

- ◆ Science in one ear and religion in the other?
- ◆ A “tug-of-war”
- ◆ Communication divide

Collaboration



Collaboration in Hospital

- ◆ Physicians contacting Chaplains?
 - Consult them before a situation becomes polarized
 - Work at “respectful partnership” by laying a foundation of mutual trust
 - Work to ensure continuity of care within the community/congregation after discharge home
 - Keep in mind that chaplains add a valuable voice in ethical deliberations even when it conflicts with secular or religious stances of other healthcare providers

Collaboration in Hospital

- ◆ MM Thiel and MR Robinson, J. of Clinical Ethics
 - “*Chaplains* need to seek out physicians, offering consultation on patients/families, as well as offering support to their physician colleagues, whether as individuals or in a group.”
 - “Physicians benefit their patients by learning how to incorporate spiritual assessment into their own discipline, acknowledging the value of skilled pastoral care and seeking opportunities to increase their own comfort.”
 - “It may also call for humility in accepting the support of chaplain colleagues.”

Collaboration

- ◆ Ethical difficulties
 - Specific topics: end-of-life care, withdrawing life support, prenatal diagnosis of congenital anomalies, medical mistakes, dysfunctional families
 - Non-specific issues that cause the physician distress: being able to provide what the patient wants vs. what the insurance covers, “right thing to do”
- ◆ Issues of suffering
- ◆ Loss of faith vs. lack of faith
- ◆ Support during grief

Collaboration

◆ Case study:

- Elderly Greek Orthodox man with Parkinson's and schizophrenia. Treatment of one precludes control of the other. Develops inability to eat and drink. When psychologically intact, declines all nutritional and fluid support; however, condition deteriorates into schizophrenia and wife consents to intravenous nutrition.
- Chaplain consulted; two Greek Orthodox clergy also brought in by family—one advocates compliance with patient's stated cogent desires, other considers refusal of nutrition to be suicide.
- Issues resolved to satisfaction of family and clergy

Collaboration

◆ Inner Turmoil and Hesitancy:

■ Physicians:

- language that is descriptive and factual
- discomfort with uncertainty
- rigor of scientific training
- arrogance towards matters of religion and spirit
- fear that patients will not accept limitation/clinical failures with compassion

■ Chaplains

- represent the ultimate mystery of things and the ultimate human inability to avoid death
- often feel intimidated by physicians
- often feel their pastoral work is not highly valued by the medical team

Pitfalls, Dangers and Barriers

◆ Physician must:

- train in spiritual assessment and integrate into practice
- be aware of how his own religious beliefs can interfere with his ability to evaluate a situation objectively
- successfully transfer patient's care to community/home

◆ Physician pitfalls:

- doesn't follow up on the spiritual needs he has identified to ensure they are adequately met
- steps beyond the bounds of competency by addressing religious issues or provides spiritual advice
- assumes a patient is religious or has a good relationship with his religious community

Pitfalls, Dangers and Barriers

- ◆ Priest may:
 - Feel inferior/superior to doctor
 - Feel what he offers is superior/inferior to what doctor offers
 - Assume nothing more can be done medically
 - Assume the problems are spiritually based and cannot be treated by medical science
 - Use his metaphysical language while the doctor uses a scientific point of view

Pitfalls, Dangers and Barriers

- ◆ Can any one person provide the needed spiritual healthcare?
 - Doctors work with a team of healthcare providers, hospitals or offices or hospice, from surgery through supportive care
 - Pastor works alone in parish with hospital and home visits, covering liturgical and theological and supportive care
- ◆ Professional chaplains fulfill a necessary role in healthcare
 - Fill the special training requirements of intense medical environments
 - Complement the local religious leaders
 - Only 42% of hospital patients could identify a spiritual counselor
 - Many religiously active persons don't notify their local pastor
 - Patients could be far from home, concerned about privacy, afraid their own pastor would not be supportive or understanding

“Spiritual Care Services”

- ◆ **Rev. Tom Harshman, M.Div.** Manager, Spiritual Care and Mission Integration, Sequoia Health Services
 - “Nothing is as good as your own priest at the bedside.”
 - Chaplain is a resource to the priest and the visiting committees of the Church to provide tools and spread the work out
 - “How do we free this patient so he can fully participate in his own healing?”
 - “How do we free this physician so he can fully participate in healing?”
 - Spends 1/3 time with patient, 1/3 time with loved ones and 1/3 time with staff and physicians
 - Specific area of conflict? “families have difficulty accepting ‘we can’t do anything more’; physicians can do more—but should they? Valuable role of chaplains—not in the details of medical practice but in the principles of the care.”

Collaboration with Pastor

- ◆ Chaplains can assist in establishing:
 - Community wellness programs
 - Support groups
 - Community responses to crisis and disaster
 - Connection to home health and hospice
 - Guidance for parish nurse programs
 - Education programs for parish volunteers
 - Community educational seminars
- ◆ “Parish Healthcare”: community resource of physicians, nurses and social workers

Pastoral Healthcare

- ◆ Similar issues for doctor and pastor
 - Is there psychological/emotional support for the pastor?
 - Is there enough time, energy and training in the complex issues involved in spiritual healthcare?
 - Wounded healers: same risk of “burnout”?
 - Are they unwilling or unable?
- ◆ It is impossible for either the physician or the priest, or both working together, to provide the needed/necessary spiritual assessment and counseling for all the suffering individuals and their family members in the hospitals and in the communities

Pastoral Healthcare

- ◆ In the U.S., there is already:
 - Joint Commission pressure to make spiritual healthcare available in hospital, clinic, and home health care
 - Wide acceptance of the concept at the medical school level; gradual education of the practicing physicians
 - Funding of the pastoral counselors by healthcare institutions
 - Acceptance of hospice assistance by the terminally ill
 - Recognition in healthcare reform that spiritual healthcare provides value for the money

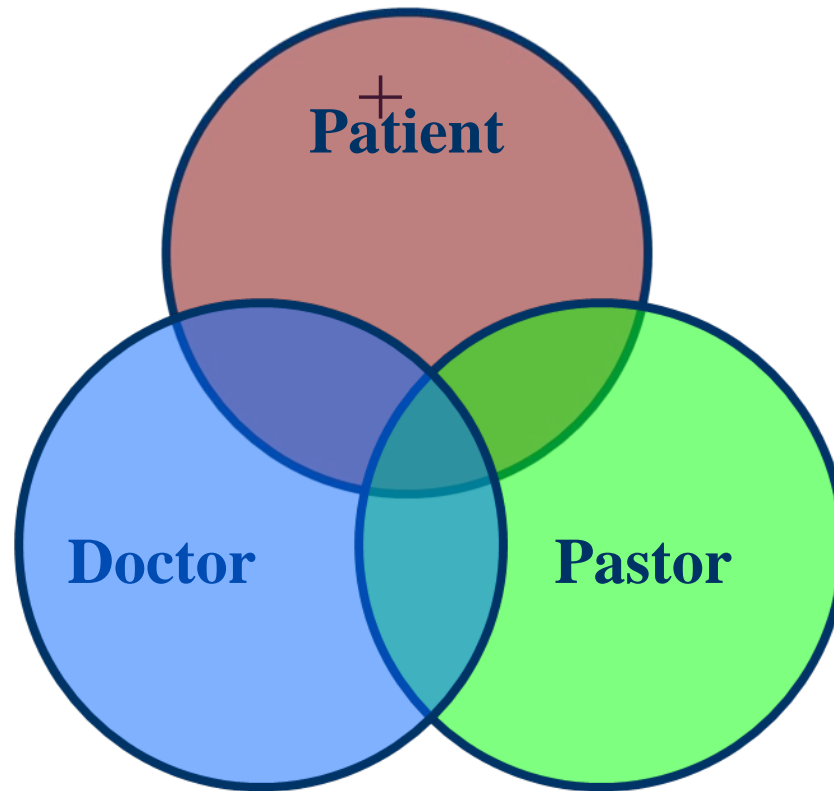


Conclusion

- ◆ How can the Orthodox Church cooperate and work with the existing clergy-laity network and healthcare system to expand upon the pastoral healthcare available?

Conclusion

- ◆ The future of healthcare calls for Orthodox clergy and Orthodox healthcare workers to :
 - find a common ground for communication and cooperation
 - work on all levels from local parishes to metropolis and national in the best interests of the suffering patients and families
 - use all the resources available in healthcare and in society to affect our goal of a spiritual healthcare system



History of Healing

- ◆ Ancient: same healer for physical and spiritual
- ◆ By 500 A.D.: healers in monastic communities
- ◆ Late Middle Ages: secular medicine emerged but Church retained strict control of practice
- ◆ French Revolution: scientific medicine evolved
- ◆ Modern: separation of physicians/medical healing and clergy/spiritual healing
- ◆ Next generation: will healing revert back to a combined effort bringing the “soul” back into medicine?

Spirituality and Health

- ◆ George Washington Institute for Spirituality and Health (GWish)
 - Founded in 2001
 - “restoring the heart and humanity to healthcare”
 - To re-establish the connection between spirituality and health in medicine today
 - A resource for clinicians, students, clergy and patients

Spirituality and Health

- ◆ “Spirituality is highly personal in nature– it means different things to different people...it may be a religious connection, to others it may feel more mystical...To others, it might involve family or even the arts. In essence, spirituality is that part of people that...seeks meaning and purpose in life and helps people find hope and healing in the midst of stress, illness and suffering. Spirituality is also that part of each person that seeks connection to others and transcendence...”

Medical Education

- ◆ HOPE questions for a formal assessment in a medical interview
 - H: sources of hope, meaning, comfort, strength, peace, love and connection
 - O: organized religion
 - P: personal spirituality and practice
 - E: effects on medical care and end-of-life issues

Pastoral Education

- ◆ Chaplains are certified by at least one of the national organizations recognized by the Joint Committee for the Accreditation of Pastoral Services:
 - Association for Clinical Pastoral Education: 2600 (now international; includes Protestant, Catholic, Jewish and Islamic)
 - Association of Professional Chaplains: 3700
 - Canadian Association for Pastoral Practice and Education: 1000
 - National Association of Catholic Chaplains: 4000
 - National Association of Jewish Chaplains: 400

Pastoral Education

- ◆ Certification as a professional chaplain requires:
 - Graduate theological education
 - Endorsement by a faith group
 - Clinical pastoral education equivalent to one year of postgraduate training
 - Demonstrated clinical competency
 - Completing annual continuing education requirements
 - Adherence to a code of professional ethics for healthcare chaplains
 - Professional growth in competencies per peer review

Pastoral Healthcare

- ◆ It is imperative that pastoral counselors are:
 - educated and certified
 - objective and non-judgmental as they respond to the particular individual's needs
 - compensated in their profession, just as priests and doctors are paid living wages
- ◆ Pastoral Healthcare Counselors must address the concerns of the patient even when those concerns differ from the teachings and positions of the Orthodox Church, and always in strictest confidentiality.

Pastoral Healthcare

- ◆ The Orthodox have a large number of dedicated spiritually-oriented members who are not qualified to become clergy and who are not interested in training as physicians or nurses—eg women attending seminaries
- ◆ Just as Mary Magdalene stood “equal to the Apostles”, young women may see pastoral healthcare as a noble calling to be a “healer of soul and body”

Help for the Pastor

- ◆ Developing closer ties with young physicians in training
- ◆ Attending local hospital seminars in order to meet the physicians/nurses and chaplains
- ◆ Developing stronger communication pathways with hospital chaplains and physicians
- ◆ support groups for grief/bereavement, divorce and parenting

Pastoral Healthcare

- ◆ Could the Orthodox Church use the existing CPE education opportunities to train and credential these individuals, and then follow the example of healthcare facilities and other faith organizations in procuring funding for these workers?