**COMPASSION AND SPIRITUAL CARE**

**Editor’s Note:** The spiritual care of the ill or injured is skimpily addressed in modern western medical training. In current medical practice, addressing spiritual care has made headway but remains relegated to the realms of palliative care and integrative care practices. However, every aspect of inpatient and outpatient medicine benefits from this vital element of healing. This issue of The Bridge addresses the elements of compassion and spiritual care. - K Hails MD

In the last century, western medicine has evolved toward a highly technological practice focused on clinical outcomes, cost containment, litigation avoidance and efficiency. Medical students are taught a reductionist medical model in which human beings are presented as complex biochemical factories. A sick person is merely a repository of malfunctioning organs or deranged regulatory systems that respond to some technical fix. This often leaves the patient as a secondary or minor participant in their own care. In contrast, healing refers to the ability of a person to find solace, comfort, connection, meaning and purpose in the midst of suffering, disarray and pain. Thus, the patient must be an equal partner in their care to effect healing. Despite 20th century straying from the healing aspect of medicine, a rich tradition of spiritual care has been expounded by history’s most revered physicians. Hippocrates noted, “For where there is love of man, there is also love of the art. For some patients...recover their health simply through their contentment with the physician.” Paracelsus reminds us that the physician must “have the feel and touch which make it possible for him to be in sympathetic communication with the patient’s spirit.” In the 21st century, medicine is beginning to return to its roots as a healing art as well as a science.

**Spirituality vs. Religion**

Given the dearth of medical training in spiritual care, some clarifications are in order. First, there exists a basic distinction between spirituality and religion. All are spiritual, while not everyone is religious. Religion can be seen as a way of expressing personal spirituality, demonstrated through a particular discipline or system of beliefs, rituals, practice, or sense of service. Spirituality in the healthcare context is much broader than religion; a person’s spirituality is dynamic and evolves through a lifetime. One’s spirit is greater than his consciousness, which represents the sum total of a person’s conscious and subconscious memory, emotions, beliefs and thoughts. One’s spirituality has an inherent connectedness to other; a sense of or longing for connection with a higher power, whether that is perceived as nature, the universe, or God. A useful medical definition of spirituality has been put forward by the palliative care field:

“Spirituality is the aspect of humanity that refers to the ways individuals seek and express meaning and purpose in relation to the moment, to the self, and to nature, and how they experience their connectedness to the significant or sacred.”

**Spiritual Care and Compassion**

What constitutes spiritual care? Spiritual care comes from a standpoint of whole-person healing rather than disease-oriented therapy; support of who you are rather than what disease you have. This approach demands attention to all aspects of a person. Spiritual care encompasses the skills of nonjudgmental compassion incorporating the act of honoring or witnessing the patient, meeting them where they are in the moment, supportive presence, the relief of suffering and a sense of connectedness or not being alone.

Compassionate presence by caregivers is what helps those who are suffering to find meaning, peace and the alleviation of suffering. Compassion is equal parts trust, love and truth; in other words, compassion is equally dependant on integrity and positive intentionality, unreserved caring and positive regard, and authenticity. Without any one of these three aspects, the relationship is compromised and healing will be more difficult.

Cultivating compassion allows you to bring healing with your presence; that is, to be present in a way that brings support, bears witness to suffering, and expresses unconditional positive regard without judgment. By offering spiritual understanding and support for someone who is very ill, you may help that person find the comfort, meaning and hope they seek.

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**Spiritual Care Plans**

In addition to this practice of compassionate care, spiritual care treatment plans include:

- Support and encouragement of patients in the expression of their spiritual needs and beliefs
- Incorporation of these and rituals into treatment plans
- Referrals to chaplains and other spiritual care providers
- Development of spiritual goals
- Meaning-oriented therapy
- Rituals, spiritual practices
- Contemplative interventions

**Death, Dying, and Grief**

Spiritual care is mandatory for patients and families facing death and dying. This is as appropriate for those faced with sudden, unexpected death in the ICU or emergency room as it is for the prolonged, expected death of those in palliative care or hospice. In terminal illnesses, grief often touches the one who is dying, who can mourn in anticipation of death and the loss of a whole life. Grief causes suffering, and should be given space to be expressed in whatever unique way is found by those affected. Our job in being with dying is to accept even the most unaccepting and unacceptable approaches to death and realize they are normal, too. It is crucial that our culture and our systems of care for the dying include a spiritual approach so that dying can be meaningful and even filled with hope.

**Pain and Suffering**

Pain is an extraordinarily complex symptom that has both physiological and psychological aspects. Physiologic pain has biological causes related to inflammation around, trauma to, or physical irritation of nerves (nociceptive causes) anywhere along the nerve paths, from endings in the skin to nerve roots at the spinal level, to connections in the central nervous system and brain. Pain is also generated by nonnociceptive causes that can be categorized as pathophysiologic (neuropathic pain that persists without on-going tissue damage) and psychopathological (psychogenic pain that has no physiological basis).

For any given level of painful conditions, there will be a wide range of reports concerning the perception and expression of its severity, depending on the setting (war, work, or home) and the personality and culture of the individual (stoic or expressive). Additionally, pain pathways have multiple inputs from higher cortical systems that modulate the level of pain experienced. These higher cortical influences are greatly affected by the level of attention given the pain. Focus on pain is based largely on the meaning that the pain has to the individual.

Suffering differs from physical pain. Suffering is the disturbing emotional state that results from a combination of negative perceptions based on the physical, psychological, emotional and social experiences of pain. Typically suffering involves mixed, complex negative emotions that may include fear, grief, anger, guilt, or shame. It is entirely possible to have physical pain without suffering, and clearly, as we know from the human state, to have suffering without physical pain. Victor Frankl, a Holocaust survivor and psychiatrist, shows us that suffering is never meaningless: “Whenever one is confronted with an inescapable, unavoidable situation, whenever one has to face a fate which cannot be changed, e.g. an incurable disease, such as an inoperable cancer; just then one is given a last chance to actualize the highest value, to fulfill the deepest meaning, the meaning of suffering. For what matters above all is the attitude we take toward suffering, the attitude in which we take suffering upon ourselves.”

Finding meaning in the suffering often is what allows for a shift in perspective. Illness and injury bring patients to us in a very vulnerable state. It is our responsibility as care providers to offer spiritual care and support to help them find the comfort, meaning and hope they seek.

- Kelley Halls MD, FACEP
- Julien Olivier, DMin, BCCC, Chaplain

**Practical Compassion**

Caregivers, relatives and friends can:

- Be present
- Be caring in all you do (cleaning, nursing...)
- Ask open, supportive questions
- Listen with an open heart
- Avoid judging
- Avoid clichés (“its part of God’s plan,” etc.)
- Use spiritual resources & rituals as appropriate
- Remember you are not in this alone

**References:**

6. Duke Institute on Care at the End of Life, website is http://divinity.duke.edu/initiatives-centers/iceol

**Suggested reading:**


Copies of current and past issues of The Bridge are available online at http://wdhnet/resources/Integrative.aspx or please call the Integrative Wellness Services at 740-2649.