

# **SPIRITUALITY IN A SMALL CANCER TREATMENT CENTRE - A CULTURALLY DIFFUSE MODEL NOT DEPENDENT ON RELIGIOSITY**

**IPOS - Madrid, June 11, 2008**

**SLIDE 1. Thanks to IPOS, APOS, CAPO, the European and other regional and national bodies which support research for those of us also in the front lines. Let's hope that the two interests continue to be related, for the benefit of all.**

**Relatively new, our Centre was conceived as a team operation. Small, we have 900 plus new patients a year. We treat 100 patients per day, and have between 10 and 20 inpatients in the main hospital at any one time. I have a nurse/spiritual care volunteer who assists once a week in the units, and also a qualified music therapist who works through spiritual care. However, we all work as a team.**

**Each week, all new cancer patients are presented at rounds, and we as a team of oncologists and staff assess which patient and/or family needs support – psychological, social, nutritional, spiritual. Staff will give us a heads up if the patient needs care anywhere along the continuum.**

**2. The kids used to say – “you are what you eat” Today, even what we eat is a statement – ASKED BY EVERY CULTURE... and we can learn from each other - perhaps some of the religious rules have a health basis in fact.**

**3. My question after four+ years of survey - Is their religiosity part and parcel of being a whole person, or a vehicle, or is it spirituality which takes over in the cancer context? One of the instruments we use to help in rounds is the (Morrison) 4C's emotional and spiritual self-assessment. These are included in the pt chart after follow up. This instrument has proved accurate and useful. It is available, with analysis, through davidm@strathmor.com.**

**4. From our patient brochure,\* of which I have several copies here. Spirituality defies absolute definition. To help ground the patient ... this is what we use – being culturally inclusive, it fits for us, but we're not in an academic debate about it. Spirituality is written about in most medical journals – especially in oncology nursing journals. From The Lancet – “The importance of spirituality as a central component of psychological well-being is increasingly recognized..” BMJ “If people are not fed properly, resistance weakens and wounds do not heal. Evidence is growing in volume and quality that this holds for spiritual sustenance too.” But, the majority of the world is still captive to a religious expression.**

**5. Benefit of Spirituality. Less stress, anxiety, promotion of hope and coping strategies, better community support. There is a clear association between spirituality and QoL, which is extremely important for the patient. Spiritual care may: better prepare pt for treatment; reduce demand for pain medication; shorten hospital stays; ease conflict situations; bridge gap between hospital experience and rest of a person's life.**

**6. Very important Yet, these are also religious questions ... and there is a need for a high quality of religious response... through community or staff care.**

**In our Centre's environment – the oncologists and we ourselves think in terms of “supportive care”. These are emotional, existential and spiritual matters. Our staff is not concerned with religion, except as it might impact on the health of the patient. Much theology and popular religion deals with each of these ... again, are these issues common to religion and spirituality**

**7. (Slide - ‘no out of body experiences’) Is it religion or spirituality which brings meaning? Does religiosity change the question, or just the framing of the question?**

**8. Religion as a vehicle for spirituality differs substantially between the USA and Europe, Canada, Asia, Africa. The lines blur in certain cultures. There is little argument today that spirituality is more inclusive and universal than religiosity. In our centre, I never care to know the 'religion' of a patient until it is disclosed in a natural way. The patient is seldom if ever interested in the religious affiliation of the spiritual/emotional care provider. This has interesting ramifications for both practice and research. There are few clear studies to date examining both religious and existential components of spirituality. Our spiritual/emotional self assessment form, which is included in patients' charts, indicates that patients do not isolate particular religious practice – and that in a society with a statistically high religious participation rate.**

**9. As supportive care workers, it is necessary to know clearly, or have access to, cultural/religious necessities and differences. Culturally competent care means being sensitive to the context in which questions are asked. (Allen S. Crouch "Cultural and Spiritual Health Assessment," in Crouch A Meurier C (2005eds) Vital Notes for Nurses: Health Assessment. Blackwell: Oxford. P 316.**

**10. Is spirituality religious or existential? There are some reports that pts receiving supportive care interventions (music therapy for example) recovered more quickly and spent fewer days in the hospital. Tusek et al, Diseases of the Colon and Rectum. 1997;40(2):172-178. My own experience is that QoL was improved. We are finding v positive outcomes with using our qualified music therapist... who is responsible to the SCS. Our data does not support any differentiation between spiritual or religious identified patients. All respond equally.**

**11. The question not being asked scientifically is the distinction between religion and religion and spirituality and spirituality!!! For more than 40 years I have distinguished between intrinsic and extrinsic religious behaviour (Gordon Allport), with IR being closer to what one might consider an incorporation of spirituality into religion for its own sake. I notice that David Hodge has picked up on this. [e.g. "The Intrinsic Spirituality Scale: A new Six-Item Instrument for Assessing the Salience of Spirituality as a Motivational Construct," J Social Service Research, V 30:1. Pp41-61.] In practice, after hundreds of cases, spirituality embraces religion(s), but is not dependent on it.**

**12. Thank you. Dr. David Morrison, Canada. davidm@strathmor.com.**

**\*From our brochure - "Spirituality is an integral component of healing. It is a source of strength in the presence of distress. It is at the heart of our well-being. It enriches all aspects of our life: physical, mental, emotional and community. Spirituality is a life force that promotes hope, encourages healing and helps us to embrace ourselves and others. Spirituality is expressed in the attitudes, beliefs, and practices that influence people's lives. Spirituality involves family and friends. It embraces fullness, meaning, love and hope in the journey."**