



Advocating for a Bio-Psycho-Social-Spiritual Approach to Hospice and Palliative Care

James S. Powers MD*

Department of Medicine Vanderbilt University School of Medicine, USA

Editorial

Spirituality is an important dimension of hospice and palliative care treatment. Patients often report that religious beliefs and practices are powerful sources of comfort, hope, and meaning, particularly in coping with illness. Addressing the human spirit is part of the person-centric continuum of care. Practitioners are reminded to support and utilize the patient's own spiritual resources to enhance care in advanced illness and end of life care.

Regrettably not all hospice and palliative care teams address the spiritual dimension of patient care. This is the unfortunate reality of many busy hospitals, trauma services, and intensive care units. All too commonly patients at the end of their life are confronted with many new providers with whom they have no prior relationship and are forced to make critical, intermediate, and irreversible decisions about their lives. We urgently plea to all clinicians to address spirituality to enhance the patient's experience of care. To neglect spirituality seriously hampers the patient's ability to cope with advanced or critical illness at the end of life.

Spirituality equates to the patient's belief system and personal values. Even in the absence of specific religious denomination affiliation, patients report that religious beliefs and practices are powerful sources of comfort, hope, and meaning. It also realizes the unique experience of death for every individual and for their loved ones.

The inter-professional team caring for seriously ill patients assumes the care of many overlapping spheres including the biological, the psychological, the social, and the spiritual dimensions. Caring for the human spirit is all the more important to address as the patient approaches the end of life. Team members including the psychologist, the nurse, social worker, the chaplain, and the physician will find their roles support and enhance each other, in providing comprehensive care and also caring for the human spirit [1]. Clinicians should routinely inquire about spiritual beliefs, and help arrange visits by hospital or service chaplains or the patient's own spiritual advisor or clergy. They should encourage the patient to express their beliefs and associated existential questions including the meaning of illness and suffering as they reflect on their life experiences. Contacting the patient's primary care physician additionally can enhance care and bring comfort to the patient and family at the end of life.

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*Correspondence:

James S. Powers MD, Department of Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee 37232, USA, Tel: 615-936-3274; Fax: 615-936-3156;

E-mail: James.powers@vanderbilt.edu

Received Date: 14 May 2016

Accepted Date: 25 May 2016

Published Date: 27 May 2016

Citation:

James S. Powers. Advocating for a Bio-Psycho-Social-Spiritual Approach to Hospice and Palliative Care. *Ann Clin Case Rep.* 2016; 1: 1006.

Sensitivity to the needs of the chronically ill and dying, including the spiritual component, is part of an over 1000 year faith-based tradition at the origins of hospice and palliative care [2]. Spirituality is an important component of end of life care which complements the inter-professional team's pain and symptom management [3]. Person-centered care supports the patient's values, goals, and preferences, guides all aspects of their care and respects the patient's family relationships.

Care the dying also includes care for the patient's family and loved ones. The inter-professional team can enhance relationships and promote emotional healing at this important time surrounding the end of life. Sensitivity to spiritual issues helps address concerns common to all and helps the patient say, as well expressed by Byock [4]: 1) Please forgive me, 2) I forgive you, 3) Thank you, and 4) I love you.

The benefits of spiritual care include acceptance, trust, enhanced relationships, and increased hope. Spiritual care supports the patient and family and acknowledges the inner spiritual resources of the patient. Spiritual care also enhances dignity and peace which are the hallmarks of care at the end of life [5,6].

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