Medicine & Spirituality:

Therapeutic Intervention – A Personal Viewpoint and Appoach

By Dr Quek Koh Choon

"..... spirituality is an important, multidimensional aspect of the human experience..... convincing evidence in the medical literature supports its beneficial role in the practice of medicine."

Increasing evidence in recent medical literature suggests a strong relationship between spirituality and medicine. Many studies indicate an association between religious commitment and positive health outcomes. Some of these include prevention of illness (including depression, substance abuse, physical illness, mortality), coping with stress and recovery from illness. (Source: Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. Am Fam Physician 2001; 63:81-89.)

In this article, I would be concentrating on therapeutic intervention from a personal viewpoint and approach. I am a Christian doctor and at the outset, I make it clear to my patients my religious beliefs. However, in my approach to therapeutic intervention incorporating spirituality, I am fully conscious that it is important that physicians maintain the utmost respect for patients' rights to autonomy and freedom of thought and belief. As such, the approach in therapeutic intervention will vary depending on each patient's spiritual beliefs and convictions. Nevertheless, there are certain common denominators and principles derived from spirituality that can be helpful to all patients, irrespective of their faith and religion.

THE CORRECT PERSPECTIVE

One such principle is the correct perspective in life. The Lord Jesus told his disciples, "Look at the birds of the air that they do not sow, neither do they reap, nor gather into barns, and yet your heavenly Father feeds them. Are you not worth much more than they? ...And which of you by being anxious can add a single cubit to his life's span?" The disciples were to realise that if God cares for the birds, He would care for them and worrying by itself does not contribute to one's life span; in fact, in all probability, it will shorten one's life span.

A patient of mine, who is in the Navy, shared with me how his experience at East Timor changed his whole perspective of life. He saw hungry children naked on the streets, burnt houses, and the whole social infrastructure broken down. He told me, "Doc, I will never complain again and take for granted what I have; I have really learnt to count my blessings".

Helping patients to appreciate the total and correct perspective will go a long way in enabling them to cope with their illness more effectively and wholesomely. For instance, patients who suffer from depression after losing a job, could be helped if they see that all is not lost. They can still find an alternative job. Moreover, there are still those around who are supportive and who care for him. Someone wisely said, "We complain we have no shoes until we see someone with no legs".

Christians believe that death is not the end but a beginning with God in eternity. The Bible records the future of Christian believers - "...and God shall wipe away every tear from their eyes; and there shall no longer be any death; there shall no longer be any mourning, or crying or pain". Such a perspective would free the believer from anxiety and fear about death, the unknown and the uncertainty following it. It offers much comfort, hope and positive therapeutic effect for those who believe.

ATTAINMENT OF PEACE

Another principle derived from spirituality is the attainment of peace in one's heart. Many an illness is caused by stress, anger, bitterness and anxiety, and associated with insomnia, palpitations, hyperventilation and headaches. Stress ulcers are clearly documented; high blood pressure has been shown to be lowered with positive biofeedback brought about by calmness and peace in one's heart and spirit.

Patients who do not care for any form of spirituality can still be helped in the direction of attaining peace and rest in the hearts. One particular patient who was suffering from a terminal illness told me, "I am dying; what's the use of being bitter against this relative; all the squabbles and anger all these years do not seem to matter any more". Encouraging him to put the bitterness at rest can be therapeutic in his response to treatment, relieving his insomnia and palpitations.

The Lord Jesus told his disciples, "Peace I leave with you; my peace I give to you; not as the world give, do I give to you. Let not your heart be troubled, nor let it be fearful". The peace that Jesus spoke about is His peace; a peace that is independent of circumstances, beyond human understanding and removes fear and anxiety from the heart. For the Christian patient, a fresh reminder of the reality of this peace can contribute greatly to a more tranquil disposition

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which in turn prepares the patient to be in a better state to respond to treatment and to recover.

One of the taboo subjects for patients is death. Many do not wish to discuss it. Others may even be offended when the subject is raised. Often, there is the fear of the unknown after death and many patients are afraid of the pain that may accompany the process of dying. A helpful assurance to them is that much can be done to relieve pain and that the utmost would be done to alleviate unnecessary pain. A loving approach will go a long way in helping patients to die graciously, and love is certainly a major principle of spirituality. The adage still holds for the physicians - "cure occasionally, comfort and care all the time". When nothing else can be done in terms of finding a cure, a non-spiritual approach would be to dismiss the patient with a "nothing can be done anymore". A spiritual approach would be to provide our presence, understanding and compassion to the dying patient. Oftentimes, just holding the hand of the dying patient in silence and identifying with him can bring a great deal of comfort.

Indeed, spirituality is an important, multidimensional aspect of the human experience that is difficult to fully understand or measure using the scientific method. Yet convincing evidence in the medical literature supports its beneficial role in the practice of medicine. The physician should be concerned with any factor that affects their patients' health. Good health is certainly not just physical well-being; it is physical, social, mental and spiritual well-being. Hence, wholesome practice of medicine cannot ignore the role of spirituality in medicine.

I have attempted, in a rather personal way, to share how therapeutic intervention can take place in the incorporation of spiritual principles in medical practice irrespective of the faith and religious convictions of the patients and in a manner that allows the patients to continue to have the freedom to maintain their own beliefs. I trust that that it may act as a catalyst for further thoughts and interaction within the medical circle. ■

Commentary:

The Person in Totality – Medicine & Spirituality

By Dr Helen Leong

Dr Helen Leong (MBBS, Singapore 1989) is head of Clementi Polyclinic. She obtained her Masters of Medicine (Family Medicine) in 1996 and Graduate Diploma in Psychotherapy in 2000. She is undergoing her Advanced Family Medicine Training for the Fellowship of the College of Family Physicians (FCFP). She has gone for HMDP attachment in United Kingdom.

Dr Quek's article gives an insight to how a doctor can cater to the psychological and spiritual needs of his / her patients in the midst of sorting out his emotional responses towards events be they due to occurrence of major illnesses or life events. Indeed, each person has four components to his being : 1) physical, 2) psychological, 3) social and 4) spiritual. The components are so intimately linked to one another that to deal with only one segment of the person may mean not having dealt with the person in totality.

It is not uncommon for the doctor to see patients reacting with shock, anger, disbelief or entering into a state of depression when major illnesses are diagnosed, particularly if these diagnoses have poor prognoses. Yet we also see amongst patients some who are able to tide over the processes of investigations, confirmation of illnesses and side effects of treatment in a relatively calm and courageous manner.

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The differences in behavioural and emotional responses are related to the coping skills the patients possess. These in turn are dependent on the thought processes and belief systems the patients carry with them. Childhood experiences, past experiences, family structure, social support framework and religious beliefs all contribute to the development of core beliefs which each person possesses. These beliefs influence a person's thoughts and perception / interpretation of events and the thoughts in turn result in behavioural and psychological responses.

How then can a healthcare giver help a patient cope with a situation which is perceived as devastating? Very fundamental personality traits which a healthcare giver needs to possess are honesty, sincerity, patience, empathy, tactfulness and discretion. Needless to say, being a good and discerning listener is a prerequisite. Not all are blessed with these skills from the beginning but they can be learned. Find a friend who seems to be able to react calmly to situations which you have difficulty dealing with and check out what thought processes go through his mind which enable him to remain organized. Develop the skills of active listening: reflect on the patient's statements, interpret, clarify, summarize periodically, and gently lead the patient by asking open-ended questions.

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(Anthony Yeo. Counselling : A Problem-Solving Approach. 1993.) Deal with the person's beliefs which cause him to have catastrophic thoughts e.g. why having a major illness means "the end of everything". Explore with the patient whether there are still little blessings which he has not noticed e.g. loving wife, children etc.

Death and dying is one area which reveals the inner beliefs of a person. Behind a person who frequently presents with somatic complaints (without underlying organic cause), is either one who is going though depression or difficulties in life he cannot handle, or one who is not merely fearful of illness but of death. The former, for example one who has recently lost his job, may have dichotomous or "all-or-none" thoughts such as "The whole world will laugh at me as I have lost my job. I am useless." The latter may have thoughts of death as something painful, unknown and fearsome. For one who holds strong religious beliefs in physical life being just one aspect of life and that there are other realms of living (i.e. spiritual living), death does not carry any dreadful connotation. Physical life is but a passing phase and once a person has fulfilled his role on earth, he will be glad to return to his Maker. For a patient who has no firm views about spiritual life, the healthcare giver needs to help nurture and support the patient in this phase of life (i.e. the process of going through a major illness, process of dying, settling of personal matters, resolution of conflicts and the act of making peace).

Sources of help from relatives, close friends and community / social organizations should be looked into. The healthcare giver also must be aware of his own limitations and seek help from his peers or other healthcare personnel when the need arises. In summary, the healthcare giver needs to understand the thoughts and social, cultural, psychological or spiritual beliefs of the patient in order to understand his behavioural and emotional responses. In this way, we can then better help the patient as a whole. Readers may wish to pursue this topic by going through works by Colin Murray Parkes or Elizabeth Kubler-Ross (the former had done studies on bereavement and the latter was a psychiatrist who generated interest among the medical community in US with her works on dying patients). ■