

Mini Review

Spirituality and Wellness in Medicine: An Ethical Task

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Abstract

When a patient comes to the hospital and they are sick, they can't understand why they get sick. When patients are, sick faith comes stronger and sometimes can improve health profile, may reduce healthcare utilization and sometimes makes them better. Religion mostly expresses the inner spiritual beliefs. Religion can be an organizing group of individuals and there are more than fifty common religions that influence our culture.

Some physicians think they are obligated to present all the options to their patients including the spiritual one but 70% of the physicians think that another physician will do that for them.

For sure physicians can improve the time management in having some time for the patient. We need, as a physician, more education and training towards the wellness of the patient that includes spirituality.

We as physicians need to gain experience, training, and good communication skills to overcome barriers in wellness and spirituality.

We need a team in a hospital, which can utilize community resources and treat the whole person and not just the disease of the person.

Assessment of individual spirituality and religion resource of each patient can help in the care of the patient itself. All together, we need to find a peaceful balance between meditation, healthcare, and concept of spirituality, lifestyle, recreation, energy, and wellness.

Keywords: Spirituality; Medicine; Religions; Physical wellness; Physician role; Faith

Introduction

When a patient comes to the hospital and they are sick, they can't understand why they get sick and most of the time they ask questions, "Why I am suffering, why am I hurting?" "Why am I being punished by God" and sometimes they ask the doctor to pray with them to see if they can open God's heart for their healing.

Historical background

In the ancient year, past, the doctor was the spiritual care of the villages. Most of the time the people that were administered religion were also administered medicine. The scientific discovery they promoted the detachment between religion and medicine. Lately, there is an attempt to reintegrate this issue. As we probably know, in eastern countries, there is a connection between the spirituality and the body and the mind of a person. The Zen is considered an integrated important issue that can help in healing and help in well-being of patient and non-patient just in their regular life. Improved health profile can reduce healthcare utilization and improve psychosocial function. It can improve the whole aspect of the patient.

The biophysical social spiritual model reveals that it is divided into four steps.

1. **Biological:** Genetic and pathophysiological mechanisms are explained in this area.

2. **Psychological:** Develop and experiment different factors within the mind of the person.

3. **Social:** Culture and environment influences are the main stem of this point and

4. **Spiritual:** Assessment of individual spirituality and religion resource of each patient can help in the care of the patient itself.

All together, we need to find a peaceful balance between meditation, healthcare, concept of spirituality, lifestyle, recreation, energy, fitness, etc.

Faith

Faith is regarded to be a basic human force. A lot of people believe in something and if it is not God, they believe in something else but they still have a strong belief. A strong belief in something non-tangible or potentially unproved, feeling which most of the time is described as faith [1,2].

Faith is something personal, something that you can really change or improve. For sure when patients are sick faith comes stronger and sometimes can improve health profile, may reduce healthcare utilization and sometimes makes them better. It could also have a negative impact if the patient thinks they are punished by the faith of the God that they believe in.

It has been shown that there is a connection between medicine and religion. The first people in the tribes that were administering medicine were the religious power of the tribe themselves.

But there is also a large group of people that are atheists or

agnostic which they do not believe or they don't think that religion is important.

As a physician, we need to respect them all. We need also to understand that the social situation can impact the spirituality and the beliefs of the patient because a culture or environmental influences are quite important in their religious preference.

Assessment of the religion resource and preference is also important when talking to the patient. It has been shown in the past that most the people claim that religion is very important in their life and therefore a lot of patients will welcome a physician inquiring about their spirituality.

Others prefer no spiritual source or prefer not even to talk about it. Others prefer a non-approach with a non-medical therapy and a more comprehensive approach to their disease. Some others empower the body with spirits and health. There are like four components probably that bring up the spirituality and the reaction of the patient towards their disease, the body, the health, their spirit, and their mind, they are all interconnected. There are many ways to address the spirituality. There is limited knowledge and training about how to approach the faith and the spirituality of the patient.

Religion and healthcare

Religion mostly expresses the inner spiritual beliefs. Religion can be an organizing group of individuals and there are more than fifty common religions that influence our culture. In a research about spirituality and religion survey in 2006, they found that in the United States, 27% are Catholic and 7% Orthodox. At that time, the Islam religion was 2% but this is much higher now. Protestants were 19%, other Christians 20%, Buddhists 5%, and spiritual people without having a defined religion was 19%.

A strong belief of something non-tangible was proven to make an impact in life. Most people claim religion is very important in their life. Americans have a high prevalence of believing in God, 70% Christian, 5.9% non-Christian faith, 23% religions are leisurely but are not affiliated. 70% agree with physicians inquiring about spirituality, some object that those are not critically ill of course and those people that having more faith are the people that are critically ill that start believing in God because they feel sick or they feel that they need supernatural help.

There is no question that body, health, spirit, and mind are intricate and are connected. In this area, also the lack of a suitable environment plays a major role because sometimes the environment is the main and most important thing that pushes people to spirituality or makes some decision.

Sometimes the lack of financial incentive or lack of job makes people more focused on their real problems or life and they don't have time for religion. 80% of the physicians believe they are obliged to present all options to their patients and we are talking about objective issues. 71% were referred to another physician who does not object to the procedure or they are better suited for the procedure itself.

Per the American Medical Association, it might be ethically permissible for physicians to decline a potential patient when a specific treatment is uncomfortable with the physicians' personal religion and moral beliefs.

Wellness

The wellness is complex and problematic. In his article, Swarbrick, in 2006 [3] has been showing how wellness is a compound of eight different elements.

The first element of course is emotional, coping effectively with life and creating satisfaction in relations is the key for having an emotional balance.

The second is financial. Satisfaction with the current and future financial situations is important because sometimes the patient can be unbalanced and therefore can be emotional.

The third is Social by developing a sense of connection belonging in a well-developed support system is important for the wellness of the patient and for the wellness of each one even if we are not a patient.

The fourth is Spirituality, which include expanding our sense of purpose and meaning of life can be also important by using spirituality, issues, and faith.

The fifth is occupational: personal satisfaction and enrichment derived from their own work.

The six is physical: recognizing the need for physical activity, diet, nutrition and all the natural remedies that can increase our wellness as a person during everyday life.

The seventh is intellectual: recognizing creativity, ability and finding ways to expand knowledge and skill and keep the mind busy for some people is most important for the wellness of the whole body.

The eight is environment: good health by occupying pleasant areas in a well-supported environment without any risks.

Physician role and ethics issues

Some physicians think they are obligated to present all the options to their patients including the spiritual one but 70% of the physicians think that another physician will do that for them.

There is several ethics issue than can improve the outcome of the patient.

Respect religion: Respect the religion and the belief of the patients. It has been showed [4] that the outcomes of patients where meaning and peace matched they were more strongly associated with health outcomes, and those with high levels of intrinsic religiosity. Respecting religion is out most important nowadays given the multiple religion present in the population and how dare is for all of them. In general, a belief in any religion helps the patient to get better.

Spirituality should be implemented to define and appropriately address patient who can suffer for moral injury during the hospitalization and this is where the role of the chaplain or similar for each religion can be of utmost importance [5].

Respect time with patient: For sure physicians can improve the time management. Some patient needs time with physician and a physician to educate them on wellness and offer spiritual feed back or resource available in the hospital. We need, as a physician, more education and training towards the wellness of the patient that includes spirituality. We as physicians need to gain experience,

training, and good communication skills to overcome barriers in wellness and spirituality.

Specialized hospital team: We need a team in a hospital, which can utilize community resources and treat the person and not just the disease of the patient. This is true especially in the end of life issues in oncology patients etc. The physician and the nurses should have a central role in treating these issues.

End of life: Physician and nurses are at a unique position in the health care setting. Nurses can build trusting therapeutic relationships with their patients, different than other health care professionals. The nurse physician team should be an integral part of the conversations about end of life care that include values, beliefs, desires and fears of the patient and their families. It is suggested through the research, that there is ethical justification for respecting autonomy and being beneficent regarding end of life care for the health care professional. "Seriously ill people need end of life options. It is a basic human right to live and die with one's dignity intact" [6].

Conflict of interest: Unfortunately, there are ethical issues, conflict of religions, standard of practice and legal issues that sometimes can come between the physician and the patient. All we can do at this point is to be sensitive to each person. Taking care of them and offer appropriate care and services.

Not lie: We need to maintain the hope of this person if we can but not lie to them as well. I know a physician that was telling everybody that they were living forever even if they were in stage-IV cancer and most of those patients ended up dying within a week. That is not fair for the family or the patient himself and not ethical as well.

Respect their wishes: We need, when they suffer, to express interest in which they are, understand their fears and the doubt and facilitate the restoration of the patient within the family and within the community. For doing that, probably the physician needs to seek basic understanding of a spiritual need, resource, and preference. Respect the wishes of the spiritual care or the wishes of the patient, not just the one written down. Avoid discouraging of spiritual practice and be authentic.

Be authentic: If really, we need to pick up something, we need to be authentic with our patients and treat them as another person and not just as another patient. Medicine is a service profession and therefore relationship in coping is very important for helping to cure the patient.

Conclusion

The physician needs to be sensitive to each patient as a person, needs to maintain the hope, express interest for which they are and explore fears and doubts with the patient. This will facilitate the restoration of faith, the restoration of the patient within the hospital, within the community and a better work relation with the patient himself. Therefore, the physician is to seek basic understanding of spiritual needs, resource and preference, respect patient spiritual care, avoid promoting or discourage specific spiritual practice and explore his or her own spirituality and biases. But the most important is to practice without bias.

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