Spirituality in health and illness

By Dr Mabel Aghadiuno, HDC Fourth International Congress
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Areas I hope to cover

- The spiritual dimension in health and illness
- Link between the spiritual dimension and health/illness.
- Spiritual distress
- Role of health practitioner
Suffering and illness

Considering how common illness is, how tremendous the spiritual change that it brings ... it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature

*Virginia Woolf 1882-1941*
Definition of health

- `a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity` (World Health Organisation, WHO)
- relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living. (Dorlands Medical Dictionary)
What do I mean by spirituality?

- Definition of person
  - Physical dimension
  - Emotional dimension
  - Social dimension
  - Cultural dimension
  - Psychological dimension
  - Spiritual dimension
Dimensions of health/illness
Are we spiritual?

- It is through gratitude for the present moment that the spiritual dimension of life opens up. Eckhart Tolle

- To rely upon conviction, devotion, and other excellent spiritual qualities; that is not to be taken seriously in politics. Vladimir Lenin
Sir Alister Hardy

1896-1985
Hardy’s findings:

- a sense of security, protection and peace
- a sense of joy, happiness and well-being
- hope and optimism
- a sense of new strength in oneself
- a sense of release from fear of death
- a sense of guidance, vocation and inspiration
- a sense of purpose behind events
- a sense of presence (not human).
Definition of spirituality.

- Human beings and therefore health/illness have many dimensions
- Spiritual dimension rather than spirituality.
- Sir Alister Hardy’s study.
Link between spiritual dimension and health/illness
Existential malaise
The Spiritual Life of Children

- Robert Coles – Professor of Psychiatry and Medical Humanities at Harvard University
- Extensive research on children.
“I've tried to pray; I’ve asked why my little brother was born with that disease; why he suffers so much, why he won't live a normal life; why he'll probably die when he's young, the doctors say. That's not fair; that's not justice - for a boy to be sick, always, with colds, and his lungs don't work right. “
Studies showing link between spiritual dimension and health

- Medline search – almost 3,500 hits for word “spiritual”
Ivor Gurney

«To God»

Ivor Gurney

1890-1937
Features of spiritual distress

- Questioning of the meaning of life
- Fear of falling asleep at night or other fears
- Anger at God/higher power
- Questioning of own belief system
- Sensation of emptiness and loss of direction
- Talking about feeling abandoned by God/higher power
- Search for spiritual help
- Questioning of meaning of suffering
- Pain and other physical symptoms may be expressions of spiritual distress
  (Hospice and Palliative Nurses Association)
Features of spiritual distress

- despair
- helplessness
- anger
- guilt/curse
- fear and disconnection

Kliwer and Saultz
Ludwig van Beethoven
1770-1827

A portrait by Joseph Karl Stieler, 1820
Creativity and suffering
Doing a spiritual assessment

- Faith
- Importance
- Community
- Address
Hospital chaplaincy team
Patient-clinician relationship consists of three components:

- The fact of illness: the patient’s experience of illness.
- The promise to care.
- The act of healing.
The healing relationship

- spiritual, psychological and physical good of the patient
- Healer may come to an experience of vulnerability, suffering and healing in this encounter.
- When a clinician avoids any experience of the pain and suffering of the sick person, the development of a healing relationship is inhibited
- Amelioration of suffering, adaptation to chronic or terminal illness and effective coping become the goals.
Alternate patient-doctor models

- Contract model
- Free market relationship
- Doctor as mechanic
The contract ...

class token {
    mapping (addr => uint) public coinBalanceOf;
    event CoinTransfe
    function token (uint supply)
        if supply >= 10000
        coinBalanceOf[supply];
    }

    signature 1
    signature 2
The free market relationship ...
Doctor as mechanic ...
The good physician/carer

- Honesty
- Justice
- Benevolence
- Humility
- Courage
“The Doctor”
Sir Luke Fildes
A good physician

The physician, to the extent he is a physician, considers only the good of the patient in what he prescribes, and his own not at all

— Plato —
Compassion focuses on co-experiencing another’s suffering. Compassion includes an ability to objectify what another person is feeling in symbolic form, that is, in our speech, our body language, and our participation in the ‘story’ of the other’s illness...
Societal Perceptions of Physicians
Knights, Knaves, or Pawns?

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The British economist Julian Le Grand suggested that public policy is grounded in a conception of humans as “knights,” “knaves,” or “pawns.” Human beings are motivated by virtue (knights) or rigid self-interest (knaves) or are passive victims of their circumstances (pawns). A society’s view of human motivation influences whether it builds public policies that are permissive, punitive, or prescriptive.

Le Grand’s observations were drawn from his studies of British social welfare policy and civil servants but could aptly be applied to physicians and their role in the US health care system. Many health care debates—especially those relating to health care financing, quality, and education—implicitly prescribe a view of physicians and their underlying motivations. Depending on the perspective, physicians are either in practice for the betterment of society or their own selfish gain; or they are automatons whose actions are defined more by external rules and regulations.

In this Commentary, we explore the ways in which physicians are variously represented as knights, knaves, and pawns in public discourse and relate the importance of designing policies that match the true motivations of physicians—whatever they may be.

Physicians as Knights
If a society conceives of physicians as ever well-intentioned knights, it places stewardship for the health and let them do their jobs as professionals and respect their advice when policy affects public.

Physicians as Knaves
If a society conceives of physicians as knaves, management, and educational efforts are fought and work against physicians, not with them. Physicians are interested in themselves and their financial well-being first and their patients second, if at all. Physicians must be given rewards and incentives to motivate them to what is right by their patients and any such schemes would have to be carefully monitored for abuse, fraud, and waste. Physicians learn new techniques and procedures and order tests and studies for personal gain; scientific research is driven by self-interest.

The health care system works not because of them. Policies are protected by regulation and reported.

Physicians as Pawns
If a society conceives of physicians as pawns, they are applied to building systems to do what is right for patients trusted to do so on their own services. Physician behaviors are physician is merely a function of the environment in which he or she practices; accordingly, physicians must be given guidelines to follow and policy makers and regulators must decide clinical priorities. Physicians may or may not enjoy learn-
You with your enthusiasm, and we with our seeming resignation. You with your haste, and we with our enforced patience. You with your thoughts on life, we with our acceptance of the daily reality we live. You with your struggle, at times, to find a relationship with the Absolute and we who have the Absolute within us. You with your fear of suffering and we who are suffering embodied. You with your ‘whys’ and we who are an unfathomable response for you. You who always make plans for the future and we whose future is ‘now’. You who can allow yourself the luxury of not asking while we are forced to do so... What do you think? Wouldn’t it be worthwhile beginning to be better ‘acquainted’ – from the ‘inside’? Chiara M