Spiritual health in medical education

Issue:

AMA Policy H-160.900, Addressing Patient Spirituality in Medicine, supports promotion of medical education curricula on spiritual health. It recognizes the importance of individual patient spirituality and its impact on health and encourages patient access to spiritual care services. This issue brief defines "spirituality" in the context of medical education and explores its relevance for both patients and medical learners, including those who do not identify with a particular religion. It also examines ongoing injustices in U.S. medical education related to religion and spirituality and underscores the importance of supporting the diverse ways people find meaning and purpose in their lives.

Background:

Approximately 83% of U.S. adults hold some beliefs about souls or spirits, with 70% indicating spirituality is part of their identity or very important to them. However, even those who do not hold these beliefs still have access to a broader understanding of spirituality. Spirituality in medicine and medical education can be defined as "the search for meaning, purpose and transcendence." This may involve worship of a god or gods, finding meaning in nature, contemplation, relationships with people and communities, or many other ways of feeling connectedness, identity, and purpose. The relationship between one's health and one's commitment to any particular religion is complex and has a variety of positive and negative effects depending upon circumstances. When defined more broadly than religion, however, spirituality is a determinant of health.

Research demonstrates strong agreement between clinicians and patients that spiritual care in medicine should be patient-centered. Physicians can cultivate skills in inquiring if and how spirituality may be important to each patient, while remaining authentic to their own convictions. Spiritual health discussions can and should also be respectful and supportive to those who identify as atheist, agnostic, or nonbelieving. Physicians can use spiritual assessment tools like the FICA Spiritual History Tool, HOPE Questions for Spiritual Assessment, and others to engage with patients. Questions, for example, may include asking "Do you have spiritual beliefs that help you in tough times?" or "What gives your life meaning?"

Developing the skills to have these conversations can be part of a holistic approach to training future and current physicians: one that acknowledges patient care involves biology and psychological, social, and spiritual elements. AMA's mission "to promote the art and science of medicine and the betterment of public health" suggests this too—though science is important, medicine is also an art.

Simultaneous to spiritual health's relevance for patient care, medical education learners also benefit from being respected for their own worldviews and being offered opportunities to grapple with their own existential and ethical questions. For example, medical students often experience moral distress due to the current medical education environment, and if unaddressed, this distress can lead to decreased empathy, negative mental health effects, exiting medical school, and, in some cases, compromised patient care. Successful interventions involve timely and personalized attention to students' values and beliefs. Similarly, opportunities for collegial support, debriefing, and meaning-making when faced with patient trauma may help reduce vicarious trauma in health professionals. Though care must be taken not to consider individual spirituality a panacea for challenging circumstances or traumatizing societal environments, fostering a culture of community care and respect for individual spiritual needs is nonetheless meaningful within medical education.

Challenges:

Medical education learners report difficulty addressing spiritual health with patients despite acknowledgment of its benefits, even after some amount of training in the area. Reasons for this may include time burdens, as well as lack of confidence in how to apply the knowledge in a variety of contexts, particularly outside of palliative care where spiritual health training is more common. Limited time and lack of practice can lead to uncertainty and discomfort.

The support of spiritual health should be equitable for all spiritual beliefs, but one additional challenge within the U.S. is that even "neutral" or "nonreligious" trainings, questions, and intentions are often impacted by the hegemony (social, cultural, and ideological dominance) of certain forms of Christianity, even when intended to be inclusive. As discussed by Small et al., "Christian privilege acts as the larger societal filter… That many institutions define themselves as secular spaces does not, in fact, make their environments nonreligious." Examples of this include what kinds of food, holidays, and cultural metaphors in coursework are considered "default" for institutions.

American Indian and Alaska Native learners of a variety of beliefs are significantly underrepresented in medical education and the physician workforce. Both Muslim and Jewish medical students were found to have disproportionate rates of being asked to complete extra work in exchange for receiving a day off for religious reasons, Sikh medical education learners report experiences of discrimination while seeking reasonable accommodations, and Hindu medical students had statistically significant difficulties obtaining excused absences for religious holidays compared to their Christian peers. Limited published research within medical education regarding a variety of other faiths may potentially suggest a lack of wider awareness about challenges rather than an absence of struggles.

It is within this context that spiritual health conversations take place, even if spirituality does not necessarily involve religion. Thus, strategies must be attentive to these realities, while improving policies for fairness and learning about many spiritual worldviews. Small et al., wrote, "Christian ways of thinking can and should be included… but they certainly should not dominate in an increasingly pluralistic society." AMA Policy H-65.965, Support of Human Rights and Freedom supports human rights and opposes discrimination, including related to religion.

Potential strategies:

- Raise awareness of spiritual health, defined broadly as life meaning and connectedness, as a determinant of health for both patients and learners.
- Advocate to reduce administrative burdens on physicians and learners, as part of improving quality time spent learning and connecting with patients on topics such as spiritual health.
- Encourage medical education institutions, programs, and faculty to stay attentive to—and, when appropriate, disrupt—defaults, norms, or assumptions about spiritual beliefs and needs, as part of seeking to treat learners and patients fairly.
- Raise awareness that spiritual health training in medical education has relevance in all domains of medicine and is not restricted to palliative medicine and end-of-life care.
- Encourage the further study and use of evidence-based training in spiritual health for current and future physicians, such as training that begins early and incorporates multimodal pedagogical strategies, to improve learner skills and confidence.

Moving forward:

The AMA has several additional policies related to spiritual health within medical education. For example, the AMA:

- encourages residency programs, fellowship programs, and medical schools to allow trainees to take leave and attend religious and cultural holidays and observances, provided that patient care and the rights of other trainees are not compromised; and explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious and cultural holidays and observances. (H-310.923)
- supports the provision of safe, culturally, and religiously sensitive operating room scrubs and hospital attire options for both patients and employees. (H-65.944)
- recommends that American Indian and Alaska Native religious and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs. (H-350.976)
- recognizes that discrimination against natural hair/hairstyles and cultural headwear is a form of racial, ethnic and/or religious discrimination; opposes discrimination against individuals based on their hair or cultural headwear in health care settings; acknowledges the acceptance of natural hair/hairstyles and cultural headwear as crucial to professionalism in the standards for the health care workplace; encourages medical schools, residency and fellowship programs, and medical employers to create policies to oppose discrimination based on hairstyle and cultural headwear in the interview process, medical education, and the workplace; and encourages healthcare institutions to provide adequate protective equipment in accordance with appropriate patient safety for health care workers with natural hair/hairstyles or cultural headwear. (H-65.949)
- supports the establishment and maintenance of dedicated interfaith prayer and reflection spaces in medical schools, teaching hospitals, and health care facilities as a component of fostering inclusive, supportive environments for patients, students, and health care workers from all religious and spiritual backgrounds. (H-65.931)

Resources:

- Modules on Spirituality from AMA Ed Hub™
- AMA Policy Finder
- AMA Health Care Advocacy
- FICA Spiritual History Tool©
- The HOPE Spiritual Assessment Tool
- The Spiritual AIM Toolkit
- The GW Institute for Spirituality & Health Programs