

Religion, spirituality and health: how should Australia's medical professionals respond?

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OVER THE PAST DECADE, the number of articles presenting original research on the relationship between spirituality and health has increased sixfold, and now exceeds 1200.¹ More recently, several leading medical journals in the United States have published commentaries on this topic.¹⁻⁶ In essence, these commentaries convey that:

- most original research articles on the topic have found positive associations between increased spirituality and better health outcomes;^{1,2}
- a significant proportion of patients would welcome doctors enquiring about spirituality;^{1,2}
- many US medical schools and some residency training programs include spiritual issues in their curricula;^{5,6} and
- there needs to be further research into the relationship between spirituality and health, particularly clinical trials of spiritual interventions on health outcomes, and a recognition of the significance spirituality may play in clinical practice.^{1,2}

So far, medical literature in Australia has been relatively silent on the relationship between spirituality and health or its implications for clinical practice.⁷

Spirituality, religion and religiosity

Spirituality has been defined as an experiential process whose features include quest for meaning and purpose, transcendence (a sense that being human is more than material existence), connectedness (eg, with others, nature or the divine) and values (eg, justice).²

A religion organises the collective experiences of a group of people into a system of beliefs and practices.² Religiosity refers to the degree of participation in, or adherence to, the beliefs and practices of a religion.²

Spirituality and health outcomes — the evidence

The body of research in this area is considerable and diverse.^{2,7} Associations have been sought between religiosity and the onset of, or recovery from, a broad range of medical conditions. Benefits have also been sought from faith-based therapies. The more rigorous studies have found a positive association between greater religiosity and a better health outcome (Box 1). The evidence is suggestive of a causal association, but is not conclusive.¹

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ABSTRACT

- Greater participation in religious activities is associated with better health outcomes.
- In the US, most inpatients have religious needs, but physicians address them only occasionally and infrequently refer patients to clergy.
- US medical students are learning to do spiritual assessments and integrate the findings into patient management, which may reverse this.
- Religion does not play a central role in the lives of Australians as it does for US citizens.
- Research is required to better understand the spirituality of Australians, its relationship to health and the benefit, cost and acceptability of doctors enquiring into spirituality compared with spiritual advisers and counsellors.

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Role of religion in the lives of US citizens

Most of the reported studies of spirituality and health have examined adherence to religious beliefs and practices rather than spirituality defined more broadly.⁴ The commentaries on these studies were published during the 1990s, when Gallup polls showed that religion played a central role in the lives of many US citizens (Box 2).^{5,6} There appears to have been little change in the results of US Gallup polls since the mid-1930s, suggesting that religion will continue to play a central role in the lives of US citizens for the foreseeable future.⁹

Attitudes of US patients and physicians to doctors enquiring into patients' spiritual beliefs

More than 80% of inpatients in the US have religious needs.¹⁰ Although 77% of inpatients consider that, in general, physicians should take more account of these, only about 40% of both inpatients and outpatients want more discussion of their own religious beliefs — unless they are gravely ill.¹¹⁻¹³ More religious patients are more likely to want such discussion.^{11,14} Seventy-two per cent of family practice patients think physicians should refer people with spiritual needs to pastoral workers.¹⁴

Although almost all family physicians believe spiritual wellbeing is important for good health and 58% think they should address spiritual concerns, most physicians do so only occasionally or never.^{11,12,15} Reasons for this include lack of time and training, concerns about projecting personal beliefs onto patients, and uncertainty over managing

1: Highest level of evidence for an association between religiosity and the aetiology or prognosis of different medical conditions

Level of evidence ⁸	Medical conditions
Aetiology	
Randomised controlled trial (II)	Blood pressure
Prospective cohort study (III-2)	All-cause mortality, first myocardial infarction, fatal coronary heart disease, depression, substance misuse, suicide
Prognosis	
Randomised controlled trial (II)	Depression, anxiety disorder
Prospective cohort study (III-2)	Elective heart surgery, alcoholism

2: Importance of religion in the lives of Americans during the 1990s

Believe in God	94%
Religion fairly/very important in own life	85%
Faith most important influence in own life	60%
Pray daily	57%
Attended service of worship in prior week	42%

issues raised.¹⁵ Although most family physicians also think patients with spiritual questions should be referred to pastoral workers, again, most do so infrequently.^{15,16} Not knowing the right person is one reason for this.¹⁶

Physicians in the US are generally less religious than their patients.¹² The more religious physicians are more likely to enquire about patients' religious beliefs.¹²

Spiritual issues in US medical education and research

Seventy-two US medical schools have developed courses to teach students how to do spiritual assessments with patients, how to integrate spiritual concerns into therapeutic plans, and when to refer patients to chaplains.⁵ The inclusion of religious or spiritual instruction in residency training programs is already compulsory for psychiatry and is being discussed for family medicine.^{5,6,17} Clinicians, educators and researchers in the US have also identified areas for further research (Box 3).^{1,2,5,18}

Role of religion in the lives of Australians

In the 2001 census, 75% of Australians reported having a religious affiliation (6.7% non-Christian).¹⁹ The proportion is higher in rural (86%) and elderly (83%) communities.²⁰ However, the proportion of Australians admitting to a religious affiliation has been declining, particularly in recent times — a fall that cannot be attributed to changes in the wording of the census.²¹ It is difficult from census data to tell how important religion really is in the lives of Australians.

Box 4 shows the proportion of people in Australia and in the US who believed in God, prayed and attended religious services during the 1980s when surveys in the two countries asked similar questions.^{9,22} The Australian figures are lower, even though the wording is less exclusive. Moreover, while the proportion of people in the US with a stated belief in God has been constant since the mid-1930s, the proportion of Australians with this belief declined by 12% during the 1960s to 1980s.²² These figures suggest religion did not play the central role in the lives of Australians during the 1980s that it did in the lives of Americans, is probably less important now, and may be even less so in the future.

Reported associations between religiosity and health are therefore not as relevant to Australians as they are to people in the US. Although less religious, Australians may still hold spiritual beliefs. However, our understanding of Australian spirituality and its relationship to health is very limited.²³

Should Australia's doctors enquire into their patients' spiritual beliefs?

A proportion of Australian patients may have religious needs and beliefs affecting their care. Non-religious patients may also have spiritual needs, such as for reinforcement of their beliefs about the purpose and meaning of life or for support from another person.^{2,10} However, knowing neither the prevalence nor the nature of these needs hampers discussion of this question.

One could argue that, in the interests of holistic care, doctors should know whether patients have spiritual needs or beliefs affecting their care and that these are being addressed. If doctors do enquire into their patients' spirituality, they should do so as they would explore other areas of health needing to be discussed sensitively. However, the doctor does not have to be the person who collects this information. Some patients may not want to discuss their

3: Areas for further research in the United States and Australia

United States

- Clinical trials of spiritual interventions on health outcomes
- Religious and spiritual needs of different patient populations
- Benefits and costs to patients and physicians of physicians' enquiring into spirituality within the doctor-patient relationship
- Impact of religious or spiritual instruction on students' attitudes and behaviours and on patient care
- Ethical issues with physicians eliciting and discussing patients' spirituality

Australia

- Nature of Australian spirituality and which aspects are related to health outcomes
- Aspects of healthcare affected by particular spiritual or religious beliefs
- Patients' and physicians' attitudes to doctors enquiring into spirituality
- Physicians' own spirituality and how it affects their work
- Impact of physicians' own spirituality on that of their patients and vice versa

4: Proportion of people in the United States and Australia espousing a belief in God and participating in devotional practices during the 1980s

United States		Australia	
Believe in God	95%	Believe in God other than just sometimes	61%
Regularly pray	78%	Pray, including only occasionally	67%
Attended a religious service only within last week	42%	Attend church monthly or more often	25%

own spiritual beliefs with doctors.^{11,12} For physicians, collecting spiritual information may be time consuming, something for which they are not trained and which they may have difficulty managing, and, because they may project their views onto patients or question their own beliefs, not without risk for their own and their patients' spirituality.^{3,15} The evidence for doctors discussing spirituality with their patients' being beneficial is also largely indirect or anecdotal.¹⁸

It might be better for doctors to refer patients with spiritual questions to a clergy person, other spiritual adviser or social worker.²⁴ However, evidence of patient acceptability and benefit is needed, particularly in view of our current superficial knowledge of Australian spirituality.

Should Australia's medical curricula address spirituality?

While acknowledging our limited understanding of Australian spirituality, it seems reasonable for students to be aware that there is a spiritual aspect to people's lives, including those of Indigenous Australians,²⁵ and that patients may have spiritual needs and beliefs relevant to medical practice. It also seems reasonable for students to know how pastoral workers and counsellors can help identify and address spiritual concerns and of the issues involved in doctors doing so for themselves.

What research is needed in Australia?

The areas needing research in the US are also very relevant to Australia. However, Australia has important additional research needs of its own (Box 3).

Conclusion

Religion does not play the same role in the lives of Australians as it does for US citizens. Reported associations between religiosity and health may not therefore be relevant to Australia. Research is required to better understand the nature of Australian spirituality, its relationship to health

and the spiritual needs of patients. The proportion of physicians who currently enquire into their patients' spirituality is unknown, but is probably small. Spirituality has a place in Australia's medical courses, but perhaps not in practice until more data are available. In particular, data are needed on the benefit, cost and acceptability of doctors, rather than spiritual advisers and counsellors, enquiring into patients' spirituality.

Competing interests

None identified.

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Whether and how religion and spirituality training are critical components of students' and clinicians' development of cultural humility is explored in this month's issue. Religion's influence on patient care is expressed in prayer requests, in clinician-chaplain collaborations, and through health care organizations' religious accommodations for patients and staff. Whether and how religion and spirituality training are critical components of students' and clinicians' development of cultural humility is one important set of questions explored in the July 2018 issue. Volume 20, Number 7: E607-674 Full Issue PDF. From the Editor. Jul 2018. Influences of Religion and Spirituality in Medicine. Danish Zaidi, MTS, MBE. Peach HG, Religion, spirituality and health: how should Australia's medical professionals respond? Medical Journal of Australia. 2003;178(2):86-88, (14). Williams DR, Stemthal MJ. Spirituality, religion and health: evidence and research directions. Medical Journal of Australia. 2007;186(10):47-50, (15).

@article{Carey2008ReligionSA, title={Religion, Spirituality and Health Care Treatment Decisions: The Role of Chaplains in the Australian Clinical Context}, author={L. Carey and J. Cohen}, journal={Journal of Health Care Chaplaincy}, year={2008}, volume={15}, pages={25 - 39} }. L. Carey, J. Cohen. Published 2008. Religion, spirituality and health: how should Australia's medical professionals respond? H. Peach. Medicine. The Medical journal of Australia. 2003. 73. Questions regarding the role of religion and spirituality within Ayurveda are discussed widely. Yet, there is little data on the influence of religious and spiritual aspects on its European diffusion. Methods . The importance of Ayurveda in modern South Asian health care setups is reflected by the following figures: in India alone above 400,000 registered Ayurvedic physicians practice Ayurveda [12] and there are more than 250 universities and colleges where Ayurvedic medicine is systematically taught as a 4-6-year university degree program [13]. Inquiries regarding the importance of religion and spirituality within medical contexts have been posed repeatedly in Indology, Sociology, Anthropology, Religious Studies, and Medical Sciences [18, 21, 22].