

Report III

**Contemporary Issues in Medicine:
Communication in Medicine**

Medical School Objectives Project

October 1999



Task Force Report

Spirituality, Cultural Issues, and End of Life Care

Introduction

The Task Force on Spirituality, Cultural Issues, and End of Life Care was sponsored by the National Institute for Healthcare Research (NIHR), with a grant from the John Templeton Foundation. NIHR is a private, non-profit organization dedicated to advancing the study of under-recognized factors that promote or negatively impact on physical or mental health. The Task Force was composed primarily of individuals involved in curriculum management or reform at several medical schools, with staff support provided by the AAMC's Division of Medical Education (the Task Force members are identified at the end of the Report). The Task Force was charged with developing detailed learning objectives relevant to the topics of concern, and suggesting learning strategies that deans and faculties might employ in their educational programs to enable students to achieve the stated objectives.

In preparing MSOP Report III, the AAMC staff reviewed the Task Force's work, and decided to include sections of the Task Force's Report in this report (MSOP III). In order to provide a context for the content set forth below, it is important to recognize that there are more than 50 medical schools that now offer courses or course content on topics such as spirituality in medicine, cross cultural sensitivity/awareness, and end-of-life care. Because communication about these sensitive topics is so critical to developing an effective doctor-patient relationship in some circumstances, it seems appropriate to place special emphasis on them in this report.

Definitions

The following definitions were agreed upon by the Task Force members and were used to guide them in the course of pursuing the Task Force charge:

Health is not just absence of disease, but a state of well-being that includes a sense that life has purpose and meaning. The Pew – Fetzer definition of health is:

We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e. sense that life is comprehensible, manageable and meaningful) and ability to function in the face of changes in themselves and their relationship with the environment (Antonovsky, 1987).

Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

Culture is defined by each person in relationship to the group or groups with whom he or she identifies. An individual's cultural identity may be based on heritage as well as individual circumstances and personal choices. Cultural identity may be affected by such factors as race, ethnicity, age, language, country of origin, acculturation, sexual orientation, gender, socioeconomic status, religious/spiritual beliefs, physical abilities, and occupation, among others. These factors may impact behaviors such as communication styles, diet preferences, health beliefs, family roles, lifestyle, rituals, and decision-making processes. All of these beliefs and practices, in turn, can influence how patients and health care professionals perceive health and illness and how they interact with one another.

End-of-Life refers to the part of the life cycle when the possibility of death becomes a major concern for the patient and his or her family, and for the physician. End-of-life issues are those that the individual person faces when he or she is confronted with a condition in which dying is a distinct possibility. There is no clear demarcation between active treatment of an illness and the end of life. Rather, end-of-life refers to the entire time, even during treatment of an illness when dying becomes an important consideration. Both a person's spirituality and culture may affect significantly his or her beliefs, attitudes, and behaviors toward end-of-life health care interventions.

Outcome Goals

Students will be aware that spirituality, and cultural beliefs and practices, are important elements of the health and well being of many patients. They will be aware of the need to incorporate awareness of spirituality, and culture beliefs and practices, into the care of patients in a variety of clinical contexts. They will recognize that their own spirituality, and cultural beliefs and practices, might affect the ways they relate to, and provide care to, patients.

Students will be aware of the range of end-of-life care issues and when such issues have or should become a focus for the patient, the patient's family, and members of the health care team involved in the care of the patient. They will be aware

of the need to respond not only to the physical needs that occur at the end of life, but also the emotional, socio-cultural, and spiritual needs that occur.

Learning Objectives

With regard to *spirituality and cultural issues*, before graduation students will have demonstrated to the satisfaction of the faculty:

- The ability to elicit a spiritual history
- The ability to obtain a cultural history that elicits the patient's cultural identity, experiences and explanations of illness, self-selected health practices, culturally relevant interpretations of social stress factors, and availability of culturally relevant support systems
- An understanding that the spiritual dimension of people's lives is an avenue for compassionate care giving
- The ability to apply the understanding of a patient's spirituality and cultural beliefs and behaviors to appropriate clinical contexts (e.g., in prevention, case formulation, treatment planning, challenging clinical situations)
- Knowledge of research data on the impact of spirituality on health and on health care outcomes, and on the impact of patients' cultural identity, beliefs, and practices on their health, access to and interactions with health care providers, and health outcomes
- An understanding of, and respect for, the role of clergy and other spiritual leaders, and culturally-based healers and care providers, and how to communicate and/or collaborate with them on behalf of patients' physical and/or spiritual needs
- An understanding of their own spirituality and how it can be nurtured as part of their professional growth, promotion of their well-being, and the basis of their calling as a physician

With regard to *end-of-life care issues*, before graduation, students will have demonstrated to the satisfaction of the faculty:

- An understanding that death is a natural part of life, that suffering and loss are an integral part of the human life cycle, and that the physician's role encompasses the comprehensive care of the patient and their family during the entire transition between life and death

- The ability to deliver difficult news about end-of-life issues to patients and their families in a caring and compassionate manner; to elicit patients' values, beliefs, and preferences for treatment at the end of life; to obtain advance directives and knowledge of surrogate issues
- Recognize that when death becomes a likely possibility, treatment options may change depending on the risks and benefits of a particular treatment, the consequences of that treatment for the patient and patient preference for type of care.
- An understanding that the concept of palliative care refers to all of the dimensions of care (physical, emotional, social and spiritual) that should be provided at the end of life
- The ability to recognize the spectrum of the physical, emotional, sociocultural, and spiritual symptoms of distress patients may exhibit at the end of life, and the appropriate ways to respond to them
- The ability to work with, and value, a multi-disciplinary team delivering end-of-life care, and to communicate effectively both orally and in writing with colleagues and other health care providers in order to deliver appropriate care to patients at the end of life
- The ability to access data on end-of-life issues and utilize these data in the case formulations and management plans of patients at the end of life

Educational Strategies

Listed below are suggestions for strategies that might be employed by deans and faculties to ensure that their students have learning experiences that will allow them to achieve the objectives set forth above.

- Develop specific learning objectives relating to each of the three topics (spirituality, cultural issues, and end-of-life care)
- Develop educational resources designed to accomplish learning objectives
- Establish a curriculum management process that insures that relevant issues are included in all four years of the curriculum, incorporating content into existing courses wherever possible.
- Design educational experiences so that students learn how to elicit a spiritual and cultural history, and talk to dying patients

- Design experiential activities that integrate spiritual, cultural, and end-of-life issues (e.g., videotapes, case studies, standardized patients, problem-based cases) to promote learning
- Provide students with regular opportunities to discuss and explore their feelings about clinical experiences (conflicts created by spiritual and cultural differences, care of dying patients)
- Encourage student self-reflection (e.g., journal writing, small group discussions, role-playing, simulated exercises, using literature, patient narratives, parallel chart)
- Utilize students as peer educators. For example, different cultural and spiritual backgrounds can be explored; skills in obtaining spiritual and cultural histories can be taught and reinforced; strategies for effectively dealing with dying patients discussed.
- Encourage and provide time for students to volunteer in community based activities, and provide a forum for these students to share their experiences with other members of their institution
- Organize both elective and required community and culturally based service learning experiences (medical Spanish course, sign language course, international health course, rotations in clinics with speakers of other languages)
- Establish longitudinal patient care experiences to enhance student understanding of the relationship between spirituality, culture, and end-of-life issues and their patients' health
- Have students participate in interdisciplinary formats in which the patient's spiritual and cultural needs can be a major focus (e.g. hospices, collaborating with chaplains, home visits with nurses, community-based clinics for homeless people, rehabilitation centers, prisons, churches).
- Ensure that students have opportunities to care for dying patients, in hospice, home care, or in-patient settings, thereby allowing students to become familiar and comfortable with the physical, emotional, sociocultural, and spiritual issues faced by the patient, family, and physicians at the end of life

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