

# HEALING THE WHOLE PERSON

A Rationale for  
Spiritual and Religious Care  
in the Health Care Setting



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# TABLE OF CONTENTS

Executive Summary .....	iv
Introduction: The Need to Develop a Rationale for Spiritual and Religious Care ...	8
1. Science, Spirituality and Health .....	11
II. Spirituality and Religion .....	16
III. Research that Supports the Positive Link Between Spirituality and Health: An Overview .....	19
IV. A Rationale for Spiritual and Religious Care.....	23
1. Spiritual well-being is an essential aspect of wellness and a determinant of health .....	23
2. The health and well-being of patients/residents necessitates spiritual and religious care, as well as medical care.....	25
3. Those who are sick and vulnerable often experience spiritual and religious crisis .....	27
4. Patients, residents and families want spiritual and religious care to be made available.....	29
5. Complex ethical issues faced by health care organizations intersect with personal, moral and spiritual issues and choices .....	30
6. Spiritual and religious care is cost effective .....	31
7. Professionally-trained spiritual and religious care providers are highly trained, certified and an integral part of the health care team .....	32
8. Spiritual and religious care helps to foster a positive organizational environment .....	33
9. Organizations are encouraged to attend to the spiritual needs of employees .....	34
10. Spiritual and religious care benefits the larger community .....	35
Conclusion .....	37
Endnotes .....	39
Acknowledgements .....	42

# EXECUTIVE SUMMARY

*Healing the Whole Person* argues in support of the need for spiritual and religious care in the health care setting. It seeks to raise awareness of the spiritual and religious dimensions of healing, to correct some common misconceptions about the provision of this service, to cite evidence that demonstrates a link between spiritual and religious care and the health of an individual, to demonstrate the benefits of spiritual and religious care, and finally to provide sound reasons for offering or continuing to provide spiritual and religious care in health care institutions.

In recent years there has been an increasing awareness of our understanding of health to include the determinants of health. A person's spirituality has been shown to be another significant determinant of health. Research consistently identifies a link between a person's spirituality and positive outcomes for their health.

At the same time, spiritual and religious care departments are one of the areas often affected when organizations are required to downsize services. *Healing the Whole Person* argues that such services should be maintained and even expanded. The document provides a rationale for spiritual and religious care in the health care setting under ten headings.

1. Spiritual well-being is an essential aspect of wellness and a determinant of health.

Care of a person's health goes beyond addressing their physical or medical needs. Spiritual well-being is increasingly seen as another aspect of wellness and a determinant of health.

2. The health and well-being of patients/residents necessitates spiritual and religious care as well as medical care.

Since the primary focus of the health care system is the patient/resident, we all have a stake in creating an atmosphere where spiritual needs as well as medical needs are met. Spiritual and religious care services provide a way to humanize and personalize the health care setting for patients/residents throughout the continuum of care, and gives a means of referral to physicians, nurses and other care providers when spiritual and religious care is needed or requested.

3. Those who are sick and vulnerable often experience spiritual and religious crisis.

Loss of health, independence and emotional equilibrium seriously impact a patient's or resident's sense of meaning, purpose and personal worth. A need to resolve personal difficulties or "unfinished business" can become an urgent matter that requires attention. The compassion, understanding and supportive presence of a spiritual and religious care provider can help to alleviate this stress and anxiety.

4. Patients/residents and families want spiritual and religious care to be made available.

Studies of patients in acute care hospitals indicate that between one third and two thirds of all patients want to receive spiritual care. Patients/residents want spiritual and religious care to be made available and generally respond positively when such care is provided.

5. Complex ethical issues faced by health care organizations intersect with personal, moral and spiritual issues and choices.

In many health care facilities, the spiritual and religious care provider sits on the ethics committee, provides advice, and brings an important perspective to the issues being considered. At the administrative level, spiritual and religious care providers often help develop policies, articulate trends and issues for decision making and provide consultation services to senior management and boards.

6. Spiritual and religious care is cost effective.

Evidence shows that those who have their spiritual and religious needs met recover more quickly and have shorter stays in hospital, and are less likely to be admitted into a long-term care facility prematurely. This research suggests that such outcomes result in cost savings to the organization.

7. Professionally-trained spiritual and religious care providers are highly qualified, certified and an integral part of the health care team.

In a multifaith and multicultural environment, when a patient/resident desires spiritual counsel in the health care setting, spiritual and religious care providers who have been trained in this field, are best able to provide or to coordinate such care.

8. Spiritual and religious care helps to foster a positive organizational environment.

Providing spiritual and religious care within the health care facility is another factor that helps to create and maintain a positive environment that assists the organization to attract and retain scarce health care professionals. By providing spiritual and religious care, health care organizations also fulfill other administrative and financial goals.

9. Organizations are encouraged to attend to the spiritual needs of employees.

Health care personnel experience first-hand the non-medical, emotional and spiritual needs of patients/residents and their families. Workplace encounters often provide opportunities for an employee to deal with their own issues and concerns surrounding illness, pain, suffering and death. Spiritual and religious care providers can help employees cope in situations of trauma.

10. Spiritual and religious care benefits the larger community.

Health care institutions seek ways to foster links with the community that provide continuity of care and develop community links for better health care and for the health of the community. Spiritual and religious care services can be a valuable aspect of this community outreach by offering educational seminars and support groups to help members of the community cope with loss or crisis and to live with chronic illness or pain.

*Nothing in life is more wonderful than faith  
– the one great moving force  
which we can neither weigh in the balance  
nor test in the crucible...  
mysterious, indefinable, known only by its effects  
faith pours out an unfailing stream of energy.*

Sir William Osler<sup>1</sup>  
Physician, Lecturer and Writer

## INTRODUCTION

# The Need to Develop a Rationale for Spiritual and Religious Care

Today we are experiencing a widespread interest in spirituality among health care professionals, patients and families. A body of research confirming the importance of spirituality at a time of illness has resulted in the development of qualified professional spiritual and religious care providers. Technological advancements in medical practice place greater emphasis on curing physical illness and disease, and less on the needs of the whole person. At the same time, there is also a move to downsize or eliminate spiritual and religious care services in health care facilities.

For years, faith-based hospitals and long-term care facilities in Canada have consistently provided spiritual and religious care as an integral part of the expressed mission of their organizations. Within such a vision, healing was (and continues to be) viewed as a ministry that flows from the Gospel.

*Christians look to the example of Jesus Christ as their model and inspiration. His life illustrates his concern for the physical, mental and spiritual health of others.<sup>2</sup>*

In these facilities spiritual and religious care is made available to patients/residents and their families, and often caregivers as well. It is marked by a sensitivity and respect for the various spiritual and religious needs and wishes of the recipients and for the spiritual suffering that often accompanies sickness. It is seen as important in all situations of illness and loss, and as essential in the context of end-of-life care.

In the distant past this service was not necessarily reflected in the budgets of the organization. Frequently congregations of religious

women and men, and local pastors provided this care on a voluntary basis as part of their overall ministry.

During the 1960's, '70's and '80's, a number of developments saw the expansion of spiritual and religious care throughout the health care system in Canada:

- ↳ Different faith groups began to formally authorize both their designated leaders and lay members to provide spiritual and religious care for their faith community.
- ↳ Professional training became available and desirable. Spiritual and religious care providers received advanced education and certification by an appropriate national credentialing agency such as the Canadian Association for Pastoral Practice and Education as it is now known. This certification has been recognized by the Catholic Health Association of Canada, official religious bodies and other organizations.
- ↳ Growing acceptance on the part of the health care team saw the establishment of "Pastoral Care" departments in many faith-based and public hospitals and long-term care facilities. Professional and support staff were employed to provide spiritual and religious care "on call", twenty-four hours a day.

Since the 1990's, we have witnessed widespread changes in the planning and delivery of health care in Canada and an expansion of interest in spirituality that have changed the delivery of spiritual and religious care. The Catholic Health Association of Canada has written this publication, *Healing the Whole Person*, to address these developments and to respond to the specific needs and concerns of its members who provide spiritual and religious care as a central component of the healing ministry of Jesus. This document will also be helpful to other health care organizations that seeks to explore the benefits of providing spiritual and religious care to those they serve.

The Association acknowledges that there are many factors that influence this discussion about the rationale for spiritual and religious care such as: the evolving practice of medicine, medical research advances, psychological influences, philosophical and theological reflections, religious practice, culture, the emergence of complimentary practice, public opinion, and public policy surrounding the delivery and economics of health care.

In presenting the need for spiritual and religious care in the health care setting, this document seeks to:

- ↳ raise awareness of the spiritual and religious dimensions of healing;
- ↳ correct some common misconceptions about the provision of this service;
- ↳ cite the evidence that demonstrates a link between spiritual and religious care and the health of an individual;
- ↳ demonstrate the benefits of spiritual and religious care; and finally,
- ↳ provide sound reasons for offering or continuing to provide spiritual and religious care in health care institutions.

## Science, Spirituality and Health

Science has permeated Western culture and its ways of thinking; the probing curiosity of science knows no bounds. Men and women have stood in awe at the moment of discovery and at the prospect of invention. The results that flow from the scientific method of observation and experimentation have contributed to a deeper understanding of the complexity of nature and humankind, the value and intellectual enjoyment of a discovery, and improvements that have enhanced the lives of many. In the realm of health care science, advances in pharmacology and medical technology have prolonged life and relieved pain and suffering. There is no doubt that science has benefited us all in one way or another.

*Health care deals with what blatantly manifests itself in the physical, mental and social dimensions of people's lives. Its languages are ever in the process of refinement, seeking greater and greater nuances... Spirituality deals with what is hidden to conventional eyes, "a subtle something", present yet elusive. It senses something essential but invisible.*

John Shea

*Spirituality and Health Care*

The scientific view of the world is one of many ways in which men and women have sought to understand and interpret the world around them. A poet or a musician provides a different perspective; a philosopher or monk yet another. The environmentalist or social advocate might perceive concerns that vary from those of a politician or economist. In the opening lines of Charles Dickens' novel *Hard Times*, the schoolmaster proclaims, "Now, what I want is Facts. Teach these boys and girls nothing but Facts. Facts alone are wanted in life."<sup>3</sup> Life may indeed be concerned with the practical strategies of survival or with the creative inventions that provide us industry and comfort, but a life is also filled with the reality of beauty and relationships and contemplation.

Spirituality is concerned with the transcendental, inspirational and existential way a person lives life, and in those matters concerned with the person as a human being.<sup>4</sup> When someone addresses the realities that are connected to inner meaning and searches for their place in the world, they are said to embark on a spiritual journey. For many cultures today, and for many people in past ages, the spiritual dimension is an integral part of life. Although the Western mind can have difficulty reconciling the discoveries of science with the spiritual, many recognize the complementarity of these two world-views.

Carl Jung, one of the founders of analytic psychology, taught “that man ignored the religious instinct at his peril.”<sup>5</sup> Over the door of his home, Jung had carved a Latin inscription: *Vocatus atque non vocatus deus aderit – Called or not called, God is present.* Early in his research Jung recognized the presence of the “spirit” and the power of the unconscious mind to bring about healing in his patients. Though he spent a lifetime using scientific methods of observation, he was equally aware of the deeper dimensions of a person.

Dr. John Shea, from the Park Ridge Centre for Health Ethics, claims that spirituality is a “new kid on the block” in terms of Western medicine’s understanding of health and illness. He writes that medical research began by exploring the physiological working of the person – how germs and bacteria affect the body and how organs and cells function in the body. Later, the scientific and medical community came to an understanding that psychological aspects of the person as well as social interaction and social systems affected health. Recently, the medical community is recognizing the effect of spirituality on health. For those who have been steeped in religious traditions, this is not new information, but it is a new insight to many in the medical community. One of the difficulties, however, is that “spiritual” truths do not conform easily to empirical rules. As he writes:

*In general, this meeting of health care and spirituality can be seen as a merger of two diverse, yet complimentary, levels of existence and two diverse, yet complimentary, languages. Health care deals with what blatantly manifests itself in the physical,*

*mental and social dimensions of people's lives. Its languages are ever in the process of refinement, seeking greater and greater nuances... Spirituality deals with what is hidden to conventional eyes, "a subtle something", present yet elusive. It senses something essential but invisible. Its primary languages are imaginative and evocative, seeking to help people recognize the spiritual in their midst. These two languages and the levels of life they express might easily miss one another, each one thinking the other is second best.* <sup>6</sup>

The relationship between spirituality, medicine and health remains a complex and evolving one.

The *Health Ethics Guide* published by the Catholic Health Association of Canada (CHAC) defines health as:

*... the dynamic balance and harmony of a person's biological, psychological and spiritual energies within a physical, social, cultural and economic environment. Health is no longer understood merely in medical terms as the absence of illness. Increasingly, consideration is given to the person as an integrated whole and to a perspective on health that includes wide-ranging determinants of health.*<sup>7</sup>

As early as 1974, a publication of the federal government, *A New Perspective on the Health of Canadians*,<sup>8</sup> suggested that the basic problem in analyzing the health field was the absence of an "agreed conceptual framework." In the public policy arena this observation initiated the development of a shifting framework for health care, one with an ever broadening understanding of health to include factors other than medical ones.<sup>9</sup>

A broader understanding of health which speaks about a wellness model recognizes healing as more than curative or the treatment of illness. The wellness model means getting healthy and staying healthy. Attentiveness to the needs of the body, mind and spirit improves a person's overall well-being and quality of life.

The link between spirituality and health is more apparent today by the sheer interest and volume of research being conducted in this field of study. Many recent books and articles have been written on the subject. A number of research centres have been established devoted exclusively to this relationship, e.g. the International Center for the Integration of Health and Spirituality ([www.nih.org](http://www.nih.org)) and The Park Ridge Center for the Study of Health, Faith, and Ethics ([www.parkridgecenter.org](http://www.parkridgecenter.org)). In May 2001, the University of Calgary, Faculty of Medicine hosted a "North American Multidisciplinary Conference on Spirituality and Health." A follow-up conference is being held at the University of Toronto in the Fall of 2002.

A broader understanding of health which speaks about a wellness model recognizes healing as more than curative or the treatment of illness. The wellness model means getting healthy and staying healthy. Attentiveness to the needs of the body, mind and spirit improves a person's overall well-being and quality of life.

While health care providers increasingly acknowledge that spiritual care and healing are often forerunners to physical and emotional healing,<sup>10</sup> this recognition assumes that a person's physical health and spiritual growth are necessarily correlated. The adoption of practices and exercises aimed at healthy living seek only to maximize the body's inner healing strength. They do not guarantee it. We must always work to alleviate pain and sickness; they remain a part of life.

The difficulty arises when we attempt to transpose a valid scientific method to a discussion of the link between spirituality and health. The scientific method is interested in cause and effect — perform such and such an activity and you will have such and such a result. The more predictable the result, the more acceptable the scientific conclusion. Transposing this same method to a discussion of spirituality would make spirituality appear more like magic and spells. A certain prayer may not necessarily bring about a certain healing.

The effect that spirituality has on healing is more qualitative. Prayer, the acceptance of illness, attentiveness to our feelings, social support, a person's good self esteem, forgiving one's self and others, all flow from a person's spiritual awareness and religious practice.

These expressions of spirituality provide a deep well of strength for anyone at any time in a person's life. More so at times of sickness or when a person is dying. Attending to the spiritual can often furnish a person with new ways to cope with illness, with a supportive community where fears and concerns can be shared, and may at times, contribute to a person's recovery. The more that this can happen in the context of the health care setting, the more we will respect the dignity of the whole person. "Loosening the grip we have on the mechanical view of our bodies would contribute to the recovery of a more *soulful* health system."<sup>11</sup>

## Spirituality and Religion

There is a growing refinement in how spirituality and religion are defined and differentiated. Spirituality is more properly connected to the meaning a person attributes to living, while religion refers to the ways a person expresses their spiritual awareness or journey. Spirituality speaks of inner meaning and a person's place in the world, while religion speaks of the rituals, practices and beliefs of a particular religious group.

No one definition can capture the nuances of how spirituality manifests itself in the lives of people. Since it is a quest for meaning, one that delves into the inner-most depths of a person's being, and at the same time, encompasses their relationships to other persons, to the environment, and to the very mystery of God, a definition of spirituality is almost unique to each person. Spirituality speaks of relationship. It seeks an answer to the question: how do I relate to myself, to other persons, to the ultimate meaning of life? It springs from the belief that we are more than what we experience with our senses, that we are connected to the divine "other" who is also more than what we experience with our senses. Spirituality, then, implies a search for the sacred, a conscious striving to move beyond isolation and self-absorption to a deeper awareness of interconnectedness with the self, other human beings and the transcendent.<sup>12</sup> Spirituality, by definition, is active and all encompassing, pervading every aspect and dimension of a person's life. It deals with the relational and transcendent dimensions of a person's life and can be described in terms of inspiration, meaning and/or value.<sup>13</sup>

This has been expressed in a more poetic way in the following reflection:

*Spirituality is the life force that awakens us:  
to wonder  
to community  
to trust  
to hope  
to healing  
informs us about  
our identity – who I am?  
our place – where do I belong?  
our purpose – why I am?  
our values – how do I live well?  
and inspires us  
to be creative and responsible  
to build mutually beneficial relationships  
to cope with change and loss courageously  
to invest in the good of all.<sup>14</sup>*

Seldom is a person spiritual in the abstract. Just as love is expressed by particular actions, the same is true for spirituality. Religious practice can genuinely enhance a person's spiritual growth by providing the means to express spiritual longing. All the great religions of the world have time-tested traditions of prayer and worship that have helped people develop and nurture a spiritual sensitivity.

Since it is a quest for meaning, one that delves into the inner- most depths of a person's being, and at the same time, encompasses their relationships to other persons, to the environment, and to the very mystery of God, a definition of spirituality is almost unique to each person.

Religion seeks an answer to the questions: how do I express my spiritual journey, how do I communicate and relate to the divine "other"? It can be defined as the expression of spirituality through traditions, rites and practices usually within the context of an organized faith.<sup>15</sup>

Not too many years ago spirituality and religion were regarded as being inseparable; a person's

understanding of himself or herself and their place in the world were integrally connected and expressed by their religious affiliation. Today a distinction between the two is often made. In short, while many people who are spiritual express this in a religious context, there are many others who would consider themselves spiritual yet have no formal religious affiliation. This new reality reflects a cultural understanding of our time.

Spiritual and religious care is that activity performed by chaplains, community clergy, faith leaders and laity to help persons to discover and to deepen their spirituality and give expression to their religion.<sup>16</sup> Such care can include pastoral visiting, counselling, in-service education, spiritual direction, individual and group prayer, opportunities for celebrating the sacraments and other religious rites.<sup>17</sup>

Traditionally these activities have been called “pastoral care” in the Judeo-Christian tradition, however, this document uses “spiritual and religious care” as an inclusive term that better fits the Canadian multicultural and multifaith context. “[This term] is intended to embrace the best of the pastoral care tradition and to allow it new expression.”<sup>18</sup>

### III.

## Research that Supports the Positive Link Between Spirituality and Health: An Overview

**D**uring the “Spirituality and Health” conference organized by the University of Calgary School of Medicine (2001) no less than ten abstracts were presented exploring the link between a person’s spirituality and their physical well-being or how they coped with chronic illness. While there were subtle differences in how spirituality was defined or in the method of determining outcomes, the authors invariably concluded that a patient’s or resident’s spirituality affected their physical or mental health in a positive manner.

One study sought to determine the level of religious interest in psychiatric inpatients and to assess whether religious commitment had an impact on selected health outcomes. Among their key findings the authors ascertained that religious practices do have a significant impact on mental health outcomes and a person’s length of stay in the hospital. More frequent church attendees and those who use religious practices to cope, had shorter hospital stays, higher satisfaction with life and lower severity of depressive symptoms.<sup>19</sup>

Another group of researchers shared the results of an ongoing project to develop a “Spiritual Quotient” to help measure spirituality. Conducted by Cancer Care Ontario, an agency of the Government of Ontario, the abstract outlined the agency’s policy to include spiritual care as part of supportive care. Through interviews and questionnaires, the authors sought to establish a shared understanding and language with patients about what constitutes core spirituality. The study resulted in the development of a 147-item questionnaire termed “Spiritual

Quotient SQ-1" to help measure spirituality. This tool is presently being used with cancer patients and continues to be monitored and evaluated.<sup>20</sup>

Yet another abstract presented a comprehensive model for integrating spirituality into health care. The author conducted a retrospective study done on patients seen over a two-year period at the Toronto Spiritual Emergence Research and Referral Clinic. Patients who participated clearly indicated that they wanted to speak with informed, supportive and qualified physicians and psychotherapists about their spiritual experiences.<sup>21</sup>

Although some research is beginning to be conducted in Canada, a growing body of research in the United States demonstrates the link between spirituality and health. The following studies and findings are representative:

- ↳ The link between spiritual or religious involvement and lower risk of substance abuse is one of the more consistent findings of the addiction field.<sup>22</sup>
- ↳ People who attend church frequently are four times less likely to commit suicide than those who do not attend church. Lack of church attendance is a stronger predictor of suicide than any other risk factor assessed.<sup>23</sup>
- ↳ In a study of elderly inpatients, more than 50% of the patients rated their religious beliefs as a very important means of effectively coping with their illness.<sup>24</sup>
- ↳ Research conducted in Canada and the US that monitored 4000 elderly patients over 15 years concluded that seniors who have strong religious beliefs suffer less depression, have less heart disease and less than half the rate of strokes than those who say they have no religious affiliation.

People who are religious:

- ◆ are half as likely to be depressed and are 70% more likely to recover from depression than those who are not religious;
  - ◆ 28% have a lower mortality rate than those who did not practice any religion;
  - ◆ 40% are less likely to have high blood pressure;
  - ◆ have stronger immune systems.<sup>25</sup>
- ↳ Researchers found that individuals who had stronger religious convictions experienced less anxiety, depression, and distress when thinking about or dealing with death. Persons with stronger beliefs in an afterlife also seemed to deal better with issues surrounding death than those who did not believe in an afterlife.<sup>26</sup>

It is important to note, however, that inauthentic religious practice can have a negative effect on a person's health. Religious practices that become fanatical, that verge on the occult, that result in the handing over of one's freedom and decision making to another, can have adverse consequences to a person's health and well-being. The same is true of the practice of medicine when it is not founded on verifiable and peer reviewed medical science and technology. This only goes to reinforce the benefits that good medicine and sound spiritual and religious care can have on a person's healing.

*The Spiritual Crisis of Cancer*, a booklet published by the Canadian Cancer Society, strongly supports the beneficial link between spirituality and health. It recognizes that illness can often be the catalyst for a spiritual crisis. The effects of cancer treatment on the body quickly become evident. What is not always so evident or accepted is the immediate effects on the spirit. After cancer detection "whatever life was like, it can no longer stay the same."<sup>27</sup> As in all sickness, the overriding question is pointed and immediate, "Why?" The grasping for

explanations is as painful as the physical symptoms. The article states that "Religious faith can offer neither freedom from suffering, nor assurances of answers. But in the spiritual crisis that cancer can cause, it at least offers a vocabulary for discussion."<sup>28</sup>

In the recently published *Handbook of Religion and Health*<sup>29</sup>, the authors bring to their task of analyzing more than 1200 research studies on the relationship between religion and health, the conviction that religion and spirituality do have a positive effect on health. While they confirm that it is always important that research be sound, the number of studies being conducted provides ample proof of the interest in and importance of the link between spirituality and health.

Patients and residents who are asked, overwhelmingly and consistently state that spirituality and religious belief and practice are an integral part of both their physical and inner healing.

Research conducted in Canada and the US that monitored 4000 elderly patients over 15 years concluded that seniors who have strong religious beliefs suffer less depression, have less heart disease and less than half the rate of strokes than those who say they have no religious affiliation.

## IV.

# A Rationale for Spiritual and Religious Care

This document has highlighted the importance of spiritual and religious care for the individual and provided evidence that demonstrates how spirituality has a positive effect on a person's health and well-being. These important findings must also be raised in the context of the health care setting and be considered by health care planners and administrators. Why might it be beneficial for the organization to provide spiritual and religious care? Why should governments and regional health bodies facilitate and financially support such care?

By addressing these questions, the following discussion seeks to provide a sound rationale for promoting spiritual and religious care in the health care setting.

## 1. Spiritual well-being is an essential aspect of wellness and a determinant of health.

Care of a person's health goes beyond addressing their physical or medical needs. Today, more than ever, people are seeking to live balanced lifestyles, changing diet or adding exercise to their busy schedules. People recognize the presence and impact of stress and seek ways to alleviate it. Health Canada has become foremost in discouraging people from cigarette smoking and informing the public about the adverse effects tobacco has on health.

Research shows that the social conditions under which people live, the level of education individuals possess and unemployment all affect a person's sense of well-being and health. Numerous studies have been conducted demonstrating a direct link between poverty and illness. The use and abuse of the environment and concerns about water and air quality have become major public health issues in all parts of the country.

Spiritual well-being is increasingly seen to be an essential aspect of wellness and a determinant of health.

*Most patients have a spiritual life and regard their spiritual health and physical health as equally important. Furthermore, people may have greater spiritual needs during illness.*

*Surveys suggest, however, that these needs are not met. A large and growing number of studies have shown a direct relationship between religious involvement and spirituality and positive health outcomes...<sup>30</sup>*

All these determinants influence the health of individuals.

*Healing is more than simply curing a disease. Healing takes into account the wholeness of the person, recognizing the interrelationship of body, mind and spirit. It involves the restoration of balance and acknowledges the role spirituality and/or religious belief can play in the healing process.<sup>31</sup>*

While much more study of this relationship is required, the link between them is acknowledged among care providers.

*Physicians are beginning to appreciate that the majority of their patients are religious and use religious beliefs to cope with sickness, that existential issues and spiritual struggles are common among patients, that religious beliefs influence the medical decisions that patients make, and, for all these reasons, that religion might ultimately affect both psychological health and medical outcomes.*

Harold Koenig, MD, MDSc.  
Mayo Clinical Proceedings

*Physicians are beginning to appreciate that the majority of their patients are religious and use religious beliefs to cope with sickness, that existential issues and spiritual struggles are common among patients, that religious beliefs influence the medical decisions that patients make, and, for all these reasons, that religion might ultimately affect both psychological health and medical outcomes.<sup>32</sup>*

## 2. The health and well-being of patients/residents necessitates spiritual and religious care as well as medical care.

The Canadian Council on Health Services Accreditation has written, “When developing the service plan, the team considers the client’s physical, mental, spiritual and emotional needs. The team respects the clients’ cultural and religious beliefs and enables them to carry out their usual cultural or religious practices as appropriate.”<sup>33</sup>

The Canadian Palliative Care Association (CPCA) includes “spiritual issues” among the domains related to patient and family care.<sup>34</sup> In proposing principles and norms of practice for patient and family care in the spiritual domain, the CPCA states that “the plan of care addresses the spiritual expectations and needs of the patient and family.” Five norms of practice follow from this principle, two of which are as follows:

- ↪ Attempts are made to access appropriate spiritual and/or religious resources, preferably those already known to the patient and family;
- ↪ Where possible, personal spiritual advisors are incorporated into the patient’s interdisciplinary care team.<sup>35</sup>

The primary focus of the health care system is the patient and the

resident. Furthermore, each one of us is a patient in waiting; many of us will end our days in a long-term care facility. We all have a stake in creating an atmosphere where spiritual needs as well as medical needs are met.

Health care professionals increasingly recognize that patients and residents want holistic approaches to their well-being. In a *Time* magazine article (June 24, 1996)<sup>36</sup> it was reported that 82% of Americans believe in the healing power of prayer; 77% believe that God can intervene to cure those with serious illness; and 73% believe that praying for another can help cure their illness. At last count 65 of the 135 American medical schools (more than 50%) offer courses in religion, spirituality and medicine, up from fewer than five in 1993.<sup>37</sup>

In his book *Healing Words: The Power of Prayer and the Practice of Medicine*, Dr. Larry Dossey, M.D. examines the effects of prayer on patients and the potential of using prayer as another element in the healing process. He notes that prayer, along with medical procedures, should be considered as an invaluable resource with patients in their care.<sup>38</sup> In his practice he has realized that patients do not, by and large, wish to bring religion into their relationship with their physician. Patients who want more may ask a physician to become more involved at deeper levels; it is best that they, not the doctor, take the initiative.

Since medicine today tends to rely solely on scientific and technological treatments, spiritual and religious care provides a way of humanizing and personalizing the health care setting for patients. Such care helps to provide an essential component of services throughout the continuum of care.

Trained clergy, chaplains and lay ministers are best prepared to provide this service. Pastoral care departments are suited to respond to the needs of patients and residents in the health care

Prayer, along with medical procedures, should be considered as an invaluable resource with patients in their care.

Dr. Larry Dossey, MD  
*Healing Words:  
The Power of Prayer and the  
Practice of Medicine*

setting. In such a setting, physicians, nurses and other care providers must be given a means of referral when spiritual and religious care is needed or requested.

### 3. Those who are sick and vulnerable often experience spiritual and religious crisis.

Patients often remark, "It is the waiting and not knowing the final diagnosis that is most difficult to endure." Serious illness can frighten patients in acute hospitals and make them feel intimidated and isolated in an unfamiliar environment. For residents in long-term care facilities, loss of control, increasing dependence on others, as well as the uncertainty of their future can cause considerable stress for them and their families. Under such circumstances, the health care setting, whether it is a hospital or a long-term care facility, can seem foreboding. Physical pain is usually accompanied by spiritual suffering.

Dame Cecily Saunders, founder and president of St Christopher's Hospice, London, and often referred to as the founder of the modern hospice movement, in her article *Spiritual Pain* writes, "In our case for the individual in pain we try to be attentive to the body, to the family, and to our patient's inner life."<sup>39</sup> A dying person attempts to make sense of the illness, and this probing for meaning causes anguish.

*The realization that life is about to end may well stimulate a desire to put first things first and to reach out to what is seen as true and valuable – and give rise to feelings of being unable or unworthy to do so. There may be bitter anger at the unfairness of what is happening, and at much of what has gone before, and above all a desolate feeling of meaninglessness. Here lies, I believe, the essence of spiritual pain.*<sup>40</sup>

Loss of health, independence and emotional equilibrium seriously

impact a patient's or resident's sense of meaning, purpose and personal worth. The compassion, understanding and supportive presence of a spiritual and religious care provider can help to alleviate this stress and anxiety.

The presence of images and symbols often contribute to a sense of meaning, connect a person with the transcendent, or re-establish a connection with family and friends. Such symbols can be as varied as a vase of flowers, cards of support, or a religious image that can be viewed by the patient/resident. A photograph of loved ones or a book of prayers and meditations, can bring great comfort to someone experiencing spiritual distress.

"Unfinished business" can loom before the person and the family. A need to resolve personal difficulties or long-standing festering hurts can become an urgent matter that requires attention. Sometimes the person dying seeks forgiveness or wants to forgive. At such times true reconciliation and forgiveness can bring a great deal of peace to the person who is dying and liberate the other persons involved.

Spiritual and religious care providers use time-tested spiritual resources in such circumstances.

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Dame Cicely Saunders  
founder of the hospice movement  
*Spiritual Pain*

## 4. Patients/residents and families want spiritual and religious care to be made available.

A 1995 survey of Canadian hospital patients evaluated the ministry of spiritual and religious care providers. Pastoral care departments in Ontario, British Columbia, Alberta and Newfoundland participated. A sample of 508 responses to a *patient satisfaction instrument* revealed significant patient support for this care. The results of the survey showed that “the most helpful aspects of hospital pastoral care include listening to patients with spiritual sensitivity, spending sufficient time with them, and projecting a sense of competency. This allowed patients to say what was on their minds with the result that they feel better about their problems as well as reassured and relaxed.”<sup>41</sup>

Studies of patients in acute care hospitals indicate that between one third and two thirds of all patients want to receive spiritual care.

Larry Vandevreek, D.Min.  
*The Association of Clinical  
Pastoral Practice*

In 2000, the Interfaith Health Care Association of Manitoba undertook a research project to determine the public’s awareness of faith-based facilities and perception of faith-based health care. The Association’s focus groups and telephone survey results were consistent with the current literature. Access to spiritual care was viewed as extremely or very important by 41% of the respondents. There was a slightly higher degree of importance expressed by rural residents (46%) as opposed to those from Winnipeg (38%). Caring and a compassionate environment was an extremely or very important element of good medical care to 81% of the respondents.<sup>42</sup>

Studies of patients in acute care hospitals indicate that between one third and two thirds of all patients want to receive spiritual care.<sup>43</sup>

Patients have a heightened awareness of their spiritual needs during their hospital stay, as do residents in a long-term care facility. They want spiritual and religious care to be made available and generally respond positively when such care is provided.

# 5.

## Complex ethical issues faced by health care organizations intersect with personal, moral and spiritual issues and choices.

Increasingly, health care organizations must deal with ethical issues around the allocating and rationing of resources, end-of-life care, employer/employee relationships, matters involving conflict of interest, abuse of patients/residents and care providers. When such situations arise ethics committees may advise on particular ethical situations, promote education on ethical issues, and where appropriate, review and recommend organizational policies.

Ethics committees can provide sound ethical reflection and decision making not only for patients/residents and families, but also for the health care organizations themselves.

Many spiritual and religious care providers are asked to provide advice on ethical issues. In many health care facilities, the spiritual and religious care provider sits on the ethics committee and brings an important perspective to the issues being considered. Spiritual and religious care and ethical reflection are distinct but related areas requiring similar skills: sensitive listening, communication skills, and an appreciation of the values dimension to a person's life. Spiritual and religious care providers bring an expertise that helps to clarify what the questions are.

At the administrative level, spiritual and religious care providers often help develop policies, articulate trends and issues for decision making and provide consultation services to senior management and boards.

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## 6.

### Spiritual and religious care is cost effective.

As indicated above, there is a growing body of evidence linking spirituality and religious involvement with positive health outcomes. More and more research confirms such findings that link a person's spiritual and religious practice to: a lower risk of substance abuse, positive coping skills for elderly patients that keep them healthy and independent longer, less depression, less heart disease and lower blood pressure.

Evidence shows that those who have their spiritual and religious needs met recover more quickly and have shorter stays in hospital, and are less likely to be admitted into a long-term care facility prematurely. This research suggests that such outcomes result in cost savings to the organization. Spiritual and religious care is not a costly service. The remuneration of spiritual and religious care providers is far more cost effective than long-term stays in hospital, high-tech diagnostic testing and costly medication and medical services for patients. It is hoped that more conclusive research will be undertaken to confirm these initial findings. Unfortunately, as in other areas of health care, more research is required.

Evidence shows that those who have their spiritual and religious needs met recover more quickly and have shorter stays in hospital, and are less likely to be admitted into a long-term care facility prematurely. This research suggests that such outcomes result in cost savings to the organization.

Mary Carson, director of geriatric and mental health services at the Queensway-Carleton Hospital (Ottawa) has reported that "physicians and nurses are beginning to realize that it's not only the deeply religious who can benefit from spiritual care; they are also becoming convinced that spiritual care can improve physical and psychological health, and allow patients to go home earlier."<sup>44</sup> Shorter hospital stays translate into a cost saving.

Providing spiritual and religious care results in a cost saving for the individual hospital and in turn the entire health care system.

## 7. Professionally-trained spiritual and religious care providers are highly qualified, certified and an integral part of the health care team.

Most churches train and educate spiritual and religious care providers. They offer communication skills, extensive instruction in theology (often at the graduate level), an awareness of sacramental and other religious practices, a sensitivity to the wishes of the patient/resident, and ongoing training in spiritual counselling.

The Canadian Association for Pastoral Practice and Education is a national multi-faith organization of people involved in pastoral care and pastoral counselling. This association has for some time been providing professional training, certification and on-going peer review and support for its members. In conjunction with the Catholic Health Association of Canada, it has jointly produced and published *Standards of Spiritual and Religious Care for Health Services in Canada*. This booklet presents guidelines for the delivery of spiritual care, affirms the importance of such care, and recognizes spiritual care providers as members of the health care team with the privileges and responsibilities of other health care professionals. These standards are being used by spiritual and religious care services in health care facilities across the country.

As an integral part of the health care team<sup>45</sup>, the spiritual and religious care provider may carry out numerous activities in the health care setting. Along with attending patient reviews and daily patient/resident visitation, their activities may include:

- ↳ Grief and loss care;
- ↳ Risk screening of individuals whose religious conflicts may compromise recovery;
- ↳ Facilitation of spiritual issues related to tissue and organ donation;

- ✦ Critical incident stress debriefing;
- ✦ Facilitating caregiver communication;
- ✦ Resolving conflicts between caregivers, caregivers and families, etc.;
- ✦ Referral linkage to external agencies, and external chaplains or clergy;
- ✦ Staff support for personal crisis, organizational changes, stress, etc.;
- ✦ Designing and leading worship ceremonies;
- ✦ Leading or participating in facility ethics consultation and programs.<sup>46</sup>

In a multifaith and multicultural environment, when a patient/resident desires spiritual counsel in the health care setting, spiritual and religious care providers who have been trained in this field, are best able to provide or to coordinate such care.

## 8. Spiritual and religious care helps to foster a positive organizational environment.

Organizations are becoming more and more aware of how the environment fostered within the health care facility has a direct impact on patient/resident care, on the morale of health care professionals, employees and volunteers, and on the quality of services provided. Working towards and maintaining a positive environment assists the organization to attract and retain scarce health care professionals. A positive organizational environment provides a caring workplace, increases employee satisfaction, results in less employee absenteeism, and creates more solidarity between the patient/resident and employee. All of these measures increase patient/resident satisfaction and lead to cost savings for the institution.

Providing spiritual and religious care within the health care facility is another factor that helps to create such an environment.

By providing spiritual and religious care, health care organizations also fulfill other administrative and financial goals:

- ↳ it helps to meet patient/residents expectations for holistic care;
- ↳ it provides a resource for staff in dealing with stressful situations;
- ↳ it assists the organization to fulfill accreditation standards;
- ↳ it helps deal with ethical issues;
- ↳ in some circumstances such services mitigate patient/resident and family dissatisfaction involving risk management and potential litigation;
- ↳ it helps to maintain important relationships with the community clergy.

A positive organizational environment provides a caring workplace, increases employee satisfaction, results in less employee absenteeism, and creates more solidarity between the patient/resident and employee.

## 9. Organizations are encouraged to attend to the spiritual needs of employees.

There is a growing body of literature that examines the relationship between spirituality and work, exploring the connection between what we do and who we are. "Work is a dimension of a person's creativity; it provides a community and a sense of meaning and purpose.... In their life and work personnel are guided by personal values that go beyond their role as employees."<sup>47</sup>

One study reported that 73% of physicians and nurses in a neonatal intensive care unit believe that providing comfort for staff is an important chaplain role, and 32% believe chaplains should be available to help staff with personal problems.

Cecil Sharp  
Southern Medical Journal

Health care personnel experience first-hand the non-medical, emotional and spiritual needs of patients/residents and their families. They have a professional and human interest in understanding and responding to these needs. Most health care employees possess altruistic motives and many carry out their duties out of a sense of spiritual calling.

At the same time, all employees in health care organizations are personally affected by the environment within which they work and by the patients/residents they care for. The condition of persons under their care, and the interaction with the families of patients/residents brings both spiritual comfort and/or distress to health care personnel. Such

workplace situations often provide opportunities for an employee to deal with their own issues and concerns surrounding illness, pain, suffering and death.

One study reported that 73% of physicians and nurses in a neonatal intensive care unit believe that providing comfort for staff is an important chaplain role, and 32% believe chaplains should be available to help staff with personal problems.<sup>48</sup>

Those trained to provide spiritual and religious care can help determine and distinguish between the issues of the patient/resident, the family, and those of the care provider. In their role, spiritual and religious care providers can help employees make those necessary distinctions and help them cope in situations of trauma.

## 10. Spiritual and religious care benefits the larger community.

While spiritual and religious well-being is an individual's personal responsibility, like health itself, it possesses a communal dimension.

People are unique, however, apart from a human community no one can exist for long or fulfill their potential. Both the individual and social needs of people are met through cooperative activity. Individuals and groups contribute to the well-being of others and receive from others what is needed to meet their own needs. The health needs that cannot be met by the individual are provided for by the community. It was for precisely these reasons that hospitals, orphanages and homes for the elderly were originally founded by religious congregations in Canada, and for these same reasons that their operation was later supported by public funds.

Health care institutions seek ways to foster links with the community that provide continuity of care and develop community links for the better health care and health of the community. Spiritual and religious care services can be a valuable aspect of this community outreach.

Those who are ill or dying, frequently experience a sudden shift in their priorities, become less concerned with the acquisition of material things, and begin to value their relationships more. Spiritual and religious care facilitates this process and helps them to find meaning and purpose even in illness. This enhances a patient's/resident's connection to their family, friends, faith community and the larger community.

Many spiritual and religious care providers host educational seminars and support groups to help members of the community cope with loss or crisis and to live with chronic illness or pain. They often provide worship services for these groups and for other people with particular needs (e.g. those coping with the death of a child or young person). They also introduce patients/residents and their families to local clergy when this is requested.

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## CONCLUSION

Over the past fifty years much has changed in Canada with respect to how a person accesses the health care system and how health care is delivered. While we may, from time to time, find it easier to dwell on the defects of Medicare and the health care system, no one can dispute the advances in science and medicine that have prolonged life, the measures of public health that have protected life and promoted health, and the health legislation that has ensured access to health care for all Canadians.

In recent years there has been an increasing awareness of our understanding of health to include the determinants of health. Health is no longer understood merely in medical terms as the absence of illness; healing is more than curing a disease. It involves a whole range of biological, social, psychological, environmental and spiritual factors. When attention is given to such determinants, there is a benefit to the health of individuals, and a saving in health care dollars.

A person's spirituality and religious practice is a significant determinant of health. Research consistently identifies a link between spirituality and positive outcomes for a person's health. William Mayo, founder of the renowned Mayo Clinic remarked, "[T]here is a spiritual as well as a material quality in the care of sick people, and too great efficiency in material detail may hamper progress."<sup>49</sup>

*Healing the Whole Person* has sought to address these developments in the context of the financial pressures that exist today within the health care system. Many boards are faced with having to cut costs to health care delivery. Spiritual and religious care departments are one of the areas often affected when organizations are required to downsize services. This document has argued for maintaining and further

developing these services in health care facilities. *Healing the Whole Person* emphasizes that such a service recognizes the broader understanding of health, addresses a significant need of the patient/resident and the caregiver and helps the organization to fulfill its mandate to patients/residents, staff and the community it serves. This rationale provides all interested organizations and government sound reasons for the importance of spiritual and religious care in health care settings.

Attending to the spiritual and religious needs of the patient/resident ought to be reflected and embedded in the structures of the health care delivery system. It is hoped that *Healing the Whole Person* provides another piece of evidence that will prompt administrators and planners to ensure that this dimension of care remains a vital and integral part of health and healing.

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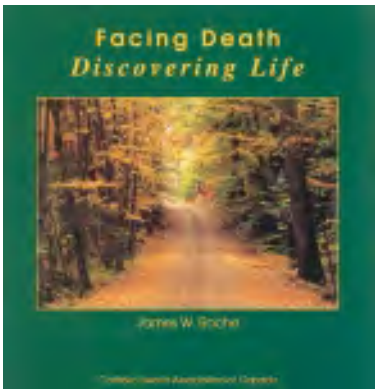
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