Ethical Considerations:
Mental Health & Spiritual Care
Personal Considerations

- What/Who do I Represent?
- Expectations of other professionals?
- What can I offer as a Spiritual Caregiver?
- What is my vision?
- Where is God in this adventure?
- Vijay Singh $10,905,16 and counting
- Kurt Shilling even with a fractured ankle
- Mikka Kiprusoff: the rookie
- $2,355,001. Ken Jennings
Sense of Accomplishment
Sense of Satisfaction
Sense of Providential Opportunity
Are Spiritual Care Services that are being offered in our Alberta hospitals in the Groove?
What the Research Shows

MOST PERSONS HAVE A SPIRITUAL LIFE

MOST PATIENTS WANT THEIR SPIRITUAL NEEDS ASSESSED AND ADDRESSED

MOST STUDIES HAVE FOUND A DIRECT RELATIONSHIP BETWEEN RELIGIOUS INVOLVEMENT AND SPIRITUALITY AND BETTER HEALTH OUTCOMES

SUPPORTING A PATIENT’S SPIRITUALITY MAY ENHANCE COPING AND RECOVERY FROM ILLNESS


Barries to Spiritual Care Involvement

• PRACTICE OF THE BIOMEICAL MODEL IN WHICH SPIRITUAL MATTERS SEEM LESS RELEVENT

• FEWER PHYSICIANS THAN PATIENTS DESCRIBE THEMSELVES AS RELIGIOUS OR MAINTAIN SPIRITUAL ORIENTATIONS. HENCE THE IMPORTANCE OF SPIRITUAL MATTERS TO PATIENTS MAY BE UNDERESTIMATED OR UNRECOGNIZED
THE EFFECT OF RELIGIOUS INVOLVEMENT AND SPIRITUALITY ON HEALTH OUTCOMES IS TAUGHT INFREQUENTLY IN MEDICAL SCHOOL.

SOME PATIENTS MAY HAVE COMPLEX OR DAUNTING SPIRITUAL NEEDS THAT MAY DISCOURAGE PHYSICIAN INVOLVEMENT.

THE SPIRITUAL CONCERNS OF PATIENTS MAY NOT BE ADDRESSED BECAUSE OF TIME RESTRAINTS, LACK OF CONFIDENCE IN THE EFFECTIVENESS OF SPIRITUAL CARE, AND ROLE OF UNCERTAINTY (EG. WITH CHAPLAINS).

MAYO CLINIC PROCEEDINGS
'RELIGIOUS INVOLVEMENT, SPIRITUAL, AND MEDICINE: IMPLICATIONS FOR CLINICAL PRACTICE' DECEMBER 2001
"Kerry was unable to communicate why people should vote for him. The exit polls and much post-election spin, offered a ready explanation for this. Twenty-two percent of voters listed "moral values" as their #1 concern, ahead of the economy, terrorism, and Iraq. ...But Kerry and other Democrats are lacking a compelling message to serve as an alternative to Bush's platform of faith at home and resolution abroad. They have policies on issues ranging from healthcare to welfare that have a moral component. But they don't spend much effort explaining that dimension of those values, which are the bedrock of their policies."
Finding the Bedrock

Jean Claude Larchet (2002) in his book 'The History of Illness' argues that the Orthodox church, which has a tradition of care for the past two thousand years, holds to the teaching that both body and soul are inseparable in healing and that an ailing body is always connected to the soul, the psychological as well as the spiritual state if the person. (pg. 120)

Interestingly, it was the early Orthodox church that included soul care as part of the whole spectrum of health care and who laid the foundation sixteen centuries ago for how total health care should be delivered:

"The Byzantium hospital is the most conclusive proof of a sane and salutary synergy between the Orthodox church and rational medicine. We may assume in fact, that it was in Byzantium, in the forth century, that the precursor of modern hospitals came about." (pg. 106)
Nehemiah 2:4-6

4 The king said to me, "What is it you want?"
Then I prayed to the God of heaven, "and I answered the king, "If it pleases the king and if your servant has found favor in his sight, let him send me to the city in Judah where my fathers are buried so that I can rebuild it."
6 Then the king, with the queen sitting beside him, asked me, "How long will your journey take, and when will you get back?" It pleased the king to send me; so I set a time.
What is it we Want?

The following article is a reprint form The Journal of Pastoral Care, Spring 2001, Vol. 55, No. 1 A White Paper: Professional Chaplaincy: Spiritual Care: Its Relationship to Healthcare

As the Joint Commission on the Accreditation of Healthcare Organizations (JOCAHO, 1998) makes clear, "Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values." The Canadian Council on Health Services Accreditation (1999) states, "When developing the service plan, the team considers the client's physical, mental, spiritual, and emotional needs."
1. Autonomy
   *(patient choice as inclusive in treatment)*

   = *What the research shows*
Health Care Considerations

Patient Considerations

2. **Beneficence**
   *(An occasion to do Good)*

3. **Non-maleficene**
   *(To do no harm)*
"The work of professional chaplains offers distinct benefits to the four components of any healthcare delivery system: the patients and their family members, the professional healthcare staff, the organization itself, and the community within which it resides." (9 points)
"When it is important to the patient, it is prudent for the clinician to support a religious or spiritual approach to life unless there is clear evidence of its role in psychopathology. In such instances, support for the spiritual approach could proceed, but with CAUTION as clinician determines unhealthy or conflictual, religious elements that need intervention."

'WHAT'S HAPPENING IN PSYCHIATRY REGARDING SPIRITUALITY'
Psyc. Annals, August 2000
Without a consistent spiritual care presence harm could result through:

a. an inconsistent quality of treatment,
b. spiritual concerns being isolated from the collaborative efforts of the treatment team,
c. patient lacking in appropriate spiritual follow-up opportunities,
d. the inhibiting of opportunities for holistic program development,
e. decreased staff education in the area of spiritual care services.
4. **Justice**

*(Fair treatment, fair procedures, just outcomes)*

Is the Health Care System respecting morally significant rights and entitlements of patients?
"More frequently the clinician will find that the religious practices and beliefs of a patient have an indirect impact on the patient's interpretation of his or her illness or the patient's reception to a proposed treatment plan. It is not uncommon for a patient's spiritual commitments to be manifested within culturally conditioned norms to effect his or her receptivity to interventions, including both medication and psychotherapy."

Meadow, MD ThM; Keonig, MD. "Spirituality and Religion in Psychiatric Practice: Parameters and Implications". Psychiatric Annals, 30(8/August 2000
5. **Fidelity**  
(Faithfulness to our institutional and professional role as caregivers)

When to refer!
"There is a quiet revolution going on in psychiatry that euphemistically is described as psychiatry's remembering, if not discovering, 'the forgotten factor' - the psychiatric patient's spiritual or religious commitment. The dramatic revolution in neuroscience has affected psychiatry in many, well-chronicled ways, yet this quiet revolution is significantly changing how some psychiatrists recognize and manage their patients' spiritual experiences and religious behaviours. The thrust of this quiet revolution, or clinical paradigm shift, is that religion and spirituality are now frequently seen as potential sources of strength in a person rather than evidence of psychopathology."

'What's happening in Psychiatry Regarding Spirituality'
Psychiatric Annals 30:8/August 2000 Josephson, MD, Larson MD, Juthani MD
Then I said to them, "You see the bad situation we are in, that Jerusalem is desolate and its gates burned by fire. Come, let us rebuild the wall of Jerusalem so that we will no longer be reproach." I told them how the hand of my God had been favourable to me and also about the king's words which he had spoken to me. Then they said, "Let us arise and build." So they put their hands to the good work. (NASV)
Ethical Considerations for “Staying in the Groove”