

Spirituality and Medicine

BY KEITH POEHLMAN

Hospital patients often count on chaplains for the comfort and inspiration they provide. But at one Midwestern medical center chaplains are working to extend the healing power of spirituality beyond the bedside—into doctors' offices, summer camps for grieving children, even the operating room.

"There is a revolution in progress in the practice of Western medicine," says Randol Batson, a Catholic deacon who is manager of the Spiritual Care Department at Genesis Medical Center, a community hospital in Davenport, IA. "Spirituality is being reintroduced into health care consciousness and the practice of medicine."

It used to be that the physician and spiritual leader was often "one and the same" person, Batson notes. Then that changed, at least in the Western world. "Following the birth of the scientific age, some 500 years ago, spiritual practice and science diverged, taking separate but parallel pathways," Batson says. "While there have always been scientists of high spiritual consciousness, the vast body of scientific knowledge has been based upon empirical evidence."

Then, about 25 years ago, scientists began to clinically examine the effect spirituality had on patients' physical and mental well-being. "A number of significant studies clearly show that spirituality is an important component of health and wellness, and that people who are spiritually healthy are more likely to be physically and mentally healthy," says Batson, a former student at the Center for Health Care Ethics at Saint Louis University, St. Louis.

In 1995 Batson joined hundreds of faith and health care professionals at a Harvard Medical School conference entitled "Spirituality and Healing in Medicine." "Out of that conference came a strong initiative to motivate physicians to integrate spiritual practices into their health care delivery," he says. "For instance, physicians who are comfortable with shared prayer are now



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encouraged to pray with those patients who wish that form of care."

In 1993, just two years before the Harvard meeting, only three of the 123 colleges of medicine in the United States actually offered courses on the importance spirituality plays in health care. But by 1999, 50 of those institutions were offering spirituality classes.*

When Batson joined Genesis in 1998, he found that his new employer was not only willing but eager to move beyond the traditional model of pastoral care into a more comprehensive continuum of spiritual care. "Part of it is the environment at Genesis," Batson says. "It's the consciousness of our highly creative spiritual care team supported by an administration that believes in us and values the work we do."

RICK'S HOUSE OF HOPE

In 1996 the late Rev. Rick Johnson, Batson's predecessor at Genesis, founded Prairie and River Spiritual Resources to bring spiritual care to those members of the community who, as he said, "have fallen through the cracks." One of its most notable programs, Rick's House of Hope, a grief and trauma recovery center, was founded in 1999 in Rev. Johnson's honor.

The founders of Rick's House of Hope intended it to provide support group therapy and one-on-one counseling to help children and adolescents who are grieving the death of significant family members. Today it also assists children in coping with divorce and other major life transitions. Last summer the center hosted a week-long "grief camp," offering children another way to deal with the death of a loved one. In 2002 the National Institute for Trauma and Loss in Children, based in Grosse Pointe Woods, MI, named Rick's House of Hope its "program of the year."

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*The statistics cited in this paragraph were provided by Larry Dossey, MD, in a personal communication of December 9, 2003.

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PRAYER IN THE OR

"Out of the first Harvard conference, I developed a great interest in having chaplains in the operating room (OR) to pray throughout the surgery," says Batson. At Genesis he met someone who shared that vision: Thomas Mabee, MD, a cardiothoracic surgeon. "I want to do this in my operating room," Batson recalls Dr. Mabee saying. "Will you see if you can get administrative approval?"

In February 2000, Dr. Mabee performed his first operation with a chaplain, Batson, seated in the operating room. Today, on-location prayer in the OR is practiced by most chaplains and chaplain interns at Genesis.

In the program, patients who request prayer support are contacted by a chaplain or intern for an assessment prior to surgery. Then, on the surgery date, the chaplain comes to be with the patient during the preoperational phase and remains until the postoperative phase. During the surgery, the chaplain sits on a stool at the end of the surgical suite, providing prayer support for both the patient and the entire operating team. Depending upon the patient's stated faith preference, the chaplain's care may include silent prayer, meditation, visualization, silent scripture, intentional thought, and recitation of the Rosary or another mantra.

Referrals to the program come from various members of the interdisciplinary care team: any physician, nurse, or medical social worker who happens to think the patient might value such support. The ultimate choice, however, belongs to the patient.

Since Dr. Mabee and Batson started the "Prayer in the OR" program at Genesis, three more cardiothoracic surgeons and two general surgeons have made the service available to their patients. More significantly, other programs modeled on the one at Genesis are now in place around the country.

FAITH AND MEDICINE FORUMS

Hoping to get physicians to start considering the spiritual needs of their patients, Becky Wiese,

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MD, approached Batson three years ago about creating a setting in which physicians and faith leaders would feel free to discuss spirituality in medicine. "We found much room for improvement in communication between both of these groups," Batson says.

Today Genesis hosts three annual "Faith and Medicine" forums, which give physicians and faith leaders of the "Quad Cities" area (Davenport and Bettendorf in Iowa, Rock Island and Moline in Illinois) a chance to discuss issues that affect both of their professions. The first forum was held in February 2001. Among the topics discussed in recent forums were "The Need to Listen versus the Desire to Tell," "Reconciling Personal Beliefs with the Obligation of Medical Professionalism" and "What Do We Say about Each Other as Physicians and Faith Leaders?"

Forum participants "tell us it builds collegiality and promotes understanding," said Batson. "It's really exciting to see the enthusiasm with which physicians and faith leaders interact at these forums." But he believes that it is patients who benefit most from the discussions. "For many patients, a faith leader can be as significant as the physician," Batson says. "For two caregivers so vital to the healing process to learn to work together on the patient's behalf offers a tremendous advantage. It enables the physician and the pastor to form a complete circle with the patient."

LAST LETTERS TO LOVED ONES

Genesis Chaplain Jeanne Olsen has found a way to let the words of terminally ill patients live on in the loved ones they will soon leave behind.

Olsen first began writing letters for terminally ill patients six years ago after she encountered AIDS patients who had strained family relationships and had a desire to express themselves to their loved ones. "Many needed to tell their story—and needed to do it for their own sake, just to see that their lives had been good: that they had lived rich, full lives," says Olsen, who has been a chaplain for 19 years. From those letters evolved a service that she now provides to hospital patients who are near death.

In putting the letters on paper, Olsen takes down a patient's thoughts word for word. But she's also willing to offer suggestions when writer's block strikes. She then types a rough draft, letting the patient reread and rework it until he or she is comfortable with what she describes as a "final gift."

Ultimately, these carefully chosen words will form permanent messages, to be sealed in envelopes and personally delivered by Olsen to whomever they were addressed. "I believe these letters are beneficial to terminally ill patients, but more so to the recipients," she says. "This final gift they've left behind is forever cherished by their loved ones."

In the future, Olsen plans to offer the use of a video camera for patients who wish to actually speak their last letter to loved ones.

SPIRITUALITY AND MEDICINE

As the Genesis services that combine spiritual care with medical care increase, Batson continues to be inspired by an address given at the conference he attended eight years ago. The speech was delivered by the conference's director, the Harvard cardiologist Herbert Benson, MD. "Dr. Benson stated that we may never be able to scientifically prove the existence of God," recalls Batson. "But what we have proven is that the consciousness of that which is higher than self, in combination with faith or spiritual practices—whether worship, prayer, meditation, or recitation of mantras such as the Catholic Rosary or a Buddhist prayer—will facilitate healing and promote good health of mind and body."

"Good spiritual care is not a substitute for good medical care," Batson adds. "In fact, spiritual care and medical care are partners and each has its vital and proven role in the restoration and maintenance of total health." □

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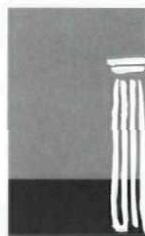
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