

How spirituality and religion impact patient outcomes

Three new studies examine how personal beliefs influence cancer patients' physical, social and mental health

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Although clinicians may be reluctant to discuss religious and spiritual beliefs with their patients, three new studies shed light on how faith can impact cancer patients' mental, social and physical well-being.

The studies, published online in *Cancer*, the peer-reviewed journal of the American Cancer Society, indicate there is a significant link between religion, spirituality and patient outcomes but variability on how they relate to the different aspects of health.

The first study reveals that patients who report greater overall religiousness and spirituality also report better physical health, greater ability to perform their usual tasks and fewer physical symptoms of cancer and treatment. The second, meanwhile, found that the emotional aspects of religion and spirituality were also more strongly associated with positive mental health than behavioral or cognitive aspects of religion and spirituality.

"Spiritual well-being was, unsurprisingly, associated with less anxiety, depression, or distress," lead author John Salsman, Ph.D., who conducted the research while at Northwestern University's Feinberg School of Medicine in Chicago, but is now at Wake Forest School of Medicine in Winston-Salem, said in the study announcement.

Furthermore, he said, "greater levels of spiritual distress and a sense of disconnectedness with God or a religious community was associated with greater psychological distress or poorer emotional well-being."

The third study looked at the patient's ability to retain social roles and relationships in the face of illness. In this case, religion and spirituality, as well as each of its dimensions, had modest but reliable links with social health.

"When we took a closer look, we found that patients with stronger spiritual well-being, more benign images of God (such as perceptions of a benevolent rather than an angry or distant God), or stronger beliefs (such as convictions that a personal God can be called upon for assistance) reported better social health," lead author Allen Sherman, Ph.D., of the University of Arkansas for Medical Sciences in Little Rock, said in the announcement. "In contrast, those who struggled with their faith fared more poorly."

The authors believe that further research is necessary to determine whether support services designed to enhance particular aspects of religion and spirituality for interested patients might improve their well-being.

Part of the problem is that most doctors fail to address patient's spiritual needs and most patients feel uncomfortable bringing up the issue with their providers, Robert Klitzman, M.D., a professor of psychiatry and the director of the bioethics program at Columbia University, wrote in a recent *New York Times* blog post. Over the years, Klitzman wrote, when patients confront the end of their lives, they value their emotional, existential and spiritual feelings over further medical treatment when it begins to seem futile.

"Doctors themselves do not have to be spiritual or religious, but they should recognize that for many patients, these issues are important, especially at life's end," he wrote.

Although there is a movement afoot to encourage physicians to have end-of-life discussions with their patients, Klitzman said that if doctors are uncomfortable, they shouldn't engage in these conversations. However, they should tell their patients that if they would like to discuss spiritual issues, the hospital can arrange to have someone available.