

Spiritual Anamnesis and Doctor-Patient Relationship: Review and Reconstruction of a Daily Routine Instrument

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Abstract: Introduction: spiritual anamnesis is fundamental to familiarity with patient's beliefs. It enables health professionals to: investigate how patients face the treatment, understand the role and importance of religion in the life of this individual, how much spirituality may interfere in the health-disease process and in the disease experience. It also helps detect spiritual needs and mobilize resources to promote the biopsychosocial and spiritual wellness of the individual. Objective: identify spiritual questionnaires in literature. Methods: This article is a bibliographic review. Researching was on books and electronically based from August to December 2014. PUBMED and SCIELO databases were used in English and Portuguese. Inclusion factors: short, brief and easy to memorize questions to know if the patient's beliefs interfere in medical treatments and to what extent. Exclusion factors: not try to convert or to interfere with the patient's rights, not try to influence their beliefs or to make anamnesis on emergency situations or acute medical consultations. Results: based on the questions of seven samples of spiritual questionnaires found in literature, health professionals identified the patient's spiritual needs and the beliefs likely to interfere in the doctor-patient relationship and in the therapeutic conduct as such. The anamnesis models found converge in some points, but differ mainly as to time excess some questionnaires demand (due to the large number of questions) when compared to others (shorter) and/or when going deeper into a particular aspect of beliefs, leaving some important points out. Conclusion: the anamnesis found are as follows: FICA Questionnaire; HOPE Questionnaire, Kunh's Spiritual Inventory, CSI-MEMO, ACP Spiritual History, Matthews Spiritual History, Maugans Spiritual History. The main points found in these seven questionnaires are: resources mobilization to meet the patients' spiritual demands; to what extent spirituality may interfere both in adherence to the treatment and in the clinical treatment and in strengthening the doctor-patient relationship.

Key words: Spiritual anamnesis, doctor-patient relationship, spiritual questionnaire.

1. Introduction

Spirituality can be defined as every human being intrinsic search for the meaning and unquestionable purposes of life. This meaning may be found in religion or may be more comprehensive, including transcendence relations, interpersonal relations and spiritual interconnectedness with nature, arts and thought [1, 2]. This concept, observed in all social and cultural aspects, expresses the human being in search for the definite meaning through a religious practice and/or belief in God, in the family, arts and humanism [3].

Spirituality embraces both cognitive, experiential aspects and behavioral ones. Through the behavioral aspects, individuals externalize their own spiritual beliefs and interior spiritual state [4]. Thus, it is important to clarify some concepts, taken sometimes as synonyms:

Religion: this concept, defined as an arrangement of beliefs and practice appreciated by a community that, through characteristic rituals, idolizes, communicates or connects itself to the Sacred, to God [1]. Religion has its grounds in a grouping of scriptures and precepts, which characterize the meaning and the design of the world, responsibility and relationships among individuals, nature and life after death.

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Religions have a moral code of conduct the members of the community generally adhere to [1].

Religiosity: refers to how much an individual believes in and practices a religion [5] which can be organizational, involving the participation in religious activities, meetings and groups or non-organizational when the individual practices it alone, for example, watching religious TV programs, praying and meditating on their own [1].

Spirituality, different from religion, as it comprehends a wide psychological, sentimental and belief spectrum is to be considered in health treatments: what science has been evidencing based on studies involving the co-relation between spirituality and immunology, for example, the researches carried out by the Department of Psychology of the University of Harvard [1, 6]. However, spirituality should be included in health care as religions are considered to be based on the principles of spirituality. Besides, several patients are religious and deal with life adversities upon their beliefs. This kind of approach strengthens the doctor-patient relationship since a lot of them wish these professionals considered their spiritual needs as religion influences their capacity to face the disease [7].

Collecting a spiritual history is fundamental to familiarize with the patient's beliefs and to know how they face the medical treatment; to understand the role of religion in the life of this individual when dealing with the disease or causing stress; to detect spiritual needs which demand following-up; to present information on the support network the patient may have through community resources which may help them [1, 7].

It is important to point out that a spiritual anamnesis does not aim at changing the patient's religion even when they have none (in cases of atheism).

In a study carried out in 2003, it was found that 31% to 74% of the doctors researched believe building a spiritual history of the patient is necessary [8]. This chance increases proportionally to the seriousness of

the medical situation [8]. Thus, the objective of a spiritual history is to highlight the needs of the beliefs, which interfere in the patient medical treatment [1]. Other authors also report in their research that 55% of the doctors researched consider appropriate to question about the patients' spiritual/religious beliefs, whereas 45% take it as inappropriate [9].

Many physicians claim that the lack of knowledge is a hurdle on the spiritual anamnesis practice, because many of this professionals are less religious than the patients [10] and due to it they ends up not checking these type kind of needs.

Another study carried out with family physicians in the state of Missouri [11] shows that the lack of time over an appointment with the doctor is a determining factor not to apply the questionnaire. Despite these arguments, a research shows that only 8% of the doctors believe that knowledge about religion is not relevant to the treatment justifying religious issues are not part of their work, whereas 64% agree that "the professional support to and recognition of the patient's religious values may improve the treatment process and results" [12]. This way, it is clear that such arguments are fallacious since most professionals admit this conduct is to be considered despite possible barriers.

Consequently, the spiritual anamnesis can be carried out after the doctor's or psychiatry's history, named as a spiritual history in long lasting appointments, over ten minutes. It is also recommended for patients with serious prognostics in terminal or chronical diseases. Patients admitted in nursing homes under intensive treatment are applicable too. It is also advisable during the examination of a healthy patient submitted to an annual check-up [1, 7]. Upon social economical situations in life, their spiritual perspectives may change, when this questionnaire is to be updated [1, 7].

A spiritual personal history benefits both the doctor and the patient, which indicates its importance. The doctor-patient relationship strengthens when this

professional recognizes the patients' beliefs. Studies show religious patients are more likely to obey the health professional as to following prescriptions and returning to the doctor's [13], the possibility of a higher level of the treatment effectiveness is also observed even when the treatment itself is not fully effective [14]. Statistics show the agreeing with the treatment was 2.6 times higher in patients whose doctors had more detailed information about them. To the doctor, the benefit resulting from the spiritual history dates back to their Galena essence, returning to the principles once practiced, when their role was to take care of the patient in three levels: physical, mental and spiritual, therefore validating the integrity of their professional choice [7].

2. Objectives

The objective is to identify spiritual questionnaires existing in literature.

3. Methods

This article is a qualitative and bibliographic review of literature.

Books and electronic resources were accessed for researching scientific articles through August to December 2014. PUBMED and SCIELO databases were used in English and Portuguese.

Inclusion and exclusion criteria were used for the analysis and criticism of spiritual questionnaires: inclusion questionnaires (validating a spiritual questionnaire) [7]:

- short lasting questions [7];
- simple and easy to remember questions [7];
- effective questionnaire to obtain the expected knowledge [7];
- focus on patient's beliefs to consider their religiosity and whether it is tied to an organizational religion or not;
- whether the patient uses religion or spirituality to help them deal with their disease or to get stressed;
- whether the patient participates in a community

for spiritual support;

- whether the patient has questions or concerns to spiritual themes;

- whether there is a spiritual belief that may influence the doctor's treatment;

Exclusion criteria (not validating and effective spiritual questionnaire):

- anamnesis in accidents, infarction, pregnancies, acute doctor's visits and surgical situations in general;
- violation of human beings' rights for spiritual anamnesis purposes;
- try to convert a non-religious patient;
- doctor's initiative to pray with the patient (only when patient is initiative);
- long lasting complex questions;
- difficult to remember questions;
- asking what the patient's religion is without explaining why;
- no questions on the patient's necessity for some religious help and on how the doctor can get it to help them feel more comfortable.

3. Discussion and Results

Seven journals were found including five scientific articles electronically and two books. The research resulted in seven spiritual questionnaires developed by academic doctors, psychiatrists in their great majority. Most questionnaires were published in reference medical journals.

3.1 Kuhn Spiritual Inventory [15]

The questions can be reduced from thirty-five to five because of the high number. These five questions take less time, present easiness to remember as it effectively explores how the patient's faith may be relevant to their health caring. Further, as it focus on the patient's beliefs, it is considered a satisfactory anamnesis with respect to the patient's spirituality. However, the anamnesis is incomplete. It offers the doctor no precise questions on how he can mobilize resources and fully help the patient's spiritual needs. It

shows no signs if the patient's belief stresses them or if they participate in a religious community.

3.2 Matthews Spiritual History [16, 17]

It is a brief method, easy to memorize and it has a good content. However, it lacks in questioning if the patient has faith or a religion, assuming the patient belongs to a religious Order not considering the possibility of atheism. Another point is to consider whether spirituality is a stress element or not, when facing a disease. There is no questioning on the patient's religious practice, which is important to strengthen the doctor-patient relationship, to mobilize resources to meet the patient's spiritual needs. It presents no scientific base and it is published in a popular book [7].

3.3 FICA Questionnaire [5, 18, 19]

Based on four topics, it is easy to memorize as each letter refers to a group of questions. Thus, the anamnesis is organized enabling the doctor to easily carry it out. It also addresses the questions in a concise way to mobilize the health team towards the patient's spirituality and have better results in the treatment. On the one hand, the question before the last of the last topic gives evidence on how successful the FICA questionnaire is. The questions focus on the patient's belief, accounting for spirituality influencing in the treatment. On the other hand, two questions are not necessary. Their answers have no influence on the successful outcome of the patient's treatment: the one questioning the patient's feelings towards people (if they love a group of people) and the one asking them to name a religious leader (the patient may have a non-organizational religiosity where their intimate beliefs are not tied to a doctrine/ritual or to a religious image in particular). This anamnesis was published in the *Journal of Palliative Medicine* [7].

3.4 Maugans Spiritual History [20]

It is one of the longest questionnaires and demands

a lot of time; it provides a wide investigation, but is difficult to memorize. This anamnesis presents several questions, which are more invasive and have a high level of specificity. For effectiveness, adequacy to the patient's profile is necessary. It is important to point out though, the topic "implications to doctor's care", accounts for the doctor's concern to understand the spiritual aspects and obstacles which may impair, or not, the doctor-patient relationship. Another conflicting aspect of this questionnaire is the direct questioning on what the patient's religion is. This kind of investigation may cause strangeness when the intention of the question and of the spiritual anamnesis is not made clear. As a consequence, the patient may infer their treatment which is likely to change or be modified depending on their religious and/or spiritual belief towards the doctor's, impairing a good doctor-patient relationship.

3.5 HOPE Questionnaire [4, 7]

HOPE [4, 7] is organized and the abbreviations help the doctor remember the topics questioned. It is easy to memorize, but because of the number of questions, it lasts long. It accounts for the patient's spirituality in a generic way, making them talk about their most intimate beliefs, whether they follow an organized religion or not, expressing how much their feeling may influence the treatment. This is the only questionnaire used to know if the disease influenced/changed the patient's belief. This anamnesis is also important because it offers the doctor the possibility to heal the patient's spiritual needs through a direct action, asking what actions the doctor should take to give more spiritual comfort. It was published in the *American Family Physician* [4].

3.6 ACP Spiritual History [21]

This short anamnesis, developed by the *American College of Physician*, has four ready-to-memorize questions. These questions focus on the patient's

spirituality, even those of severe prognosis. The questions lack in dealing with important areas, such as: identification of spiritual needs, relationship with spiritual communities and beliefs affecting doctors' decisions. In contrast, it is a well-known and recognized anamnesis due to the credibility of the doctors who developed it and the source was published in *Annals of Internal Medicine* [7].

3.7 CSI-MEMO [1, 22]

This is a fast-and-easy-to-memorize questionnaire. It is important because it can ensure possible mobilization of the community entities to help give spiritual comfort to the patient based on the answers

received. This questionnaire points out the influence of spiritual beliefs on the treatment and the possibility of becoming a stress factor. It also questions the participation of the patient in a religious community.

It is applicable in a medical clinic and accounts for the patient spirituality in a wide and precise way.

4. Conclusions

The main points found in the seven questionnaires are: mobilization of resources to meet the patients' spiritual demands; how spirituality can interfere in both adhering to the clinical treatment and to the clinical treatment as such, and the possibility of strengthening the doctor-patient relationship.

<p>Kuhn Spiritual Inventory</p> <ul style="list-style-type: none"> • What do you have faith in? • Has this disease influenced your faith? • How do you practice faith in your life? • How has faith influenced your behavior over this disease? • What is the role of your faith in the reestablishing of your health? <p>Matthews Spiritual History</p> <ul style="list-style-type: none"> • Is religion or spirituality important to you? • Does your religion or spiritual belief influence in the way you face your health problems and reflect on your health? • Would you like to discuss your religious beliefs and practice with me? <p>FICA Questionnaire</p> <p>F: Faith/Belief Do you consider yourself a religious or spiritualized person? Do you have spiritual or religious beliefs that help you deal with your problems? If not, what means in your life?</p> <p>I: Importance or Influence</p> <ul style="list-style-type: none"> • What importance do you give to faith or religious beliefs in your life? • Have faith or beliefs influenced you in dealing with stress or health problems? • Do you have a belief in particular that may affect medical decisions or your treatment? <p>C: Community Do you belong to a religious or spiritual community? Does it give any support to you? Is there a group of people you "really" love or that is important to you? Do you think churches, temples, centers, groups of assistance are important sources of support?</p> <p>A: Action in Treatment How would you like your doctor or health professional considered religiosity/spirituality in your treatment? Indicate, refer to a spiritual/religious leader.</p> <p>Maugans Spiritual History</p> <ul style="list-style-type: none"> • Spiritual Belief System - Do you have a religion? - Name or describe your spiritual belief system. 	<p>HOPE Questionnaire</p> <p>H: Hope Sources (Hope) Meaning, comfort, peace, power, love and social relationship</p> <ul style="list-style-type: none"> - What are your sources of hope, power, love and social relationship? - What do you hold onto in difficult times? - What sustains you and makes you go on? <p>O: Organized Religion</p> <ul style="list-style-type: none"> - Do you belong to a religious or spiritual community? Does it help you? How? - What aspects does religion help you and what it does not? <p>P: Personal Spirituality and Practice</p> <ul style="list-style-type: none"> - Do you have any spiritual beliefs regardless of your organized religion? - What aspects of your spirituality or spiritual practice do you think help you the most? <p>E: Effects on Medical Treatment and Terminal Issues</p> <ul style="list-style-type: none"> - Has the disease affected any activities you have that help you spiritually speaking? - As a doctor, is there anything I can do to help you access the resources that usually sustain you? - Is there a practice or restriction I should know concerning your medical treatment? <p>ACP (American College of Physicians)</p> <p>Spiritual History</p> <ul style="list-style-type: none"> • Is faith (religion, spirituality) important to you concerning this disease? • Has faith been important to you in other situations in your life? • Do you talk to anyone about religious questions? • Would you like to talk to anyone about religious questions? <p>CSI: MEMO</p> <ul style="list-style-type: none"> • Are your religious/spiritual beliefs a source of stress or comfort to you? • Do you have a kind of belief that may influence your medical decisions? • Are you a member of a religious/spiritual community? Does it help you somehow? • Do you have any other spiritual needs you would like to share with anyone?
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<ul style="list-style-type: none"> • Personal Spirituality <ul style="list-style-type: none"> - Describe the practice or beliefs of your spiritual belief system that you personally agree with. - Describe the practice and beliefs you do not accept. - What does your religion/spirituality mean to you? - What is the importance of your religion or spirituality in your daily routine? • Integration in a spiritual community. <ul style="list-style-type: none"> - Do you belong to a religious/spiritual community? - What is your function there? - How important is this group to you? - Is it support? In what way? - Does this group support or would support you in case of health questions? • Meditation and Practice Rituals <ul style="list-style-type: none"> - Do you practice anything in particular as part of your religion/spirituality (ex: prayers or meditations)? - Are there any life style practice or activities that your religion encourages/prohibits? Do you accept that? - How important are these practice and restrictions to you? - Are there any other specific elements concerning doctor caring you refuse for religious/spiritual reasons? • Implications Concerning Doctor Treatment <ul style="list-style-type: none"> - What aspects of your religion/spirituality you would like me to have in mind when treating you? - Would you like to talk about religious/spiritual implications concerning your health care? - What kind of information or understanding would strengthen our doctor-patient relationship? - Are there any religion questions that would impair our relationship? • Planning Terminal Events <ul style="list-style-type: none"> - As we have planned to take care of your health for your whole life, how would faith affect your decisions? - Are there any aspects of the treatment you would like to ignore or quit because of your faith? 	
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Chart 1 Tools to obtain a spiritual history.

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Spiritual Anamnesis and Doctor-Patient Relationship: Review and Reconstruction of a Daily Routine Instrument

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