

## The Importance of Chaplaincy in the Cancer Center: An Integrative Healthcare Approach

The Dorothy E. Schneider Cancer Center provides state-of-the-art cancer treatment in a healing and compassionate environment that seeks to meet not only the medical needs of the patient, but also the emotional and spiritual needs of the patient and family. The hospital care team provides cancer treatment that exceeds national benchmarks using a variety of quality measures. The staff embraces a vision of mind/body/spirit integration that is crucial to healing and recovery. Patients work with the best doctors, nurses, radiologists, physical therapists, counselors, nutritionists and social workers specializing in cancer care and healing. The Cancer Center staff is skilled, compassionate and focused on patient care. Yet access to a chaplain is limited to a single intern working one day a week. Chaplaincy services must be expanded to fulfill the Center's mission of providing the highest quality of care.

The purpose of this paper is to briefly demonstrate the benefits of an integrative approach to medicine, an approach that takes into account the spiritual needs of patients. Based on the healing qualities of the relationship between chaplain and patient, I advocate for the chaplain's role in the provision of effective, integrative healthcare, specifically at the Schneider Cancer Center, and argue for the increased and regular availability of chaplain services at the Cancer Center.

### **PHILOSOPHY AND FOUNDATIONS**

Human spirituality affirms that we are more than our physical bodies. It explores our existential needs and concerns: transcendence, wonder, awe, joy, purpose, meaning and the sacred. As Nietzsche said, "He who has a why to live for can bear almost anyhow." For many patients, the "why" is found in the spiritual aspects of life. Human beings naturally seek answers to the ultimate issue questions: Why am I here? Why do I suffer? What is my purpose and meaning in life? Chaplains are best equipped to help patients find their own answers to these questions and positively effect the quality of care patients experience.

Patients with serious illnesses struggle with spiritual concerns, which can harm emotional and physical well-being. Studies show that patients who have negative thoughts are more likely to develop worse health outcomes than patients who have positive thoughts. There is convincing evidence that many patients with major illnesses, such as cancer, have better outcomes when hospital care is combined with spiritual care. And a study of cancer patients documented that the association of patient spiritual wellbeing to quality-of-life is similar to the association of physical wellbeing to quality-of-life. In addition, studies show that those who seek some type of spiritual support are significantly more likely to live longer and are less depressed compared to those without spiritual support. Simply put, chaplains help many patients feel better faster and for longer. (All studies cited in *Fundamentals of Complementary and Alternative Medicine*, Fifth Edition, Marc S. Micozzi, 2015, and [www.preciousheart.net/chaplaincy/Chaplaincy\\_Healthcare.htm](http://www.preciousheart.net/chaplaincy/Chaplaincy_Healthcare.htm). For a more extensive review of academic research on the role of chaplaincy in healing, see Appendix A.)

Yet despite the abundance of research to the contrary, too often, medical care in the United States appears to be modeled on skilled car repair. The human body is seen as a machine that needs diagnosis and treatment by a good medical mechanic. This approach leads to tunnel vision, in which the patient as a complex, whole entity disappears and attention is paid only to the "broken part." In a recent essay about his own diagnosis of prostate cancer, New York Times editor Dana Jennings wrote, "Doctors tend to default to mere competent professionalism, forgetting to talk directly to the scared flesh-and-blood man bearing the disease." ([www.ncbi.nlm.nih.gov/pmc/articles/PMC2733137/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2733137/)) Such criticism of medicine in the United States is not new. It is increasingly clear that the healthcare position that, "considers human

beings merely collections of organ systems and deposits of disease entities"[[ibid](#)] is not meeting the needs of patients or healthcare professionals.

## **CHAPLAINCY AND PATIENT CARE**

There are other approaches. Psychoneuroimmunology is the study of the ways in which the immune and other physical systems are conditioned and influenced by the mind and its psychological processes. The mind has significant impact on the body's health. We are obliged to pay attention to the mental, spiritual and emotional states of patients because this directly contributes to the prevention of, recovery from, and management of disease. We must treat the whole person, taking into account not only biological but also behavioral, psychological, and spiritual factors. An openness to complementary therapies, along with an understanding of belief systems that emphasize the mind/body connection and a holistic approach to patient care, conserve the time and resources of physicians, reduce patient risk and increase positive patient outcomes. Understanding this, many medical schools now offer courses in the mind/body connection, as well as religion/spirituality and health.

Chaplains have a unique appreciation of the spirit/mind/body connection and the ability to harness the efficacy of an integrative approach on behalf of patients. "Research has shown that the quality of the patient-provider interaction can have either a therapeutic or toxic effect on the patient. A caring interaction mobilizes the comforting and self-healing potential within the patient." (Micozzi, p107) The patient/chaplain connection is rooted in this caring interaction.

One focus of the connection between spirituality and health is both ancient and modern, the healing use of prayer. It is described in the Bible, as when Moses prays that his sister, Miriam, will be healed from a skin disease, "And Moses cried to the Lord, 'Oh God, please heal her—please.'" (Numbers 12:13) Prayer is shared by cultures throughout the world and used in many traditions, including: Christianity, Judaism, Daoism, Hinduism, Buddhism and Islam. Prayer, initiated by mental action and intention, can focus the prayer-giver, employing the power of a patient's mind. The Hebrew word meaning "to pray," *l'hitpallel*, is a reflexive verb that also means self-evaluation. Many chaplains believe that human bodies are wired to be healed and nourished by the power of prayer and medical research supports this position, demonstrating the power of prayer in healing. In addition, studies show that 98% of patients ascribe to a belief in God or in a higher power and use prayer in the healing process. (Micozzi, p132) Patients and families want their belief systems and prayerful approaches to life and health supported. To do this, the hospital and medical team must consider the patient's spiritual needs in the course of treatment. This is especially true in the case of serious, chronic or terminal illness.

## **IMPACT OF A CHAPLAIN IN THE CANCER CENTER**

Receiving a cancer diagnosis or caring for a loved one who is ill is the start of a difficult journey. It is natural to question life's plan or sense of justice when illness strikes and brings with it questions that are difficult to answer or have no answers at all. When answers seem out of reach, the greatest source of comfort may come from a chaplain's friendly, trained presence and a warm smile. When a patient would like someone to talk to, or someone to be there with them, they can contact the chaplain. While doctors and nurses work hard to provide physical healing and comfort, it is just as important to attend to the patient's emotions and spirit.

For many patients, spirituality, integrative medicine and the chaplain who provides spiritual care are essential to positive healthcare outcomes—especially in a cancer center. According to the National

Center for Health Statistics and the Centers for Disease Control and Prevention, approximately 80% of patients with a cancer diagnosis also use one or more complementary/alternative therapies. (Micozzi, pgs141-142) Another study showed 80% of women with breast cancer reported that religion was very helpful in their coping with cancer. (Johnson and Spilka, 1991) Regular worship attendance has been found to protect against all-cause mortality in general, as well as cancer mortality specifically. (Micozzi, p145) As a review of academic research shows, positive spiritual guidance and discussion can influence patients' treatment decisions and help improve medical outcomes. Hundreds of studies have shown body/spirit link and research of the last 20 years has made an indelible mark on the way health care professionals think about the role of spirituality and religion in physical, mental, and social health. This research has often focused on cancer, perhaps because it is frequently a condition that profoundly impacts the patient over some period of time and there is considerable fear associated with the disease.

A chaplain in the Cancer Center will provide spiritual comfort, care and guidance for patients, families and staff of any background, that is tailored to individual beliefs and needs. Offering a generous listening presence, emotional support and companionship, prayers, blessings and rituals for healing, a chaplain will ease many of the difficult aspects of hospitalization: coping with illness and pain, preparing for end of life, recovering from surgery, receiving a difficult prognosis, grief support for family, and support during ethical dilemmas. A chaplain will also support and participate in the joy that emerges in the hospital: healing, nurturing hope, marking life cycle events, holiday observances, and other joyous occasions.

Helping to create sacred space and sacred time, the chaplain, will strive to be fully present in the moment with the patient, forming a non-judgmental, emotional bond. The chaplain/patient relationship is inherently asymmetrical; the chaplain's task is to use that asymmetry for the patient's benefit. The time dimension of the relationship is characterized by continuity, the accumulation of caring actions, and a commitment not to abandon the patient. This leads to relational outcomes of trust, hope, and the patient's sense of being known. These are simple words—trust, hope, being known—yet they describe complex human relationships and realities. Trust consists of a willingness to be vulnerable, a feeling of being well cared for, and a belief that promises will be kept. Hope is the understanding that some positive future beyond present suffering is possible. Being known is the accumulated sense that the clinician knows the patient as a whole person. All of these are an essential part of the chaplain/patient relationship, essential to an integrative approach to healthcare and fundamental to the healing mission of the Cancer Center.

The specific approaches taken and tasks performed may vary, but a Cancer Center chaplain may assist with family reconciliation, share thoughts and emotions, offer solace through sacred readings—each according to the patient's own schedule and beliefs. A chaplain will provide spiritual resources to aid patients with anxiety, depression and despair by helping patients focus on meaning, purpose, and value. The chaplain will contact community clergy, assist with information about funeral/memorial services, perform sacred rituals, assist with the fear of death, bad prognosis, and help family or friends having difficulty accepting a patient's illness. Listening to problems, helping with uncertainty, loneliness, abandonment, and family conflict, the chaplain will provide a gentle touch, healing prayers or words, and an emotional check-in. In addition to serving patients, the chaplain will support and comfort hospital staff, enhancing morale and decreasing burnout. Giving hope, kindness, encouragement, meaning and purpose, a chaplain will be a profoundly positive presence in the healing arena of the Cancer Center.

To prepare for the range of skills needed and tasks performed, the Cancer Center chaplain will meet significant educational requirements: a master degree in theology and/or religious ordination. In addition, the chaplain will complete a rigorous Clinical Pastoral Education (CPE) residency program, including academic work, on-site hospital training and an internship. Chaplain interns spend eight to ten hours a day, five days a week, with one overnight a week, at a hospital with a CPE board certified supervisor. After completing 2000 hours of chaplaincy work, the intern presents his or her work to a

professional board for certification. Certification confirms that the chaplain is equipped to contribute to the complex hospital environment, advocating for and attending to the spiritual health of patients.

Currently, a single chaplain intern is available just one day a week and cannot provide the outreach or quantity of spiritual care needed within the Cancer Center. While posters and brochures in the waiting room of the outpatient Cancer Center currently invite patients and family caregivers to contact the chaplain, few take the initiative to do so. A more significant time-presence at the Center that will permit a chaplain to initiate direct contact in order to address the on-going spiritual needs at the Center. Only after being approached directly and meeting the chaplain in person do patients, caregivers and hospital staff understand the services and support that the chaplain can offer. Once a meeting takes place, the importance and positive impact of making the chaplain part of the hospital care team is well understood. Patients and caregivers report being highly satisfied and grateful for the chaplaincy care they receive.

An expanded chaplaincy presence will ensure that efforts can be made to meet all within the Cancer Center constituency who might benefit. In addition to patients and family being directly approached by the on-site Cancer Center chaplain, social workers, radiologists, nutritionists, nurses and/or doctors at the Center can ask if patients might be interested in a meeting with the chaplain. Two questions regarding patients' spiritual needs will be added to the social worker's assessment sheet: Do you have any existential or spiritual concerns? Could you benefit by having someone listen to your concerns? Increasing the hours of the Cancer Center chaplain is an important step to meeting the spiritual and emotional care needs of those who might be served.

Chaplains are great advocates for patients *and* hospitals. Whether or not they initially sought out a chaplain's visit, hospital patients who have a spiritual discussion with a chaplain report being more satisfied with their overall care. Every member of the team of the Dorothy E. Schneider Cancer Center seeks to improve patient experience and outcomes, yet there are acknowledged gaps in the area of chaplain services currently available. The opportunity to provide patients and caregivers with support from the beginning stages of diagnosis through the end of treatment would definitely improve the overall quality of care in the Cancer Center.

## APPENDIX A

Academic research supporting chaplaincy's role in healing include the following:

- UCSF's School of Medicine, found a lower death rate among patients who received prayer, less use of intubation and ventilator support, and fewer potent drugs prescribed. These patients experienced lower incidence of pulmonary edema, and required cardiopulmonary resuscitation less often. (Byrd, 1988)
- A study showed that persons receiving prayer had significant overall improvement at the 1-year follow up. (Matthews et al, 2000)
- A study concluded that people who reported frequent religious involvements were significantly more likely to live longer compared to those who were involved infrequently (McCullough, Hoyt, Larson, Koenig & Thoresen, 2000).
- A study documented severely ill, older medical patients who sought a connection with a benevolent God as well as support from clergy and faith group members were less depressed and rated their quality of life as higher even after taking into account the severity of their illness (Koenig, Pargament, & Nielsen, 1998).
- Among patients with significant symptoms such as fatigue and pain, those with higher levels of spiritual well being had a significantly higher quality of life (Brady, Peterman, Fitchett, Mo, & Cella, 1999).
- A study of older adults showed that religion was the most important resource that helped them cope with illness (Koenig, Moberg, & Kvale, 1988).
- It was reported that patients felt religion was the most important factor that helped them cope with illness or hospitalization (Koenig, Hover, Bearon, & Travis, 1991).
- A study of women with breast cancer reported that religion was important to them and that it helped them cope (Johnson & Spilka, 1991).
- Another group of women with gynecological cancer reported that religion enhanced their sense of hopefulness (Roberts, Brown, Elkins, & Larson, 1997).
- A study of breast cancer outpatients reported that praying as a way to cope with their diagnosis helped (VandeCreek, Rogers, & Lester, 1999).
- Studies have shown that spiritual wellbeing helps a person deal with illness-related anxiety (Kaczorowski, 1989), hopelessness (Mickley, Soeken, & Belcher, 1992 and Fehring, Miller, & Shaw, 1997), and isolation (Feher & Maly, 1999).
- And that patients expect chaplains to help them with these distressing feelings (Hover, Travis, Koenig, & Bearon, 1992).
- Studies have also shown that the chaplain plays an important positive role helping the family of patients deal with stress. (Carey, 1973; Carey, 1985; Koenig, Hover, Bearon, & Travis, 1991; Vandecreek, Thomas, Jessen, Gibbons & Strasser, 1991).
- When chaplains help a patient's family, the patient is more likely to choose that institution again for future hospitalization (Gibbons Thomas, VandeCreek, & Jessen, 1991).
- Studies also showed the spirituality and religiosity are clearly associated with longer survival, healthier behaviors, less distress and have an effect on coping (Pargament et al, 1998; Tux & Frazuerm 1997), anxiety (Koenig et al, 1993), success in aging (Crowther et al, 2002), end of life issues (Daaleman @ VandeCreek, 2000), and cortisol levels in patients with HIV infection and AIDS (Ironson et al, 2002).

All studies cited in: *Fundamentals of Complementary and Alternative Medicine*, Fifth Edition, Marc S. Micozzi, 2015F and [www.preciousheart.net/chaplaincy/Chaplaincy\\_Healthcare.htm](http://www.preciousheart.net/chaplaincy/Chaplaincy_Healthcare.htm).

