

THE ROLE OF FAITH IN SUPPORTING TERMINALLY ILL PATIENTS IN EMERGENCY DEPARTMENT

ULOGA VJERE U PODRŠCI TERMINALNIM BOLESNICIMA U HITNOJ MEDICINSKOJ SLUŽBI

*Aristomenis K. Exadaktylos¹, Alexander Kriebitz², Stefanos Athanasiou³

Abstract

This article explores the role of faith in supporting terminally ill patients and emergency department (ED) staff, emphasizing the benefits of spiritual care in enhancing patient well-being and staff resilience. Practical recommendations are outlined.

Key words: faith, terminally ill; emergency department

Sažetak

Ovaj članak istražuje ulogu vjere u podršci terminalno bolesnim pacijentima i osoblju u odjelima hitne medicine (od engl. Emergency Department, ED), naglašavajući prednosti duhovne skrbi u poboljšanju dobrobiti pacijenata i otpornosti osoblja. Navedene su praktične preporuke.

Glavne riječi: vjera, terminalni bolesnik, odjel hitne medicine

Introduction

The role of faith in supporting terminally ill patients and healthcare staff in emergency departments (EDs), as well as in palliative and hospice care settings, is increasingly recognized as essential to comprehensive, compassionate healthcare. EDs, often the front lines for those in their final stages of life, present unique challenges and opportunities to incorporate spiritual care, an aspect that has long been under-emphasized in modern emergency medicine. In this short article, we discuss the multifaceted ways faith can serve as a critical component for patients' and staff's resilience and well-being, while advocating for structural changes in ED settings to facilitate a more holistic approach to patient care.

Faith as a Source of Comfort and Meaning for Terminally Ill Patients

For terminally ill patients, spirituality and faith often serve as vital sources of strength, comfort, and existential meaning, particularly in high-stress environments like the ED. Studies such as Puchalski (1) suggest that spiritual beliefs can profoundly impact how patients cope with their illness, perceive their suffering, and face their mortality. In the clinical setting, acknowledgment of a patient's spiritual beliefs can contribute to preserving their dignity and enhancing their sense of personhood amidst the intense clinical interventions often seen in the ED.

1 Chair and Director, Department of Emergency Medicine, University Hospital Bern, Inselspital, 3010 Bern, Switzerland

2 Research assistant at the Chair of Business ethics and Research assistant at the Chair of Systematic Theology, Technical University of Munich, School of Social Sciences and Technology, Arcisstrasse 21, 80333 Munich, Ludwig-Maximilians-University of Munich, Ludwigstrasse 29

3 Chair of Systematic Theology (Dogmatics, Ethics and Ecumenical Theology) Ludwig-Maximilians-University of Munich, Ludwigstrasse 29, 80539 Munich

* Corresponding author:

Prof. Dr. Aristomenis K Exadaktylos, MD SDc FRCM
Chair and Director, Department of Emergency Medicine, University Hospital Bern, Inselspital, 3010 Bern, Switzerland
E-mail: aristomenis.exadaktylos@insel.ch

Alexander Kriebitz
ID 0000-0003-1493-7382

Aristomenis K Exadaktylos
ID 0000-0002-2705-5170



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The Importance of Spiritual Care in Improving Quality of Life and Car

Research underscores the positive association between spiritual care and quality of life for terminally ill patients. In a study by Balboni et al. (2), spiritual care was linked to improved quality of life near death, illustrating that patients who receive spiritual support often experience greater peace, acceptance, and readiness. However, the study also identified a concerning gap: spiritual care remains inconsistently provided in many medical settings, including EDs, where the focus is traditionally on acute and immediate medical interventions rather than on holistic patient needs.

Faith and spirituality provide comfort and meaning for terminally ill patients in emergency departments, helping them preserve dignity and accept their mortality.

Faith as a Support Mechanism for ED Staff

The demanding environment of emergency medicine exposes healthcare providers to high levels of stress, frequent encounters with trauma, and complex emotional challenges (3). Faith can play a critical role in enhancing resilience among ED staff, providing them with a buffer against burnout and compassion fatigue (4). For instance, Rushton et al. (5) found a strong correlation between spiritual well-being and resilience in high-intensity healthcare settings, suggesting that personal faith or spirituality could be a key resource for staff coping mechanisms.

Barriers to Integrating Spiritual Support in EDs

Despite its benefits, several systemic and practical barriers hinder the integration of faith-based support in EDs:

1. **Time Constraints:** The fast-paced, urgent nature of emergency care often limits time available for addressing patients' spiritual needs.
2. **Lack of Training:** Many healthcare providers feel inadequately prepared to engage in spiritual conversations with patients.
3. **Concerns About Professional Boundaries:** Healthcare professionals may worry about overstepping boundaries.
4. **Limited Resources:** EDs frequently lack access to chaplains or spiritual care providers.

Expanding the Role of Faith-Based Interventions in Diverse ED Settings

Given the diversity of patients who frequent EDs, understanding the varied roles that faith and spirituality

play across different cultural and religious backgrounds is essential. This diversity adds a layer of complexity to spiritual care, as each patient's experience of faith can significantly differ. For example, studies show that patients from religious minority groups may rely more heavily on their faith when confronted with serious illnesses, partly due to a lack of representation in healthcare or limited access to culturally aligned resources. Consequently, EDs that actively incorporate a broader cultural and spiritual sensitivity in their approach are likely to enhance trust, patient satisfaction, and the perceived quality of care (6).

Moreover, in some cases, spiritual beliefs may influence patients' decisions about medical treatments, including end-of-life care preferences (12). Healthcare providers who understand and respect these beliefs, even when they differ from conventional medical perspectives, may find it easier to establish rapport and deliver care aligned with patients' values. A study by Curlin et al. (7) illustrated that clinicians who identify as spiritual themselves were more willing to engage in these sensitive discussions, suggesting that shared values or respect for spirituality can play a positive role in clinician-patient relationships (8,9).

Integrating spiritual care in EDs improves the quality of life for terminally ill patients, yet remains underutilized, highlighting a need for structural changes to prioritize holistic care.

Innovative Approaches: Integrating Technology in Spiritual Care

Technology offers new avenues for enhancing spiritual care in EDs, particularly through virtual support. For instance, some hospitals have experimented with "telechaplancy," where spiritual care providers or chaplains provide virtual support via video calls, reducing the physical presence needed and enabling remote support in time-sensitive scenarios. Telechaplancy services can be especially valuable in rural or understaffed EDs, where chaplain access is limited. Furthermore, digital platforms can facilitate the use of audio meditations or prayer sessions for patients who find comfort in such practices, thus broadening accessibility for patients of various faiths.

Future research might explore the role of artificial intelligence (AI) in spiritual care, particularly how machine learning algorithms could be used to provide real-time spiritual assessments or even suggest spiritual resources tailored to individual patient profiles. These technological advances could offer valuable adjuncts to in-person spiritual care, though ethical considerations must be addressed to ensure respect for privacy and cultural sensitivity.

Integrating faith-based support in emergency departments enhances holistic patient care and staff resilience, addressing critical emotional and spiritual needs during high-intensity situations.

The Psychological Benefits of Faith-Based Interventions on Patient Outcomes

Faith-based interventions can also positively affect psychological outcomes in patients facing terminal diagnoses. For example, when patients engage in guided spiritual practices such as prayer, meditation, or conversation with chaplains, studies show reductions in anxiety and improved emotional resilience. Puchalski (1) notes that spiritual practices may help patients confront existential fears about death, facilitating a sense of peace and purpose even during intense medical treatments. For ED staff, understanding these benefits provides an additional layer of motivation to respect and promote spiritual care.

Expanding Staff Training on Spiritual and Cultural Competence

While spiritual care has its complexities, there are practical steps for enhancing staff training in EDs to address this need. Integrating regular workshops on cultural competence, spiritual sensitivity, and communication strategies allows staff to gain confidence in navigating conversations about faith with patients. Furthermore, including spiritual care training in medical and nursing curriculums can help future healthcare providers develop a more nuanced approach to holistic care early in their careers. By normalizing these conversations, healthcare providers may also find themselves better equipped to handle emotionally intense situations, thereby reducing personal burnout. (10)

Institutional Policy and Structural Support for Faith-Based Care

Effective implementation of spiritual support requires institutional buy-in. This may involve revising hospital policies to accommodate spiritual care within emergency protocols, establishing partnerships with community faith organizations, or even appointing spiritual care coordinators within EDs. Some EDs may benefit from policy adjustments that allow for flexible practices, such as permitting family members or spiritual advisors to remain with patients during critical moments, where feasible, or allowing brief moments of prayer as part of end-of-life protocols (11).

Moving Towards Holistic and Inclusive Healthcare

Faith and spirituality remain deeply personal yet universally impactful aspects of human life. Integrating these aspects into emergency care signals a shift towards a more inclusive healthcare model, one that respects the full scope of patient needs. As medicine continues to advance technologically and ethically, acknowledging the role of faith can bridge gaps in care, fostering an environment of empathy, understanding, and mutual respect. Such a model not only serves terminally ill patients but strengthens the fabric of emergency care, promoting resilience among healthcare staff and contributing to a compassionate, person-centered approach (12).

Practical Recommendations to Enhance Spiritual Care in EDs

To address these challenges, several strategies can be implemented to improve the integration of faith-based support in EDs:

1. Implement Brief Spiritual Assessments
2. Increase Staff Training
3. Collaborate with Chaplains
4. Create Sacred Spaces
5. Develop Evidence-Based Protocols
6. Support Staff Spirituality

Future Research Directions

Further research is essential to develop and validate best practices for integrating spiritual care into emergency medicine.

Future studies could explore:

1. The impact of spiritual care on patient outcomes in emergency settings
2. Effective methods for rapid spiritual assessment in time-sensitive situations
3. The role of technology in providing spiritual support, including telechaplancy in EDs
4. Long-term effects of spiritual care interventions on staff resilience and job satisfaction

Conclusion

Faith serves as a vital resource for both patients and healthcare providers in EDs, offering a source of comfort, meaning, and resilience during some of life's most challenging moments. Acknowledging and integrating spirituality within emergency medicine not only improves the quality of end-of-life experiences but also supports the well-being of ED staff.

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