“There Is Going to Be a Miracle”—Decision-Making When Religious Beliefs and Medical Realities Conflict (SA501)

Christina Puchalski, MD FACP, George Washington University and the GW Institute for Spirituality & Health, Arlington, VA
George Handzo, MDiv, Healthcare Chaplaincy Network, Cos Cob, CT

Objectives

• Describe the essential aspects of compassionate presence in building therapeutic alliances with families with strong religious beliefs.

• Use practical communication strategies, including a spiritual history, to negotiate miracle discussions.

• Describe ways to access a professional chaplain for patient cases involving religious or spiritual beliefs around end-of-life care.

One of the most challenging encounters in medicine for clinicians and families are the ones between healthcare providers whose reality is rooted in science and medical data and patients and family members whose primary reality is rooted in religious beliefs. Researchers have documented that spiritual beliefs are viewed as a key means of coping. Belief in a higher power with the ability to perform miracles is a very sacred aspect of life and spirituality. More than 50% of participants in most published studies believe in miracles. Thus conversations about goals of care and prognosis can become adversarial and cause stress to the healthcare team and perhaps undue suffering for the patient. Resolutions often require ethics and legal consults.

Many healthcare professionals believe that resolving these types of cases requires special skills and, most importantly, time that they do not have. It is true that the expressed belief that a miracle will or might occur can arise from several causes, not all of them rooted in religion or spirituality. Thus it is important for providers to first determine what “miracle” means to this particular family through a proper assessment and relationship building. Through didactics, discussion, and use of case examples, this workshop will present practical and time-efficient processes for forming positive alliances with families who hold strong religious beliefs and coming to decisions about end-of-life care that respect both the medical realities and the family’s religious beliefs. Important elements of this process are respectful, attentive listening; a thorough spiritual history; and specific practical communication strategies for aligning with the patient and identifying common goals of care. Differentiating situations truly based on religious issues and situations in which the issues are actually emotional but framed in religious language will be discussed.