Q & A with Dr. Gowri Anandarajah on Spirituality and Medicine

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PAWTUCKET – In a conversation on the relationship between spirituality and medicine, Gowri Anandarajah, MD, spoke of her formative years in London as a Hindu educated in schools which incorporated Christian beliefs. This gave her an early perspective on Eastern/Western thought.

But it was a singular experience dealing with a critically ill patient as a medical student that ignited her intellectual quest on the role spirituality plays in healing. Subsequently, Dr. Anandarajah has written and lectured on the subject and developed several spiritual care curricula at Brown. She has become nationally known for her scholarly work on the topic.

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Dr. Gowri Anandarajah, professor of family medicine at Brown, in her office at the Center for Primary Care & Prevention at Memorial Hospital of Rhode Island.

Dr. Anandarajah is currently director of faculty development and the co-director of the faculty development for global health fellowship for the Brown Department of Family Medicine. She served as residency director from 2008–2011.

Most recently, her interest in the integration of spirituality and palliative care has led her to Home & Hospice Care of Rhode Island, where she is associate medical director.

Q. In your own experience, was there a singular incident in patient care that demonstrated to you a spiritual connection in medicine?

A. Yes. It was when I was a medical student in North Carolina. That's the Bible Belt and I'm a Hindu. I was in my 20s and I had a patient that I had seen both on the med and psych floors. I spent just a few minutes each day with the family explaining what was going on and giving them support. When she became critically ill, her daughter turned to me and said: 'You must know the Lord as your savior.' I was taken by surprise and blurted out: 'Well actually, I'm a Hindu.' She looked very puzzled. As I thought about it later, I realized that she was not asking if I was a Christian at all; rather, something I had done made her think in a spiritual context. Her comment was a genuine expression of thanks in the language of her religion. I realized that the essence of spiritual care in medicine is the compassion and understanding we provide to patients, and that it takes no extra time, just being present and genuine listening. When I joined the Brown faculty in 1992, I would never have predicted this would become a focus of my academic work.

Q. Who encouraged you to pursue this at Brown?

A. In 1995, my chairman in the Department of Family Medicine, Vince Hunt, was interested in a pilgrimage I had taken to India, where I also did some medical work. He encouraged me to talk to the faculty about my trip, and, after he asked three times I finally agreed. He gave me the courage and recognized this aspect of medicine as important. As family doctors we embrace the bio-psycho-social model of health care, whole-person care. I came to realize that while we talk to patients about their sex lives, finances, and everything else, we didn't have the language or skills to talk about spirituality, especially across the cultural or secular/religious divide. Although there was a fair amount of research being done on this subject, no one was addressing practical skills for physicians, so I ended up being one of the first people in the country to do this. Once I started teaching this subject at Brown, people came out of the woodwork to help – from different disciplines and different spiritual belief systems – it was great!

Q. How do you define human spirituality within the context of medicine?

A. I have found through my own experience that all human beings share what we call spirituality. Some label it within a religious context but many do not. In medicine it surfaces because we are dealing with addictions, severe illness, abortion, death and dying, lives in chaos, grief, or parents struggling with a chronically ill or disabled child.

In those particular moments in peoples' lives, spiritual issues often rise to the surface. This is where compassion in health care plays a huge role – compassion is forging that spiritual connection. You don't have to say anything about God or religion.

Part of my role as a doctor is to understand what patients are struggling with; to listen well and find someone who can help. Just as I might call in a social worker or a medical specialist, there are specialists available in spiritual care.

It could be someone in his or her community, a faith leader, or a CPE-trained interfaith clinical chaplain.

The HOPE concepts in brief

H: sources of hope, strength, comfort, meaning, peace, love and connection
(Suggested questions: We have been discussing your support systems. What gives you inner hope, strength, comfort and peace? What do you hold onto during difficult times? For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?)

O: organized religion's role for the patient
(Suggested question: Are you part of a religious or spiritual community? Does it help you? How?)

P: personal spirituality and practices
(Suggested question: What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

E: effects on medical care and end-of-life decisions
(Suggested question: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months?)

Q. Can you elaborate on this with the example of a patient?

A. Spirituality is complex, and occurs within three realms: cognitive or "head" (search for meaning, purpose and truth in life); the emotional or "heart" (feelings of hope, love, connection, inner peace, support), and the behavioral or "hands" (expression of an individual's spiritual beliefs and values, choices, behavior, rituals, etc).

Let's use the example of someone who has received a diagnosis of metastatic cancer. The patient's first reaction is an emotional reaction, but somewhere along the path the patient goes through in the disease process, the question arises: 'What is the meaning of all of this?' In the struggle, some people question their beliefs: 'Am I alone in this?' 'What will happen after I die?' Or, a patient might say: 'I wonder why this is happening to me?'

As physicians, we like to answer questions, fix things. We are doers. And so we might say, 'Well the cancer cells are doing this.' The expression on their face tells you that wasn't what they were asking. They ask existential questions, seek the big picture, and yet are wrapped in fear at the same time. The person may have deep spiritual questions which come to the surface in hints and clues a physician can pick up. Allowing the question to be asked and pondered – that in and of itself is incredibly healing. We don't have to have the answers. We just need to be willing to acknowledge the questions.

Q. How can doctors begin to address a patient's spirituality?

A. In 2001, I published an article on using 'HOPE questions' as a practical tool and primary step to help incorporate a patient's spirituality into their medical care.

Basically, it offers words and questions doctors, medical students and residents can use to identify a patient's spiritual needs pertaining to their medical care.

To my surprise, I have gotten requests for reprints from all over the world, from all medical specialties and most healthcare disciplines; it has been translated into multiple languages. The response told me there was a need for it. It is a practical clinical guide doctors can refer to. [*See sidebar: HOPE concepts.]*

Q. Do you have a saying that resonates with you as a physician?

A. In medicine, there is an anonymous 16th-century quote.

> *To cure sometimes*
> *To relieve often*
> *To comfort always*

It reminds me that as doctors, we spend most of our time focusing on cure or relieving the symptoms of chronic illness, physical or mental (which is extremely important). We also focus on paperwork and efficiency. However, if a patient leaves an encounter with us, not feeling just a little better for having seen us, then we have not done what we should be doing "always." That 'comfort' we provide as physicians moves us from being mere technicians of the body to the ideal of the scientist/healer who focuses on the well-being of the whole patient. That is the spiritual aspect of medicine. It requires us to understand what we each need as a human being to keep our own "spiritual cup" full (secular or religious), so we can continue to provide compassionate care to others, without burning out. It is hard, but important for us, as human beings, and for our profession.

For more information

References

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