

Healing, spirituality, and palliative care

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We are fortunate to present a comprehensive focused issue on “Healing and Spirituality” as the July 2017 issue of *Annals of Palliative Medicine*. The issue is guest edited by Ann Berger, MSN, MD, Chief of Pain and Palliative Care within the Clinical Research Center at the National Institutes of Health in Bethesda, MD. Dr. Berger, internationally recognized for her research and clinical care in palliative medicine, secured leading experts in palliative care, spirituality, and healing to provide several novel original research manuscripts and reviews on this important aspect of palliative care.

The association between spirituality and palliative care has been a focus of *Annals of Palliative Medicine* (1). In the medical literature, “spirituality” has been defined as “that which allows a person to experience transcendent meaning in life” and “whatever beliefs and values give a person a sense of meaning and purpose in life” (2). Spirituality is thus a “broader concept than religion” (3). In fact, over the last past two decades, increasing numbers of people are identifying themselves as spiritual but not religious (4). In *Annals of Palliative Medicine* (5) and in other journals (6-8), it has been reported that many patients faced with life-threatening illnesses have spiritual needs that are not adequately addressed by their health care providers.

A primary tenant of palliative care is to provide care upon an understanding of whole person. As such, palliative care interventions by an interdisciplinary team ideally focus both on the patient and their family and address physical symptoms, illness understanding, coping, and psychosocial and spiritual distress (9). Although healthcare providers charged with caring for chronic or terminally ill patients are often consulted to manage physical symptoms, attending to spiritual concerns of patients is a critical part of palliative medicine. In fact, spiritual, religious and existential aspects

of care are one of the primary domains of palliative care as established by the National Consensus Project for Quality Palliative Care to shape clinical practice in palliative care (10).

In the preface to the focused issue, Dr. Berger describes that the word “healing” in the context of palliative care can signify a person becoming stronger mentally than they were before the onset of their illness (11). In cases of healing, patients can have an increased sense of connection to self, gain a sense of meaning in the context of suffering, or gain the ability to find peace during a time of medial adversity (12).

Li and colleagues then investigate life perceptions of patients receiving palliative care and experiencing psycho-social-spiritual healing. Using a needs assessment questionnaire and open-ended questions across three study sites, the qualitative finds by the investigators may help inform practitioners how to provide psycho-social-spiritual healing for their palliative care patients (13). Sloan *et al.* then assessed the influence of relationships on the meaning making process. Through in-person interviews, the investigators suggest that the development of meaning is gained through relationships, connecting with family and friends, and finding compassion for others (14). Skeath and Berger next report on findings of cancer survivors who evaluated the Psychosocial Impact of Illness questionnaire. The investigators found that “living in the moment” was the theme respondents ranked as most closely related to their life-transforming personal change. The authors suggest that the notion “living in the moment” can be an effective and practical coping strategy for chronically ill or terminal patients to adapt to their challenges of a life-threatening illness (15).

This issue of *Annals of Palliative Medicine* next features a

series of important review articles pertaining to healing and spirituality. First, Steinhorn and colleagues review healing, spirituality, and integrative medicine, and they describe how integrative medicine can enhance the wellness and sense of wellbeing and reduce symptoms for palliative patients (16). Then, Lichtenstein and colleagues provide clarify and context to the focused issue by explaining definitions of healing, and they discuss healing interventions across different cultures (17).

The next set of review articles shift their focus more from healing to spirituality. Coats discusses in great detail the psychological-social-spiritual experiences of elderly African American patients (18). Weaver and Wratchford then discuss spirituality in adolescent patients, conceptualize spiritual development of teenagers, and make recommendations of how to integrate adolescent spiritual health as part of a comprehensive care plan for these patients (19). Mistretta further reviews spirituality in young adults specifically with end-stage cancer (20). Alt next provides an interesting assessment of the role that “scared space” has on healing and how spirituality is a necessity for a healthy human society (21).

Next, Rousseau authors a provocative viewpoint article that highlights the importance of physician-patient communication and honesty and suggests that healing requires truthfulness and a willingness of both the patient and the provider to experience suffering (22). The issue of *Annals of Palliative Medicine* is concluded with an editorial by Sajja and Puchalski (23). They discuss that although we live in a time of unparalleled advances in medicine, we have lost sight of what it truly means to “heal” patients, and that health care has become increasingly depersonalized. They call for physicians to attempt to understand how illness affects patients as spiritual individuals and to “preserve medicine’s highest ideals” by practicing medicine and healing with “humanness.”

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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