Message From the Editor-in-Chief

Spirituality in palliative care

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The last issue of *Annals of Palliative Medicine* in 2022, the December issue, featured 16 Original Articles, 7 Editorials, 1 Study Protocol, 1 Editorial Commentary, and several Case Reports. It also featured a News article on the top reviewers for *Annals of Palliative Medicine* and a Meeting Report from the Ninth Annual Meeting of the Society for Palliative Radiation Oncology (SPRO), for which *Annals of Palliative Medicine* is the official journal (1). One of the Original Articles pertaining to spiritual wellbeing will be highlighted here.

Spirituality—defined in the medical literature as that which allows a person to experience transcendent meaning in life and as whatever beliefs and values give a person a sense of meaning and purpose in life (2)—remains a critical consideration in palliative medicine. Spiritual, religious and existential aspects of care collectively are a primary domain of palliative care, as recommended by the National Consensus Project for Quality Palliative Care intended to shape clinical practice in palliative care (3). Palliative care interventions, therefore, should ideally address physical symptoms, illness understanding, coping, and psychosocial and spiritual distress (4).

The association between spirituality and palliative care was an original focus of this journal (5), and it has been the focus on numerous manuscripts and even a comprehensive focused issue in *Annals of Palliative Medicine* (6). Spiritual wellbeing is associated with quality of life across a range of health conditions and can impact an individual's interpersonal, religious, and spiritual relationships (7). Furthermore, spirituality can enhance coping in the face of critical illness (8). As such, assessing and supporting spirituality is increasingly being recognized across medical disciplines as a critical component of palliative care (9).

The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp) is one such tool that is commonly used to measure spirituality, either alone or as part of the larger Functional Assessment of Cancer Therapy-General (FACT-G) scale (10). The FACIT-Sp—a 12-item questionnaire scored on a 5-point Likert scale—is a reliable tool that can be employed across a variety of religions, cultures, and patient populations with differing medical conditions. The FACIT-Sp is further generalizable by providing a measure of spirituality without referring to the existence of God or a particular religious belief system (11).

Although the FACIT-Sp has become such a widely used measure of spiritual wellbeing, there has not been consensus on the best factor structure for this measure. Since its inception, analysis of the FACIT-Sp supported two factors, namely Meaning/Peace (8 items in the questionnaire assessing meaning, peace, and purpose in life) and Faith (4 items in the questionnaire assessing the effectiveness of spiritual beliefs in the context of serious illness). However, some investigators have more recently suggested that a 3-factor structure can allow for a more in-depth understanding of the impact of spiritual wellbeing in patients (12).

With current practice varied using a 2-factor (Meaning/Peace, Faith) or a 3-factor (Meaning, Peace, Faith) structure, in the December 2022 issue of *Annals of Palliative Medicine*, Ahmad and colleagues performed a factor analysis pertaining to spiritual wellbeing, examining the factorial structure of the FACIT-Sp. These National Institutes of Health investigators assessed 200 patients with severe and/or life limiting illnesses across a spectrum of diseases, including cancer, severe and/or rare genetic and non-genetic conditions, and blood dyscrasias.

After critically assessing no factor, 2-factor, 3-factor, and 4-factor requirements, the investigators found that a 3-factor

model consisting of Meaning, Peace, and Faith accounted for the most variability and internal consistency, outperforming a 2-factor solution, whereas the 4-factor solution was determined not to be a valid model. The 3-factor solution allows for the delineation of Meaning and Peace as distinct dimensions in spirituality, which can influence potential clinical interventions that are aimed at increasing meaning in life or finding a sense of peace for patients afflicted with severe and/or life-limiting illnesses (13).

The findings by Ahmad *et al.* are critical to enhancing the care of patients with advanced and terminal conditions. It has been demonstrated that being diagnoses with terminal conditions, such as cancer, is associated with an increased desire for religious and spiritual consolation (14). Using the FACIT-Sp, therefore, can help to identify which dimension(s) of spiritual and/or religious consolation patients employ when suffering from distress due to medical illness. As such, by allowing for better understanding of the results from the FACT-Sp, the findings of this important analysis by Ahmad and colleagues can allow for a more effective assessment of spirituality and better inform interventions aimed at improving quality of life and spiritual wellbeing in palliative care settings.

While additional research should examine this scale and these findings in a more generalizable patient population across additional medical conditions and also among family members and/or caregivers of patients with advanced diseases, the findings by Ahmad and colleagues are a major step forward in this important and growing field of spiritual assessment in palliative medicine.

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Footnote

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References

1. Wei R, Simone CB 2nd, Lutz S. Society for palliative radiation oncology: founding, vision, and report from the Second Annual Meeting. Ann Palliat Med 2016;5:74-5.
2. Puchalski C, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J Palliat Med 2000;3:129-37.
3. National Coalition for Hospice and Palliative Care: Home of the National Consensus Project. Available online: http://www.nationalcoalitionhpc.org/. Accessed January 8, 2023.
4. Simone CB 2nd, Jones JA. Palliative care for patients with locally advanced and metastatic non-small cell lung cancer. Ann Palliat Med 2013;2:178-88.
5. Simone CB 2nd. Current focus and future advances for Annals of Palliative Medicine. Ann Palliat Med 2014;3:37-8.
6. Simone CB 2nd. Healing, spirituality, and palliative care. Ann Palliat Med 2017;6:200-2.
7. Hall S, Beatty S. Assessing spiritual well-being in residents of nursing homes for older people using the FACIT-Sp-12: a cognitive interviewing study. Qual Life Res 2014;23:1701-11.
8. Gijsberts MJ, Echteld MA, van der Steen JT, et al. Spirituality at the end of life: conceptualization of measurable aspects-a systematic review. J Palliat Med 2011;14:852-63.
9. Cobb M, Dowrick C, Lloyd-Williams M. What can we learn about the spiritual needs of palliative care patients from the research literature? J Pain Symptom Manage 2012;43:1105-19.

10. Monod S, Brennan M, Rochat E, et al. Instruments measuring spirituality in clinical research: a systematic review. J Gen Intern Med 2011;26:1345-57.
11. Peterman AH, Fitchett G, Brady MJ, et al. Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy--Spiritual Well-being Scale (FACIT-Sp). Ann Behav Med 2002;24:49-58.
12. Murphy PE, Canada AL, Fitchett G, et al. An examination of the 3-factor model and structural invariance across racial/ethnic groups for the FACIT-Sp: a report from the American Cancer Society's Study of Cancer Survivors-II (SCS-II). Psychooncology 2010;19:264-72.
13. George LS, Park CL. The Multidimensional Existential Meaning Scale: A tripartite approach to measuring meaning in life. J Posit Psychol 2016;12:613-27.
14. Ferraro KF, Kelley-Moore JA. Religious consolation among men and women: do health problems spur seeking? J Sci Study Relig 2000;39:220-34.

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