**Peer Review File**

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**Reviewer A**

**Comment 1:** Abstract:

Please revise the abstract. The sentences do not build on each other and it is difficult to follow. For example, is the experience of hope part of the response of embodiment? Is this paper about medical decision-making and spirituality? Or is the end result help in decision-making?

**Reply 1:** We have revised the abstract significantly to make clearer our research aims/goals. We have also changed the abstract to match the format for a narrative review. Revised Abstract is from lines 16-22. Revised abstract below

**Comment 2:** Page 2:

Line 56: What does short months mean? A few months?

Very interesting case study.

**Reply 2:** Changed 'short months' to 'a few months'.

**Comment 3:** Page 3:

Line 92: please revise this, it is confusing "in the five years and 10 percentage…" It would be better to break it into 2 sentences (as it is overly long).

**Reply 3:** Changed as follows: "A 2021 Pew Research Center survey shows that 3 in 10 American adults are unaffiliated with an organized religion. Furthermore, the religiously unaffiliated share of the public increased by 6 percentage points during the five years prior to the survey, and 10 percentage points during the decade preceding the survey." Lines 90-93.

**Comment 4:** Lines 93-95: Please revise this—as with this information, I did not automatically assume this, it is an opinion, so would be beneficial just to remove.

**Reply 4:** Removed sentence, as recommended. Added conjunction/transition, "Yet", to beginning of following sentence.

**Comment 5:** Line 97: "all Gallup polling"---for this survey or for all surveys conducted by Gallup?

**Reply 5:** Changed wording to match wording from article being referenced, "according to an average of all 2021 Gallup polling", for clarity; referring to all surveys conducted by Gallup. Lines 96-97

**Comment 6:** Line 99: Why is the spiritual peace component from an earlier survey important? How does it tie into this paragraph?

**Reply 6:** Removed sentence and reference.

**Comment 7:** Line 108: prior to this great discussion of spirituality. Make sure to define religiosity.

**Reply 7:** defined religiosity in parentheses as "the degree to which one follows a religion".

**Comment 8:** Line 115-116: This sentence feels thrown in here. I would place it at the end and add a transition, "Moreover".

**Reply 8:** Followed recommendation, placed sentence at end of paragraph and added transition, "Moreover". Line 122.

**Comment 9:** Page 4, Lines 156-159: Revise Sentence: A meta-analysis identified the importance of…".

**Reply 9:** Revised to as follows: A meta-analysis identified the importance of spirituality and religion on the physical, mental, and social well-being of patients with cancer. Lines 156.

**Comment 10:** Page 5, Line 183: Change "doing" to completing.

**Reply 10:** Changed as recommended, not line 189.

**Comment 11:** Line 185: What does "their mode of being with" mean? Please revise.

**Reply 11:** Revised to "their regard for patients", line 191. For clarification, different 'modes of being with' can be found through the following links, drawing on the work of Sigridur Halldorsdottir.

https://www.anselm.edu/sites/default/files/Documents/Academics/Department/Nursing%20Cont%20Education/Handouts/5Halldorsdotir_The%20Caring.pdf

https://connect.springerpub.com/content/book/978-0-8261-7112-2/part/part03/chapter/ch12

**Comment 12:** Define PC-7.

**Reply 12:** Defined PC-7 as follows, in line with definition provided in article referenced: "which provides a quantifiable assessment of spiritual concerns for patients receiving palliative care near end of life". Line 206.

**Comment 13:** “Hopes Pull” whose hopes?

**Reply 13:** Changed to “The hopes of patients can pull them…”. Formerly Line 217, now Line 225.

**Comment 14:** Page 6, Line 243: Need Transition: In addition, many patients…

**Reply 14:** Changed as recommended.

**Comment 15:** Line 247: Lead with Patients with cancer report physical intimacy…

**Reply 15:** Changed as recommended.

**Comment 16:** Lines 258-265: Please revise this paragraph to make sure that each sentence flows from the other. It may actually be helpful to identify first what are relational aspects of spiritual needs.

**Reply 16:** Edited paragraph significantly to improve flow, also removed last sentence which, upon reflection, impeded the flow of the paragraph. Edited paragraph (lines 258-271) as follows:

“The relationality present in the spiritual needs of patients carry significant weight and importance throughout an individual’s illness. For instance, patients with advance cancer desire recognition as a whole person until the end of their life (12). Spiritual needs for patients with cancer and their caregivers identified in another study included relating to an Ultimate Other, giving and receiving love from other persons, and creating meaning and purpose. A different study emphasized the relationality of spiritual needs with four themes of connection, seeking peace, meaning and purpose, and transcendence including the importance of relationship with the Divine (51). Two of the most strongly and frequently stated spiritual needs of patients with cancer in another analysis were to “plunge into the beauty of nature” and “to turn to someone in a loving attitude”. This study also showed a high endorsement of needs which reflect the act of giving, which the authors of the study linked to the needs to give and receive love, feel connected to the social environment, and to perceive oneself as a valuable person despite the disease (10).”

Concerning identifying the relational aspects of spiritual needs: we added the line “These relational disruptions are spiritual needs.” to line 257 to help make the following clearer. The prior 3 paragraphs identify the relational aspects of spirituality by pointing out how spirituality is expressed through relationships of all kinds, with oneself, other people, community, nature, and the divine or transcendent. The prior three paragraphs (lines 228-257; see also lines 214-218) show how a disruption or rupture in these relationships are spiritual needs.

**Comment 17:** Page 7: Lines 266-274: Same Comments as lines 258-265.

**Reply 17:** Reply above for Comment 16 also includes our response to Comment 17, as the edited paragraph presented above for Comment 16 addressed the concerns listed in Comment 17.

**Comment 18:** Line 276: who is "the other?"

**Reply 18:** Changed "the other" to "the patient".

**Comment 19:** Lines 279-284: This is very interesting, but please clarify who "plays" the embodied role? Is that the chaplain?

**Reply 19:** Added following line to end of paragraph: "While chaplains are trained to provide this embodiment to patients, other members of the treatment team can also play this role." Line 284

**Comment 20:** Line 284: start a new paragraph with the case example.

**Reply 20:** Did as recommended. Line 285

**Comment 21:** Page 8: Lines 325-326: remove "one study defined" and just start with Elements which promote…and then cite at the end.

**Reply 21:** Did as recommended. Line 327

**Comment 22:** Line 335: combine the first sentence with the first.

**Reply 22:** Did as recommended, combined as follows: "Perry defines resources as assets people use in coping with the challenges in their lives while also categorizing resources into intrapersonal, interpersonal, and suprapersonal." Lines 335-338

**Comment 23:** Page 9: Line 358: remove "looking at the way" and replace with "exploring how".

**Reply 23:** Did as recommended.

**Comment 24:** Lines 375-378: please make into 2 sentences.

**Reply 24:** Did as recommended, changed as follows: "The spiritual and religious dimension of cultural influence on medical decision-making is underscored in a study of patients with advanced cancer. Patients with advanced cancer who were closely connected to religious

communities were less likely to receive hospice care, and more likely to receive aggressive end-of-life measures, and die in an intensive care unit." Lines 375-378.

**Comment 25:** Page 10: Line 408: Remove "with an article" and revise sentence.

**Reply 25:** Did as recommended, revised as follows: "For example, 'miracle talk' from patients and families during goals of care conversations may indicate deeper issues of distrust of the treatment team." Lines 408-410

**Comment 26:** Page 11: Line 431: Remove "has shown" and replace with "Illustrate".

**Reply 26:** Did as recommended.

**Comment 27:** Line 449: remove "in conclusion".

**Reply 27:** Did as recommended.

**Reviewer B**

**Comment 1:** Edit abstract to contain summary of this manuscript. I hope the abstract would show that the authors used a case, and briefing of contents of 'why', 'who', 'what', 'when', and 'how' too.

**Reply 1:** Did as recommended, abstract significantly edited to contain summary and use of case studies. The abstract also explains use of "why", "who", and "how", we dropped the "what" and "when" as categories from the article. Revised Abstract is from lines 16-22. Revised abstract below.

**Abstract**

**Background and Objective:** Spirituality is an essential part of being human and spiritual needs are common among patients with serious illness. We will show '*Why*' an interdisciplinary approach to spiritual care in adult oncology is the most effective way to support patients' spiritual needs. We will articulate '*Who*' from the treatment team should provide spiritual support. We will review a means of '*How*' the treatment team can provide spiritual support through being attentive to the spiritual needs, hopes, and resources of adult patients with cancer.

**Methods:** This is a narrative review. We conducted an electronic PubMed search from 2000-2022 using the following sets of terms: Spirituality, Spiritual Care, Cancer, Adult, Palliative Care. We also incorporated case studies as well as the experience and expertise of the authors.

**Key Content and Findings:** Many adult patients with cancer report spiritual needs and a desire for the treatment team to address their spiritual needs. Addressing the spiritual needs of patients has been shown to be beneficial. Yet, the spiritual needs of patients with cancer are infrequently addressed in medical settings.

**Conclusions:** Adult patients with cancer experience a range of spiritual needs throughout the disease trajectory. Best practice dictates the interdisciplinary treatment team should address the spiritual needs of patients with cancer through a generalist and specialist spiritual care model. Addressing spiritual needs helps patients maintain hope, assists clinicians in sustaining cultural humility during times of medical decision-making, and promotes well-being among survivors.

**Comment 2:** Consider to edit entire manuscript more plain and concise.

**Reply 2:** We have worked diligently to edit manuscript to make more plain and concise.

**Reviewer C**

**Comment 1:** Be Clear on what type of article you would like to write: a review? What type of review? Follow the guidelines for your type of article and mention the type in your title or introduction so readers know what to expect (see the guidelines https://apm.amegroups.com/pages/view/guidelines-for-authors )

**Reply 1:** We have done as recommended: we have identified our article as a narrative review and have mentioned this in our title (Line 2) as well as in the Methods section (Line 18). We have also consulted with the link for article guidelines and have worked diligently to meet those guidelines as seen in the revised article. For instance, our revised Abstract below (Lines 16-22), provides an example of how we clarified type of article as well as research aims.

**Abstract**

**Background and Objective:** Spirituality is an essential part of being human and spiritual needs are common among patients with serious illness. We will show '*Why*' an interdisciplinary approach to spiritual care in adult oncology is the most effective way to support patients' spiritual needs. We will articulate '*Who*' from the treatment team should provide spiritual support. We will review a means of '*How*' the treatment team can provide spiritual support through being attentive to the spiritual needs, hopes, and resources of adult patients with cancer.

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**Comment 2:** Introduce your research question in the introduction. At the moment it is unclear what you are trying to answer. The summary mentions 'why', 'who', 'how', 'what', and 'when' the treatment team should be attentive to the spiritual needs, hopes, and resources of patients with cancer. Is this the research question?

**Reply 2:** The article has been revised so the research question(s) or aims are articulated in, a. the abstract (Lines 16-17): "We will show '*Why*' an interdisciplinary approach to spiritual care in adult oncology is the most effective way to support patients' spiritual needs. We will articulate '*Who*' from the treatment team should provide spiritual support. We will review a means of '*How*' the treatment team can provide spiritual support through being attentive to the spiritual needs, hopes, and resources of adult patients with cancer."

b. We also present the latter in the introduction, for example, in added material between Lines 168 and 169: "We will review "Who" from the treatment team should provide spiritual care to patients as well as a means of "How" to do so. We will also review how addressing patients' spiritual needs helps patients maintain hope, enhances the medical decision-making process, and supports survivors."

We also removed the labels of "What" and "When" as, upon reflection, they distracted from the main issues of the article.

**Comment 3:** Mention your methods: how did you search for literature? Have you included everything?

**Reply 3:** We have identified our article as a narrative review and added a Methods section to the abstract (Line 18) as well as a Methods section including search strategy after the Introduction (Lines 169-174). On Line 173, we state "We did not include all literature in the field".

**Comment 4:** Give a balanced answer to the research question, with space for different voices within the debate. At the moment only the pro spiritual care provision are included, with an extra favorable statement for OOC. However, not all patients would like to receive spiritual care, plus not every professional agrees with OOC.

**Reply 4:** Thank you for this comment, we will reply in two parts. First, concerning the article being only pro spiritual care provision: we have added the following sentence on line 200 "Patients can refuse the offer of spiritual care as part of patient-centered care, but every patient should be screened for potential spiritual needs, offered the possibility of spiritual care, and receive a spirit of compassion and regard from their clinicians." Additionally, we would add every treatment team should be pro-spiritual care in that patients should be, at a minimum, screened for spiritual needs just as patients are screened for sexual health or substance abuse. To receive a screening is a form of spiritual care. Also, the treatment team, especially for cancer patients, should be offering spiritual care to patients as part of the standard of care. Patients can refuse, but the offer should always be made. Lastly, one of the points we make in the article is spiritual care is also about a way of accompanying patients with compassion, regard, and acceptance: spiritual care is not simply a matter of content and techniques, it is a way of

walking with patients on their journey. In these senses, spiritual care should be provided to all patients, and more overt spiritual care should always be offered to patients, and patients always have the right to refuse spiritual care as part of patient-centered care.

Second, concerning OOC: we have added the following on lines 212-213: "Before proceeding, we want to acknowledge some spiritual care specialists are critical of an outcome-oriented approach to spiritual care, preferring a process-oriented model of spiritual care which focuses on personal competence, presence, and relationship-building (50). In the process-oriented approach, forging a caring relationship without a focus on problem-solving or any pre-determined goals is paramount. *Being* rather than *doing* enables the formation of a healing relationship, which is effective spiritual care in the process model (50).

Yet, process-oriented chaplaincy still requires assessment, interventions, and outcomes in the cultivation of a healing relationship (47, 50). In our professional practice, we are convinced, as argued by Damen and colleagues, that process and outcomes are both integral aspects of spiritual care which focus on the "vision of the good" in the care of the patient (50). We believe OOC, as elucidated below, operates within a process of forging a caring relationship with patients in order for outcomes to be achieved. Additionally, one of the benefits of OOC is how it can be utilized to incorporate the insights of other assessment models (47).

We also point out and reference two other well-respected spiritual assessment models (204-206). We discuss how to utilize another Spiritual Assessment Model in some depth in lines 275-284, the Spiritual AIM model.

**Comment 5:** Support your anecdotal evidence with other research, for example in line 235.

**Reply 5:** We have done the following to support/strengthen our anecdotal evidence: to support our anecdotal evidence on lines 235-257 for the relational nature of spiritual needs, we review research on the relationality present in spiritual needs on lines 258-271 (as well as in lines 327-332). Additionally, other anecdotal evidence, outside of the case study which opens the article, comes either after or before review of research and/or literature which establishes the main point of the anecdotal evidence. For example, the anecdotal evidence in lines 285-300 comes after review of research as well as literature on topic of 'embodiment' on lines 258-284; anecdotal evidence concerning impact of hope on patients with cancer on lines 312-325 comes after a review of literature on hope on lines 303-311 and prior to review of research on hope on lines 326-332; anecdotal evidence on lines 440-446 comes after review of research and literature on 428-440.

**Comment 6:** Where did you find your cases? Also support this with a reference.

**Reply 6:** We have done the following: we added Ethical Statement B (Line 465) regarding the cases we presented. We also added the following line in a reference note (Line 467) after the first case presented: "The cases presented in this article comes from the authors' clinical

experience, names and details in the cases have been changed to preserve privacy. Please also see Ethical Statement B.”