

## Summer 2009 GWish News

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--Dr. Puchalski in the  
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**GWish Hosts First Annual Summer Institute - Brings Together 50 Health Care Professionals from Across the Globe**



### Dear Reader,

Many people now recognize spirituality as an essential element of care. Research supports the integration of spirituality into patient care, articles and surveys from the laity demonstrate a public desire for more holistic care, and several ethical guidelines support healthcare professionals' attention to all dimensions of patients' experience of illness: the spiritual and psychosocial as well as the physical. Yet, there is still a gap between what patients desire, what evidence supports, and what is actualized in clinical practice.

In February 2009, GWish partnered with the City of Hope and the Archstone Foundation to develop practical tools and recommendations for the integration of spirituality as an essential element of palliative care. Over forty experts in palliative and spiritual care met to review the state of the art in spirituality and health and develop guidelines for healthcare professionals and institutions to ensure that spirituality is fully integrated into the care of patients nationally. The conference built upon nationally developed consensus guidelines in palliative care that listed spiritual care as a required domain of Palliative Care. While we focused on palliative care, the recommendations are applicable to health care in general. Palliative care begins from the time a patient is diagnosed with an illness and not just when the care of a patient focused on active end of life issues. Thus, palliative care can span many years of a patient's life and is applicable to people with chronic illnesses.

The recommendations will be published in the October 2009 issue of the *Journal of Palliative Medicine*. A larger more detailed version of this document will be published by The Templeton Press in February 2010. Part of this project is to highlight resources in spiritual care for healthcare professionals as well as patients and families. Those resources will be collected and shared through GWish SOERCE, The Spirituality and Health Online Education and Resource Center (see below).

One of the highlights of the conference was seeing how many

people nationally and internationally are committed to the delivery of excellent interprofessional spiritual care. We feel honored to work with so many compassionate and committed care providers and look forward to expanding on this groundbreaking work with the many colleagues from the US and around the world who want to create more compassionate and holistic healthcare systems.

Sincerely,

**Christina Puchalski, MD, FACP**

Executive Director

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Professor of Medicine and Health Sciences

Departments of Medicine and Healthcare Sciences

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## SOERCE is here!

We are happy to announce the launch of SOERCE, the Spirituality and Health Online Education and Resource Center.

**Find** educational and clinical resources to use in your work.  
**Share** resources you have created.

[Check out SOERCE!](#)



## We Allow Patients and Families to Be Who They Are -- An Interview with Chaplain George Handzo

Frank was a mere boy when he was diagnosed with cancer. His mom and dad were trying to make sense of this cruel twist of fate. They hovered somewhere between agnosticism and atheism. The chaplain was called to see this family as they struggled with their sense of despair and confusion.

When the chaplain walked in, he knew nothing about this family's beliefs. The boy's mother saw the chaplain and thought, "Oh no, this is the last thing my son needs---to be prayed over." The mother withheld the urge to throw the reverend out of the room.

The chaplain introduced himself and just sat and listened to the family. While he was there the family began to feel that something spiritual and supportive was happening with this chaplain. And it had nothing to do with religion. The chaplain and the family became very close and still are close to this day. When the boy's condition deteriorated, he was moved to a community hospital close to his home. The first thing this agnostic/atheist family wanted was a referral to a chaplain.



After the boy died, both chaplains presided at the funeral. One chaplain recalls, "We allowed the family to be who they were. We didn't ask them to believe something they could not." Some years later, the boy's father died and the same chaplain at the community hospital again presided at the funeral. When this chaplain was asked about the family's situation he replied,

"As chaplains, we bring something to families an appreciation of the connection to something that is greater than us."

Reverend George Handzo was the chaplain who impacted the lives of this family and their dying son. He is a Board Certified Chaplain, which means that he is specially credentialed and committed to helping all regardless of religion or belief. Reverend Handzo has since graced the lives of many others and now leads the consultation team and projects for [HealthCare Chaplaincy](#), a leading organization in the field of multi-faith spiritual care. His thirty years of experience as a board certified healthcare chaplain and pastoral care administrator have included the directorship of chaplaincy services at Memorial Sloan-Kettering Cancer Center in New York City. Chaplain Handzo has helped write more than 30 articles and one book on pastoral care.

Reverend Handzo is committed to improving the quality of spiritual care as a dimension of palliative care. In fact he was one of many experts who participated in a recent nationwide consensus panel that identified ways to advance the delivery of quality spiritual care in palliative care settings. He feels that

"Palliative care as a model for health care is a concept whose time has come."

He believes this model accomplishes what is most valued in the healthcare environment: Increased quality of care at a lower cost. "The palliative care model is successful because it is a collaborative, holistic model, but the most neglected aspect is spiritual. Healthcare professionals are trained to care for the body, mind, and spirit, but often the spirit is neglected in care. There are no practical tools or best practices for interprofessional spiritual care. This consensus group of interprofessional experts in palliative care tried to deal with this issue in an in-depth way."

Having always been a big believer in achieving consensus, George Handzo feels this national consensus panel was conducted in a thoroughly integrated way. "Get the best people around the table and hammer it out. At the end of the day ask the question: Who are the people writing these recommendations? And do these recommendations make sense to practitioners?"

Reverend Handzo sees the pastoral care movement as one of the barriers to the

advancement of quality spiritual care in the palliative care setting. "It has not fully developed standards of practice as has been done with doctors, nurses, and social workers. The chaplaincy has no certification in palliative care and has no unified national body."

"We live in an evidence-based culture. Right now there is little evidence of the efficacy of spiritual care. Definitely chaplains are "being present" when they are with patients and families," as Chaplain Handzo was with Frank and his family, "but sometimes we avoid the question of "What difference do we make by being there?" It is hard to describe in reductionist terms what the full experience of presence and spirituality is in the lives of people.

"Many docs believe that chaplains tell people to pray and God will heal them." Reverend Handzo comments that doctors might be misinformed and don't fully understand how chaplains and the concept of spirituality fits into the multi-dimensional health care of a patient. "We have not developed a way to show physicians how we can help."

He notes that at Mount Sinai Medical Center, one of the chaplains visits ALL of the palliative care patients, regardless of their religious preference. "We have to get people over the idea that we are there to convert them." He sees palliative care as "service-based" rather than "religion-based." Reverend Handzo claims the palliative care model is so good that making the spiritual history part of the protocol only enhances the solution to better health care.

"The bottom line is to put together a model for spirituality and integrate it as part of the medical care model." George Handzo was able to do this in the case of the young boy diagnosed with cancer. He is expectant that others will aspire likewise to find a new health care model whose time is long overdue.

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