Leader’s Guide

Episode 4

Taking A Spiritual History

Summary

The rationale for including a spiritual history as part of the health history is explained and illustrated. The questions we ask can help us discern how to best care for our patients, while also communicating to them that we care about more than just their physical health.

Speaker

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Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Have you ever taken a spiritual history? Why or why not?

The hope is that at least some in the group have included spiritual questions in their health history intake and could testify to their appropriateness and their benefit to the overall care of the patient.

1. Jesus is recorded as having asked hundreds of questions during his three years of ministry. What can questions accomplish more effectively than statements?

Jesus employed questions in His discourse with people because He knew this was the most effective method for drawing information out of a person, perhaps even from depths they had not yet considered. Questions can also cause a person to rethink their perspective on issues, as they discover inconsistencies. A person’s response is affected both in how they interpret the question and what they want to share. Our patients may come to us only interested in talking about their cholesterol, Pap smear result or dental pain, but internally they may be dealing with a heart issue that can be provoked by the right question. It lets them know you care about their answer and therefore their heart issues, not just the objective matter at hand. We need to be prepared to spend time processing and responding to their answers as we manage our practices and daily schedules.

1. Dr. Wai states, “A spiritual history can help you make a spiritual diagnosis.” How might this spiritual diagnosis affect your future spiritual interactions with the patient and also the treatment you might provide?

If the healthcare professional concludes the patient is a Christian, or they have an interest in spiritual things, there would likely be more openness to spiritual interventions. If they are antagonistic toward God, this could indicate a need to initially communicate the love of Christ by example, looking for an eventual opportunity to give credit to whom it is ultimately due.

Further, as we discussed in previous episodes, spiritual health is part of our wholistic health. Many disorders that we experience have an underlying basis in our faith. Learning to participate in spiritual practices like gratitude, communal living, prayer and serving others can have beneficial effects on our quality of life. Psychology teaches us that developing any habit helps us further develop other habits. For example, if a patient can grow in spiritual habits like prayer and Bible study, that can help them develop better habits related to taking medication or eating healthy. Simply knowing more about a patient’s worldview can help you relate to them across a number of life events. It will help you know how to relate to them if and when they face difficult times when their health is disrupted.

1. What are some of the questions that could be most helpful to ask as part of a spiritual history?
* What keeps you going through difficult times?
* Who is your source of strength?
* May I ask about your faith background?
* Do you have a spiritual or faith preference?
* Is spirituality something that has been important to you now or in the past?
* Are you part of a faith community?
* How do you integrate with your faith community?
* What can I do to help integrate your spirituality into your medical care?
* Is there anything else I can do to encourage your faith?
* What spiritual supports to you have in place right now?
* May I pray for you?
1. Which of the following questions Jesus asked are possible questions you might ask your patients?
2. **“Do you want to be healed?”** (John 5:6b, ESV).

Some patients are so resistant to our recommendations (regarding smoking, alcohol, periodontal disease, sexually transmitted diseases, rampant decay, weight loss, etc.) that we may have doubt regarding whether they really want to improve their situation. In such cases, this may be a helpful question for them to consider. Obviously, we cannot provide healing in the same way Jesus did, but this may help to jar some non-compliant people into understanding their condition.

1. **“What do you want me to do for you?”** (Mark 10:51a, NIV).

We may see a patient with multiple needs and with some flexibility regarding which of those needs should be met first. Or, because of finances, a patient may not be able to afford all the treatment they need. In these situations, this could be an appropriate question. In asking it we are not necessarily agreeing to do whatever they ask, but we will at least gain the knowledge of their priorities.

1. **“Can any one of you by worrying add a single hour to your life?”** (Matthew 6:27, NIV).

This is obviously a rhetorical question which does not expect an answer. However, in order for the question to not come across as condescending, one can cite its author (Jesus), giving Him the credit as the source of this obvious but often-ignored truth.

1. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. Curlin FA, Chin MH, Sellergren SA, et al. The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. Med Care. 2006;44:446–53.
2. Koenig, H.G., Perno, K. & Hamilton, T. The spiritual history in outpatient practice: attitudes and practices of health professionals in the Adventist Health System. BMC Med Educ 17, 102 (2017).<https://doi.org/10.1186/s12909-017-0938-8>
3. Koenig HG. Religion, spirituality, and health: the research and clinical implications. ISRN Psychiatry. 2012;2012:278730. Published 2012 Dec 16. doi:10.5402/2012/278730.
4. Larimore W. Spiritual Assessment in Clinical Care. Part 1—The Basics. Today’s Christian Doctor 2015(Spring):46(1):22-26.