“Padre nuestro que estás en el cielo. (Our Father who art in Heaven).”

After Mr. Garcia’ completed the colorectal cancer questionnaires for my research, he began praying with his wife. I decided to stay and join them in prayer as we waited for the physician. He clenched the faded, wooden rosary, but when I lightly touched his tense hands, he sighed and looked at me. I caught a glimpse of the despair, helplessness, and fear in his hazel eyes. Then he looked down at his feet as a tear slid down his gaunt cheek.

Mr. García’s voice cracked, “Tracey, thank you for being here to pray with us. You have really touched us. Even though I am scared, I have faith. I know God has put you in our lives, and for that we are very thankful. My wife and I feel as if we have known you even though this is our first time together. You have a special gift, and God is working through you.” Knock. Knock. The physician entered the room two hours after the scheduled appointment.

“Gracias por rezar con nosotros, Tracey. (Thanks for praying with us, Tracey),” Mr. García commented as he waved goodbye. “Toma esto por favor (Take this please),” Mrs. García insisted, handing me the faded, wooden rosary. Overcome by their act of kindness, I hugged them. I gently squeezed their hands. The last image I had of this loving and faithful couple was the smiles on their faces. Sadly, Mr. Garcia succumbed to his colorectal cancer within a month of our meeting.

Seeking the best cancer treatment, Mr. Garcia and his wife traveled to a hospital known for its medical care and research. As a former clinical research interviewer at this institution, I asked colorectal cancer patients to fill out questionnaires about their medical, social, and diet history, collected urine, and drew blood for lab tests in order to research the genetic and environmental causes of colorectal cancer.

From my experience with Mr. Garcia and the patients at the hospital, I learned that certain patients needed more than just scientific knowledge about their cancer. Many of these patients relied on their faith in God. For example, Mr. Garcia felt prayer was a therapeutic treatment. I noticed that patients like Mr. Garcia gravitate towards their faith during times of sickness by praying, meditating, and creating positive mental thoughts that foster physical, emotional, and spiritual healing. If both patient and physician were to discover that they share a similar faith, perhaps the physician could support the patient with a short prayer or referral to a chaplain. Even if the doctor and patient hold different beliefs, the referral to a chaplain sends a message of respect for the patient’s religious beliefs. While this religious discovery and acknowledgement
may take a small amount of time during patient visits compared to the diagnosis and treatment plan, the recognition of faith may strengthen the patient-physician relationship and more importantly, provide hope and comfort.

“As healthcare professionals, we can practice a mixture of medicine, spirituality, and compassion to provide comfort for these individuals who most need hope and encouragement.”

In addition to reaching out to Mr. Garcia on a spiritual level through prayer, speaking with him about his diet, family, and social history provided information that allowed me to connect with him on a cultural level as well. While conversing in Spanish, I learned of his joy for cooking his favorite dish, empanadas, and his grief in the loss of his eldest son in a car accident two years earlier. By demonstrating compassion, noticing body language, and conveying the appropriate sentiment to lighten the mood or communicate care, healthcare professionals can genuinely connect with patients to make them feel appreciated.

Religious patients like Mr. Garcia tend to turn to their faith to provide them comfort, support, and peace during times of suffering. For example, Christian patients may seek God’s peace through self-reflection, and they may internalize positive words and interactions as beacons of hope to provide strength in their struggle. They may also believe that God works through others, so it is critical for health workers to be aware of the patient’s spiritual needs and practice quality bedside manners; these patients may view this level of care as a blessing. Acknowledging a cancer diagnosis as intimidating, addressing those emotions, and giving a reassuring touch on the patient’s hand or shoulder positively impacts the treatment and quality of care for hospital visitors. The patient and family members’ anxiety diminishes as they perceive that God’s love is evident in genuine connections with hospital staff and volunteers. Through gracious deeds, these patients may sense that God is near them. Additionally, when patients feel a sincere connection with a physician or nurse who truly cares about them, the patient is more likely to reveal hidden emotions. Knowledge and application of these actions allow a physician or nurse to provide tailored care for the patient regardless of shared or different spiritual beliefs. Faith may uplift patients by giving them the voice to express gratitude to healthcare professionals, the courage to ask pertinent questions, and the ability to trust the healthcare team. Through contemplation and observation, patients gain a sense of reassurance and serenity. As healthcare professionals, we can practice a mixture of medicine, spirituality, and compassion to provide comfort for these individuals who most need hope and encouragement.

Although many faithful patients may perceive blessings through prayer and the kindness and compassion of others, some religious patients may not have a positive perspective on their medical condition. They may be frustrated and question God, “Why me, God? What did I do to deserve this?” A patient diagnosed with terminal cancer could blame both God and the doctor. Sometimes these patients may become angry and unfairly release their frustrations on the health care team, which can create a difficult situation filled with emotional tension. Physicians who interact with such patients should be cognizant that harsh words may serve as an outlet to release anger about their diagnosis, rather than an intentional personal attack. As healthcare professionals, we can try to comfort these patients by listening to their frustrations, con
trolling our emotions, and showing empathy without taking any furious comments to heart.

An awareness of the spirituality in the medical field is of great value for medical students in order to continue to show compassion and empathy when they become practicing physicians. This can be done through evaluations and constructive feedback from taped patient encounters; dialogue-enhancing activities with physical therapy, occupational therapy, and nursing students that center around spirituality, ethical dilemmas, and point of care; and a diverse panel of physicians, nurses, and chaplains of different beliefs who can discuss their experiences in spirituality and medicine. At times, it seems that religion is avoided as a topic of conversation to prevent heated debates. However, in the medical field, spirituality should not have such a stiff and cold reputation, especially given that many patients rely on it to help them cope with their diagnoses. If medicine is viewed like a business, and businesses rely on customer service and satisfaction for a positive image and referrals, then medical care can be more open in handling the medley of spirituality and medicine in order to best serve the “customer,” or patient in this case. Instead of shying away from spirituality in the medical field, physicians could take into consideration a patient’s religious views in treating the patient holistically.

In order to determine if a patient is religious or wishes to integrate their beliefs with treatment, physicians can perform spiritual assessments during the medical interview. Two types of spiritual assessments are the HOPE and SPIRIT questions. Using the HOPE questions, physicians can ask patients about their “sources of hope, comfort, strength, peace, love, and connection; organized religion” and if the patient considers religion important; “personal spirituality or practices” such as having a relationship with God or utilizing other practices like prayer, meditation, and exercise; and “effects on medical care and end-of-life issues” such as whether or not the physician can provide access to spiritual resources like a chaplain, or if the physician is aware of any religious restraints that may conflict with medical care.¹ The SPIRITual history allows the physician to ask questions on the patient’s “spiritual belief system, personal spirituality, integration and involvement in a spiritual community, ritualized practices and restrictions, implications for medical care, and terminal events planning.”² This addition of spirituality with treatment of care will positively transform patients who are influenced by such a motivating factor. Through the awareness and perpetual practice of taking a spiritual history, physicians and other healthcare professionals can learn to take into account patients’ spiritual beliefs when determining tailored treatments.

Even though it is important for physicians to consider a patient’s religious beliefs for treatment and maintenance of the patient-physician relationship, addressing spirituality could be an inter-professional activity. Physicians can work with patients and ask if and how they would prefer to incorporate their beliefs into their medical care; the patients know their religious habits and comfort level. Allowing the patient to actively participate in the treatment may provide comfort and a sense of ownership over his/her health. Moreover, if done properly, this fosters a stronger link between the patient and the physician. Physicians can also call upon a chaplain when there is uncertainty about spiritual dealings because chaplains can better tend to the patient’s spiritual concerns. If spirituality is important to the patient, it can play a role in the patient-
physician relationship and treatment, for such interplay can lead to tremendous positive effects that may help the patient cope and recover. Physicians can strive to treat patients holistically, including acknowledging spirituality regardless of their specific belief systems. While Mr. Garcia and I shared the same religion, it is possible to have strong bonds with patients of different or no faith. This ability to bond with patients is possible because the basics of life transcend all religions or lack thereof. Principal elements including love, respect, kindness, compassion, attentiveness, and courteousness are focal in nurturing relationships even in the absence of religion. By genuinely incorporating values that speak to the heart, it is possible to have empathetic connections. Patients want to be treated holistically.

As a second year medical student at The University of Texas Medical Branch at Galveston, Texas, I hope that my peers and I can develop an appreciation for spirituality and compassion in the patient-physician relationship. The patient’s health comes first, and if that encompasses prayer or faith, then these elements can be included in the treatment to help the patient sustain a hopeful or tranquil mindset. But there is still much more to learn about spirituality and compassion in the patient-physician relationship. Whether it is something as simple as smiling, saying words of encouragement, or asking about the role of religion in the patient’s life and medical care, medical students and other health professionals can strive to apply these during patient interactions. These actions have the potential to increase trust and confidence.

I recall the last words Mr. Garcia shared with me: “Tienes un regalo especial, Serás una buena médica. Qué Dios te bendiga. (You have a special gift. You will be a good doctor. God bless you!” His statement resonates in my head to this day. I feel very humbled to have touched him emotionally and spiritually. Special relationships like the one with Mr. Garcia remind me of the positive effects of spirituality and compassion on quality medical care and the patient-physician relationship. I hope these remarkable experiences will mold me into the spiritual and compassionate doctor I aspire to become.

REFERENCES
