

VIEWPOINT

Spirituality in Dermatology Practice

Return to the Soul

Jorge Roman, BS

The University of Texas
Medical Branch,
Galveston.

David J. Elpern, MD

The Skin Clinic,
Williamstown,
Massachusetts.

After his experience in Nazi concentration camps, Victor Frankl¹ wrote, "Man is not destroyed by suffering; he is destroyed by suffering without meaning." As physicians, one of the many challenges we face is to help our patients find solace amid periods of suffering. In medieval times, leprosy was just as much a spiritual problem as it was a physical one. Many illnesses during this period in history were often deemed as punishment for religious or moral transgressions. Before the advent of modern medicine, care for those individuals with leprosy was largely provided by the Catholic Church. Hundreds of religious houses and hospitals for the care of those with leprosy, known as lazar houses, or *lazarettos*, were established across Europe. Much of the care provided for lepers during these times was centered on a person's spiritual needs. In England, these Lazar houses required those admitted to take religious vows of poverty, obedience, and chastity (in line with Christian monastic traditions). Most of the hospitals were built around chapels in which praying and singing was carried on throughout the day. While many of these constructions were destroyed in the early 16th century by Henry VIII, the spiritual qualities of skin disease remain true to this day.

As with other bodily conditions, visible skin disorders can have significant effects on social and psychological well-being. Childhood atopic dermatitis can disturb the bond between mother and child. Psoriasis, acne, and other inflammatory disorders can perturb emotional relationships with others. Skin cancers can threaten patients' lives, making them more aware of their own mortality. Disfigurement from scarring from treatments or disease can affect a person's sense of identity. These conditions can serve as catalysts for the development of spiritual trepidations, causing the patient to search for meaning within suffering and chronic illness.

Major advances in the science of medicine have shifted the focus of care toward a more technical, cure-oriented model focusing on care of the patient's body and mind—but what about attending to a person's spirit? Currently, medicine centers around a biopsychosocial model of health and disease. However, this model does not address the spiritual aspects of a person's life that are also important for health and well-being. As dermatologists, we are well versed in the diagnosis and treatment of skin disease, but we may not consider the impact of these conditions on the spiritual well-being of our patients. Spirituality is becoming increasingly important in today's health care system, with its role in the patient's experience of disease being actively studied. Spirituality is difficult to define, but a recent consensus conference defined it as the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connected-

ness to the moment, to self, to others, to nature, and to the significant or sacred.² Spirituality is understood by many as a means by which one copes with chronic or life-threatening illnesses. The effects of religiosity and spirituality have been studied in patients with end-stage renal disease, chronic pain, cancer, and depression. Spiritual difficulties may predict reduced health outcomes. In one study,³ patients preparing for cardiac surgery who were struggling spiritually demonstrated increased levels of interleukin 6, which has been correlated with adverse health outcomes. In the study by Yates et al,⁴ patients with advanced cancer who found comfort from their religious and spiritual beliefs were found to be happier, had less pain, and were more satisfied with their lives.

To our knowledge, the role of spirituality and its connection with dermatologic disease has not been investigated. We propose that there is a need to include spirituality as an important component when caring for those with skin disease. In addition, we want to address the need for incorporation of spirituality within the quality of life (QOL) questionnaires used in dermatology. While some people may not believe in a specific faith, many are interested in spirituality. Spiritual experiences, such as basking in the glory of nature atop a mountain, viewing a beautiful piece of art, enjoying a good meal with loved ones, or losing oneself in a song, are experienced by both religious and nonreligious people. Humans search for experiences that fill us with awe and make us feel alive. The ever-growing market of books centered around personal growth and meditation are a testament to the collective pursuit of spirituality.

In palliative care, spirituality has been identified as a key component of QOL. In a review by de Jager Meezenbroek and colleagues,⁵ the authors focused on the need for a questionnaire that transcends specific belief systems to address spirituality as a universal human experience. Much of the research on spirituality has been based on measures of religiosity rather than spirituality. A questionnaire that can be used for people with and without religious beliefs is paramount in trying to understand the role of spirituality in QOL. In their review, de Jager Meezenbroek and colleagues found that the quality of existing spirituality questionnaires is low, but the multidimensional Spiritual Well-Being Questionnaire was promising. To our knowledge, the issue of incorporating spirituality into dermatology QOL questionnaires has not been addressed in the literature. To better understand the role of spirituality in the patient experience of disease, integrating spirituality into dermatology QOL research is important.

Coming to grips with each individual patient's spirituality requires a broad understanding of the person's

Corresponding

Author: Jorge Roman, BS, The University of Texas Medical Branch, 301 University Blvd, Galveston, TX 77555 (joroman@utmb.edu).

beliefs and values. Therefore, the need for a systematic way by which to obtain this information is vital to integrating spirituality into patient encounters under busy clinical time constraints. While this may seem a daunting task at first, we believe this will be practical with the use of the FICA Spiritual History Tool (FICA), created by Christina Puchalski, MD, in 1996.⁶ FICA is based on 4 domains of spiritual assessment:

F: the presence of Faith, belief, or meaning;

I: the Importance of spirituality in an individual's life and the influence that belief system or values has on the person's health care decision making;

C: the individual's spiritual Community;

A: interventions to Address spiritual needs.

The FICA tool provides a way for dermatologists, as health care professionals, to assimilate a spiritual history into patient encoun-

ters. The spiritual history can easily be taken during an initial visit as a part of the social history as well as during annual examinations and follow-up visits. Using FICA, dermatologists can address a patient's mind, body, and spirit, thereby establishing a better, more compassionate therapeutic relationship. Studies have shown that patients want their clinicians to address their spiritual concerns.⁷ In one survey, it was found that patients believed a physician's inquiry about their spiritual beliefs would strengthen their trust in their physicians.⁸

Considering patients' spiritual concerns in the clinical setting is critical in enhancing QOL as it opens the door to conversations about a person's values and beliefs that can be important for addressing a person's fears, hopes, and suffering. For many patients, spiritual, existential, or religious beliefs can affect their understanding of illness and can influence treatment decisions. The physician's human qualities are called upon to address these concerns so that we may best alleviate the suffering of our patients.

ARTICLE INFORMATION

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