“There is Going to Be A Miracle”- Decision When Religious Beliefs and Medical “Realities” Conflict

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Mrs M. is a 72 yo female with COPD, on mech vent for 2 months because of ARDS and MSOF. Doctors believe Mrs. M may have only 1% chance of being extubated successfully. They have discussions with family about limiting life-sustaining interventions. Mrs M. has an advance directive that indicates her husband should be her surrogate but does not provide specifics as to the care she would want. Mr M and the 2 children insist that mechanical ventilation should be continued.

What should the clinicians response be?

- Tell them that belief in miracles is delusional and call psychiatry for a consult
- Review the statistics on survival and emphasize that miracles don't happen for patients with ARDS and MSOF.
- Explain to the family that their belief in miracles is causing Mrs. M great harm
- Convene a family meeting to foster communication and seek a mutual plan of care that includes respect for belief in miracles

Communication Strategies

- Compassionate presence
- Communication strategies
  - Finding Common ground
  - Exploring hope
  - Understanding where what miracle means to family/patient
  - Spiritual history

- AMEN protocol

Forming a Therapeutic Alliance

- Encourage the patient/family to tell you about their faith.
- Ask questions. Be curious.
- Accept their faith stance without question.
- Encourage them to use their religious resources (prayer, reading of sacred texts to explore how their faith approaches death.

Forming a Therapeutic Alliance

- Allow them to feel safe so they can explore alternatives on their own.
- Patient/family need to come to their own their own reframing.
- Leading or challenging indicates that their beliefs are not respected.
- Remember that “suffering” happens in four domains.

Forming a Therapeutic Alliance

- Encourage patient/family to ask questions.
- Answer honestly without statistics.
- Do you think my mother is suffering?
- What have you seen happen to people like this in the past?
- Can you keep my mother comfortable?

Case of Mrs M

Physician: Let me explain again how sick she is and that she has not improved, despite all our efforts

Mr. M: We know that she is very sick.

Physician: Yes, she is very sick. Her lungs are not healing. Her heart and kidneys are failing. She is barely holding on.

Mr. M : God has stronger healing powers. He will answer our prayers and work a miracle.

Physician: You know, miracles are rare. Most of the time they do not occur". (Lo et al, JAMA, 2002)

Issues in Communication

- Appears as if MD is dismissing religious-based insistence on interventions, dismissing the person's source of hope
- Each party may be frustrated and believe the other party is not listening nor respecting the beliefs (scientific (MD); religious (patient/family).
- MD offers facts for explanation; faith in miracles does not depend on probability; miracle is where patient/family places their hope

Reframing Miracle

- MD: “Maybe the miracle is not your loved ones recovery but rather being with the God she believes in.”
- Family might reach their own formulation; not likely to persuaded by someone they see as not believing in miracles
- Using the family’s religious beliefs to get them to agree with the physician’s plan can be manipulation

More effective communication strategies

- MD: What would a miracle look like to you?
- Mr. M: We know that God will answer our prayers. The bible says that prayer can move mountains.
- MD: I see that your faith is very important to you

Finding Common Ground

- Mr M.: It is. Our faith is strong that God will work a miracle and she will come home with us.
- MD: I also hope your wife can go home with you.
- Mr. M: We just want you to do your best, so that God's will can be done.

Finding Common Ground

- Physician defused the disagreement by listening to Mr. M's views on miracle, and his religious beliefs
- MD aligns with Mr M's hopes that his wife gets better, (opening up to other sources of Mr. M's hope)
- In turn Mr. M seems to start accepting the limitations of medicine.
- 'I wish' 'I hope' statements allows the clinician to share the family's hope without offering unrealistic expectations.

Exploring hope

- MD: As you think about Mrs. M's illness what else do you hope for?
- Mr M: We hope, we know, that God will not let her suffer.
- MD: Do you feel that she is suffering now?
- Mr. M: She has all those needles and tubes, and she doesn't recognize us most of the time."

Process of communication

- Listen to family's belief in miracles and to their religious/spiritual beliefs
- Find common ground (I wish, I hope, What do you believe in)
- Explore whether the religious beliefs have other implications for patient's care
- Ask patient's family about other hopes for the patient. (Do not ask initially, as that may seem dismissive of the family's religious beliefs)
- Work with chaplains

Spiritual History

F - Do you have a spiritual belief? Faith? Do you have spiritual beliefs that help you cope with stress/what you are going through/ in hard times? What gives your life meaning?

I - Are these beliefs important to you? How do they influence you in how you care for yourself?

C - Are you part of a spiritual or religious community?

A - How would you like your healthcare provider to address these issues with you?

Spiritual History: Mrs. M's children

F – We Christian as is our mother

I - Our religion is central to our life. We believe that God will heal our mother. She was very ill before and survived. All our church community is praying for her.

C –We attend church every Sunday; we are very involved. Out mother was too. She never missed church until now…

A- We need to continue praying and believing

AMEN Protocol

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- **A**ffirm the patient's belief. Validate his or her position: "Ms. P, I am hopeful too."
- **M**eet the patient or family member where they are: "I join you in hoping (or praying) for a miracle."
- **E**ducate in your role as a medical provider: "...*and* I want to speak to you about some medical issues." If you respond, "I understand that you are hoping for a miracle, but...," you dismiss the beliefs of the patient while simultaneously putting yourself in competition with God. The "and" aligns rather than distances, and possibly opens dialogue by allowing you to say, "It is God's role to bring the miracle, and it is my role as your doctor (or nurse) to bring you some important information that may help you in your decision-making."
- **N**o matter what: Assure the patient that you are committed to him or her. "No matter what happens, I will be with you every step of the way."

Miracles: What is the reason for referring to miracles

- Could be expressions of psychological denial.
- Could be expression of deeply held religious beliefs
- Could be the only perceived sense of hope at that time
- Need to understand positive vs. negative religious coping

Other reasons

- Patient may misunderstand what the religious or moral doctrine is in their faith
- Patients may be suspicions based on centuries of discrimination and marginalization from the health care system.

Integrating a Chaplain

- Refer all patients/families who screen for spiritual distress or belief in miracles for complete spiritual assessment. Be prepared.
- Chaplains are presumed to be more accepting of religion and miracles.
- Chaplains skilled at helping others examine the implications and consequences of their belief systems without imposing.

Referral to CPE-certified chaplains

- May help in discriminating positive vs. negative religious coping
- Can clarify patient's misunderstanding of their religious doctrine
- Can help patient reframe miracle, sources of hope
- Do not have medical agenda

Goals for When Discussing Spiritual and Religious Issues With Patients and Families

- Clarify the patient's concerns, beliefs, and needs and follow hints about spiritual or religious issues.
- Make a connection with the patient by listening carefully, acknowledging the patient's concerns, exploring emotions, making empathic statements, and using wish statements.
- Respect diversity of patients' beliefs
- Identify common goals for care and reach agreement on clinical decisions
- Mobilize sources of support, hope for the patient
- Work with spiritual care professionals such as chaplains

Lo, Bernard, Puchalski, Christina et.al.
JAMA. February 13, 2002, Vol 287, No. 6

GWish, www.gwish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Retreats for healthcare professionals (Assisi, U.S.)
- Time for Listening and Caring: Oxford University Press
- Making Healthcare Whole, Templeton Press
- FICA Assessment Tool—online DVD
- Spiritual and Health Summer Institute, July 10-13, GWU
- INSPIR
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