

# SPIRITUAL & PSYCHIC PAIN:



Applying the ACE to Unmet  
needs in Palliative Care through  
Medical Education

# Palliative Care Interest Group



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# Palliative Care Definition



**Palliative care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness-- whatever the diagnosis.**

**The goal is to improve quality of life for both the patient and the family.**

# ACE Results & Implications



**Adverse childhood events are associated with chronic diseases.**

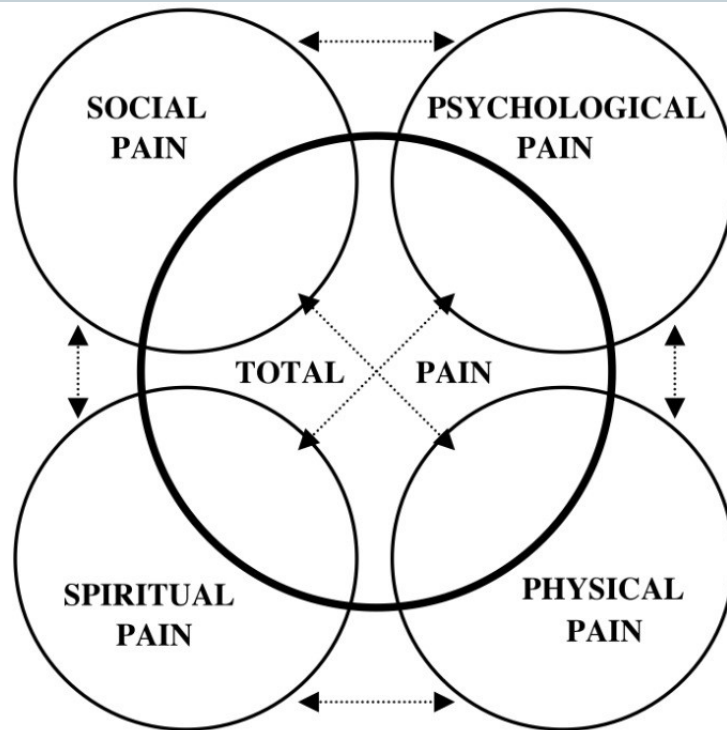
**Adverse childhood events are associated with self-damaging lifestyle choices (smoking, alcoholism, drug use, etc.)**

**Both the adverse childhood events and the lifestyle issues result in psychic and spiritual pain in addition to physical disease.**

# Some Psychic & Spiritual Pains



## Shame, guilt & alienation



*Figure 1. The total pain experience: an interactive model.*

# The Problem



**Palliative Care teams exist to decrease patients' pain and enhance their lives.**

**Palliative Care teams treat primarily chronic disease patients, many of whom may have a history of adverse childhood events.**

**Most physicians are unaware of/inattentive to how their patients' illnesses and lifestyle choices may be associated with adverse childhood events.**

**Thus they may also be unaware of/inattentive to their patients' accumulated psychic and spiritual pain and their need for relief from such pain.**

# Assumptions



**Palliative Care Teams should attend to psychic & spiritual pain, not just physical pain.**

**Physicians would want their patients' psychic & spiritual pain addressed if they were aware of these—and if they did not feel responsible for providing this relief.**

**Chaplains & social workers are (or should be) available to address psychic & spiritual pain.**

**Increased physician awareness of patients' spiritual & psychic pain could result in more referrals to chaplains & social workers and more holistic pain relief for patients.**

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Second level  
Third level  
Fourth level

# Categories of Adverse Childhood Experiences

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Fifth level

**Prevalence (%)**

## **Abuse, by Category**

Psychological (by parents)	11%
Physical (by parents)	28%
Sexual (anyone)	22%

## **Neglect, by Category**

Emotional	15%
Physical	10%

## **Household Dysfunction, by Category**

Alcoholism or drug use in home	27%
Loss of biological parent <18	23%
Depression or mental illness in home	17%
Mother treated violently	13%
Imprisoned household member	5%



# Proposal: Sensitize Physicians to Psychic & Spiritual Pain through Engagement with the ACE Study



## **Provide seminars for physicians**

Classes for medical residents in teaching hospitals. Psychiatrists, psychologists, or others could teach these classes.

Continuing medical education (CME) seminars in other contexts.

Chaplains and/or social workers could team up with selected M.D.s to provide seminars in these contexts.

Present ACE study results in an engaging way.

# Proposed Procedure



## **Ask physicians to complete the ACE questionnaire (short form)**

Purpose: familiarize physicians with the ACE questions & give them the experience of answering the questions.

Assure anonymity: Their results will not be publically disclosed.

Paper forms can be handed out or the questionnaire can be projected on a screen.

Physicians complete the form & score their own.

# Proposed Procedure Continued



Physicians complete a second questionnaire with spiritual & experiential questions.

- ❑ **To provide an opportunity for reflection on experiences and values.**
- ❑ **To provide a basis for comparing the physicians' experiences and beliefs with their patients' potentially very different experiences and beliefs.**
- ❑ **To provide a basis for suggesting less-invasive ways to obtain similar, helpful information from patients.**
- ❑ **To provide a basis for proposing referrals to chaplains or social workers (who should be) skilled and more comfortable discussing these issues.**

# Religion & Spirituality Questions



Do you believe in God?

What religious/spiritual practices are helpful to you?

List some spiritual needs you are aware of.

What percentage of your patients do you think believe in God?

What percentage of your patients do you think would like to discuss their religious/spiritual beliefs with you?

Do you think any of your patients would like you to pray with them?

*Research statistics can be presented to show what patients actually believe & want from physicians.*

	<b>Very Comfortable</b>	<b>Comfortable</b>	<b>Uncomfortable</b>	<b>Very Uncomfortable</b>
<b>How did you feel while completing the ACE questionnaire?</b>				
<b>How do you think your patients would feel while responding to questions like these?</b>				
<b>How would you feel <i>asking</i> your patients to answer some of these questions?</b>				

# Presentation of ACE & Other Research Results



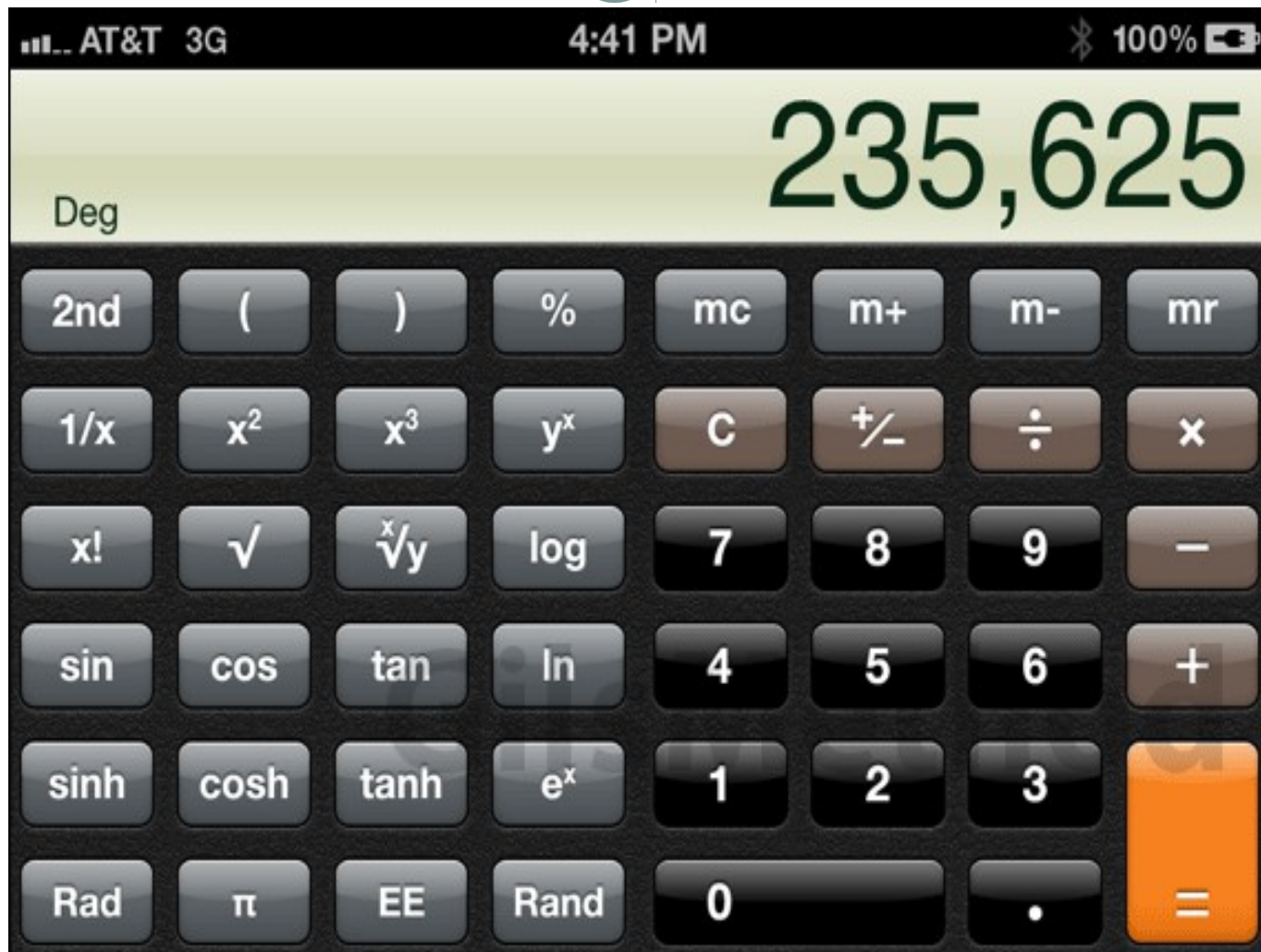
**Objective:**  
**give physicians an opportunity to reflect on  
the research Data &  
their implications for patients**

# Addressing Shame



**One chaplain's experience:**

# Can God Be Trusted?





# Will God Accept Me?

