Current status of teaching on spirituality in UK medical schools

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OBJECTIVE To investigate the current status of teaching on spirituality in medicine in UK medical schools and to establish if and how medical schools are preparing future doctors to identify patients' spiritual needs.

METHODS We carried out a national questionnaire survey using a 2-part questionnaire. Section A contained questions relating to the quantity of teaching on spirituality and the topics covered. Section B contained questions relating to teaching on alternative health practices. Medical educators from each of the 32 medical schools in the UK were invited to participate.

RESULTS A response rate of 53% ($n = 17$) was achieved. A total of 59% ($n = 10$) of respondents stated that there is teaching on spirituality in medicine in their curricula. On extrapolation, at least 31% and a maximum of 78% of UK medical schools currently provide some form of teaching on spirituality. Of the respondents that teach spirituality, 50% ($n = 5$) stated that their schools include compulsory teaching on spirituality in medicine, 80% ($n = 8$) include optional components, and 88% stated that teaching on complementary and alternative medicine is included in the curriculum.

CONCLUSIONS Although 59% ($n = 10$) of respondent medical schools (the actual UK figure lies between 31% and 78%) currently provide some form of teaching on spirituality, there is significant room for improvement. There is little uniformity between medical schools with regard to content, form, amount or type of staff member delivering the teaching. It would be beneficial to introduce a standardised curriculum on spirituality across all UK medical schools.

KEYWORDS *spirituality; education, medical, undergraduate/*methods; teaching/*methods; Great Britain; questionnaires; curriculum; multicentre study [publication type].

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INTRODUCTION

Medicine and religion have been closely bound since ancient times, when the roles of priest and physician were performed by the same person and where spiritual and physical healing were administered under divine guidance. However, the arrival of the technological era and scientific medicine have resulted in the ancient ties between medicine, healing and spirituality being almost forgotten.[1,2]

In recent years there has been renewed interest in the links between spirituality, religion and health, reflected in an increasing volume of literature on the relationships between them. It is increasingly recognised and remembered that a patient needs to be treated as a 'whole person' and not just as a condition or disease. A 'whole person' has physical, emotional and spiritual dimensions which interact with each other and account for personal well-being.[3] The World Health Organization's current definition of health is: '…a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.'[4] The addition of spirituality to this definition a decade ago highlights the importance of this dimension of patient care.

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Overview

What is already known on this subject

The number of US medical schools that provide teaching on spirituality has risen from 13% to over 75% in just over 10 years.

There is no previously published literature regarding the nature of teaching on spirituality within the undergraduate medical curriculum in the UK. This study is the first to report on this area.

What this study adds

A total of 59% of UK medical schools that participated in this survey provide teaching on spirituality in medicine.

Suggestions for further research

Further studies are required to quantify the number of patients who would value an enquiry into their spiritual beliefs and assessment of their spiritual needs.

Among the obstacles researchers have faced are those concerning the defining of spirituality and religion and making a clear distinction between them. This is important because, in an increasingly secular society, many people who have no specific religious faith have spirituality that gives their lives both meaning and purpose.[5] Spirituality and religion may be defined as follows. Spirituality pertains to an awareness of the ultimate meaning and purpose of life and a belief in a higher power operating the universe.[6] It may or may not be associated with a religious organisation. Religion is an expression of spiritual belief through an organised system of rituals and practices.[6]

The relationship between spirituality and health may have consequences that are far-reaching and greatly underestimated by many. Religious involvement is associated with not only direct health benefits but also better compliance with treatments and improved attendance at medical appointments.[7] Several prospective studies have found that those who are more religious have lower blood pressure, fewer cardiac events, better results following heart surgery and longer survival in general.[7,8]

However, many doctors are sceptical about these relationships and few actually routinely consider patients' spiritual beliefs and needs. Issues perceived by doctors as barriers to discussing spiritual matters with patients include: time constraints; difficulty in identifying patients who want to discuss spiritual matters, and inadequate training for such discussions.[9] Doctors also cite a fear of projecting their own beliefs onto patients and a lack of personal interest in religion and spirituality.[10,11]

In 1994 only 13% of US medical schools provided teaching on religious and spiritual issues as applied to medicine;[12] this figure has since risen to over 75%.[13] Medical educators in the USA have become more aware that spirituality is an integral component of comprehensive patient care and are endeavouring to train more compassionate doctors.[14] Medical students are being taught how to meet patients' expectations in respecting and incorporating their spiritual perspectives into their care.[15]

Little is known about the nature of teaching on spirituality within the undergraduate medical curriculum in the UK. The purpose of this study was to investigate the current status of teaching on spirituality in medicine in UK medical schools. The primary aim was to find out if spirituality is being taught at all in the medical curriculum and, if it is, by what method, who is doing it and which topics are covered. Teaching on complementary and alternative medicine (CAM) was investigated in order to pick up all student exposure to spiritual issues as it was thought that spirituality may also be included in this part of the curriculum. A survey of CAM directors at 53 medical schools in the USA found that 64% included teaching about spirituality, faith or prayer.[12] This enabled a comparison to be made between teaching on spirituality and that on CAM, which has also risen in public awareness in recent years but which has traditionally been located outside mainstream medical teaching.[16]

METHODS

An Internet search was performed between 5 January and 20 May 2006 using MEDLINE and PubMed to find available literature to date on the subject of spirituality in medicine. The following keywords were used: 'spirituality', 'medicine', 'teaching' and 'curriculum'. A questionnaire was then developed to assess the current status of teaching on spirituality in medicine in UK medical schools. Study participants were provided with the following definition of

spirituality: Spirituality pertains to an awareness of the ultimate meaning and purpose in life and a belief in a power operating the universe that is greater than oneself.[6] It is not just an affiliation with a religious organisation although the two are often closely associated.

Section A of the questionnaire contained 11 questions relating to teaching about spirituality, referring to how it is undertaken, the quantity of teaching, topics included and student feedback. Section B contained 6 similar questions relating to teaching about alternative health practices.

It was not possible to pilot the questionnaire because of both time constraints and the fact that the pilot medical schools would also be invited to participate in the main study. However, the questionnaire was reviewed by 2 members of academic staff at Queen's University, Belfast who provided feedback on readability and comprehension. The questionnaire was subsequently amended. Access to a database of UK medical schools was obtained from Queen's University, Belfast and the questionnaire was then e-mailed to contacts within the medical education unit (deans and associate deans of medical education and senior lecturers in medical education) of each medical school in May 2006. The cover e-mail for the questionnaire asked the recipient to complete the questionnaire or to forward it to someone who would be better equipped to answer it if they could identify such a person. Four weeks later, a follow-up e-mail was sent to each of the medical schools from which a completed questionnaire had not been received. Completed questionnaires were returned via e-mail, and the data was then tabulated and analysed using Microsoft EXCEL.

RESULTS

Section A

Completed questionnaires were received from 17 medical schools, giving rise to a response rate of 53%. The initial reply rate prior to the follow-up e-mail was 44%, showing that the follow-up method recommended by Cohen *et al.*[17] was effective in boosting replies.

A total of 59% ($n = 10$) of respondents stated that there is currently teaching on spirituality in medicine in their undergraduate curriculum. In order to obtain minimum and maximum figures for the percentage of medical schools in the UK that currently teach spirituality in medicine, the following assumptions and extrapolations were made. If we assume that all non-respondents do not provide teaching on spirituality, this implies that a minimum of 31% of UK medical schools do. Conversely, if we assume that all non-respondents do provide teaching on spirituality in medicine, then a maximum of 78% of UK schools is potentially possible. Assuming that those with an interest in spirituality in medicine may have been more likely to respond to the questionnaire, the true percentage of medical schools that provide teaching on this subject is more likely to lie between 31% and 59%.

Of the 10 schools that responded positively to the questionnaire, 20% ($n = 2$) have compulsory teaching on spirituality in medicine, 50% ($n = 5$) have optional teaching and 30% ($n = 3$) have both compulsory and optional components. In the majority (88%, $n = 7$) of schools with optional components, these consist of student-selected modules. One medical school offers an intercalated degree in clinical law and ethics, which includes several tutorials on spirituality, and another provides voluntary lectures out of hours. The data relating to the amount of teaching on spirituality are limited as this section was left blank by many of the respondents from schools that teach this topic (50%, $n = 5$). However, from the figures obtained, the amount of teaching varies from 1 tutorial and 1 workshop to 8 tutorials throughout the entire curriculum.

Teaching about spirituality is delivered by a range of people. In 7 of the schools, it is performed by a person trained in spirituality or a medical practitioner with a special interest in spirituality. The 'other' category included a specialist in medical ethics with a special interest in religious beliefs, mixed group leaders from differing backgrounds and senior students. In some cases, teaching is delivered by more than one type of professional (Fig. 1).

The range of topics covered in teaching on spirituality in medicine is shown in Fig. 2. Teaching on different faiths and cultures and on the link between spirituality and health is delivered in 70% ($n = 7$) and 80% ($n = 8$), respectively, of the medical schools that deliver teaching on spirituality. However, only 40% ($n = 4$) of these schools include spiritual history taking and only 30% ($n = 3$) include spiritual counselling. The majority of these schools cover more than one topic in the curriculum. The 'other' topics taught include: the philosophy of spirituality; ethics and faiths, and ethical aspects of dilemmas derived from specific religious beliefs. A total of 40% ($n = 4$) of

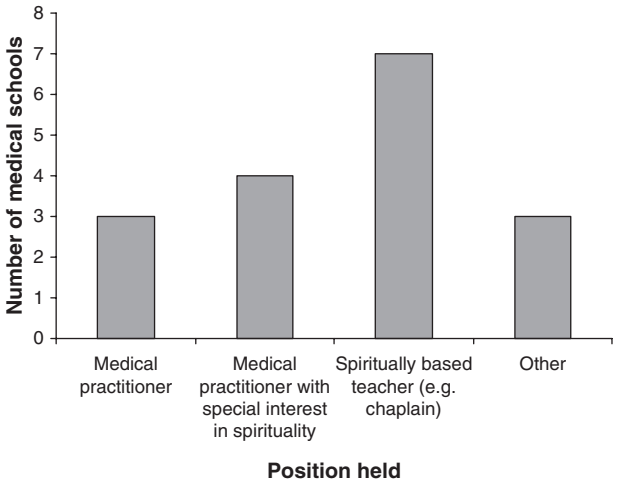

Figure 1 Positions of staff who deliver teaching on spirituality in UK medical schools

medical schools that provide teaching on spirituality also provide students with the opportunity to spend time with a hospital chaplain whilst they are undertaking pastoral duties.

A total of 60% ($n = 6$) of the medical schools that include teaching on spirituality receive feedback from their students on its relevance. Of this feedback, 83% ($n = 5$ schools) is positive and the remainder indifferent ($n = 1$); no negative feedback was reported. A total of 30% ($n = 3$) of medical schools that currently provide teaching on spirituality plan to increase the amount of such teaching.

Section B

In total, 88% ($n = 15$) of respondents provide teaching in CAM. In 12 cases (80%) this teaching is compulsory or has both compulsory and optional components, compared to 5 cases (50%) in spirituality.

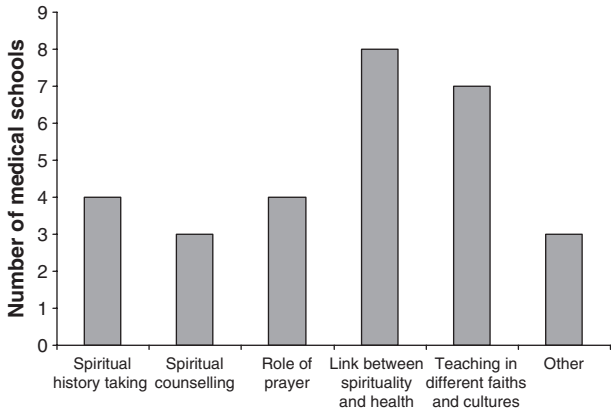

Figure 2 Topics covered in teaching on spirituality in medicine in UK medical schools

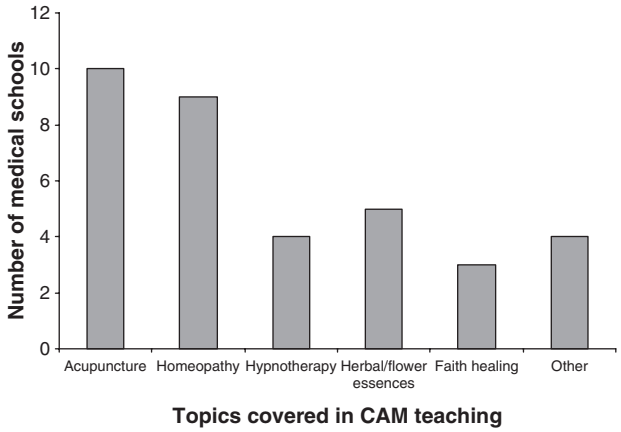

Figure 3 Topics covered in complementary and alternative medicine (CAM) teaching in UK medical schools

The range of topics covered in CAM teaching is shown in Fig. 3. The 'other' topics covered include reflexology and manipulative therapies. There is some overlap in spiritual teaching and CAM teaching as 3 (20%) medical schools provide teaching on faith healing as part of their CAM curricula. One of these medical schools stated that it does not provide any teaching on spirituality.

The data relating to the amount of teaching on CAM is incomplete as many respondents failed to complete this section of the questionnaire. However, from the available figures, quantities range from 1 lecture and 1 tutorial to 3 lectures and 3 workshops in the entire curriculum.

DISCUSSION

This study demonstrates that 59% of the medical schools in the UK that took part in this survey currently provide teaching on spirituality in medicine. The teaching is carried out either as a compulsory element of the curriculum (20%), as an optional component (50%), or as both compulsory and optional components (30%). However, for the purpose of applying this data to all UK medical schools, we made, as stated earlier, several assumptions. This results in the finding that a minimum of 31% and a potential maximum of 78% of UK medical schools currently provide teaching on spirituality. However, the actual proportion of UK medical schools that provide teaching on spirituality is more likely to lie between 31% and 59%. This is still someway behind

the US medical education system, where over 75% of medical schools provide teaching on spirituality in medicine.[13]

A broad range of topics are covered in courses on spirituality in medicine. Of the schools that provide teaching on spirituality, 80% cover 'the link between spirituality and health' and 70% include teaching on 'different faiths and cultures'. This is important on a practical level as cultural and religious diversity is increasing in the UK and doctors need to be aware of specific beliefs which might affect patients' medical decisions**.** However, only 40% of schools that provide teaching on spirituality include spiritual history taking and only 30% include spiritual counselling. The relatively small proportion of medical schools that teach spiritual history taking should be noted as this is a skill that all doctors could potentially utilise in identifying patients with specific spiritual needs as part of the delivery of holistic care. One of the guiding principles in the provision of medical services is patient-centred care;[18] if patients want to discuss their spiritual beliefs or concerns with doctors, then doctors need to be adequately prepared to handle them or at least be aware of the spiritual services that are available to patients.

The findings of section B of the questionnaire support earlier predictions that section A of the questionnaire alone may have failed to identify some of the available teaching on spirituality in medicine. A total of 20% of medical schools that teach CAM courses include the topic of faith healing, and one of these schools stated that there was no teaching on spirituality in its curriculum. By contrast with the 59% of respondent schools that provide teaching on spirituality in medicine, 88% provide teaching on CAM. Furthermore, 80% of the courses in CAM are compulsory or have both compulsory and optional components, compared with 50% of courses in spirituality.

The comparison between CAM and spirituality is pertinent as the field of CAM also acknowledges patients' desires for more supportive and holistic care and for something other than what is available in conventional medical treatment. In addition, CAM is referred to in the General Medical Council document *Tomorrow*'s Doctors, which states that '…graduates must be aware of the existence and range of such therapies, why some patients use them, and how these might affect other treatments that patients are receiving'.[18] Although these guidelines cite the need to 'respect patients' culture and beliefs', which may include spiritual beliefs, there is no explicit mention of patients' spirituality as a category of its own.

The objectives of an American medical school that has incorporated spirituality into the curriculum include: expanding students' conceptualisation of the patient as a person to include dimensions of spiritual beliefs and needs; developing an understanding of how patients' spiritual belief systems impact their health, and highlighting the value of the chaplain as a member of the health care team.[19] Of the UK medical schools that currently provide teaching on spirituality in medicine, 40% provide students with an opportunity to spend time with a hospital chaplain during pastoral duties and 1 medical school described plans to provide such opportunities in the future. Two other medical schools also plan to increase the amount of teaching on spirituality in medicine, reflecting heightened awareness among medical educators of the value of such teaching.

A survey of 137 Year 3 US medical students, carried out to assess exposure to and attitudes towards spiritual issues in medicine, showed that greater exposure to spiritual issues predicted more positive attitudes towards the role that spirituality plays in the provision of optimal health care.[20] This study suggests that if a greater proportion of medical students are taught about spiritual issues within medicine, they may be more receptive to discussing these issues with patients in the future. If these students develop an increased understanding of the role that spirituality plays in health, as well as the spiritual services that are available to patients, they will be better placed as future doctors to meet the needs of their patients.[19]

Although we support the development and expansion of teaching on spirituality in medicine, there are those who question its relevance and the strength of evidence in favour of its inclusion. One study conducted to investigate the relationship between religion or spirituality and pain in a chronic pain population found that compromised mental health status in these patients was related to negative religious coping.[21] For example, feelings of being punished or abandoned by God were seen as a potential negative effect of spirituality on health.[21] Sloan *et al.* suggest that it may still be premature to promote spirituality and religion as 'adjunctive medical treatments'.[22]

However, a simple spiritual assessment as part of the medical consultation may be a practical first step in incorporating a consideration of patients' spirituality into medical practice. Spiritual history taking could

be incorporated into the current medical curriculum at the stage when students learn to take medical histories, as an extension of social history taking. This initial inquiry about spirituality would also serve to let patients know that these issues can be discussed in the future if required.[7] Perhaps, in order to move forward, we need to look to the past when, prior to increased specialisation, doctors would address all aspects of patient care. The holistic doctor would be adequately equipped to identify patients with specific spiritual as well as physical needs, and would at least be aware of the spiritual services available to them.

There are several limitations to this study. Firstly, there is little knowledge of the nature of teaching on spirituality within the undergraduate medical curriculum in the UK and so comparisons were made with literature relating to medical schools in the USA. However, it is recognised that cultural differences exist between the American and UK populations and these need to be taken into account when reviewing this literature. Only 1 follow-up to the questionnaire was possible and more follow-ups may have yielded an even better response rate. Cohen *et al.* state that 3 follow-ups can increase response rates to a questionnaire by as much as 35%.[17] Another possible weakness of the study is the fact that the questionnaire may not have reached the most appropriate person, despite our previously described attempts to minimise this. We may have failed to identify some teaching activities because we addressed the questionnaire to medical education units and we may have obtained slightly different figures if palliative care units had also been addressed. It is also noted that spirituality may be covered within the curriculum without being formally taught. One respondent school commented that although it includes no formal teaching on spirituality, in true patient-centred consultations students and doctors will unfold the psychological, social, medical and spiritual narrative of the patient and hence spirituality will be implicit in consultation skills teaching. The individual topics under the umbrella headings of 'link between spirituality and health' and 'teaching in different faiths and cultures' were not discerned and this somewhat limits the information on specific content being taught.

There is still a vast amount of potential research in this field to expand on the limited amount of literature relating to the role of spirituality in medicine in the UK. Spirituality is often assumed to be a very personal and private affair for many people, and patients in the UK may be less willing than American patients to discuss their beliefs with doctors. By contrast, patients may prefer to discuss their spirituality rather than their bowel motions or sexuality. In the literature that is available relating to the UK, Murray *et al.* found that many patients in their last year of life expressed spiritual needs.[5] However, some patients did not necessarily see spiritual care as part of the doctor's responsibility and sometimes actively sought to disguise their spiritual distress.[5] In order to gain a deeper understanding of how spirituality in medicine applies to patients in the UK, further studies are required to quantify the number of patients who would value an enquiry into their spiritual beliefs and assessment of their spiritual needs.

In conclusion, although 59% of respondent medical schools (UK range: 31–78%) currently provide some form of teaching on spirituality, there is significant room for improvement. The 53% response rate could have been better and may reflect an underlying lack of interest in this subject on the part of medical educators. This study has shown that there is little uniformity between medical schools with regards to the content, form, amount or type of person delivering teaching on spirituality. We propose that it would be beneficial to reach a consensus on the content and amount of teaching on spirituality to be included in the medical curriculum and to introduce a standardised curriculum across all UK medical schools. We recognise that there is already much competition for space in the curriculum and suggest that topics could be split into compulsory core material, such as spiritual history taking, and optional topics. A vast array of topics could be included in the curriculum, covering, for example: the role of the hospital chaplain (with shadowing opportunities); meditation; prayer and consciousness research; the mind–body–spirit connection, and evidence of benefits of spirituality in medicine. This could be facilitated by forming a committee of persons interested in the field of spirituality in medicine along with those responsible for deciding the content of the medical curriculum. We may also learn from the progress that our American counterparts have made in the implementation of such courses in recent years, rather than re-inventing the wheel.

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