

General practitioners and their possible role in providing spiritual care: a qualitative study

Scott A Murray, Marilyn Kendall, Kirsty Boyd, Allison Worth and T Fred Benton

SUMMARY

We interviewed the general practitioners (GPs) of 40 patients with life-threatening illnesses over the course of the last year of life. We asked them to identify their patients' holistic needs, and to discuss whether they considered that they had a role in providing 'spiritual care'. The GPs varied greatly in their understanding of their patients' experiences and needs. Most said that they had a role in providing spiritual care, but hesitated to raise spiritual issues with patients, mentioning lack of time, a feeling that they should wait for a cue, or being unprepared or unskilled.

Keywords: holistic health; general practitioners; lung cancer; cardiac disease; palliative care; qualitative research.

Introduction

General practice has holistic care, which includes spiritual care, as a core value.¹ The whole-person approach to medicine may be incomplete if it excludes consideration of the spiritual dimension.² For the purposes of this study, we considered spiritual needs to be the needs and expectations that all humans have to find meaning, purpose, and value in life. Such needs may be specifically religious, but even people who have no religious faith or are not members of an organized religion, have belief systems that give their lives meaning and purpose.³ Spiritual care is about helping people whose sense of meaning, purpose, and worth is challenged in the face of illness.³ Unaddressed spiritual needs may jeopardise physical healing⁴ and so an awareness and some assessment of this dimension may aid general practitioners (GPs) in providing effective care.

We conducted a community-based, prospective interview study of 40 patients with one of two life-threatening illnesses, and their informal and professional carers. We found that many patients and their carers had spiritual concerns in the last year of life.⁵ In this paper, we focus on selected data from interviews with GPs that address the following research questions in the context of end-of-life care:

- Do GPs perceive that they have a role in providing spiritual care?
- What do GPs perceive as helping and hindering them in assessing spiritual needs and providing spiritual care?

Method

A qualitative approach was used to gain access to people's personal beliefs and understandings. An experienced social scientist carried out 3-monthly telephone interviews for up to 1 year with the GPs of 20 patients with inoperable lung cancer and 20 patients with New York Heart Association grade III or IV cardiac failure. We asked GPs to identify their patient's needs, considering the physical, psychological, social, and spiritual domains. We did not define what we meant by 'spiritual needs', permitting the GPs to reply using their own vocabulary and understanding of the term. Most responded readily, and our data thus displays the key themes which emerge from the understandings of GPs concerning their patients' spiritual needs. We did not wish to define and hence limit the concept, and only rarely did a GP ask for clarification of the term. We specifically asked whether they saw dealing with people's spiritual

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Submitted: 19 December 2002; Editor's response: 30 May 2003; final acceptance: 19 August 2003.

©British Journal of General Practice, 2003, 53, 957-959.

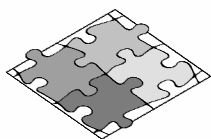
HOW THIS FITS IN

What do we know?

The whole-person approach to medicine may be incomplete if it lacks consideration of the spiritual dimension.

What does this paper add?

Most GPs perceive that they may have a role in providing spiritual care to palliative care patients, but lack time and appropriate strategies to address such needs.



needs as part of their role. The interviews were tape-recorded, transcribed, and analysed with the aid of the software package Nvivo.

Results

Do GPs have a role in providing spiritual care?

When asked if they saw dealing with people's spiritual needs as part of their role, most GPs answered that they did:

'That's a silly question, isn't it? If I saw myself as dealing just with the physical problems I wouldn't get anywhere. I couldn't do the job. You would just push the button and get one answer. That's not what I do.'

However, many said 'Yes, ... but':

'Yes, I do see dealing with these as part of my role. But I generally consider that it would be up to him and his wife to raise them and they haven't done so to date.'

'I do see these as part of my job, but we don't tend to talk about them...'

None of the 40 GPs responded 'no' to the question, even though the question was couched in terms that made a negative response acceptable.

What factors constrain or facilitate discussion of spiritual needs?

In response to this question, a theme emerged about patients being the 'right or wrong sort of person' to constrain or facilitate discussion of spiritual needs:

'Em, it depends on the patient, I would think it would be quite easy with him, but maybe more difficult with his wife.'

Some patients were considered the 'wrong sort of person':

'Not with this patient because he's not really that kind of a guy.'

'It's difficult for me with this patient because I don't actually like her very much.'

'I certainly do see these as part of my role and am keen to do more. But it's not possible with everyone. Some people are very open to it and others are like a brick wall. You can't make people talk to you about death and dying. The same with relatives too. Sometimes you can involve them and sometimes you can't.'

However, some patients were deemed the 'right sort', and they made it easier for the GP, or other staff, to discuss spiritual needs:

'She's a particularly nice lady, a very stoic, insightful, intelligent lady, and has quite a positive outlook on life, so she has made it remarkably easy for the health professionals who encounter her to help her.'

'Yes I do think it's part of my role to deal with these, provided the patient is happy with that. Of course, as with anything, that won't always be the case and then I would refer on. The key to it is your relationship and the empathy between the receiver and the giver. It won't always work and so you can't always do it yourself.'

The other issue commonly raised was time constraints:

'But, yes, I mean, I think it is part of our job, you know, we try and ... well most of us try and practise [a] fairly holistic type of approach (laughing) and it's difficult, it's frustrating when we can't spend time with people but you have to realise that, you know, you're a limited resource and, you know, if we spend three-quarters of an hour with one patient, you're spending 5 minutes with the other three (laughing).'

Discussion

Most GPs found their work with palliative care patients both challenging and satisfying. Our data indicate that many GPs in Lothian conceptualise their patients' spiritual needs as much broader than simply religious needs. They include needs relating to the meaning and purpose of life, which patients may have even if they do not verbalise them.

Most GPs have a high awareness of the potential spiritual needs of their dying patients, and consider that they have a role providing care, but lack time and appropriate strategies to introduce the subject as part of their consultations. A few GPs were constrained by factors such as feeling personally uncomfortable in exploring this area, lacking confidence in both the language and the concepts involved. This suggests that GPs (and other healthcare professionals) require supportive working practices, and training to enable them to explore spiritual needs, handle uncertainty, and provide appropriate interventions.

A simple multi-dimensional assessment tool may help clinicians to adopt a holistic approach to end-of-life care.⁶ Alternatively, clinicians might simply find questions such as 'What are the things that keep you going?' or 'What is important to you' helpful in opening up a discussion of spiritual needs. But, most of all, GPs need time to listen to, care for, and comfort patients and their carers; time to practice holistic care.

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Acknowledgements

We are grateful to the general practitioners involved for taking part in the study. This study was funded by the Chief Scientist's Office of the Scottish Executive.
