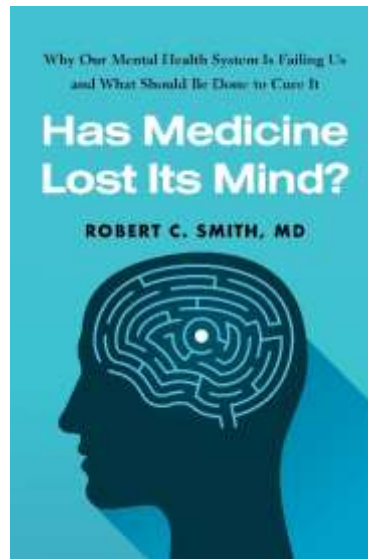


HAS MEDICINE LOST ITS MIND?



Newsletter 7: SPIRITUALITY IN HEALTHCARE June 2024

Dear (name),

Just as I was about to send this Newsletter, the book cover (above) for *HAS MEDICINE LOST ITS MIND?* arrived. I wanted you and the rest of my email group to be the first to see it. Prometheus Books will publish the book in March 2025. For more detail, see my website: <https://www.robertsmithmd.com/>.

As you know, my book addresses the failure of medicine and medical education to go beyond physical diseases to include patients' mental illnesses and other psychological and social features. That is, it must consider the whole person, not just the person's disease.

Today, I address how **spirituality** is the most excluded of all mental and psychosocial features by medicine. Nevertheless, there's research data showing that addressing a patient's spiritual needs improves their physical and mental health. The most robust research was reported by Tracy Balboni and colleagues in *JAMA* in 2022: [jama balboni 2022 sc 220002 1660748706.29282.pdf \(msu.edu\)](https://doi.org/10.1001/jama.2022.220002). They



NCD Medic: Nine Different Spiritual Styles
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reviewed evidence from over 15,000 research papers and selected the most rigorous of those to analyze the associations of spirituality with health. To improve serious illness, they concluded we must: 1) incorporate spiritual care into patient care; 2) train physicians and other caretakers in spiritual care; and 3) integrate clergy and others trained in spiritual care into everyday care. To improve patient and population-based health outcomes, they concluded we should: 1) incorporate patient-centered and evidence-based spiritual approaches; 2) increase health professional awareness of evidence for the protective association between spirituality and health; and 3) recognize spirituality as a social factor in community health, research, and program implementation.

Recently Dr. Katelyn Long and colleagues investigated how well American medicine is acting on the Balboni recommendations. In the journal *Health Affairs*, [Spirituality As A Determinant Of Health: Emerging Policies, Practices, And Systems - PubMed \(nih.gov\)](#) defined *spirituality* as a “dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant of sacred.” In contrast, *religion* was defined as just one subset of spirituality.

The authors reviewed current federal, state, and local policies and practices to determine the extent of improvement and to make recommendations for the future. They concluded that the collective evidence demonstrated some movement toward mainstreaming a model of human health including spiritual factors. But their main emphasis was on how much remained to be done in the following areas: research, diversity, elucidating harms as well as benefits, and specific health interventions. For example, policy makers and educators need to: develop specific curriculums for educating the public as well as medicine; strengthen the relationships between the spiritual and public health communities; resolve payment issues; improve national coordination between academic and faith groups to better understand and measure efforts; and develop funding that maps activities, documents best practices, and evaluates the impact of spiritual interventions on health.

You can see the complexity of including just this one part of patients’ social features. Including their other social dimensions as well as their psychological and mental health aspects is similarly complex. A major point of *HAS MEDICINE LOST ITS MIND?* is that there’s no quick, easy fix. Training clinicians and others will require large amounts of time for the now ignored psychosocial aspects of medicine. Right now, medical schools devote no more than 3 percent of total teaching time to these issues even though mental illnesses are the most common health condition practitioners face. Here’s how radical the change will need to be: a minimum of 30 percent of teaching time will need to be devoted to mental health disorders and all other psychosocial features. That’s at least a ten-fold increase in curriculums already jam-packed with disease material. We’ve got work to do! *HAS MEDICINE LOST ITS MIND?* tells exactly how to proceed.

Thanks for joining this revolution in medical care and in the way medicine thinks, acts, and feels.

Bob
Robert C. Smith, MD