



Spirituality in Treatment and Medical Ethics

Maryam Montazeri¹, Fariba Borhani², Saeid Nazari Tavakkoli^{3*}

¹ PhD student of Medical Ethics, Department of Medical Ethics, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Associate professor, Medical Ethics and Law Research Center, Medical Surgical Department of Nursing and Midwifery School, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³ Associate Professor, Department of Jurisprudence & the Essentials of the Islamic Law, Faculty of Theology and Islamic studies, University of Tehran, Tehran, Iran

DOI: 10.24896/jrmds.20175623

ABSTRACT

Background and Objective: although medical community was familiar with two concepts of treatment and ethics, spirituality of human life and development of medicine as well as diverse diseases highlighted the role of spirituality in treatment and medical ethics. This review evaluates the role of spirituality in treatment and medical ethics. *Materials and Methods:* textbooks and studies published since 2000 to 2015 available in Google, Google Scholar, PubMed, Science Direct Embase, Web of Science and Scopus were searched by the keywords "spirituality", "treatment", "medical ethics", and "holistic treatment" and reviewed. *Results:* 11 textbooks and studies emphasized the role of spirituality in treatment and medical ethics. *Conclusion:* Spirituality plays a significant role in treatment and medical ethics. Hence, it is suggested to take serious steps for internalizing spirituality in healthcare structures.

Keywords: Spirituality, Treatment, Medical Ethics, Holistic Treatment

HOW TO CITE THIS ARTICLE: Maryam Montazeri, Fariba Borhani, Saeid Nazari Tavakkoli, Spirituality in Treatment and Medical Ethics, J Res Med Dent Sci, 2017, 5 (6): 131-136, DOI: 10.24896/jrmds.20175623

Corresponding author: Saeid Nazari Tavakkoli
e-mail ✉ sntavakkoli@ut.ac.ir

Received: 15/06/2017

Accepted: 10/10/2017

INTRODUCTION

Available resources in the field of health are increasingly highlighting the role of spirituality in health system and diseases [1]. By spirituality, human realizes the purpose of life; spirituality helps people understand different aspects and spiritual dimensions of life and achieve true peace and real hope by practicing medical treatments. Spirituality is an important aspect of human health. In general, spirituality provides an integrated relationship between internal forces. Spirituality is characterized by stability in life, peace, balance and harmony, feeling of closeness to self, God, society and environment [2]. Earlier studies had shown that people use spirituality and related practices to have a longer lifespan. Spiritual patients may use their beliefs to cope

with illness, pain and tension in their lives. For many people, spirituality leads to a positive view and better quality of life; for these people, spiritual welfare is the ability to enjoy life even at the peak of disease symptoms and confrontation with death [3]. It is not possible to provide a single definition of spirituality; various researchers have used various methods to define spirituality [2-6].

Spirituality is the Arabic form of Minoy. Dictionary of Dekhoda defines spirituality as 'attributed to meaning, opposite of material, formal, visual and verbal'. Nazem al-Atteba defines spirituality as true, original and pure. According to Jorjani, spirituality is a meaning which is realized only by the heart and not the language [7]. In the Dictionary of Medicine, spirituality derived from the Latin word spiritus is defined as related to or affecting human spirit and in contrast to physical [8]. Spirituality is an important aspect of human health. In general, spirituality provides an integrated relationship between internal forces.

Spirituality is characterized by stability in life, peace, balance and harmony, feeling of closeness to self, God, society and environment. Spirituality is the only force which coordinates physical, psychological and social dimensions and it is required for adjustment to the disease. Lack of spirituality causes mental disorders such as loneliness, depression and loss of meaning of life [5,6,9,10]. The American Pastoral Care Association defines spirituality as a part of human existence which refers to individual methods for seeking meaning and shows how people are linked to any moment of time, to self, to others, to nature and to beyond [11,12]. For many years, the holistic approach to human has led to integration of spirituality and medicine. Spiritual treatment has always been an important part of medical treatments in the ancient East. Famous Iranian philosophers have noted the role of spirituality in medicine in ancient medical books. Iranian medicine with thousands of years of experience has a holistic approach based on integration of body, soul and mind. This approach is not limited to treatment; instead, it promotes health and quality of life. In modern medicine, treatment is part of health care and refers to all practices done after development of physical or mental illness to restore previous health and eliminate effective factors on reduction of average human life by providing opportunities to increase longevity [4]. Dictionary of Dehkhoda defines treatment as anything which removes the pain and disease [7]. In Dictionary of Medicine, treatment is defined as patient care and management in order to deal with disease, to cure or prevent disease, disorder or injury; treatment refers to deployment of therapeutic methods [8]. Given from Poursina teachings about treatment - noting three aspects of health and nutrition, drug use, massage and scrubs - to date, various methods have been used for treatment; one of these methods is holistic palliative treatment [9]. This treatment involves physical, psychosocial and spiritual cares. Holistic treatment which emphasizes human as a whole highlights the role of medical ethics and considerations related to ethical concepts of treatments. Ethical considerations enable therapists to include different treatments such as spiritual treatment in framework of medical ethics and implement inclusive treatments to meet needs of patients by considering human as whole, human rights, social and cultural differences, distinction between religion and spirituality, holistic biological, psychological, social and

spiritual role [13-15]. The term medical ethics has emerged in 1970s. Medical ethics is an interdisciplinary field and a branch of applied ethics related to ethical considerations in medical profession. Most of words and concepts of medical ethics are derived from philosophy. In short, ethics is an essential component of medical profession. Ethical considerations such as respect for others, informed consent and confidentiality in doctor-patient relationships are fundamental principles of this science [16]. Spirituality has always been linked with health historically, intellectually and functionally. Spirituality has been considered by researchers and scholars in the field of health and treatment, and health and education policy makers [15-20]. Despite great efforts of researchers in measuring effect of spiritual methods on patients by quantitative studies and concepts related to spiritual health, no study has been conducted so far on the role of spirituality in treatment and medical ethics; thus, this review addresses this subject.

MATERIALS AND METHODS

This study examined the role of spirituality in medical ethics and treatment by reviewing previous studies. The texts were searched manually and electronically. Electronic search was done in Farsi and English from 2000 to March 2015 via Google, Google Scholar, Scopus, Web of Science, Science Direct Embase, PubMed and some Iranian journals. The words searched in these databases which were based on medical subject headings (MeSH) included spirituality, spiritual therapy, medical ethics, holistic treatment, spirituality in medical and nursing care, spirituality in health and well-being. To access a greater range of literature, the list of references available in the studies were also searched and studied. Moreover, national and academic libraries were manually searched to collect headings which were most related to the subject. This study mainly focused on Iranian history and culture, because inclusion of other countries would lead to longer discussions.

Inclusion Criteria

Studies published in languages other than Farsi and English, studies related to children, studies which had addressed spirituality from perspective of therapists and patients, quantitative studies, studies which had confused spirituality with religion, studies which had repeated other studies

and textbooks were excluded. Some older studies were also excluded. Abstracts were reviewed over one year. Of 750 valid references, 100 references were first isolated. Then, 50 of these 100 references which were most related to the subject were isolated. Apart from older references with specific definition of spirituality not religion, contemporary references which had defined and explained the role of spirituality, rather than religion, in treatment and medical ethics based on the definition provided by the American Pastoral Care Association were analyzed. Although the focus was on studies conducted in 2000-2015, many Iranian studies had referred to older texts; thus, the author had to refer to older references. At the end, 11 references defining, explaining or developing the role of spirituality in treatment and medical ethics were selected for the review.

RESULTS

Of 11 selected references, 5 references [21-25] were Iranian and 6 references were written by prominent American scientists.

Role of Spirituality in Treatment and Medical Care in Iranian Literature

Zakariya al-Razi (854-925 AD) in his *Spiritual Medicine* believes that the goal of spirituality in medicine is moral self-improvement. Prevention of desire and fight with what natures convert to are the noblest and loftiest principles to achieve the goal of spiritual medicine. In twenty chapters of *Spiritual Medicine* which is psychology of morality and ethics in medicine, al-Razi [20] emphasizes spirituality as moderator of actions of three natures (rational, ..., sensual). Pragmatic solutions of al-Razi in his *Spiritual Medicine* indicate his rationalism in more than 1000 years ago. This rationalism has been exploited by many modern institutions and borrowed by principles of medical ethics and treatment based on spirituality. Al-Razi began *Spiritual Medicine* by praising the wisdom and ended by challenging fear of death; they both promote mental and physical health. A close relationship can be seen between spirituality, treatment and medical ethics in the *Spiritual Medicine*; this relationship sometimes makes it difficult to separate theoretical concepts. According to Yousefpour [21], Poursina and Farabi used spirituality in treatment by borrowing from Aristotle's approach and teachings of the Quran. Yousefpour believes that ethics is religious and related to knowledge.

By mystical study of spirituality, Yousefpour considers Molana as a philosopher who used spirituality in ethics and extended it to philosophical medicine. According to Yousefpour, treatment is entirely dependent on spirituality; mystical spirituality leads to revelation beyond the Earth and approaches metaphysic and superhuman domains. Spiritual philosopher approaches to the perfect essence of the Creator; healing is an eternal characteristic of the spiritual philosopher for whom human pain and treatment is abstract.

The author finds an essentialist attitude in this approach to spirituality, which is not related to monasticism and asceticism. This supernatural attitude can indicate the role of spirituality as one of human instruments to eliminate shortcomings and approach to a characteristic of the Creator which is perfection, healing and existence. Ranjkesh [22] addressed the role of spirituality in medicine and treatment. Ranjkesh showed that spirituality as a spiritual world has left its footprint in the Iranian civilization more than four thousand years ago. Although Ranjkesh used historical documents to provide a clear image of spirituality in treatment, he only noted scientists such as ... and ... who believed that ethics and medicine are inseparable and linked to spiritual world. Ranjkesh believed that medical ethics is a part of treatment. Tabatabaei [23] studied foundations of medical ethics in Islamic texts. Comparing ancient Iranian texts and post-Islamic texts, Tabatabaei noted four foundations of medical ethics, autonomy, benevolence, beneficence and justice. Tabatabaei showed that these four foundations are consistent with modern medical ethics. Although Tabatabaei addressed spiritual concepts, he did not note spirituality as an abstract element. However, Tabatabaei focused on ethics and ethical criteria, which are highlighted in treatments and research of the great Iranian physician, al-Razi. Through a methodological study using documentary data collection and seven-stage analysis of Walker and Avant, Abasi [24] defined spirituality and described its relationship with spiritual health. Although Abasi believed that no single definition of spirituality could be provided, he found that its role in spiritual health is undeniable. Abasi holistically addressed health which includes treatment and medical ethics.

Role of Spirituality in Treatment and Medical Care in Global Literature

Anandrajah [25] showed that spirituality plays an important role in modern treatment, starting from the first efforts of the therapist in spiritual evaluation of the patient. According to Anandrajah, most studies conducted by 2001 had emphasized that spirituality is a part of human nature on which any successful treatment plan is developed. Anandrajah developed instruments to measure spirituality. Anandrajah's approach and the role considered by Anandrajah for spirituality in medicine could provide a good reference for studies on spirituality in treatment.

Through a conceptual study based on increasing need for understanding of spirituality and its distinction from religion, Frey [26] could provide a measure based on which scholars can study spirituality in treatment and medicine. Frey used analysis of concept which is a linguistic process applicable in social and nursing sciences for conceptual development of spirituality. Frey criticized methods of scientists such as Daaleman [19] and believed that grounded theories were inefficient in defining spirituality in treatment and health. Frey had a psychological approach to spirituality, while spirituality cannot be considered as an entirely psychological matter, because spirituality is different from psychology in nature. Perhaps, Frey's approach can explain the role of spirituality in treatment partially; however, his approach is theoretically challenged from perspective of ethics. Puchalski [18] published a series of research papers containing his extensive studies regarding spirituality and its role in treatment. In particular, his efforts led to inclusion of spirituality in clinical approaches and guidelines of the American Palliative Care Association; currently, spirituality plays a central role compared to social, psychological and physical factors in treatment plan of patients. The role considered by Puchalski for spirituality in treatment and ethics is variable and depends on the context, culture of origin, beliefs and values. Openshaw [27] addressed medical ethics in interventions of psychologists and social workers. Openshaw showed that spirituality plays an important role in codes of ethics in the field of psychological interventions. Accordingly, his codes of ethics are currently a reference for American Aid Society.

DISCUSSION AND CONCLUSION

Spirituality is undeniably present in Iranian medicine. In Iranian ideology, creation was initially free of death and disease until creators experienced illness by attack of the Devil; the God created treatment against diseases. According to Vendidad which is a part of Avesta, Treata the first physician of Iran and the world believed that spiritual world is free of diseases and used spirituality for treatment of patients [23]. In post-Islamic references, spirituality can be addressed from two separate aspects: philosophical-theoretical and practical mysticism. Muḥammad al-Ghazālī in his *Deliverance from Error* classifies philosophers – who believe in their logic – to Dhryvn are atheist philosophers, Tbyyvn are nonbelievers and theologians reject two other groups. Followers of this group of philosophers are Poursina and Farabi who translated and explained works of Aristotle [22]. Poursina believed that physician should bring health and wellness to the patient, because spirituality considerably influences psychology [22]. Al-Razi writes in his *Spiritual Medicine* 'the man should try both physical medicine and spiritual medicine which is the same psychology; indeed, reasoning and proof and arguments are in mitigation of actions [20]. Unlike long realization of spirituality in cultural context of Iran, considerable advancements have been made in American and European countries despite the fact that scientific studies regarding spirituality roots back to several decades ago in these countries. Benson [17] found that spirituality could improve disease and promote health; his relaxation response theory is known for years. In the present era, advancements of medical knowledge, improvement of methods and technical interventions in relation to the factors threatening human life had completely failed to address problems in treatment of patient. Growth of technology and medical knowledge extends the consideration of strong spirituality teachings in different societies. Human is increasingly seen as a holistic part of the universe. In secular and modern structures of contemporary societies, development of medical sciences and technologies has not rejected the holistic approach to human. Currently, spirituality plays a robust role in conventional medicine [18-20]. Since 2000, extensive research has been conducted on the role of spirituality in treatment and advancements have been made in this regard.

Studies conducted by Sulmasy [17] who developed the most important model for spirituality in treatment followed by Puchalski were associated with clinical guidelines and new spiritual treatments; moreover, extensive research is currently ongoing [17-19]. Recently, medical centers have developed spirituality standards and included its solutions in treatment and medical ethics instructions. This has allowed the specialized treatment teams to consider spirituality in conventional treatment plans and use its methods in parallel to conventional treatments. Hence, patients are improved both physically and spiritually; this facilitates their adjustment to different complications of diagnosis and treatment. By understanding that spirituality is associated with higher satisfaction, better adjustment, reduced pain and anxiety for the patients, the treatment team helps the patients overcome their hopelessness and improve quality of their lives to receive interpersonal support more effectively and cooperate with the treatment team in order to reduce symptoms of disease and achieve better results. Currently, many organizations have realized the role of spirituality in treatment and medical ethics and value of its criteria. This study could provide a list of these organizations. Important organizations which have standardized ethical codes based on spirituality include Marie Curie Cancer Center in London, Washington's Institute for Health and Spirituality, Medical Association of America, American Society of Clinical Oncology, Nursing Ethical Codes of America, International Council of Nurses, Association of Professional Organizations, National Health Center of America, Joint Commission, Qualitative Palliative Care National Assembly, National Quality Forum, and National Association of Social Workers in the United States. Review of the studies conducted on spirituality, treatment and medical ethics shows that spirituality has always been highlighted. Considerable efforts have been made for definition and deployment of its components for human well-being and modern medicine. Appreciating efforts of other authors in this regard, this study suggests that health system approve the role of spirituality in treatment and medical ethics and take steps to institutionalize it in health and treatment structures.

Acknowledgments

This paper derived from medical ethics PhD thesis that is registered in Traditional school

of Shahid Beheshti University of Medical Sciences (SMBU). Hereby, the authors would like to express their gratitude for the sincere cooperation and assistance of the professors and colleagues at the Research Center and Department of Medical Ethics of Shahid Beheshti University of Medical Sciences.

REFERENCES

1. Craven RF, Hirnle CJ. Fundamental of nursing: human health and function. 4 th Edition, Lippincott & Williams & Wilkins Company: Philadelphia, 2003.
2. Fernsler JI, Klemm P, Miller MA. Spiritual well- being and demands of illness in people with colorectal cancer. *Cancer Nursing* 1999; 22(1):134-40
3. O'Brien ME. Spirituality in nursing: standing on holy ground. 1st Edition, Jones and Bartlett Publishing: Massachusetts.1998.
4. Mohseni M. Medical sociology. Tehran: Tahouri press, 1997.
5. Marandi A, Azizi F, The role, definition and difficulties in conceptualization of spiritual health in Islamic-Iranian society. *medical ethics* 2010;4(14):1-20.
6. Falahi-Khoshknab M, Mazaheri M. Spirituality, spiritual care and spiritual therapy. tehran: Specialized media of Welfare and Rehabilitation Sciences University, 2008.
7. Anon., n.d. Dictionary of Dehkhoda. [Online] Available at: <http://www.loghatnaameh.org>
8. Medicine Net. (URL://www.medicinenet.com/script/main/art.asp?articlekey=39154 online access: 2015/01/20).
9. www.tim.ir/teaching
10. Mesbah A, Conceptual analysis of spirituality and meaning. *medical ethics* 2010; 14(2):23-39.
11. Puchalski C , "Role of spirituality in health care."Gwish, 2300 K Street NW, Warwick Building, Room 336, Washington, DCBUMC PROCEEDINGS2001;14:352-357.
12. Omidvari S, Spiritual health, concepts and challenges. *Interdisciplinary research of Quran*. 2008; 1(1):5-17.
13. Safaeirad I, Karimi L, Shamusi L, Ahmadi-Tahour M, Relationship between spiritual well-being and mental health of students. *sabzevar university of medical sciences and medical services*. 2010;17(4): 274-280.

14. Spaulding D, Ethics in Spirituality and Therapy,
<http://www.goodtherapy.org/ethics-spirituality-therapy-web-conference.html>.
2016/31/07 online access.
15. World Medical Association. Online access 2016/31/7.
(URL://www.wma.net/en/30publications/30ethicsmanual/pdf/medical_ethics_manual_persian_2_edition_2009.pdf)
16. Cobb M, Puchalski CM, Rumbold B. Oxford textbook of spirituality in healthcare. Oxford University Press; 2012 Aug 9. Benson H. The Relaxation Response, reissue ed. New York: Avon, 1990.
17. Sulmasy DP, "A biopsychosocial-spiritual model for the care of patients at the end of life," *Gerontologist*, 2002;42(3):24-33.
18. Puchalski C. "Spirituality in the cancer trajectory." *Annals of Oncology* 23 (Supplement 3): iii49-iii55, 2012. doi:10.1093/annonc/mds088. Online access.
19. Daaleman TP, Perera S, Studenski SA. Religion, spirituality, and health status in geriatric outpatients. Department of Family Medicine, University of North Carolina, Chapel Hill, NC 27599-7595, USA. 2004. Online access: (URL://
www.annfammed.org/content/2/1/49.long)
07/31/2016.
20. Al-Razi MIZ, *Spiritual medicine*. s.l: ahl e ghalam, 2002.
21. Yousefpour MK, *Analysis of knowledge from perspective of Molana in Masnavi Molavi*. 1st ed. s.l.:Iran Book House. 2010.
22. Ranjkesh D, *history of medicine in Iran. Growth of education and history*, 2011.
23. Tabatabaei M, Kalantar-Hormozi M, *Foundations of Medical Ethics in Islamic Texts and Iranian*. *Journal of department of medicine*, 2011;35(1):1-6.
24. Abasi M, *Conceptual definition of spiritual health*. *Medical ethics*, 2012;6(20):5-10.
25. Anandarajah G, Hight E. *Spirituality and medical practice*. *American family physician*. 2001 Jan;63(1):81-8.
26. Frey BB, *Measuring a Dimension of Spirituality for Health Research Validity of the Spirituality Index of Well-Being*. *Research on Aging*. 2005;27(5):556-577.
27. Openshaw L, *Social work in schools: Principles and practice*. Guilford Press. 2008.