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CORRESPONDENCE

Spiritual Care in Patients With Advanced Cancer: What Does It Imply?

TO THE EDITOR: Balboni et al[1] report that patients with advanced cancer whose spiritual needs are met by the medical team have greater odds of receiving hospice care at the end of life. Receiving spiritual care was associated with better quality of life at the end of life. However, it remains unclear what kind of spiritual care was provided to achieve this result. The observations that patients with high religious coping have a higher likelihood of receiving aggressive care at the end of life,[2] which may be reduced when spiritual needs were supported by the medical team,[1] may suggest that the care provided by the medical team to patients with high religious coping either changed their belief system or changed their coping strategies. To allow for the first—a change in belief system—in-depth knowledge of and familiarity with the patient's religious beliefs and values is required, as well as excellent pastoral skills to counsel a patient toward a different frame of (religious) reference. In fact, going through such a transformation of significance is a difficult and intensive process,[3] requiring professional spiritual care. It is unlikely that support of doctors and nurses would have been sufficient to guide this process. The second option—a change of a patient's coping strategy—is also unlikely to have occurred. It has been shown previously that cognitive behavioral interventions in patients with advanced cancer may have a positive influence on patients' well-being, but this required an elaborate support program.[4] It is doubtful that medical professionals could have provided the kind of cognitive behavioral interventions that lead to a change in coping strategies. It is more likely that in this study, discussions of preparation and life completion were crucial in supporting the patients. As has been shown previously, end-of-life discussions are essential and valuable in optimal medical care for patients with advanced cancer.[5] Although it may well be true that patients have labeled this kind of care as spiritual care, in fact, this is not spiritual in terms of the definition of spirituality, viz. "an individual's relationship to and experience of the transcendent."[1,6] Although we agree with the authors that medical caregivers should be educated in providing patient-centered spiritual care, it is unlikely that the current study demonstrated "associations of spiritual care with medical care and quality of life near death," given that the conceptual and professional validity of the interventions labeled as spiritual care have not been established in the study.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

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