

Journal Watch

Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations With End-of-Life Treatment Preferences and Quality of Life

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Abstract

Purpose:

Religion and spirituality play a role in coping with illness for many cancer patients. This study examined religiousness and spiritual support in advanced cancer patients of diverse racial/ethnic backgrounds and associations with quality of life (QOL), treatment preferences, and advance care planning.

Methods:

The Coping with Cancer study is a federally funded, multi-institutional investigation examining factors associated with advanced cancer patient and caregiver well-being. Patients with an advanced cancer diagnosis and failure of first-line chemotherapy were interviewed at baseline regarding religiousness, spiritual support, QOL, treatment preferences, and advance care planning.

Results:

Most (88%) of the study population (N = 230) considered religion to be at least somewhat important. Nearly half (47%) reported that their spiritual needs were minimally or not at all supported by a religious community, and 72% reported that their spiritual needs were supported minimally or not at all by the medical system. Spiritual support by religious communities or the medical system was significantly associated with patient QOL ($P = .0003$). Religiousness was significantly associated with wanting all measures to extend life (odds ratio, 1.96; 95% CI, 1.08 to 3.57).

Conclusion

Many advanced cancer patients' spiritual needs are not supported by religious communities or the medical system, and spiritual support is associated with better QOL. Religious individuals more frequently want aggressive measures to extend life

Strengths:

A multi institutional study to view the impact of spirituality and religiosity on physical health, mental health, health-related quality of life, and other health outcomes.

Standard validated assessments tools like The McGill Quality of Life questionnaire, Zubrod performance score, Religious coping-Pargament's Brief RCOPE (14 items) were used to measure various factors associated with advanced cancer patients.

Weaknesses:

Selection bias, particularly the possibility of differences in R/S between participants and nonparticipants. Nonwhites were more likely to participate and were more religious.

The cross-sectional nature of this study limits the interpretation of the relationship between spiritual support and QOL to a hypothesis their association.

Relevance to Palliative Care:

- The importance of spirituality and religion in a tertiary care palliative care settings like ours where challenging patients with multicultural beliefs and spiritual background are admitted are highlighted. Including spirituality in whole-person care is a way of furthering our understanding of the complexities of human health and well-being.

Future Research:

Attention to R/S has been recognized as an important component of end-of-life care, as illustrated by the National Consensus Project for Quality Palliative Care guidelines.

However, additional research is essential to their appropriate implementation. Methods for meeting patient spiritual needs should be explored, and the impact of such interventions should be assessed.

In addition, the appropriate roles of various health care providers (eg, physicians, nurses) in managing spiritual needs should be clarified.