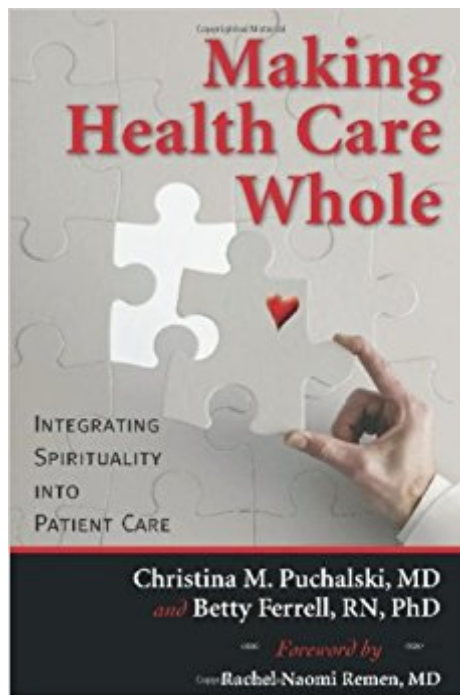




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Making Health Care Whole: Integrating Spirituality Into Patient Care



Synopsis

In the last fifteen years, the field of palliative care has experienced a surge in interest in spirituality as an important aspect of caring for seriously ill and dying patients. While spirituality has been generally recognized as an essential dimension of palliative care, uniformity of spiritual care practice has been lacking across health care settings due to factors like varying understandings and definitions of spirituality, lack of resources and practical tools, and limited professional education and training in spiritual care. In order to address these shortcomings, more than forty spiritual and palliative care experts gathered for a national conference to discuss guidelines for incorporating spirituality into palliative care. Their consensus findings form the basis of *Making Health Care Whole*. This important new resource provides much-needed definitions and charts a common language for addressing spiritual care across the disciplines of medicine, nursing, social work, chaplaincy, psychology, and other groups. It presents models of spiritual care that are broad and inclusive, and provides tools for screening, assessment, care planning, and interventions. This book also advocates a team approach to spiritual care, and specifies the roles of each professional on the team. ã ã Serving as both a scholarly review of the field as well as a practical resource with specific recommendations to improve spiritual care in clinical practice, *Making Health Care Whole* will benefit hospices and palliative care programs in hospitals, home care services, and long-term care services. It will also be a valuable addition to the curriculum at seminaries, schools of theology, and medical and nursing schools.

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Customer Reviews

In the last fifteen years, the field of palliative care has experienced a surge in interest in spirituality as an important aspect of caring for seriously ill and dying patients. While spirituality has been generally recognized as an essential dimension of palliative care, uniformity of spiritual care practice has been lacking across healthcare settings due to factors like varying understandings and definitions of spirituality, lack of resources and practical tools, and limited professional education and training in spiritual care. In order to address these shortcomings, more than forty spiritual and palliative care experts gathered for a national conference to discuss guidelines for incorporating spirituality into palliative care. Their consensus findings form the basis of *Making Health Care Whole*. This important new resource provides much-needed definitions and charts a common language for addressing spiritual care across the disciplines of medicine, nursing, social work, chaplaincy, psychology, and other groups. It presents models of spiritual care that are broad and inclusive, and provides tools for screening, assessment, care planning, and interventions. This book also advocates a team approach to spiritual care, and specifies the roles of each professional on the team. Serving as both a scholarly review of the field as well as a practical resource with specific recommendations to improve spiritual care in clinical practice, *Making Health Care Whole* will benefit hospices and palliative care programs in hospitals, home care services, and long-term care services. It will also be a valuable addition to the curriculum at seminaries, schools of theology, and medical and nursing schools.

Christina Puchalski, MD, is executive director of the George Washington Institute for Spirituality and Health (GWISH). She is on the editorial board of several palliative care journals and has served as chair or co-chair of several major conferences and initiatives in spirituality and health. She is the author of *Time for Listening and Caring: Spirituality and the Care of the Seriously Ill and Dying* (Oxford). Betty Ferrell is a research scientist at the City of Hope National Medical Center in California. She has devoted over thirty years to oncology nursing and research in the areas of quality of life, palliative care, and spiritual care. In 2007, Dr. Ferrell completed a master's degree in theology, ethics, and culture from Claremont Graduate University and, in 2009, she and Dr. Puchalski led a national consensus conference on improving the quality of spiritual care in palliative care.

The book provided the background information I wanted and needed. As someone who is just starting to work in the Chaplain Services department at a local hospital, *Making Health Care Whole*

helped me see the importance of weaving spiritual care in a hospital setting and provided a good framework for me to evaluate my experiences with some objectivity.

Good readable book

Good read

Powerful and important.

this book is very useful , I love it.

Book is in good shape, minimal wear. No rips or tears noted. Received the book within 2 weeks.

Thank you

As a Palliative Care chaplain, I loved this book and recommended it to members of my interdisciplinary team (physicians, nurses, nurse practitioners, and social workers). I found this to be a very helpful presentation of why spiritual care matters directed towards medical team members from other disciplines. The authors posit that the whole team provides spiritual care, and the chaplain is the expert on the team specializing in that area. It offers helpful and practical tools. As Betty Ferrell writes "if you are not providing excellent spiritual care, you are not providing palliative care"

I have been a chaplain (hospice) and pastor for over 30 years. I have just finished my thesis on end of life communication. So I think I can say this book lacks in two (and more) areas. First, the idea that clinical workers determine if someone should have a spiritual assessment assumes that some people are spiritual and others are not. First big mistake. Every patient should be viewed as a spiritual being regardless if they themselves reject the label. Second big mistake, no research evidence based practices explored in the book. The recommendations at the end of the chapters seem to have been created out of thin air. Most of the structure of care is either flow chart like the figure on page 98 (structured like a symptom checker on WebMD.) Or a series of steps. A better book is Ellershaw & Wilkinson (EDS.) Care for the Dying (2011). Typical misguide statements are found through out book. For example p. 165 it is assumed that illness disturbs the patient spiritual or transcendent nature. Research strongly has shown that illness generally strengthens the patient's

religious or spiritual outlook. But the book presents the idea that illness results in a negative spiritual crisis. It certainly can, but surprisingly, through interviews and surveys the opposite generally has been found. Does this bit of information change the way the clinical worker approaches patient? It sure does.

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