

Spiritual Caregiving: Healthcare as a Ministry

Verna Benner Carson PhD, RN
and Harold G. Koenig, MD;
Philadelphia, PA: Templeton
Foundation Press; ISBN 1-
932031-55-3; 242 pages; \$18.96

The goal of this book is to provide nurturing and support to clinicians in the healthcare system with special attention to providers who care for patients with conditions that have major spiritual implications. These conditions include chronic illness, traumatic injury, mental illness or major surgery. Moreover, the authors examine the provision of medical care to patients from the perspective of a ministry rooted in spirituality as opposed to a business with emphasis on the bottom line.

From the authors' perspective, ministry is an essential component of the physician's work, since physicians use their God-given talents and skills to heal those in need, provide comfort, and relieve pain and suffering. This medical ministry, coupled with prayer, is the foundation of spiritual healthcare. The authors envision a healthcare system that nurtures patients and their families, and provides an outlet for the physician to replenish his/her own spiritual health.

Spiritual Caregiving is divided into 10 chapters, which describe

medical care as a ministry, the current healthcare system and strategies for providing healthcare from a spiritual lens. Carson and Koenig remind us that we are not just curing broken bodies but "broken minds, hearts and souls." Therefore, the book provides innovative and holistic approaches for the care of the chronically ill, psychiatric, dying, surgical, newly disabled and other special patient populations. The diversity of a patient's and physician's culture, religion and the unique expression of one's divinity are also taken into consideration in these writings.

The authors offer the reader several valuable lessons. The heart of spiritual healthcare consists of expressing love, kindness and acts of compassion in the healthcare setting, which can be packaged in many ways—for instance, performing a small gesture to brighten a hospital-bound patient's day or providing assistance to a medical colleague who is overwhelmed on call. Physicians may consider being more mindful of the way we speak to one another and exude kindness around our peers. Additionally, physicians in management roles can move their worksite into a more spiritual environment by demonstrating these values in medical practice—respect for patients and colleagues, honesty, integrity, parity and hope. The creation of an atmosphere that upholds these principles leads to a sense of "feeling valued" among patients and staff and builds office morale.

Finally, many African-American physicians practice in institutions that constantly erode our self-esteem, devalue our competencies and are rife with "the isms." However, despite these daily insults, Koenig and Carson outline several strategies to keep clinicians spiritually grounded and focused.

These techniques include daily prayer and meditation, or filling your workspace with inspirational items such as books, music, photos and art.

I highly recommend this book to physicians who care for patients with complex medical concerns or would like to build their sense of spirituality while in medical practice.

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Serving Diverse Communities in Hospitals and Health Systems from the Experience of Public Hospitals and Health Systems

E.L. Martinez, L. Cummings, L.A.
Davison, et al.; prepared by
National Public Health and
Hospital Institute, Washington, DC

In *Serving Diverse Communities in Hospitals and Health Systems*, the authors succinctly compiled reports of case studies from nine National Association of Public Hospitals and Health Systems (NAPH), conducted a focus group targeting some of the chief executives of NAPH public hospitals on leadership activities needed to maintain culturally and linguistically appropriate healthcare. Besides, they developed web-based toolkit to assist in planning, implementing and sustaining a culturally competent healthcare delivery system. These high-ranking administrators made recommendations to the Department of Health and Human Services (DHHS) Office of Minority Health (OMH) so as to strengthen

culturally and linguistically relevant services in safety-net institutions.

A meticulous assessment of the report reveals the emphasis placed on an effective and dynamic leadership in setting an organization's tone and the extent of commitment to providing culturally competent care to patient population of diverse ethnic groups. The strength of the report is the professional commitment in providing details about leadership involvement, efficient organizational structure, staff development initiatives and interpreter service. This latter service, while extremely crucial because of the large number of immigrants who need healthcare services, has not been fully accorded priority in many of the outlined states covered in the report. A comparison of the Boston Medical Center (BMC)'s experience with those of Denver reveal the relevance of when the program started, the demographic characteristics of recipients of healthcare services and the necessity to democratize the delivery of healthcare services in some of the selected healthcare institutions. The need to accentuate the legacy of the Boston City Hospital (BCH), which has been very rich historically, is quite obvious because the institution has benefited not only from efficient medical officers but also from political leaders such as majors and philanthropists who have always supported the institution, recognizing the large and diverse ethnic population served in the area. Even before merging with BMC, BCH was the first hospital in the nation to establish interpreter services. It is quite unique that even "today, members of the interpreter services department attend scheduled appointments, walk-ins and respond to emergencies. Interpreters also routinely visit every unit to ensure clear communication between patients, staff and providers." The leadership cadre at BMC recognizes the singular importance of efficient and effective communication in the delivery



of healthcare services. The success accomplished at BMC is the direct result of existing diversity in the workforce, ongoing staff development and training, community relations and outreach programs designed to meet the needs of the community and the sense of ownership frequently demonstrated by healthcare recipients. The salient features of the BMC's program have created excellent prototypes to other institutions that are interested in developing meaningful and enviable culturally competent programs.

The authors have documented specific programs and the strategies adopted by other health institutions who participated in the initiative to serve diverse communities by providing culturally competent services to include: the San Francisco General Hospital Medical Center, Denver Health in Colorado; Harborview Medical Center, in Seattle, WA; Hennepin County Medical Center in Minneapolis, MN; Memorial Healthcare System in Hollywood, FL and NYCHHC—North Brooklyn Health Network/Woodhull Medical and Mental Health Center in Brooklyn, NY. These health institutions provided the demographic characteristics of their catchment areas and patient population. To a large extent, the paucity of many minority ethnic groups in such communities can serve as a barrier in providing culturally competent services to some patients who are in minority. Administrators are most likely to

have some difficulty in justifying the financial resources spent on programs in which patient population are particularly few.

Although Martinez et al. have successfully explored how best to serve diverse communities, the vivid errors of omissions lie in their weak editing of this compendium.

The scientific and classical use of "datum for singular and data for plural" is an irritating grammatical error in the report. On page 15, lines 11 and 12, there is so much inconsistency in the sentence structure. Regarding recommendation #3, which appeared on page 16, the sentence is grammatically incorrect. It should be restated as "hospitals and health systems that focus on implementation..." A synopsis of the legacy of BMC could have been instructive for healthcare executives who are inclined to providing culturally competent services in their area. Instead of the authors' annotated list of the services relevant for providing competent services, the authors will be able to boast of an outstanding report by outlining how many of the efficient services were developed, how they work, what makes them work and how they are being sustained. Finally, the readership needs qualitative and quantitative evaluation from patient populations attesting to the efficacy of the multifarious programs and services documented in this report.

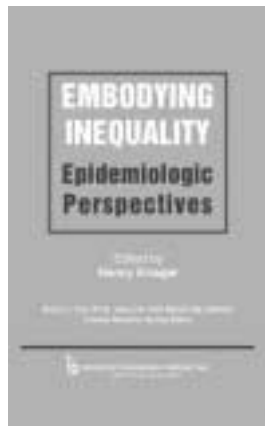
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Embodying Inequality: Epidemiological Perspectives

Edited by Nancy Krieger;
Amityville, NY: Baywood
Publishing Co. Inc., 2005

Embodying Inequality: Epidemiological Perspectives has as its focus social inequalities in health. This is an edited book with a collection of chapters of social epidemiology theory and studies. Social epidemiology is distinguished by its insistence on explicitly investigating social determinants of population distributions of health, disease and well-being, rather than treating such determinants as mere background to biomedical phenomena. The book is structured into two primary sections, with the first group of chapters focusing on history, theory and methods, and the second section being a selection of empirical studies on social epidemiology. The studies concern a variety of issues, including racial disparities in health, homelessness and health, gender and health, employment and sexual orientation. Further, the studies investigate these issues in a variety of countries, including the United States, Mexico, France, Great Britain and Finland.

Nancy Krieger, the editor of *Embodying Inequality: Epidemiological Perspectives*, is an expert in social epidemiology and has written concise and informative introductions to subsections of the book as a way to bring an understanding of the linking of the collected chapters. It is important to note that the chapters in the book were not written for this book but are reprinted articles previously published in the *International Journal of Health Services*. This strategy of selecting previous articles from only one journal is one that may be ultimately unsatisfying for the reader. It was for me.



Although the historical section of the book was informative and useful in terms of presenting “classic” articles, the fact that the chapters in the book have not been updated really puts the reader at a loss wondering what new information might have appeared in the literature since the article was published. Most were published in the mid-1990s but some are as old as the early 1980s. Additionally, by selecting from only one journal, the book has a theme but may be too limiting in its choice of studies to include. This question of being up to date is particularly salient when reading the empirical examples. For example, in the chapter entitled, “Integrating Nonemployment into Research on Health Inequalities,” which was originally published in 1996, uses data from 1991 and 1992. Are there studies that modify the previously reported findings when we consider this issue in 2005?

In summary, this book is useful for individuals who want to learn more about some of the theoretical underpinnings of social epidemiology but may be unsatisfying for individuals who want a contemporary review of the literature.

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The Truth about Drug Companies: How They Deceive Us and What to Do about It

Marcia Angell, MD; Random
House, 2004

Drug companies are an integral part of medicine. We deal with their marketing, they try to set our priorities, and oftentimes our success or failure is based on the quality of the products they provide to us. The closeness of the medical and pharmaceutical industry makes the issues covered in this book familiar but not part of our world in medicine.

Marcia Angell, an editor at the *New England Journal of Medicine* for over 20 years and a former editor-in-chief of that publication, has been exposed to and interacted with the pharmaceutical companies on many levels, and has some great stories to tell with a fair amount of information that comes from being where the decisions are being made.

Unfortunately, her political philosophy pervades much of the book and taints some of her criticism of how things are done. It is also curious that as a former editor she chose not to look at the one area of pharmaceutical advertising she would be most familiar with—the ads that appear in journals. Angell dismisses that activity as being inconsequential since it is so small a percentage of how these companies spend money.

It is fun to read, and exposes many of the marketing techniques used by the drug companies. It also gets you angry—and gives an insider perspective on many of the techniques used to market medicine today.

Angell asserts throughout the book that the rampant success of the drug companies is not because of better product but of more advantageous laws. There has also been a paradigm shift. “Once upon a time, drug companies promoted

drugs to treat diseases, Now it is often the opposite. They promote diseases to fit their drugs.”

The other point Angell makes over and over again is that the drug companies care more about profit and business than patients. Her clear opinion is that these companies should serve the public good and not stockholders. And that the public is being taken advantage of by funding research that can then be used and developed by others for a profit.

She ends the book with clear proposals to fix the system that she feels is so badly broken. Limit the number of medicines that can be made in the same class of drug, prohibit the drug companies from being involved in medical education and have the government regulate the prices of drugs.

Physicians should read this book to gain an appreciation of the size and power of the pharmaceutical industry. We first need to understand the problem before we can decide how we want to fix it.

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doctors is not
like the others.**

African-American physicians are as **skilled** as their white counterparts, yet they are **reviewed** more often, **attacked** more often and **disciplined** more often.

**NMA's Council on
Clinical Practice
can help.**

If you are under professional attack, contact James S. Tate Jr., MD, chair of NMA's Council on Clinical Practice, at (702) 388-4292.

