

First study of how family religious and spiritual beliefs influence end of life care

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In the first study to investigate the association of the religious and spiritual beliefs of surrogate decision makers with the end of life decisions they make for incapacitated older adult family members,

Regenstrief Institute Research Scientist Alexia Torke, M.D., and theological and scientific colleagues have found that the surrogate's belief in miracles was the main dimension linked to preferences for care of their loved one.

"If the surrogate decision maker believed that a miracle might occur and change the course of their loved one's illness, the surrogate was more likely to choose [aggressive treatment](#) and was less accepting of a comfort-focused care plan," said Dr. Torke, who led the groundbreaking study. "We found that belief in miracles was associated with the surrogate decision maker not wanting the patient to have DNR [do not resuscitate] code status. Patients were also less likely to receive hospice services."

When [older adults](#) are hospitalized, many do not have the capacity to make decisions for themselves and rely on spouses, children, siblings or other [family](#) members.

Dr. Torke said she conducted this study because understanding the process used by surrogates to make decisions for incapacitated family members is important for the clinical team as well as spiritual advisors. If there is conflict between the medical team and the family member, especially if they disagree about the value of continuing or discontinuing life-sustaining treatments, Dr. Torke says chaplains can help clinicians gain a deeper understanding of how the family member feels and also support and counsel the surrogate through difficult decision making.

A majority (59 percent) of the surrogate decision makers who participated in the study indicated that they believed a miracle might save the patient. Study participants were predominately Protestant Christians. Dr. Torke hopes to conduct a future national study with a more religiously diverse population.

While this is the first study of the role of religiosity and spirituality in

end-of-life decision making by surrogates, studies of patients making decisions for themselves have shown that, on the whole, patients who are more religious tend to want more aggressive, life-sustaining treatments and they also tend to receive more aggressive life sustaining treatments. This differs from the association of the religious and spiritual beliefs of surrogate [decision](#) makers with the [end-of-life decisions](#), which found that only the surrogate's belief in miracles was linked to preferences for care of their loved one.

"As a palliative care doctor, I see many [family members](#) with strong religious beliefs who want aggressive measures for their loved one and others with strong religiosity or spirituality who are comfortable accepting that their loved one is going to die," Dr. Torke said. "The surrogate might say something like, 'She'll go to heaven,' or 'She'll be with God.' So I wasn't surprised that our study found a lack of association of most aspects of religiosity and spirituality with end-of-life decisions, but I was surprised at how dramatically [belief](#) in miracles stood out."

Provided by Regenstrief Institute

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