Don’t Overlook Elderly Patients’ Religious Beliefs

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PHILADELPHIA — Religious and spiritual beliefs often play an important role in the lives of the elderly and should be taken into account by health care providers who care for geriatric patients. Providers and others who care for the elderly should take a spiritual history of their patients following the FICA model: faith, importance, community, and addressing spiritual needs, Kathleen Egan, Ph.D., said at a conference sponsored by the American Society on Aging.

This means asking patients if they have a faith or religious belief, whether they belong to a faith community, and whether they have a spiritual need that requires assistance, said Dr. Egan, director of the Center of Excellence in Aging at the University of Pennsylvania.

Also ask elderly patients if their religious and spiritual beliefs provide them comfort or stress, if their beliefs might influence or conflict with their medical care, and if other members of their religious community are supportive. But the care provider should be careful not to ask if the patient believes in a spiritual history if the patient doesn’t wish to give one, argue with the patient, or give spiritual counseling. If the patient agrees to give a spiritual history, it should only be done if the caregiver is comfortable with the request. The spiritual assessment could be done by a physician, nurse, social worker, or whoever else has the opportunity.

Patients aged 75 or older come from a generation that, in general, grew up in religious households. Dr. Egan said. Recent results from national polls showed that among people in this age group, 95% believe in God or a higher power, 80% belong to a religious group, and 79% say that religious spirituality is very important to them, and about 55% attend religious services at least weekly.