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Fully Alive

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So many spiritual teachers have shaped my view of the world. The first were my parents who immigrated to the US from Korea searching for the American dream. They taught me and my siblings that our family journey had great meaning but also required perseverance and sacrifice. They encouraged us to pursue the best education possible and live a life of purpose and service. My Dad urged us to embrace new ways of looking at the world. "Be broad like the sky!" he would regularly proclaim. His words stay with me always.

Our church made our family feel at home. A caring and brilliant youth group minister, Reverend Carleton Jones, first taught us about the joy of supporting one another as part of a human community. I also fondly remember how a dear family friend, Reverend Edward Dobihal, Chaplain at Yale-New Haven Hospital and founder of their Religious Ministries Department (now called the Department of Spiritual Care) once spoke to our youth group. He shared his life's work as co-founder (with Florence Wald and others) of the first US hospice (National Hospice and Palliative Care Organization, 2016). His message about honoring people at the end of life was heavy stuff for us adolescents. But even back then, we could grasp the profound nature of his visionary message about the spirit.

As a college student and medical student, I first met renowned Yale Chaplain Reverend William Sloane Coffin. He urged all of us students, so completely focused on mastering mountains of facts, to take a broader view about *why* we were studying in the first place. Sharpening the mind was important of course. But what was ultimate, he noted, was nurturing the spirit and the soul. He also regularly told us we should celebrate any person who could reach their full potential, since, as an early church leader once said, "the glory of God is a human being *fully* alive" (Coffin, 2008).

Around then, I also first heard Father Henri Nouwen speak about the power that arises by being present to one another. "Simply being with someone is difficult because it asks of us that we share in the others' vulnerability, enter with him or her in the experience of weakness and powerlessness, become part of uncertainty and give up control and self-determination. And still, whenever this happens, new strength and new hope is being born" (Nouwen, McNeill, & Morrison, 2006). Both Coffin and Nouwen noted how compassion could ease human suffering, especially since the word "passion" means "to suffer" and the word "compassion" meant "to suffer *with*".

All these profound insights have guided my career. As a physician and clinician, I have regularly witnessed how spiritual and religious themes nourish patients in times of need. I have been humbled to see how hospital chaplains and pastoral care specialists routinely provide life-saving healing by addressing not just what is seen about a person's wounds but also what is unseen. As Massachusetts Commissioner of Public Health (1997–2003) and US Assistant Secretary for Health (2009–2014), I joined in many state and national efforts to improve health care and public health. Everyone clamors for a better health system that honors quality, value for patients, personal preferences in medical decision-making, and patient-centered care. But I discovered that too few recognize spiritual issues that serve as the foundation for many of these themes. We need to address that void.

As a professor, I have come to appreciate the growing medical literature demonstrating the strong links between spirituality and health. For example, one analysis from the Nurses' Health Study (1992–2012) has documented that regular religious service attendance is associated with a 20% to 35% reduction in all-cause mortality (Li, Stampfer, Williams, & VanderWeele, 2016). Results also show risk reductions for depression and suicide of 30% and 84% respectively (Li, Stampfer, Williams, & VanderWeele, 2016). And a meta-analysis of 10 prospective studies involving about 136,000 participants found having a sense of purpose in life to be associated with an adjusted reduced risk for all-cause mortality and cardiovascular events (Cohen, Bavishi, & Rozanski, 2016).

Much more research is needed to further validate, explore, and explain these results. But the recognition

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that spiritual health is integral to human health is historic and fundamental. It dates back at least to 350 BC when Aristotle noted that the soul is the full actualization of a person, incorporating the body, purpose, and ultimately the sum of everything that is part of being human (Aristotle, 2018 [c. 350 BC]). And in the 1940s, in defining health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2006), the World Health Organization (WHO) reminded us that health should be a concept that is as broad as the sky.

Caring for the whole person should ideally address spiritual distress, needs and struggles, especially during times of illness. Closer collaborations between medical personnel, hospital chaplains, pastoral figures, faith-based organizations and others can ease the suffering, especially since millions find spirituality important in their lives. As one marker of spiritual status in the US, about 77% indicate a religious affiliation (VanderWeele, Balboni, & Koh, 2017) and 36% attend religious services weekly (Pew Research Center, 2014). Millions also receive spiritual support through less formal settings. Yet, patients currently receive minimal or no spiritual attention from their medical teams which drives up patient dissatisfaction.

Hospice and palliative care represent natural settings to address this need. Since Reverend Dobihal and his colleagues co-founded the first US hospice, the number has grown to over 4000 that provide "a place of shelter and rest for weary or ill travelers on a long journey" (National Hospice and Palliative Care Organization, 2016). Research notes that hospice care for cancer patients in the last year of life, for example, can lower hospitalization rates, intensive care unit admissions, invasive procedures, and cost. Moreover, as noted by the WHO, palliative care, now offered at some level at 75% of US hospitals, improves quality of life for patients and families and relieves suffering from spiritual pain, in addition to treating physical and psychosocial pain (Cassel et al., 2018). A landmark 2014 Institute of Medicine report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* suggests that the core components of end-of-life care include frequent assessment of patients' spiritual well-being, which includes attention to patients' spiritual and religious needs (Institute of Medicine of the National Academies, 2014).

Extending such themes to the broader health care setting could begin to integrate spiritual dimensions into medical care. Physicians report that they have no time, and little training, to inquire about how patients are coping with their illness. But even asking a question or two can signal to patients that doctors and health providers view these issues as important. One question could be "how would you like me as your provider to address spirituality in your health care?" (Puchalski, 1996). Another question could be "what are your biggest fears and worries about the future with your health"? Such inquiries can spark a patient-centered dialogue with medical and pastoral care professionals that can soothe suffering and hasten the healing process. Attention to spiritual care could also improve well-being and resilience for physicians and health care professionals. Over 50% of US physicians currently report signs of burnout, with issues of meaning and purpose heavily affecting them personally as well as professionally (Wright & Katz, 2018). In one recent article (Wright & Katz, 2018), a physician notes "at the highest level, we are disconnected from our purpose and have lost touch with the things that give joy and meaning to our work". Healers have wounds too.

Finally, broader policy developments can shape national discussions. The White House Office of Faith-Based and Community Initiatives, established by the Bush Administration in 2001, promotes government collaboration with faith-based organizations, provided that inherently religious activities (e.g., prayer and worship) are not funded by the government and that other conditions outlined in the First Amendment's Establishment Clause are not violated (White House Faith-Based and Community Initiatives, n.d.). In the Obama Administration, I had the honor of working with the White House Office, renamed as the Office of Faith-Based and Neighborhood Partnership, and similar ones at the Department of Health and Human Services and other federal agencies. The Trump Administration has recently announced a White House Faith and Opportunity Initiative. And the recent passage of the 2017 Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act allows integration of nonmedical and medical services for clients of Medicare Advantage. Time will tell how, and if, this Act will apply to interdisciplinary teams that include a chaplain, minister or other clergy.

I express my deep personal and professional appreciation to all involved in pastoral care. Your service helps all people have a chance for true well-being and become fully alive.

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