

Case Study: Buddhist Provider and Life Support

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A patient in her forties presented to the emergency department with a very severe cough and was admitted to the hospital with a diagnosis of lung cancer. The severity of her condition meant that she required mechanical ventilation and was asked to consider end of life decisions. The physician recommended comfort-focused care to ensure that the patient would remain as comfortable as possible.

The patient left her religious affiliation on her intake form blank. To best meet the patient's needs, the medical resident asked the patient and her mother about the patient's religious affiliation. Offended by the question, the patient's mother responded, "It's none of your business."

After the patient had been hospitalized for a week, the patient and her mother informed the medical team that the patient would like to be taken off life support. The medical resident was surprised by the request because, while the life support was supporting her lungs, the patient's mind remained sharp. She suspected that once removed from life support, the patient would die within minutes. The medical resident identified as Buddhist, and found herself in a position where something that a patient wanted would likely result in bad karma.

Reflection:

- Is it important for medical providers to inquire about the spiritual/religious backgrounds of their patients? At the end of life? Why or why not?
- Name one spiritual assessment tool. How does having this information enhance patient care?
- Why might the Buddhist medical practitioner feel that taking her patient off life support would result in bad karma?
- Healthcare workers often face spiritual distress in the workplace. Where would you suggest this clinician seek support around their own spiritual distress related to this case?
- How can nurses/other healthcare providers prepare to navigate emotional/spiritual distress?



Additional Resources:

Balboni, M. J., Sullivan, A., Amobi, A., Phelps, A. C., Gorman, D. P., Zollfrank, A., ... & Balboni, T. A. (2013). Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training. *Journal of Clinical Oncology*, 31(4), 461.

Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of palliative medicine*, 3(1), 129-137.