Isn't It Time To Add Spirituality To Holistic Biopsychosocial Approach?

In modern medicine hardest opposition to biomedical approach was from Family Physicians who are frontiers of biopsychosocial approach to the patient. After this movement there is a new route in medicine via palliative care which mostly given by family physicians too. It's “spirituality” introduced to our daily practice (1).

Human is not a biologic, psychologic and sociologic species only. Perhaps many species like apes, wolves, meerkats etc. have these specifications. Beyond this three specifications human have beliefs, religions, ideologies, interactions with environment and world, sense and perception derived these interactions. This would be called as spirituality; that would definitely affect sociologic and psychologic states; and probably biologic state as well.

Spirituality could be defined as an entity that encompasses religion but expands as an understanding of answers to ultimate questions about life, meaning, and relationship to the sacred or transcendent (2). It could be seen as the integrating factor that holds the other domains (biological, psychological, and social domains) together making it essential to providing compassionate, holistic care for the dying (3).

There are a lot of clinical researches about effects of spirituality. There is evidence about effects of spirituality on quality of life, morbidity and even mortality (4-8). Most of this evidence come from palliative care doctors. Palliative care is a reality of today’s getting older mankind concerning not only developed world, for developing (great majority of world population) and some underdeveloped countries too. There is increasing number of patients need to palliative care. Almost every family doctor has several palliative care patients. Even in near future this necessity will grow.

Spirituality and religion added medical curricula in 1990’s. In USA many medical school have spirituality and religious issues in their curricula (9). Furthermore spirituality and religion found their places in psychiatry residency curricula too (10-12).

Because of all these phenomena, family physicians accepting bio-psycho-social approach should open up a new frontier to their patients, which would be spiritual approach.
References


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