Healthcare Transition and Spiritual Health

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Background

Healthcare across the world is undergoing a sea change. We have witnessed this change in thrust from primary care settings to high-end tertiary care settings, from subjective clinical acumen based diagnosis to empirically supported lab. Medicine based diagnosis, from general surgical interventions to high end minimally invasive or robotic surgeries, from personal-clinic based consultation and patient care to big, institutional-based health care delivery, from low cost (affordable) health care to cost intensive “Managed Health Care”, from countryside healthcare delivery to metro centric health care delivery, and many more.

Present Scenario

This paradigm shift in health care delivery has significantly affected all the stake holders of health planning and management in India. In this state of health care transition and availability of huge information to patients, there is an increasing trend to access quality health care institutions. Those having compromised affordability approach public sector hospitals but population having matching affordability prefers private sector- quality institutions. It has helped in the growth of health insurance sector also.

Planners and promoters of healthcare facilities have convincing data of community healthcare requirements and available facilities.¹ On account of convincing data in this regard, country has witnessed boom in the health care facilities of private sector. It is also on account of limited budget allocation to health sector by public sector regulators. However, governments have evolved a system of Public-Private-Partnership (PPP), in identified areas, to serve increasing patient load, in many clinical specialities.

Analysis of Present Healthcare Scenario

These changes in healthcare sector have also affected the attitude of all stakeholders of this sector. Patients are more demanding, probing and quality conscious. Doctors have become more system-centric, legally and commercially conscious. Majority health care institutions (in private sector) have evolved corporate work culture in health sector which has shaped them into cost conscious, profit-conscious, work-discipline conscious, protocol and quality sensitive settings; transforming the doctor-patient relationship into provider-customer relationship. This situational shift in doctor-patient relationship has invited many conflicts and contradictions also, which has created the need to review medical education, attitude of doctors, attitude of patients, health facility planning, institutional care of patients, work-culture of health care institutions and doctor-patient relationship.²

Hence circumstantially, patients believe that today’s health care is not limited to patient care but is also influenced by the market forces, affecting health care institutions. Therefore they have become increasing suspicious about diagnostic and medical prescriptions and doctors approach to patient care. It has also affected doctor’s professional attitude and their relationship with patients. There appears to be a value system shift.

Role of Spiritual Health in Healthcare

The special group of the WHO executive board in 1998, proposed that the preamble of the constitution should be amended as- “Health is a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity”. Similar elaboration of spiritual health has been included in the medical text books of India.⁶

After this development, Spiritual Health is very well considered as the 4th dimension of health. Many more attempts have been put to crystallize its definition and components, for developing learning modules and health care interventions.¹² Spiritual Health is now an evolving, scientific approach for changing the perspective of clinicians, in modifying the management approach. Many studies have been conducted in different parts of the world to include Spiritual Health in the medical education¹⁴ and assessing the attitude of clinical experts for absorbing spiritual health approaches, in managing their patients.⁵ Such studies have been conducted in India also, for developing effective health care interventions.⁴ Therefore it may be documented that multi-centric, multi-fold, comprehensive efforts are being made, in India as well as other parts of the world to define and explore spiritual health for its teaching, training and application modules.¹³,¹¹ It is on this account that spiritual health has been integrated in the clinical approaches, in USA as- “Mind Body Medicine”, under the broad umbrella

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of “Internal Medicine”. Mayo clinic, cleavlands clinic and many leading health care institutions of USA have the well established dept. of ‘Mind-Body Medicine’. Spiritual Health is a part of medical study curricula of more 89 medical schools of USA. All these facts reveal that Spiritual Health is now increasingly considered in existing health care approaches and has a great promise in developing value-based, patient-friendly, cohesive work culture in health care settings.

‘Spiritual Counselling’ is one new emerging tool in patient-care, in many health care organizations, including India. It is a structured approach in OPD as well as IPD care of patients.

Conclusion

It may therefore be concluded that challenges and deficiencies of existing health care system and medical education are evident to all its stakeholders. On account of realization for course-correction and developing desired value system, many efforts are being made. Integration of Spiritual Health in medical education and in clinical approach to patient care, is one of such efforts. In the light of ongoing researches, across the world and active participation of health care professionals and institutions in assessing spiritual health modules indicates great promise to overcome the present gaps in Health Care delivery and education. However, it is yet to be seen how much time it will take for all the stake holders of health care planning, education and delivery to integrate Spiritual Health as an compliment to the existing system.

References

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