Humanities: Art, Language, and Spirituality in Health Care
Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

Geriatric Oncology, Spirituality, and Palliative Care

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Abstract

Cancer is a major cause of morbidity and mortality for older individuals. Palliative care is essential to improve the outcome of cancer treatment in terms of quality of life and treatment satisfaction. This review examines the influence of spirituality on aging in general and on the management of older cancer patients. A spiritual perspective has been associated with successful aging, and with better tolerance of physical and emotional stress, including the ability to cope with serious diseases and with isolation. It has also been associated with decreased risk of suicide and depression. Gerotranscendence, the more urgent search for meaning by older than younger individuals, confirms the importance of spirituality in this phase of life. Spirituality has also improved the quality of life and reduced the risk of disease and death for the patient's caregiver. Addressing patient and caregiver spirituality may render the palliative care of cancer more effective and may also aid in detection and management of spiritual pain, which may prevent healing at the end of life. J Pain Symptom Manage 2019;57:171–175. © *2018 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine.*

Key Words

Humanities, cancer, elderly, spirituality, aged, palliative care

Introduction

This article explores the interactions of spirituality and palliative care in the management of cancer of the older aged person. Cancer is by and large a disease of aging, as more than 50% of all malignancies occur in individuals over 65 years.[1,2] The prevalence of cancer among the elderly is expected to increase with the aging of the population and with the prolongation of cancer-related survival. Palliative care is key to personalized care[3,4] and as such is particularly relevant for and germane to persons of advanced age, who are highly diverse in terms of medical, functional, social, and emotional needs.[5]

In addition to recognizing and modulating the goals of care, based on patient's values and beliefs, the scope of palliative care includes addressing emotional, existential, and social issues of patients and their caregivers during the course of a disease whose trajectory is emotionally draining and may terminate with death.[4] While delivering palliative care, the practitioner confronts the spiritual dimension of each patient and his/her caregivers.[2]

There is almost a universal agreement that a spiritual connection of patients and practitioners is beneficial at different levels, as long as the patient's spirituality, not the practitioner's beliefs and values, is the focus.[6,7] It may foster adherence to treatment plans and improve treatment outcomes, and mostly it may promote the quality of life of patients and caregivers by providing an allegiance that gives meaning and comfort to the unavoidable suffering and in this way facilitates difficult treatment choices. This connection is essential to recognize and address spiritual suffering that may represent a cause of unremitting distress for patients with terminal cancer and may compromise healing before death.[8]

In the modern world, spiritual care faces three potential difficulties[2]: globalization and cultural diversity, fragmentation of care into multiple specialties and subspecialties, and mounting reliance on technology that disfavors patient/provider communication. Discussing these challenges is beyond the scope of this article. As practitioners of medical and radiation oncology and palliative care, advanced practice

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Accepted for publication: May 8, 2018.

0885-3924/$ - see front matter
https://doi.org/10.1016/j.jpainsymman.2018.05.009

professionals, nurses, and social workers, have generally multiple contacts with these patients, they are in the best position to provide spiritual care, and this article is directed to them. When talking about "the practitioner," I am referring to any of these professionals.

Spirituality and Aging

To address this topic, we need to agree on what we mean by spirituality and aging. Both constructs are real and represent an everyday experience, but they are dynamic and in continuous evolution. As such, they are not amenable to a universal and stable definition.

In a commonly accepted view, spirituality is related with transcendence,[2,4,5] an experience outside the sensible experience that provides meaning to a person's existence, beyond the immediate goals of each activity. For example, the immediate goal of eating is nutrition or personal reward; the transcendent goal is to enable the body to fulfill a communal function of service, such as support of a family or a community through one's work, intellectual and artistic input, or reproductive love. In other words, spirituality involves the recognition of the sacredness of every human activity. From the Latin *sacer*, reserved, sacredness is a unique perspective that sees each action finalized to a unique goal. For example, in a marriage or in a committed monogamous relationship, the partners sacrifice, that is, they "make sacred, reserve" their sexual activities for each other.

There is a general agreement that religion and spirituality are different albeit interrelated domains.[4,5] Religion may be practiced inside or outside an organized church and implies belief in a supreme being, a deity that may be accessed through a number of processes, including prayers, rituals, and communal services. It is fair to say that adherence to a religion is a manifestation of spirituality, as the deity is a transcendent. It may be inappropriate, however, to assess the level of a person's spiritual engagement based on church attendance or the time spent in prayer and other practices.

It goes without saying that spirituality and religion are linked to a person's cultural environment and should be seen as dynamic. For example, many Christian churches accept today homosexual love as a source of religious inspiration, something that was all but unbelievable, only few decades ago.

Aging is a universal but highly diversified process that includes medical, functional, intellectual, emotional, social, and spiritual domains.[1–3] In the Western world, the older population is in a continuous expansion and so is the average life expectancy from birth, partly due to healthier lifestyle, partly due to the cure of previously lethal diseases, and partly due to the absence of worldwide conflicts during the past half century. The prolongation of life expectancy has been associated with a prolongation of the so-called "active life expectancy,"[9] that is, a period during which a person is able to live independently and to contribute to the workforce. Accordingly, the pensionable age has been progressively advanced in many Western countries. In general, a person in his/her early 70s may be as active as a person in the mid 50s was a generation ago, and all discussions of aging should account for this dynamic. In the meantime, the diffusion of social media might have increased the possibility of interactions among older individuals.

Spirituality in the older persons may influence successful aging, ability to cope with serious disease and disability, and disease outcome.

There is a general agreement that aging may be considered successful to the extent to which prolongation of survival has been associated with functional independence and quality of life.[9] In other words, successful aging is reflected in the prolongation of the so-called "active life expectancy." The medical model of successful aging is incomplete, however. Even the aging of a person in failing health and with functional limitations may be considered successful if it is associated with a sense of meaning and accomplishment.[10] The older person may become able to see new opportunities for unique contributions to the community in the very physical limitations of aging.

A systematic review identified nonmedical and nonfunctional domains that may influence successful aging.[11] In addition to engaging, resilience, optimism, self-efficacy, and self-esteem, these included spirituality, religiosity, and gerotranscendence. Not surprisingly, in at least some cases, a spiritual perspective might have been the main source of engaging, resilience, optimism, self-efficacy, and self-esteem. Of special interest is the positive correlation of spirituality and resilience, detected in many different studies. Resilience is the skill to adjust to aging-related losses, by finding new opportunities in those very losses.

Gerotranscendence[12] implies an association of aging with a more urgent search for meaning that may be found in spiritual and religious practices, in relationships, and in social or humanitarian endeavors. Gerotranscendence is well described in an aging Western population with a Judeo-Christian background. It remains to be established if this phenomenon includes other cultures and perseveres in an increasingly secular society. In any case, gerotranscendence highlights the importance of spirituality to the quality of life of this generation of older persons.

Spirituality has been associated with decreased risk of suicide, a common cause of death for the aged persons.[13] At least in part, the risk of suicide might have

been ameliorated by the fact that religiosity and spirituality decrease the incidence and the severity and improve the outcome and the tolerance of depression that becomes almost epidemic with advanced age.[14,15] There are also data suggesting that spirituality has been associated with delayed cognitive decline,[15] but at present, the evidence is inconclusive.[16]

Two relatively new medical and social problems concerning the older persons include coping with HIV infection and with homosexuality.[17–19] HIV infection is becoming more prevalent in the aged persons due to a combination of factors such as more effective treatment, more prolonged sexual activity, and increased prevalence of single elderly living in retirement communities, which favors promiscuity. In addition to promoting safer sexual practices and better treatment adherence, religiosity and spirituality allow older individuals to cope with the stigma, real or supposed, related to HIV, and conduct a happier and more productive life.[17,18] Similarly, religion and spirituality are important to cope with the particular challenges faced by Gay and Lesbian older individuals. These include the stigma associated with this lifestyle, especially in close and conservative communities, and the absence of the support of an extended family.[19,20]

Spirituality, Aging, and Cancer

Older persons with cancer face some special problems that include the following[1,2]:

- Increased risk of treatment-related acute and chronic complications, due to the increased vulnerability to stress from a decline in the functional reserve of multiple organ systems. Of the acute complications, life-threatening neutropenia, mucositis, and delirium are particularly relevant; of chronic ones, cardiomyopathy, neuropathy, and most of all, fatigue, may be a cause of progressive disability and functional decline and reduced life expectancy;
- Increased treatment cost, due to increased risk of hospitalization, increased use of expensive antidotes to treatment toxicity, and the need for a hired caregiver;
- Dependence on a home caregiver, able to drive the patient to the treatment center, to provide assistance in basic and instrumental activities of daily living, to react promptly to medical emergency, and to assist with nutritional and emotional support;
- Depression and fatalism may reduce the motivation to receive treatment or may delay treatment as some symptoms are wrongly ascribed to old age instead of the disease. Germane to fatalism is the prejudice known as ageism according to which medical interventions, including palliative ones, are assumed to be less effective in advanced age. This prejudice may be reinforced by poorly informed health care providers unfamiliar with new developments in cancer treatment;
- Difficulty in understanding the mechanics of cancer treatment, partly due to cognitive and physical limitations, such as reduced eyesight or hearing that make communication cumbersome, partly due to lack of familiarity with the taxing journey of treating chronic conditions.

In addition to compromising the treatment of cancer, these challenges may hamper palliative care. The difficulty in communication may prevent the establishment of realistic treatment goals that are one of the pillars of palliative care. Fatalism and depression interfere with effective treatment of any form of discomfort.

A particular issue is the management of the caregiver.[21,22] This person is essential to the successful treatment of cancer in older individuals because he/she is the main source of medical and emotional support. In addition, the caregiver may represent the most powerful ally of the practitioner, as spokesperson for the family and peacemaker when disagreement exists among different family members. A number of studies showed that caregivers of older patients, especially those with memory disorders, are at increased risks for polymorbidity, including depression, and for mortality. A recent systematic review has shown that a spiritual perspective may ameliorate both risks and that belonging to a religious community may promote the self-esteem of the caregiver whose work is too often thankless.[22] In addition, a religious community may provide volunteers to relieve the daily work burden of the caregiver.

Spiritual Intervention in Older Cancer Patients

Studies examining the value of spiritual interventions in the management of older cancer patients are scarce, but some common sense recommendations may be derived from this brief review. Clearly, spirituality is important for the welfare of at least some older individuals including those with cancer and for their caregivers.[23,24] In these cases, it may represent a valuable resource for effective care. The advantages of examining a patient's spirituality include the ability to establish a therapeutic allegiance based on a common language. Effective communication is essential to formulate realistic goals of care with the patient. The awareness that the practitioner respects and honors the patient's values and beliefs supports the trust necessary for effective care throughout the disease trajectory. This trust is essential to make difficult decisions at the end of life, such as cessation of life-prolonging treatment. Without trust, a patient will

not believe the practitioner when this says: " there are a few things I can do to you, but there is nothing I can do for you except to keep you comfortable." To accept this statement with satisfaction and peace of mind, patient and family must be convinced that the practitioner has understood where the patient stands and has the patient's best interest at heart. In addition, the spiritual connection may prevent the sense of therapeutic abandonment all too common in end-of-life care.

A spiritual connection may also be vital in the management of the caregiver by giving thought to expressing appreciation for the caregiver's role and to foster the caregiver's self-esteem. At the same time, the caregiver should be encouraged and helped to explore the resources available in his/her religious community.

Given the benefits of a spiritual intervention, I feel very strongly that at least one member of the treatment team should inquire about the patients' beliefs and values and share the findings with the whole team to organize a team approach to spiritual care. It is important to remember that when the practitioner does not feel comfortable to addressing spiritual issues, he/she can count on the help of the chaplain team member who has received clinical pastoral training.

It goes without saying that the practitioner should not exploit his/her authority to proselytize the patients or denigrate or belittle the patient's values.

Conclusions

Cancer is a disease of aging and is a major cause of death and disability. The risk of treatment complications increases with age and the need of social support. Thus, palliative care and supportive care of cancer are particularly important in this population. Palliative care improves the outcome of cancer treatment by improving the patient's and family's quality of life, symptom control, peace of mind, sense of ownership, and treatment satisfaction. Spirituality may also be a cause of the so-called "spiritual pain" that may prevent healing at the end of life. Spirituality may have an important influence on the outcome of palliative care. It is important for the practitioner to explore a patient's spirituality and religiosity and to establish a spiritual connection with patient and caregiver, as a venue of effective communication and treatment satisfaction as well as a perspective to recognize spiritual pain. Effective communication is essential in the care of older individuals. This includes special attention to visual and hearing impairment and to cognitive difficulty as well as special attention to the patient's values and beliefs. A spiritual connection may be essential to trust, that is necessary to palliative care.

A number of important questions remain to be examined such as the following:

Does spirituality ameliorate conditions typical of aging that may interfere with cancer treatment, such as memory loss and physical disability?

Is gerotranscendence related to aging itself or rather to the culture within which the patient is aging?

Should the practitioner discuss spirituality even with patients and caregivers who show no interest in a spiritual perspective? There is a general agreement that proselytism of a special belief is inappropriate. However, I found atheist and agnostic patients very responsive to a spiritual perspective of death and terminal care. My approach, that I learned from one of the first CPT-trained chaplains, is to tell the patient, while holding his/her hand: if you have only one day to visit Rome, you are faced with two choices. You may try to cram in as many monuments as possible, and by the end of the day, you will be distressed and won't have any meaningful memories. Or you can climb one of the hills such as the Gianicolo, gain a global vision of the city, decide which monuments you really care to visit, and obtain lifelong memories. Consider the proximity of your death your Gianicolo hill from where you can see which experiences in your life have been the most meaningful and revisit those experiences with your loved ones. Than you will make of your death a very meaningful experience and you will distill from your life an essence comparable to a Bulgarian perfume, whose single drop contains the essence of a 1000 of petals withered centuries ago. If death is the final enemy, we are all going to be doomed. The only way to defeat death is to coopt it as an another memorable life experience. As Mike Cleese said, life is a terminal disease and is sexually transmitted!

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