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General practice do not innovate with spiritual care: the need to move towards an embedded model

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Introduction: In the past two decades, research into general practitioners' (GPs') provision of spiritual care has made little progress. Whilst the literature has reflected an aspiration for spiritual care in general medicine, it hasn't outlined concrete ways to operationalise it.

Methods: With a selective review, we have identified four models implicitly used in the literature about spirituality in general practice. A new theoretical model has been developed.

Results: GPs' have a wide range of attitudes and practices towards spiritual care:

Negation: spirituality is not part of the current allopathic medical field.

Narrative: GPs talk about spirituality (e.g. sense, values) without explicitly naming it, as part of the patient-centred narrative attention. This is currently the dominant model in general practice.

Spiritual screening: GPs take an active interest in spirituality, using simple screening tools or assessment guides to better understand the patient.

Collaborative: GPs emphasise the importance of spirituality in their daily clinical practice, as part of the whole person care. They collaborate with spiritual care providers for clinical care and for their own training.

Current challenges in general practice offers great avenues to embrace spiritual care as benefiting patients' health and well-being, and leading to increased efficiency and effectiveness for the whole health system. GPs will increasingly work in integrated and multidisciplinary primary care practices, where they will have the opportunity to formulate shared care plan with other health professionals, in a more proactive way. We developed an *embedded model*, were spirituality becomes part of the care plan in a health system. The embedded model includes spirituality and offers whole person care, rooted in a biopsychosocial-spiritual view of the person; the interdisciplinary coordination of interventions; and the integration of care settings, mainly community, hospital and nursing homes. This model offers a coordinated care plan of the biopsychosocial-spiritual network, with the GP at its centre.

Conclusion: the embedded model integrates spirituality and takes the patient's complexity and wholeness into account. It would provide compassionate and optimized care, and would give some answers to GPs as well as care institutions faced with ethical issues raised by the technical advances of medicine.

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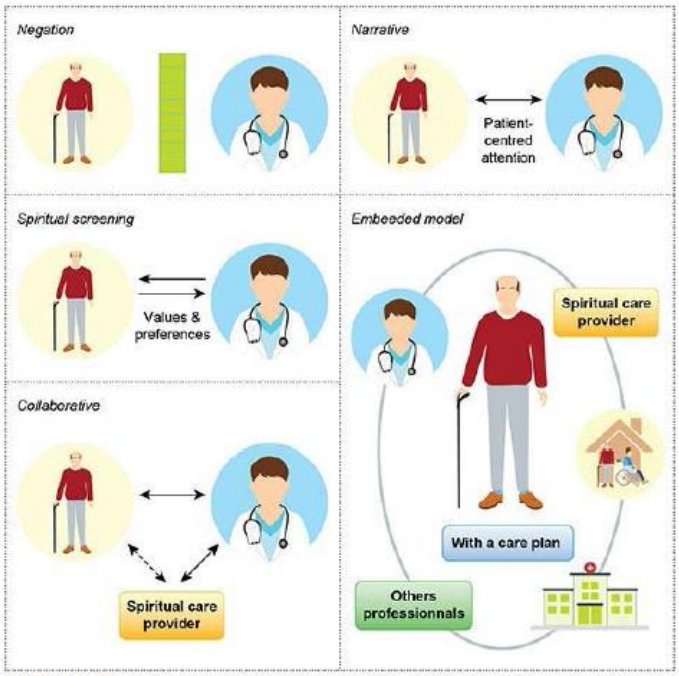

[Models of spiritual care]