PROFESSIONALS' SENSITIVITY TO PATIENTS' RELIGIOUS AND SPIRITUAL BACKGROUNDS AND ITS EFFECTS ON PREVENTION, TREATMENT, AND/OR RECOVERY IN THE UNITED STATES

by
Teresa Sorensen

A THESIS

submitted to

Oregon State University

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degree of

Honors Baccalaureate of Science in Biohealth Sciences
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AN ABSTRACT OF THE THESIS OF

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Abstract approved:____

Elizabeth Barstow

This thesis reviewed the current cultural, religious and spiritual concerns of a patient, regarding the relationship between the patient and medical professional. Common issues medical professionals have been exposed to in terms of cultural differences was also explored. This thesis reviewed whether medical schools, nursing schools and pharmacy schools have incorporated enough training to prepare future healthcare professionals. Most programs have started to incorporate courses in cultural awareness, however, all three fields did not have national requirements for what must be taught, and therefore the quantity as well as quality in training depended on each program. For the future, national requirements based off guidelines made available to all programs should be invested in to make sure all programs meet a requirement.

Key Words: Religion, Culture, Medicine, Nursing, Pharmacy, Healthcare, Social Justice, Education, Training, Competency

Corresponding e-mail address: sorenste@oregonstate.edu

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APPROVED:

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Eliza Barstow Mentor, representing School of History, Philosophy and Religion

____

Courtney Campbell Committee Member, representing School of History, Philosophy and Religion

____

Viktor Bovbjerg, Committee Member, representing College of Public Health and Human Sciences

____

Robert Figueroa, Committee Member, representing School of History, Philosophy and Religion

____

Toni Doolen, Dean, Oregon State University Honors College

I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

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Teresa Sorensen, Author

Even though a person's health is greatly influenced by genetics and healthy life choices, these are not the only determinants to one's overall health. Identity and a supportive community also influence an individual's health. Identity includes but is not limited to a person's, race, gender, socioeconomic class, and religion, and can all have huge influences on a person's ability to live a healthy lifestyle and to seek medical attention. Focusing on religion, studies have shown that belief systems "affect health behaviors," and therefore should be something medical professionals consider when looking at patients overall health.[1]

A study in 2012 by Harold Koenig compared a religious/spiritual patient's physical and mental health to that of a non-religious/spiritual patient. In the study, a large percentage of religious/spiritual patients had better mental health and could "adapt more quickly" to health problems they experienced.[2] The improvement in mental health of religious participants was greater, and their susceptibility to physical illness was lower.[3] Overall, there was an increase in treatment effects of religious patients. This study showed that religion and spirituality can have positive benefits to one's health, and therefore should be something medical professionals considers when working with patients.

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[1] Mary Beth O' Connell, et al. "Pharmacy website, cultural awareness in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Kansas": *ACCP* 33, (2013): e347. doi: 10.1002/phar.1353

[2] Koenig, Harold. "Religion, Spirituality, and Health: The Research and Clinical Implications." *ISRN Psychiatry*,2012, 4. http://dx.doi.org/10.5402/2012/278730

[3] Ibid., pp 4

This thesis, however, does not focus on challenging the interpretation of people's religion, rather it looks at how a person's interpretation of their religion or spirituality affects their relationship with a medical professional when seeking medical attention. How well a medical professional is trained in working with a diverse community can have a large effect the success of working with a diverse community. A medical professional's role is not to challenge the individual's interpretation, but rather to work with them to balance both supporting their health as well as respecting their religious needs and beliefs. It can be more challenging than expected, especially if the professional practices a different religion, or no religion at all.

Religious leaders and communities can be a "powerful social force" that need to be respected. However, if a medical professional is communicating with a religious community and lacks basic cultural awareness, their relationship can be strained. Both the medical as well as the religious community have the goal of protecting their community through their own knowledge and background. Since the goal can generally be assumed to help and support their community, it comes down to respect of each other's beliefs, as well as an education or training on working with different religious/spiritual communities.

This thesis will review the current religious/spiritual sensitivity concerns in medical schools, nursing schools and pharmacy schools. Though nursing and the medical field will be reviewed, this thesis will primarily focus on pharmacy. Looking further into medical schools is essential as physicians play a pivotal role in the healthcare system. An issue that will be looked at in the medical field is physician

communication with patients in terms of new medications being prescribed, and/or explaining medical procedures. Nursing schools were the first to start implementing cultural awareness training as they can experience the most patient care. Nurses are usually the first medical professional a patient sees, and therefore, how a nurse interacts with a patient has a large impact on the experience of the patient seeking medical attention. Pharmacy schools were one of the last in the field to implement cultural awareness training, however pharmacy is incorporating more patient care into the profession and it is becoming important to study whether pharmacy school curriculum is adapting to the changes seen in the profession. Religious limitations on ingredients used in prescribed medications as well as access to alternative ingredients will be looked at. By focusing on three different professions, this paper will be able to compare the improvements as well as the general education of the fields and see where all three can improve moving forward.

Background

A book that is widely praised for exposing how a patient's cultural and/or spiritual background affects their health is *The Spirit Catches You and You Fall Down* written by Anne Fadiman[4]. It is written as a biography of a young girl, Lia, who was diagnosed with severe epilepsy. The book explores the story of Lia's family who are Hmong refugees from Vietnam. Their culture of resilience, as well as their lack of exposure to western medicine, was mistaken for stubbornness and ignorance. The Hmong people have relied on spiritual healing for health problems, and they explain seizures not as brain cells firing off, but that a spirit has caught the person and caused

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[4] Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures,* (New York: Farrar, Straus and Giroux, 2012)

the person to fall. From this viewpoint, the experience can be seen as a positive thing, as the spirits have communicated with that person. There have been instances where Hmong people with epilepsy have had a higher status in the community due to that reason. Fadiman explores the perspective of the medical professionals and social workers, as well, who worked tirelessly to save a young girl even though the training and resources to work with Hmong refugees was lacking. The biography touches upon topics such as cultural shock, misunderstanding between traditional healing and Western medicine, and the frustration that came from two cultures colliding.

The Spirit Catches you and you Fall Down made a huge impact in the medical field and was an important reminder as to why cultural awareness, including religion and spirituality, is necessary in the medical field. The book introduces religion and spirituality affecting the health of a community, however, it is not an isolated event. For one, in the past few decades there has been medical professionals working to eliminate child fatalities from religiously based medical neglect. Seth M. Asser and Rita Swan conducted research showing over 90% of child fatalities that occurred due to the legal guardian choosing religious/faith healing over seeking medical attention, could have been avoided if medical attention was sought in the first place. One of the cases looked at in the study was of a 2-year old child who had aspirated due to the parent's refusal to get medical help; they instead called their religious circle for prayers.[5] Another example was of a teenager who had run away from home knowing her parents would not seek medical attention for faint spells. The police eventually

[5] Seth Asser, et al. "Child Fatalities from Religion-motivated Medical Neglect." *Pediatrics* 101, no. 4 (1998): 626. https://pediatrics-aappublications-org.ezproxy.proxy.library.oregonstate.edu/content/pediatrics/101/4/625.full.pdf

returned her home where she died three days later from a ruptured appendix. Other examples include common infections, preventable surgical disorders and miscellaneous health issues; the “death/and or suffering” were “preventable” in almost all of these cases.[6] Dr. Asser and Rita Swan concluded their study by stating that:

> These fatalities were not from esoteric entities but ordinary ailments seen and treated routinely in community medical centers. Deaths from dehydration, appendicitis, labor complications, antibiotic-sensitive bacterial infections, vaccine-preventable disorders, or hemorrhagic disease of the newborn have a very low frequency in the United States.[7]

These children deserve the same protection that any child in this country and around the world deserve and seeking ways to bridge the medical community and the religious community is a key step. However, it's not an easy answer, as finding common ground between two communities that can contradict each other is difficult.

Another example is Oregon’s religious exemption from vaccination requirements. An article that came out in March 2019, shows there have been over 75 children sick with the measles in the Vancouver Washington area.[8] All 75 children were unvaccinated.[9] The article never stated the reason behind the lack of vaccination, however, children being exempt from vaccination due to religious

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[6] Ibid., pp 628

[7] Ibid., pp 628

[8] Shane Kavanaugh. “Vancouver-area measles outbreak cases climb to 75,” in *The Oregonian.* (2019).

[9] Ibid.

reasons has not been uncommon. In the state of Oregon, parents can file for vaccination exemption due to “religious or philosophical reasons”.[10] Outbreaks can easily occur in areas that are unvaccinated. It takes only 20-40% of the population to be unvaccinated for there to be an outbreak, however it could be less depending on conditions that increases contagiousness.[11] New York City is seeing measles outbreaks as well, and health authorities have been focusing on ultra-Orthodox Judaism and Muslim schools where the outbreaks have been occurring. One parents’ reason for not giving their child vaccinated he believes that at such a young age, children do not have a “strong enough microbiome”, and felt that his oldest daughter had “significant personality changes” after she got immunized.[12] Another parent is “afraid” that the shots will “cause autism”, and that her Muslim husband is against it as well.[13]

There has been research as to why some religious groups perceive vaccines as a threat, especially if a good deal of religious doctrine was written before vaccinations ever existed. A study in 2016 by John Grabenstein investigated religious scripture in terms of how it is being used for the wave of anti-vaccination. Grabenstein found in his research that there is no scripture that specifically states vaccinations are wrong. From his research, Grabenstein states anti-vaccination due to religious reasons should not be looked at word for word from scripture, but is more about understanding the

[10] “Exemptions and Immunity Documentation,” In *Oregon Health Authority.* (2019)

[11] Ibid.

[12] Sharon, Otterman, et al. “Measles Oubreak: Opposition to Vaccine Extends Well Beyond Ultra-Orthodox Jews in N.Y”, *The New York Times.* (2019)

[13] Ibid.

"subsequent interpretations" that dictate how religious communities "approach immunizations".[14] Many medical professionals see the request for vaccine exemption because of "traditional or social" reasons rather than "essential religious" perception.[15] However, the most common issue is, these communities felt that they lacked the knowledge on the safety and dangers of vaccinations. They stated that what was holding them back was on "vaccine safety" and toxicity, rather than religious theology.[16] This is a common statement from communities that are isolated or heavily influenced by religion.

One of the difficulties in finding common ground is that there is a diverse variety of religious and spiritual backgrounds, and because they each have their own beliefs and restrictions, it leads to different types of contradictions. Someone's own spirituality and religion may mean something completely different compared to someone else's. That is why it is important to keep in mind that topics such as child fatalities and anti-vaccination, is more about an individual's interpretation of their own religion and spirituality rather than the religious literature itself. Most Christian Scientists, Jews, Muslims, and other religious folks take their children to the hospital when sick or is needing a vaccination.

Nursing

In evaluating the cultural awareness training for medical professionals, it makes sense to start with nursing programs, as they were the first profession to

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[14] John, Grabenstein. "What the World's religions teach, applied to vaccines and immune globulins," in *Elsevier* 31 (2016): 2012. doi: 10.1016/j.vaccine.2013.02.026

[15] Ibid., pp 2012

[16] Ibid., pp 2019

include courses with this focus.[17] Programs started implementing these courses in the 1950's, and it paved the way for other medical programs to adopt similar curriculum. However, there is still work to be done as curriculum in cultural awareness is offered as an option for nursing programs across the United States, and therefore the depth and learning varies between programs.[18] The American Association of Colleges of Nursing (AACN) acknowledged the importance of diversity training and therefore has made steps to improve opportunities.

In a recent comparative study, the cultural awareness of incoming nursing students and graduating nursing students were compared.[19] The study found that graduating nursing students from multiple programs showed a greater awareness to cultures/background, and felt more confident in working with patients whose background was different from their own. The graduated nursing students had improved cultural sensitivity in comparison with incoming nursing students. This study shows that for a variety of nursing programs, the training in cultural awareness was successful to an extent. However, some of the variables that influenced the growth did not reflect the success of the program but rather reflected uncontrollable variables such as age and life experiences. It was mentioned that possibly the

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[17] Mary Beth O' Connell, et al. "Pharmacy website, cultural awareness in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Kansas": *ACCP* 33, (2013): e348. doi: 10.1002/phar.1353

[18] Helen Reyes. "A Comparative analysis of Cultural Competence in Beginning and Graduating Nursing Students." *Hindawi Publishing Corporation*, (2013): 1. doi: 10.1155/2013/929764

[19] Ibid., pp 1.

"feeling" of graduating a program and starting a career may add the effect of "perceiving" oneself as being more culturally competent.[20]

The study brought up a key point that there are many ways to measure cultural awareness in a nurse. For one, it's important for nurses to recognize that caregiving looks different among different cultures. Nurses need to be open-minded that caring for a loved-one who is ill will look different for different cultures. It's important for nurses to be able to "integrate" family practices and health practices to benefit the patient.[21] Another area that needs to be considered is whether a nurse has enough background knowledge in different cultures among their community to offer alternatives to the Western medicine if that is an option. For example, some patients will have dietary restrictions due to their cultural/spiritual beliefs, and nurses must work with the patient to offer alternatives that doesn't threaten their health or their beliefs. Last, it brought up that since nurses are usually the first to interact with a patient, it's important that they not only respect a patient and their health concerns, but also showing general "compassion, care, comfort, and concern" towards another person.[22]

Looking at religion and spirituality specifically, a study done in 2013 focuses on how successful a training in religious awareness is for nursing students. Since nurses play an intimate role with patients, it's important that nurses are able to work with different religious backgrounds. It is important to note that this study took place

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[20] Helen Reyes. "A Comparative analysis of Cultural Competence in Beginning and Graduating Nursing Students." *Hindawi Publishing Corporation*, (2013), 4. doi: 10.1155/2013/929764

[21] Ibid., pp 4

[22] Ibid., pp 2

in Iran, therefore the demographics as well as the healthcare system is different than that in the United States. While there are differences between Iran and the United States, the success seen the study's program is not exclusive to Iran, and shows that with investment, there can be improvements.

In the study, nursing students took a course on providing "spiritual care" for patients with chronic or life-threatening illnesses.[23] The study focused on supporting patients religious beliefs as many studies have found that religion/spirituality can lead to a "healing environment", and a "positive psychological impact" when it comes to chronically ill patients.[24] The study focused on students at Shakrekord University of Medical Sciences in Iran, and it used a pre-post intervention method, where students were surveyed prior to, as well as after taking the course. The course is focused on offering spiritual support for patients.[25] The study found that students who took the course felt more confident in their ability to offer spiritual care to patients and gained a better "understanding" of how spirituality plays a role in a patient's health.[26] The training focused on the nursing students being able to understand the "spiritual needs" of the patient, as well as be able to "promote" the spiritual health of the patient.[27] This was especially important if the nursing student wasn't religious themselves or practiced a different religion. The study found that the curriculum was successful in

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[23]Nasrin Frouzandeh, et al. "Introducing a spiritual care training course and determining its effectiveness on nursing students' self-efficacy in providing spiritual care for the patients". *J Education Health Promotion* 4, (2015): 6

[24] Ibid., pp 2

[25] Ibid., pp 4

[26] Ibid., pp 6

[27] Ibid., pp 6

implementing spiritual awareness, as the nursing students felt more comfortable working with religious patients who were suffering from chronic illnesses. Their comfortability was measured in the nurses ability to respect and incorporate a patients religion in their conversation, as to be able to offer a wholistic care plan to their chronic illness.

A nurse lacking understanding or patience when working with a religious patient can be attributed to diverse reasons. “Work overload, lack of time, lack of interprofessional and spiritual care,” are some of the factors that affects a nurse’s willingness to consider a patient's religion/spirituality when it comes to their care plan.[28] Factors such as work overload and limited time are issues within the nursing department itself, however, difficulties assisting patients due to a lack of education on spiritual care as well as different cultures in general can be avoided through training and curriculum. It is documented that nurses and healthcare professionals in general have overlooked spirituality when looking at a patient's health as well as developing a healthcare plan. The study showed that education should not only include learning about different religions and practices but should also include clinical practice. A nurse who is knowledgeable in different religious practices and customs, is important and a good first step, however, they need to be able to apply it in a respectful and sensitive way when working with patients. However, making sure to implement a

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[28] Donia Baldacchino. “Spiritual Care Education of Health Care Professionals.” *religions* 6, no. 2 (2015): 595. https://doi.org/10.3390/rel6020594

curriculum that includes clinical practices will help ensure that a nurse will be able to handle diversity in the future.[29]

Since nursing programs have been incorporating cultural awareness training since the 1950’s, there have been improvements that stemmed from investing in cultural awareness courses. Since being one of the oldest fields to implement cultural awareness training, they have had more success in that area compared to medicine and pharmacy. However, it doesn't mean they don't have work to do. Since there are no requirements nursing programs are held to nationally, there is inconsistency with the cultural awareness training and or courses between programs. Until there are national requirements, it is difficult to say for sure if and how in depth each program is incorporating cultural awareness, specifically religious studies. One aspect that would greatly improve cultural awareness curriculum is being able to have clinical experience and or role practice. Learning the culture and practices of different religions isn’t enough, and being able to have experience applying the knowledge to real life scenarios is crucial.

Medical

Physicians play a pivotal role in patient care and therefore looking at the curriculum on topics such as cultural awareness within medical schools is necessary. To better understand what medical programs need to address in terms of teaching cultural awareness, it's important to address some of the current issues physicians are exposed to when working with religious or spiritual patients. The books, *The Spirit*

[29] Ibid., pp 598

Catches You and You Fall Down, and *Bad Faith* bring up important issues seen in the medical field that will help address discussions in this section.[30]

The Spirit Catches You and You Fall Down is a biography of a young child diagnosed with epilepsy. *Bad Faith*, written by Paul A. Offit, examines cases where children or women were denied medical attention due to religious conflict. The book focuses on case studies of children who died due to parents refusing to seek medical attention and rather relied on faith healing.

One of the issues *Bad Faith* and *The Spirit Catches you and you Fall Down* introduces is poor communication between the medical community and patients. Focusing on cultural awareness, a significant conflict in *The Spirit Catches you and you Fall Down,* was the child's medical team prescribing medication that either the mother wasn't administering, or that she was administering, but at different doses than what was prescribed. The daughter, Lia, was suffering from epilepsy and needed medications to prevent life threatening seizures. The medical professionals felt that they had described to Lia's parents the seriousness of taking the medical regimen. However instead, Lia's parents would instead draw their own pie chart of how much of each pill Lia should take as well as would tape pills on calendars in accordance of the sunsets and moons rather than the dosage regimen.[31] An example was when Lia was two and was prescribed Tegretol, Dilantin, and eventually was to be off a medication called phenobarbital.[32] However, instead the family felt that phenobarbital

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[30] Paul Offit. *Bad Faith: When Religious Belief Undermines Modern Medicine.* (New York: Basic Books, 2015).

[31] Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures,* (New York: Farrar, Straus and Giroux, 2012), 48

[32] Ibid., pp48

was better for their daughter, Dilantin wasn't what her daughter needed, and was hesitant about Tegretol. These medications could be dangerous if not taken properly, especially since Lia was only two. At one point the Lees gave too much phenobarbital (doubled the dose), and Lia was "dazed and staggering after receiving an overdose".[33] The medical team's consistent referrals of "Febrile seizures, noncompliant mother, noncompliant mother…" showed the lack of communication and understanding between the family and medical professionals.[34]

Even though it was the parent's task to administer the medication properly, the Lees weren't changing the regimen out of neglect, nor were they a family with challenged intelligence. However, the medication prescribed to Lia could be fatal if taken incorrectly and so, it begs the question of whether the physicians at the hospital could have done something differently to work with the family. In a research study conducted in 2006, "Physician Communication When Prescribing New Medications," found that physicians "often failed" in communicating the procedure for a new medication to patients.[35] It found that physicians offer none to very little explanation of new medication to around "19% to 39%" of patients.[36] One of the determining factors of whether a medication was named and described was whether the medicine was generic. If it was a commonly prescribed medication, the physician was more

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[33] Ibid., pp 56

[34] Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures,* (New York: Farrar, Straus and Giroux, 2012), 48

[35] Tarn, Heritage, Paterniti, Hays, Kravitz, Wenger. "Physician Communication when Prescribing new Medications". *Arch Intern Med* 17, (2006): 1857. DOI: 10.1001/archinte. 166. 17. 1857

[36] Ibid., pp 1856

than twice as likely to name the medication.[37] Telling a patient how long the medication should be taken was also determined by what medication was being prescribed; antibiotics being the highest. The study found that even though there was some sort of communication, the quality of the communication was considered “poor”, and “spotty” depending on what medication was prescribed and the duration.[38] The study found the quality of information told to patients to be “inadequate”, especially for the fact that some of the medications could lead to serious health effects if not taken properly.[39]

The research was conducted on a population that included non-immigrant patients that grew up familiar with Western medication. If doctors are having difficulties explaining how to take a prescribed medication to patients who grew up with western medicine, it's not hard to believe that people like Lia’s family, being refugees could have been confused about the medication and naturally reversed back to their cultural and spiritual ways of healing and medicine. A concern that was mentioned multiple times in the book is that there wasn’t a translator for the Hmong family, and therefore the ability for them to communicate clearly was hindered even more. Fadiman also states that it's important that language is not only translated, but also culture. A cultural translator would be able to not only explain what they are saying, but the meaning and culture behind their actions and wishes.

In another study, intercultural communication of ethnic-minority parents who brought their child into the hospital was conducted. The study found that 33% of

[37] Ibid., pp 1857
[38] Ibid., pp 1857

[39] Ibid., pp 1857

ethnic-minority patients viewed their consultation as "poor" due to minimal understanding of what the physician had communicated.[40] Only 13% of native-born patients found their experience to be poor.[41]

It's not only whether the information is understood by both parties, but also how the information is communicated. In *The Spirit Catches you and you Fall Down,* the mother of Lia, Foa Yang, stated that in her village no one was more important than another person.[42] 'A degree in this and a degree in that' has little meaning to the Hmong people, so a doctor having superiority in health decisions of another individual is something the Lees were not used to.[43] Another cultural difference is that the Hmong people, especially the Lees, highly prioritize their "self-sufficiency", and therefore it was a cultural shock to rely on doctors and other medical professionals that came in and out of their hospital room for knowledge and advice.[44] Hmong culture also highly prioritize elders, and to show respect, the elder in the room should be spoken to. However, since there wasn't a translator, the medical professionals usually opted to speaking to the children, who learned English in school and who would then translate. Without knowing it, the medical professionals were disrespecting the Lee's family and cultural values. Disrespect from talking to the English speaker with little acknowledgment of the elder in the room is not just

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[40] Joke, Wierigen. " Intercultural Communication in General Practice". Rotterdam: *European Journal of Public Health.*(2002): 65. DOI:10.1093/eurpub/12.1.63

[41] Ibid., pp 65

[42] Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures,* (New York: Farrar, Straus and Giroux, 2012), 123

[43] Ibid., pp 121

[44] Ibid., pp 123

isolated to Hmong culture and was a common issue seen in the study on intercultural communication of ethnic-minority parents. In Hmong culture, is also "strongly taboo" to foretell the death of someone, which can be the opposite of the experience you would get at a hospital, where transparency and honesty is prioritized.[45] Even though the book focuses on Hmong culture the issues are not isolated and do affect other cultural groups. It highlights the importance of a culture/religious curriculum to inform medical students on some of these differences that they may not have been exposed to yet.

Focusing on Religion and Spiritual awareness, *Bad Faith* highlights difficulties in seeking medical attention for people who are in cults or in isolated religious communities. One of the top concerns of working with patients in cults or cult like religious communities, is being cut off from general news and knowledge. It leads to a reliance on religious doctrine, and is seen as trumping all other "experience and existences".[46] If the religious doctrine is questioned, it is seen as someone being impure, and that person can be cut off from the community. A lack of knowledge doesn't just affect cult members. Lack of access to recent medical issues and knowledge may come from being in a physically isolated area, a lack of knowledge on trustable resources, loyalty to faith leader, and other reasons.

The Lees being non-complacent to the medication being prescribed was heavily influenced by their spiritual beliefs. Hmong people are not immune to epilepsy. However, community members who have frequent seizures are not seen as a

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[45] Ibid., pp 177

[46] Paul Offit. *Bad Faith: When Religious Belief Undermines Modern Medicine.* (New York: Basic Books, 2015), 21.

medical ailment, but rather as people who are able to speak to the spirits. The title, The Spirit Catches you and you Fall Down is how the Hmong people describes what happens to someone when they have seizures. Since they believe that spirits are talking to the person during a seizure, they are seen as 'special', and can hold a higher position in society. The person is seen as having knowledge and wisdom from the fact that they have talked to the spirits.

As the United States continues to become more diverse, cases seen in both *Bad Faith* and *The Spirit Catches you and you Fall Down* will continue to increase. What is important is that medical schools adapt to the needs of communities around the United States. As demographics changed, medical schools followed nursing schools with cultural awareness training and have worked to build a curriculum to prepare students for a more diverse population.

In 2004, a study was conducted to see how well medical schools were including cultural awareness based curriculum[47]. The study concluded that out of the 125 U.S medical schools (as well as 16 Canadian schools), 91 U.S responded that they had offered some "formal instruction in medical ethics".[48] 78% of these schools required preclinical courses in ethical training that mostly included discussions and readings. However, 20% of schools in the study did not provide any funding for ethics, and 52% did not fund "curricular development" in ethics.[49] Many of the issues brought up in the survey as to why they did not offer more cultural awareness training

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[47] **Lisa,** Lehmann, et al. "A survey of medical ethics education at U.S and Canadian medical schools." *Acad Med* 7 (2004). 682. https://www-ncbi-nlm-nih-gov.ezproxy.proxy.library.oregonstate.edu/pubmed/15234922

[48] Ibid., pp 682

[49] Ibid., pp 682

is a lack of funding, time, as well as qualified teachers. Even though there are improvements in the medical field, there is still a lot of area for improvements.

Narrowing down to religion and spirituality, in 2010 The Carnegie Report and the Institute of Medicine both scrutinized the medical education and have called for a "broadening" of topics in their curriculum, which included focusing on religion.[50] In 2010, there were over 100 accredited medical schools that have some form of curriculum based on understanding religion and spirituality. The curriculum includes lectures, class discussions, and skill practices. How it is integrated and in which year varies program to program. Albert Einstein College of Medicine has a course in religion and spirituality and involves:

> The interdisciplinary faculty includes three MDs and a nurse practitioner representing Medicine, Family Medicine, and Pediatrics. This month-long elective, conducted five times since May 2005, is offered yearly in May. While we have a bank of discussion topics, readings, and clinical experiences, we ask students to construct their professional and personal learning goals surrounding the broad topic of spirituality/religion and medicine about 2 months prior to the elective in order for us to tailor curricula to meet students' individual and collective learning goals. Students are also encouraged to obtain journals for recording their experience[51]

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[50] Carol Fries, et al. "Interprofessional Collaboration: A Forward-Looking Approach to Team-Based Healthcare". *Academic Pediatrics* 16, 2016, e47. DOI: https://doi.org/10.1016/j.acap.2016.05.117

[51] Ibid., pp 22

Some of the activities include working with a chaplain, attending a field trip to a local Buddhist temple, and working with medicine practitioners who assist substance abuse patients. At the end of the elective, students are required to write a reflective paper.

According to Albert Einstein College of Medicine, this course is an elective and not a required course. As such, one major drawback to this model of cultural sensitivity training is that there are sessions in which no students subscribe.[52] This course is offered for fourth year students in their last term. However, the faculty teaching the course have reviewed the overall experience and stated that when the class is filled, the “success” seen “exceeded our expectations”.[53] This shows that religious spiritual curriculum at a medical school can be successful in educating students to become more aware of how religion and spirituality play a role in patients’ lives.

The Spirit Catches you and you Fall Down was used to bring up medical issues important to cultural awareness but is taught at numerous medical institutions since its publication back in 1995 as part of a religion and spirituality course. As a review from The York Times states, the book has made “significant effect on the ways in which American medicine is practiced” as well as on the “training of doctors”.[54] Yale is an example of medical program where it is required to read it as a first-year medical school student.

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[52] Ibid., pp 22
[53] Ibid., 22

[54] Margalit, Fox. “Lia Lee Dies; Life Went On Around Her, Redefining Care,” In *The New York Times* (2012). https://www.nytimes.com/2012/09/15/us/life-went-on-around-her-redefining-care-by-bridging-a-divide.html

To conclude this section, in one of the later chapters of *The Spirit Catches you and you Fall Down*, the mother the Foa had stated something haunting, that reminds anyone of the heartbreak of losing a loved one when it was preventable. Foa, said that through all the horror she and her family faced fleeing Vietnam War which included famine, death of 3 other children, war, refugee camp, the life and death of Lia was still the most painful. Lia stated that the other troubles in her life are “conceivable tragedies” while what happened to her daughter “was outside their sphere”.[55] This shows the importance of physicians trained in working with a diverse population. The United States will continue to become more diverse, and therefore, more of these heartbreaking cases will come unless the proper training is required for all medical programs.

Pharmacy

Pharmacy programs were one of the last in healthcare to implement education in cultural awareness into their curriculum. As the U.S gets “more diverse”, it becomes even more “critical” that healthcare workers are culturally competent.[56] An important reason why looking at cultural awareness courses in pharmacy schools is so important is because pharmacists directly work with the public outside of typical hospital settings, making them readily available to the public. Pharmacists have direct access to the public through working at community pharmacies such as Fred Meyers, Walgreens, etc. Overall, pharmacists “enjoys the public's trust”, and is highly

[55] Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures,* (New York: Farrar, Straus and Giroux, 2012), 171
[56] Mary Beth O’ Connell, et al. “Pharmacy website, cultural awareness in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Kansas”: *ACCP* 33, (2013): e347. doi: 10.1002/phar.1353

respected in the community.[57] This is one reason why it is so important that pharmacists have the knowledge and resources to continue to build a trusting relationship with a diverse population of patients.

Another reason is that a pharmacist's role has moved away from primarily compounding medications, to now incorporating more patient consultations.[58] It took "years" for pharmacy to change from a role of compounding and dispensing medication, to a role of pharmaceutical care that focuses on preventative care.[59] Other tasks more clinical work, which means being a patients counselor/educator not only for drug use but also in promoting a healthy lifestyle.[60] Pharmacists focusing on preventative care has become increasingly important and involves working with other healthcare workers with the intent of moving away from just the "fulfillment" of medications.[61]

It is not to say that compounding and dispensing isn't a key part of a pharmacist's job now, but rather to say it is not the only role. In recent years there has been an introduction of pharmacists performing tasks that have usually been

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[57] Milanovic ,Novakovic, et al. "The 21st Century- The Role of the Pharmacist in the Healthcare" *University of Novi Sad* 11, (2017): 368. https://doi.org/10.2298/MPNS1712365N

[58] Helen Reyes. "A Comparative analysis of Cultural Competence in Beginning and Graduating Nursing Students." *Hindawi Publishing Corporation*, (2013): 2. doi: 10.1155/2013/929764

[59] Syed Ahmed. "The Controversy of PharmD Degree". *American Journal of Pharmaceutical Education* 72, no. 3 (2008): 1. PMC2508726

[60] Lisa, Dolovich. "Pharmacy in the 21st century: enhancing the impact of the profession of pharmacy on people's lives in the context of healthcare trends, evidence and policies."*CPJ/RPC* 152, (2019): 47. doi: 10.1177/1715163518815717

[61] Azhar, Hussain, et al. "The changing face of pharmacy practice and the need for a new model of pharmacy education". *Journal of Young Pharmacists* 5, (2013), 38. doi: 10.1016/j.jyp.2012.09.001

exclusive to other medical professionals such as vaccinations. The role of the pharmacist has “expanded” to include counseling for “high blood pressure, diabetes, overweight and obesity, elevated blood lipid levels, physical activity, and smoking” in order to lower health risks through preventative care.[62] Other tasks pharmacists have started to include is:

> Optimization of the drug delivery systems, personalized therapy, the prevention and control of chronic noncommunicable diseases, advising general population how to use drugs and dietary supplements in relation to nutrition and the professional care about the possible negative effects of the environment pollution to the human health[63]

Pharmacists working with diabetic patients has also increased, as managing diabetes depends on medication intake. However, with diabetes, it is not only about medication, and pharmacists now work with patients towards a healthier lifestyle that includes education in “self-care and monitoring”, using drug related devices, and managing other health issues.[64]

Pharmacists becoming a more comprehensive part of the treatment procedure, rather than just delivering medication has increased, and this change falls primarily in the area of clinical pharmacy. The clinical pharmacy movement started back in the 1960’s and has been expanding in order to offer better and more wholesome care to

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[62]Milanovic ,Novakovic, et al. “The 21st Century- The Role of the Pharmacist in the Healthcare” *University of Novi Sad* 11, (2017): 368. https://doi.org/10.2298/MPNS1712365N

[63] Ibid., pp 365

[64] Ibid., 365

patients.[65] As the field of pharmacy increases patient interactions, it juggles with how to have pharmacists build a stronger relationship with patients. This shows the growing importance of clinical/patient interaction training, especially in the terms of cultural awareness.

Pharmacy itself isn't the only area of healthcare that is changing, and it includes overall changes in the roles of healthcare providers. 'Team based healthcare' has been used to explain the changing roles of healthcare to include other professions that in the past have not been included in healthcare plans of patients. "Team Based healthcare" is a term to describe the changing culture in healthcare which includes pharmacists becoming more than "drug sellers in a commercial enterprise".[66] There is a focus to have pharmacists become even more integrated into the healthcare system such as "preventing and resolving" drug related problems which requires collaboration with other healthcare professionals.[67] It is focused on increasing collaboration between healthcare professionals not just with pharmacy in order to "optimize patient care".[68] Some of the goals of team-based healthcare is improving communications between medical professionals, as well as "teamwork" like mentality that drives collaboration rather than individuality.[69] Pharmacy is trying to move

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[65] Syed Ahmed. "The Controversy of PharmD Degree". *American Journal of Pharmaceutical Education* 72, no. 3 (2008): 1. PMC2508726

[66] Azhar, Hussain, et al. "The changing face of pharmacy practice and the need for a new model of pharmacy education". *Journal of Young Pharmacists* 5, (2013), 38. doi: 10.1016/j.jyp.2012.09.001

[67] Ibid., pp 38

[68] Carol Fries, et al. "Interprofessional Collaboration: A Forward-Looking Approach to Team-Based Healthcare". *Academic Pediatrics* 16, 2016, e46. DOI: https://doi.org/10.1016/j.acap.2016.05.117

[69] Ibid., pp e46

towards evidence-based rather than perception based in terms of patient care, which requires that pharmacists work with other healthcare professions in order to get the bigger picture of a patient's health.

A study found that though training is necessary, team-oriented care can strengthen care plans of patients and should continue to be pursued. Even though the idea of collaboration increasing care is straightforward, it was found that medical professionals were 40% less comfortable speaking to professionals outside their specific niche.[70] Yet, while healthcare professionals stated though it can be challenging, 83.7% of participants in the study saw it as useful.[71] One of the ways the study found that was useful in increasing collaboration between healthcare professionals is to increase interpersonal communication outside of work. It encourages professionals to go to each other lounges, or do “entire-team” bedside rounds as ways to make sure they work together.[72] This change includes all healthcare professionals, but is especially significant to pharmacy, as they not been included in most of the patient care plan in the past. Working together and having open communication can also help medical professionals share knowledge in cultural differences of some patients. Maybe one professional has worked with a minority community before and is aware of the culture and customs. That professional is now able to share with their team what they know in hopes of avoiding future cultural conflicts.

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[70] Ibid., pp e46

[71] Ibid., pp e47

[72] Ibid., ppe47

Curriculum

Pharmacy began to see changes in the 1990's, and now a pharmacist's job can include collecting relevant patient information, identifying key health issues, and working towards a care plan rather than just what to prescribe. Due to a surge in this type of pharmaceutical care, pharmacy education has started to include trainings in topics such as patient assessment, education and counseling, patient care plans, selecting therapeutic alternatives, and preventative measures for future health issues.[73] These courses focus mainly on patient care treatment and includes cultural awareness training in working with minority communities.[74] It took "another 10 years" to pick up speed to where changes were being seriously implemented, and it wasn't until 2008 that the first cultural awareness training book was published for pharmacy schools.[75]

The study on the changing role of a pharmacist by Moustafa Daher, Chaar Betty, and Saini Bandana found that most pharmacotherapy courses are extremely similar for different schools across the nation. Which hopefully is the case, as teaching the same treatment and types of medications is extremely important. However, what does differ is the curriculum on cultural awareness.[76] Something that was listed as a struggle for pharmacy students is applying the pharmacology

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[73] Milanovic ,Novakovic, et al. "The 21st Century- The Role of the Pharmacist in the Healthcare" *University of Novi Sad* 11, (2017): 365. https://doi.org/10.2298/MPNS1712365N

[74] Mary Beth O' Connell, et al. "Pharmacy website, cultural awareness in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Kansas": *ACCP* 33, (2013): e349. doi: 10.1002/phar.1353

[75] Ibid., pp 349

[76] Ibid., pp 349

knowledge to practice, as learning types of medication and side effects is not the same as learning how to communicate and distribute to each individual patient. Pharmacy changing to become more patient care oriented is both efficient as well as exciting, however proper courses to train pharmacists must be invested. Residents in pharmacy programs who lack an education in cultural awareness, may have difficulties in working with a diverse community. A study found that stimulation exercises have shown to be effective in exposing residents to patients with diverse backgrounds and recommended more programs invest in diversity simulations.[77] A combination of knowledge and simulation has been proven to be effective and should be the course pursued by programs. However, some of the constraints in changing the curriculum is resources, which includes money as well as professors and faculty. Constraints listed above are some of the reasons why it took so long to implement courses in cultural awareness.

Looking closer at spirituality and religion, in 2003 a study was conducted to determine how well pharmacy schools are incorporating Spiritual Aspects of Patient Care into their curriculum (SAPC). The idea or methods were only found in a few pharmacy literatures[12]. The schools that took part in the research showed only 10% required a course surrounding the topic of SAPC, and only 21.4% of schools taught aspects of SAPC.[78] The rise in pressure to implement culturally based training is due

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[77] Carol Fries, et al. "Interprofessional Collaboration: A Forward-Looking Approach to Team-Based Healthcare". *Academic Pediatrics* 16, 2016, e47. DOI: https://doi.org/10.1016/j.acap.2016.05.117

[78] Julie Cooper, et al. "The Spiritual Aspect of Patient Care in the Curricula of Colleges of Pharmacy." *American Journal of Pharmaceutical Education* 67, no. 2 (2003): 3. https://doi.org/10.5688/aj670244

to its recent professional focus on “patient care” centered work.[79] In the past pharmacy has been work done in the background and saw limited patient interactions compared to other medical professions. Pharmacists are now starting to gain more patient interactions as there has been an increase in pharmacists in clinics and hospitals.

Pharmacy and patient’s religion/spirituality

In the 1970’s World Health Organization described that we need to start moving away from looking at health just from a biological standpoint start looking at it from a social, economic and physiological standpoint. Someone's spiritual or religious background makes up someone's psychological identity.[80] A person's belief and religion can play a role in *when* and *how* patients seek out medical attention. When working with religious patients it has become increasing relevant in all medical fields that we move away from the idea of *if* religion plays a role in a person's overall health and start asking *how* it does.

One of the biggest conflict’s pharmacists encounter is the ingredients in the pills that are prescribed. Gelatin pills are made from porcine or bovine, which are animal based, and can be against some religious practices.[81] Even though a religion may not specifically say not to take these medications, by injecting medications with pork or beef product in it, it is seen as impure, and can have a huge effect on a

[79] Ibid., pp 3

[80] Moustafa Daher, et al. “Impact of patients’ religious and spiritual beliefs in pharmacy: From the perspective of the pharmacist.*” Research in Social and Administrative Pharmacy* 11, no. 1: (2015): e32. DOI: 10.1016/j.sapharm.2014.05.004

[81] The Spiritual Aspect of Patient Care in the Curricula of Colleges of Pharmacy”. *American Journal of Pharmaceutical Education.* 2003. e33

patient's spirituality. Many of the capsules used in medications are made of gelatin, which "trespasses beliefs across several faiths", and isn't limited to smaller religions[82]. For example, some Buddhists see eating beef products as a sin[20]. Many patients that request the ingredients of their medication identified as either Muslim, Jew, Buddhist, or a few other smaller religions. Even though there has been an increase in "recognition" of religion and spirituality playing a role in a patient's health experience, research and knowledge of that in pharmacy is "scant",[83] including medication ingredients.

Gelatin comes from collagen, which is a protein found in animal skin and bones [20]. Collagen is mostly sourced from pigs and cows.[84] Not all collagen is sourced from beef and pork, but pharmaceutical companies have stated that it is difficult to trace the origin of each pill and where it was sourced from. So even if it not animal based, it's hard to know for sure. Gelatin is not only used for hard/soft-shelled drugs, but due to its "compatibility" with human tissues, it is used as a sponge form for treating wounds as well as a blood plasma substitute.[85] Gelatin is easily available, and it's "excellent compatibility" makes it easy to use for medical issues. Stearic acid is also used to deliver medication, and is animal based. It is a fatty acid found in hydrogenated vegetable or animal oils.[86]

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[82] Moustafa Daher, et al. "Impact of patients' religious and spiritual beliefs in pharmacy: From the perspective of the pharmacist." *Research in Social and Administrative Pharmacy* 11, no. 1: (2015): e37. DOI: 10.1016/j.sapharm.2014.05.004

[83] Ibid., pp 30

[84] Pirzada Sattar. "Inert Medication Ingredients Causing Non Adherence Due to Religious Beliefs." *Annals of pharmacotherapy* 38 (2004): 622. DOI: 10.1345/aph.1D324

[85] Ibid., pp 622

[86] Ibid., pp 622

Due to the 125,000 deaths every year because of “non adherence” to prescribed medication, as well as costing the United States healthcare system around 100 billion dollars,[87] a study was conducted to look at 4 cases in which religion played a role in why a patient didn’t take a medication as it was prescribed. There are numerous reasons why patients end up not taking their medication, but this study specifically focused on religion.

One of the cases included an Orthodox Christian patient who was taking medication for his bipolar disorder. He was readmitted to the hospital a month later, after discovering on the internet that the medication used pork derived gelatin, before discontinuing his medication regimen. In *Bad Faith,* patients were worried that because there was pork in the gelatin, it would lead to them being “impure”.[88] Another case study was of a Muslim woman who stopped taking her antibiotic for a respiratory infection because of her concerns of the amoxicillin capsule having pork-derived gelatin. Due to her nonadherence she ended up at the emergency room, before the physicians and pharmacists were able to work out prescribing her a gelatin free antibiotic. She took it without any issues and recovered fully.[89] The third case study was of a Seventh Day Adventist man who called the manufacturer of the antipsychotic medication and found out that the source of the medication could be pork or beef based.[90] He refused to take any medication that had either gelatin or

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[87] Ibid., pp 621

[88] Pirzada, Sattar. “Inert Medication Ingredients Causing Non Adherence Due to Religious Beliefs.” *Annals of pharmacotherapy* 38 (2004): 622. DOI: 10.1345/aph.1D324

[89] Ibid., pp 622

[90] Ibid., pp 622

stearic acid (both animal based), however, the pharmacist was able to work with him and offered a liquid risperidone which does not have any animal product. The last case study was of a Muslim man who came in for substance abuse and depression and refused to take any medication that was animal based. Pharmacists were eventually able to prescribe acetaminophen elixir which was animal free. The study found that some of the issues that may arise from a patient not taking a medication due to the ingredients are, increased hospitalization rates (and costs), poor relationship between a patient and the healthcare provider can lead to life threatening outcomes.[91]

It is important to note when looking at the case studies from this study, is an individual's religious interpretation doesn't always reflect actual scripture or what the interpretation is of other members of the community who practice the same religion. As stated in the introduction, it is not for the pharmacist to question the individual's religion, as that can drag out the process of seeking middle ground, as well as potentially hurt the patient’s mental and physical being. The first case study mentioned was that of a man taking medications for his mental health. Even though Christian Scientist scripture technically does not specifically state that certain meat cannot be ingested, somewhere along the lines of his practice or in his community, he has picked up not to inject meat.

Bad Faith introduces a similar scenario, in which a person found a home and sense of belonging through their religion. Religion plays an important role in people finding a community, and the book brings up an important note that having a community and staying loyal to it can trump other relationships even if it's one with a

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[91] Ibid., pp 622

medical professional. A couple, Larry and Lucky Parker, were charged for child neglect, due to the refusal to give their son insulin which eventually led to his death. During the trial, purposeful killing, lack of medical knowledge, and religious reasons, were ruled out as the parents generally loved their child and were heartbroken with the death of their child. A lack of medical knowledge was also eliminated, as the Parkers up to that point had been administering their son's insulin with no problem. Religious rules had to be ruled out as well as there was no indication in scripture that insulin could not be used. Also, during the final days of their son's life, their Pastor had "pleaded" for them to take their son in for medical help.[92] The true reason behind why they did not seek medical attention for their son will likely be unknown as the Parkers were unable to answer it themselves. However, after the case many who were involved speculated as to why it happened. One possibility that was explored is the Parkers mental health, in which both suffered from dependent personality disorders, stemming from a poor childhood and experience of abuse. These are some of the factors as to why the Parkers may have had an unhealthy relationship with the 'religion' they practiced. Some who knew the Parkers felt that they both saw God as a "surrogate parent", and heavily relied on their conversations with God to make decisions in their life.[93] Even though it is an extreme example and brings up a whole other topic of mental health and childhood development, *Bad Faith* uses this example to show that religious interpretation can get very distant from the religion itself. A pharmacist, or any medical professional, can be exposed to cases like this, showing

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[92] Paul Offit. *Bad Faith: When Religious Belief Undermines Modern Medicine.* (New York: Basic Books, 2015), 45

[93] Ibid., pp 45

the importance of finding ways to work with religious patients, no matter how far it stems from the scripture. There are limitations as to how far a medical professional should go, as some cannot be worked with. However, that shouldn't stop a medical professional from trying to prevent cases like this and should have some alternatives to offer patients in similar and less extreme cases.

Moving Forward

Pharmacists compared to other professions in the medical field face similar and unique issues when working with religious/spiritual patients. That means that moving forward, goals and areas of work will also be unique to pharmacy. Ingredients of medications and finding alternatives have been mentioned as significant concerns in pharmacy. What has been looked at as possible solutions for the issue listed is increasing transparency with pharmaceutical companies, investing in a national database for medication and alternatives, focusing on building a stronger relationship with patients based off patient autonomy, as well as increasing cultural curriculum in pharmacy programs.

Currently, awareness of ingredients of a medication, knowledge of religious/spiritualities that may inhibit or limit the consumption of these medications, decisions over whether to inform patient of specific ingredients, as well as how to handle patients who request different medication and or no medication, are being reviewed as to decide the best approach to working with religious or spiritual patients. In order to test some of these approaches, research conducted in 2015 by Moustafa

Daher, Betty Chaar, and Bandana Saini sought to understand the role of religion and spirituality from the perspective of current pharmacists and was conducted through semi-structured interviews.[94] The research found that the frequency of encounters where a patient's religious/spirituality being of concern, ranged from twice a day to 1-3 times a month.[95] The pharmacists in the study said that most encounters were based off ingredients of medication. Even though patients usually stopped taking the medication if there was a dietary issue due to their religious background, most of the pharmacists stated that respecting the patient's autonomy was usually the first step for them. Even if the pharmacist was aware that the ingredients of the medication may be an issue in terms of a patient's religious background, they still stated that disclosure became even more important, and even if alternatives were limited, the patient had the last say.

What are the current alternatives to gelatin or other animal-based medications? There is medication that is available in liquid form or prepared with elixir which is a "viable alternative" to gelatin or stearic acid.[96] However, if there isn't an available alternative, removing the medication from the capsule should be explored.[97] Gelatin is in sustained-release pills, and so another alternative could be investing in non-sustained-release pills. sustained-release makes it so the medication

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[94] Moustafa Daher, et al. "Impact of patients' religious and spiritual beliefs in pharmacy: From the perspective of the pharmacist." *Research in Social and Administrative Pharmacy* 11, no. 1: (2015): e31. DOI: 10.1016/j.sapharm.2014.05.004

[95]Ibid., pp e31

[96] Pirzada Sattar. "Inert Medication Ingredients Causing Non Adherence Due to Religious Beliefs." *Annals of pharmacotherapy* 38 (2004): 622. DOI: 10.1345/aph.1D324

[97] Ibid., pp 623

is slowly released into the body rather than all at once. Some if not all medication can be substituted to non-sustained-release pills "without significant harm".[98] If there is no medical alternative for a lifesaving medication, consulting a religious leader in a sense to gain 'permission' to take the medication has been used in the past. The study found that in previous research, most religious leaders were supportive of medications even if it is animal based since it is lifesaving.[99]

One of the barriers pharmacist face is lack of pharmaceutical industry transparency. This causes an issue as confirming a medication is animal based as well as finding alternatives requires open communication with the pharmaceutical company that produces that medication. Multiple studies have shown that pharmacists either wait around 20 minutes to talk to a pharmaceutical company worker or look it up online. When a pharmacist cannot communicate with the pharmaceutical company, it limits as to how much a pharmacist can disclose on the ingredients[100]. Even if the pharmacist can receive the full list of ingredients, if the medication is animal based, limited alternatives to that medication can become another barrier. If a pharmacist can't 100% confirm that a specific medication is animal free, pharmacists have stated that it doesn't matter how important the medication is, there are patients who will choose cultural and spirituality over it and will not take the medication.

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[98] Ibid., pp 623

[99] Ibid., pp 623

[100] Moustafa Daher, et al. "Impact of patients' religious and spiritual beliefs in pharmacy: From the perspective of the pharmacist." *Research in Social and Administrative Pharmacy* 11, no. 1: (2015): e35.
DOI: 10.1016/j.sapharm.2014.05.004

Pharmacists have stated that in order to fully be able to help patients, they need transparency from pharmaceutical companies to be able to offer the best care for patients[101]. Pharmaceutical companies also need to be pressured to at least be aware of religious limitations, and possibly invest in alternatives rather than it falling all on pharmacists. Government intervention and requirements would be most effective in holding pharmaceutical companies accountable, as well as it shouldn't be a pharmacists role. However, until that becomes a reality, a pharmacist must find ways to efficiently offer information in an efficient way. Investing in a national database for pharmacists to be able to access ingredients as well as alternative options specific to religious patients has been mentioned as the next step to counter a lack of transparency. Certain handouts or databases of different capsules used might make it easier for patients as well as pharmacists to quickly gain access to that information. A pamphlet or something of that sort could be used to give out general knowledge of gelatin as well as a list of alternatives. That way the patient can be aware of ingredients and alternatives prior to meeting with the pharmacist or physician, which saves time for both the medical professional and the patient. A lack of time has been a rising concern as to why medical professionals are unable to get the holistic idea of the patients health at hand.

With or without alternatives, what is most important is how a pharmacist converses with a patient. With the study on the four cases, the patients stated that he/she will not take the prescribed medication no matter how serious the illness is. It is also important that patient autonomy doesn't just include the final decision, but also

[101] Ibid., pp e36

ensures that the patient has full disclosure to their illness and the medication they were prescribed. Patient autonomy is extremely important and is referred as one of the four basic principles of healthcare ethics. Respect is also another important topic to discuss. A pharmacist must be able to respect the patient's choices, even if it could lead to life threatening or costly outcomes. When research was conducted as to how pharmacists handled religious patients request for different or no medication, respect for autonomy was one of the main strategies observed[102]. No matter the difficulty in finding out the ingredients as well as the alternatives, a positive relationship between the pharmacist and patient can make a large impact.

Pharmacists also stated that some form of "religious/spiritual competency" training would "help" them in the future when working with patients with a religious background. One of the pharmacists in the study stated:

> "Well when I went to university none of this was ever an issue and was never discussed so certainly yes it should be covered in university" (Pharmacist 5)[103]

One of the ways pharmacy programs have implemented change across the nation is the American College of Clinical Pharmacy (ACCP) created a "task force" that proposed a series of articles on culture, pharmacy, and how to best implement change.[104] In, 2006 the American Council on Pharmaceutical Education (ACPE) set up "guidelines for accreditation standards in professional degree programs" which

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[102] Ibid., pp e35

[103] Ibid., pp e37

[104] Mary Beth O' Connell, et al. "Pharmacy website, cultural awareness in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums, and Future Directions. Kansas": *ACCP* 33, (2013): e347. doi: 10.1002/phar.1353

gave way for schools to start to implement cultural training, especially in areas of clinical pharmacy.[105] The National Pharmacy Association also mentioned the importance of focusing on religion and spirituality, and highlighted that students were interested in learning about world religions and spiritual traditions outside of what they are familiar to. On a questionnaire to pharmacy student leaders, 80% said they felt there would be benefits to a seminar or course on "addressing the spiritual aspects of patient care in case studies and readings".[106] Another 95% said it would be beneficial to review religious groups and beliefs in the United States.[107]

These changes led to curriculum involving "viewing videos consisting of case studies, participate in case study discussions, complete reflective writings, and write papers after participating in a community project involving interactions with culturally diverse groups".[108] Other curriculum could include a focus of students on developing skills to "discern a patients spiritual values" as part of patient care, including "therapeutic outcome".[109] Some areas of medicine that were especially important in being comfortable working with religious patients is chronic pain, substance abuse, and acute care, where spirituality plays a larger part in patient care experience.[110]

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[105] Ibid., pp e350

[106] Ibid., pp e350

[107] Ibid., pp e350

[108] Ibid., pp e352

[109] The Spiritual Aspect of Patient Care in the Curricula of Colleges of Pharmacy". *American Journal of Pharmaceutical Education.* (2003): 4

[110] Ibid., pp 4

Professional training is always useful, and due to the lack of training seen in pharmacy schools up until recently, it is important to continue to add courses as well as trainings to make up for the fact that for a while pharmacists were not getting the cultural training seen in other healthcare professions.[111]

Conclusion

There are similar, as well as unique challenges nursing, medicine, and pharmacy faces when it comes to being culturally aware. Nursing being the first program to incorporate curriculum in cultural awareness, has seen success with students gaining confidence in working with a diverse population of patients after completing the program. Specifically looking at working with religious patients, training may not be as common in nursing schools, and can vary program to program. A nurse lacking skills to work with religious and or spiritual patients can be especially problematic in acute care or patients with chronic illness. It is important that with all the patient interactions nurses have daily, that they are at least aware of other religions. What was promising is a study found that a simple training of different religions, case studies of religious patients and end of life care helped nursing students feel more equipped to work with religious patients. Medical programs work very closely with patients as well and have made improvements to include more diversity training. However, whether that training includes awareness of religious and spiritual practices is still not as common. With a growing diverse population, working with patients whose first language is not English, or who did not

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[111] Moustafa Daher, et al. "Impact of patients' religious and spiritual beliefs in pharmacy: From the perspective of the pharmacist." *Research in Social and Administrative Pharmacy* 11, no. 1: (2015): e40. DOI: 10.1016/j.sapharm.2014.05.004

grow up with western medicine, were some of the challenge's physicians face. There have been issues in communicating how to take prescribed medication(s) properly, and ways to limit those issues by supporting physician and patient interactions have been looked into. Physicians must be aware of the way they communicate medical information, as respectful ways to communicate differ culture to culture. Looking specifically at religion and spirituality, it has become more and more apparent that a patient's spirituality affects their health outcome. Books such as *The Spirit Catches you and you Fall Down,* exposes issues such as different interpretations to diseases and illnesses. Medical schools across the nation are incorporating more training to educate doctors in the different practices among different religions and spiritualities. However, there is still a long way to go as not all schools offer or fund programs and courses, and the types of training and topics covered caries among schools.

Pharmacy has seen its own changes as it adapts to include more patient care rather than solely on preparing medication. Due to this shift in a pharmacist's role, it has become incredibly important that pharmacy curriculum includes education in cultural awareness and sensitivity. Pharmacy has seen improvements as it became apparent that religion can play a role in whether a patient follows up with prescribed medication. Patients not taking their prescribed medication due to specific ingredients within their medication is one of the biggest problems pharmacists face. Pharmacy programs and pharmacists have worked to find alternatives to animal based medications and have called for more transparency from pharmaceutical companies. Other important areas mentioned were investing in national database specific to religious limitations, staying true to patient autonomy, as well as encouraging more

training and courses in pharmacy school pertaining to working with religious and spiritual patients. Even though pharmacy can be seen as falling short compared to nursing and medicine, it's role and tasks did not involve as much patient care and therefore did not face similar challenges until now. However, as the healthcare field begins to change, pharmacy has seen a shift towards more patient interactions, demanding that pharmacy education changes as well.

Even though programs in nursing, medicine and pharmacy have seen improvements over the years, there is still work to be done. National organizations in all three fields that this thesis focused on have started to work towards national requirements in the study of cultural awareness for programs in the United States. Currently all three have general guidelines for programs to follow, however they do not enforce it, and have no way of checking how successful programs are. Even though it is a huge step, it is necessary as programs that have implemented some form of cultural awareness training that includes religion and spirituality have shown to be successful. As important as it is to have medical and clinical knowledge be the same between programs, basic checkpoints to general cultural awareness course should be met by all programs in that field. The United States continues to become more diverse, and the need for cultural awareness will continue to rise. The healthcare system must adapt to the changing demographics and programs must invest in curriculum that help students in the programs be more aware of someone's cultural and or religious background.

One of the limitations to this paper is that the needs of a community are different regionally throughout the United States. Some areas are more or less

religious, and overall the exposure to diversity may be different. A person's identity heavily involves comparing oneself to individuals around them, and so in any research that asks patients if they are religious or spiritual, depends on how they see themselves in comparison to others. Also, religion can be argued that there is no agreed definition. It can bring up challenges when trying to understand how well the healthcare system is serving and respecting over 300 million people living in the United States.

Religion can be a complex topic, and as explained before, it is up for individuals to interpret. However, that doesn't mean it isn’t an important aspect of one's success, both physically, mentally, and spiritually. *Bad Faith* introduced in their first chapter a woman who at the age of 13, had gotten a lifesaving blood transfusion.[112] At the age of 22, she speaks to medical students around the United States on her story. She speaks the opposite of what you would expect, and states that she would have rather died pure blooded than have to live impure with her blood transfusion. She is a Christian Scientist, and blood being seen as sacred, cannot be shared, and in some Christian Scientist communities, cannot be even if its lifesaving. She pleads that medical professionals need to respect the religion of patients, and they need to understand that it plays a huge role in some people’s lives. This example is not to argue that the doctors should have let a 13 year old die due to respecting religious reasons, but rather to show that working with a person’s spirituality is complex, and at times heartbreaking, but regardless of opinion on religion, it is incredibly important to people.

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[112] Paul Offit. *Bad Faith: When Religious Belief Undermines Modern Medicine.* (New York: Basic Books, 2015): 110

Religion has been connected to a sense of belonging and finding a community, which are both important for an individual to feel fulfilled in their life. Many who are religious gain a sense of guidance when they are religious/spiritual, and mentioned in the introduction, have found to have positive effects in one's life. Even though religious confrontation with medical professionals may not be as common as other identity issues such as race or gender, it doesn't make it any less important. Criticizing a person's spirituality or religion can have a costly effect Not only could it jeopardize a medical professionals' relationship with the patient, but it could lead to the patient questioning their own beliefs and ethical rules. Even though adding and working towards a more complete training or curriculum for religious and or spiritual competency can be a costly investment both in terms of time and money, it can have great effects in supporting the relationship between a medical professional and patient. A medical professionals' general respect for a patient's religious or spiritual background can go a long way, and the effects of a more culturally aware medical professional should be taken more seriously.

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