they and colleagues in the Harvard medical community—many of them now part of the initiative—showed that most patients with advanced cancer had never received any form of spiritual care from their oncology nurses or physicians (87 percent and 94 percent, respectively). The investigators concluded that lack of training is the main barrier.

These findings could have financial consequences, given the high cost of intensive end-of-life treatments. One analysis conducted by initiative members and others at Dana-Farber, HMS, and HSPH, reported in the journal Cancer in 2011, suggested that if medical teams routinely provided spiritual care to dying cancer patients, the annual cost savings in the United States would total $1.4 billion (based on 2009 data).

Another focus of inquiry involves the health benefits of going to church or other religious services. A team led by initiative co-leader Tyler J. VanderWeele, a professor of epidemiology at HSPH, mined data from Harvard’s long-term Nurses’ Health Study and found that women who attended religious services more than once a week were 33 percent less likely to die, and lived an average five months longer, during a 16-year follow-up period (1996-2012) than women who never went. Frequent attendance, the investigators note, appears to increase social support, decrease depression, discourage smoking, and boost optimism.

The data also revealed an association between attending religious services and significantly lower rates of suicide. Among the 90,000 women in the study, those who regularly attended religious services were nearly six times less likely to commit suicide during the study follow-up years (1996 to 2010) than those who did not. (These findings appeared in the Journal of the American Medical Association’s JAMA Internal Medicine and JAMA Psychiatry last May and June, respectively.)

“The research suggests that there is something very powerful about the communal religious experience,” VanderWeele says. “Religious participation appears to be an important social determinant of health, and yet one that we have neglected in our discussions on the distribution of health outcomes.”

VanderWeele teaches a WinterSession course on religion and public health—one of the handful of curricular offerings on spirituality and medicine across the University; others include a few at HDS, an HMS elective on “Spirituality and Healing in Medicine,” and a required course in the Harvard Longwood Psychiatry Residency Training Program. Associate professor of psychiatry John R. Pettee, who co-teaches the medical school and residency courses, says it’s important for clinicians to understand the religious, spiritual, and cultural dimensions of illness—and to recognize how their own spiritual beliefs, whether religious or secular, “can be an important resource for working well.” (Pettee has co-edited The Soul of Medicine: Spiritual Perspectives and Clinical Practice with associate professor of anesthesiology Michael N. D’Ambra.)

Initiative leaders hope their work will eventually expose more students and providers to these topics and lead to better practice. They are pleased that the Joint Commission, a national healthcare accreditation organization, has begun to recognize the role of spiritual care. But, the Balbonis say, its guidelines are “ambiguous” and not yet enforceable because empirical research on spirituality and medicine is still new, and many knowledge gaps remain. They, along with VanderWeele and other colleagues, plan to continue tackling such unanswered research questions as: What role should doctors play in delivering spiritual care? How does witnessing their patients’ spiritual moments, like being at peace with God, affect clinicians themselves? Is religious attendance “healthful” for people of faiths beyond the mostly white Christian population surveyed in the Nurses’ Health Study?

Academic medicine, initiative leaders say, also seems to be more receptive now to addressing issues around spirituality in patient care. “Thirty or 40 years ago,” says Michael Balboni, “I don’t think people would even whisper about these things, certainly not publicly.” In 2015, the initiative hosted a national conference on medicine and religion that drew 300-plus attendees, and it convened a December 2016 symposium to highlight current research and implications for clinical practice. Adds Tracy Balboni, “It’s encouraging to see the growing recognition, at Harvard and other academic institutions, that these questions are important to a comprehensive understanding of what comprises health.”

~Debra Bradley Ruder