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August 31, 2002

Dr Margot Kerley - Committee Secretary  
Standing Committee on Ageing  
House of Representatives  
Parliament House,  
Canberra ACT 2600

Dear Dr Kerley

Re: Submission to Inquiry into long term strategies to address the ageing of the Australian population over the next 40 years

***We take pleasure in making a submission to the above Inquiry into Ageing and thank the Hon Minister for Ageing Kevin Andrews MP for the broad ranging strategy presented for review.***

***This office looks forward to a continuing dialogue on an important focus that our submission addresses – that of considering the inclusion of a 'spirituality in health care component' into the 40 year strategy. As this submission illustrates, along with significant evidence worldwide we offer in support, we would hope that the Committee will carefully consider this topic which has not been included in the strategy at this point.***

***We appreciated being able to have a short meeting last week with two members of the Minister's staff – Michael Toley and Brendan Darcy to mention our submission and it's important relationship to offering a spiritual care component into healthcare.***

***It would be appreciated if this office is kept on any mailing lists for future developments on the subject, and we would welcome opportunities to dialogue further on this important subject***

***Most sincerely***

***Margaret Clark  
Christian Science Federal Representative for Australia***

**House of Representatives  
Standing Committee on Ageing**

**Inquiry into  
Long Term Strategies to Address the Ageing  
Of the Australian Population over the next 40 years**

**Submission**

**from  
Christian Science Committee On Publication  
Federal Representative for Australia**

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**Submission to  
Standing Committee on Ageing Inquiry into long term strategies to address  
the ageing of the Australian population over the next 40 years**

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**OVERVIEW**

In view of our multi-cultural, multi-faithed and increasingly diverse nation and the growing public interest in spirituality, this submission outlines an important need to address in the *National Strategy for an Ageing Australia* the role of spirituality as a component of health and well being.

The office of the Christian Science Federal Representative for Australia identifies with and supports an emerging public demand for spirituality in health care and promotes the goal of religious rights for all. It also provides accurate information to the public about Christian Science and its Discoverer, Mary Baker Eddy<sup>1</sup>, an early pioneer in exploring the connection between spirituality and health.

Mary Baker Eddy showed through her long and productive life, and her own practice of spiritual healing, how spirituality in health care brings significant benefits to humanity. We also make available to spiritual seekers access to the ideas in *Science and Health with Key to the Scriptures*, Eddy's major work on this subject.<sup>2</sup>

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<sup>1</sup> Mary Baker Eddy spent many years searching for practical, permanent solutions to the many challenges in her life. She discovered a method of spiritual healing that enabled her to gain control of her life and triumph over obstacles such as divorce, homelessness, family rejection, and chronic poor health. Mrs. Eddy devoted her life to sharing with others this spiritual system of healing. In addition to healing thousands, teaching others to heal, and giving public talks, she wrote and published many books and articles explaining these revolutionary ideas. In her late eighties, she established *The Christian Science Monitor*, a well-respected international newspaper. See <http://www.marybakereddylibrary.org/> and <http://www.csmonitor.com/>

<sup>2</sup> See <http://www.spirituality.com/>

## EXECUTIVE SUMMARY

We welcome the invitation by the Minister for Ageing to contribute to the government's inquiry into long term strategies associated with the ageing of the Australian population over the next 40 years.

Our submission addresses two areas of focus raised in *Terms of Reference for the National Strategy*:

- Independence and Self Provision
- Healthy Ageing and Attitude, Lifestyle and Community Support

With regard to these two points we identify a missing element in the National Strategy, which is the link between spirituality, better health and well-being, and we encourage the government to address this by including a spirituality in health care component in a future reassessment of the National Strategy's comprehensive framework for planning, funding, and delivering health and support services. We offer a sampling of documented evidence to support a need for this.

The submission further recommends the inclusion of a significant research program that would review the available evidence, in a number of countries, of the benefits of having a spirituality in health care component in healthy ageing strategies at all levels of government, as well as perform original research in this area. We reference a sampling of this research as well as the increasing public interest in and demand for spirituality and the improved outcomes resulting from spiritual approaches to health care. Studies show the connection between prayer and healing. They indicate an association between spirituality (and/or some religious involvement) and positive health outcomes in the ageing population.<sup>3</sup>

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<sup>3</sup> see Astin, J., Ph.D.; Harkness, E., B.Sc.; Ernst, E., M.D., Ph.D., "The Efficacy of 'Distant Healing': A Systematic Review of Randomized Trials," *Annals of Internal Medicine*, 6 June 2000; 132: 903-910; Harold G. Koenig, M.D., Michael E. McCullough, Ph.D. and David B. Larson, M.D. have written a useful textbook, *Handbook of Religion and Health*, Oxford University Press, 2001. Moreover, studies evidencing a positive relationship between spirituality and health include Luskin, F.M., Di Nucci, E., Newell, K., "A Review of the Effect of Spiritual and Religious Factors on Mortality and Morbidity with a Focus on Cardiovascular and Pulmonary Disease," *Journal of Cardiopulmonary Rehabilitation*, 2000, 20: 8-15; Matthews, D. A., M.D., McCullough, M. E. Ph.D., Larson, D. B., M.D., Koenig, H. G, M.D., Swyers, J.P., Milano, M. G.; "Religious Commitment and Health Status: A Review of the Research and Implications for Family Medicine," *Archives of Family Medicine*, 1998; 7:118-24; Levin, J. S., "Religion and Health: Is there an association, is it valid, and is it causal?" *Social Science Med.*, 1994; 38: 1475-82; Kass, J. D., Friedman, R., Leserman, J,

Australian government reforms leading to the regulation of complementary medicine in Australia in 1999 established Australia as a world leader in the regulation of complementary medicine.

The ongoing research program proposed here should expand on that earlier step, and we recommend further that government disseminate the results from this research to the wider community, including:

- Health & aged care practitioners and their representatives and professional bodies
- State & Territory governments
- Local governments
- Researchers
- Health care providers
- Health promoting businesses and organizations
- Educational institutions
- Community organizations
- Communities
- Australians of all ages

## 1. INTRODUCTION

Most older people desire to maintain their lives on the basis of “independence and self-provision” and we suggest that this is closely linked to a healthy “attitude and lifestyle” balanced with a measure of community support. For many people, the best measure of community support may be one that offers freedom of choice for consumers of health care services and which includes a full range of alternative health options in addition to the traditional medical model. Respect for the spiritual aspects of the individual should be an important component of healthy ageing.

The suggestions in this submission center around the need to have a spirituality in health care component included in the National Strategy for an Ageing Australia’s comprehensive framework for planning, funding, and delivering health and support services.

We commend the Ministry of Ageing’s vision and broad principles illustrated in the National Strategy, and the six (6) wide ranging issues addressed. The goal to deliver the best outcomes for all Australians

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Zuttermeister, P. C., Benson, H., M.D.; “Health Outcomes and A New Measure of Spiritual Experience,” *Journal for the Scientific Study of Religion*, 1991; 30: 203-11.

regardless of age is admirable. We believe that including the spiritual component in the health care delivery system will do much towards enabling the ageing population to “continue to do the things they do.”

**1.1 Overview Of Points Considered:**

1.1.1 The importance of healthy ageing to enable a greater number of older people to remain healthy and independent for as long as possible.

1.1.2 The need for the government to initiate research of available evidence as to the benefits of having a spirituality in health care component included in healthy ageing strategies at all levels of government as one important response to the growing demand for accessible, appropriate and high quality health and aged care services.

1.1.3 The need for the government to explore the wide evidence of trends in usage of alternative healing practices in many countries including Australia, some of which embody spiritual approaches; that clinical studies in some countries already show that spirituality is linked to better health outcomes and well-being for older people.

**1.2 We therefore suggest that Australian governments at all levels might consider the following steps:**

- fund research examining the relationship between spirituality and health outcomes for older people;
- encourage those health professionals who have an interest in the subject to consider spiritual or religious factors when developing health profiles of older patients;
- include spiritual care providers as part of an older patient’s treatment team for patients who choose them;
- encourage development of outpatient chaplaincy/spiritual care programs and strengthen inpatient chaplaincy programs;
- develop a “Spirituality & Healing in Medicine” symposium such as the Harvard Medical School’s continuing medical education course offerings (1995-2002) (ANNEX E, & ANNEX L); and
- explore and develop parish nursing.

## **2. INTEREST IN SPIRITUALITY AND ALTERNATIVE HEALING PRACTICES IN AUSTRALIA**

2.1 Australians are looking for new ways to handle health and healing. For example, throughout Australia there is growing public interest in complementary and alternative therapies. Many Australians also identify with the spiritual aspects of their lives.

2.1.1 An Australian study published in the *Lancet* in 1996 found use of alternative medicine by 48.5% of Australia's population.<sup>4</sup> By 1999 this widespread interest reflected in the Commonwealth government's initiative in the development of regulations for complementary medicines in Australia "establishing Australia as a world leader in the regulation of complementary medicine."<sup>5</sup> It is now estimated that 70% of Australian adults use some kind of complementary or alternative treatment according to a March 13, 2002 article in *The Australian*. This article notes that seven years ago, that figure was less than 50%.

2.1.2 According to the Australian Community Survey, one in three of all Australian adults say that the desire for a spiritual life is a very important or the most important principle guiding their lives. Another third of all Australian adults say that it is important. Researchers from Edith Cowan University and NCLS Research conducted this survey.<sup>6</sup>

2.1.3 An Australian Broadcasting Corporation (ABC) report Nov 3, 1999 featured on 'The Lab' - "*Smiling seniors take faster strides*" reported a US study showing how older people feel about ageing affects how fast they walk and is likely to predict how healthy and independent they are. The study by Boston-based researchers at Beth Israel Deaconess Medical Center reports that if an older person sees themselves as "wise," "astute," and "accomplished," rather than "senile," "dependent," and "diseased," it can speed their walking up, having the same effect as 12 weeks of strength training. "What's surprising is that the way in which older people view older people can significantly affect their physical function," says lead author Jeffrey Hausdorff PhD, a researcher at Beth Israel Deaconess Medical Center.<sup>7</sup>

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<sup>4</sup> Mac Lennan, A. H., Wilson, D. H., Taylor, A. W., "Prevalence and Cost of Alternative Medicine in Australia," *Lancet*, 1996; 347: 569-573.

<sup>5</sup> Senator Grant Tambling - Commonwealth Dept of Health & Aged Care Therapeutic Goods Administration "Outcomes from the Complementary Healthcare Consultative Forum" 1 July 1999.

<sup>6</sup> See <http://ww.cra.org.au/>

<sup>7</sup> Hausdorff, J. & Levy, B. "Journal of American Geriatrics Society" November 2001

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- 2.1.4 Dr. Craig S. Hassad, Senior Lecturer, Department of Community Medicine and General Practice, Monash University, wrote in 2000 in a paper "Depression: dispirited or spiritually deprived?"<sup>8</sup> -- "The 20th century has seen a widespread decline in mental health in Western society. One important factor may be the lack of meaning and spiritual fulfillment that is part of our increasingly secular and materialistic society. In medical education and practice, religious issues are often marginalized or 'pathologised', despite consistent evidence from the literature of the protective effect of 'religiosity' or 'spirituality' on mental and physical health."
- 2.1.5 The Federal Government recently provided \$500,000 to help five professional associations form national professional registration systems in the area of alternative healing according to a press release from Ms Trish Worth, the Australian Parliamentary Secretary to the Ministry for Health and Ageing.<sup>9</sup>
- 2.1.6 In March 1, 2002 an Australian Medical Association's (AMA) position statement made an urgent call for more funding of complementary medicine research. This report said, "The Interim Director of The Monash Institute of Health Services Research, Associate Professor Jeremy Anderson, has described the Australian Medical Association's (AMA) call for increased funding for complementary medicine research as 'absolutely critical.'"
- 2.1.7 A study carried out by Charles Sturt University<sup>10</sup> June 2002 notes – "More Australians are reaching for a cure off the shelf from health food shops, pharmacies or supermarkets. The increased use of complementary therapies to treat many conditions indicates it is no "alternative" but rather part of normal daily health care, according to this Charles Sturt University (CSU) study. Of the three main health care professions - doctors, nurses and pharmacists - nurses may be in a prime position to provide information about complementary therapy to patients, according to Dr. Jenny Wilkinson and Dr. Maree Simpson from CSU's School of Biomedical Sciences."
- 2.1.8 In recent years many health funds in Australia now offer cover for a range of complementary and alternative therapies.

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<sup>8</sup> See article published on the Internet by *The Medical Journal of Australia* eMJA 2000; 173: 545-547 <URL: <http://www.mja.com.au/>> © 2000 Medical Journal of Australia.

<sup>9</sup> See [www.health.gov.au/mediarel/yr2002/tw/tw02007.htm](http://www.health.gov.au/mediarel/yr2002/tw/tw02007.htm)

<sup>10</sup> Druit, S Ed., "Not so alternative remedies," The Charles Sturt University, e-zine - *New Times* June 2002.



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2.1.9 In early 2001 a first in Victoria was achieved when a New Age hospital was opened with links to Swinburne University in Melbourne. The hospital combines traditional medicines with complementary therapies.

2.1.10 Some hospitals in Australia have changed their policies to allow for supplemental and complementary approaches.

- Sir Charles Gairdner Hospital has within the past year opened a complementary healing area in one of the cancer wards. (Phone interview with the hospital administrator.)
- At Princess Margaret Hospital (Perth), Marianne Phillips, consultant oncologist, reported that up to 80 per cent of parents whose children are treated in the oncology ward are looking for ways to supplement their child's treatment with another therapy.<sup>11</sup>

2.1.11 As noted above, our Australian community is multicultural, multi-faceted and multi-faithed. It is becoming increasingly characterised by difference and a desire for choice. Recognizing the importance of spirituality in healing is important to older people who may choose spiritual and alternative methods of healing.

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<sup>11</sup> (*The West Australian*, "Do-it-yourself doctoring," May 15, 2002.)

### 3. INTEREST IN SPIRITUALITY AND ALTERNATIVE HEALING PRACTICES WORLDWIDE

- 3.1 The public's interest in the connection between spirituality and healing is noted around the world and it is worthy of attention. Spiritual healing is reported as the fifth most frequently used treatment among all complementary and alternative therapies accessed in the United States.<sup>12</sup> According to a survey conducted for *American Demographics* magazine and published in January 2001, the most popular alternative remedy in the United States is prayer practiced by 44% of the general public.
- 3.2 Patient-care surveys reveal a decline in public satisfaction with the medical care delivery system. Research studies demonstrate a lack of communication, empathy, and trust in the doctor-patient relationship. Although a significant percentage of patients are satisfied with their individual physicians, they and their families are largely displeased with the overall health care experience. This widespread public discontent with mainstream medical care is further evidenced by the large and growing movement to seek alternative avenues of medical treatment by turning, literally, to "alternative" practitioners.<sup>13</sup>
- 3.3 A national U.S. survey conducted in 1996 indicated that 82% of Americans believed in the healing power of prayer and 64% felt that physicians should pray with patients who request it.<sup>14</sup>
- 3.4 In the U.S., the former National Institute for Healthcare Research (NIHR), now known as the International Center for the Integration of Health and Spirituality, has been involved in researching and developing curriculum in the area of "faith and medicine."<sup>15</sup>
- 3.5 In Canada, the *Calgary Herald* on August 15, 2002 reported on research at The University of Calgary about how health care professionals can address patients' spiritual needs. The research by doctoral candidate, Deborah McLeod, includes analyzing interactions between patients, families and nurses in 15 videotapes taken from the university's family nursing unit. The Director of Psycho-social Resources at Tom Baker Cancer Centre said, "We know that patients that have their emotional

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<sup>12</sup> Eisenberg, D. M., M.D., Davis, R. B., et al, "Trends in Alternative Medicine Use in the United States," 1990-1997, *JAMA*, November 11, 1998; 280: 1569-75.

<sup>13</sup> Neuwirth, Z.E., "Reclaiming the lost meanings of medicine," *The Medical Journal of Australia*, 21 January 2002; 176 2: 77-79

[http://www.mja.com.au/public/issues/176\\_02\\_210102/neu10424\\_fm.html#i1061161/](http://www.mja.com.au/public/issues/176_02_210102/neu10424_fm.html#i1061161/)

<sup>14</sup> Wallis, C., "Faith and Healing: Can Prayer and Spirituality Really Improve Your Physical Health? Growing and Surprising Body of Scientific Evidence Says They Can," *Time*, June 24, 1996; 147:58.

<sup>15</sup> <http://www.nihr.org/default.asp/>

needs taken care of, in fact do much better in terms of requiring less medication, are less dependent on the health-care system.”<sup>16</sup>

- 3.6 A review of media coverage in New Zealand reflects the public’s interest in spirituality. For example in the *New Zealand Herald*, January 11, 2000 (s.A3) appears an article entitled, “God Still Factor for Most in New Zealand,” by Nick Perry. Citing a *Herald-Digipoll* survey, the *Herald* states that more than 69% of people questioned in NZ say they believe in a higher being. The survey found that belief is significantly stronger among older people and women, and Maori believers slightly outnumber Europeans. Despite the fact that some NZ churches also have been losing followers since the 1960’s, figures show large numbers of people retain some sort of spiritual belief.<sup>17</sup>
- 3.7 As early as 1987, the New Zealand Government published *In Search of Well-Being: Exploratory Research Into Complementary Therapies*. Most recently, the establishment of the Complementary Medicine Advisory Committee, to explore complementary and alternative medicine and also protect the New Zealand public from misleading representations or unethical practices, reflects that Government’s response to the public’s exploration of non-allopathic therapies. As in the United States, these therapies are rarely “taught in medical schools nor generally available in hospitals.” According to Dr. John Astin, belief in the role of mental and spiritual factors in health is an important predictor of complementary and alternative medicine use.<sup>18</sup>
- 3.8 There is an increasing interest in self-care books worldwide. Sales of self-care books have been increasing substantially over the last ten (10) years. One example of a self-care book is *Science and Health with Key to the Scriptures*, by Mary Baker Eddy, a perennial best seller. *Science and Health* explains a spiritual method of healing which improves health outcomes for many of its readers. (Annex J)

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<sup>16</sup> <http://www.canada.com/calgary/calgaryherald/>

<sup>17</sup> Other examples of New Zealand media coverage of the public’s interest in spirituality include: *The Evening Post*, January 8, 2001, in an article entitled, “*Keep the faith*,” reported on Dr. Harold G. Koenig’s studies on religion and health which found religious people tend to live longer and healthier lives; there are also references in the New Zealand newspapers to prayer studies such as “Working on the spiritual may flow on to the physical,” in the December 30, 2000, *Otago Daily Times*. There are also accounts of healings in the *Northern Advocate* on January 6, 2001, “Healing power helped by faith within,” and on December 12, 2000, “God’s Cure.”

<sup>18</sup> Astin, J., Ph. D, “Why Patients Use Alternative Medicine: Results of a National Study,” *JAMA*, May 20, 1998; 279: 1548-1553.

#### **4. GROWING EVIDENCE OF A RELATIONSHIP BETWEEN SPIRITUALITY AND HEALTH**

##### **4.1 A growing body of evidence suggests an association between religious involvement and spirituality and positive health outcomes:<sup>19</sup>**

4.1.1 There are critics,<sup>20</sup> but the significant number of scientists examining these phenomena makes it an important area for future inquiry and research in Australia. Even critics say, “the evidence presented so far is interesting enough to justify further study.”<sup>21</sup>

4.1.2 In Australia, ABC Radio National *The Spirit Of Things* weekly radio programme focuses on spirituality. One programme - “*Prescribing Spirituality*” mentioned that many doctors and psychiatrists have found that prescribing spirituality is an effective way for patients to cope with the emotional and physical suffering of cancer. Rachael Kohn interviewed leading physicians in the area of spirituality and healing, Dr. Alistaire Cunningham of the Ontario Cancer Institute in Toronto, Canada, and Dr. Craig S. Hassad of the Monash University Department of Community Medicine about the role of spirituality in coping with a terminal illness.<sup>22</sup>

4.1.3 A systematic review of the available data on the efficacy of various forms of “distant healing” (prayer, mental healing, therapeutic touch, or spiritual healing) as treatment for any medical condition was performed by John A. Astin, Ph.D., Elaine Harkness, B.Sc., and Edzard Ernst, M.D., Ph.D.<sup>23</sup>

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<sup>19</sup> see Astin, J., Ph.D.; Harkness, E., B.Sc.; Ernst, E., M.D., Ph.D., “The Efficacy of ‘Distant Healing’: A Systematic Review of Randomized Trials,” *Annals of Internal Medicine*, 6 June 2000; 132: 903-910; Harold G. Koenig, M.D., Michael E. McCullough, Ph.D. and David B. Larson, M.D. have written a useful textbook, *Handbook of Religion and Health*, Oxford University Press, 2001. Moreover, studies evidencing a positive relationship between spirituality and health include Luskin, F.M., Di Nucci, E., Newell, K., “A Review of the Effect of Spiritual and Religious Factors on Mortality and Morbidity with a Focus on Cardiovascular and Pulmonary Disease,” *Journal of Cardiopulmonary Rehabilitation*, 2000, 20: 8-15; Matthews, D. A., M.D., McCullough, M. E. Ph.D., Larson, D. B., M.D., Koenig, H. G, M.D., Swyers, J.P., Milano, M. G.; “Religious Commitment and Health Status: A Review of the Research and Implications for Family Medicine,” *Archives of Family Medicine*, 1998; 7:118-24; Levin, J. S., “Religion and Health: Is there an association, is it valid, and is it causal?” *Social Science Med.*, 1994; 38: 1475-82; Kass, J. D., Friedman, R., Leserman, J., Zuttermeister, P. C., Benson, H., M.D.; “Health Outcomes and A New Measure of Spiritual Experience,” *Journal for the Scientific Study of Religion*, 1991; 30: 203-11.

<sup>20</sup> Sloan, R., M.D., Bagiella, E., Powell, T., “Religion, Spirituality, and Medicine,” *Lancet*, 1999; 353: 664-7. Roberts, L., Ahmed, I., Hall, S., “Intercessory Prayer for the Alleviation of Ill Health,” *Cochrane Review*, The Cochrane Library, 1, 2001, Oxford: Update software.

<sup>21</sup> Roberts, L., Ahmed, I., Hall, S., “Intercessory Prayer for the Alleviation of Ill Health,” *Cochrane Review*, The Cochrane Library, 1, 2001, Oxford: Update software.

<sup>22</sup> <http://www.abc.net.au/rn/relig/spirit/>

<sup>23</sup> Astin, J., et al, “The Efficacy of ‘Distant Healing’: A Systematic Review of Randomized Trials,” *Annals of Internal Medicine*, 6 June 2000; 132: 903-910

They used the term “distant healing” to encompass spiritual healing, prayer and their various derivatives defined as a conscious, dedicated act of mentation attempting to benefit another person’s physical or emotional well-being at a distance.<sup>24</sup> The objective of Dr. Astin’s review was to summarize all available randomized clinical trials testing the efficacy of various forms of distant healing as a treatment for any medical condition. The review found that 57% of the randomized placebo-controlled trials of distant healing showed a positive treatment effect. Dr. Astin found that the evidence warranted further study. “Statistically speaking, the figure 57 percent is highly significant. This is far more than one would expect to see by chance alone.”

**4.2 While a more comprehensive review of studies related to spirituality and health is beyond the purview of this submission, several of the better-designed studies relevant to the National Strategy for an Ageing Australia will be discussed briefly:**

4.2.1 A recent study has found that there is significant protective effect against mortality arising from private religious activity in a relatively healthy elderly population.<sup>25</sup>

4.2.2 A report prepared by the Wesley Mission (Uniting Church) in Sydney in 2000, *Faces of Ageing*<sup>26</sup> refers to the different ...*faces of spirituality*. It offers a description of spirituality and how this “can be an important contributor to health,” and “a connection which sustains people through times of personal hardship.” To quote more fully from this report – “Spirituality may be described as a particular world view, a way of looking at and responding to the world of experience and other people, which generates meaning and purpose for living. Every person has a spirituality, not just ‘religious’ people. While many people express their spirituality through organized religion of some form, there are even more who do not. For some people, their view of spirituality is the basis for their attitudes, values, beliefs and actions, but it is not necessarily expressed in a formal system of belief. Others may hold to a formal belief structure, either religious, psychological or political. Either way, the acquisition of a resilient belief system can be an important contributor to health, and a connection which sustains people through times of personal hardship, enabling them to accept and make sense of what is happening in their life.

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<sup>24</sup> Sicher, F. Targ, E., Moore, D., Smith, H., “A randomized double-blind study, of the effect of distant healing in a population with advanced AIDS. Report of a small scale study,” *Western Journal of Medicine*, December 1998; 169: 356-363.

<sup>25</sup>Helm, H. M., Hays, J. C., Flint, E. P., Koenig, H. G., Glazer, D. G., “Does Private Religious Activity Prolong Survival? A Six- Year Follow-up Study of 3,851 Older Adults,” *Journal of Gerontology: MEDICAL SCIENCES*, 2000, 55A, 7: M400-M405.

<sup>26</sup> Face of Ageing, Wesley Mission - see

<http://www.wesleymission.org.au/publications/ageing/participation.htm#spirituality/>

Spiritual development often grows out of struggle, throughout the various stages in a person's life."

- 4.2.3 Other studies demonstrate a reduction in mortality of older people for frequent church attendees, even after controlling for demographic, health, social, and psychological factors known to impact mortality.<sup>27</sup>
- 4.2.4 In another study in 2000, religious involvement was found to have a nontrivial, favorable association with all cause mortality. Religious involvement was significantly associated with lower mortality.<sup>28</sup>
- 4.2.5 In a study concerning religiosity and the elderly, Harold G. Koenig, M.D. and David Larson, M.D., and others found that participation in and affiliation with a religious community is associated with lower use of hospital services by medically ill older adults.<sup>29</sup>
- 4.2.6 Moreover, psychological benefit is also noted by researchers. Persons who pray were shown to have improvement over non-praying counterparts in 10 of 11 measures of self-esteem, anxiety, and depression in a randomized, controlled, double-blind study.<sup>30</sup>
- 4.2.7 There are studies that show a correlation between sense of well being and private religiousness in the elderly.<sup>31</sup>

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<sup>27</sup> Koenig, H. G., Hays, J. C., Larson, D. B., et al, "Does Religious Attendance Prolong Survival? A Six-Year Follow-up Study of 3,968 Older Adults," *Journal of Gerontology MEDICAL SCIENCES*, 1999; 54A: M370-M377; Oman, D., Reed, D., "Religion and Mortality Among the Community Dwelling Elderly," *American Journal of Public Health*, 1998; 88: 1469-1475; House, J. S., Robbins, C., Metsner, H. L., "The Association of Social Relationships and Activities with Mortality: Prospective Evidence from the Tecumseh Community Health Study," *American Journal of Epidemiology*, 1982; 116: 123-140; Strawbridge, W. J., Cohen, R.D., Shema, S. J., Kaplan, G. A., "Frequent Attendance at Religious Services and Mortality Over 28 Years," *American Journal of Public Health*, 1997; 87: 957-961; Zuckerman, D., Kasl, S.V., Ostfield, A.M., "Psychosocial Predictors of Mortality Among the Elderly Poor," *American Journal of Epidemiology*, 1984; 119: 410-423; Hummer, R., Rogers, R., Nam, C., Ellison, C. G., "Religious Involvement and U. S. Adult Mortality," *Demographics*, 1999; 36: 273-285.

<sup>28</sup> McCullough, M.E., Hoyt, W., Larson, D. B., Koenig, H. G., Thoresen, C., "Religious Involvement and Mortality: A Meta-Analytic Review," *Health Psychology*, May 2000, 19: 211-222.

<sup>29</sup> Koenig, H. G., M.D., Larson, D. B., M.D., "Use of Hospital Services, Religious Attendance, and Religious Affiliation," *Southern Medical Journal*, 1998; 91; 10: 925-932.

<sup>30</sup> O'Laoire, S. "An Experimental Study of the Effects of Distant, Intercessory Prayer on Self-Esteem, Anxiety, and Depression," *Alternative Therapy Health Medicine*, 1997; 3: 38-53.

<sup>31</sup> Koenig, H. G., Kvale, J. N., Ferrel, C., "Religion and Well-being in Later Life," *The Gerontologist*, 1998; 28: 18-28; Ellison, C. G., "Religious Involvement and Subjective Well-being," *Journal of Health Social Behavior*, 1991; 32: 80-99; Markides, K. S., "Aging, Religiosity, and Adjustment: a Longitudinal Analysis" *Journal of Gerontology*, 1983; 38: 621-625.

**4.3 Dr. Harold G. Koenig and others have reviewed studies since the 1950's that show positive associations between religiosity and well-being:<sup>32</sup>**

- 4.3.1 Since 1990, almost 1,500 research studies, research reviews, articles and clinical trials have been published on the connection of spirituality or religion to medicine and health--a figure equal to the total of all such pieces published prior to 1990. Based on this output, the relationship between spirituality and healing and medicine is rapidly becoming a major area of clinical research.<sup>33</sup>
- 4.3.2 This research covers many areas and includes (as mentioned above) well-being, depression, suicide, anxiety, schizophrenia, alcohol and drug abuse, delinquency, marital stability, personality, mental health, heart disease, hypertension, cerebrovascular disease, immune system dysfunction, cancer, mortality, disability, pain and other somatic symptoms, health behaviors, and physical health.
- 4.3.3 "Two thirds to three fourths of the 1,200 studies find a link between religious practices and physical and emotional well-being"<sup>34</sup> according to Dr. Harold G. Koenig, who is now director of the Center for the Study of Religion/Spirituality and Health at Duke University Medical Center.
- 4.3.4 Importantly, Harvard Medical School researcher Dr. Herbert Benson estimates that 60% to 90% of doctor's visits are stress-related and not treatable through drugs and surgery.<sup>35</sup>
- 4.3.5 The United States government finances research on the connection between spirituality, better health and well-being through the National Institute of Health's National Center for Complementary and Alternative Medicine.
- 4.3.6 In an important study of elders, spirituality was found to be measurable, real and unique to quality of life in mature adults. According to the study, "[i]t appears that the spiritual domain encompasses important and unique information, with both clinical implications and explanatory power. Simply put, this information is lost when the spiritual domain is overlooked."<sup>36</sup>

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<sup>32</sup>Koenig, H. G., et al, *Handbook of Religion and Health*, supra, pages 106-109.

<sup>33</sup> Benson, Herbert, M.D., "Spirituality & Healing in Medicine" symposium, Harvard University Medical School, Press Release, Dec. 16, 2000.

<sup>34</sup> Kofi, A., "A Pill and a Prayer," *Essence*, September 2000, from world wide web.

<sup>35</sup> Testimony of Herbert Benson, M.D., before the United States House of Representatives Committee on Appropriations Subcommittee on Labor, Health, and Human Services and Education, November 5, 1997.

<sup>36</sup> Brady, M. J., Perman, A. H., Fichett, G., Cella, D., "A Case for Including Spirituality in Quality of Life Measurement in Oncology," *Psycho-oncology*, 1999, 8: 417-428.

## 5. MONITORING AND REVIEWING THE STRATEGY

### 5.1 Some new “Drivers of Change” to achieve a Healthy Ageing System re: *Attitude, Lifestyle And Community Support*

5.1.1 The overall vision of the *National Strategy for an Ageing Australia* is excellent. However, because the growing interest by the public and researchers into the connection of spirituality with better health outcomes and well-being as discussed above is not included we suggest some possibilities as “drivers of change” to the desired result of healthy ageing, which will improve attitude, lifestyle and include a measure of community support.

5.1.2 We note The Wesley Mission “*Face of Ageing*” strategy in 2000 referenced in section 4.2.2 of this submission suggests there is a “*need to be excited about the range of possibilities which an ageing population presents, rather than focusing on the negatives and cost implications.*”

5.1.3 One of the important “possibilities” to address is found within the important principle, which uses a “holistic”, person-centered approach that empowers older people, caregivers and/or family to make informed choices about health care. Some in the community already use this approach to health care.

5.1.4 Any additions to the Strategy on the subject of spirituality in health care should encourage and support older people in their choice of health care.

5.1.5 If the research recommended by this submission indicates that there are improved outcomes and reduction of utilization as a result of spirituality alternative therapies being included in health care, then community health providers referenced in the Strategy should be encouraged to become familiar with a wider range of alternative methods of health care including spiritual approaches and present these as options.

### 5.2 How to achieve these “Drivers of Change:”

5.2.1 We suggest that a spirituality (in health care) component be added to the Government’s present priority areas. Inclusion of a focus on spirituality would mean that the range of health services required by the ageing population will include practices that incorporate this spirituality as a health care component within the four (4) themes of the Strategy:

- Independence and self-provision (includes employment for mature age workers)
- Attitude, lifestyle and community support
- Healthy ageing
- World class care



**5.3 Possible Leadership Role of the Ministry of Health & Ageing:**

5.3.1 It is important that the Ministry of Health & Ageing take a leadership role in establishing spiritual care programs focused on all four of the above themes and at all levels of government, and to encourage community organizations and individuals to develop and support such programs.

**5.4 Suggested Spirituality & Health Conference:**

5.4.1 It is suggested that during 2003 a conference such as **the Harvard Medical School's "Spirituality & Healing in Medicine" symposium in the U.S.** could be sponsored by the Ministry of Health and Ageing to provide education on the connection between spirituality and improved health outcomes with specific forums covering benefits for older people, service providers, and representatives of the health workforce. As part of the research we have referenced in this submission we note there are a number of research institutes at Australian universities taking an active interest in the subject and would probably welcome participating in such an event in this part of the world.

**5.5 Research on Spirituality and Health:**

5.5.1 That as part of the data collection and analysis the Ministry of Health and Ageing will support research on the correlation of spirituality and health.

## **6 DEVELOPMENT OF THE WORKFORCE INCLUDING HEALTH CARE PROFESSIONALS FOR HEALTH OF OLDER PEOPLE**

### **6.1 Inclusion of Spiritual Care**

6.1.1 To the list of health care professionals it is hoped that spiritual care providers such as priests, clergy, rabbis, and spiritual healers might be included. Because of the need for more health care professionals to meet the needs of an increasing ageing population, spiritual care training of all health care professionals would need to be pursued. Currently, more than two thirds of all U.S. medical schools include course work or lectures on the topic of religion and on spirituality.<sup>37</sup> Dr. Koenig characterized it as an “incredible sea change” in medical education in the U.S. It is hoped that such courses could also be included in more medical schools in Australia.

6.1.2 In a submission to the recent Senate Community Affairs References Committee *Inquiry into Nursing, 2002*,<sup>38</sup> the Australian Faith Community Nurses Association Inc.(AFCNA) Kent Town South Australia mentioned that “ members are concerned about the ‘lip service’ paid to whole person (body, mind and spirit) care, and the diminishing ‘values education’ in nursing curricula. Their recommendation to the Inquiry was, that “*The undergraduate curriculum in all health disciplines needs to provide values education and be constructed on a philosophical framework that respects the whole person.*”

### **6.2 The Role of Health Professionals:**

We would suggest for further consideration by the government, the spiritual resources of older patients and involving and evolving the role of health professionals as a support for those spiritual resources. The following are examples of how this is being done or might be developed in the future.

6.2.1 Consider the role of Health Care Professionals in connection with inclusion of spirituality in their practices. As a result of attention to the area of spirituality and healing, the role of health professionals could be extended. It is hoped that they will become aware that:

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<sup>37</sup> Koenig, et al, *Handbook of Religion & Health*, Oxford University Press, 2001, page viii.

<sup>38</sup> See Submission no. 787

[http://www.aph.gov.au/Senate/committee/clac\\_ctte/nursing/submissions/sublist.htm/](http://www.aph.gov.au/Senate/committee/clac_ctte/nursing/submissions/sublist.htm/)

- spirituality is an important element of health and well being of many older patients;
- there is a need to incorporate this awareness in their care of older patients in a variety of settings;
- their own views on spirituality and their own beliefs might affect the way they relate to one another;
- there are ways to respond to not only the physical requirements of older patients, but to their emotional and spiritual needs as well.

6.2.3 Gowri Anandarajah, M.D., and Ellen Hight, M.D., M.P.H., Brown University School of Medicine, Providence, Rhode Island, U.S.A. have published a “spiritual assessment tool.” The HOPE assessment questions may be used as a teaching tool to help medical students, residents and practicing physicians to incorporate a spiritual assessment into medical interviews. This spiritual assessment tool is published on The American Academy of Family Physicians website - <http://www.aafp.org/afp/20010101/81.html>. There must also be more access to inpatient and outpatient chaplaincy providers as part of treatment and services.

## **7 RECOMMENDED INITIATIVES:**

7.1 We recommend that older people have greater access to inpatient and outpatient chaplaincy providers as part of treatment and services.

7.1.2 An example from the United States of outpatient spiritual care services and planning that supports the spiritual needs of elders in the delivery of spiritual care services is the Sloans Lake Health Plan of Colorado, U.S.A. This plan includes outpatient chaplaincy style treatment for those who have private health fund type membership. The Sloans Lake program, quickly became one of the most popular health plans in Colorado as a result of its spiritual care program. An outpatient spiritual care program is just one example of initiatives focused on spirituality that promote health, and support public health and health promotion and involve community-based services. (Annex A)

7.2 Examples of information that could be disseminated about spirituality and health:

- Internet web sites with helpful information regarding spirituality and health such as <http://www.spirituality.com>.
- Information on conferences and workshops which support healthy lifestyles such as Life Part 2, <http://www.lifepart2.org/home.html>. (Annex O)

- The work of Dr. Linda George at the Center for Aging, University, U.S.A. could be explored and incorporated into a model for integrative care for older people.  
<http://www.geri.duke.edu/aging/aging.html>

7.3 Development of a spirituality and health care newsletter for those people without computers. In this newsletter a brief summary of the current developments in the area of spirituality and health could be shared. A list of recommended resources for the development of a newsletter follows. (see too *Selected Bibliography* with this submission)

- Benson, Herbert, M.D. 1997. *Timeless Healing, The Power and Biology of Belief*. New York: Simon & Schuster, Inc.
- Dossey, Larry. 1997. *Prayer is Good Medicine*. New York: Harper Collins.
- Koenig, Harold G., McCullough, Michael E., & Larson, David B. 2001. *Handbook on Religion and Health*. Oxford: Oxford University Press.
- Koenig, Harold G., ed. 1998. *Handbook on Religion and Mental Health*. London: Academic Press.
- Siegel, Bernie S. 1986. *Love, Medicine and Miracles*. New York: Harper & Row, Publishers.

#### **7.4 We recommend the following initiatives be reviewed:**

- 7.4.1 Parish nursing programmes such as the Mt. Zion Baptist Church Parish Nurse Ministry, which provides within faith communities love and empathy and comfort together with skilled nursing care. (Annex C)
- 7.4.2 Training in Parish Nursing based on Duke University's Health and Nursing Ministries Program. (Annex F)
- 7.4.3 Multi-disciplinary care models such as the programme, *Integrative Medicine Clinic*, which includes spiritual advisors, at the University of Arizona. (Annex B)
- 7.4.4 Community based interfaith programmes for the care of older people such as The Shepherd's Center Interfaith community based organizations.

<http://www.shepherdcenters.org/> These provide opportunities for service to others, self-expression, meaningful work, and close friendships. (Annex H)

7.4.5 Outpatient spiritual care programmes such as Sloans Lake Health Maintenance Organization Spiritual Care Program. (Annex A)

## **8. CONCLUSION**

### **8.1 The Future of Spirituality in Health Care in Australia:**

8.1.1 “What might the care system of the future look like?” asks the Strategy. We hope that it would include a component that supports the health and well-being of older people through spiritual self-care and spiritual care providers as a component of health care for those older people who choose this form of healthcare.

8.1.2 As seen from the research cited, the public is engaged with a paradigm shift to a more holistic view of healing. This view reflects a new path to the health and well-being of older people, focusing on the inner spiritual resources of the older person. Health professionals and the health care delivery system can be major players on this new path, involving and evolving their respective values into a more spiritual dimension of health and well-being of older people.

8.1.3 We suggest there is a need to commence an education process at an earlier age than just pre-retirement and to encourage programs in schools that look at the benefits of such methods if we are to achieve a senior population that understands the role that a spiritual outlook may play in their lives by improving health outcomes.

8.1.4 If governments foster research into spiritual approaches to health and well-being, the result may be to improve outcomes and reduce utilization.

8.1.5 Recognizing that a larger number of older people will significantly impact Australia’s health care and social services system, we believe the inclusion of spirituality in planning and developing programs will help promote the physical and emotional well-being and self-confidence of older people.

8.1.6 The initiatives, books, and spiritual focus suggested by this submission have met with some degree of success in other regions in expanding knowledge of the relationship between spirituality and health or in promoting health.

Christian Science Committee On Publication  
Federal Representative for Australia

8.1.7 We welcome an opportunity to further discuss the inclusion of spirituality in health care options with regards the National Strategy for an Ageing Australia.

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## ANNEX LIST

[Note: For contents of Annex List see hard copy of this document submitted by mail]

**Annex A** Outpatient spiritual care program– Sloans Lake Spiritual Care Program.

Annex A explains a Health Maintenance Organization (HMO) which includes an outpatient chaplaincy programme in its health benefit package. This is one example of a model pilot project that could be developed and, if found beneficial, more widespread planning and development of such spiritual programmes could be developed.

**Annex B** Multi-disciplinary model of care – Integrative Medicine Clinic at the University of Arizona College of Medicine is a programme that co-ordinates across services. It is a patient centered approach to develop multi-disciplinary care including spiritual advisors.

<http://integrativemedicine.arizona.edu/clinic.html>

**Annex C** Parish nursing – Mt. Zion Baptist Church Parish Nurse Ministry.

**Annex E** Continuing medical education symposium – “Spirituality & Healing in Medicine,” Harvard Medical School.

**Annex F** Research and teaching program – Duke University Center for the Study of Aging and Human Development.

<http://www.geri.duke.edu/aging/aging.html>

**Annex G** Spiritual Assessment Tool – “Spirituality and Medical Practice using the HOPE Questions as a Practical Tool for Spiritual Assessment,” January 1, 2001, *American Family Physician*, published by the American Academy of Family Physicians web site, [www.aafp.org/afp/20010101/81.html](http://www.aafp.org/afp/20010101/81.html).

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- Annex H** Interfaith community-based care model for older people – Shepherd Centers of America.  
<http://www.shepherdcenters.org/>
- Annex I** Educational program in parish nursing – Health and Nursing Ministries Program at Duke University.
- Annex J** Websites providing information on spirituality and health: [www.spirituality.com](http://www.spirituality.com),  
[www.marybakereddy.com](http://www.marybakereddy.com)
- Annex K** Public health conference with workshops on spirituality and health – American Public Health Annual Meeting – Atlanta, Georgia, USA, October 2001. <http://www.apha.org/meetings/index.htm>
- Annex L** Continuing medical education talk on practical spirituality – “Christian Science Spiritual Healing Practices,” by Virginia S. Harris, C. S. B.
- Annex M** Newspaper articles regarding public interest in spirituality and healing.
- Annex N** AAMC Medical School Objectives Project: Report III: Communication in Medicine.
- Annex O** Information on conferences and workshops which support healthy lifestyles such as Life Part 2,  
<http://www.lifepart2.org/home.html> .
- Annex P** Philosophy of Parish Nursing. Information on International Parish Resource Center, Advocate Health Care, Park Ridge Illinois.



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- 1) Benson, Herbert, M.D. 1997. *Timeless Healing, The Power and Biology of Belief*. New York: Simon & Schuster, Inc.
- 2) Chopra, Deepok, M.D. 1994. *Ageless Body, Timeless Mind: the Quantum Alternative to Growing Old*. New York: Harmony Books.
- 3) Dossey, Larry. 1997. *Prayer is Good Medicine: How to Reap the Healing Benefits of Prayer*. New York: Harper Collins.
- 4) Eddy, Mary Baker. 2000. *Science and Health with Key to the Scriptures*. Boston: Writings of Mary Baker Eddy.
- 5) Richardson, Cheryl. 1999. *Take Time for Your Life: A Personal Coach's 7-Step Program for Creating the Life You Want*. New York: Broadway Books.
- 6) Siegel, Bernie S. 1990. *Love, Medicine and Miracles: Lessons Learned About Self-Healing from a Surgeon's Experience with Exceptional Patients*. New York: Harper Perennial Library.