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Scientific Comment

Spirituality, religiousness and health: implications for the field of hematology



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Spirituality is understood to be a “personal search to understand final questions about life, its meaning, its relationship to sacredness or transcendence that may or may not lead to the development of religious practices or formation of religious communities”. In contrast, religiousness is the “extension to which an individual believes, follows, and practices a religion”.¹

In the last few decades, these concepts are gaining more attention of scientists throughout the world. Studies have been showing that spiritual and religious beliefs could have an important impact on both physical and mental health.¹ In addition, spiritual needs are common among patients, religious beliefs influence medical decision making and many patients would like their doctors to address these issues.^{1,2} However, few Brazilian Medical Schools have courses dealing with “spirituality and health”³ and few physicians and medical students are prepared to address these issues.⁴

In order to deal with suffering, patients generally use strategies to manage their condition and its impact, also known as coping. A frequent strategy employed by patients is the use of religious beliefs and behavior to alleviate the negative emotional consequences of stressful life circumstances.⁵

In the field of hematology, spirituality and religiousness have been associated with several positive outcomes: better quality of life in hematopoietic stem cell transplant patients,⁶ in patients with multiple myeloma⁷ and in patients with myelodysplastic syndromes⁸; slower passage of subjective time (which could be a sign of mental suffering) in patients with hematological malignancies⁹; lower

post-traumatic stress symptoms in acute leukemia patients¹⁰ and fewer hospital admissions among adults with sickle cell disease.¹¹

On the other hand, religion can also be related to many clinical and ethical issues such as, delayed prenatal diagnosis of hemophilia,¹² changes in hematologic parameters during religious obligation (i.e. Ramadan),¹³ use of spiritual healing by patients with hematological diseases¹⁴ and refusal of blood by Jehovah’s Witnesses.¹⁵

Within this context, this issue of the Revista Brasileira de Hematologia e Hemoterapia presents an interesting article entitled “Association between religiousness and blood donation among Brazilian postgraduate students of health-related areas” carried out by Martinez et al.¹⁶ This article brings new and original evidence to this field of research.

The authors examined the association between religiousness and blood donation among 226 postgraduate students. They found organizational religiousness (religious attendance) was associated with attitudes toward blood donation (even after adjusting for age and gender) and that regular blood donors had a higher intrinsic religiousness and were more likely to donate blood again. Particularly in Brazil, where blood donation is not remunerated, finding strategies to encourage the population to donate blood voluntarily and regularly are needed.

Interestingly, the same group has recently published an article¹⁷ investigating the association between spirituality and adherence or intention to donate blood in 281 postgraduate students. They found no relationship between

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spiritual well-being and blood donation, which underscores the differences between religiousness and spirituality.

Another study that assessed this issue was published by Gillum and Masters¹⁸. They carried out a national survey of 7611 women and 4282 men aged 18–44 years. In women, they found positive associations of childhood religious affiliation, current affiliation and attendance with blood donation in the bivariate analysis, but not after adjusting for sociodemographic variables. In men, they found no remarkable differences.

Although there are some limitations in the study conducted by Martinez et al.¹⁶ (i.e. convenient sample and predominantly highly educated young women) and these are preliminary results, the authors raise an important and usually undervalued issue for discussion: the role of spiritual and religious beliefs in medicine and hematology. Since hematologists deal with ethical dilemmas, end-of-life issues, delivery of bad news and treatment of severely ill patients, they should be aware and recognize patients' spiritual needs and conflicts, in order to achieve a more integrated, person-centered care.

Conflicts of interest

The author declares no conflicts of interest.

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