

# Faith and Spirituality - Palliative Cares and Life Quality for Cancer Patients: Information Archeology with Statistics Table as from a Systematic Review

REVIEW

## Abstract

**Background:** The faith and spirituality in palliative cares started to be used in medical community in the last decade of the XX century. The faith is known as a synonym of trust and hope being considered a positive emotion which helps the individual to enlarge tolerance, moral, growing creativity and building of new expectations. And the spirituality is related to psychological experiences of religiousness, associated individual idea. Such themes are inserted in the assistance to the palliative cancer patient.

**Objective:** Evaluate current evidences related to faith themes and spirituality when used in palliative cares and its effects facing the life quality of these patients, aiming to systematize them.

**Method:** Talks about a systematic qualitative review of faith and spirituality themes, whereas makes it possible to summarize researches already concluded and obtain conclusions from a theme of interest. The clinical research question, which was built through PICOS strategies, was "How can the faith and spirituality facilitate situations which promote life quality to patients who are experiencing palliative care?" The bibliographic search occurred in February/2015, in PubMed/MEDLINE and Scopus databases, using indexed papers from January 2002 to December 2014.

**Results and discussion:** 319 articles were obtained, being 67 eligible articles for final phase. The data was extracted in a standardized way, through a table of characterization and addressed to five categories, the current study pointed a scientific contribution as from faith and spirituality themes from the emotions anatomy knowledge covering how the authors could work with patients' positive emotions starting from faith and spirituality communication, such themes which permeated all

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categories worked in this study considering at a time an improvement of physiological and psychological symptoms, of immunologic and social relations during the palliative treatment. [Conclusion]: the studies involved in this review refer to the human factor which is related directly to the patient care, in special health teams, needs to be trained to deal with care concepts about the patient faith and spirituality. Therefore, trainings are needed for these professionals enabling them to deal with this so fragile population which requires therapeutic techniques well applied and respect for each one's individuality.

**Keywords**

Faith. Spirituality.

Palliative Care. Neoplasms.

**Introduction**

The World Health Organization (WHO) highlights the cancer as being one of the most non-transmissible deceases responsible for the population illness profile change, estimating that, in 2030, it's expected 27 million incident cancer, 17 million cancer deaths and 75 million living people, annually, suffering from cancer. The biggest effect of this increase will happen in low income countries, as a result, considering cancer a global health problem [1, 2].

Thinking of diagnosed population and cancer treatment, a group of scientists of São Paulo's Medicine Regional Council (CREMESP), 2002, described that most of the deceases are incurable, thus, the treatment aims its evolution control and turns this illness chronic. They use the word "cure" as a truth slightly worked in Medicine. Within this theme holding that the patient becomes out of "cure possibility" reflects two situations; every patient should be under palliative care, or it would only be addressed to palliative care according to medical team criteria when they state that the patient is living his last life hours. The second situation implies in a misconception, thinking that palliative care can be summarized only to the provided care to the final phase of life, when there is nothing else to be done [3].

The palliative approach teamwork added to a healing treatment is the most viable possibility, to

develop palliative actions in the diagnoses phase and in treatment, evaluating that as the decease progresses, and the treatment doesn't provide any expected improvement to the patient and therapeutics possibilities get scarce, the palliative care grow in meaning, coming up a real necessity to interventions in the symptoms control not only biologics but also emotional ones, so that the patient and their relatives understand the decease process [3]. Said that, in the advanced phase of a decease the patient and their relatives analyze that the death process is getting closer, they start to understand that the palliative care is able to provide procedures, medicaments, and approaches for physical and emotional well-being until the end of the life [3].

The applicability of palliative care will happen when the diagnoses is presented, when there is a health problem facing moment associated to the death risk, dealing with sorrow prevention and relief throughout premature identification, impeccable evaluation about the pain treatment and other spiritual, psychosocial and physical problems [4]. In this perspective, it can be a "mistake" thinking that palliative care is a therapeutics to be applied only when there is an imminent death risk. To be diagnosed with cancer the patient longs for a treatment provided by a multi-professional team, at this moment the patient is submitted to a huge emotional stress. Situation which should be evaluated and stu-

died cautiously, as studies refer to treatment effectiveness depending on the patient emotional state. As soon as the patient is diagnosed he refers to a brief death reaction moment, starting to elaborate unconsciously the grieving process [3, 5]. When referring to the grieving, it is related to the loss of physical health, at this first moment the patient denies the diagnoses, the problem existence or the situation. He seems not to believe in what is being informed about, tries to forget it, not to think, and also searches for evidences or arguments for the new reality [4].

According to Harvard studies developed by Vaillant [6], limbic experiences of faith (internal or external), are so remarkable, unforgettable and real as any other deep emotional experience, the limbic experiences produce the same sensation as inner calmness, pleasure and hope feelings (waiting for something better), taking moments of faith and spirituality discussions as refuge, support and a venue where the patient can trust to process and express his conflicts, fears, fantasies, and anguish related to the decease, to the treatment or his death [6, 7].

The patients who are experiencing the palliative care have the need to be heard and have better quality of life. In this context the palliative care definition by Canadian Palliative Care Association Standards Committee (1995) and WHO (2002), considering the patients in their spiritual needs [8, 9]. Facing this, faith and spirituality have been identified being intrinsically linked to the treatment, providing to the patient a reflection opportunity, self-perception as an individual and a beginning of strategy elaboration to cope with this new life condition.

According to Veit and Castro [7] the religious and spiritual factors have been associated to various aspects of adequacy to the diagnoses and cancer treatment, pointing its importance for the patient's health and recovery. Being the faith described as trust and safety, having its origin in three sources: a conscious one (neocortical) and two are unconscious (limbic), these sources depict the cognitive certainty need, the social need of community and

emotional need of trust [6, 7]. This study chose to amplify the knowledge about the need of faith and spirituality, bringing its relation to oncologic patient life quality in palliative care [8].

## Method

It aims a qualitative systematic review about faith and spirituality themes, since it enables summarizing the already concluded researches and reach conclusions from a topic of interest. A well done systematic review demands the same standard of rigor, clarity and replication used in primary studies. Said that, a Cochrane Handbook Collaboration guide adaptation was used for qualitative analyses, 2001 [10, 11]. For this paper, PICOS strategy was chosen (participants/patients, intervention, comparison, "outcome" and study kind of "Study") [12]. It is a strategy which enables a guiding research questioning for review: how can faith and spirituality facilitate situations that promote the patients' life quality who are experiencing palliative care?, with determiners for exclusion and inclusion criteria, driving the study and the organization of logics reasoning [10, 11]. In this paper, the study did not use the C component (comparison) of PICOS strategy, once there isn't established standardized treatment.

The search for the material was widely done using descriptors *Medical Subject Headings* (MeSH): "neoplasm", "spirituality", "palliative care", suitable for index the articles from *Medical Literature Analysis and Retrieval System Online* (MEDLINE/PubMed) and Scopus database. Apart from the key-word "faith", once that, even not composing a MeSH descriptor, it is often used to describe studies of this review theme. Search strategy correlated the descriptors as follows: 1) "faith" AND "palliative care" AND "neoplasms"; 2) "spirituality" AND "palliative care" AND "neoplasms". The search occurred in February/2015, with indexed studies in the last twelve years (2002-2014), considering that the redefinition of palliative care by WHO dates of 2002 [8].

The papers selection occurred mainly through titles and reviews analyses. After identifying the articles, they were independently evaluated by the authors, considering the following inclusion criteria: (1) Studies which evaluated the faith/spirituality roles as a facilitator and/or strategy to obtain oncologic patients life quality experiencing the palliative care process; (2) Articles which had in the title or in the abstract at least a descriptor combination in the search strategy; (3) Considered articles that referred to oncologic patients in palliative care; (4) There wasn't restriction due to the published articles language, when there wasn't domain (English, Portuguese and Spanish languages) article translation was required to translators. In order to avoid idiom bias; (5) Prospective or retrospective studies of observational feature (analytical or descriptive), clinic and qualitative trials, containing terms Faith and spirituality in the process to evaluate palliative care and life quality being psychological well-being and /or adaptation, symptoms control. Exclusion criteria: editorials, case story, brief comments, digest, News or letter linked to scientific papers and thesis, monographs, essays, systematic review articles, congress productions, (synopsis, expanded synopsis, or

complete texts), chapters of books and books. The articles that didn't present available access to the full text on CAPES database (Coordination for Student Improvement in Academic Research), and that were not sent by authors after being required by email.

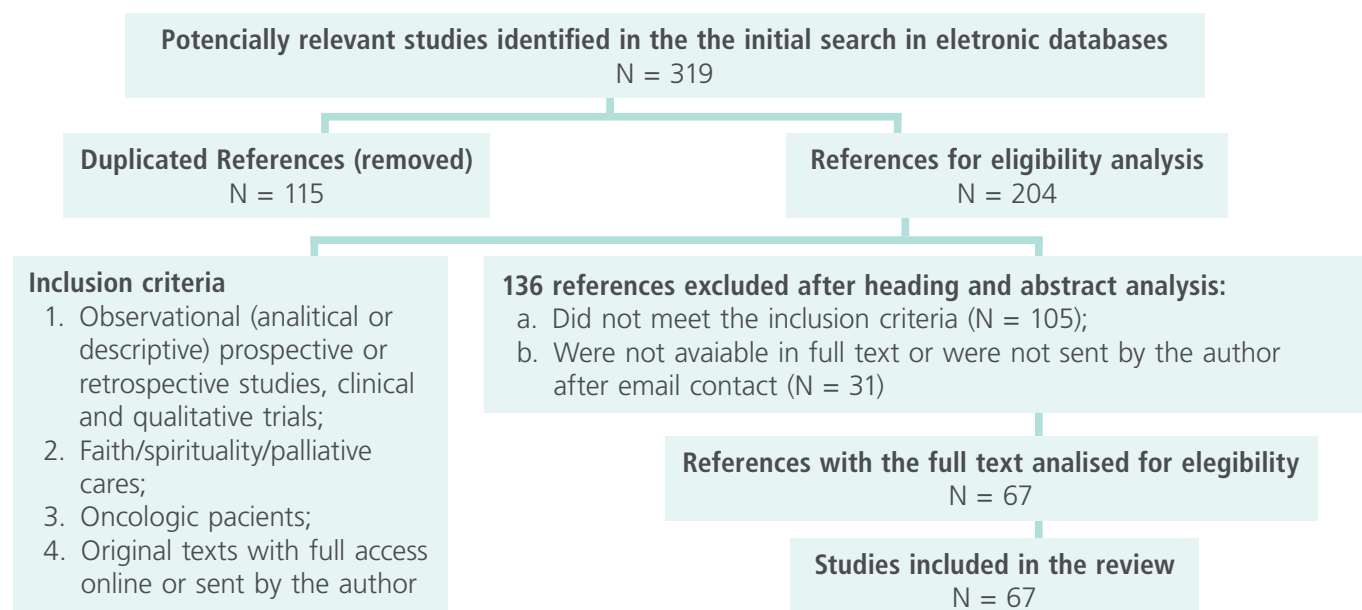
## Results

The characterization data of scientific production about Faith and spirituality in oncologic patients is presented in absolute frequency with statistics percentages (**Table 1**). The article selection process was well elaborated, as PICOS refined strategy was used and inclusion criteria (**Figure 1**).

**Table 1.** Identified Studies according to Electronic database. Santo André, 2015.

Database	Identified Studies by electronic search		Late gestational age ( $\geq 23$ weeks)	
	Obtained Studies		Included Studies	
	N	%	N	%
Scopus	142	44,5%	55	82,1%
Pubmed/Medline	177	55,5%	12	17,90%
Total	319	100%	67	100%

**Figure 1:** Flowchart of the selection process stages of included studies in the present review. Santo André, 2015.



For the duplicated studies removal was used the criteria to keep the base study of data which contained the most detailed study. Thus, after detailed reading, it was chosen to keep the studies that were in the Scopus electronic database which brought fifty-five (82,1%) of eligible publication for this review.

Here are presented the identified studies about faith and spirituality in oncologic patients who ex-

perienced palliative care. Sixty seven articles were identified related to the proposed theme, considered eligible ones for the final phase. The data was extracted in a standardized way of filtered and evidenced studies, developed characterization tables (**Table 2, Table 3, Table 4, Table 5**).

**Table 2.** Characteristics of database Scopus studies (N = 4) - descriptors (faith and palliative care and neoplasms), Santo André, 2015.

Author	Title	Periodic	Year	Categories	Main Findings
Rosenzweig, M.Q., Wiehagen, T., Brufsky, A., Arnold, R. [13]	Challenges of illness in metastatic breast cancer: A low-income African American perspective	Palliative and Supportive Care	2009	Control symptoms and quality of life	Study with focus groups where faith issues, hope and progressive loss. But the black low-income American women expressed solely greater physical and social suffering and more uncertainty about treatment goals and treatment than other racial and economic groups outlined. Significance of the results: There are many points in common for the challenges of the disease.
Koffman, J., Morgan, M., Edmonds, P., Speck, P., Higginson, I.J. [14]	Cultural meanings of pain: A qualitative study of Black Caribbean and White British patients with advanced cancer	Palliative Medicine	2008	Control symptoms and quality of life	Pain as a "test of faith" which refers to the confirmation and strengthening of religious belief, and pain as a "punishment" that was associated with wrongdoing. These meanings influenced patients in extent and were able to accommodate her anguish.
Fatone, A.M., Moadel, A.B., Foley, F.W., Fleming, M., Jandorf, L. [15]	Urban voices: The quality-of-life experience among women of color with breast cancer	Palliative and Supportive Care	2007	Control symptoms and quality of life	Themes were identified and classified into six domains: physical (pain and nausea), psychological (sadness, irritability, cognitive (memory problems), sex (decrease of desire), social / functional (financial stress, social anxiety) and existential spiritual ( increasing faith, spiritual coping). The patients saw faith as an important way of coping with breast cancer. Reports that expressed positive changes in their faith after diagnosis.
Hirai, K., Miyashita, M., Morita, T., Sanjo, M., Uchitomi, Y. [16]	Good death in Japanese cancer care: A qualitative study	Journal of Pain and Symptom Management	2006	Control symptoms and quality of life	Maintaining hope, not prolong life, helping others, future control and not be aware of death, appreciating others, Maintenance pride, and have faith. The most frequently mentioned category was "Freedom from pain or physical / psychological symptoms" and less frequently was "Have faith."

**Table 3.** Characterization of the database Scopus studies (N = 51) - descriptors (Spirituality and palliative care and neoplasms), Santo André, 2015.

Author	Title	Periodic	Year	Categories	Main Findings
Asgeirsdottir et.al. [17]	In the shadow of death: existential and spiritual concerns among persons receiving palliative care.	The journal of pastoral care e counseling	2014	Spirituality and Coping	The findings show existential and spiritual aspects as interconnected and integral part of daily life of the participants. He concludes with a call for a better understanding of these phenomena in the context of palliative care.
King, et.al. [18]	Spiritual beliefs near the end of life: A prospective cohort study of people with cancer receiving palliative care	Pshyco-Oncology	2013	Symptoms control, quality of life and spirituality	The results suggest that while religious and spiritual beliefs may marginally increase the coping with the disease and approaching death, they do not affect levels of anxiety and depression in patients with advanced cancer.
Douglas, S.L., Daly, B.J. [19]	The impact of patient quality of life and spirituality upon caregiver depression for those with advanced cancer	Palliative and Sipportive Care	2013	Coping and quality of life	The spirituality of patients is critical to your coping and adjusting to cancer. It is this aspect of the overall quality of life of patients that mediates the improvement of the relationship between their caregivers. It is considered the spiritual welfare the most powerful intervention for depression caregiver may be attending the patient spiritual anguish.
Skeath, et.al. [20]	The nature of life-transforming changes among cancer survivors	Qualitative Health Research	2013	Coping and quality of life	Discovery of unanticipated personal skills and resources, and that has become very useful in dealing with other challenges beyond cancer. This caused an increase in capacity and personnel resources "life changing" instead of being limited to substantially reduce the problems with cancer. Support Intervention for facilitated positive change processes can reduce suffering and improve psychosocial outcomes and positive spiritual for patients.
Yang et.al. [21]	A comprehensive approach in hospice shared care in Taiwan: Nonelderly patients have more physical, psychosocial and spiritual suffering	Kaohsing Journal of Medical Sciences	2013	Spirituality and coping	Patients under the age of 60 years have more physical, psychosocial and spiritual suffering. This study suggests that professional practitioners should provide intensive care for terminally ill patients.

Author	Title	Periodic	Year	Categories	Main Findings
Wong et.al. [22]	Factors influencing health related quality of life in cancer patients with bone metastases	Journal of Palliative Medicine	2013	Symptoms control, quality of life and spirituality	This study identified basic gender factors, performance status, and histology as primary determinants of health-related quality of life (HRQoL) in patients with bone metastases. Further study focusing on current treatment (chemotherapy, radiation therapy and bisphosphonates) and spiritual well-being can identify additional factors affecting HRQoL.
Ho et.al. [23]	Living and dying with dignity in Chinese society: Perspectives of older palliative care patients in Hong Kong	Age and Ageing	2013	Coping and Cultural Issues	It showed that the dignity, spirituality and resilience are guidelines for palliative care interventions in Chinese culture.
Balboni et. al. [24]	Provision of spiritual support to patients with advanced cancer by religious communities and associations with medical care at the end of life	JAMA International Medicine	2013	Spirituality coping and quality of life	Patients with high spiritual support from religious communities (43%) were less likely to receive palliative care. With lower chances of terminal phase spread in an intensive care unit.
Asgeirsdottir et.al. [25]	"To Cherish Each Day as it Comes": A qualitative study of spirituality among persons receiving palliative care	Supportive Care in Cancer	2013	Coping and quality of life	Spirituality was experienced in general terms as an important dimension of how participants were living with terminal illness. Religious and non-religious features were recognized that reveals the complex nature of the phenomenon. Faith was a significant part of the spirituality of participants indicating the importance of meeting this aspect of palliative care. The study suggests that the potential contributions of theological approaches that are relevant to the investigation of palliative care and practice.
Keall, RM, Butow, PN, Steinhauser, KE, Clayton, JM [26]	Nurse-facilitated preparation and life completion interventions are acceptable and feasible in the Australian palliative care setting: Results from a phase 2 trial	Cancer Nursing	2013	Spirituality coping and quality of life	Patients reported intervention and evaluation to be acceptable and viable global and be received positively, although with no significant improvements in measures of "meaning and peace" and "preparation for the end of life."
Vivat et. al. [27]	Cross-cultural development of the EORTC QLQ-SWB36: A stand-alone measure of spiritual wellbeing for palliative care patients with cancer	Palliative Medicine	2013	Coping and Cultural Issues	Identified key issues for the spiritual well-being in multiple cultural contexts, and that the items are understandable and consistent in all languages.

Author	Title	Periodic	Year	Categories	Main Findings
Nakau et.al. [28]	Spiritual care of cancer patients by integrated medicine in urban green space: A pilot study	The Journal of Science and Healing	2013	Symptom control and spirituality	Improving program quality of life and reduction of fatigue associated with cancer. In addition, some aspects of the psychological state were improved and activity of natural killer cells was increased. It is indicated that the integrative medicine held in a green environment is potentially useful for emotional and spiritual well-being of cancer patients
Balboni et.al. [29]	Why is spiritual care infrequent at the end of life? spiritual care perceptions among patients, nurses, and physicians and the role of training	Journal of Clinical Oncology	2013	Spirituality and quality of life	Patients, nurses and doctors visualize spiritual care as an important component, appropriate and beneficial terminal care. Spiritual care is rarity may be mainly due to lack of training, suggesting that training of this type of care is fundamental to this clientele.
Rawdin, B et al [30]	The relationships among hope, pain, psychological distress, and spiritual well-being in oncology outpatients	Journal of Palliative Medicine	2013	Symptom control and spirituality	Hope has a stronger correlation with psycho-spiritual factors than the experience of pain.
Abu-Saad Huijjer, H., Abboud, S. [31]	Health-related quality of life among breast cancer patients in Lebanon	European Journal of Oncology Nursing	2012	Symptom control, quality of life and spirituality	The most prevalent symptoms were feeling nervous, feeling sad, lack of energy, and pain; symptom management was insufficient. Higher scores were reported on functional capacity, health care, spirituality and relationships. Improve quality of life (QoL).
Ho et.al. [32]	Certain bio-psychosocial-spiritual problems associated with dyspnea among advanced cancer patients in Taiwan	Supportive Care in Cancer	2012	Symptom control, coping and spirituality	The spiritual and psychological preparations make patient has improvement in signs and symptoms such as dyspnea and anxiety.
Samuelson, BT, Fromme, EK, Thomas, CR [33]	Changes in Spirituality and Quality of Life in Patients Undergoing Radiation Therapy	Journal of Alternative and Complementary Medicine	2012	Spirituality and quality of life	Spirituality related to physical well-being, psychological women with breast cancer incidence ranging between ages, but with significant sample of improving quality of life.
McClellan, S. et al. [34]	The healing and spiritual properties of music therapy at a cancer care center	The Journal Of Alternative And Complementary Medicine	2012	Spirituality	The authors consider the applicability of wider schemes that attempt to define and explore the role and the importance of spirituality.



Author	Title	Periodic	Year	Categories	Main Findings
Kang et.al. [35]	Addressing the religious and spiritual needs of dying patients by healthcare staff in Korea: Patient perspectives in a multi-religious Asian country	Pshyco-Oncology	2012	Quality of life	Although patients whose spiritual and religious needs were addressed by the health team showed significantly better quality of life, those needs have not been addressed in a significant proportion of patients, especially those who were not religious or were admitted to palliative care centers non-religious. Strategies should be developed to ensure that spiritual care is provided to all patients with terminal cancer, regardless of religious background of the patient
Spencer, RJ, Ray, A., Pirl, WF, Prigerson, HG [36]	Clinical correlates of suicidal thoughts in patients with advanced cancer	Americam Journal of Geriatric Psychiatry	2012	Coping and Symptoms control	Spirituality interventions minimizing physical suffering can offer the promise of reducing suicidal thoughts in this risk group. For patients with advanced cancer report suicidal thoughts are more likely to meet the criteria for post-traumatic stress disorder and panic disorder, feel unsupported.
Vallurupalli et.al. [37]	The Role of Spirituality and Religious Coping in the Quality of Life of Patients With Advanced Cancer Receiving Palliative Radiation Therapy	Journal of Suportive Oncology	2012	Quality of life, Coping and Cultural Issues	Patients who received palliative radiotherapy who had religious and spiritual support showed improvement of coping with the disease contributing to a better quality of life. These results highlight the importance of spiritual care in the treatment of advanced cancer.
Balboni et.al. [38]	Support of cancer patients' spiritual needs and associations with medical care costs at the end of life	Cancer	2011	Symptom control and quality of life	Application of spiritual and religious care, improve quality of life and minimizing symptoms, generating lower costs for the healthcare system.
Winkelman et.al. [39]	The relationship of spiritual concerns to the quality of life of advanced cancer patients: Preliminary findings	Journal of Palliative Medicine	2011	Spirituality and Coping and quality of life	Spiritual care is associated with improved QoL in patients with advanced cancer, they view the attention to spirituality as an important part of medical care. These data reinforce the importance of spiritual care role in palliative cancer management.
Fallah, R. et al [40]	Integrating spirituality into a group psychotherapy program for women surviving from breast cancer	Iranian Journal of Cancer Prevention	2011	Spirituality and quality of life	Spiritual treatment, is a potentially beneficial intervention to increase mental strength among those suffering from breast cancer. Therefore, it seems necessary to consider it as an important element incomprehensible treatment, plans, and palliative care and support.

Author	Title	Periodic	Year	Categories	Main Findings
Trinkaus et.al. [41]	Spirituality and use of complementary therapies for cure in advanced cancer	Psycho-oncology	2011	Spirituality and quality of life	Use of complementary therapies considered was associated with increased faith and a decrease of the existential welfare.
Delgado-Guay et.al. [42]	Spirituality, religiosity, and spiritual pain in advanced cancer patients	Journal of Pain and Symptom Management	2011	Symptom control and spirituality	The vast majority of patients with advanced cancer receiving palliative care considered themselves spiritual and religious. Spiritual pain was common and was associated with lower religiosity self perception and spiritual quality of life.
Hui et.al. [43]	The frequency and correlates of spiritual distress among patients with advanced cancer admitted to an acute palliative care unit	Americam Journal of Hospice Palliative Medicine	2011	Symptom control and spirituality	The study says the link between the physical, psychosocial and spiritual personality with the important implication that an interdisciplinary team approach is required to meet the complex needs of patients in palliative care and their families. Minimizing the physical suffering and grief
Balboni et.al. [44]	"It depends": Viewpoints of patients, physicians, and nurses on patient-practitioner prayer in the setting of advanced cancer	Journal of Pain and Symptom Management	2011	Symptom control and quality of life	The use of patient-doctor prayer in palliative cancer scenario revealed the potential benefits of prayer, critical attitudes, positive attitudes, the majority of patients and professionals view patient-professional prayer, at least from time to time appropriate in the advanced cancer setting, and Most patients see prayer as spiritually supportive and beneficial
Bergman, J., Fink, A., Kwan, L., Maliski, S., Litwin, MS [45]	Spirituality and end-of-life care in disadvantaged men dying of prostate cancer	World Journal of Urology	2011	Quality of life and spirituality	Men with higher spirituality tended to increased use of hospice, which suggests that they redirected the focus of its curative care to palliative goals.
Kandasamy, A., Chaturvedi, SK, Desai, G.[46]	Spirituality, distress, depression, anxiety, and quality of life in patients with advanced cancer	Source of the Document Indian Journal of Cancer	2011	Symptom control, quality of life and spirituality	This study suggests that spiritual well-being is an important component of quality of life of patients with advanced cancer, and is closely related to the physical and psychological symptoms of distress. It should be adequately addressed and appropriately in palliative care settings.
Leung et.al. [47]	Can a good death and quality of life be achieved for patients with terminal cancer in a palliative care unit?	Journal of Palliative Medicine	2010	Symptom control, quality of life and spirituality	Comprehensive palliative care (spiritual care), patients with terminal cancer can have good quality of life and experience a good death, even with low survival rate.

Author	Title	Periodic	Year	Categories	Main Findings
Pituskin et.al. [48]	Multidisciplinary team contributions within a dedicated outpatient palliative radiotherapy clinic: A prospective descriptive study	International Journal of Radiation Oncology Biology Physics	2010	Symptoms control and quality of life	Patients with bone metastases can feel pain, fatigue and decreased mobility. Various medications for pain control are often required, each with side effects. Although palliative radiotherapy to be effective in reducing pain, additional interventions supportive care can not be neglected.
Kamper, R., Van Cleve, L., Savedra, M.[49]	Children With Advanced Cancer: Responses to a Spiritual Quality of Life Interview	Journal for Specialists in pediatric Nursing	2010	Spirituality	The children's answers were mostly related to their parents. Seventy-eight percent of respondents said that they did something to "feel close to God." They prayed for Children "normal sense" (59%) and related concerns (31%).
Mishra et.al. [50]	Psychosocial concerns in patients with advanced cancer: An observational study at regional cancer centre, India	American Journal of Hospice and Palliative Medicine	2010	Spirituality and Quality of life	Attention to psychosocial health needs and spiritual needs of cancer patients is an integral part of an effective palliative, though less commonly expressed but are strongly felt by cancer patients. It is therefore recommended that all doctors and health care providers must meet the psychosocial health needs as part of their routine
Collette, N., Pascual, A. [51]	Dos casos de sufrimiento tratados con arteterapia: Una aproximación simbólica y espiritual	Medicine Palliative	2010	Symptom control, quality of life and spirituality	It was observed that the result of the art therapy has contributed to the improved quality of life and communication. These lead to increased family welfare. Consequently, the art therapy is valued positively by the interdisciplinary team.
Breitbart et. al. [52]	Meaning-centered group psychotherapy for patients with advanced cancer: A pilot randomized controlled trial	Psycho-oncology	2010	Symptom control and spirituality	It showed that psychotherapy groups resulted in significantly greater improvements in spiritual well-being and a sense of meaning. Gains treatment were even more substantial (based on estimates of such great effect) the second follow-up evaluation. Improvements in anxiety and desire for death were also significant (and increased over time). Concluding that this type of therapy seems to be a potentially beneficial intervention for emotional and spiritual suffering of patients at the end of life.
Rinaldis, M., Pakenham, KI, Lynch, BM, Aitken, JF [53]	Development, confirmation, and validation of a measure of Coping with Colorectal Cancer: A longitudinal investigation	Psycho-oncology	2009	Quality of life and spirituality	Exploratory and confirmatory factor analyzes revealed eight subscales mainly empirically distinct: Positive Perceptual change, religion / spirituality, rumination, acceptance, humor, palliative, seeking social support and sanitation lifestyle.

Author	Title	Periodic	Year	Categories	Main Findings
Rodin et.al. [54]	Pathways to distress: The multiple determinants of depression, hopelessness, and the desire for hastened death in metastatic cancer patients	Social Science and Medicine	2009	Symptom control, quality of life and spirituality	Holistic approach to palliative care in patients with metastatic cancer aimed at physical, psychological and spiritual works to prevent and treat anxiety and symptoms in patients with advanced disease.
Mystakidou et.al. [55]	Predictors of spirituality at the end of life	Canadian Family Physician	2008	Symptom control, quality of life and spirituality	The demographic and clinical characteristics and stronger hopelessness seemed to have statistically significant relationships with spirituality. Interventions to improve spiritual well-being of patients should take these relationships into account.
Steinhauser et.al. [56]	Do preparation and life completion discussions improve functioning and quality of life in seriously ill patients? Pilot randomized control trial	Journal of Palliative Medicine	2008	Quality of life and spirituality	Participants in the discussion active intervention showed improvements in functional status, anxiety, depression, and preparation for the end of life.
Reynolds, M.A.H [57]	Hope in adults, ages 20-59, with advanced stage cancer	Palliative and Supportive Care	2008	Symptom control, quality of life and spirituality	Hope four levels identified: dependence on strong spiritual beliefs, maintaining positive attitudes, housing symptoms of cancer, and the presence of support staff resources.
Koffman, J., Morgan, M., Edmonds, P., Speck, P., Higginson, [58]	"I know he controls cancer": The meanings of religion among Black Caribbean and White British patients with advanced cancer	Social Science and Medicine	2008	Symptom control, quality of life and spirituality	Three main themes emerged from accounts of patients: the ways in which patients believed religion and belief in God helped them to understand cancer; how you felt their faith and the emotional and practical support given by church communities helped to live with the physical and psychological effects of their disease and its progression.
Mystakidou et.al. [59]	Demographic and clinical predictors of spirituality in advanced cancer patients: A randomized control study	Journal of Clinical Nursing	2008	Symptom control, quality of life and spirituality	The study recognized by the patients 'demographic characteristics and health, such as female gender, advanced age, years of schooling, state performance and radiotherapy contributes to the prediction of patients' spiritual beliefs and attitudes of relevance to clinical practice. Meeting the spiritual needs of palliative care between the needs afraid to die, losses were crucial aspects of psychological functioning, especially when considering certain demographic and clinical characteristics.

Author	Title	Periodic	Year	Categories	Main Findings
Wijk, H., Grimby, A. [60]	Document Needs of elderly patients in palliative care	American Journal of Hospice and Palliative Medicine	2008	Symptom control, quality of life and spirituality	Elimination of physical pain was classified as the main need half of the patients. Only when the pain was eliminated or absent made other important needs (psychological, social, spiritual) appear frequently.
Ando, M., Tsuda, A., Morita, T. [61]	Life review interviews on the spiritual well-being of terminally ill cancer patients.	Supportive Care in Cancer	2007	Symptom control, quality of life and spirituality	Life review interviews can be effective in improving spiritual well-being of patients with terminal cancer. Potential predictors of success of treatment are "positive outlook on life," "pleasure in daily activities and good human relations" and a "balanced assessment of life", while of treatment failure are "worries about the future caused by disease", conflict in family relationships and confrontation of practical problems.
Mystakidou, K., Tsilika, E., PARPA, E., Smyrnioti, M., Vlahos, L. [62]	Assessing spirituality and religiousness in advanced cancer patients	American Journal of Hospice and Palliative Medicine	2006	Symptom control, quality of life and spirituality	The results of this study confirm that the involvement and scales of spiritual beliefs is an instrument with satisfactory psychometric properties and is a research tool valid for spirituality in patients with advanced cancer.
Mako, C., Galek, K., Poppito, SR [63]	Spiritual pain among patients with advanced cancer in palliative care	Journal of Palliative Medicine	2006	Quality of life and spirituality	Considering both the universality of spiritual pain and the multifaceted nature of pain, it was proposed that when patients report the experience of pain, plus the complexity of the phenomena involved in the treatment and spiritual pain can be considered a contributing factor to the failure of the treatment. The authors say that the spiritual pain is not treated as both hinder the recovery will contribute to the overall suffering of the patient.
Renz, M., Schütt Mao, M., Cerny, T. [64]	Spirituality, psychotherapy and music in palliative cancer care: Research projects in psycho-oncology at an oncology center in Switzerland	Supportive Care in Cancer	2005	Quality of life and spirituality	Spiritual experiences can have a big impact on the physical and emotional well-being and facilitate the process of dying. Music therapy, psychotherapy and spiritual assistance provide essential methods for psycho-oncology and palliative care. A holistic and interdisciplinary approach to help patients in their suffering complex is required.
McClain-Jacobson et.al. [65]	Belief in an afterlife, spiritual well-being and end-of-life despair in patients with advanced cancer	General Hospital Psychiatry	2004	Quality of life	The results indicated that the belief in the afterlife was associated with lower levels of end of life of despair (death wish, hopelessness and suicidal thoughts), but was not associated with levels of depression or anxiety. The authors concluded that spirituality has a much more powerful effect on psychological functioning than beliefs about the afterlife.

Author	Title	Periodic	Year	Categories	Main Findings
Kawa et.al. [66]	Distress of inpatients with terminal cancer in Japanese palliative care units: From the viewpoint of spirituality	Supportive Care in Cancer	2003	Symptom control, quality of life and spirituality	Three categories were evaluated: anguish due to the difference between the current situation and how the individual wanted to live, as the individual wanted to die, and desire of the individual to maintain relationships with others. The aspirations causing the difference was interpreted from the spiritual point of view as "anchors in life" for Japanese patients with terminal cancer.
McClain, C.S., Rosenfeld, B., Breitbart, W. [67]	Effect of spiritual well-being on end-of-life despair in terminally-ill cancer patients	Lancet	2003	Spirituality	Spiritual welfare provides protection against despair end of life.

**Table 4.** Characteristics of database studies Pubmed / Medline (N = 8) - descriptors (Spirituality and palliative care and neoplasms), Santo André, 2015.

Author	Title	Periodic	Year	Categories	Main Findings
Osborne et.al. [68]	Understanding what matters most to people with multiple myeloma: a qualitative study of views on quality of life	BMC Cancer	2014	Quality of life	The main topics important to the QoL were biological state, treatment factors, symptoms, participation in coping and Spirituality activity. Symptoms had an indirect effect on Qo L, affecting only general QoL is impacted on activity and participation, emotional state or supporting factors and spirituality.
Vilalta A, Valls J, Porta J, Viñas J. [69]	Evaluation of spiritual needs of patients with advanced cancer in a palliative care unit.	Journal Palliative Medicine	2014	Quality of life and spirituality	The spiritual needs emerged as the most important issue for patients: their need to be recognized as a person until the end of his life and his need to know the truth about his illness. The least within the spirituality was the continuity and the afterlife; to get rid of obsessions; to achieve freedom from guilt and be able to forgive others; and the need for reconciliation and feel forgiven by others. Concluding that when patients knew the truth about their disease and they were treated with dignity and have better coping.

Author	Title	Periodic	Year	Categories	Main Findings
Trevino KM, Archambault E, Schuster JL, Hilgeman MM, Moyer J. [70]	Religiosity and spirituality in military veteran cancer survivors: a qualitative perspective.	Journal of Psychosocial Oncology	2011	Quality of life	Palliative care can be difficult and religion and spirituality provide resources to deal with the challenges of survival. This study sheds light on the role of religion and spirituality in coping physical and psychological experience of cancer survivors.
Rose et.al. [71]	Patterns of adaptation in patients living long term with advanced cancer.	Psyco-Oncology	2010	Symptom control and quality of life	The current findings suggest that psycho-spiritual adaptation. In this study, it is not uniform but is characterized by heterogeneous trajectories. The results contribute to the development of better hypotheses about the processes of adaptation in long-term survivors with advanced cancer and to identify potential subgroups of higher risk for poor outcomes.
Alcorn et.al. [72]	"If God wanted me yesterday, I wouldn't be here today": religious and spiritual themes in patients' experiences of advanced cancer.	Journal of Palliative Medicine	2010	Quality of life	Religion and / or often spiritual play a key role in the wellbeing of the patient maintenance.
Mystakidou et.al. [73]	Exploring the relationships between depression, hopelessness, cognitive status, pain, and spirituality in patients with advanced cancer.	Archive Psychiatr Nursing	2007	Symptom control and quality of life	Significant associations were found between interference of physical pain and the joy of life and despair, as well as among the worst pain and pain interference items such as depression and cognitive status. Significant correlations were found between despair, depression, and cognitive condition. These results demonstrate the physical, psychological and cognitive cancer patients.
Noguchi et.al. [74]	Spiritual needs in cancer patients and spiritual care based on logotherapy.	Support Care Cancer	2006	Quality of life and spirituality	The Japanese people generally have no strict and definite religious faith and have a tendency to rely on morality and ethics in their own mind rather than to put importance on religious feeling to believe in "God", which is outside their own mind.
Luhrs et.al. [75]	Pilot of a pathway to improve the care of imminently dying oncology inpatients in a Veterans Affairs Medical Center.	Journal Pain Symptom Manage	2005	Quality of life and spirituality	Palliative patients, reviewing care goals, have their wishes respected, evaluation of re life control symptoms, spiritual welfare and improvement of family relationships.

**Table 5.** Characteristics of database studies Pubmed / Medline (N = 4) - descriptors (Faith and palliative care and neoplasms), Santo André, 2015.

Author	Title	Periodic	Year	Categories	Main Findings
Paiva et.al. [76]	A pilot study addressing the impact of religious practice on quality of life of breast cancer patients during chemotherapy.	J Relig Health	2013	Quality of life and spirituality	It was to investigate whether religious practice can change the quality of life (QOL) of patients during chemotherapy. QOL questionnaire and religious practice mark was evaluated in a group of patients at different times (before, during and after chemotherapy). Acceptance of body image was positively correlated to religious practice and the activity to be praying. This preliminary study suggests the importance of religion to cope with treatment.
McConigley et.al. [77]	The diagnosis and treatment decisions of cancer patients in rural Western Australia.	Cancer Nurs.	2011	Quality of life and spirituality	Four themes were identified to describe the cancer experience in rural patients. The first three themes, diagnostic experiences and referral, treatment, and manage their own care. The final overall theme, Implicit Faith, described the level of trust that patients have in the health system, often despite the delays and inconveniences.
Utne et.al. [78]	The relationship between hope and pain in a sample of hospitalized oncology patients.	Palliative Support Care	2008	Quality of life and spirituality	The higher levels of hope in cancer patients with pain reflect a "change response" in the assessment of patients regarding hope. The fact that significant relationships were found between the scores scale of hope and the more psychosocial interference scores, suggesting that hope can be more related to psychosocial effects on pain than in their physical effects.
Sharf BF, Stelljes LA, Gordon HS. [79]	A little bitty spot and I'm a big man': patients' perspectives on refusing diagnosis or treatment for lung cancer.	Phyco-oncology	2005	Spirituality	Complaints about the communication with doctors, the health system discontinuities, and the impact of social support. Implications for clinical communication include increased confidence to deliver bad news, understanding the source of resistance to the recommendations, and discuss palliative care.



## Discussion

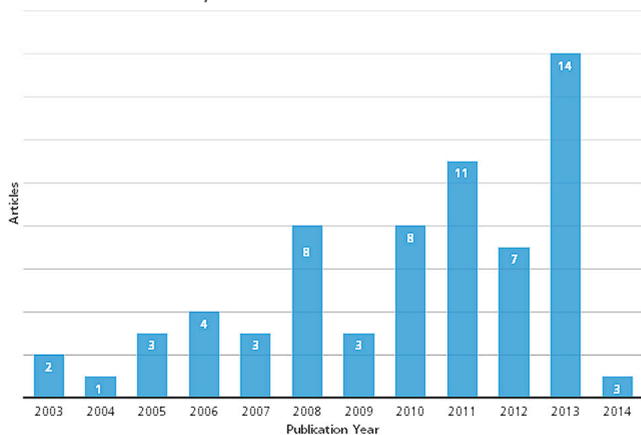
The clarity of this treatment associated to life quality will depend on each individual life story, their beliefs and values about themselves and about the current situation. What emphasizes the need of this study. The PICOS strategy made possible to meet the targets and evaluate evidences about faith and spirituality benefits associated to life quality. Thus, bibliographic search involved two database Pubmed/MEDLINE and Scopus, both with wide coverage that allowed retrieving database filed studies and posteriorly turned into characterization tables for writing and discussing this study.

During the process of articles selection were found three 2002 indexed articles, however they didn't fit the proposed inclusion criteria for this study, described perspectives of cancer terminal patient relatives, review articles about spiritual and existential issues, such as meaning, hope and spirituality in general, in palliative patients and the third excluded article was about the spirituality and religious impact in severity depressive symptoms in a sample of terminal cancer and AIDS (Acquired Immunodeficiency Syndrome) patients. Because it is a focus in oncologic patients our pattern considers studies from 2003 on (**Figure 2**).

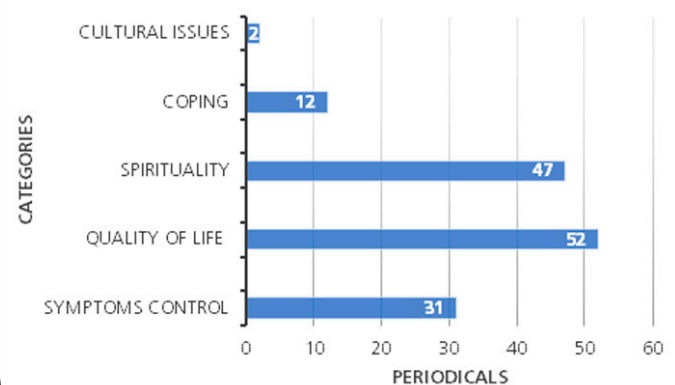
It's noticeable a publishing constant increase focusing the patient being, this fact justified by the health professional concern increase referring to the patient total well-being, as the suffer relief continues to be a challenge for palliative care teams, including those with more symptoms control experience. Spiritual and emotional aspects need inter-disciplinary team dedication [35]. Considering that in the last five years there has been an increase of 64,2% of scientific productions about the theme, so it opens a wide field for researches, with multiple experimental design perspectives to define repercussions of positive emotions from faith and spirituality during the palliative care process.

Once the evidenced scientific productions are characterized it was chosen to categorize in five groups: (1) Symptoms control (free of pain and physical symptoms); (2) Quality of life (psychological well-being, maintenance of proud and good family relationship); (3) Spirituality (faith, hope, trust, prayers); (4) Confronting (illness acceptance courage "acceptance", following the treatment, fear and life reassessment); (5) Cultural questions (race/ethnics and e demographic location). Through content analyses it was identified that some articles presented one or more categories. (**Figure 3**).

**Figure 2:** Numerical distribution related to the publication year of selected articles. Santo André, 2015.



**Figure 3:** Distribution of periodicals by categories. Santo André, 2015.



The search identified, among the 67 studies in this review that, 77,6% of them see the life quality categories a driving force for the palliative treatment followed by the spirituality category at 70,14%. The spiritual intervention resulted in a significant increase of hope, happiness and life satisfaction ( $P < 0,05$ ) [17]. The spirituality is one of the main aspects of palliative care. The concept is multidimensional and embraces existential sphere, as well as considerations based in religious values [46].

The symptoms control category ( $N = 31 = 46,26\%$ ) are listed: bone pain, general pain, fatigue, appetite loss, somnolence, dry mouth, tachycardia, and memory disturbs as well as physical symptoms such as depression, anxiety, anguish, sadness, sexuality, faith loss as psychological symptoms [19]. Correlating this category to spirituality, studies suggest that well-being is an important component in life quality of advanced cancer patients, and is inly related to physical and psychological symptoms of distress, which should be approached in a proper way in palliative care environment [19].

The confronting category ( $N = 12 = 17,91\%$ ) came up while analyzing that many studies brought up that the oncologic patient lived a reflection moment and needed a comprehension of the palliative care context and the sicken process in the moment that there aren't possibilities of cure but control and handling of the symptoms. This review found significant material of spirituality for these patients to face and adjust to this new situation. It's considered a quality of life aspect which mediates social, family and relationship improvement. [19]. The confronting moment is guided by Faith and hope, some authors bring faith, hope and trust as synonyms. In this period the patient is able to find spirituality and resilience, the individual becomes adaptable to the new clinical support allowing themselves to recover emotion balance after suffering from physical and psychological pain. In this phase they refer to the capability of wish restoration, recognizing their limitations and longing for a good death [19, 20, 23].

Studies show that young patients under 60 years old present more physical and psychological suffer and Faith loss. Young patients report difficulty to confront the decease for feeling deprived of autonomy and professional and personal achievement wish. In done studies with children under 12 years old their sickness confronting was reflected in the concern related to their parents and they used to pray for them to feel closer to God. Facing this, the involved therapies for this process have to be planned according to the age rate [21, 49].

Two studies have been identified approaching the cultural question category ( $N = 2 = 2,98\%$ ), reflecting about promoting the comprehension of dignity and suffering reduction in the life end, in old patients with advanced cancer in the western. The method used to define the dignity concept in Chinese concept, the death anguish isn't appointed by relatives, they mention themes as resilience/ fighting spirit which is expressed in different ways in the Chinese Family context, resulting in a Family cultural dimension that assists the dignity building. The second study approached patients in Japan and six European countries including concepts which cover religious questions, which are clearly important for different populations with religious beliefs [23, 27].

Summarizing this study and recommending interventions in treatment was necessary to retake study about limbic system – the responsible for emotions: happiness, fear, anger, pleasure, and Faith. For this study, a central subjective and peripheral component was distinguished, the emotional behavior. The peripheral component is the way emotion expresses and involves somatic, motor and visceral activity standards, which are characteristic of each kind of species. The religious experiences are complex. They involve emotion and cognition and are distributed in various structures. They are connected to the frontal lobe, the brain part that controls desires; parietal lobe area, which controls our own sense; limbic system, which performs fundamental role in emotions;

and, finally, hypothalamus, that is also responsible for emotive reactions [7, 80].

In psychiatry and its areas, the neural structure identification related to emotion, has a special interest in the human being behavior comprehension. Therefore, much has been discussed about the possibility of treating scientifically the questions related to emotion, and not only in the Philosophical scope. With the development of neuroscience, postulates that, as perception (afferent) and the action (efferent), the emotion is related to diverse brain circuits. Moreover, the emotions are generally followed by autonomic, endocrine and motor skeletal responses that depend on the subcortical area of the nervous system, which prepare the body for action. It's been learnt that emotions are result of multiple systems of body and brain distributed by the whole person, being impossible to split emotion from cognition neither cognition from body [81].

There is a consensus among many authors that the limbic system has as main structures: cortical gyri, core gray matter and white matter disposed in medial surfaces of both hemispheres and surrounding the third ventricle. These structures, functionally, relate to instincts, emotions and memory and, through hypothalamus, as homeostasis maintaining [80, 82].

The "rewarding centre" is related, mainly, to medial forebrain bundle, in core and ventromedial sides of hypothalamus, having connections with septum, tonsil, some thalamus areas and basal ganglia. The "punishing centre" is described as located in the central gray area which surrounds the cerebral aqueduct of Sylvius, in the midbrain, reaching the zones [80].

The happiness induction, response to identification of facial expressions of happiness, to the visualization of pleasant images and/or to induction to happiness of memories, sexual pleasure and well succeed competitive stimulation, promotes the activation of basal ganglia, including the ventral striatum and the putamen [81, 82].

The sadness and depression can be seen as "poles" of the same process. The first is considered "physiological", and the second, "pathological", being, for this reason, related in neurophysiological terms. It's each time more often the correlation between emotional dysfunctions and damages of the neurocognitive functions. In fact, the depression is associated to deficits in strategic areas of the brain, including limbic areas. Regardless of related emotional factors, there are many biological determiners involved in its development; watching occurred changes in the immunological system [80, 82].

Therefore, the present study pointed a scientific contribution from faith and spirituality themes from anatomy knowledge of emotions understanding how the authors could work with the patient positive emotions from Faith and spirituality communication, such themes which permeated all worked categories in this study taking sometime to an improvement of physiologic and psychological symptoms, of social and immunological relations during the palliative treatment. Proposed actions by this review involve the communication of the team with the patient allied to an increase of life quality, therapy groups, focal therapy, religious presence for comfort and life reflection and about the moment that they are living, art therapy and music. Activities that promote pleasure as visualizing landscapes, photos that reminded good memories, stimulating the positive emotion centre.

## Conclusion

The faith performs in diverse brain areas, mainly in the limbic system, that is responsible for emotions and, spirituality is the way the individual see himself as origin, religion and culture in which is inserted. The spiritual intervention seems to be a potential beneficial intervention to increase mental power among those who suffer from cancer in terminal phase [40]. The results suggest hormonal existing

changes in immunological system and autonomous and central nervous systems, reducing heart beating, blood pressure and stress. A great amount of studies point that religiousness results in benefits to the health.

The oncologic patient in palliative care when acquires the self-knowledge and acceptance promoted by Faith can change habits, as improving diet, doing exercises that can promote pleasure, (arts, music, reading), having a restful sleep and maintain balance between thoughts and attitudes. The spirituality also helps to combat depression, as it attenuates bitterness feelings, anger, stress and even resentment. Therefore, it seems necessary to consider faith as an important element of treatment and palliative care.

According to studies involved in this review, the human factor is related directly to patient care, in special health team, needs to be capable of dealing with care concept about the patient faith and spirituality.

Still exist gaps of knowledge of the applicability of Faith and spirituality in these patients, there isn't consensus about the indication of proposed therapies along this review, being necessary additional researches focused on the training development for these professionals enabling them to deal with this fragile population which requires well applied therapeutics techniques and respecting their own individuality.

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