Clergy End of Life Care and Race: Preliminary Findings of the National Clergy Project

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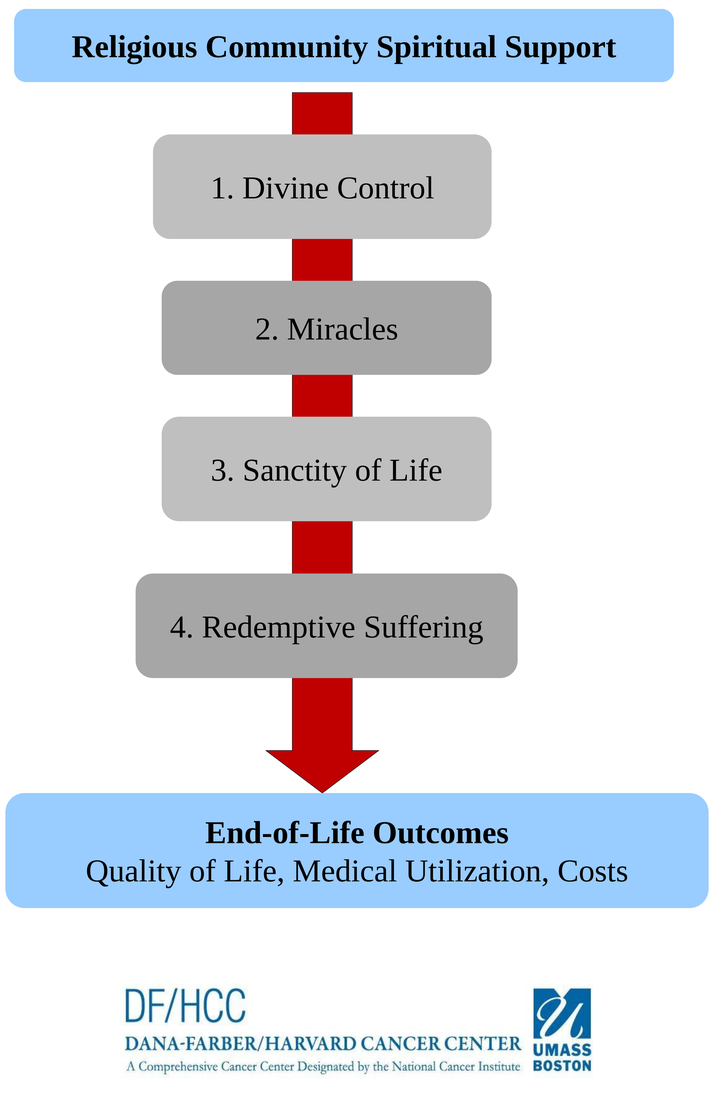
1. BACKGROUND

- Prior studies based on the Coping with Cancer Study (PI, Holly Prigerson) showed that patients who engage terminal-illness through religious coping receive more aggressive care at the end of life (EOL) (Phelps, et. al, JAMA, 2009).
- Coping with Cancer also found that spiritual care provided by clergy and religious communities is associated with increased aggressive care at the EOL, especially among minorities (Balboni, et. al, JAMA Internal Medicine 2013).
- This study explores the relationships between spiritual support and EOL care by evaluating clergy members' opinions and experiences related to care provided to cancer patients at the EOL.
- Based on an expert panel and qualitative clergy interviews, we identified four potential theological beliefs that may intersect with EOL decision-making: 1) Divine control, 2) Miracles, 3) Sanctity of Life, and 4) Redemptive Suffering.
- We hypothesized that clergy race may be correlated with EOL religious beliefs concerning medical decisions, which lead to more aggressive care at the EOL.

FIGURE 1. Hypothesized religious domains that may facilitate decisions to receive more aggressive care at the EOL



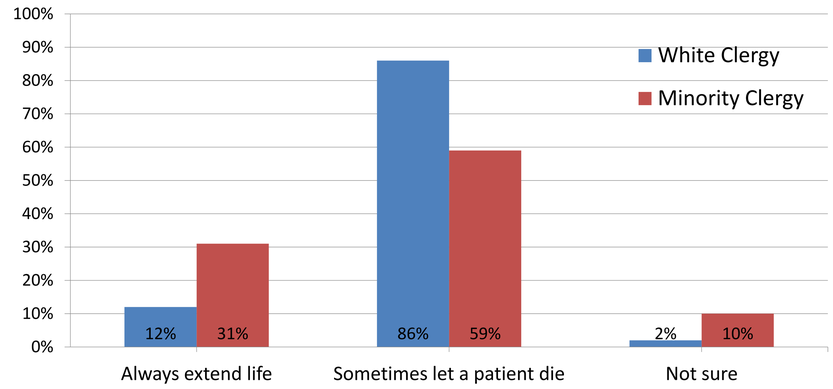
2 METHODS

- The National Clergy Project on End-of-Life Care is a NCI-funded, cross-sectional study of 2000 randomly-selected spiritual community leaders across the United States. Random selection was based on the business file of InfoGroup Inc. drawing from 368,408 U.S. congregations.
- The survey was administered using multi-modal approaches including direct mail (3x), telephone (1x) and email(1x).
- Data collection occurred between 8/1/2014 to 2/10/2015.
- 245 of 2000 selected were unreachable or determined to no longer exist. Results reported are based on a 55% response rate (N=972 of 1755).
- Clergy were asked the 1995 SUPPORT question (Figure 2) with dichotomization based on race.
- Clergy were asked six questions (Table 1) evaluating patients' religious beliefs at the EOL. Response options included "Not at all," "A little," "Somewhat," or "Quite a bit," or "Completely."
- Response options were dichotomized as "not at all" versus "a little/somewhat/quite a bit/completely."
- Fisher's Exact test was used to compare clergy responses dichotomizing White clergy responses and Minority clergy (Black, Hispanic, Other).

3. RESULTS

- Minority clergy were more likely than White clergy to endorse extending life (Figure 2) and religious domains facilitating aggressive care at the EOL.

FIGURE 2. Which comes closer to your view? In all circumstances, doctors and nurses should do everything possible to extend the life of a patient. Or, sometimes there are circumstances where a patient should be allowed to die.



4. CONCLUSIONS

- Spiritual support by praying for a miracle was the only religious domain at the EOL endorsed by a majority of White and Minority clergy.
- These preliminary data suggest clergy race is correlated with particular EOL religious beliefs that may influence patient medical decisions.
- Limitations include that the analyses were not adjusted for potential confounding factors, and the relationship between clergy beliefs with patients' actual medical decision-making is unknown.
- Future directions will include multivariate analysis of predictors of religious beliefs associated with more aggressive EOL care, and consideration of clergy training at the intersection of religious beliefs and medical decisions..

TABLE. Racial differences among clergy who agree with their patients when doctors determined that patient is extremely unlikely to recover and has less than six months to live.

If patient makes this statement, do you agree?	Total (N=972)	White (N=767)	Minority (N=205)	*P*
"Because of my faith, I don't need to think about future medical decisions (e.g. DNR, healthcare proxy) especially near the end of life"	28%	23%	51%	<.0001
"I accept every medical treatment because my faith tells me to do everything I can to stay alive longer"	55%	49%	82%	<.0001
"Having a do-not-resuscitate is immoral"	11%	11%	21%	.002
"I would be giving up on my faith if I stopped cancer treatment"	13%	11%	21%	.003
"I believe that God could perform a miracle in curing me of cancer"	86%	84%	92%	.04
"I must faithfully endure the painful medical procedures because suffering is part of God's way of testing me"	27%	25%	36%	.01

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