

The Spiritual Dimension of Comprehensive Kidney Care

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João was prepared to receive another dialysis treatment, which had long since become a routine part of his life. By his side was Dr. Júlia Silva, his nephrologist, who was carefully adjusting the machine that performed the vital function his kidneys could no longer manage. The doctor was his constant support in his fight against chronic kidney disease and the reason why his relationship with Dr. Silva was built on mutual respect and trust. João was a quiet man who found comfort in his faith and acceptance of what life had destined for him. “You know, doctor, it was my belief in a higher power that gave me the strength to accept my illness”. Dr. Silva, with her rational and scientific mind, began to understand João’s perspective and to realize that it was influencing her own life. In the silence of the dialysis room the doctor and patient shared moments of encounter between science and spirituality, recognizing that life is made up of suffering and love, and that spiritual life opens space for hope, even in the most difficult times. João’s journey, supported by his unshakeable faith, showed Dr. Silva how powerful the invisible forces that guide and shape human beings are in our lives.

INTRODUCTION

Chronic kidney disease (CKD) is a global health problem that affects millions of people around the world.¹ As a progressive disease, it poses physical, emotional and psychological challenges. Therefore, CKD requires a comprehensive dimension of care beyond the one provided by conventional medicine.²

Spirituality has emerged as a way of providing patients with a sense of purpose and connection throughout their illness. In healthcare, spirituality encompasses more than religious beliefs. It involves a search for meaning, purpose and transcendence in the patient’s life, as well as an experience of connection with oneself, others, nature or a higher power.³ This review highlights the importance of addressing spirituality in the treatment of patients with CKD and its role as a

fundamental element of palliative care. By an analysis of the overlap between spirituality and CKD, this article attempts to demonstrate the way in which spiritual care is able to increase patient wellbeing, improve quality of life and inform a holistic, compassionate and holistic palliative care practice.

DEFINING SPIRITUALITY

Since the beginning of Medicine, spirituality has been an integral part of the treatment process. In Hammurabi’s code (18th century BC), one can read that “healing depends on holiness, law, herbal words and knife”.

As science evolved over the centuries, it began to supplant what previously belonged to the unknown and was only explained by the divine, the spiritual, and the transcendent. Technical specialization and the growth of scientific knowledge have increasingly put spirituality aside in the treatment process.

However distant from scientific and technological evolution, spirituality remains a profound and exclusively human experience, resulting from the combination of personal contexts, beliefs, neuro-sensitive experiences, perceptions, cultures, and personal determinants. Spirituality also persists as a strong predictor of acceptancy and illness management and possesses therapeutic benefit, potentially impacting outcome.

Nevertheless, why is it so difficult to define spirituality?⁴ Historically, spirituality takes us to religiosity, beliefs and rituals that frame the interior experience in terms of seeking meaning and comfort on a journey of faith toward a higher being. However, in its diversity of expressions, it does not need to be exclusively related to religion. Spirituality can be, and is, a way of understanding and relating with the world, a mechanism for personal knowledge and a path for inner pacification.³

Many definitions for spirituality have been proposed, “spirituality can be understood as a search for the sacred,

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a process through which people seek to discover, hold on to, and, when necessary, transform whatever they hold sacred in their lives”;⁵ or, “Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning, and about the relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community”⁶ or even, “Spirituality exists in testing and experiencing the depth of inner peace consistently”, Amit Ray. However, more important than looking for a consensual definition of spirituality, analysing its dimensions allows us to obtain a more precise interpretation of what it can be. It is a profoundly human characteristic, expressed individually, based on personal beliefs, practices, and experiences related to the desire for peace, connection, meaning, interpretations of life, and personal growth. It leads to the development of positive inner values and feelings.^{4,7,8} By assuming this complexity of spirituality as an integrated human characteristic, healthcare science must highlight the importance of spirituality in the care of CKD patients.⁹ A research by Kimmel *et al* emphasized the association between spiritual well-being and better health outcomes, including improved quality of life and lower levels of depression and anxiety among CKD patients undergoing hemodialysis.⁸ Also, Davison and Jhangir underscored the significance of spiritual beliefs and practices in helping patients navigate the complexities of CKD treatment, fostering a sense of meaning, acceptance, and peace amid illness-related challenges.¹⁰

ASSESSING SPIRITUALITY

In order to draw up a holistic care plan in any area of medicine, in particular in nephrology, it is essential to have a good knowledge of the patient, including their spiritual side.¹⁰ Since spirituality is a deep and personal subject, the healthcare provider needs to establish a relationship of trust with the patient, which requires sensitivity, empathy, understanding and tolerance. Conversations can take the form of simple questions about the patient’s religious preferences or more structured spiritual stories led by chaplains. Open-ended questions can also be used, allowing patients to fully express their spiritual beliefs and experiences. Patients who do not follow an organized religion can be asked questions such as: “What gives your life meaning?” or “How do you see your role in the overall scheme of society?” There are several well-known tools that can help with these assessments, each with its advantages and limitations. The FICA Spiritual History⁷ and the SPIRITual History¹¹ offer structured approaches to exploring the patient’s spiritual beliefs, the meaning of faith in their life, and how these elements affect their coping mechanisms. These tools help guide discussions about how illness affects the patient’s spiritual well-being. The following figures summarize the essential spiritual assessment tools, highlighting their characteristics, strengths and limitations. These tools are often used in medical practice to respond to patients’ spiritual needs and support holistic care.

Figure 1: FICA Tool ¹²	Questions
F: Faith, Belief, Meaning	<ul style="list-style-type: none">- Do you have a practice of personal or religious belief?- Would you say you have a spiritual component or practice a religion?- What gives your life meaning or purpose?
I: Importance and influence	<ul style="list-style-type: none">- Is your belief system important to your everyday life?- In what ways does your belief impact how you care for yourself?- Have beliefs impacted how you’ve dealt with this illness?- How did your beliefs help to guide your recovery or health choices?
C: Community	<ul style="list-style-type: none">- Do you have a group or community that gives you spiritual support?- If so, how does it assist you?- Who are the most significant individuals who assist in supporting you?
A: Address	<ul style="list-style-type: none">- How can I talk about these spiritual or personal concerns so that I may better serve your health??

Figure 1A Tools/Evaluation

FICA

Strengths

Origin: The tool was created by Dr. C. Puchalski, modifying the tool specifically for primary care²

Purpose: Designed to help healthcare address spirituality during routine medical examinations, especially in primary care.

Memorable: The mnemonic effectively categorizes questions into key spiritual themes, such as meaning, belief, connection, and religion.

Validated: A study by Borneman *et al* confirmed FICA's ability to assess spirituality, identify non-religious sources of meaning, and integrate spiritual needs into care plans.¹³

Concise: Puchalski claims the tool can be completed in about 2 minutes, although this is debated.¹⁴

Encourages dialogue: FICA has been shown to facilitate deeper spiritual conversations, enhancing therapeutic relationships in palliative care settings.¹³

Limitations

Religious connotation: The initial question, "What is your faith/belief?" might be perceived as overly religious, possibly alienating non-religious individuals.

Language barriers: The term "spiritual" might be unclear to patients, requiring alternative wording.¹⁵

Rigid structure: A few GPs found the tool to be overly formulaic and that this could stifle spontaneous discussion during consultations.¹⁴

Acceptability: GPs reported needing to modify the wording for it to be acceptable to patients.¹⁴

Limited end-of-life use: As it does not address terminal or existential matters directly, FICA may be less suitable for end-of-life care.

Figure 2: FAITH Tool¹⁶

Questions

F: Faith / Spiritual beliefs	<ul style="list-style-type: none"> - Do you have any religious, spiritual, or personal beliefs? - What brings purpose to your life? - Where do you draw on strength or comfort in coping with illness or stress?
A: Application	<ul style="list-style-type: none"> - How do your beliefs impact what you do every day? - Do you belong to a care or faith network? - Is there some sort of reflection, e.g., meditation or prayer, that holds value for you?
I: Influence / Importance	<ul style="list-style-type: none"> - How does your way of living get impacted by your beliefs? - Do you feel that your beliefs are important to your life? - Do your religious beliefs shape your choices around medical care?
T: Talk / Terminal events planning	<ul style="list-style-type: none"> - Is there one person you feel comfortable talking about your religious concerns or issues with? - Do you have specific requests if you become terminally ill? (e.g., living will)
H: Help	<ul style="list-style-type: none"> - How can I or another healthcare team member help you? - Would you like some help with spiritual rituals or routines? - Would you find it beneficial to talk to a chaplain or spiritual advisor?

Figure 2 A; Tools/Evaluation

FAITH

Strengths

Origin: Published in The Clinical Teacher (2009), emphasizing its use in training healthcare providers to integrate spirituality into clinical assessments.¹⁶

Purpose: Enrolled as a straightforward, patient-centred model for the taking of a spiritual history in primary and secondary care.¹⁶

Memorable: The mnemonic covers key issues around meaning, community, connectedness, and religion.

Explores spiritual practices: The tool deals with the place of practices such as prayer and meditation in the life of the patient, particularly during crises.

Spirituality-Health connection: The tool emphasizes the connection between one's spiritual outlook and healthcare choices, especially in severe illness.¹⁷

Terminal events: It considers spiritual perspectives on end-of-life issues, allowing care planning to be tailored to the patient's values.

Chaplaincy: Includes prompts to offer chaplaincy services, and extend spiritual care.

Clarifies expectations: The "Help" section helps define the role the patient expects the healthcare provider to take in ongoing spiritual care, reducing the risk of unmet spiritual needs.¹⁸

Limitations

Lack of validation: The FAITH tool has not been formally validated, which may limit confidence in its reliability and clinical utility.

Lengthy: It is unclear whether FAITH meets the criteria for being concise and adaptable, which are considered important for spiritual history tools.^{19,20}

Narrow scope: The tool does not address some crucial aspects of spirituality, such as hope, beauty, and acceptance of death.²¹

Religious bias: The tool may be biased toward Christianity, as seen in the use of terms like "church," potentially limiting its applicability in diverse clinical settings.

Figure 3: HOPE Tool ²²	Questions
H: Sources of Hope, Meaning, Comfort, Strength, Peace, Love, and Connection	<ul style="list-style-type: none">- What makes you strong on the inside?- Where do you find hope, comfort, or peace of mind?- What sustains you when life gets rough?- Does your spirituality or beliefs provide you with any strength or comfort?- If 'Yes', proceed to O and P questions.- If 'No', was it ever a source of support? If 'Yes', what changed?
O: Organized religion	<ul style="list-style-type: none">- Do you have a structured religious group or tradition that you are a part of?- How significant is this group or activity to you?- What are the things about your religion that assist or confront you?- Do you have a religious community, and how does it sustain you?
P: Personal Spirituality/Practices	<ul style="list-style-type: none">- Do you practice any personal spirituality in addition to formal religion?- Do you believe in a higher power? How do you experience it?- What practices, such as prayer or nature time, nurture you spiritually? (e.g., prayer, meditation, nature)
E: Effects on medical care and end-of-Life issues	<ul style="list-style-type: none">- Has illness changed how you practice your religion or experience spirituality?- What can I do to help support your spiritual needs?- Do any of your beliefs make medical care more confusing or more difficult?- Would it be helpful to you to talk with a chaplain or a spiritual individual?- Are there any spiritual practices or limitations I need to be aware of?- If your condition worsens, how do you want your beliefs to guide the care you are given?

Figure 3A: Tools/Evaluation
HOPE
Strengths
<p>Origin: Developed in a primary care setting and published in American Family Physician (2001) as a formal tool for spiritual assessment during medical interviews.²²</p> <p>Purpose: Serving as an educational tool for doctors and medical students, encouraging the integration of spiritual assessment into patient practice.</p> <p>Memorable: The mnemonic works well in addressing cognitive, experiential, and behavioural aspects of spirituality.²²</p> <p>Accessible language: The tool avoids using “spiritual” and “religious” at the outset, using terms like “source of hope” instead, which helps prevent barriers to discussion and supports patient-centred care.^{13,20}</p> <p>Normalizing approach: It includes phrases like “for some people is this true for you?” to ease into discussions on spiritual beliefs, making it less intrusive for patients.</p> <p>Explores broad beliefs: The tool investigates both formal religious affiliations and personal beliefs, offering flexibility in its application.</p> <p>Comprehensive: It covers a wide range of spiritual practices, including traditional religious activities, music, and nature, and addresses end-of-life issues by clarifying the role of healthcare providers and chaplaincy services.</p>
Limitations
<p>Lack of validation: The HOPE tool is not research-validated in a formal sense, which might influence the confidence with which it is used in clinical practice.</p> <p>Cultural bias: The tool may reflect a Western cultural bias, especially with questions like “What kind of relationship do you have with God,” which might not resonate with all cultural or religious backgrounds.²³</p> <p>Time-consuming: The HOPE tool includes several questions and thus could be time-consuming and less feasible for use in busy medical settings where brief instruments are ideal.²⁰</p>

Figure 4: SPIRiTual Tool ²⁴	Questions
S: Spiritual belief system	<ul style="list-style-type: none"> - Do you have membership in a recognized religious faith or group? - Can you describe it?
P: Personal spirituality	<ul style="list-style-type: none"> - Which of the beliefs and practices in your religion do you yourself follow? - Which ones do you not follow? - How important is your spirituality to you? - How does your spirituality fit into your daily life?
I: Integration with a spiritual community	<ul style="list-style-type: none"> - Do you belong to any religious or spiritual group or community? - Can you describe it? - How do you belong to this group/community? - What does this group mean to you? - How can this group help you deal with health issues?
R: Ritualized practices and restrictions	<ul style="list-style-type: none"> - What specific practices are part of your spiritual and religious practice? - What activities in daily life are recommended, discouraged, or forbidden by your religion? - To what extent do you follow these guidelines? - How significant are these practices to you?
I: Implications for medical practice	<ul style="list-style-type: none"> - Are there specific aspects of medical care that are forbidden by your religion? - To what extent do you follow these guidelines? - Are there specific aspects of your spirituality that I should consider when taking care of you? - Is there a preference to discuss the religious or spiritual dimensions of your healthcare? - What knowledge or understanding would improve our physician-patient relationship? - Are there any religious or spiritual barriers to our relationship?
T: Terminal events planning	<ul style="list-style-type: none"> - Are there any medical interventions you do not wish to have based on your religion/spirituality? - How will your religion and spirituality guide your end-of-life care decisions?

Figure 4 A: Tools/Evaluation

SPIRiTual

Strengths

Origin: Developed by Dr. Maugans and published in Archives of Family Medicine (1996), based on a comprehensive review of spirituality literature and clinical experience.²⁴

Purpose: Created to assist physicians in integrating spiritual history into patient care, particularly in primary care settings.

Logical structure: The mnemonic follows a natural progression from general spirituality to specific implications for medical care, including end-of-life issues.

Acknowledges individual beliefs: The tool distinguishes between different interpretations of religious or spiritual beliefs, enhancing communication between patients and healthcare providers.²⁴

Community focus: It explores the role of spiritual communities in a patient's life, identifying support systems that enhance spiritual well-being.^{12,17}

Integration of spirituality and healthcare: It addresses the significance of spiritual practices, helping healthcare providers respect and support these activities, which can improve quality of life.⁶

End-of-life planning: SPIRiTual places significant emphasis on terminal care, fostering patient-provider trust, and supporting a "good death" by identifying what matters most to the patient.¹⁵

Limitations

Lack of validation: The SPIRiTual tool must be formally validated, raising concerns about its reliability.

Religious emphasis: The tool's focus on religious beliefs and activities may overlook the spiritual needs of non-religious patients, leaving out aspects like transcendent meaning and acceptance of death.^{12,17}

Lengthy process: The tool's comprehensive nature makes it challenging to fit into initial assessments, potentially disrupting the flow of questioning if spread over multiple encounters.

Potentially invasive: Direct questions about adherence to religious beliefs might be perceived as intrusive, mainly when patients are vulnerable.¹⁶

The figures above show different spiritual assessment tools, each with unique strengths that are appropriate for different aspects of nephrology care. The FICA Spiritual History is useful for quick assessments and can be seamlessly integrated into patient interactions once a trusting relationship has been established.⁷ On the other hand, the SPIRiTual History, with its comprehensive examination of a patient's spiritual beliefs, provides a wealth of information.¹¹ While administering it effectively may require more time and a higher level of expertise, healthcare professionals can feel more informed and prepared when using this tool.

Far from being mere formalities, spiritual assessments should be viewed as powerful tools to initiate meaningful dialogues. These conversations can explore how patients are coping with their illness, the personal transformations it has triggered, and their evolving self-perceptions and relationships. As Hudson and Rumbold underscore,²⁵ these tools should be used to assess and affirm the significance of spirituality in daily healthcare. This ensures that spiritual issues are not overlooked but are instead acknowledged and addressed as a crucial part of the patient's overall care plan.

While these tools are vital in identifying the spiritual needs of CKD patients, their true value is realized when the clinician applies them with empathy and cultural sensitivity. When used effectively, these tools guide the development of care plans that holistically address the physical, emotional, and spiritual dimensions of patient care in nephrology. This approach ultimately enhances the quality of life for patients facing chronic kidney disease, underscoring the significant role of the clinician in patient care.

SPIRITUAL NEEDS IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Spirituality is an increasingly recognized domain for patients with chronic kidney disease (CKD), with clear importance to this patient population. Davison *et al*, in a prospective cohort analysis involving 327 CKD patients, found that a significant portion of these patients experience profound spiritual distress, with over two-thirds reporting at least one spiritual need. Common concerns included finding hope, meaning in life, and peace of mind. These spiritual needs were not limited to any specific demographic group, suggesting that all CKD patients may have unmet spiritual needs. By routinely assessing and addressing these spiritual concerns as part of comprehensive CKD care, healthcare providers can significantly improve patient's quality of life and support their emotional and psychological well-being during the challenges of chronic illness, thereby underscoring the importance of their role in patient care.¹⁰

The studies cited show the importance of a holistic approach in which the spirituality of patients and their caregivers is considered alongside the physical and psychological care of CKD. Spiritual assessments are essential as part of routine care, allowing caregivers to ensure that the patient's emotional and spiritual needs are met and thus improve the overall well-being of the patient and their family, who are also affected by CKD.²⁶

SPIRITUALITY, QUALITY OF LIFE, AND MOOD

Quality of Life (QOL) is a broad concept that includes not only physical health, but also social connections and purpose in life, as well as mood problems such as anxiety and depression. Patients with CKD often exhibit low QOL, displaying elevated levels of anxiety and depression.

Studies show that approximately 20% to 50% of individuals with CKD are affected by depression and the higher level of depression leads to increased morbidity and mortality.^{27,28} Spirituality in patients with other chronic illnesses was found to improve quality of life (QOL) and lower levels of depression and anxiety. However, the information about spiritual care in patients with CKD is quite limited.

A study from Finkelstein *et al* indicated that spirituality plays a crucial role in both groups, the spiritual well-being of CKD patients on dialysis and cancer patients being comparable.²⁹

In a study with CKD patients, in particular those in dialysis treatment, Watnick *et al* showed that depression is more severe than in cancer patients, revealing the heavy psychological burden of living with a chronic disease requiring life-sustaining treatment.³⁰ For those reasons, CKD patients, benefit more from spiritual care that helps them to maintain hope and well-being throughout their lives. On the other hand, spiritual care in cancer patients, is more important for end-of-life preparation and reconciliation.

The above findings are supported by the review from Murtag *et al*, demonstrating that in CKD patients' anxiety and depression are more dominant than in patients with cancer, due to the prolonged nature of CKD treatment and its profound effect on decreasing patient's quality of life.³¹

SPIRITUALITY AND CLINICAL OUTCOMES

In patients with other chronic illnesses, spirituality is associated with lower mortality and rehospitalization,³² but there is less evidence in patients with CKD.

Like other chronic illnesses, in CKD, spirituality appears to be associated with a lower risk of mortality. The study by Spinale *et al*, found that higher levels of spirituality were significantly associated with improved survival among hemodialysis patients. Specifically, patients with higher spirituality scores had a 51% lower risk of mortality. The study suggests that the beneficial effects of spirituality on survival may be partially mediated by increased social support.³³ Faith is a concept closely related to spirituality and religion, yet distinct, given it is a more personal, subjective, and deeper relationship to hope and, for some, to God.³⁴ A longitudinal study by Bruce *et al* using data from 3558 CKD patients over a long period, aimed at investigating the impact of religion on the mortality of CKD patients. Results show that patients attending religious events at least once per week exhibit a lower risk (about 21%) of all-cause mortality, indicating that regular participation in religious acts should have a positive effect on survival. This beneficial effect of spirituality is further enhanced for patients in treatment compliance in end-stage renal disease (ESRD).³⁵ Freire de Medeiros *et al* highlighted that religiosity was positively correlated with adherence to dialysis sessions among hemodialysis patients, illustrating how spiritual practices can reinforce commitment to life-sustaining treatments.³⁶ Moreover, Fradelos *et al* demonstrated that spiritual well-being among ESRD patients undergoing hemodialysis is in general, moderate but displays wide variations depending on each individual's profile. Several other factors have also influence such as place of residence, marital situation, educational degree, and how strongly is patients believe in God.³⁷

SPIRITUALITY ACROSS THE STAGES OF KIDNEY DISEASE

Spirituality is essential along the journey for patients with CKD and ESRD. It provides vital support through the

progression of the kidney disease from early stages to dialysis, potential transplantation, and finally in the end-of-life care. When kidney starts to fail, spirituality often acts as a key source of emotional strength and purpose, which is a precious help for the patients to deal with the anxiety and depression that commonly result from a serious diagnosis.^{35,38} For patients who had a kidney transplant, spirituality continues to be vital in the healing process. In addition to physical recovery, patients have complex emotional reactions such as gratitude to the donor, anxiety and ethical questions about receiving an organ from another human being. These are deep personal feelings, where spirituality often provides tools to face the associated emotions, promoting acceptance and resilience.^{39,40} Spirituality also tends to influence adherence to post-transplant routines, as patients will view their health maintenance as a means of honouring the gift they have received.⁴⁰ Spirituality is an important part of the final stages of life as an important means of support and comfort, not only for patients but also for their families. It also provides guidance when families face difficult decisions about treatment options and at the challenging time of end-of-life planning. It also promotes acceptance, comfort and closure at the end of life.¹⁰

SPIRITUALITY AND CAREGIVER SUPPORT

Caregivers, as being the main caretakers, but also facilitators and promoters of physical, psychological and social support gained increasingly more importance in healthcare systems. Social and governmental recognition of informal caregivers was an important step to guarantee that those who choose to assume this role are, somehow, supported. These caregivers are many times, close family members who dedicate a substantial part of their lives taking care of the patient.

Caregivers gain more importance as chronic illness increases, as patients become more fragile, dependent, and incapable of taking care of themselves, and as fewer institutions become capable of responding to all the needs arising from these chronic conditions.

In chronic disease, particularly CKD, in addition to medical consultations and exams, hemodialysis treatments, or even hospital admissions, there is a huge need for daily out-of-hospital care, which includes medication management, adapted nutrition, mobility, hygiene care, physical comfort and monitoring psychological distress.

Caregivers find themselves, many times, enrolled in an emotional and psychological challenge as they must support the patients with constant availability, empathy, and love. Through this, sentiments of anxiety, exhaustion, burnout, and stress are very common among caregivers.⁵ This is the context where spirituality can play a significant role in providing support to both patients and caregivers.² Spirituality can be a strong connection tool between caregivers and patients, as an important and therapeutic

weapon to be used in consonance with clinical and personal care.⁹ By having a more profound knowledge of the patient, caregivers can become vectors of resilience and coping mechanisms in order to help face this challenging disease. It can provide a sense of well-being, bring purpose and meaning through all disease path phases, increase vital strength- both physical and emotional- reduce stress, prevent burnout and engage compassionate care and ethical conscience, bringing together patients and caregivers.⁴³ Spirituality could also promote an approach to caregivers and patients with more extensive community support, through group networks

On the other hand, from the perspective of the caregiver himself, spirituality strategies can bring comfort, strength and hope, becoming important self-caring resources and providing emotional support for self-pacification in their caregiving role.^{41,42}

The spiritual dimension can also enable the caregiver to pacify the patient when dealing with end-of-life decisions, for example, stopping haemodialysis, managing expectations and emotionally preparing patients and their families for the terminal illness and end of life – the most common fear among CKD patients and caregivers^{45,46} and even mourning after death.

FUTURE DIRECTIONS

Realizing that spirituality is a powerful therapeutic weapon is as urgent as necessary. In this perspective, it becomes important to create awareness to integrate physical care with spiritual care in healthcare facilities.⁴⁸ As a future perspective, we propose the following points as emerging pillars to take into account when building a more effective offer in the spirituality field:

- 1) Holistic patient-centred care: only with a complete understanding of the human being that transcends not only the disease and its implications, but also a comprehensive approach to the patient's fears, desires, beliefs, and aspirations, could one offer an effective treatment for chronic disease and suffering by acting in different human dimensions.⁴⁷
- 2) Multidisciplinary integrated care: training and building teams that comprehend transdisciplinary approach with clinical professionals and promoters of spiritual well-being (religious, mindfulness, meditation, arts, among others) capable of guaranteeing physical and spiritual support, will improve patients' acceptance of the disease, adherence to treatments and reduce anxiety, sadness, pain or other manifestations of suffering.
- 3) Spiritual assessment tools: development of questionnaires or other tools that measure spiritual dimensions and assess their impact on well-being, in the context of chronic disease, which would help define a patient's therapeutic plan by integrating these results into clinical decisions.⁴³ The definition of a potentially measurable vital sign as "spiritual well-being level" would allow for

assessing the need for intervention or evaluating the response rate to proposed spiritual interventions.

4) Awareness and recognition: implementation of training programs on spirituality to create an open culture and empower professionals, caregivers, and family members on how to approach and ensure that spirituality is also integrated and respected in the patient's therapeutic process.

These four pillars seek to broaden the horizons of those who care, to a more attentive and deep knowledge of human suffering dimensions. It is from this comprehensive, focused, and empathic approach to the patient, that ideas and actions could be born, creating more therapeutic perspectives, and integrating spirituality as a powerful and effective weapon, to help chronic kidney disease patients.

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CONCLUSION

We live in an unprecedented era of technological advancement, where medical breakthroughs and artificial intelligence provide excellent tools for managing advanced diseases such as CKD. However, even during this cyber revolution, it is clear that patient care is about much more than technology. The human touch, compassion, and spirituality are indispensable tools for those suffering. Literature shows that responding to the spirit- connecting us to the meaning of life- improves the quality of life, reduces anxiety, and improves the relationship between healthcare providers and patients. True excellence in healthcare comes from integrating technology and humanity, science and compassion, reason and transcendence. And no machine can ever replace a gesture of presence, a listening ear, or a shared hope.

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