



 FICA: Spiritual Assessment * The acronym FICA can help structure Questions in taking a spiritual history: F – Faith, Belief, Meaning I – Importance and Influence C – Community A – Address/Action in Care For more information on patient spirituality and the role of spirituality in healthcare, contact The George Washington Institute for Spirituality and Health: www.gwish.org ----- *Adapted with permission from Puchalski CM, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J of Pall Med 2000;3:129-37 © Copyright, Christina M. Puchalski, MD, 1996	F – Faith, Belief, Meaning <i>“Do you consider yourself spiritual or religious?” or “Do you have spiritual beliefs that help you cope with stress?” If the patient responds “no,” the physician might ask, “What gives your life meaning?”</i> I – Importance and Influence <i>“What importance does your faith or belief have in your life? Have your beliefs influenced you in how you handle stress? Do you have specific beliefs that might influence your healthcare decisions?”</i> C – Community <i>“Are you a part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?”</i> <i>Communities such as churches, temples, and mosques can serve as strong support systems for some patients.</i> A – Address/Action in Care <i>“How should the healthcare provider address these issues in your healthcare?”</i> <i>Referral to chaplains, clergy and other spiritual care providers.</i> © Copyright, Christina M. Puchalski, MD, 1996
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The Creation of the FICA Tool

In 1995, Christina Puchalski, M.D. called together a team of primary care physicians to develop a simple tool for taking a spiritual history. The physician group included Dan Sulmasy, M.D., Joan Teno, M.D. and Dale Matthews, M.D.

The goals were to:

- Determine the basic information on patients’ spirituality that was relevant to the clinical setting.
- Create a tool that would be easy to use and implement in a variety of clinical settings.
- Create an acronym that could act as a trigger to remind people what questions to ask.

“We wanted the FICA tool to be used on history forms as part of social history,” Puchalski said. “Our goal was to have the tool on laminated cards that people could put in their pockets to remind them what to do, particularly residents and medical students. I also wanted to develop workshops to train people and to have a tool to use in research studies. But the primary purpose for FICA was for clinical use.”

In developing the opening questions for the tool, the team decided not to start with questions about meaning. “That is so broad,” Puchalski said, “and it’s unclear in the clinical context what meaning refers to. But asking about spirituality first centers the

dialogue on spiritual issues. Then, when you ask the meaning question it's grounded in that spiritual/existential/philosophical domain. Spirituality is broadly defined as that which gives ultimate or deep meaning in a person's life."

The team then considered what else a physician or other health care provider would need to know. "You don't need to know all the details of the belief system," Puchalski said, "but how it is relevant to the patients' health and well-being, how they might cope (positively or negatively) with stress or illness or suffering, and what their sources of hope and meaning are. You also want to know if their healthcare decisions will be affected by their beliefs and practices."

The team then looked at extrinsic aspects of the belief—a person's community. "The community questions give information about support systems and relationships," Puchalski said, "as well as people that potentially might be involved in the care of the patient or in her or his decision-making process. For example, a patient's clergy person might be someone the patient turns to for advice."

The final set of questions the team created is aimed at the physician or clinician. "A is the action plan," Puchalski said. "What do you do with the information in terms of a treatment plan?"

Puchalski has collected anecdotal data over the years from practitioners who have used the FICA tool to take a spiritual history. Here are some of the comments:

- "It helped me learn about my patients more and what is important to them."
- "It changed the whole nature of the interview. Patients trusted me more and opened up more about clinical issues and what was bothering them."
- "I learned about the importance of listening."
- "It's easy and time efficient."
- "I have learned so much from my patients."
- "I am able to develop better treatment plans."
- "There is better compliance with medications and treatment."
- "It has helped me find out what gives my patient hope, especially in difficult times."
- "It helps in breaking bad news to be able to relate to a patient on the spiritual level."