In May, 2006, the Oklahoma Health Center Clinical Pastoral Education Institute, Inc., offered for the first time an elective course concerning spirituality in medicine.

More patients are identifying this aspect of their life in coping with medical and psychiatric illnesses.

The interdisciplinary course was designed primarily for students in the University of Oklahoma College of Medicine. However, of the 20 students enrolled, 13 were pharmacy doctoral students and 7 were medical students. Apparently this course was of high interest to pharmacy students, perhaps more so than medical students.

An informal survey approved by the University IRB was offered to students at the end of the course and provided insights into the perceptions of this small, initial sample of pharmacy students.

Pharmacy students participating in the course were overwhelmingly female, under thirty years of age with one-third Asian-Americans and half being Caucasian. All were Christian by faith, with two-thirds being Protestant Christian.

Most students stated they would ask patients about spirituality although none had ever been asked about their own spirituality by a health care practitioner. Students stated being comfortable addressing the subject of spirituality with patients in encounters ranging from a routine visit to a life-threatening illness.

Commonly cited reasons for not asking a patient about spirituality included feeling unprepared, feeling the patient might become angry, fearful, resentful, or uncooperative, and a lack of comfort with their own spirituality. Also: lack of time and concerns patients might misinterpret questions as advocating for the pharmacist’s spiritual values.

It may be of value for pharmacists to be aware of the potential influence of spirituality in the health behaviors of the patients they serve, especially as the health benefits of addressing spiritual resources of some patients become better documented. Student responses from our informal survey indicate their willingness to address the issue of spirituality with their patients. Time constraints and the expected roles of pharmacy practitioners will clearly vary with the type of pharmacy practice environment and will impact the ability of pharmacists to be involved in matters of patients’ spirituality.

Furthermore, information gained from this small sample of pharmacy students may be of interest to those involved in pharmacy curriculum development and may indicate a need for further education about spirituality, its effects on health, the use of formal spirituality assessment tools, and how to make referrals for chaplaincy care. A large survey of practicing pharmacists and their perceptions and actions in practice regarding spirituality is being planned based on these initial findings.