RESUMO - SAÚDE E ESPIRITUALIDADE

SPIRITUALITY IN MEDICAL EDUCATION IN BRAZIL: LITERATURE REVIEW

Sofia Pires De Lima (sofiapires1000@gmail.com)

Lorenzo Lago (lorenzo@pucgoias.edu.br)

Introduction and Objective

The National Curriculum Guidelines (DCN) of 2014 for Brazilian medical schools emphasize a humanistic, critical, and ethical training aimed at integral care. Although the DCNs do not explicitly mention "spirituality," they advocate for a multidimensional approach to the health-disease process, including cultural and popular health practices. The healthcare system, particularly Primary Care, could benefit significantly from incorporating these dimensions, which are often linked to religious or spiritual meaning systems. This study aims to map the discussion regarding the inclusion of spirituality in Brazilian medical education following the 2014 DCNs.

Methodology

An exploratory literature review with content analysis was conducted. The search targeted articles (Human, Social, and Health Sciences) and academic papers (theses/dissertations) published between 2014 and 2023, specifically focusing on the Brazilian context. Using databases such as SciELO, Capes, and

Semantic Scholar, descriptors like “Spirituality and Medical Education” and “Medical Education and Curriculum Guidelines” were applied. From an initial pool of 135 articles, 11 were selected for the final synthesis.

Results and Discussion

The analysis revealed that "Spirituality" and "Religiosity" are central themes in the literature, appearing in all selected studies. While the DCNs provide a conceptual opening for discussing the multidimensionality of care, the explicit absence of spirituality in regulatory documents contributes to its marginalization in curricula.

The review identifies a significant gap: while the positive influence of spirituality on health is recognized, and students/residents express high interest, very few medical programs or residency courses offer structured training on the subject. Consequently, students feel unprepared to address spiritual needs in clinical practice. In the absence of formal academic content, many students resort to personal religious backgrounds or informal exchanges, which lack the necessary conceptual and professional rigor. This underscores the urgent need for pedagogical proposals that integrate spirituality systematically into medical curricula.

Conclusion

Despite the DCNs’ push for comprehensive healthcare, the spiritual dimension remains underestimated and displaced in Brazilian medical education. The lack of academic literature and formal training creates a void that impacts both student preparation and patient care. To bridge this gap, further research is required to understand this reality better and to facilitate the concrete incorporation of spirituality and religiosity into the medical curriculum, ensuring a truly multidimensional approach to health.

Palavras-chave: curricular guideliines; spirituality; medical formation.