

# Can Physicians' Care Be Neutral Regarding Religion?

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## ABSTRACT

A recent critique of the growing field of spirituality and medicine suggests that physicians should foster a professional ethic that is deliberately neutral regarding religion. The critique reflects an anxiety that it is almost inherently coercive for physicians to engage their patient's spiritual concerns, and it expresses a parallel admonition to physicians not to impose their values on patients. Although the authors agree that religious coercion is never war-

ranted, they argue that neutrality regarding religion is neither possible nor desirable. They suggest rather that the challenging interface between religion and medicine requires wisdom and character formed by deep self-awareness of the various commitments (religious or otherwise) that shape decisions regarding medical practice, policy, and professional conduct.

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There is growing consensus that the scientific study of spirituality and medicine is here to stay,<sup>1</sup> but the interpretation of this research remains controversial.<sup>2</sup> Unfortunately, the debate usually focuses only on the empirical merit of the research, devolving into an often superficial conflict between the proponents<sup>3-6</sup> and opponents<sup>7-9</sup> of addressing the spiritual concerns of patients. In contrast, Scheurich's recent article in this journal<sup>10</sup> joins a growing number of critics<sup>11-13</sup> who shift the conversation to more substantive concerns, noting that the medical "efficacy" of spirituality is almost irrelevant to a number of philosophical concerns, such as the proper scope of medicine. We agree that *spirituality* is "a fundamentally ambiguous and flawed term that can be made to mean anything,"<sup>10</sup> and that a language of *spirituality* may obscure the reality that "what every person does have is an underlying (often unconscious and unquestioned) system of meaning and value."<sup>10</sup> However, Scheurich's conclusion that medicine should rely on a secular philosophy "that is neutral . . . with respect to religion"<sup>10</sup> is, at best, problematic.

Several critics, including Scheurich,<sup>10</sup> Sloan,<sup>9</sup> and Lawrence,<sup>7</sup> have argued that the growing enthusiasm for spiritu-

ality in medicine might be abused to proselytize or otherwise coerce vulnerable patients. We concede that the proponents of spirituality and health have, at times, added fuel to the fire of such concern, and we are not surprised that these critics take strong, value-laden stands against religious coercion and proselytism. In fact, the point we hope to make in this essay is that we would never expect anyone (theist or atheist) to be neutral regarding any aspect of religion. Although enticing, all such value-neutral perspectives are only chimeras that do not withstand close scrutiny. At the root of each worldview or philosophy (sacred or secular) there are specific commitments from which we cannot be divorced.<sup>14</sup> It is, in fact, possible to engage in conversation across large philosophical divides and to respect differing perspectives, but neutrality is never an option.

## A PROBLEM OF EPISTEMOLOGY

At its best, the current discussion about spirituality and health is an attempt to recover a more humane medicine. Illness frequently touches our most deeply held values, which the language of empiricism cannot adequately address. As a result, the language of "spirituality" is increasingly deployed in medical settings to address the ways patients order meaning and value. In a similar way, the term "spiritual" is often used to describe the vague characteristic of holding intently some system of meaning and value, whatever that system may be. In this light, we suggest that the conflict between proponents and opponents of spirituality and health is not so

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## SECULARISM IS NOT NEUTRAL

much a conflict about facts as a conflict about values. It is a conflict about the proper ends of medicine.

In order to resolve the conflict, critics have suggested that religion and science are ways of knowing that are immiscible and should be kept separate.<sup>7,8</sup> Furthermore, they have argued that medicine, as a science, should be guided by some sense of universal or neutral values that are derived by reason alone without appeal to particular beliefs (religious or otherwise).<sup>10</sup> This approach to knowledge is known to philosophers as foundationalism, and it is one example of the wider field of epistemology that seeks to explain how we know what we think we know. However, although foundationalism has profoundly shaped the last 300 years of human history, it is fatally flawed.<sup>15-17</sup> Philosophers increasingly reject the premise that a foundation of sure knowledge can be built on empirical observation held together by the rules of reason; they do so for two reasons. First, on the level of formal logic, foundationalism does not satisfy its own criteria for sure knowledge because foundationalism itself is neither empirically demonstrable nor a logical derivative from first principles.<sup>18</sup> Second, and more importantly, because it assumes the need to know *how* knowledge might be possible prior to knowing *that* and *what* one actually knows, foundationalism fails to account for the ways ordinary people actually go about knowing and learning. In fact, foundationalism now finds little support among philosophers, who increasingly recognize that human knowledge often has more to do with the way we order *trust* than it does with logical *proof*.<sup>15</sup> For example, physics students do not repeat all of Newton's experiments on mechanics. Rather, they accept (with good reason) the trustworthiness of their physics texts so that they may move beyond Newton's experiments to new questions. Consequently, when discussing the meaning, value, and proper ends of medicine, we are often talking not about empirically demonstrable facts, but about the various commitments of knowledge we trust.

If there is no universal foundation for knowledge, it is not clear how to resolve the tension between secular and sacred approaches to medicine. We agree that medical professionals should respectfully care for all people, regardless of creed, and we agree that coercion is not appropriate; but coercion is not limited to the religious. As Scheurich himself notes, some will find that "secular medicine, by not explicitly supporting faith, implicitly repudiates it."<sup>10</sup> In essence, the purported neutrality of secular medicine privileges the secular worldview in a way that is likely to be as uncomfortable to faithful persons as a faithful worldview is to those who happen not to believe. Scheurich's and Sloan's arguments echo some of the work of political theorists like Richard Rorty and John Rawls. However, although these philosophers avoid some of the pitfalls of foundationalism, they fail to account for the ways their political theory privileges the secular worldview.<sup>19</sup>

On the surface, the conflict regarding spirituality and health appears to be rooted in an irreducible tension between supernaturalism and naturalism.<sup>10</sup> We concede that many religious people themselves have mistakenly perpetuated the assumption that religion is somehow "supernatural," yet many of the greatest scientists were and are people of faith, suggesting that the conflict regarding spirituality and health may be more subtle. The often misunderstood concepts of "natural" and "supernatural" point to real differences between the commitments people make and the sources of knowledge they trust. However, the dichotomy between natural and supernatural is a thoroughly modern distinction that would likely make little sense to the pre-Christian Greeks or to the medieval scholastics. The familiar, *modern* dichotomies of natural and supernatural, sacred and secular, public and private are all predicated on a dualism that runs throughout Western culture, but a dualism historically rejected by Christianity, Judaism, and many other religious traditions.

For Christians (we speak from our own tradition) God is the source of *all* life, sacred and secular, scientific and spiritual, public and private. Therefore, the faithful scientist need not adopt a secular worldview in order to be a good scientist. Furthermore, like the commitments physicians make to the professional community of medicine, the commitments Christians make regarding religious faith cannot be restricted to their "private lives." Physicians are publicly accountable to their profession, but faithful physicians are also publicly accountable to their community of faith. These commitments need not be mutually exclusive. To restrict religious matters to the purview of "religious professionals" only perpetuates the false clericalism that suggests that lay people have neither the capacity nor the responsibility to live out their faith commitments publicly. To force a choice between the secular and sacred is to force a choice that makes no sense from a faithful Christian perspective, and insisting on the choice in these terms does, in fact, force Christians to repudiate their fundamental commitments.

Secularism purports to adopt a position of neutrality, but as we have argued from both epistemological and theological perspectives, secularism makes specific claims that often contradict alternate worldviews. Contrary to appearances, secularism is not neutral as regards religious matters.<sup>17</sup>

## WISDOM AND CHARACTER

So what is to be done? How is a physician of integrity to address this tension? A choice must be made, either for or against. A value-neutral position is not possible. However, that should not be seen as an attempt to privilege one

worldview over another, but as an opportunity for physicians to be self-conscious about their own "values" so that they can enter into the complex human interactions of clinical medicine without the false pretense of "objectivity" or "neutrality" regarding systems of meaning and value. We agree that all forms of religious coercion and proselytism are abuses of the power entrusted to the physician's noble vocation. Our agreement with secular critics on this issue is but one example of innumerable ways that different worldviews may agree in their interpretation of practical moral concerns. Yet we also contend with Hauerwas<sup>20</sup> that attempts to translate moral theology into secular terms ultimately betray the fundamental commitments of such theology, and consequently, it is not fair (or "neutral") to require faithful people to speak only in the terms of secularity. For example, our criticism of religious coercion follows from explicitly Christian premises, but we would expect that the arguments of secular critics would flow from entirely different premises. The commitments of believing and unbelieving physicians are equally relevant to public discourse.

However, the fact remains that it is challenging to hold meaningful dialogue across such fundamental differences of worldview, and the risk of mutual misunderstanding is great. The waters of faith and medicine are often troubled, and safe navigation requires consummate skill shaped by a strong professional ethic that holds physicians and patients together in a covenant of mutual respect and integrity. Sir William Osler is often referenced as the paradigmatic example of such wisdom and character. However, it is increasingly unclear how such wisdom and character are formed in a culture with crumbling civic and religious institutions (including medicine), and where rampant individualism challenges any claim of the community (civic or religious) over the rights of the individual. Our common life is increasingly one shared between strangers, governed by rules, regulations, and legal constraints that enforce only minimal standards of conduct. Consequently, it is not surprising that "mainstream medical ethics has been more concerned with discrete legalistic quandaries than with more subtle inquiries into individual values."<sup>10</sup>

We commend those working to recover professional wisdom and character because that is the appropriate direction for our professional discourse. However, although we concede with only esoteric reservations that wisdom and character can be formed by secular philosophy (Drs. Scheurich and Sloan seem to be examples), we contend that the witness of history unequivocally demonstrates that sacred philosophy (theology) has also formed such wisdom and character. Religion may have something to fear from all forms of encroaching modernity, but that threat is not limited to religion. Encroaching modernity is also vitiating humane medicine, excising its heart and soul in its relentless pursuit of "value-free" technique. Critics need not feel threatened by

the intersection of faith and medicine, and physicians need not attempt to be neutral regarding religious matters. Rather, if physicians are to move toward greater wisdom and character, we might first embrace an open discussion and evaluation of the various commitments (religious or otherwise) that shape our decisions regarding medical practice, policy and professional conduct.

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