



THE CENTER FOR HEALTH AND THE SOCIAL SCIENCES AND
THE MACLEAN CENTER FOR CLINICAL MEDICAL ETHICS AT
THE UNIVERSITY OF CHICAGO

Religious Commitments and Clinical Practices: A National Physician Survey

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Dear fellow physician,

About four weeks ago we sent a questionnaire to you regarding religion and the practice of medicine. To the best of our knowledge, it has not yet been returned.

If you haven't returned the questionnaire, we would greatly appreciate it if you would please take a moment to do so. You were uniquely selected in such a way as to be sure that the study represents physicians nationwide, so your participation is essential to the study's success.

It doesn't matter whether you are religious or not, whether you deal with controversial issues often or not. It is critical that we hear your perspective.

Again, thank you so much for your time. I know it is very valuable.

Sincerely,

Farr Curlin, MD

The questionnaire takes about 10 minutes to complete. Your responses will be confidential and your name will not be matched to your answers. If you are not comfortable answering any items, just leave those items blank. Please feel free to write additional comments on your questionnaire.

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SECTION A: YOUR RELIGIOUS OR SECULAR CHARACTERISTICS

Some of the following questions are asked more than one way. Please complete all items if possible, whether you consider yourself spiritual, religious, or neither.

1. Which of the following statements comes closest to your beliefs about God?
 - ₁ I do not believe in God
 - ₂ I believe in one God
 - ₃ I believe in more than one god

2. To what extent do you consider yourself a spiritual person?
 - ₁ Very spiritual
 - ₂ Moderately spiritual
 - ₃ Slightly spiritual
 - ₄ Not spiritual at all

3. To what extent do you consider yourself a religious person?
 - ₁ Very religious
 - ₂ Moderately religious
 - ₃ Slightly religious
 - ₄ Not religious at all

4. How often do you spend time in prayer, meditation in your spiritual tradition, or study of scriptures?
 - ₁ More than once a day
 - ₂ Once a day
 - ₃ Several times a week
 - ₄ Once a week
 - ₅ Less than once a week
 - ₆ Never

5. How often do you attend religious services?
 - ₁ Never
 - ₂ Less than once a year
 - ₃ About once or twice a year
 - ₄ Several times a year
 - ₅ About once a month
 - ₆ Two to three times a month
 - ₇ Nearly every week
 - ₈ Every week
 - ₉ Several times a week

6. How important would you say your religion is in your own life?
 - ₁ The most important
 - ₂ Very important
 - ₃ Fairly important
 - ₄ Not very important

 - ₉ Not applicable. I have no religion

7. To what extent do you agree with the following statements?

		Strongly agree	Agree	Disagree	Strongly disagree
a)	I try hard to carry my religious beliefs over into all my other dealings in life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	My whole approach to life is based on my religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	My faith involves all of my life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d)	I seek God's guidance when making every important decision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e)	My faith sometimes sets limits on my actions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f)	Nothing is as important to me as serving God as best I know how	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g)	It doesn't matter so much what I believe, as long as I lead a moral life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h)	In my life I experience the presence of the Divine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i)	I feel a transcendent or spiritual connection to those around me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j)	I look for the presence of the sacred in others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

8. To what extent do you agree or disagree with the following statements?

		Strongly agree	Agree	Disagree	Strongly disagree
a)	There is very little truth in any religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b)	There are basic truths in many religions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c)	There is truth in one religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

8a. Now please circle the statement above which comes closest to your own views.

9. Which of the following statements comes closest to your own views?

- ₁ No religion is true
- ₂ Many religions are true
- ₃ One religion is true

10. Among the following, which best indicates your religious affiliation?

₁ None / I have no religion → Please skip to item #14.

₂ Buddhist →

2a. How often do you chant or meditate?	2b. Do you maintain a shrine in your home?
<input type="checkbox"/> ₁ Daily or more often	<input type="checkbox"/> ₁ Yes
<input type="checkbox"/> ₂ Two or more times/week	<input type="checkbox"/> ₂ No
<input type="checkbox"/> ₃ About once a week	
<input type="checkbox"/> ₄ Less than once a week	
<input type="checkbox"/> ₅ Never	

₃ Hindu →

3a. How often do you pray?	3b. What dietary restrictions do you observe?
<input type="checkbox"/> ₁ Daily or more often	<input type="checkbox"/> ₁ Vegan (no animal products, no dairy)
<input type="checkbox"/> ₂ Two or more times/week	<input type="checkbox"/> ₂ Vegetarian (no meat, no seafood)
<input type="checkbox"/> ₃ About once a week	<input type="checkbox"/> ₃ Eat some meats but not others
<input type="checkbox"/> ₄ Less than once a week	<input type="checkbox"/> ₄ No dietary restrictions
<input type="checkbox"/> ₅ Never	

₄ Jewish →

4a. Would you say you are...?	4b. To what extent do you keep kosher?
<input type="checkbox"/> ₁ Orthodox	<input type="checkbox"/> ₁ Not at all
<input type="checkbox"/> ₂ Conservative	<input type="checkbox"/> ₂ Somewhat
<input type="checkbox"/> ₃ Reform	<input type="checkbox"/> ₃ Strictly
<input type="checkbox"/> ₄ Secular	
<input type="checkbox"/> ₅ Other	

₅ Muslim →

5a. About how often do you pray?	5b. To what extent do you keep the Ramadan fast?
<input type="checkbox"/> ₁ Five times a day or more often	<input type="checkbox"/> ₁ Not at all
<input type="checkbox"/> ₂ At least once a day	<input type="checkbox"/> ₂ Somewhat
<input type="checkbox"/> ₃ At least once a week	<input type="checkbox"/> ₃ Strictly
<input type="checkbox"/> ₄ Rarely or never	

₆ Christian →

6a. Which of these statements comes closest to your own views about the Bible?	6b. Would you say you have been “born again” or have had a turning point in your life when you committed yourself to Christ?
<input type="checkbox"/> ₁ The Bible is inspired by God and is without error in its original form.	<input type="checkbox"/> ₁ Yes
<input type="checkbox"/> ₂ The Bible is inspired by God but has many errors even in the original form.	<input type="checkbox"/> ₂ No
<input type="checkbox"/> ₃ The Bible is a human creation	<input type="checkbox"/> ₃ Not sure

6c. Which of the following best indicates your Christian tradition?

<input type="checkbox"/> ₁ Roman Catholic →	6d. In the past year, how many times have you been to confession (or “The Sacrament of Reconciliation”)?
<input type="checkbox"/> ₂ Eastern Orthodox →	
	<input type="checkbox"/> ₁ None
	<input type="checkbox"/> ₂ Once or twice
	<input type="checkbox"/> ₃ Three to six times
	<input type="checkbox"/> ₄ More than six times

<input type="checkbox"/> ₃ Protestant →	6e. Do you consider yourself evangelical?
<input type="checkbox"/> ₄ other Christian →	
	<input type="checkbox"/> ₁ Yes
	<input type="checkbox"/> ₂ No

₇ Other Religion (please specify) _____

11. How observant would you say you are of your religion's practices and rituals?

- ₁ Very observant
- ₂ Moderately observant
- ₃ Slightly observant
- ₄ Not observant at all

12. Would you say your theological orientation is ...?

- ₁ Very conservative
- ₂ Somewhat conservative
- ₃ Somewhat liberal
- ₄ Very liberal

₉ The terms "liberal" and "conservative" do not apply to my religion.

13. If possible, please provide the specific name of your denomination (For example, if you are Lutheran, are you Lutheran Church-Missouri Synod, Evangelical Lutheran Church in America, or some other Lutheran denomination): _____

14. To what extent do you agree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I am constantly questioning my religious beliefs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) There are many religious issues on which my views are still changing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) It is better for a person's religious beliefs to be firm and free of doubt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Religious doubt allows us to learn	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Different religions have different versions of the truth, and each may be equally right in its own way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) There is no one, true, right religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) People who are very religious are often too intolerant of others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) People who are skeptical or secular are often too intolerant of others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) The U.S. would be a better country if religion had less influence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION B: YOUR PERSPECTIVE ON SOME COMPLEX AND/OR CONTROVERSIAL ISSUES IN MEDICINE

15. A 60 year old patient presents to you with continued deep grieving two months after the death of his wife. If you were to refer the patient, to which of the following would you prefer to refer first?

- ₁ Health-care chaplain or clergy member
- ₂ Religious counselor
- ₃ Clinical psychologist
- ₄ Psychiatrist
- ₅ Other (please specify) _____

16. **Please indicate whether you object, for religious or other moral reasons, to each of the following medical practices.**

	I object	I do not object
a) Physician assisted suicide	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Growth hormone injections for a child of normal but short stature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Abortion because of failed contraception	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Abortion because the fetus has Down Syndrome	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Physician-initiated prayer with patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Cosmetic surgery for enhancement of breast size/appearance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Recently, there has been some controversy about the appropriate clinical role of physicians' own moral convictions. With respect to the following issues, please indicate your views.

17. If a patient requests a legal medical procedure or treatment, but the patient's physician objects to the procedure/treatment for religious or moral reasons:

a. Does the physician have an obligation to provide the procedure/treatment him/herself?

- ₁ Yes
- ₂ No
- ₃ Undecided

b. If the physician will not provide the procedure/treatment, does he or she have an obligation to refer the patient to someone who will?

- ₁ Yes
- ₂ No
- ₃ Undecided

18. In your own practice, how often do patients request a medical procedure or treatment that you find morally problematic?

- ₁ Daily
- ₂ Two or more times/week
- ₃ Once a week
- ₄ A few times a month
- ₅ Once a month or less
- ₆ Never

19. **To what extent you agree or disagree with the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
a) A physician should never do what he or she believes is morally wrong, no matter what experts say	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Sometimes physicians have a professional ethical obligation to provide medical services even if they personally believe it would be morally wrong to do so	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Physicians should not let their religious beliefs keep them from providing patients legal medical options	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

20. **When making an ethically complex medical decision, how much weight should physicians give to each of the following considerations?**

	Little to no weight	Some weight	A lot of weight	The highest possible weight
a) The patient's expressed wishes and values	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) The physician's own judgment about what is in the patient's best interest	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Standards and recommendations from professional medical bodies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Moral guidelines from religious traditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. **To what extent do you agree or disagree with the following statements about what a person's conscience does?**

	Strongly agree	Agree	Disagree	Strongly disagree
a) A person's conscience judges whether the person's actions are right or wrong	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) A person's conscience reflects that person's own values and desires, not whether an action is right or wrong	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) A person's conscience, if working properly, tells the person whether his/her actions are consistent with the universal moral law	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) A person who has carefully considered an issue should never act against conscience	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

22. **What should a physician do if he/she believes that a patient needs a medical intervention, and the hospital in which the physician works prohibits that intervention because of its religious affiliation?**

- ₁ The physician should provide the intervention openly, even if doing so risks his/her job or hospital privileges
- ₂ The physician should provide the intervention but should do so discretely in order to avoid risking his/her job or hospital privileges
- ₃ The physician should encourage the patient to seek the intervention at a hospital where that intervention is not prohibited
- ₄ The physician should recommend another treatment option that is permitted at his/her hospital

23. Have you ever taken care of patients in a religiously-affiliated practice or hospital?

- ₁ Yes →
₂ No

If Yes: 23a. What is the affiliation of that hospital/practice?

- ₂ Jewish ₁ Roman Catholic ₃ Christian, non-Catholic ₄ Other

23b. Have you ever had a conflict with that practice/hospital regarding its religiously-based policies for patient care?

- ₁ Yes ₂ No

SECTION C: YOUR DEMOGRAPHIC CHARACTERISTICS

24. Do you consider yourself Hispanic or Latino?

- ₁ Yes
₂ No

25. How do you classify your race? (Check only one)

- ₁ Asian → 25a. Do you think of yourself as ...
₁ East Asian or Pacific Islander
₂ South Asian
₃ Other Asian
₂ Black or African-American
₃ American Indian or Alaskan Native
₄ White or Caucasian
₅ Other _____

26. Which of the following best describes how long you have been in the United States?

- ₁ I immigrated to the United States as an adult.
₂ I immigrated to the United States as a child.
₃ One or both of my parents immigrated to the United States before I was born.
₄ Both of my parents were born in the United States

27. **Please use the following space for anything else you would like to tell us about religion and the practice of medicine.**

If you would be willing to participate in a 15-30 minute confidential phone interview about religion and the practice of medicine, please check this box and indicate below the preferred way to reach you. A portion of respondents who volunteer will be contacted.

- Phone number: (____) _____
- E-mail: _____

**Please return this survey in the enclosed, postage-paid envelope.
THANK YOU FOR PARTICIPATING!**