HUMANISM AND MEDICINE

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Is Medicine a Spiritual Practice?

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Abstract: Spirituality and medicine have a long history in common. For much of that history and for many persons and cultures today, the rupture between medicine and spirituality that characterizes Western medicine at the brink of the 21st century is a distinct anomaly. Spirituality is defined by a person's relationship with the transcendent. Only persons are capable of such relationships. The transcendent can be experienced in and through the practice of medicine, which essentially involves personal relationships with patients and always raises transcendent questions for patients and practitioners. Physicians who wish to deepen their own spiritual lives can begin to do so by intensifying their personal commitments to their own spiritual beliefs and practices, and by beginning to talk with each other about the spiritual issues that arise in the practice of medicine. This will better prepare them to meet the spiritual needs of their patients.

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Is medicine a spiritual practice? This seems like an odd question. That medicine is the most delicate and intricate form of applied science most would agree. And that what is not science in medicine could be called art—the making of particular judgments about particular patients—most would also agree. But is medicine a spiritual practice? Not since the Middle Ages! The era of witchcraft is, thankfully, behind us. The era of molecular medicine is dawning. If anything, chaplains might be of some limited use to some patients, helping them cope with illness. But that's adjunctive. It is not real medicine. What has spirituality to do with doctoring, or doctoring with spirituality?

The answer may depend first upon what one means by "spirituality." Many people equate spirituality with religion. However, even though they are conceptually related, these words are not synonymous.[1]

In one sense, "spirituality" is the broader term. One's spirituality may be defined simply as the characteristics and qualities of one's relationship with the transcendent. Everyone may thus be said to have a spirituality. One may call the transcendent "God." One may also live in relationship with the transcendent and refuse to personalize it or call the transcendent "God." Even if one explicitly rejects the existence of the transcendent, one still has a relationship with the transcendent at least by way of rejecting it. Thus, even an atheist has a spirituality, because an atheist must search for personal meaning and value in light of his or her rejection of the possibility of a transcendent source of personal meaning and value.

By contrast, a religion is a specific set of beliefs about the transcendent, usually in association with a particular language used to describe spiritual experiences, and a community sharing key beliefs, as well as certain practices, texts, rituals, and teachings. Not everyone has a religion.

In another sense, however, spirituality is also more specific than religion. Within every religion there will be groups of people who share the key beliefs of the religion and remain part of the community of believers, yet have slightly different ways of praying, and other slightly different ways of living out their relationships with the transcendent. And ultimately, since every human personality is unique, every human relationship with the transcendent is also unique. Spirituality is therefore ultimately personal. Only persons can apprehend, question, and live lives that engage the transcendent.

Spirituality and the Practice of Medicine

What does any of this have to do with the practice of medicine? Abraham Heschel, the 20th-century Jewish philosopher and theologian, once said in an address to the AMA, "To heal a person, one must first *be* a person."[2] To heal means to make whole. If we are committed to healing patients as whole persons, we must understand not only what disease and injury do to their bodies but what disease and injury do to them as embodied spiritual persons grappling with transcendent questions.

In the midst of all that is being written and said these

days about spirituality and health care, it is surprising that so little has been said about the spiritual lives of physicians. As Heschel reminds us, if we are to heal patients as whole persons, we ourselves must seriously engage the transcendent questions that only persons can ask. If we are to be true healers, we must rediscover what it means for medicine to be a spiritual practice.

The relationship between medicine and spirituality has become problematic in the 20th century in a way that it never was in earlier eras, and is not now for many non-Western cultures. A simple story illustrates this contrast. A Roman Catholic couple went to Easter mass on a Canadian reservation where a native North American bishop was presiding in his tribal language. The couple, both physicians, were the only white people in the church. The bishop's sermon was lengthy. As he preached, every once in a while he turned to them, acknowledging his awareness that they understood nothing of what he was saying. At the end of a 30-minute sermon, he turned to the guests, acknowledged their presence and welcomed them in broken English on behalf of his congregation. He then offered to summarize his sermon. He paused for a moment and then said simply, "This Jesus. *Strong* medicine."

Effective, scientific Western medicine is also strong, but is it strong enough? Western medicine works, and very few people want to give up antibiotics or neurosurgery in favor of crystals. But is it not possible for physicians to practice excellent allopathic medicine and still be aware of the spiritual dimension of their work and responsive to the spiritual needs of patients?

Illness is a spiritual event. Illness grasps persons by the soul and by the body and disturbs them both. Illness ineluctably raises troubling questions of a transcendent nature—questions about meaning, value, and relationship. These are spiritual questions. How we answer these questions for ourselves will affect the ways we help our patients struggle with these questions.

We know so little about the ways in which we touch the lives of our patients, or about the ways in which we fail them. Recently, for example, I found myself in a discussion with a nurse about the role of touch in relation to health care and spirituality. She had misinterpreted something I had said during a lecture, and to demonstrate, somewhat defensively, that I really did believe in touching patients, I asked if she would mind if I showed her how I generally auscultate the lungs, placing my right hand on the patient's right shoulder. I demonstrated, "Like so." She then responded, "Oh. Do you know what that does for patients? What it communicates?" Even more defensive and stunned, I said, "No." She then asked permission to demonstrate on me. She said, "You *could* touch people like this," and leaned a bit on my shoulder to balance herself in a perfunctory manner. "But that's not what you do. Here's what you do." And she touched my shoulder in such an amazing way that it seemed at the same time as if she were not touching me; in a manner that communicated confidence and compassion at once; in a way that signified respect and connection at once. It felt as if a static charge hovered between her hand and my shoulder. And yet she was really touching me, and there was no space between us. "Is that *really* what I do?" I asked. "I guess so," she said. "That's what you did when you demonstrated for me."

"Wow," I thought. "Strong medicine."

From my perspective, the transcendent, healing presence of the divine can be found right in the midst of the interstices of daily practice—in the infinite space that subsists between our hands and the bodies of the patients we touch. Too few of us bother to reflect on it, or to talk to each other about it. As T. S. Eliot says, "We had the experience, but missed the meaning."[3] The transcendent, healing presence of the divine is to be found not only in explicitly religious conversation with patients who are dying, but in all those countless moments in the office or the hospital in which we communicate meaning and value to our patients, and relate to them as persons. Adriamycin doesn't necessarily get in the way of this, but it can. If we use the drug incompetently, we violate the trust the patient has placed in us—a trust that transcends the relatonship between patient and physician and transcends adriamycin. To betray that trust is to deny the spirit. Adriamycin can also get in the way of the spirit if we somehow come to believe the falsehood that the patient's story (or our own story) begins and ends in adriamycin. There are no transcendent pharmaceutical agents. But there are always transcendent questions—about meaning, value, and relationship. Spirituality in practice begins when the physician becomes aware that these questions arise in and through illness and injury, and that they can be addressed in and through the practice of medicine. Paul Ramsey reminded us that patients are first and foremost persons.[4] It is time we began to recognize that physicians are also first and foremost persons.

Barriers to Re-personalizing Medicine

Many barriers presently stand in the way of this "re-personalization" of medical practice as a spiritual enterprise. The present economic reconstruction of medicine is surely one of these barriers. Re-conceptualized to be like any other industry, health care no longer has as its chief virtue compassion, or empathy, or fidelity to trust. The chief virtue of industry is efficiency. In a system in which all parts are considered interchangeable, and any patient can see any physician about any problem in any place at any time, it becomes more difficult to believe that questions

about relationships have transcendent meaning. In a system in which financial incentives have been reconfigured to make physician and patient economic rivals, it is hard for either patients or physicians to feel that their value constitutes the dignity of which Kant has written. For Kant, true dignity is that value that has no price, and belongs only to persons.[5] In a system in which patient visits have been reduced to seven minutes, it becomes almost unimaginable that questions of meaning can be addressed. Yet these neglected questions of meaning constitute the spiritual in health care.

The spirituality of medical practice must therefore begin with a frank acknowledgement of how much physicians are suffering today. Many physicians now long to be able to give the spiritual questions of practice their due. But too many find their efforts thwarted by demands to shorten the time spent with patients, fill out more forms, refer patients to specialists they have never met, and treat patients with formulary-approved drugs they have never used before. This spiritual suffering has two sources. First, scientific reductionism has threatened the spiritual aspects of medical practice from within, by denying the existence of the transcendent. Second, the industrialization of medicine now threatens the spiritual aspects of medical practice from without, by denying the importance of the spiritual.

Yet no amount of scientific or economic transformation can alter the fundamental meaning and value of health care, nor can it ever eradicate the interpersonal nature of the healing relationship that begins when one person feels ill, and another, highly skilled and socially authorized, asks, "How can I help you?" The spirituality of medical practice at the dawn of the 21st century in America therefore demands great virtue—courage, hope, perseverance, and creative fidelity.[6] It is certainly not easy to be a physician today. But when all is said and done, you and I still touch patients in remarkable ways. The spiritual meaning of medicine will outlast all mergers, all managed care organizations, all Medicare and Medicaid cutbacks, all bogus accusations of fraud and abuse, all malpractice suits, all direct-to-consumer advertising for drugs, and all manner of profiteering at the expense of patients. If spirituality is real, it is real for times of trial as well as times of triumph. Money cannot buy spirituality. And money cannot make it go away.

Cultivating a Spiritual Practice

How might one cultivate a spiritual sensibility in medical practice that will be credible in the 21st century?

First, if one takes one's own religion seriously, one should begin to deepen one's spiritual life within that religion. Religion makes it easier to grapple with spiritual questions. One has a community of faith and support. One has a ready-made language with which to describe one's spiritual struggles and joys. One has practices and texts that can be starting points for a deeper exploration of one's own spiritual life.

Patients struggle with the big questions. What is the meaning of my illness? Why must I suffer? Is there anything about me that is valuable now that I am no longer "productive?" Is there anything of value about me that will perdure beyond the moment of my death? What is broken in my relationships that I somehow feel called to fix now that my body is broken? Can my doctor possibly understand what I am really going through? A physician who has begun to explore these questions in his or her own life will be better prepared to help patients struggle with these questions. One's religion is a good place to start. Genuine religions don't give pat answers to questions that are so fundamental to the human condition. Physicians who have taken these questions seriously will not trivialize or dismiss the questions of their patients, or dispense spiritual bromides to those who struggle with the mysteries of being human in the face of illness and death.

Second, one can find fellow physicians with whom to engage these questions, whether or not one is explicitly religious. What is the meaning of medicine? What is its value? What are right and good healing relationships about? These are spiritual questions. They arise ineluctably for believers and nonbelievers—for all physicians who take both being a practitioner and being a person very seriously. These are not questions that are often discussed in the doctor's dining room. But silence can constitute its own conspiracy. We can learn from our patients and from each other. How do we deal with our fallibility? With the deaths of our patients? Can we move beyond kvetching about the pressures we now face? Can we see our work as service? Do we ever pray for our patients? Or pray about ourselves as healers? Have we ever experienced the transcendent in our work? Can such peak experiences sustain us? Without talking about these issues, we might begin to doubt the fundamental soundness of our own spiritual struggles.

To heal a person, one must first *be* a person. We are all spiritual beings. Medicine is a spiritual discipline.

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