

Religion and the Attending Physician's Point-of-view

Conrad C. Daly, MTh

Over the course of recent years, matters of spirituality and religion have become a topic of great interest and debate in the medical world; the *Southern Medical Journal*, in fact, will investigate this debate in some detail in the months to come. In the vast majority of instances the issue has been examined largely by looking at the effects, both positive and negative, which such beliefs, or adherence to the rules of such belief systems, may have upon the health of the patient. In the original article by Curlin and coauthors,¹ however, this relationship has been investigated from another perspective that of the attending physician.

In the article, physicians from a range of religious backgrounds were interviewed about the relationship between religion, spirituality, and medicine. Perhaps somewhat curiously, the emphasis was not, as might have been expected from the results of a review of the articles, upon religions' perceived mitigation or amelioration of patient outcome. Rather, the important issue was the "ways that religion provides a paradigm for understanding and making decisions related to illness and a community in which illness is experienced." On the one hand, religion as a coping mechanism for dealing with illness was widely praised by the physicians; on the other hand, the potential psychological distress which may occur when religious beliefs and medical recommendations clash was negatively received and criticized. Based on these interviews, Curlin et al concluded that regardless of the present empirical evidence for a "faith-health connection," this was not the apparent focal point of physician opinion regarding religion.

This point of interest is quite remarkable indeed for it would seem to betray at least a certain doubt on the part of physicians regarding the credibility of a concrete connection between spirituality and health. Regardless of whether such a connection does indeed exist, the empirical evidence to date has been of such a nature as to indicate that the beneficial effects of religion and spirituality are neither universal nor reproducible and are complicated by numerous confounding factors. Given such empirical disparity, physicians appear to focus upon the more sociologic—and more widely held—benefits of religious activity, such as support networks for grieving and coping with illness, as well as improvement in the quality of the patient's life, regardless of any change in outcome, therein steering clear of any spiritual elements.

From East Tennessee State University, Johnson City, TN. Email: eutrapelia@gmail.com

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In this study patient spirituality was not truly addressed by the physicians. Spirituality, normally interpreted as an internal and subjective belief, is often, though not necessarily, fitted within the framework of a religious institution, which is objectively identified by its external trappings, such as the holding of regular communal services. There is often a significant and visible social dimension that stems from the communal aspect of religion. Physicians (at least in this study) appeared to mistakenly view spirituality as analogous or reducible to religion and to the social aspects of religion in particular. Due to its subjective nature, it is difficult, if not impossible, to externally gauge a person's spirituality; certainly, it cannot be understood in terms of compliance with a certain religion's protocol.

Furthermore, the physicians did not discuss any biomedical effects of religion, and any influence upon patient outcomes was only indirectly addressed. Indeed, Curlin et al conclude that as physicians are unlikely to even perceive religion in terms of health benefits, further attention should be paid to how physicians can seek accommodation when religious and medical directives differ. Perhaps this apparent absence has something to do with the assumed silence concerning spirituality; this is one area where Curlin et al report the observation alone, failing to provide any commentary.

As religiosity is distinctly personal, there are a number of ethical elements which arise that are nonissues in the prescription of typical medications. Curlin et al (among others) duly acknowledge as much and have been quick to remark upon the "ethical pitfalls of treating religious beliefs or practices as a sort of pill or therapy." Not only are the results of religious beliefs anything but uniform, such beliefs are also often in matters of identity, therein extending and intermingling with cultural ties. In this study, physicians were understandably wary of intruding in instances where culture and religion appeared to be intricately intertwined and where the physicians themselves lacked adequate knowledge for determine the relationship.

The bounds of medicine cannot be clearly demarcated, and even if they could, each age further muddies the boundaries as both science and society further illuminate the field. Consequently, to clearly see where medicine is expanding, it is necessary, at least from time to time, to understand the views and perceptions of those practicing it. This article goes far toward exploring religion in medicine from the perspective of physicians, therein shedding further light upon a topic of growing interest and helping to determine where further light should be shone.

Reference

1. Curlin F. How are religion and spirituality related to health? A study of physicians' perspectives. *South Med J* 2005;8:761-766.

Please see "How are Religion and Spirituality Related to Health? A Study of Physicians' Perspectives" on page 761 of this issue.