Religion and the Practice of Medicine

Mapping Religion-Associated Variation in Physicians' Clinical Practices

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Some would say that the practice of medicine is intrinsically spiritual. It deals with life's big questions related to health, happiness, life and death. While researchers have performed many studies on the ways in which the religious and spiritual practices of patients impact their responsiveness to treatments, few studies have been directed at physicians themselves. These patient-centered movements have lead the way to many fruitful fields such as integrative, holistic, and culturally competent medicine, but all have preserved the idealized vision of physicians as neutral and interchangeable, their personal values irrelevant to their individual practice.

Addressing aspects of physicians' practices that vary according to religion has often been seen as a threat to quality medical care rather than as a potential resource. This belief explains in part the lack of research in this area that Farr Curlin, Assistant Professor of Medicine at the University of Chicago, hopes to challenge. By conducting surveys of physicians across the country regarding religion and practice of medicine, Curlin hopes to identify differences in several sensitive areas, such as sexual and reproductive health care, mental and behavioral care, decision-making in advanced illness and end-of-life care, and risk management in the control of chronic disease.

These questions are important for both practical and theoretical medicine, as differences in the kind of care received may conceal deeper, unspoken controversies. For example, when deciding on the appropriateness of medical intervention in use of drugs to manage childhood disorders, physicians may draw from deeper beliefs that respond to more fundamental questions. For Curlin some of these questions are: "What brings human happiness? What allows some people to seemingly overcome great spiritual and psychological suffering and others to be disabled by that suffering? Which moods and behaviors should be considered normal parts of human experience and which should be considered abnormal? What sorts of suffering should we try to alleviate?" Curlin hopes that making these relationships explicit will inspire the medical community and the public to grapple with the theological and spiritual issues that are at stake when doctors and patients make medical decisions.