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### **Ethical Issues: Spirituality and Health Care**

Faith and spirituality, and their place in professional relationships, are getting a great deal of press these days.<sup>i ii</sup> From an airline pilot proselytizing to his captive passengers at the beginning of a four hour coast to coast flight, to headline news articles about the power of faith in healing, there seems to be greater and more open discussion about how personal beliefs impact personal and professional life. Many studies have shown that a strong faith has a positive impact on health and well being.<sup>iii</sup> Sources quoted in *Newsweek* last November indicate that people who attend church regularly tend to live longer, be less depressed, and lead a healthier lifestyle. Chechinov, among others discovered a few years ago that a positive mind set and a supported sense of “self” tend to have a positive impact on clinical outcomes for patients approaching the end of life.<sup>iv</sup> Now there is indication that spirituality may promote longevity, protect against cardiovascular disease, and improve recovery from acute illness.

There is disagreement, though, as to the extent to which physicians should engage in discussions about religion and faith with patients. Many physicians are just not comfortable going there.<sup>v</sup> The Oslerian tradition of medical training tends to encourage professional detachment and repression of feelings and personal beliefs in the interest of unencumbered clarity of clinical judgment and a desire for uncoerced patient choice. After all, personal bias may unfairly influence our ability to think clearly and objectively when considering the evidence, the holy grail of medicine. We are conditioned to objectively maintain a comfortable distance from our patients no matter how long and rich the relationship, protecting ourselves with the symbols of our station: the long white coat and a well honed “doctor-speak”, undecipherable to the common man if not to each other. When these barriers are breached we tend to squirm a bit, realizing that we too are vulnerable.

Most patients welcome an opportunity to discuss their faith and religious beliefs with their physician.<sup>vi</sup> Physicians however are not so open to the idea. I learned this many years ago in the early years of my practice. Like most young Trojans in medicine, I was confident in my skills and unencumbered by experience. During a particularly busy day in clinic I found myself greeted by a spry young woman whom I was meeting for the first time, and who was there to establish care. Before I could complete the first sentence of my well rehearsed patient interview dialogue the patient quietly stopped me in my tracks by asking, “Doctor, are you a Christian?” Standing silently, I felt exposed, embarrassed, and in very unfamiliar territory. I was actually somewhat put out that she would ask such a personal question. With some stammering, however, I was able to answer. Over the ensuing time together we shared, not a well-scripted and unidirectional patient interview, but a shared discussion about values and beliefs that enabled our

relationship for years to come. Participating in this discussion gave me valuable insight as to how I should act if the time came when she would need me the most.

This experience, like many others, taught me that many patients want and need to talk openly about their feelings and beliefs, and to have them validated by their doctor. I also learned that medical training had not prepared me to deal with spiritual issues in the clinical realm, not those of patients nor my own. As professionals we have an obligation not to force our beliefs on patients, or anyone else for that matter. Faith is very personal and should be respected as such. But so too is the very personal vulnerability of illness and death, and the private fear that is shared by all of our patients. At these times many welcome an opportunity to discuss faith and religion, while others may not. Either way, we should take the time to listen, be sensitive to clues given off by the patient, and inquire about spiritual needs if and when the time is right.

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<sup>i</sup> Kalb C. Faith & Healing. *Newsweek*. November 10, 2003:44-56.

<sup>ii</sup> OpEd. This is Your Proselytizer Speaking. *New York Times*. February 11, 2004

<sup>iii</sup> Post S, et al. Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics. *Ann Int Med*. 2000;132(7):578-583

<sup>iv</sup> Chechinov H, et al. Will to Live in Terminally Ill. *The Lancet*. 1999;354:816-819

<sup>v</sup> Ellis M, et al. What do Family Physicians Think about Spirituality in Clinical Practice? *J Fam Practice*. 2002;51(3):249-254

<sup>vi</sup> Ehman JW et al Do Patients Want Physicians to Inquire about Their Spiritual or Religious Beliefs if They Become Gravely Ill? *Arch Int Med*. 1999; 159: 1803-1806