Is There Room for God in the Exam Room?

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There's substantial literature on whether and how religion and prayer impact medical care. Still, there is little consensus.

Physicians are trained to make treatment decisions based on the scientific literature and their medical training. Many patients express, at some level, a dependence on God to help heal their disease, as well as provide happiness in life and hope for the future.[1,2] This may prove awkward for the physician, whose basis for bedside interaction may be primarily clinical, and who may have little spiritual training and know little about spiritual assessment or care.[3,4]

Further, physicians often think it is inappropriate to mention God or offer prayer to patients.[5,6] However, clinical studies show that patients often want the physician to speak with them about their religion.[7,24] Further, there is increasing demand for spiritual-care training and a competency-based spiritual-care curriculum among health-care professionals.[8,9]

The purpose of this article is to discuss the benefit of religion, shown in the medical literature in recent years, in a patient's life and how it might influence the relationship with his ophthalmologist and the treatment course. We'll look

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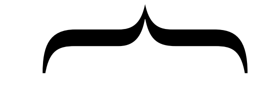
what the literature has revealed through a series of questions about patient attitudes and beliefs, and the potential benefit of prayer. We also will discuss methods for physicians to approach religious conversations with patients.

What the Studies Show

• ***Do patients really use religion as medical care?*** Peer-reviewed articles demonstrate that religious faith is important to many patients, particularly those with serious disease, and that they depend upon it as a positive coping mechanism and treatment method. Idethia Harvey, DrPH, and Lawanda Cook identified four categories of spirituality that influenced self-management in patients with chronic illnesses: God's involvement; prayer; spirituality; as well as a combination of conventional and spiritual practices.[10] The most frequently used spiritual practices included prayer and reading the Bible.

Gina Maygar-Russell, PhD, and coworkers found in ophthalmic patients that 82 percent believed prayer was important for their well-being.[11] Further, Justine R. Smith, PhD, and associates found in patients with inflammatory eye disease that prayer was their most commonly used alternative treatment (18 percent), greater than vitamins or herbal medicines.[12]

• ***Can religion really influence clinical outcomes?*** This issue is most often discussed in terms of prayer, and its impact on the course of a disease appears inconsistent. This is especially true with cardiovascular disease and systemic hypertension, in which prayer was associated with a positive effect (n=three articles) about as often as no impact (n=five articles).[13-20] A 2001 study at the Mayo Clinic noted no effect of prayer on cardiovascular disease



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outcomes after hospitalization in the coronary care unit.[13] In addition, Herbert Benson, MD, and associates at Harvard Medical School showed that prayer had no impact on the complication rate (52 percent), compared to no prayer (51 percent) following coronary bypass surgery.[14]

In contrast, prayer is associated generally with positive clinical outcomes in non-cardiovascular diseases including: rheumatoid arthritis; head injuries; inflammation; and infection. Prassad Vannemreddy, MD, and coworkers analyzed severe head injuries and found that patients who received prayer demonstrated lower death rates, fewer long-term vegetative states and improved state of consciousness.[21] Additionally, in a 2001 study at the Cha Hospital, in Seoul, South Korea, patients in that largely Christian country who underwent *in vitro* fertilization and received intercessory prayer, demonstrated a 50-percent pregnancy rate versus 25 percent in the non-prayer group.[22]

The reason for the inconsistency in prayer and religious factors is not known. Medically related reasons perhaps derived from differences in clinical measures between disease states that might influence the results.

Several religious factors also might influence study results such as: the content of the prayer; the attitude of the supplicant; and to whom the prayer is directed. These factors were not controlled generally in prayer-related studies. Spiritual aspects of healing are difficult to study because, if there is a God, he might have a "say so" in which prayers are answered and how!

However, other religious factors beyond prayer might influence clinical results. For example, Eliezer Schnall, PhD, and associates showed that religious affiliation or frequent religious service attendance did not reduce cardiovascular mortality or morbidity, but they were associated with decreased all-cause mortality.[23] Further, another group at the University of North Carolina at Chapel Hill observed that church-based interventions were successful in helping weight loss, diabetes and cardiovascular disease.[24]

• ***Do patients really want me to discuss religion with them?*** Maybe. Many patients, but not all, react positively to a physician's spiritual discussion with them. One group of researchers found that in patients with any systemic disease, 33 percent wanted to be asked, and 67 percent felt their physician should know about their religious beliefs.[25] Further, patient agreement with physician spiritual interaction increased with severity of illness (19 percent at a clinic visit, 29 percent during hospitalization, and 50 percent at near death).

Be careful, however. The authors found that the patient's desire for spiritual interaction with the physician decreased with greater intensity of the intervention: 33 percent would discuss spiritual issues; 28 percent assented to silent prayer; and 19 percent desired spoken

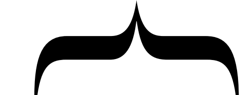
prayer. The authors concluded that the physician should be aware that a substantial minority of patients wants spiritual interaction, even at an office visit, and the desire for this interaction increases with severity of the illness.[25]

For eye doctors, Michael Siatkowski, MD, and coworkers found that before surgery 90 percent of the Christians studied thought praying with their doctor was positive in an ophthalmological setting.[26]

• ***Can religion make my patients happy?*** Generally, studies have found a positive relationship between religious practice, the seriousness of this practice, and quality of life in patients.

Harold Koenig, MD, of Duke University, found in older patients that most had religious beliefs and practices that were associated with positive social, psychological and physical-health outcomes.[27] Further, in 40 percent, their belief was the most important factor to help them cope with physical illness and major life stresses. In a separate study, Dr. Koenig and coworkers found that positive aspects of religious worship—believing God is benevolent, seeking a connection with God, and asking support from clergy—were related to better mental health.[28]

In addition, our own group found that glaucoma patients who practiced their Christian faith and who had at least some knowledge about their religion had a more positive attitude towards their glaucoma; better disease-coping; and a belief that God was concerned about their glaucoma and helped with their treatment.[29] In a separate study in which we collaborated, we found similar findings in ocular diabetic patients.[30] These results may indicate that the more serious the practice of religion, the greater sense of well-being derived in relationship to their glaucoma disease and treatment.



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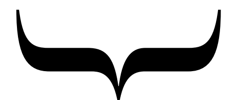

• ***Can religion make my patients unhappy?*** It seems, yes, depending on the nature of a patient's relationship with God. Dr. Koenig and associates showed negative experiences, such as dealing with God's vengeance, punishment, demonic forces and spiritual discontent, were associated with poorer health outcomes.[27] Further, Kenneth Pargament, PhD, and coworkers noted patients' struggles related to perceived anger from God or being unloved by God, were associated with poorer health outcomes.[31] No clear explanations were provided by these negative interactions by the authors.

• ***Can religion make my patients take their medicine?*** Religious belief may be associated with greater treatment adherence. Gerard Silvestri, MD, and coworkers noted that lung cancer patients ranked the doctor's recommendations first and faith in God second when evaluating treatment options.[32] James Park, MD, and Sharon Nachman, MD, studying AIDS patients aged 14 to 22, found that excellent treatment adherence was associated with greater religious beliefs.[33]

In addition, several studies have noted that greater spirituality is generally associated with more knowledge about a patient's disease. Ramesh Ve Sathyamangalam and associates found, in an urban glaucoma population, that greater knowledge about this disease was associated with: practice of religion; female gender; higher education levels; older age; and family history of glaucoma.[34] In a rural health clinic, Padmaja Rani and coworkers observed that Christians and people from social economic upper strata knew the most about diabetes and retinopathy.[35]

The reasons for the benefits associated with adherence are not completely understood. However, they might potentially result from the effect of religion in the patients' lives, which generally encourages them to maintain a positive attitude and be respectful of medical staff and their treatment decisions, and provides a comforting hope regarding either a potential cure or their eternal future. Additionally, the structure of religious practice itself may provide the necessary discipline to encourage the patient to learn about his disease and adhere to treatment.

How Do I Use This?

Research studies have shown that religion generally plays a positive role in patients' lives, enabling them to draw encouragement from their relationship with God and helping them cope with their disease. Religious patients also show improved adherence to treatment and greater knowledge about their disease. The physician might use religion in certain cases as a resource to assist a

struggling patient.

How then should you approach the issue of religious faith? There are no set rules, and it depends on the preferences of the individual doctor. In general, a physician might choose one of three directions in interacting with a patient's faith.

First, a secular approach. A physician might assume that God does not interact with a patient and his or her disease or treatment. However, the physician could use the positive aspects of a patient's faith to further encourage her knowledge about the disease, about adherence to treatment, and about the use of faith as a coping mechanism.

In one sense this is the easiest choice, because it allows the physician to contain religious-based interactions with the patient within the framework of the scientific literature. However, such an approach might be perceived by the patient as impersonal, or as lacking respect for her religion.

Second, a humanistic approach. The physician might assume that a loving God exists and interacts equally among adherents in all faith groups. This approach allows the physician to be positive towards all religions, and limits the need to learn specifics about each.

However, it does have a disadvantage—the lack of knowledge about a patient's individual religion may limit the doctor's ability to counsel because the approach may appear uninformed or insincere. In reality, there are vast differences between religions and how God is perceived to interact with humankind that might have psychological consequences for the patient.

Third, a religion-specific approach. A doctor might assume that if God exists, then the Deity would manifest certain characteristics consistent with the religious literature (i.e., Judeo-Christian God, Mus-

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lim God or Hindu pantheon, etc.). Therefore, the religion-specific approach has the advantage of providing better counsel to patients in a more sensitive and knowledgeable way.

For example, in Christianity, by far the most common religion in the United States, a patient struggling over guilt or fear of punishment by God—which has been linked to negative disease outcomes—or fear of death and the afterlife might receive encouragement from a physician who is knowledgeable in Christian tenets. Since Christianity bases acceptance by God solely on faith and not upon a system of works, the patient could be counseled in the proper precepts of this religion.[36] This might assist the patient to derive comfort and reduced anxiety, and raise hope from the conversation. Further, a referral by the doctor to a local church also might benefit the patient's socialization. Finding a support group and ultimately a better sense of well-being might conceivably improve patients'adherence and knowledge of their disease.

In summary, our short journey through religion suggests that patients frequently interact with God about their disease state. This spiritual interaction may benefit the patient by providing better well-being, a disease-coping mechanism and increased treatment adherence.

Many research avenues remain open regarding religion and disease, including controlled longitudinal studies investigating the impact of religion on a patient's quality of life and disease, as well as research that evaluates how physicians can best interact with patients' religious beliefs and encourage them to use their religion to cope with their disease.

Further, the great majority of available research about religious practices and medicine is derived from the United States, primarily in self-identified Christians. Importantly, cultures differ across the world and dogma differs across religions. Therefore, the results in this review might not reflect research performed in other countries or in religions with beliefs differing from Christianity. REVIEW

Dr. and Mrs. Stewart are co-founders of PRN Pharmaceutical Research Network, LLC, and PRN PharmaFarm. They also founded and direct Teleios, Inc, a private foundation dedicated to studying religion in medicine. Ms. Nelson is the research coordinator for Teleios. For information, teleiosresearch.com.

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