



# *a sacred*

## Navigating religion and spirituality in medical situations

by JoAnna Haugen

*J*ust as the body and mind need attention and treatment, so does the spiritual aspect of a person. But when it comes to providing medical care, the moral guidance offered by religion can run counter to what physicians are taught about providing the highest standard of medicine.


Each religion provides a different ethical and moral compass, and, as such, doctors may encounter situations throughout their careers when the course of medical care that makes the most sense to them goes against a patient's spiritual beliefs. Medical conditions affect people regardless of religion, so there may be times when the best course of

medical care would dictate that a Jehovah's Witness receive a blood transfusion or a Muslim take a medication that contains pig byproducts. Nonetheless, these patients may choose to refuse treatment because it runs counter to their spiritual beliefs, regardless of what makes sense medically.

New physicians are wise to enter the medical profession knowing they are likely to encounter situations where religious choices can conflict with best treatment practices, but understanding how to approach and address these situations before they happen can make it easier for both the doctor and patient to navigate these potentially differing views on religion and medicine.





A close-up photograph of a wooden ship's steering wheel, showing the spokes and the rim. The wheel is made of polished wood and is set against a dark blue background. In the upper left and upper right areas of the background, there are faint, circular patterns of small white dots, resembling constellations or star maps. The word "space" is written in a white, cursive font across the middle of the image.

*space*



## REDEFINING CONFLICT

At first glance, it may appear as if there is a conflict of interest between religion and medicine, but, in fact, spirituality can provide guidance, security and peace of mind. "If you don't tend to a patient's spiritual needs, you're not treating the patient holistically," says Dr. Aasim Padela, an assistant professor of medicine and director of the Initiative on Islam and Medicine at the University of Chicago. "You're only seeing a part of what forms their health."

Physicians need to address the physical, mental and spiritual aspects of a patient—even if the spiritual compass guiding a patient is not in sync with a physician's training. "When we fall ill, we're vulnerable," says Michael H. Cohen, president of Michael H. Cohen Law Group and a health care attorney in Los Angeles. "It can be a spiritual crisis as well as an emotional and medical crisis, so I think these two categories—medical and spiritual—are overlapping."

Therefore, one of the things that can

help a physician in such a situation is redefining the "conflict" between religion and medicine.

"If you look at spirituality more broadly defined, it doesn't become such a dilemma," says Dr. Christina Puchalski, a professor of medicine and director of George Washington University's Institute for Spirituality and Health. "It's about looking at spirituality as something that is part of every person's being. It's mind, body, spirit. Everybody has some kind of inner life; it doesn't have to be religion at all. It can be nature, family, relationships, a philosophy." Remove the idea of religion and simply consider the idea of beliefs. It is not just a higher power that might provide guiding principles in a person's life but rather other beliefs; for example, vegans may object to medications with animal byproducts, and followers of alternative or complementary medicine may prefer noninvasive treatments.

Regardless of the basis of these beliefs or principles, they should be considered in providing holistic care that addresses the whole person. Asking about patients' belief systems and social history helps physicians understand the lens through which patients view the world. These personal details—like religious or spiritual beliefs—should be taken seriously and addressed with sensitivity when discussing medical care.

Consider this: If a patient said she didn't want to take medicine because she couldn't afford it, that would be a financial issue, and medical practitioners would find a way to deal with that. Likewise, if a particular

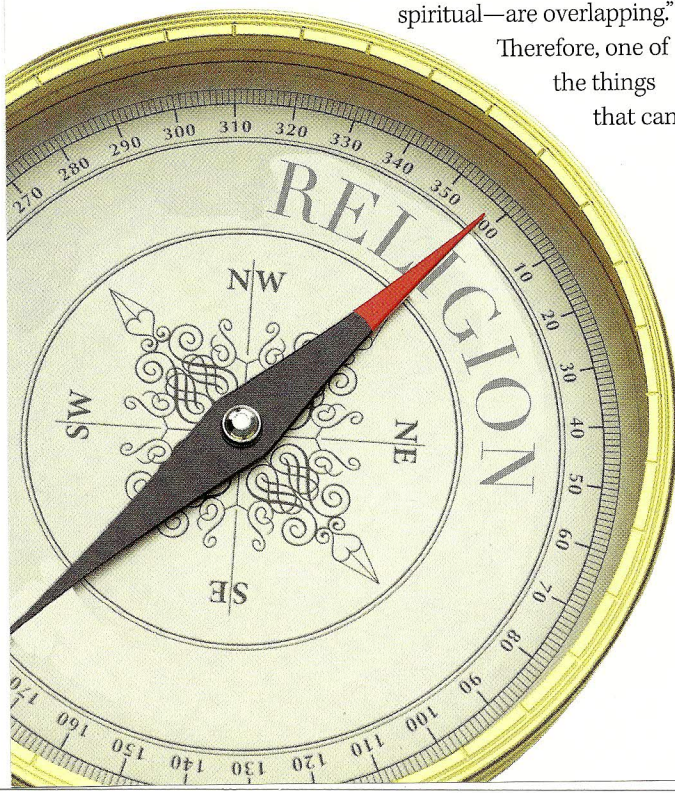
personal or spiritual belief seems to cause conflict in following the common standard of medical care, physicians need to work with the patient to find a safe solution that falls within her belief system.

## ADDRESSING RELIGION AND SPIRITUALITY WITH PATIENTS

Building an open and trustworthy relationship starting with the first encounter is vital in finding appropriate ways to address medical solutions throughout a patient's care. Medical office space by default is a secular area; nonetheless, it is appropriate for practitioners to ask patients about their coping methods from the outset.

"Communication is important, and all physicians involved need to be on the same page," says Dr. Faisal Qazi, a member of the Ethics Committee at the Islamic Medical Association of North America. "This is regardless of religion, ethnicity or culture."

"In attending to the patient's spirituality needs, try to frame the medical illness within an appropriate cultural content," Padela says. "A key to being a physician is being a good communicator, having good listening skills, and trying to understand where the patient is coming from. Have patients tell you what is important to them." Asking open-ended questions, giving patients space and time to answer those questions, and acknowledging their belief systems all pave the way to creating a relationship with open lines of communication, which is necessary in discussing controversial treatment plans. "People are complex,"





Puchalski says, "and it's not just about their blood pressure or their diabetes or their cancer or their burns. It's about who they are as human beings."

Many students coming out of residency are focused on their science-based training, and in order to look beyond this belief system, it's important to understand patients' perspectives of what's wrong with them and how to manage care. "The first step is asking the question [of spirituality] with a broad definition in mind," Puchalski says, in order to understand the perspective from which the patient is viewing the situation. "If someone says, 'I don't really use that word,' you'd still ask the second question, which is 'What is your life's meaning?' It's really focused on meaning and purpose in people's lives."

Physicians have an obligation to be honest with their patients by presenting a comprehensive picture of what the problems and potential solutions may be to any given medical condition. Instead of entering a conversation with an end-all-be-all attitude, physicians need to be able to "go off script" and remain open-minded and willing to discuss other treatment options. There needs to be a shift away from the value of medical paternalism, where the doctor knows best, toward a situation of shared decision-making, where the value of patient autonomy is much more emphasized. "This allows for a model of greater patient participation, where both can work together to find the best outcome," Cohen says. When it comes time to talk about medical problems, avoid rushing

conversations and give people time to digest news about prognoses before jumping into a laundry list of treatments. By building sound relationships prior to situations that involve communicating difficult news, physicians should have a sense of who patients are and how they might respond, making conversations about treatment plans easier.

"There is a legal right to care for your own body and not to have medical procedures forced upon you," Cohen says. One of the key components of patient autonomy is informed consent, which includes adequate information about the risks and benefits of all reasonable and feasible treatment options, and which doctors have an obligation to provide. If a patient wants to pursue an alternative to the recommended treatment, physicians should work with her to ensure it has the best chance of success. During the course of treatment, continue to provide comprehensive information about the chosen plan as well as other options that may provide better solutions if the current treatment plan does not work.

#### FINDING HELP

Sometimes it may be necessary to bring in help from others to provide additional support for spiritual needs. Chaplains and social workers can offer guidance to patients and family members in a way that physicians may not. Additionally, turning to a hospital ethics committee may provide physicians with support and additional information they need in order to address a complicated situ-

ation arising from religious or spiritual beliefs.

In some situations, patients and doctors may not be able to find a solution on which they both agree. "If the provider and the patient (or her caretaker) can't agree on a plan of care, the provider has the opportunity to transfer care to someone else who is capable of addressing her culture in a competent fashion," Qazi says.

#### THE ULTIMATE CONCLUSION

If, after exhausting alternative solutions to a medical condition in order to meet a patient's belief system, that patient must choose whether to pursue a treatment with which she doesn't agree spiritually. Building a relationship with a patient and continuing to provide her with data about all treatment options may make it easier for her to decide to pursue a treatment that goes against her beliefs.

Nonetheless, despite a physician's greatest attempts to educate patients about the best way to address a medical condition, patients may still choose to reject blood transfusions, medications and other solutions that would be scientifically sound for their medical care. Ultimately, a patient's autonomy dictates that she has the final decision on the course of action for care, and physicians need to accept this. "We are not in control of other people," Puchalski says. "If we've done our best, we need to let go." ●

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