

November 2001

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Recommended Citation

Hamilton, N. Gregory (2001) "Expressions of the Spirit in Catholic Medical Practice," *The Linacre Quarterly*: Vol. 68: No. 4, Article 2.
Available at: <http://epublications.marquette.edu/lnq/vol68/iss4/2>

Expressions of the Spirit in Catholic Medical Practice

by

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Illness engages the entire being of the suffering patient, requiring physicians to care for the whole person, including the spiritual aspects of human life and suffering. Palliative care specialists, for instance, encourage doctors to address all four domains of human need: physical, psychological, social, and spiritual. Yet, medical curricula, despite recent efforts at improvement,¹ often neglect the psychological and social and often actively discourage the spiritual. Even articles intending to define a place for "spiritual" aspects of healing can sometimes be misconstrued to confine and limit the domain of religion in medicine. This can happen when the authors of such articles, apparently attempting to gain credibility in a largely secular medical literature, define the role of religion too narrowly.

For physicians who practice a living faith, acquiescence to such limitations can cut them off from the deep wellspring out of which arises the very best of medical caring. To help overcome such obstacles, this article will discuss practical approaches to reintroducing the spiritual into the Catholic physician's medical practice. The emphasis here is on some specific steps Catholic doctors can take to manifest their faith in clinical interactions. This outline of tangible expressions of the spirit, arising from the doctor's faithfulness, elaborates upon recent statements in the literature^{2, 3} concerning the importance of faith for patients; and it goes

further, by including the importance of the doctor's, not solely the patient's, devotion. Indeed, the faith of Catholic physicians has always been and always will be central to their healing vocation.

Historical Roots

The age-old Catholic medical tradition carries within it the needed knowledge to reintroduce faith, even in the secular, clinical settings where most doctors work today. Actually, ". . .for much of history, the separate functions of religious practice and healing were performed by a single individual in most world cultures."⁴ For example, the ship of the ancient physician Aesculapius was said to have formed *Isola Tiberina* (Tiber Island) in the midst of Rome, where physician-priests attempted to cure the ill in the waters of its font. Following the transformation of pagan Rome into the seat of Christianity, the church of Saint Bartholomew was founded upon the ruins of the fallen temple. Thus, it became a center for Christian medical practice. Inspired by the numerous cures performed by the Apostle Bartholomew before his martyrdom, the Congregation of *S. Giovanni di Dio* (also called the *Fatebenefratelli* for their good deeds) eventually transformed the entire area into a leper asylum during the plague of 1656. The current Fatebenefratelli Hospital dominates *Isola Tiberina* and dwarfs the small church, but it is the church, *S. Bartholomew all' Isola*, with its ancient well near the altar, which remains the spiritual center of the hospital.

In a similarly striking example of the Christian tradition of faith and medical practice, the magnificent *Hotel Dieu* in Beaume, France, displayed its altar prominently in the main ward where patients could visually participate in the celebration of mass and receive the Holy Eucharist when they could not leave their beds. Here, the nursing sisters cared for and comforted the poor and ill from medieval times through 1971. It was this ancient center of Christian caring that provided inspiration for the modern palliative care movement.

Empirical Basis

The need to reestablish the medical tradition of including faith in medical care has garnered overwhelming empirical support from numerous studies demonstrating the health benefits of religious practice. These studies have demonstrated such diverse advantages arising from lived faith as a healthier immune system,^{5,6} fewer hospital admissions and shorter length of hospital stay,⁷ lower blood pressure,⁸ and quicker recovery from depression among the medically ill.^{3,9} The fact that a majority of older

medical patients use religious beliefs and practices to cope with physical illness,⁹ in itself, suggests that physicians should not ignore this important aspect of their patients' lives.

How, then, can Catholic doctors simply and unobtrusively draw upon their rich, Catholic medical tradition to enhance the spiritual component of healing in practical, everyday ways?

Ask the Patient

Patients almost uniformly express gratitude when a physician inquires about religious aspects of their lives and their coping with illness.

There are many good ways to broach the subject.^{2,6} The doctor may simply ask whenever appropriate, "Do you have a religion to which you can turn?" Many physicians prefer to introduce the subject at the first visit after rapport has been established by attending to presenting complaints. Patients are usually relieved that their doctor is interested in this important aspect of life.

Some physicians have developed the practice of asking sometime in the initial session, "Were you brought up with a religion?" Asked with the wrong tone or an attitude of shame or doubt about religion, such a question could erroneously imply that the clinician might consider religion something one outgrows. Asked with directness and tact, however, such a question can prove useful. Initially dealing with the past rather than the present allows the patient a great deal of discretion. Patients often welcome the opportunity to succinctly inform their doctor where they began their religious development and where they stand now. Even for patients who are not currently active in their faith, it gives the doctor an opportunity to learn about what religious resources they can draw upon in good times and in bad. Patients are aware that physicians are busy and will usually give the doctor a brief but meaningful summary. Even such a brief interchange can acknowledge implicitly to the patient the physician's valuing of religion. It brings doctor and patient briefly into contact as human beings who have spiritual longings and potential for spiritual growth.

Even a simple question can open a door that patient may have considered long closed. For example:

In response to being asked if she was brought up with a religion, Mrs. A., a healthy woman in her late twenties, told her family doctor she was raised in the Church, but fell away in a period of intense intellectual questioning during late high school years. She

said she would like to believe, but she had not given it much thought lately.

Simply by asking about religion with respect and interest, this physician had given the patient an opportunity to give the issue of her spiritual life some thought once again. And, he gained information about what internal resources his patient may have to draw upon during possible future difficulties. By inquiring, the physician attested to his own view that religion is important. All of this was accomplished simply by asking. Another patient responded to such a question quite differently:

Mr. B., a 50-year-old man, confided he had been raised in a Catholic home but did not undergo a deeper conversion until his son died several years ago. Catholic friends and neighbors provided him much needed support and encouragement, and most important, shared his grief. It was then that he turned to contemplation of the Holy Mother's sorrow and grief at the loss of her Son during His passion. Thus, he began to feel less alone with his own loss and suffering. From that time forward, he maintained a deep and abiding faith, which he firmly believed would help him cope with whatever adversity may come his way. The following year, this information proved extraordinarily useful to the physician when he had to give this patient some bad news about the results of a prostatic biopsy.

Especially when patients face an illness which may result in their death, they often wish to discuss religious concerns, but many fear their physician may be so immersed in a reductionist, scientific belief system,¹⁰ which is not open to faith as well as reason,¹¹ that they will be unreceptive to spiritual concerns. Such patients may be afraid or ashamed to bring up their religious concerns. For example:

Mr. C., a sixty-one-year-old man suffered from advanced metastatic lung cancer. He did not talk about his faith, but he did mention summoning his family to tell them he believed death may be near. When the patient told this to his doctor, his doctor asked, "Have you given some thought as to what might be next, after dying, I mean? Have you given that some thought?"

The patient paused a moment, then responded, "I know God will always be with me."

This simple answer to a simple question was moving and meaningful to both doctor and patient. Mention of the eternal context in which these two

human beings, doctor and patient, engaged in the medical endeavor left each of them feeling just a bit less alone.

Most patients have religious faith of one kind or another and nearly all the others respect religion as an important part of life. Even those with an agnostic lack of commitment understand that doctors have a legitimate need to inquire about private and sensitive issues such as economic concerns, sexual history, and other sensitive subjects, including religion. So it is extremely uncommon when a patient might object to tactful questions about religion. Occasionally, however, a rare patient may express some hostility about religious questions. Such was the case in the following example:

One academic colleague, Dr. D., mentioned she had discretely asked a thirty-six-year-old man admitted to day surgery for removal of a lipoma, about his religion. This patient, a committed atheist, bristled. His eyes flashed anger, as he demanded, "What right have you, at a state funded university hospital, to ask about religion?"

The doctor was a bit taken aback, at first. Quickly, however, she recovered her equilibrium. She thought he deserved an answer to his question. So, she responded simply, "Many people find religion helpful in coping with stress or illness, so I ask all my patients, just as I ask about other important resources."

She went on to the remainder of the medical history. This patient, satisfied with her forthright answer, eventually developed good rapport with his doctor.

With subsequent patients that week, this physician had to overcome fleeting feelings of being intimidated when she asked about religion. As previous patients had done for years, however, these individuals responded to her inquiry with openness and gratitude for the opportunity to acknowledge the importance of religion in their lives and in their coping with illness and suffering.

In all areas of a patient's life, it is the physician's responsibility to inquire even about the most intimate and private matters with both tact and directness. This need to inquire is as true with matters of faith as it is with sensitive physical, psychological, or social concerns.

Advise Sparingly

While the individual and public health implications of lived religion are well documented, giving advice about religion remains a bit more controversial. Often, it is best for the concerned physician to limit his or

her approach about the patient's spiritual life to simple inquiry. This recommendation, however, is based on a consideration of tact and timing and should not be construed in any way to limit the Christian physician's right and responsibility to express a faithful vocation openly. Listening supportively can prove tremendously validating to patients. Asking pertinent questions encourages patients along the way in their journey toward deeper understanding of life's meaning. However, there are times when a physician may wish to give a patient direct advice. For example:

Mrs. E. was a fifty-five-year-old Catholic woman, who had not participated in religious services for fifteen years. When she thought she might soon die from uterine cancer, she mentioned to her trusted doctor, whom she knew was also Catholic, that she was too embarrassed to go to her priest for anointing of the sick. When her doctor asked her why, she said, "Because I have stayed away from the Church for all these years. I feel like such a hypocrite returning for help when I'm afraid of dying."

"That's what the Church is for – to take you back," the doctor responded spontaneously. "Ask the priest. Just call him up and ask."

She did ask. And she received the sacraments of confession and anointing of the sick – much to her relief and that of her family. Over subsequent weeks, she found that her Catholic neighbors and a volunteer from the parish nurse's association, whom the priest asked to look in on her, were immensely helpful to her and her overwhelmed family.

Advising an inactive Catholic about consulting a priest is often no more difficult than making a referral to a medical specialist. Giving advice to a patient with no history of church involvement, however, can be a bit more touchy, though still legitimate, as the following example illustrates:

Mr. F. was a forty-two-year-old man, who had been raised in a secular household and had never been a member of any church. He had been admitted to a Catholic hospital after a serious automobile accident. As he recovered from his wounds, he grew increasingly grateful that he had survived the devastating accident and could continue raising his children with his wife. Not at the time of the accident but gradually during his recovery, this highly intellectual engineer found himself flooded with feelings of warmth and light and a newly found feeling of closeness to God, as well as gratitude. He was confused and embarrassed by this experience, yet was comforted by it. As he mentioned his feelings to his doctor, he was chagrined and attempted to explain,

scientist to scientist, "I don't know what's happening to me with all these spiritual feelings. Perhaps my oxygen is getting low."

His doctor explained that his blood gases, hemoglobin, and electrolytes were as they should be. He went on to reassure the patient, "Many people become increasingly aware of spiritual feelings at times like these. It's entirely normal. Perhaps you would like to talk with someone about them?" The patient gratefully accepted his physician's offer, and the doctor arranged for the hospital priest to visit him.

Physicians recently have been so steeped in the convention of specialization and respect for sometimes rigid role definitions, they are usually more comfortable referring spiritual issues to a chaplain than giving direct advice. As do all Christians, however, physicians have both an ability and even obligation to share at least some glimpse of their faith. Such was the case in the following rather awkward example:

Mrs. G., a thirty-nine-year-old woman with diabetes, told her doctor she did not believe in God, but she prayed regularly for recovery and at least for the ability to cope with her illness. She rationalized that the prayer was based on her having read a newspaper account of the medical efficacy of prayer. But she had no faith, she said.

Her physician responded, "As long as you're praying, you might try praying for faith. Who knows what might happen?"

The patient answered, "Perhaps I will."

This example of a somewhat off-hand comment, unlike the previous ones, added something new to what the patient brought to the doctor. Here, the doctor went a step further in that he added an element of advice. He not only validated his patient's interest in prayer by suggesting a particular prayer, his comment, while far from being theologically elegant, carried within it an indication that faith is a grace, something given to us, something she, too, could receive by asking. The patient clearly welcomed the doctor's comment. And the doctor did not allow his genuine and caring response to be inhibited by a legalistic sense of boundaries between the spiritual and physical aspects of healing.

Because of the inherent power differential in the physician-patient relationship, it is particularly important for physicians to take extra precaution in respecting the dignity and freedom of each patient.¹² All human beings have the freedom to believe or not believe. Each person is responsible for his or her own openness to God's love and guidance, a responsibility which contains within it the possibility of rejecting that

openness. No element of coercion or pressure should be involved in evangelization. Because of the inequity in the doctor-patient relationship, patients are particularly vulnerable to feeling pressured, whether or not the physician intends to pressure them. Therefore, it is safest to remember Pope Paul VI's message that the most efficacious form of proselytizing is to live the message of the Gospels in our lives.^{13,14} Yet, there is no reason to shrink from offering some advice or encouragement when appropriate.

Visual Signs of Faith

Catholic hospitals are graced with crucifixes, religious icons or paintings, and chapels as visual reminders of the Christian ministry upon which the very development of institutions of caring for the sick are based. The dual aspects of Christian healing are made visually apparent in the architecture and decor of such ancient centers of care as the *Hotel Dieu* previously mentioned. The stunning red robes of Christ triumphant against the eternal blue heavens depicted in a massive polyptych are visible from each patient bed of one ward. These magnificent paintings of Christ, the Healer, were an integral part of this center of Christian ministry.

In more humble, yet similar ways, it is always appropriate for physicians to display in their offices a crucifix, an icon or painting, and/or a framed prayer as reminder of a Christian calling to heal the sick. Patients are reassured and comforted by such visual signs that their doctor bases his or her practice, not on a contract, but on a caring covenant. In such a covenantal relationship, all patients sense that the doctor considers all individuals inherently valuable^{15,16} from the moment of conception until natural death. Such visual symbols serve as a proclamation that this physician will not base treatment decisions solely on the fine print of a health maintenance organization document or even on the complex formulas of academic bioethicists, many of whom now place the economic well-being of society in general on a par with the value of an individual human life.¹⁷ Instead, the Catholic physician will strive to base decisions on a sacred calling to help and heal the sick, including the very least and most vulnerable of us. Even those patients who currently harbor grave doubts or resentments about religion and God can find it reassuring that their physician practices medicine as a calling, not as a contractual obligation.

The physician, too, may feel sustained and renewed by working in an environment which contains visual reminders of his or her identification with both Christ the Healer and Christ the Sufferer.¹⁴

Post Your Ethics

As part of the visual environment in which healing takes place, Catholic physicians should prominently display their ethics based on a Christian adaptation of the Hippocratic tradition. These ethics are founded upon recognition of the inherent and equal value of each human life and create a trusting relationship between the doctor and patient.¹⁵ Now that utilitarian ethics, which do not value all human life equally,¹⁷ are becoming more widely accepted, patients have a right to know what kind of moral values inform the decisions of their physician. It is a kind of informed consent to let patients know through the posting of the doctor's ethics¹⁸ that this doctor considers their lives inherently valuable and will not engage in or refer for assisted suicide, euthanasia, abortion or other practices increasingly common in a "culture of death."

Pray for Your Patients

Praying for patients can be just as important as acknowledging the spiritual concerns of patients. For example:

Each morning, many Catholic doctors begin their day by reciting the same prayer. This prayer begins, "God our Father,/ I ask You in the name of Jesus, Your son, the gentle healer,/ to be with me as I minister to Your people."¹⁹

It reminds the Catholic physician that he or she is not alone in the healing ministry. It is a reminder that the first physician was Christ, the gentle healer. It acknowledges Christ's healing presence in the doctor's life, a presence which is sustaining through the difficulties of each day. It reminds the doctor that the practice of medicine is not merely a job, it is a calling from God.

Some lines later, the prayer continues: "Let me reverence Christ in the presence of each patient that You send me." This statement reminds the doctor not only of an identification with Christ the Healer, but also of a deep empathy and compassion for Christ the Sufferer.²⁰ This recognition of the suffering of Christ in each patient (Matthew 25:31-40) reminds the doctor of the incalculable value of each and every patient, no matter how poor or dirty or diseased or hopeless they may seem.²¹

Such a prayer can sustain the physician during difficult times and enhance the joy of successes. It puts the doctor in a right frame of mind to attend patients. For the healing ministry derives from our commandment to love our neighbor as we love ourselves and as we are loved by God. The

importance of such an attitude cannot be overemphasized. Even in the psychotherapeutic literature it is well established that an attitude of openness to and caring for the patient is essential to every therapeutic relationship and is conveyed in subtle, yet powerful ways to patients.²²

Prayer for recovery, strength, or solace for individual patients, whether structured or spontaneous, is always helpful, both to the patient for whom the prayer is offered and for the physician who is offering the prayer. The Catholic belief in the reality of the spiritual life, transcending temporal existence with its boundaries of time and space, in the mystical and eternal communion of saints, is a reminder that even silent and secret prayer, unknown to the patient, is beneficial.

When patients actually ask for prayer, it is always appropriate for Catholic physicians to assure them unhesitatingly that they will, indeed, pray for them; it would be both rejecting and harmful to do otherwise. When formal prayers of deliverance or exorcism are needed, the physician should solicit the support of the Church and ask a priest to take the lead. Even then, it is still appropriate for the physicians to pray for the patient.

While it might in some circumstances seem intrusive for a physician to pray aloud for a patient in their presence without being invited to do so, there are even times when he or she should spontaneously pray aloud for someone who has not mustered the courage to request it. For example:

On daily rounds, a pulmonologist reviewed the laboratory reports in the bedside chart of a seriously ill male patient. The patient did not speak, putting his effort into labored, yet comfortable breathing. The doctor noticed a brand new Bible unopened on the bedstead. The patient whispered, "My sister," indicating his sister had given him the Bible.

The doctor picked up the book and opened it at random to Psalm 118. "Give thanks to the Lord, who is good, whose love endures forever," he read aloud. He read the entire psalm as an act of prayer.

When he closed the Bible and replaced it on the table, the patient took his hand, looked him in the eye, and whispered, "Thank you."

In the above example, the Bible on the table served as an unspoken invitation to pray. The patient could barely breathe and speak at the same time; so the doctor read the unspoken cues. Yes, the Bible could have been considered an invitation by the sister for the patient to pray, rather than an invitation from the patient to the doctor. Nevertheless, reading the Bible, singing the Psalm as an act of prayer, so to speak, was clearly taken by the patient as an appropriate act of caring in the medical setting.

Summary

Even among physicians of firm, Catholic faith, the recent excessive tendency to separate reason from faith in the practice of medicine has shaken the confidence of many doctors who practice medicine as a calling to Christian love and ministry. This paper has relied upon knowledge of the historical roots of medicine and empirical evidence as a reminder that religion has a firm and enduring place in the practice of medicine. Asking patients about their beliefs, offering advice sparingly, displaying visual signs of faith, posting Christian medical ethics in the office, and praying for patients and for one's healing ministry can all be appropriate ways to reintroduce faith into medical practice. While there are additional applications of Catholic principles to social and ethical medical issues, the suggestions offered in this paper have emphasized tangible and practical actions physicians can take in day-to-day clinical interactions with patients. For it is in the individual suffering patient that we most easily recognize the presence of our Lord. And it is in the act of caring for that single suffering human being that we most deeply identify with His compassion.

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