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PROFESSION

When a patient visit includes a request for prayer

Research suggests that patients struggling with serious illnesses want spiritual interactions with their physicians. Some doctors wrestle with how to react.

By KEVIN B. O'REILLY, *amednews staff*. Posted June 11, 2012.

Physicians are accustomed to fielding many challenging questions from patients, but there is one query that they may find especially flummoxing, considering the delicate terrain it requires them to traverse.

The question: "Doctor, will you pray with me?"

It's not a far-fetched scenario. About two-thirds of patients believe doctors should know about their spiritual beliefs, said a survey of nearly 500 adults from Florida, North Carolina and Vermont in the January 2003 *Journal of General Internal Medicine*. One in five patients likes the idea of praying with the doctor during a routine office visit, while nearly 30% want to do so during a hospital stay, the study found. Half of patients would want to pray with the doctor in a near-death scenario.

About 75% of physicians say patients sometimes or often mention spiritual issues such as God, prayer, meditation or the Bible, said an April 9, 2007, article in *Archives of Internal Medicine*.

The question of whether it is appropriate for doctors to pray with patients was addressed in late May at a three-day conference organized by the University of Chicago Program on Medicine and Religion.

G. Richard Holt, MD, MPH, a recently retired otolaryngologist, gave a presentation reviewing his perspective as a head-and-neck surgeon.

During his 40-year career, Dr. Holt received about one or two prayer requests a month. He made it his practice to remain silent while the patient, a family member or religious leader prayed aloud. But Dr. Holt drew the line at initiating or leading prayer.

"Let's say a physician tried to initiate a prayer and the patient was upset with it, because it caught them off guard or it was not something they felt was part of their relationship. ... There could be some sort of investigation about this being an ethical breach," said Dr. Holt, professor emeritus in the Dept. of Otolaryngology at the University of Texas Health Science Center at San Antonio.

"Being there silently with the patient during the prayer is, for the most part, a benign demonstration of validating the patient's faith as being important to them," added Dr. Holt, who is Presbyterian. "It does no harm to the doctor or the patient and usually does good. To me, once you start taking an active part in it, I'm concerned that it becomes different."

Avoiding misunderstandings

Alan Astrow, MD, has crafted similar rules of thumb on praying with patients. Dr. Astrow, director of the Division of Hematology and Medical Oncology at Maimonides Medical Center in New York, believes it is appropriate to respectfully witness a patient's prayer. However, he fears that leading a prayer could result in misconceptions about care.

"If they had some kind of a belief that something I specifically was saying had some kind of magical effect, I wouldn't want to encourage that," said Dr. Astrow, who is Jewish and also spoke at the religion and medicine conference. "I wouldn't want to discourage patient belief, but I wouldn't want to get into any practices that didn't seem to be based in science."

The question of how physicians should handle patient requests for prayer is not addressed in ethical guidelines issued by major physician organizations. The Joint Commission requires hospitals to conduct an assessment to determine what spiritual beliefs are important to patients or might affect their care, but does not cover physician-patient prayer.

Some physicians may feel uncomfortable, for personal reasons, about praying with patients. Seventeen percent of physicians never pray with patients, while 53% do so only when patients ask, according to a May 2006 *Medical Care* study based on a nationwide survey of nearly 1,200 physicians. One in 10 doctors has no religious affiliation, and one in three ranks low on a scale of self-reported religiosity, said the 2007 *Archives* survey.

Whatever their personal views, physicians ought to be aware of patients' religious beliefs and work with pastoral-care providers to help address spiritual concerns, said Nancy Berlinger, PhD, a research scholar at The Hastings Center who has studied the role chaplains play in delivering quality care. About 60% of hospitals have chaplains on staff, according to the American Hospital Assn.

Berlinger agreed that there is little downside to respectfully observing a patient's prayer. She advised doctors to be cautious in going beyond that when responding to patients' religious requests. Most important, she said, physicians should expect such requests and have a plan for handling them that is consistent with their organization's policies.

"You do not want to try to improvise here," Berlinger said. "If there's time, bring the chaplain in, who may be able to find out

more about the nature of the request.”

Making spirituality part of care

Walter Larimore, MD, takes a more hands-on approach to integrating spirituality into his Colorado Springs, Colo., family practice. He is medical director of the charitable Mission Medical Clinic, which says it offers a “Christ-centered environment.” The clinic treats about 800 patients with chronic conditions who are uninsured and do not qualify for Medicaid.

Physicians at the clinic ask patients about their religious or spiritual beliefs as part of a routine history. They also ask patients what role they believe faith should play in care, and whether they would like to pray with doctors or volunteer lay ministers.

If patients are interested in prayer, Dr. Larimore notes it with a “P” in their charts. Care is not in any way contingent on openness to prayer or holding religious beliefs, he said.

Research has found that patients with strong religious beliefs and ties to a faith community have superior health outcomes, although the reason for that association is unclear. Studies of intercessory prayer — when a third party prays on behalf of the patient — have found little to no effect on outcomes and are widely regarded as lacking in methodological rigor.

Experts interviewed for this article were not aware of studies investigating the efficacy of physician-patient prayer. Only 6% of physicians believe religion and spirituality often help to prevent negative clinical outcomes such as heart attacks, infections or death, the *Archives* study said.

For Dr. Larimore, it is the deeper connections with patients facilitated by prayer that make an impression. In early June, a patient undergoing a family trauma came in with elevated blood pressure. After a drink of water, a visit with a nurse and a prayer, the woman’s diastolic blood pressure dropped about 20 points.

“Was there a cause and effect? I don’t know,” Dr. Larimore said. “But I could tell by the tears in her eyes that the experience touched her.”

ADDITIONAL INFORMATION:

WEBLINK

“Responding to the Call of the Sick: Religious Traditions and Health Professions Today,” University of Chicago Program on Medicine and Religion’s inaugural national conference (pmr.uchicago.edu/events/2012-conference)

“Physicians’ Observations and Interpretations of the Influence of Religion and Spirituality on Health,” *Archives of Internal Medicine*, April 2007 (archinte.jamanetwork.com/article.aspx?volume=167&issue=7&page=649)

“The association of physicians’ religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter,” *Medical Care*, May 2006 (www.ncbi.nlm.nih.gov/pubmed/16641663/)

“Patient preference for physician discussion and practice of spirituality,” *Journal of General Internal Medicine*, January 2003 (www.ncbi.nlm.nih.gov/pubmed/12534762/)

“Should clinicians incorporate positive spirituality into their practices? What does the evidence say?” *Annals of Behavioral Medicine*, Winter 2002 (www.ncbi.nlm.nih.gov/pubmed/12008796/)

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