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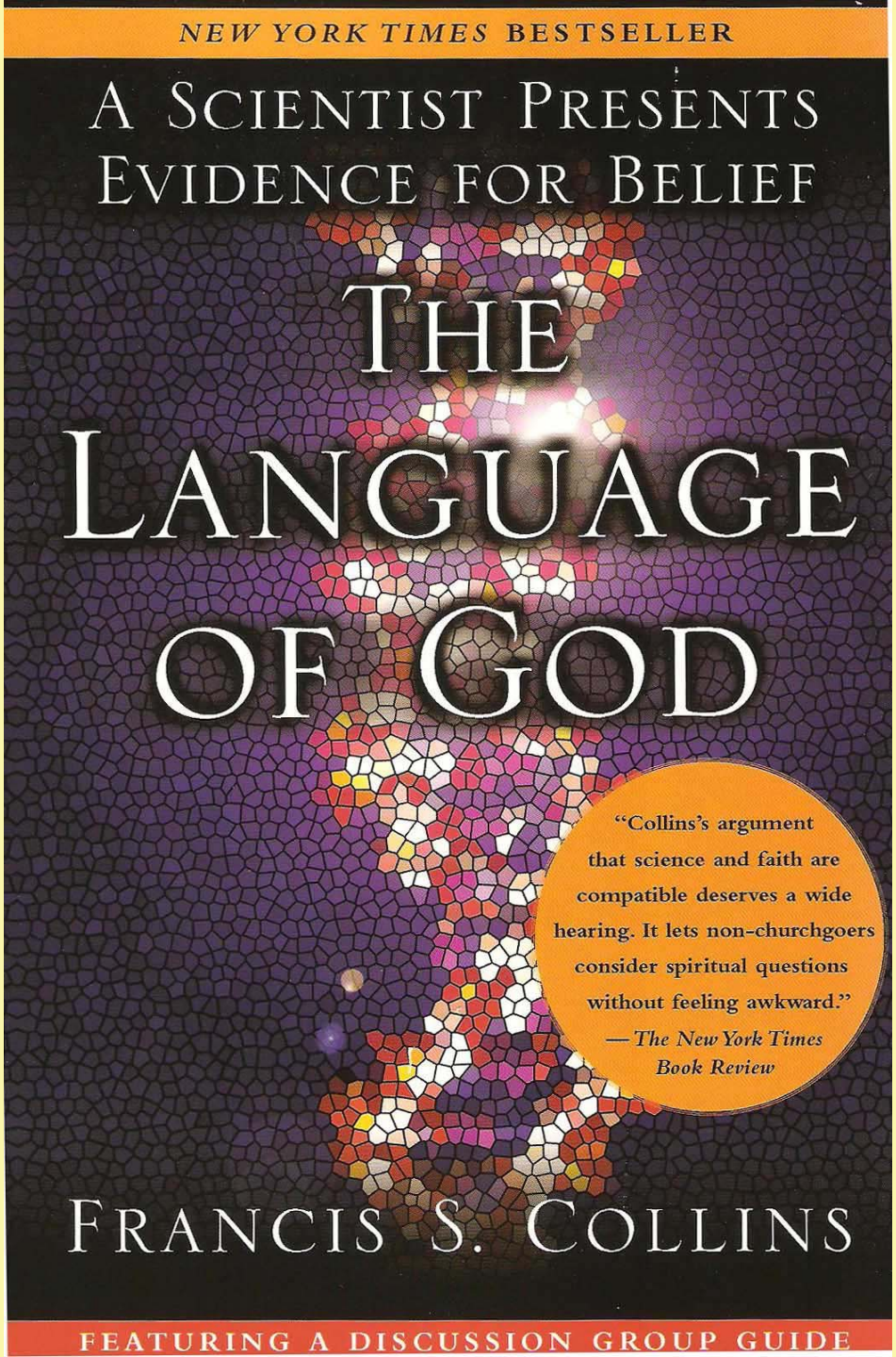
Is There a Role for Spirituality in Clinical Practice?

Physical Therapy Forum: "Spirituality and Healthcare"

21 Jan 2010

VANDERBILT SCHOOL of MEDICINE
ARS LONGA VITA BREVIS
1875
A CENTURY OF SERVICE


NEW YORK TIMES BESTSELLER
A SCIENTIST PRESENTS EVIDENCE FOR BELIEF
THE LANGUAGE OF GOD
"Collins's argument that science and faith are compatible deserves a wide hearing. It lets non-churchgoers consider spiritual questions without feeling awkward."
— The New York Times Book Review
FRANCIS S. COLLINS
FEATURING A DISCUSSION GROUP GUIDE

Disclaimers

No commercial/financial conflicts

My views/thoughts, not those of the VA (8/8ths)

Surgical Oncologist: Esophageal Ca

Beer-drinking baptist with a lower case “b”

Non-linear, hyperkinetic (n ~ 140 images)

Not so much selling; rather asking, plus sharing some literature not so familiar to most of us.

Spirituality and Medicine

Culture and Spiritual Issues
A Few Definitions
Some History
The 1980s Revival of Interest
Recent Articles
Accreditation
Reflections/Thoughts/Metaphors
Conclusion

“My work in comparative theology and religion has taught me that no word for ‘religion’ could be found in most of the world's religious traditions, at least until these traditions encountered the West.”

John J. Thatamanil, PhD
Vanderbilt Divinity School

“The Chinese have traditionally believed that Heaven may send a drought to punish poor behavior of the people or their leaders.”

Kathryn Edgerton, PhD
Dept. of History, SDSU

“People in Nigeria could understand that rabies was caused by a virus infecting dogs that in turn could pass it to humans through biting

…….but who sent the dog?”

Bill Gaventa, Internist in Nigeria

Nurturing a Culture of Respect

For patients

For families

For colleagues

For staff

Cultural Humility

A Workshop Cannot Create Cultural Anthropologists

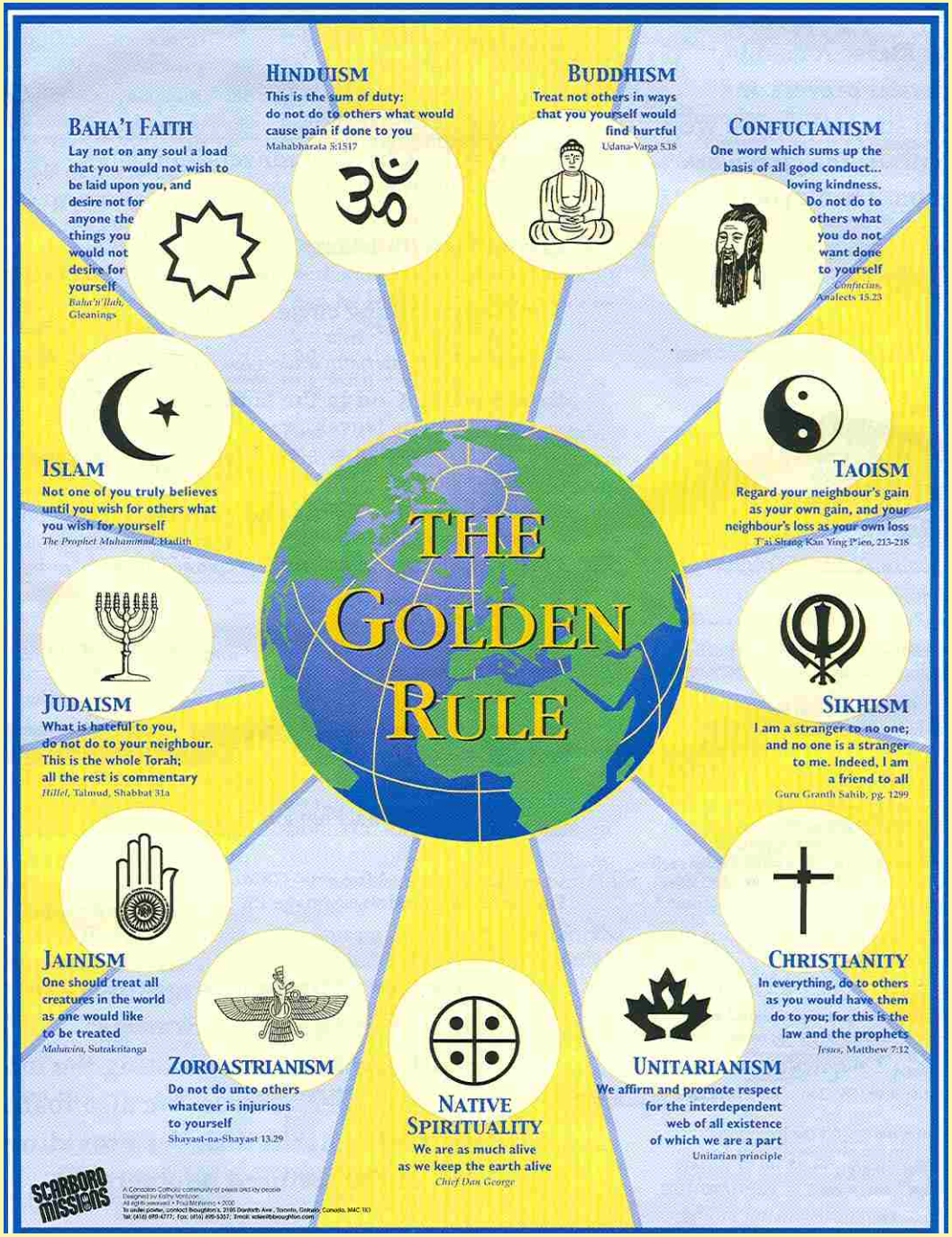
Cultural Competency vs. Sensitivity

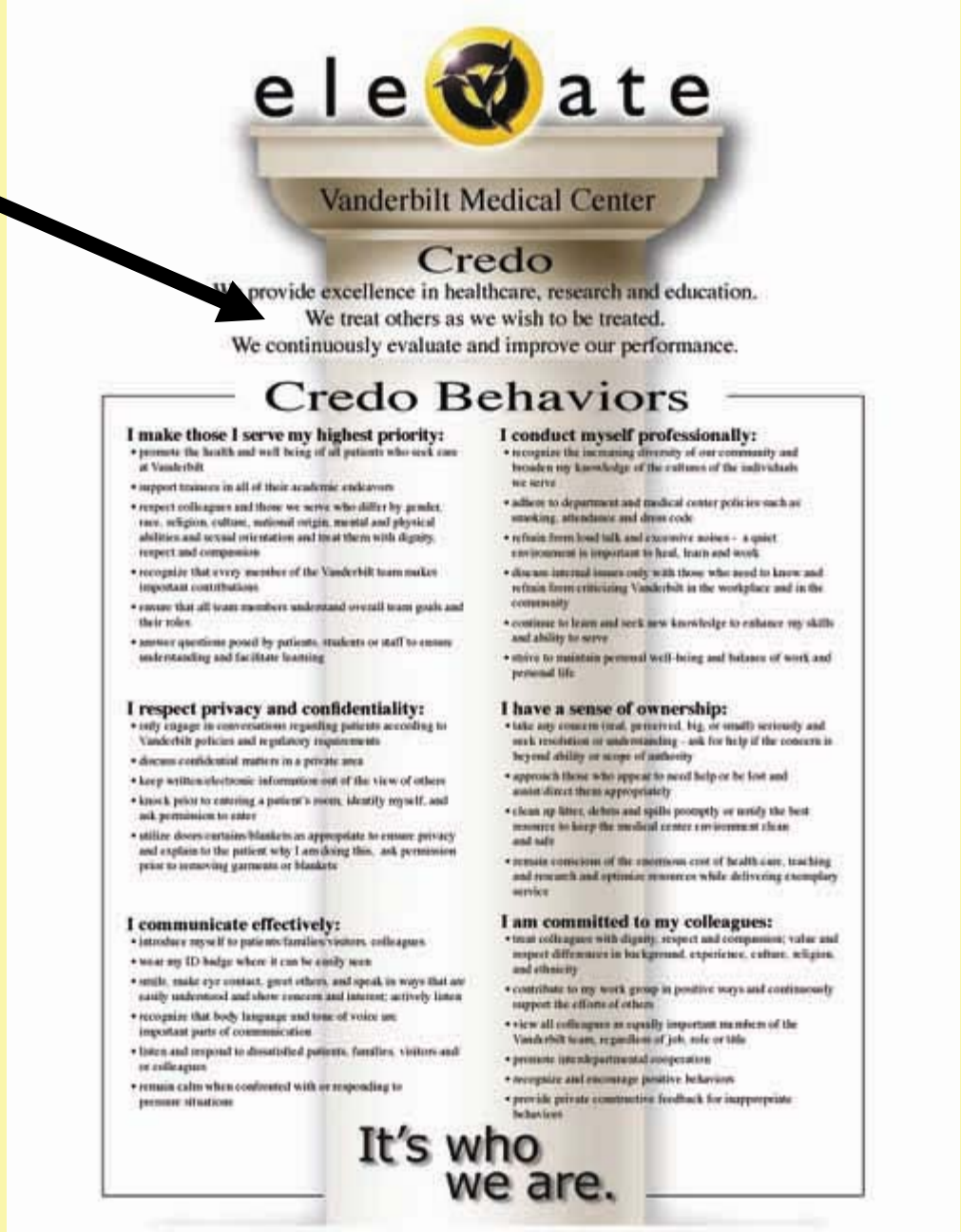
- Begins with Respect
- Incorporates the universal principles of the Golden Rule
- Avoids profiling and stereotypes
- Attains data through respectful questioning and dialogue

Universality of the Golden Rule*

"Do Not Do to Others What You Do Not Want Done to Yourself"
Confucius

*http://www.pflaum.com/goldrule/newgrpost.pdf
(25 May 2005)--used by permission





Used with permission of S. Lyons, Vanderbilt, Sept 2005

Religious/Spiritual Beliefs as Integral to Culture

"The term 'culture' is used to signify the full spectrum of values, behaviors, customs, language, race, ethnicity, gender, sexual orientation, **religious beliefs**, socioeconomic status, and other distinct attributes of population groups." The AAP recommends curricular programs that address these issues.

In a policy statement from American Academy of Pediatrics, Dec 2004. Anderson et al in *Pediatrics*.

- About 109% of California's population growth in the 1990s was due to the increase in minority populations *
- 1 out of 6 persons in Nashville is foreign-born

*http://www.realtor.org/cipshome.nsf/pages/reconsumer—Derived from 2000 Census Figures 8 Feb 2007

World Health Organization

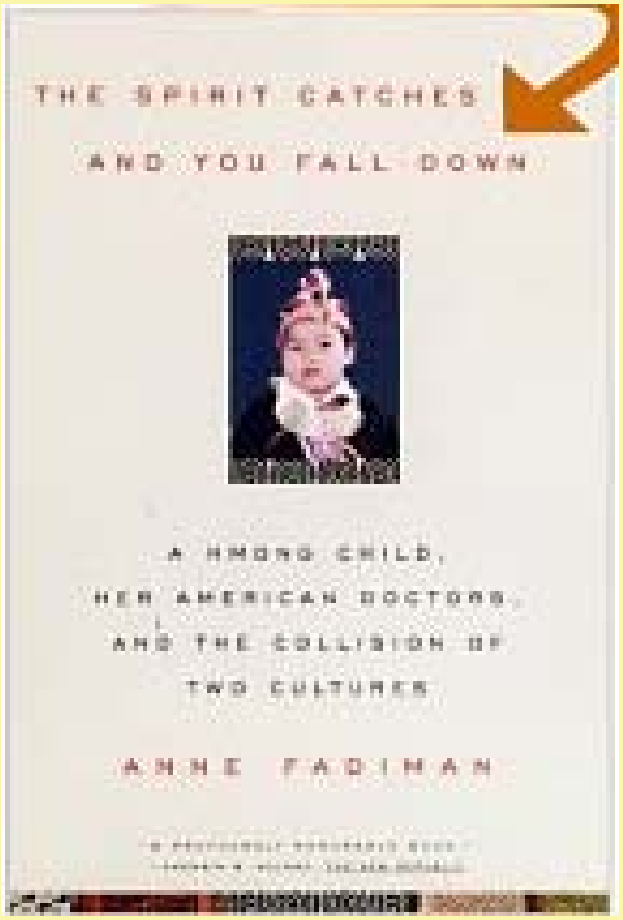
"A socially sensitive health system will take into account the economic, sociocultural, and spiritual values and needs of individuals."

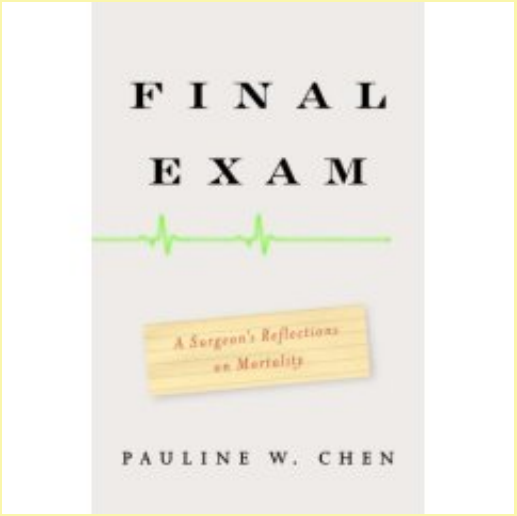
"Health for all in the 21st Century"

***EB*101/8, p.v, 1998**

World View Shaped by Religion/Spirituality

The Spirit Catches You and You Fall Down by Ann Fadiman—A study of a Hmong child with epilepsy and the encounter with the Southern CA medical "culture"





Final Exam
A Surgeon's Reflections on Mortality
By Pauline W. Chen. Alfred A. Knopf. 2007

The middle ground proves to be elusive. As a student, Dr. Chen found it difficult to regard death as "a clinical event." Instead, she writes, "seeing patients die bothered me." Her own family background only compounded her sense of confusion. The daughter of immigrants from Taiwan, she grew up regarding death as a matter of fate. On the day of her birth, her parents engaged an old man in Taiwan to tell her fortune. Much more than she could admit to her fellow students or teachers, her feelings about death were shaped by her culture. "That great passing of life was too sacred; it was nearly magical," she writes. "Death was an immutable moment in time, locked up as much in our particular destiny as in the time and date of our birth."

Rural vs Urban Culture

In the U.S., cultural and spiritual differences often exist between rural clients and professionals and their urban counterparts; these should also be noted.

"Children in rural areas are better off than their urban counterparts on some measures (English-speaking ability, housing problems) but worse off on many others (secure parental employment, poverty, **health status,** mortality rates, cigarette, alcohol, and drug use, and **education outcomes**). Many of these problems are exacerbated by the isolation, lack of jobs, and lack of support services for families living in rural communities."

(http://www.prb.org/rfdcenter/ruralkidslagginginhlth.htm 8 Feb 2007)

16th Century

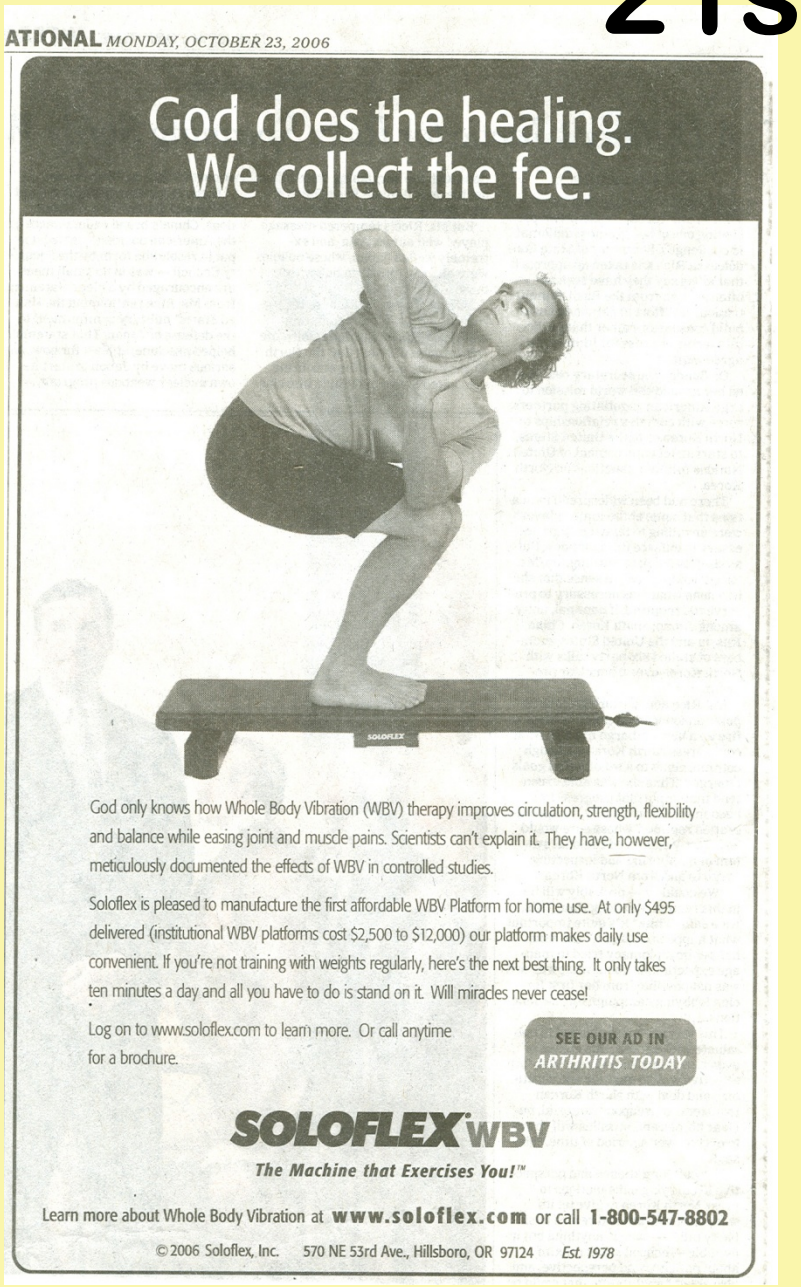
Ambroise Pare

(1517? – 1590)

Je le pensay, et Dieu le quarit.

I dressed him, and God healed him.

21st Century



ATIONAL MONDAY, OCTOBER 23, 2006

God does the healing.
We collect the fee.

God only knows how Whole Body Vibration (WBV) therapy improves circulation, strength, flexibility and balance while easing joint and muscle pains. Scientists can't explain it. They have, however, meticulously documented the effects of WBV in controlled studies.

Soloflex is pleased to manufacture the first affordable WBV Platform for home use. At only $495 delivered (institutional WBV platforms cost $2,500 to $12,000) our platform makes daily use convenient. If you're not training with weights regularly, here's the next best thing. It only takes ten minutes a day and all you have to do is stand on it. Will miracles never cease!

Log on to www.soloflex.com to learn more. Or call anytime for a brochure.

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The Machine that Exercises You!™

Learn more about Whole Body Vibration at **www.soloflex.com** or call **1-800-547-8802**

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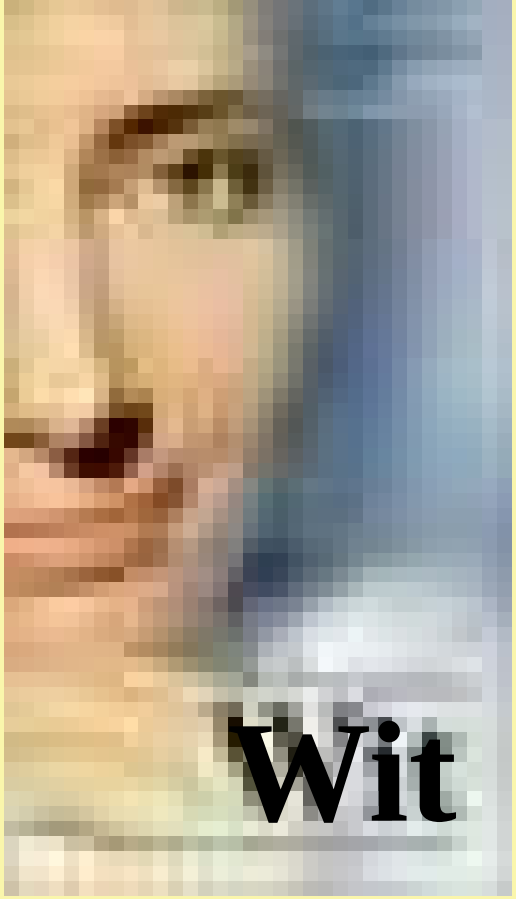
New York Times,
23 October 2006

Memorial Sloan-Kettering Cancer Center, Manhattan



Wit: a Play **by Margaret Edson.**
Made into a film starring Emma Thompson

What Is Spirituality?

SPIRIT, BREATH, WIND	SOUL, SELF, MIND	BODY, FLESH
Ch’i	Psyche	Soma
Ki		Sarx
Ruach		
Pneuma		
Spiritus		

Ch’i

Character for spirit, breath

Spirit

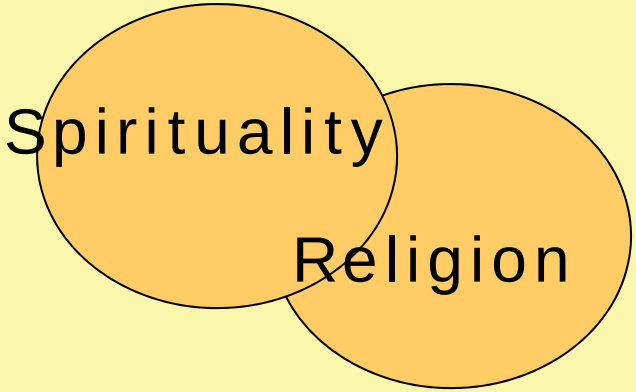
- An animating or vital principle held to give life to physical organisms
- The soul
- The immaterial intelligent or sentient part of a person

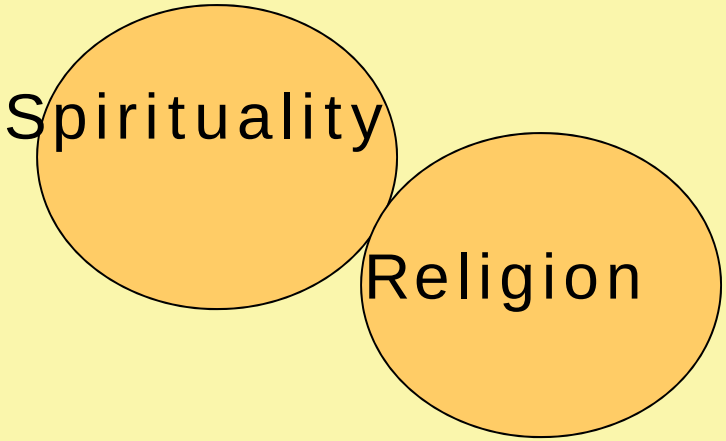

Spirituality
Religion

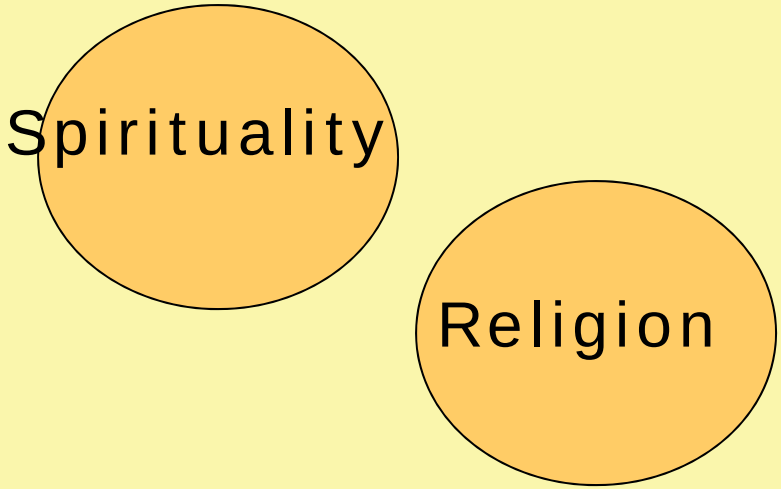
“I consider myself spiritual but not religious.”

Jeanne Plas, PhD.


Spirituality
Religion


Spirituality
Religion


Spirituality
Religion


Spirituality
Religion

What Is Spirituality?

- Unifying principle of a person's life
- Religious sensibilities as well as practices
- Faith
- Sense of connection with past and future as well as the present
- Relationship with the transcendent

Religion

From re + ligio (L)

Implies that "foundation wall" to which one is "bound" for one's survival, the basis of one's being.

Other words with similar derivatives are ligament, ligature, and oblige.

Andrew Sims, *British J. of Psychiatry*, 1994.

Spirituality vs. Religion

Spirituality: One's relationship with the transcendent questions that confront one as a human being

Religion: A set of texts, practices, and beliefs about the transcendent, shared by a particular community

Spirituality is broader than religion.

Not everyone has a religion;

spiritual issues arise for all.

Sulmasy *JAMA* 296:1385-1392, 2006

The 19th Century and Early 20th Century

JAMA Review

1883-1910

In 1891
…the number of college-bred men in medicine is lower than in almost any profession (clergymen 1 in 4, lawyers 1 in 5, physicians 1 in 12)

"General Education of the Physician,"

David Starr Jordan, *JAMA*, May 30, 1891.

Mary Baker Eddy

By William B. Closson in the Longyear Museum

Special issue of *British Medical Journal* 18 June 1910

Reflections on faith healing, Clifford Allbutt

“Suggestion” in the treatment of disease, Henry Morris

Remarks on spiritual healing, H.T. Butlin

The faith that heals, William Osler

Considerations on the occult, T. Claye Shaw

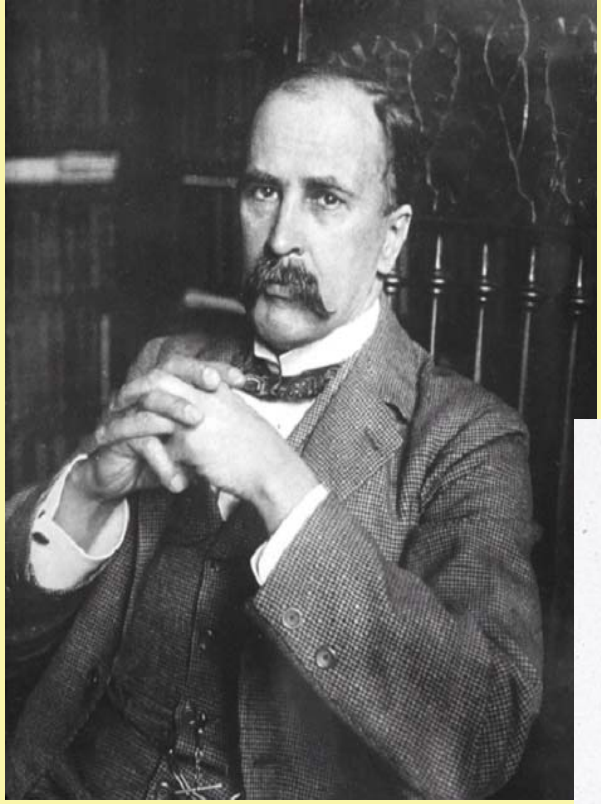
Abstract of a lecture on psychopneumatology; or, the interactions of mind, body, and soul, Jamie Rorie

Health values, Geoffrey Rhodes

Reviews: Mind and body

Medicine and miracles

A philosophy of mental healing



THE FAITH THAT HEALS.

BY

WILLIAM OSLER, M.D., F.R.S.,

REGIUS PROFESSOR OF MEDICINE, OXFORD UNIVERSITY.

NOTHING in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating nor jot nor tittle of its potency. Well indeed did St. Paul break out into the well-known glorious panegyric, but even this scarcely does justice to the Hertha of the psychical world, distributing force as from a great storage battery, without money and without price to the children of men.

From Osler's "The Faith that Heals" in *BMJ* 1910

<u>The Faith Problem in Medicine Today:</u>

1. **The Peculiar People, a small sect in England**
2. **The Christian Church**
    - **St. Cosmas and St. Damian**
    - **Lourdes**
    - **St. Anne de Beaupré**
3. **Christian Science: Mary Baker Eddy**
4. **The Emmanuel Church Movement: Boston, Rev. Dr. Worchester**

Types of Faith

- Existential religious faith
- Faith in the medical system
- Faith in individual's medical treatment
- Faith in the doctor

Osler. *BMJ*. 1910

From Osler's "The Faith that Heals" – *BMJ* 1910

"…the whole subject is of intense interest to me. I feel that our attitude as a profession should not be hostile…"

Research indicated

Alexis Carrel 1873-1944

Nobel Laureate 1912
Physiology / Medicine

PRAYER

By
DR. ALEXIS CARREL

Translated by
Dulcie de Ste. Croix Wright

Morehouse-Gorham Co.
New York
1948

THE VOYAGE
TO LOURDES

by
Alexis Carrel

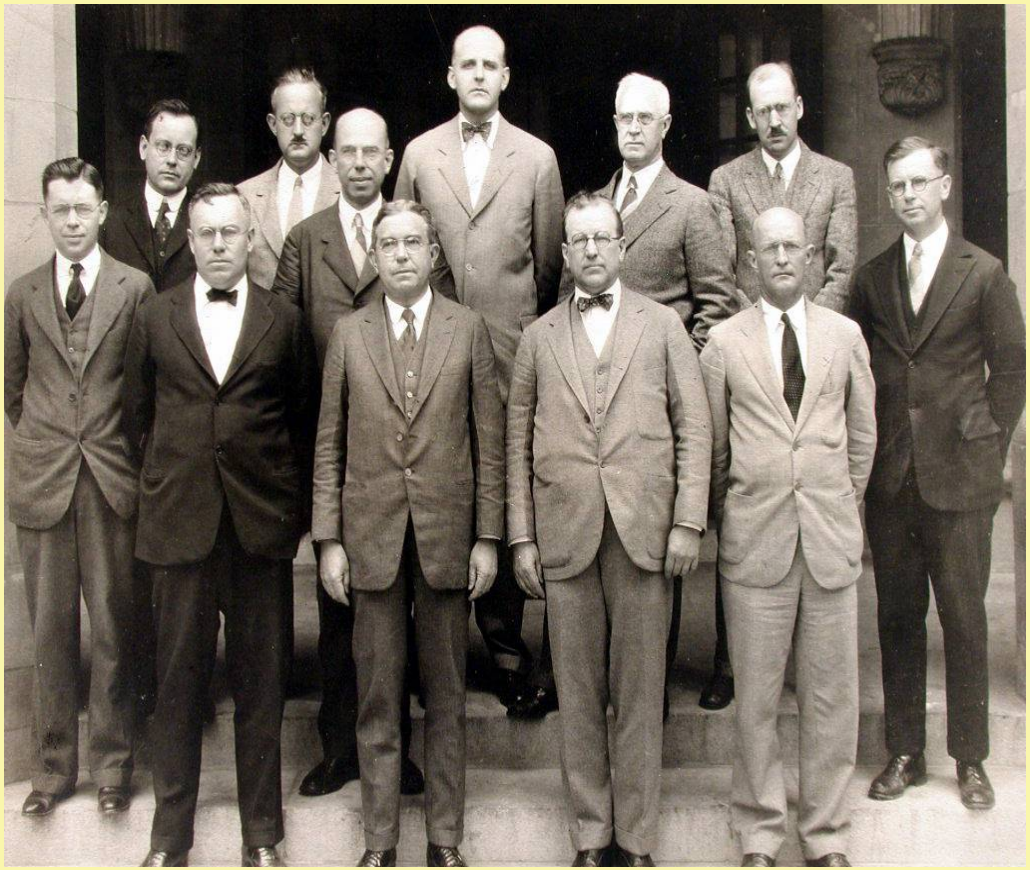
PREFACE BY
CHARLES A. LINDBERGH

TRANSLATED FROM THE FRENCH BY
VIRGILIA PETERSON

Harper & Brothers New York

“Everybody, sick or well, is affected…by the material and spiritual forces that bear on his life… for the secret of the care of the patient is in caring for the patient.”

Francis Weld Peabody
***JAMA* 88:877-882, 1927**



The Patient as a Person

A STUDY OF THE SOCIAL ASPECTS OF ILLNESS

G. CANBY ROBINSON, M.D., LL.D., Sc.D.
LECTURER IN MEDICINE, JOHNS HOPKINS UNIVERSITY

New York · The Commonwealth Fund · 1939
LONDON · HUMPHREY MILFORD · OXFORD UNIVERSITY PRESS

PSYCHOSOMATIC SURGERY*

BARNEY BROOKS, M.D.

NASHVILLE, TENN.

FROM THE DEPARTMENT OF SURGERY, VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, NASHVILLE, TENN.

"THE OPERATION" is and will no doubt continue to be the dominant feature of surgery. In the anticipation of an operation a patient presumably has fear and dread. An operation often produces such an impression on a patient's memory that he may for the remainder of his life refer to past events as happening before or after "my operation."

The surgeon of today, as of yesterday, must of necessity be a man endowed with the sort of mind suitable f
ceeding with a minimum amount of dela
with which he is often unexpectedly con
of a nature which does not permit leisurel
to the hospital with an acute attack of
must be reached quickly as to whether
operation or not, and often in deciding t
assume an even greater personal responsibility for the preservation of the life of his patient. In the operating room, whether it be the head, chest or abdomen which is open, the surgeon is confronted with the necessity of bringing the operation to a successful or unsuccessful conclusion in a limited space of time; but no matter how objective the mind of a surgeon, I imagine

REPRINTED FROM
ANNALS OF SURGERY
227 South Sixth Street, Philadelphia, Penna.
VOL. 119 MARCH, 1944 No. 3

* Address delivered before the Southern Surgical Association, December 7-9, 1943, New Orleans, La.

“The importance of considering the psychic aspects of malignant tumors, disabling deformities, or unsightly disfigurement is such that preoperative preparation of the patient for these results is just as important as is the transfusion of blood or compensation for vitamin deficiency to reduce the risk of operation and promote the healing process in the operation wound.”

Barney Brooks
Presidential Address, 1943
The Southern Surgical Association

Matthew Walker

Meharry Medical College

Medical students and physicians need to be in touch with their own mortality if they are to assist patients and their families in dealing with end-of-life issues.

Clinical Pastoral Counseling: Chaplains

"Growth at the edges of medical education: spirituality in American medical education."

S. Gregory Ryan.
Pharos **Spring:14-19, 2003.**

Research Issues

“Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population”

Randolph C. Byrd, M.D.

Southern Medical Journal
81:826-829, July 1988.

THE REVIVAL OF EXPERIMENTS ON PRAYER

Keith Stewart Thomson

AMERICAN SCIENTIST 84:532-534, Nov-Dec, 1996.

If you are a Believer, you don't need proof.
If you are a Skeptic, you won't accept proof.

The Spiritual Dimension of Medicine & the Role of Prayer in Healing

Interdisciplinary symposium held
at Vanderbilt Medical Center
in 1996-98.

Caring For Body, Mind & Spirit: An Ethical Obligation To Heal The Whole Person

Sponsored by

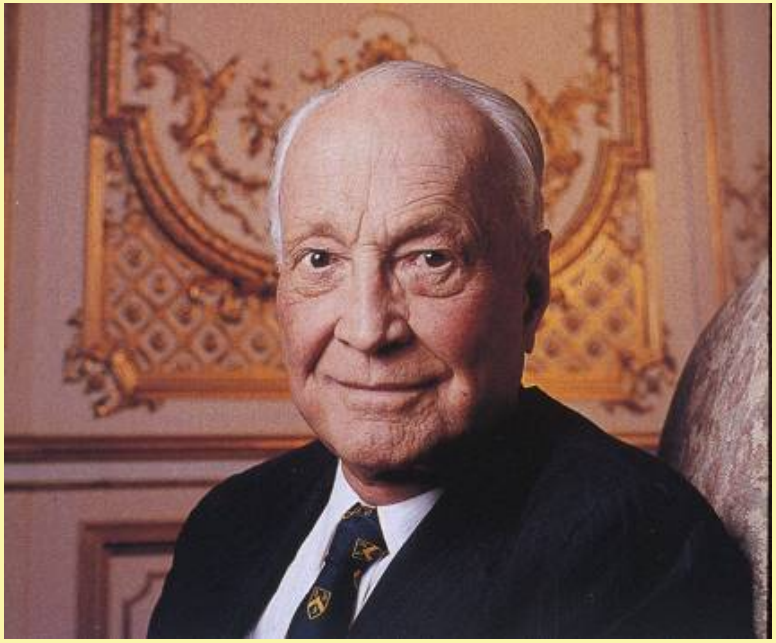
Saint Thomas Hospital
Nashville, Tennessee

Monday, April 21, 1997

Offered at

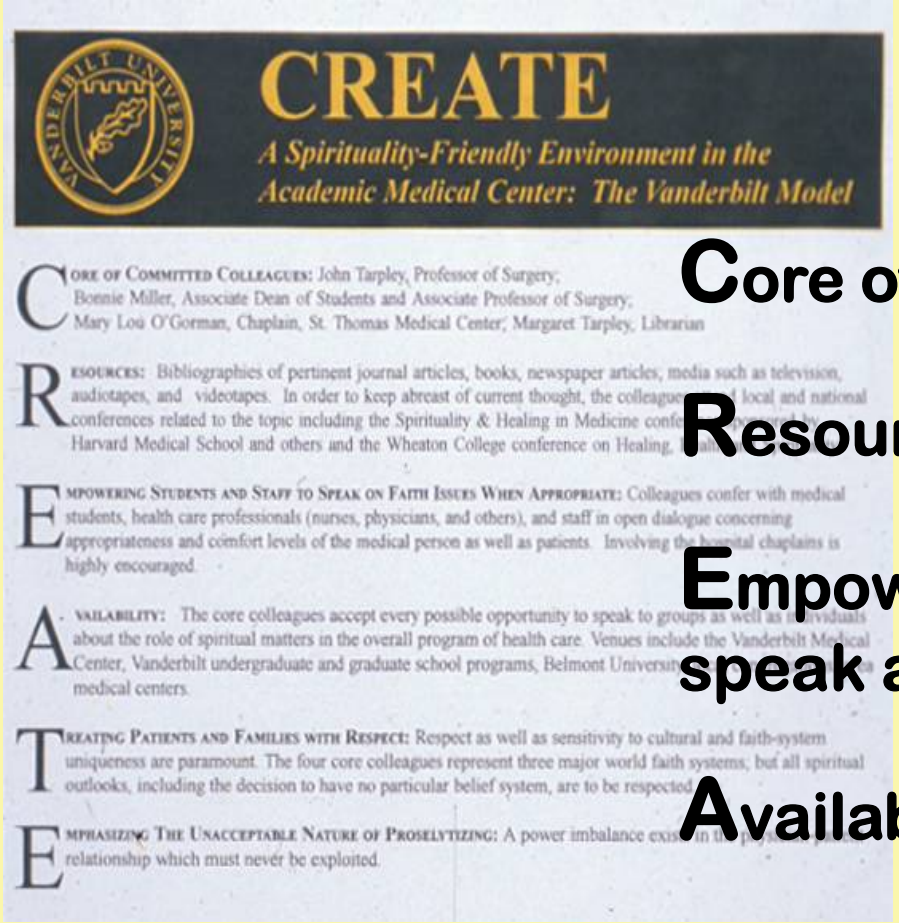
The Laurence A. Grossman
Medical Learning Center

SAINT THOMAS
HEALTH SERVICES



The John Templeton Award

"...to encourage a fresh appreciation of the critical importance—for all peoples and cultures—of the moral and spiritual dimensions of life."



CREATE

A Spirituality-Friendly Environment in the Academic Medical Center: The Vanderbilt Model

Core of Committed Colleagues: John Tarpley, Professor of Surgery; Bonnie Miller, Associate Dean of Students and Associate Professor of Surgery; Mary Lou O'Gorman, Chaplain, St. Thomas Medical Center; Margaret Tarpley, Librarian

Resources: Bibliographies of pertinent journal articles, books, newspaper articles, media such as television, audiotapes, and videotapes. In order to keep abreast of current thought, the colleagues attend local and national conferences related to the topic including the Spirituality & Healing in Medicine conference sponsored by Harvard Medical School and others and the Wheaton College conference on Healing.

Empowering Students and Staff to Speak on Faith Issues When Appropriate: Colleagues confer with medical students, health care professionals (nurses, physicians, and others), and staff in open dialogue concerning appropriateness and comfort levels of the medical person as well as patients. Involving the hospital chaplains is highly encouraged.

Availability: The core colleagues accept every possible opportunity to speak to groups as well as individuals about the role of spiritual matters in the overall program of health care. Venues include the Vanderbilt Medical Center, Vanderbilt undergraduate and graduate school programs, Belmont University, [illegible] medical centers.

Treating Patients and Families with Respect: Respect as well as sensitivity to cultural and faith-system uniqueness are paramount. The four core colleagues represent three major world faith systems; but all spiritual outlooks, including the decision to have no particular belief system, are to be respected.

Emphasizing The Unacceptable Nature of Proselytizing: A power imbalance exists in the physician-patient relationship which must never be exploited.

Core of committed colleagues

Resources

Empowering staff and students to speak about faith when appropriate

Availability

Treating patients and their families with respect

Emphasizing the unacceptable nature of proselytizing

“Is Medicine a Spiritual Practice?”

Daniel Sulmasy, OFM, MD, PhD
Academic Medicine 74:1002-1005, 1999.

Journal of Gerontology: MEDICAL SCIENCES
1999, Vol. 54A, No. 7, M370–M376

Does Religious Attendance Prolong Survival? A Six-Year Follow-Up Study of 3,968 Older Adults

Harold G. Koenig,[1] Judith C. Hays,[1] David B. Larson,[1,2] Linda K. George,[1] Harvey Jay Cohen,[1] Michael E. McCullough,[2] Keith G. Meador,[1] and Dan G. Blazer[1]

[1]Duke University Medical Center, Durham, North Carolina.
[2]National Institute for Healthcare Research, Rockville, Maryland.

Background. The purpose of the study was to examine religious attendance as a predictor of survival in older adults.

Methods. A probability sample of 3,968 community-dwelling adults aged 64–101 years residing in the Piedmont of North Carolina was surveyed in 1986 as part of the Established Populations for the Epidemiologic Studies of the Elderly (EPESE) program of the National Institutes of Health. Attendance at religious services and a wide variety of sociodemographic and health variables were assessed at baseline. Vital status of members was then determined prospectively over the next 6 years (1986–1992). Time (days) to death or censoring in days was analyzed using a Cox proportional hazards regression model.

Results. During a median 6.3-year follow-up period, 1,777 subjects (29.7%) died. Of the subjects who attended religious services once a week or more in 1986 (frequent attenders), 22.9% died compared to 37.4% of those attending services less than once a week (infrequent attenders). The relative hazard (RH) of dying for frequent attenders was 46% less than for infrequent attenders (RH: 0.54, 95% CI 0.48–.0.61), an effect that was strongest in women (RH 0.51, CI 0.43–0.59) but also present in men (RH 0.63, 95% CI 0.52–0.75). When demographics, health conditions, social connections, and health practices were controlled, this effect remained significant for the entire sample (RH 0.72, 95% CI 0.64–.81), and for both women (RH 0.65, 95% CI 0.55–0.76, $p<.0001$) and men (RH 0.83, 95% CI 0.69–1.00, $p=.05$).

Conclusions. Older adults, particularly women, who attend religious services at least once a week appear to have a survival advantage over those attending services less frequently.

“Do Patients Want Physicians to Inquire About Their Spiritual or Religious Beliefs If They Become Gravely Ill?”

Q: “Do you have spiritual or religious beliefs that would influence your medical decisions if you became gravely ill?”

JW Ehman et al. *Archives of Internal Medicine* 159:1803-1806, 1999.

"Should Physician Prescribe Religious Activities?"

Is there empirical evidence of a link between religion and health?

Should physicians recommend religious activity as a way of providing comfort?

Do patients want religious matters to be incorporated into their medical care?

Trivializing religion

Conclusions

Sloan et al, *NEJM* 342:1913-1916, 2000

“Experiments on distant intercessory prayer: God, Science, and the Lesson of Massah”

Chibnell, Jeral, and Cerullo. *Arch Int Med* 161:2529-2536, 2001.

"Experimental studies on the health effects of distant intercession (prayer) ignore important facets of construct validity, philosophy of science, and theology while focusing on issues like randomization and double-blinding.

….research on the effects of religion and spirituality on health should avoid attempting to validate God through scientific methods."

Chibnall et al, *Arch Intern Med* 161:2529-2536, 2001

“The lesson of Massah* is that God cannot be compelled by our research designs, statistics, and hypotheses to answer our demand, ‘Is the Lord among us or not?’”

“We do not need science to validate our spiritual beliefs, as we wound never use faith to validate our scientific data.”

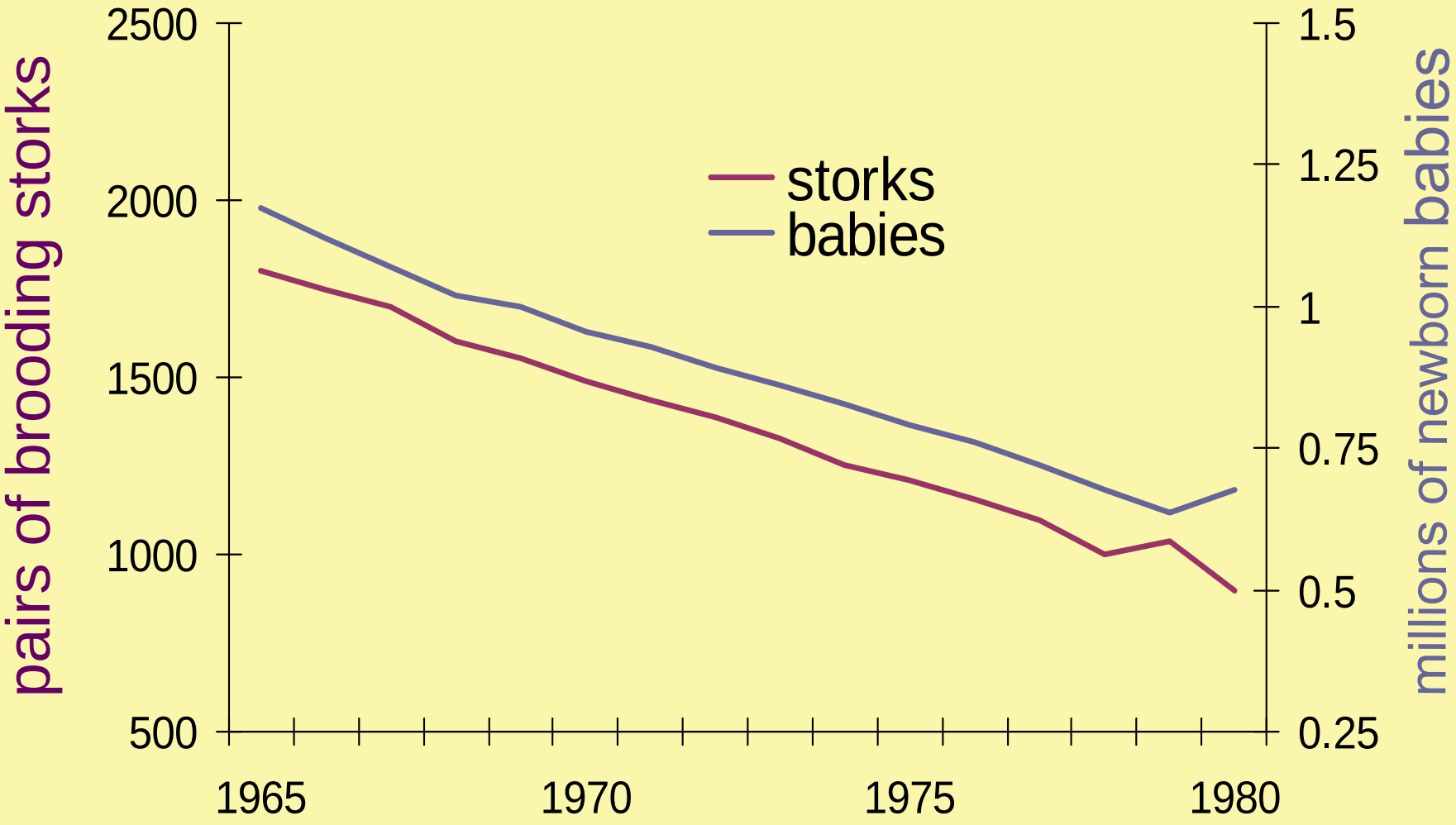
*Exodus 17:7 and Deuteronomy 6:16 “Massah”: challenge or trial

Chibnall et al, *Arch Intern Med* 161: 2529-2536, 2001.

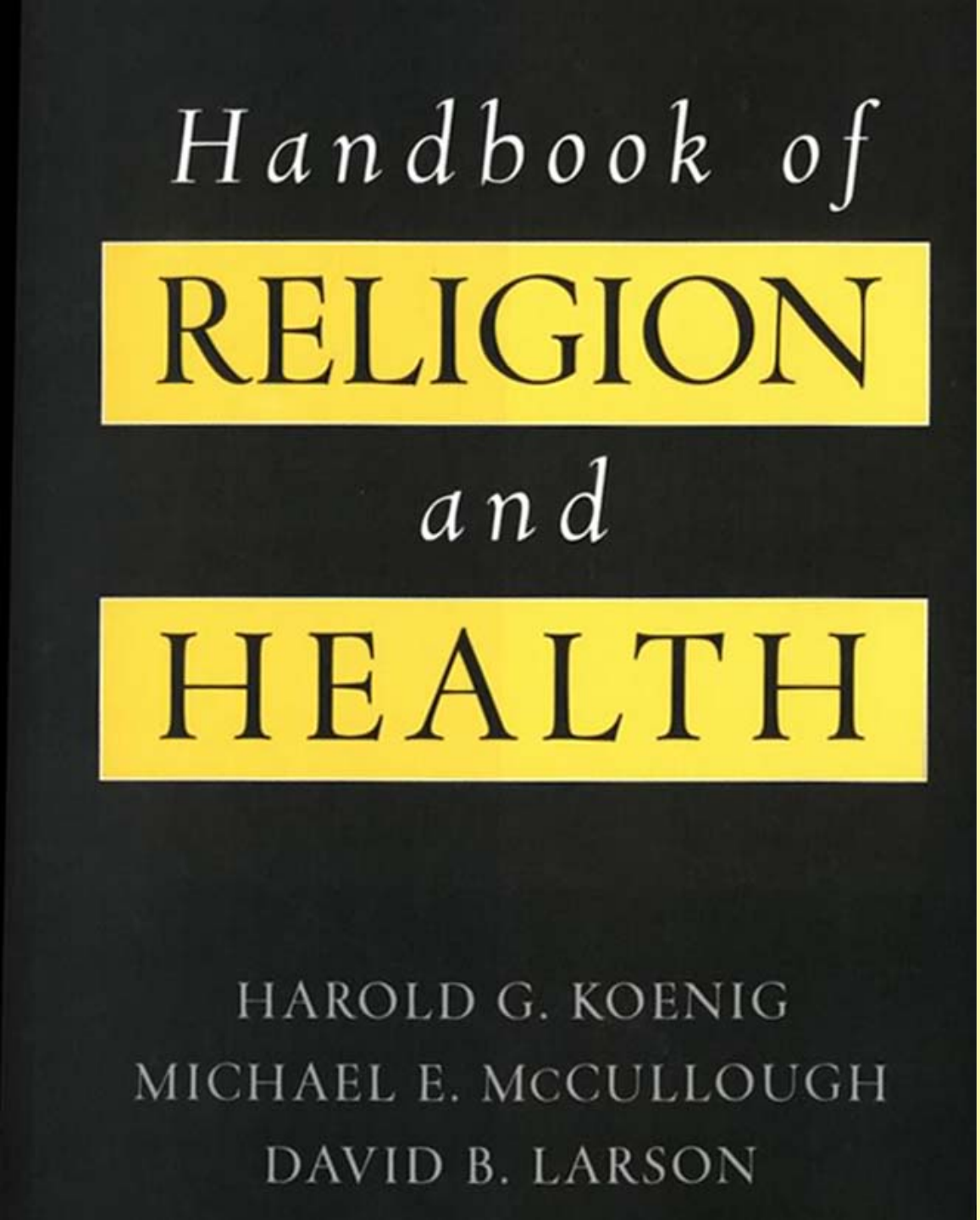
Correlation

Association vs. Causation

Ecological fallacy



Sandler, UNC, 2005. From H Sies. A new parameter for sex education. *Nature* 332:495, 1988.



Dedicated to
Sir John Templeton

New York:
Oxford University
Press, 2001.

Cochrane review 2001 conclusion on intercessory prayer studies:

The evidence presented so far is interesting enough to justify further study.

Roberts, L, Ahmed, I, Hall, S. "Intercessory prayer for the alleviation of ill health." *Cochrane Database of Systematic Reviews*. Issue 2. 2001.

PubMed

National Library of Medicine NLM

Key Words	All Citations 1966 through January 2010	Articles in 2009-2010 in English
Spirituality	4337	451
Religion	41,920	1647
Prayer	42,508	1713
Medical Ethics	56,913	1816
Judaism	2149	72
Islam	6370	548
Buddhism	775	39
African Religions	1423	97

Recent Contributions

FA Curlin, MD, Dept. of Medicine, The MacLean Center for Clinical Medical Ethics, The University of Chicago—2008

1: Curlin FA. Conscience and clinical practice: medical ethics in the face of moral controversy. *Theor Med Bioeth.* 2008 Aug 28.

2: Ishibashi KL, Koopmans J, Curlin FA, Alexander KA, Ross LF. Paediatricians' attitudes and practices towards HPV vaccination. *Acta Paediatr.* 2008 Jul 29.

3: Lawrence RE, Curlin FA. Misplaced flexibility: revise policies but cling to principles. *Am J Bioeth*. 2008 Apr;*8*(*4*):*36-7*.

4: Curlin FA, Dinner SN, Lindau ST. Of more than one mind: obstetrician-gynecologists' approaches to morally controversial decisions in sexual and reproductive healthcare. *J Clin Ethics.* 2008 Spring;*19*(*1*): *11-21; discussion 22-3*.

5: Lantos JD, Curlin FA. Religion, conscience and clinical decisions. *Acta Paediatr.* 2008 Mar;*97*(*3*):*265-6*.

6: Curlin FA, Nwodim C, Vance JL, Chin MH, Lantos JD. To die, to sleep: US physicians' religious and other objections to physician-assisted suicide, terminal sedation, & withdrawal of life support. *Am J Hosp Palliat Care.* 2008 Apr-May;*25*(*2*):*112-20*.

Farr Curlin 2009

Physicians' experience and satisfaction with chaplains: a national survey.
Fitchett G, Rasinski K, Cadge W, Curlin FA.
Arch Intern Med. 2009 Oct 26;169(19):1808-10.

Religion, clinicians, and the integration of complementary and alternative medicines.
Curlin FA, Rasinski KA, Kaptchuk TJ, Emanuel EJ, Miller FG, Tilburt JC.
J Altern Complement Med. 2009 Sep;15(9):987-94.

Physicians' beliefs and U.S. health care reform--a national survey.
Antiel RM, Curlin FA, James KM, Tilburt JC.
N Engl J Med. 2009 Oct 1;361(14):e23. Epub 2009 Sep 14.

Physicians' beliefs about conscience in medicine: a national survey.
Lawrence RE, Curlin FA.
Acad Med. 2009 Sep;84(9):1276-82.

Alternative medicine research in clinical practice: a US national survey.
Tilburt JC, Curlin FA, et al
Arch Intern Med. 2009 Apr 13;169(7):670-7.

Autonomy, religion and clinical decisions: findings from a national physician survey.
Lawrence RE, Curlin FA.
J Med Ethics. 2009 Apr;35(4):214-8.

“Medicine, Spirituality, and Patient Care”

Pat Fosarelli

JAMA 300:836-838, 2008

"Can Physicians' Care Be Neutral Regarding Religion?"

"At its best, the current discussion about spirituality and health is an attempt to recover a more humane medicine."

"Secularism is not neutral."

"A value-neutral position is not possible."

"…an opportunity for physicians to be self-conscious about their own 'values'".

Hall and Curlin. *Acad Med* 79:677-679, 2004.

“All healers have a set of beliefs to which they refer in their practice.”

Prioreschi. ***A History of Medicine*: Vol 1. Primitive and Ancient Medicine**. New York. Edwin Mellen Press. 1991

“Can the Future of Medicine Be Saved from the Success of Science?”

Samuel LeBaron, MD, PhD (Stanford)

Recipient of the Humanism in Medicine Award, AAMC, 2003

Acad Med 79:661-665, 2004

In Search of Balance

"A balanced approach to health care requires attention to both the biological and humanistic aspects of our patients' lives."

"The fundamental connections that we physicians have with each other and with our patients are endangered by an illusion that scientific knowledge is **The Key** to well-being and health. But it's not, and we are in danger of losing ourselves to that illusion."

LeBaron. *Acad Med* 79:661-665, 2004

“How the Mind Hurts and Heals the Body”

Oakley Ray, PhD
Vanderbilt Center for Molecular Neuroscience
Departments of Psychology, Psychiatry, and Pharmacology

American Psychologist 59:29-40, 2004.

Health Care Models (Ray)

	Past	Future
Focus:	Fighting sickness	Building health
Emphasis:	Environmental	Behavioral
Causation:	Pathogen	Host-pathogen
Patient:	Passive	Active
Pt's beliefs:	Irrelevant	Important
MD & Rx:	Determiner	Collaborator

Am Psychologist 59:29-40, 2004

Coping Skills

Knowledge (information)

Inner Resources (beliefs, assumptions, and predictions)

Social Support

Spirituality (including religious beliefs)

Ray. *Am Psychologist* 59:29-40, 2004.

PENI

Psycho Endo Neuro Immunology

Ray. *Am Psychologist* 59:29-40. 2004

Patient-physician communication about end-of life care for patients with severe COPD.

Most physicians do not discuss how long the patients have to live, what dying might be like or patients' spirituality.

Curtis et al, *Eur Respir J* 24:200-205, 2004

“Determinants of Quality of Life in Patients with Cancer: A South American Study”

Dapueto et al, Uruguay and Northwestern

Cancer 103: 1072-1081, March 2005

Spiritual well-being was a key determinant of patients’ assessments of overall QOL.

42% of the studied patients stated they did not profess any religion.

(US: reported rates of religious affiliation and practice very high at ~ 81%.)

“Religious attendance as a predictor of survival in the EPESE cohorts”

EPESE = Established Population for the Epidemiologic Studies of the Elderly (NIH)

Sloan’s repetition of Koenig’s NC study.

Bagiella, Hong, & Sloan
***Int J Epidemiology* 34:443-451, 2005**

Results: "Our analyses show that after controlling for important prognostic factors, frequent religious attendance was associated with increased survival in the entire cohort. However, ….."

"…we conclude that the association between religious attendance and survival is not robust and may depend upon unknown confounders and covariates."

Bagiella et al, *Int J Epidemiol* 34:443-451, 2005

ELSEVIER

Seminars in Oncology

Spirituality and Healing

Michael H. Torosian and Veruschka R. Biddle

Spirituality can exert a tremendous impact on one's health and promote recovery from trauma and illness, including cancer. Throughout the history of mankind, spirituality and religion have played a major role in healing a variety of physical and mental illnesses. Cancer is one of the most devastating illnesses, as it affects one's physical, emotional, psychological, and spiritual well-being. An increasing body of scientific literature supports the concept that spirituality can significantly improve healing from cancer and promote the coping response of caregivers and healthcare professionals. We believe that spirituality is an important component of the healing process and should be integrated with conventional medicine to treat this complex disease.
Semin Oncol 32:232-236

Semin Oncol 32:232-236, 2005

Study of the Therapeutic Effects of Intercessory Prayer (STEP) in cardiac bypass patients: A multicenter randomized trial of uncertainty and certainty of receiving intercessory prayer

Herbert Benson, MD,[a,*] Jeffery A. Dusek, PhD,[a,*] Jane B. Sherwood, RN,† Peter Lam, PhD,† Charles F. Bethea, MD,[b] William Carpenter, MDiv,[c] Sidney Levitsky, MD,[d] Peter C. Hill, MD,[e] Donald W. Clem, Jr, MA,[f] Manoj K. Jain, MD, MPH,[g] David Drumel, MDiv,[g,h] Stephen L. Kopecky, MD,[i] Paul S. Mueller, MD,[j] Dean Marek,[k] Sue Rollins, RN, MPH,[b] and Patricia L. Hibberd, MD, PhD*†

Boston, MA; Oklahoma City, OK; Washington, DC; Memphis, TN; and Rochester, MN

Background Intercessory prayer is widely believed to influence recovery from illness, but claims of benefits are not supported by well-controlled clinical trials. Prior studies have not addressed whether prayer itself or knowledge/certainty that prayer is being provided may influence outcome. We evaluated whether (1) receiving intercessory prayer or (2) being certain of receiving intercessory prayer was associated with uncomplicated recovery after coronary artery bypass graft (CABG) surgery.

Methods Patients at 6 US hospitals were randomly assigned to 1 of 3 groups: 604 received intercessory prayer after being informed that they may or may not receive prayer; 597 did not receive intercessory prayer also after being informed that they may or may not receive prayer; and 601 received intercessory prayer after being informed they would receive prayer. Intercessory prayer was provided for 14 days, starting the night before CABG. The primary outcome was presence of any complication within 30 days of CABG. Secondary outcomes were any major event and mortality.

Results In the 2 groups uncertain about receiving intercessory prayer, complications occurred in 52% (315/604) of patients who received intercessory prayer versus 51% (304/597) of those who did not (relative risk 1.02, 95% CI 0.92-1.15). Complications occurred in 59% (352/601) of patients certain of receiving intercessory prayer compared with the 52% (315/604) of those uncertain of receiving intercessory prayer (relative risk 1.14, 95% CI 1.02-1.28). Major events and 30-day mortality were similar across the 3 groups.

Conclusions Intercessory prayer itself had no effect on complication-free recovery from CABG, but certainty of receiving intercessory prayer was associated with a higher incidence of complications. (Am Heart J 2006;151:934-42)

American Heart Journal, 151:934-942, April 2006

Benson et al.
Am Heart J 151:934-942, 2006

Group 1: Prayer but uncertain n = 604

Group 2: No prayer but uncertain n = 597

Group 3: Prayer but certain n = 601

Prayer by three Christian groups for 14 days

“Intercessory prayer itself had no effect on complication-free recovery from CABG, but certainty of receiving intercessory prayer was associated with a higher incidence of complications”

Benson et al.

***Am Heart J* 151:934-42, 2006**

“I believe in spiritual healing.”
68.2%, 63.0%, 64.4% of the three groups strongly agreed.

95.0%, 96.8%, 96.0% believed that friends, relatives, and/or members of their religious institution would be praying for them.

Benson et al.

***Am Heart J* 151:934-42, 2006**

From efficacy to safety concerns: A STEP forward or a step back for clinical research and intercessory prayer?: The Study of Therapeutic Effects of Intercessory Prayer (STEP)

Krucoff, Crater, & Lee

Editorial on Benson et al

***Am Heart J* 151:762-764, 2006**

The Importance of Spirituality in African-Americans' End-of-Life Experience.

William T. Branch, Jr., MD, Alexia Torke, MD, Robin C. Brown-Haithco, M. Div.
J Gen Internal Medicine 2006; 21:1203–1205.

"Taking the time to establish trust and a human to human bond with the patient naturally led to spirituality becoming a part of the conversation."

“Spiritual Issues in the Care of Dying Patients”

“Increasingly, good spiritual care is recognized as an important part of high-quality care.”

D Sulmasy. *JAMA* 296:1385-1392, 2006

Four Practices of the Inward Journey

The Inward Journey of Leadership.

Wiley W. Souba

J Surg Research 131:159-167, 2006

1. Construct Your Life Story
2. Know Yourself
3. Confront Your Inauthenticity
4. Get in Touch with Your Spirituality

“**Pediatrician Characteristics Associated With Attention to Spirituality and Religion in Clinical Practice”**

Pediatrics 119:117-123, 2007

Daniel H. Grossoehme, Judith R. Ragsdale, Christine L. McHenry, Celia Thurston, Thomas DeWitt, and Larry VandeCreek

“The pediatric literature contains few research studies concerning how the physicians’ spirituality and religion (SR) are related to the clinical care they deliver……’the literature on the spiritual care of sick children consists mostly of case studies, reviews of theories regarding spiritual development, suggested methods, and editorial opinion.’”

Disparity between relevancy and attention to SR in clinical practice

73% agreed that their own SR were important in their delivery of care

76% indicated that the SR of their patients/families were relevant to their practice

However 51% never or rarely talked with patients/families about SR concerns

89% never or rarely participated with patients/families in SR practices, (ie, prayer)

Grossoehme et al, *Pediatrics* 119:117-123, 2007

“Religion, Conscience, and Controversial Clinical Practices”

NEJM 356:593-600, 2007

Farr A. Curlin, M.D., Ryan E. Lawrence, M.Div., Marshall H. Chin, M.D., M.P.H., and John D. Lantos, M.D.

MD ethical rights and obligations when patients request legal medical procedures:

>terminal sedation in dying patients

>providing abortion for failed contraception

>prescribing birth control to adolescents without parental approval

Physicians' Intrinsic Religiosity

The extent to which a person embraces his or her religion as the "master motive" that guides and gives meaning to his or her life.

"I try hard to carry my religious beliefs over into all my other dealings in life."

"My whole approach to life is based on my religion."

Low: disagreed with both statements

Moderate: agreed with one but not the other

High: agreed with both

Curlin et al, *NEJM* 356:593-600, 2007

When the MD objects for religious or moral reasons

"….most physicians believe it is ethically permissible for the doctor to describe that objection to the patient (63%)

and that the doctor is obligated to present all options (86%)

and to refer the patient to someone who does not object the requested procedure (71%)."

Curlin et al, *NEJM* 356:593-600, 2007

Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations With End-of-Life Treatment Preferences and Quality of Life.

88%: religion at least somewhat important

47%: spiritual needs minimally or not supported by religious community

72%: spiritual needs minimally or not supported by the medical system

Balboni TA, et al. *J Clinical Oncology* 25:555-560, 2007

Meeting Spiritual Needs: What Is an Oncologist to Do?

"…a seriously unmet need in the vast majority of (cancer) patients in our care."

1. Master the Skill of a Basic Assessment of Spiritual Needs
2. Oncologist: Assess Thyself
3. Become an Advocate for Chaplaincy

Ferrell, *J Clin Oncology* 25:467-468, 2007

“Psychosocial Aspects of Rheumatic Disease: Daily spiritual experiences of older adults with and without arthritis and the relationship to health outcomes.”

“More frequent DSE were associated with increased energy and less depression ($p<0.01$) in older patients with arthritis.”

McCauley, Tarpley M, Haaz, Bartlett.
Arthritis Care & Research. 59:122-128, 2008.

Spirituality as a core domain in the assessment of quality of life in oncology.

By failing to assess spiritual wellbeing, the 'true' burden of cancer is likely to be miscalculated.

However, at this stage, the exact clinical utility of spirituality assessment is unclear.

Whitford, Olver, Peterson (Adelaide, Australia)

Psychooncology 17:1121-8, 2008

Psychosocial care for patients and their families is integral to supportive care in cancer: MASCC position statement

Position paper for Psychosocial Study Group of

MASCC = Multinational Association of Supportive Care in Cancer:

The roles of culture, spirituality, and religion

Surbone et al, Support Care Cancer

online 17 July 2009

Spirituality, Religion, and Clinical Care

Daniel P Sulmasy.

Chest 135:1634-1642, 2009

- Spirituality and Religion
- Why Should Health-Care Professionals attend to the Spiritual Concerns of Patients?
- Religious Observance and Health-Care Outcomes
- Spirituality, Religion, and Ethics
- Religion and Specific Issues in Medical Ethics
- Religious Practices Regarding Illness and Death
- Religious Coping
- Patients' Spiritual Needs
- Praying with Patients
- Addressing the Needs of Patients Who Are Spiritual But Not Religious
- Ethics and Boundary Issues
- How Far Should Physicians Pursue Spiritual Discussions?
- Concordance and Discordance
- Conclusion

Sulmasy. Chest June 2009

Accreditation and Expectations

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Annual Meeting 1999
Washington, D.C.

Do medical school and residency prepare surgeons to deal with:

Patient-centered issues?
Ethical issues?
End-of-life issues?

Over half of the 126 American medical schools offer spirituality and medicine in the “already overburdened” curriculum.

Joint Commission on Accreditation of Healthcare Organizations requires that the spiritual needs of patients be addressed.

American Board of Surgery Certifying Examination assesses sensitivity to moral and ethical issues.

Bulletin of the American College of Surgeons 83 (4), 1998.

Statement on Principles Guiding Care at the End of Life

The following "Principles Guiding Care at the End of Life" were developed by the American College of Surgeons Committee on Ethics and were approved by the Board of Regents at its February 1998 meeting.

- Respect the dignity of both patient and caregivers.
- Be sensitive to and respectful of the patient's and family's wishes.
- Use the most appropriate measures that are consistent with the choices of the patient or the patient's legal surrogate.
- Ensure alleviation of pain and management of other physical symptoms.
- Recognize, assess, and address psychological, social, and spiritual problems.
- Ensure appropriate continuity of care by the patient's primary and/or specialist physician.
- Provide access to therapies that may realistically be expected to improve the patient's quality of life.
- Provide access to appropriate palliative care and hospice care.
- Respect the patient's right to refuse treatment.
- Recognize the physician's responsibility to forego treatments that are futile.

The American College of Surgeons

Code of Professional Conduct

ACS Task Force on Professionalism

JACS **197:603-604, 2003.**

- Disclose therapeutic options including their risks and benefits;
- Disclose and resolve any conflict of interest that might influence the decisions of care;
- Be sensitive and respectful of patients, understanding their vulnerability during the perioperative period;
- Fully disclose adverse events and medical errors;

Acknowledge patients' psychological, social, cultural, and spiritual needs;

- Encompass within our surgical care the special needs of terminally ill patients;

……

Professional Competencies

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Beginning of the 20th Century

Vs.

Beginning of the 21st Century

1900 — Quackery and Cults	2000 — Complementary and Alternative Medicine (CAM): NIH Funded Research
• Faith healing, Eddyism, Dowieism, Mesmerism • Osteopathy, Chiropractors • Naturopathy, Homeopathy • Electrical apparatus • Quackery and nostrums	• Mind-Body medicine including spirituality • Manipulative and body-based systems • Alternative medical systems • Energy therapies • Pharmacological therapies and herbal medicine

Turn of the 20th Century

- Plethora of CAM
- “Spirituality” Based Rx **vs.** Allopathic Care
- Apartheid: Either/Or

- Closed Mindsets. Opinions.
- Adversarial Relationships

Into the 21st Century

- Burgeoning CAM
- “Spirituality” **and** Allopathic Care
- Integration: Chaplaincy. Both/And
- More Open Mindsets. Studies.
- Collegial Relationships

Snapshot 2010

“Spirituality and Medicine” initiatives in majority of 126 Med Schools

NIH Funding for Research for Spirituality

Templeton Prize for Spirituality

Vibrant Literature—PubMed

JCAHO—address spiritual needs of patients

ACS—Prologue, End-of-Life, Professionalism

ACGME—Six General Competencies:

Interpersonal and Communication Skills; Professionalism

New initiatives from psychology: PsychoEndoNeuroImmunology (PENI)

At the Table: Debate about Role, if any, for Spirituality in Medical Care.

Thoughts

Reflections

Metaphors

“Historically one is inclined to look upon science and religion as irreconcilable antagonists….

I maintain that cosmic religious feeling is the strongest and noblest incitement to scientific research….”

Einstein, A

The World As I See It

Every person has a culture.

Every person has a spiritual nature.

Every person has a belief system:

Theist ----------NonTheist

Every person sees thru one's own lenses.

Eschew caricatures: "Baptist"

Martin Luther King, Jr

Jerry Falwell

MYTH

DOGMA

FACT

HIGH KOOK FACTOR

“The plural of ‘anecdote’ is not ‘data’.”

Robert Rhodes, M.D.

Cure ≠ Healing

Sitz im Leben

A chronic illness: HBP, DM, Obesity

A congenital anomaly: TGV

An operative emergency: Trauma, AAA

An Empathic “Healer” vs A Technical “Wizard”

Both/And vs. Either/Or

Good Technique

Preoperative Antibiotics

Relationship

Desire

Energy

Time

Sister Margaret O'Dwyer

Listening with the Third Ear

THE INNER EXPERIENCE OF A PSYCHO-ANALYST

by

THEODOR REIK

Farrar, Straus and Company

NEW YORK · 1948

Surgical Oncology:
The Nutritional Assessment

THE SPUNK FACTOR

“It’s not the size of the cat in the fight; it’s the size of the fight in the cat.”

Adolpf Rupp, UK Locker Room, 1963

Your will to live can sustain you when you are sick, but if you lose it, your last hope is gone.

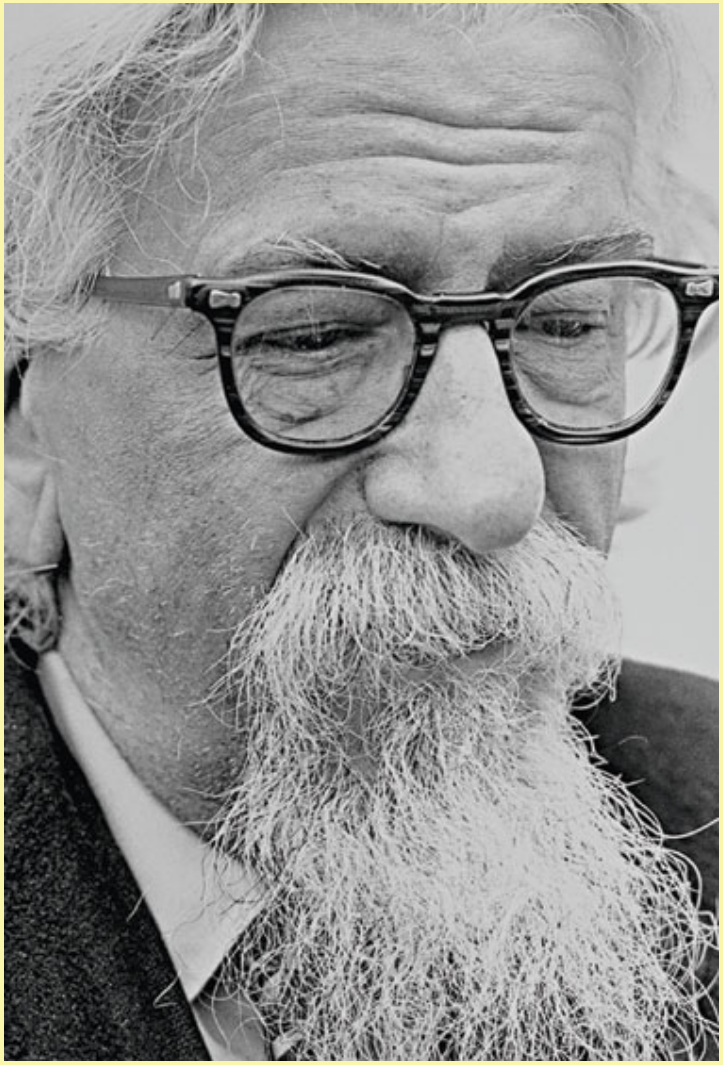
Proverbs 18:14 (TEV)

SPUNK

FIGHT

WILL

Intangible / Immaterial / Spiritual



To heal a person,
one must first be
a person.

Abraham Joshua Heschel
“The Patient as a Person”
The Insecurity of Freedom.
Farrar, Strauss & Giroux.
1966.

“Trophimus I left ill in Miletus.”

2 Timothy 4:20 (RSV)

"Illness is a spiritual event. Illness grasps persons by the soul and by the body and disturbs them both. Illness ineluctably raises troubling questions of a transcendent nature…about meaning, value, and relationship. These are spiritual questions."

Daniel P. Sulmasy, OFM, MD, PhD

***Academic Medicine* 74:1003, 1999.**

BOTTOM LINE

- Sit
- Ask and listen
- Talk with
- Touch
- Slow down, take time
- Eschew efficiency
- ±Vulnerability
- “The Ministering Moment”

Human Needs

- To be heard and understood
- To be respected and valued
- To trust and be trusted
- To be involved

Goals: communicate, build trust, strengthen relationships

“Never operate on on a stranger.”

Ray Lee
Mayo Clinic

“Visible light covers only 2 percent of the electromagnetic spectrum.”

Richard Panek

***Seeing and Believing: How the Telescope Opened Our Eyes and Minds to the Heavens*.**
New York: Viking, 1998.

“You’ve got to know when to hold them,
know when to fold them.”

Don Schlitz

For Kenny Rogers

Luke Fildes, “The Doctor”, 1889, The Tate Gallery

THE UNIVERSITY of TENNESSEE CHATTANOOGA

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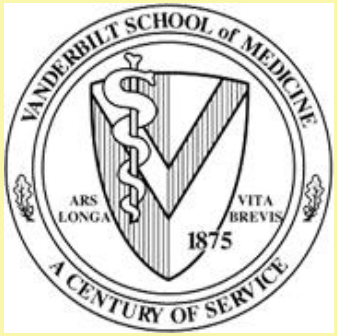
Is There a Role for Spirituality in Clinical Practice?

There can be if one thinks it important.



Vanderbilt University Medical Center

www.vuspiritmed.com

SAINT THOMAS HEALTH SERVICES

Is There a Role for Spirituality in Clinical Practice?

Belmont University
12 September 2009

“Amidst savages and unenlightened people generally, including the degenerates who take up with ‘Christian Science’ and Dowieism, the healing of the body and the healing of the soul go together—the shaman, the sorcerer and the priest have alike the control of health here and hereafter.”

JAMA **34:120, May 12, 1900**

The Physicians' Club of Chicago

Excoriation for inviting "fakirs" (osteopaths, Christian Scientists, faith healers, etc.) "…to break bread with (the Club), and formally discuss the merits and demerits of their fool theories as opposed to regular medicine."

GF Lydston. *JAMA* 34:1400. 1900

The Ideal Physician

One who “lives also a spiritual life….will have to deal with the entrance and the exit of life….must often ask…what and whence is this new ego that is born into this world; whither goes the spirit when it quits this tabernacle of flesh…”

WW Keen. JAMA 34:1592, 1900

The Bishop of Montreal proposed a course in medical theology at Laval University.

The Editor of JAMA, while admitting ignorance of the topic, hoped “it would not be added to the already overburdened curriculum of the student.”

1900

Profit Motive and the Healing "Zions"

"Brigham Young died a millionaire. Mrs. Eddy is said to have acquired great wealth, and Dowie is investing heavily with the funds derived from the faithful."

"Religio-medical Quackery"

JAMA 34:303, Feb 3 1900

“The history of England on the social side might be described as the gradual taking over by the public authority of what in its origin was voluntary and vouchsafed in the name of religion.”

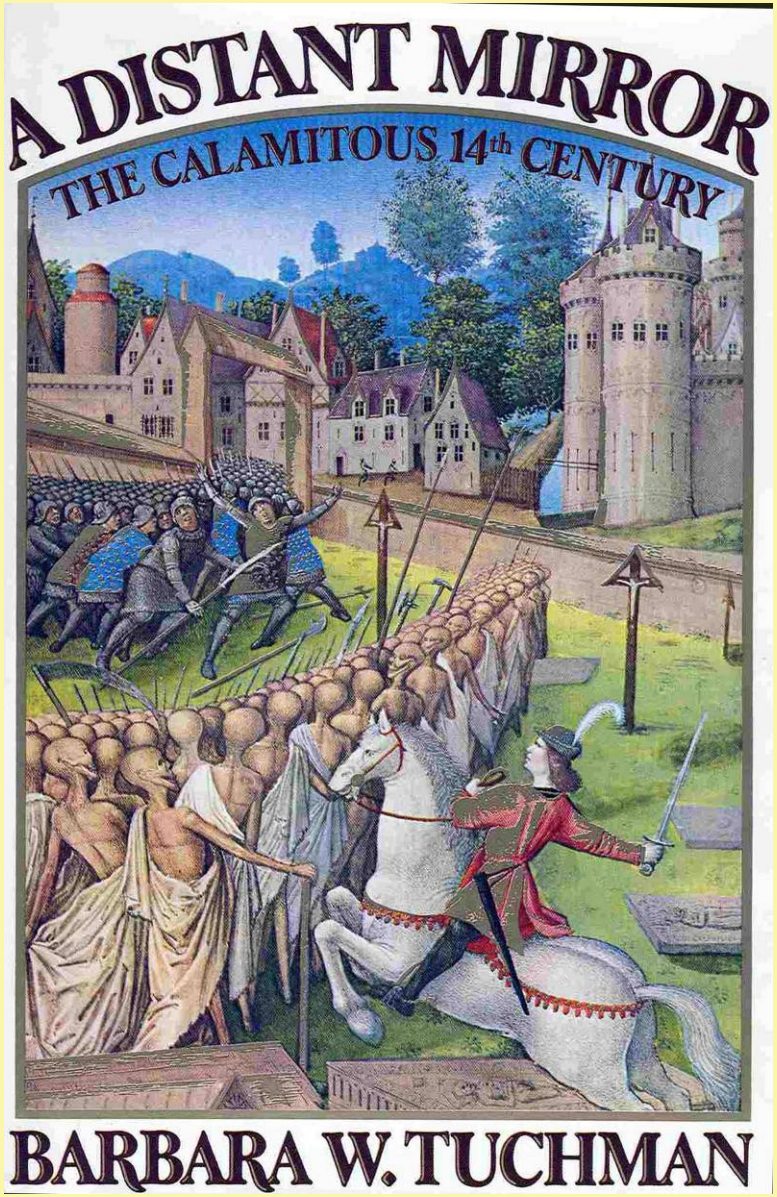
“The Monastic Infirmaries”

***British Medical Journal*, 1:406,**

March 1, 1930

"Illness is a spiritual event. Illness grasps persons by the soul and by the body and disturbs them both. Illness ineluctably raises troubling questions of a transcendent nature…about meaning, value, and relationship. These are spiritual questions."

Daniel Sulmasy, *Academic Medicine* 74:1003, 1999.


A DISTANT MIRROR
THE CALAMITOUS 14th CENTURY
BARBARA W. TUCHMAN

1978

The Not So Distant Mirror: Medicine and Spirituality 1885-2006

“Education is not filling pails; it is lighting fires.”

William Butler Yeats
1865-1939, Irish Poet and Dramatist
1923 Nobel Prize for Literature (Poetry)

EDUCATION

Spirituality in Surgical Practice

John L Tarpley, MD, FACS, FWACS, Margaret J Tarpley, MLS

Journal of the American College of Surgeons, May 2002

“How do you feel about spirituality in the practice of medicine in general, surgery in particular?”

“A Little Bit of Religion Helps the Medicine Go Down.” Jonathan R. Sorelle

“Learning the Spirituality of Life and Medicine from Others.” Carl Schmidt

“Wild Life: Spirituality in Medicine.”

Erik Schadde

Current Surgery 61:480-486, 2004

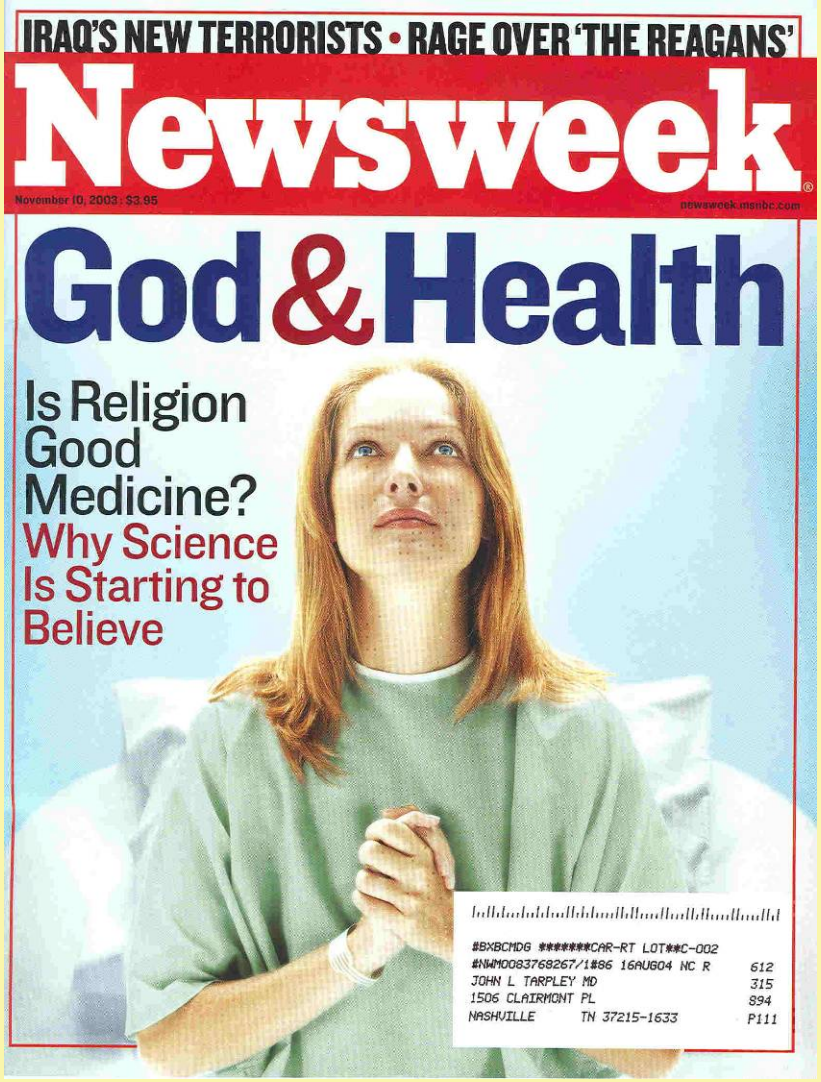
Prayer in African-American Women with Breast Cancer.

Principal Investigator: Diane Becker, Professor, Medicine, Director of Center for Health Promotion, The Johns Hopkins University

First NIH-sponsored study of the effects (neuroendocrine and immune response) of a prayer intervention on the physical health of people.

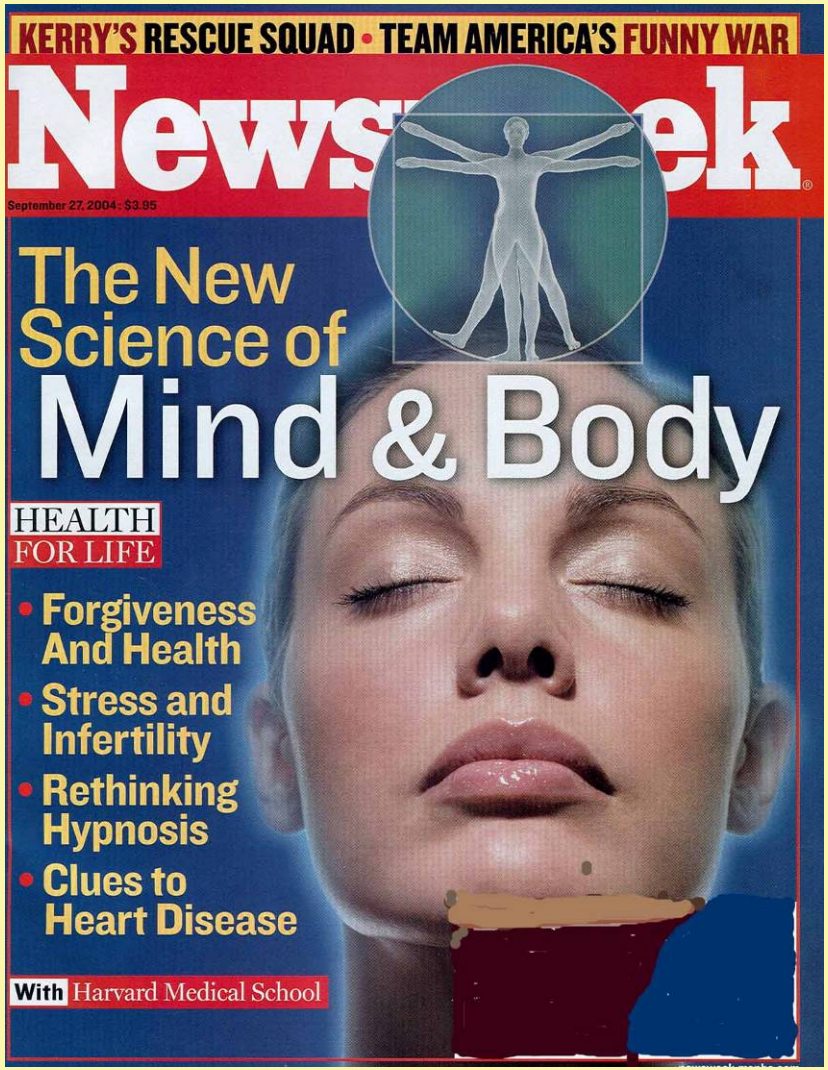
“God in the CCU?”

Gary P. Posner
Free Inquiry, 44-45,
Spring 1990.



10 November 2003

27 September 2004



SMJ, December 2004 Special Issue on Spirituality & Medicine

JRM®
The Journal of Reproductive Medicine®

Volume 46, No. 9/September 2001

Does Prayer Influence the Success of *in Vitro* Fertilization–Embryo Transfer?

Report of a Masked, Randomized Trial

Kwang Y. Cha, M.D., Daniel P. Wirth, J.D., M.S., and Rogerio A. Lobo, M.D.

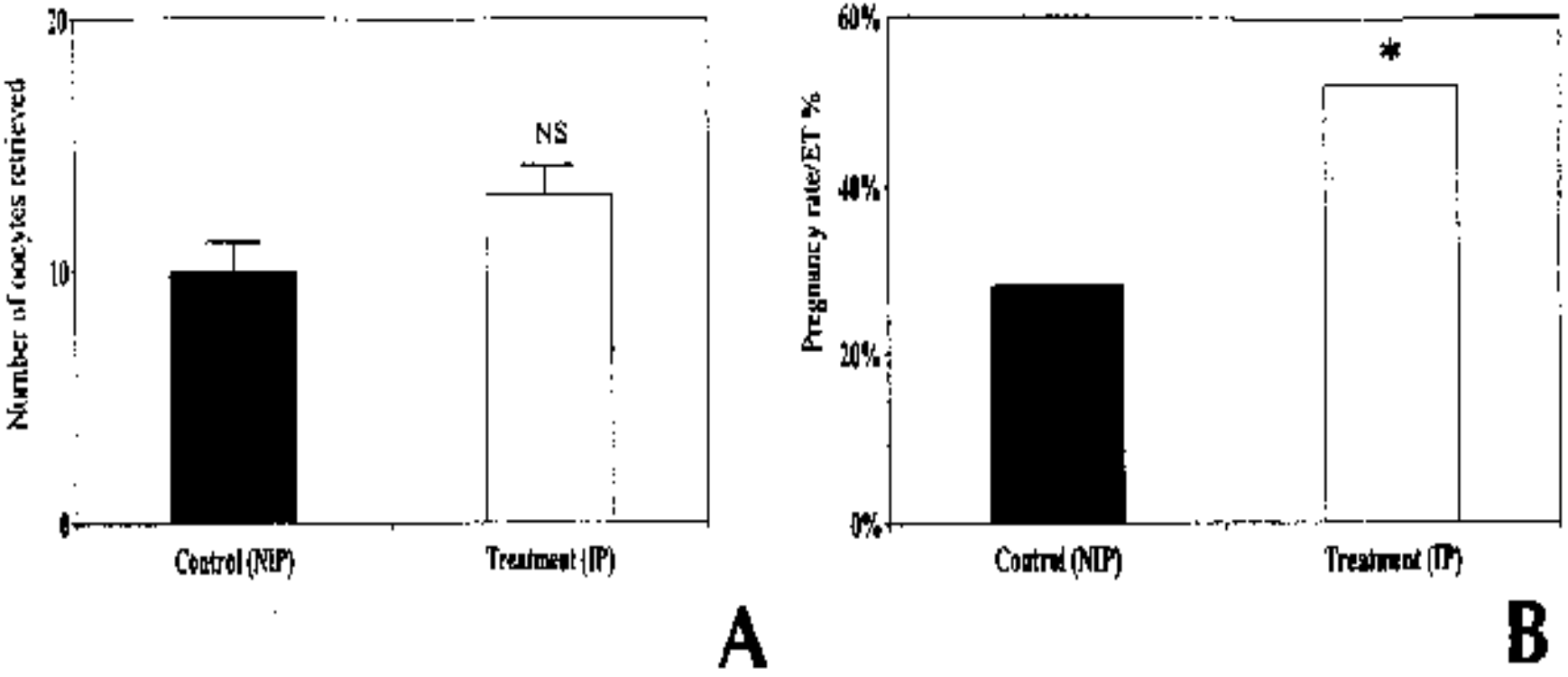


Figure 2 Number of oocytes retrieved and percentage pregnancy rate per ET in the control (NIP) and treatment (IP) groups. NS = no significance in the number of oocytes retrieved in the two groups. *Significantly higher pregnancy rate with IP ($P < .0013$).

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Report of a Masked, Randomized Trial

Kwang Y. Cha, M.D., Daniel P. Wirth, J.D., M.S., and Rogerio A. Lobo, M.D.

“The Witches’ Brew of Spirituality and Medicine”

“Stirring spirituality and religion into the practice of clinical medicine in a facile manner, as promoted in much of the current discourse, will result only in a witches’ brew that will embarrass medicine and trivialize religion.”

Refer patients to a chaplain or to an appropriate religious authority.

R. L. Lawrence, D. Min

Annals of Behavioral Medicine 24:74-76, 2002

Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity

Shuman & Meador

New York, Oxford Press, 2003

The Trivialization of Religion

"Theologically problematic, utilitarian account of religion"

"Anthropocentric religion"

"Generic Spirituality"

Tsai, *JAMA* 290:3008, 2003
Review of Shuman and Meador's Book

“The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter.”

Curlin FA, Chin MH, Sellergren SA, Roach CJ, Lantos JD. *Med Care.* May;44(5):446-53. 2006

Religious Affiliations of MDs

None: atheist, agnostic, none

Protestant

Catholic

Jewish

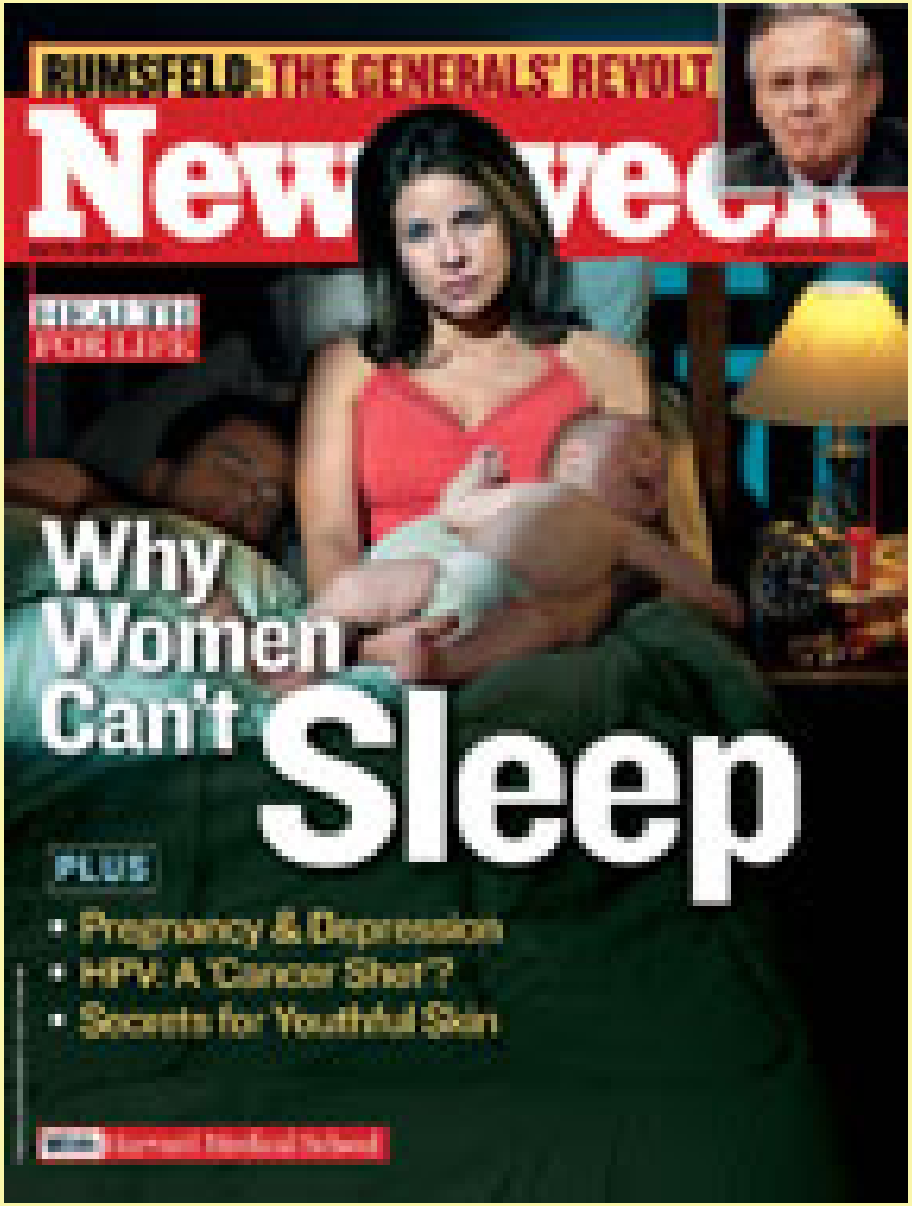
Other: Buddhist, Hindu, Mormon, Muslim, Eastern Orthodox, and other

Curlin et al*: NEJM* 356:593-600, 2007

INTRINSIC RELIGIOSITY

"Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully."

Gordon Allport


RUMSFELD: THE GENERALS' REVOLT
Newsweek
Why Women Can't Sleep
PLUS
• Pregnancy & Depression
• HPV: A 'Cancer Shot'?
• Secrets for Youthful Skin

Saint Valentine's Day Quiz

Saint Valentine* was:

a) A priest in the Roman Empire who helped persecuted Christians during the reign of Claudius II, was thrown in jail and later beheaded on Feb 14

b) A Catholic bishop of Terni who was beheaded, also during the reign of Claudius II

c) Someone who secretly married couples when marriage was forbidden, or suffered in Africa, or wrote letters to his jailer's daughter, and was probably beheaded

d) all, some, or possibly none of the above

Roman Festival of Lupercalia

*The Catholic Church no longer officially honors St. Valentine.

http://www.americancatholic.org

Happy Valentine's Day

Is There a Role for Heart in Surgical Practice?

Department of Surgery
Grand Rounds
University of California
San Diego
14 February 2007

UNIVERSITY of CALIFORNIA, SAN DIEGO
MEDICAL CENTER

Is There a Role for Spirituality in Surgical Practice?

Department of Surgery
Grand Rounds
University of California
San Diego
14 February 2007

Randomized Controlled Trial of a Prompt List to Help Advanced Cancer Patients and Their Caregivers to Ask Questions About Prognosis and End-of-Life Care. Josephine M. Clayton et al. *JCO* Feb 20 2007: 715–723

Cultural Competency/Sensitivity

Spirituality, belief system, and religion for much of the non-Western world define “culture”.

Patient Centered Medicine Initiatives.

Davidson County, TN: 1 in 6 Foreign-born.

“Improving Mortality in Trauma Patients: The Effects of Intercessory Prayer”

Biggs and Kolk, Butterworth Trauma Service

Presented at EAST, Jan, 2004 Retired Catholic nuns.

Prospective, double-blinded. Control = 650 Prayer = 479

Mortality: 4.8% Control vs. 2.1% Prayer $p < 0.05$

LOS: 4.6 d Control vs. 5.3 d Prayer $p < 0.05$

ICU Stay: NSD

Conclusion: Remote, intercessory prayer is associated with lower mortality rates in trauma patients.

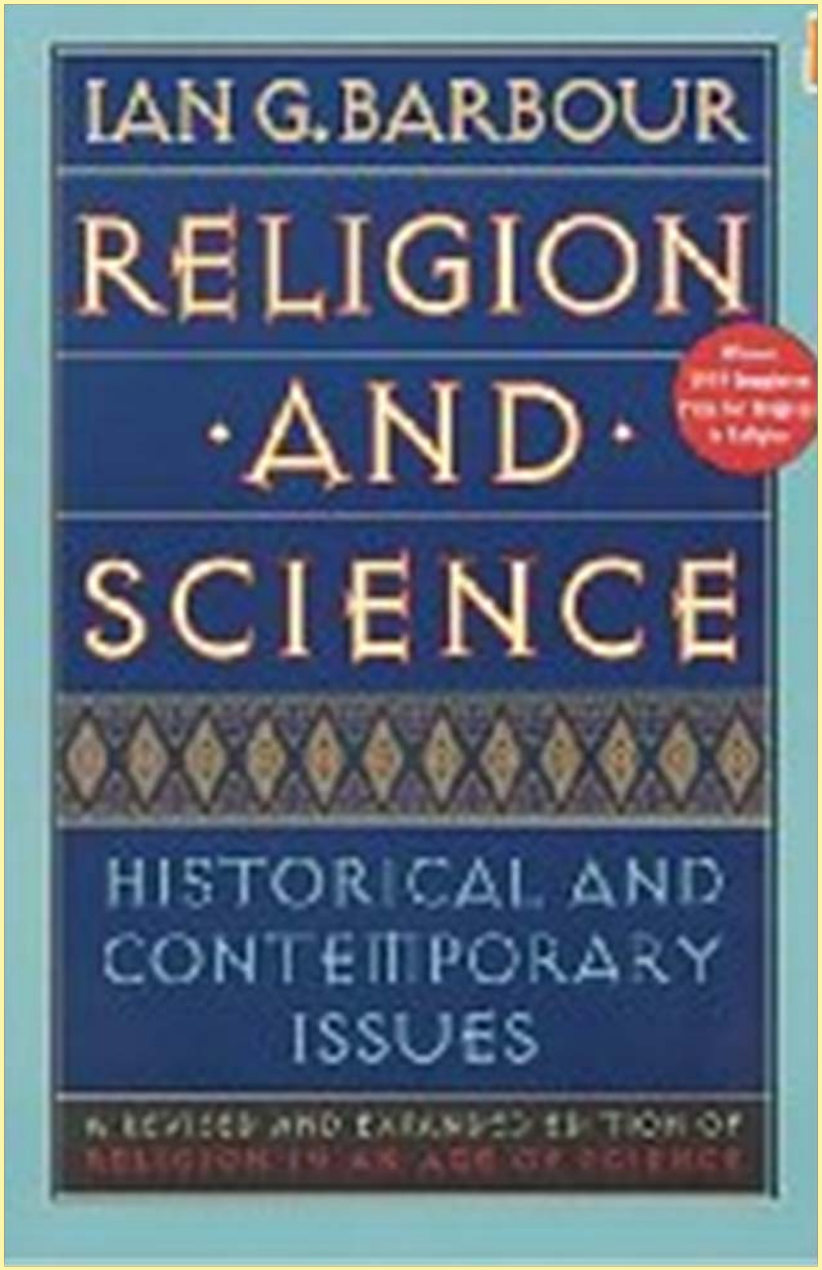
PubMed

National Library of Medicine NLM

Key Words	All Citations 1966 through Sept 2009	Articles in 2008-2009 (21 months)
Spirituality	4157	811
Religion	41,100	2,860
Prayer	41,671	2,943
Medical Ethics	56,197	3,239
Judaism	2,101	91
Islam	6,124	857
Buddhism	757	84
African Religions	1,395	155


CARSON-NEWMAN
COLLEGE


THE UNIVERSITY of TENNESSEE
CHATTANOOGA


IAN G. BARBOUR
RELIGION
AND
SCIENCE
HISTORICAL AND
CONTEMPORARY
ISSUES

PubMed

National Library of Medicine NLM

Key Words	All Citations 1966 through 9 Nov 2009	One Month Oct 2009
Spirituality	3,664	16
Religion	39,094	57
Prayer	39,618	62
Medical Ethics	54,230	89
Judaism	2,040	0
Islam	5,623	39
Buddhism	714	1
African Religions	1,290	4

NEWS ANALYSIS

When Blind Faith in a Medical Fix Is Broken

By DENISE GRADY

A blocked artery is not a good thing. Public health campaigns have drilled that message into the national psyche. Surely, then, whenever doctors find a closed artery, especially in the heart, they should open it.

Maybe not. A major study, presented Tuesday at a medical conference in Chicago, challenged the widespread use of tiny balloons and metal stents in people who had suffered heart attacks days or weeks before.

Although such treatment can be lifesaving in the early stages of a heart attack, the study found that opening the artery later did no good at all. It merely exposed patients to the discomfort, risk and $10,000 expense of an invasive procedure.

The new report is the latest example of a rigorous experiment turning medical practice on its head by proving that a widely accepted treatment is not the great boon it was thought to be (except maybe to the bank accounts of doctors, drug companies and makers of medical devices).

Ideally, treatments, operations and diagnostic procedures should be thoroughly tested before they come into routine use. But that is not always the case. Drugs and medical devices have to be approved by the Food and Drug Administration, but once they are on the market, doctors can prescribe them in almost any way they see fit, a practice called off-label use.

Migraine drugs are prescribed for weight loss, and heart pills for stage fright; nobody is breaking the law. At least one in five drug prescriptions are for unapproved uses, studies show, with some popular medicines getting more than 90 percent of their use as treatments for which they were never approved. Ideas for such uses may be suggested to doctors by drug companies.

The approval rules for devices are looser than those for drugs, and while there is little data measuring unapproved uses of medical devices, there are hints that off-label use there is even greater. The F.D.A. does not regulate surgery at all.

Some treatments — like opening a closed artery — appeal so strongly to common sense that it becomes irresistible to go ahead and use them without waiting for scientific proof that they are effective. That is especially true if patients are desperate and have few or no other options.

As the treatments start to catch on, people assume they must work, and it becomes difficult or impossible to study them in the most definitive way — by comparing treated patients with an untreated control group. If most people think a therapy works, who wants to be the control? Doctors may balk at controlled studies, too, calling it unethical to withhold the treatment from patients in the control group.

Dr. Judith S. Hochman, a cardiologist at New York University who directed the recent study on stents, said she encountered exactly that attitude when she was trying to recruit other researchers for her study: some refused to participate, saying it was unethical to leave some patients without stents.

But the counterargument is that it is also unethical to subject people to medicines, operations and invasive tests and treatment without proof that they are safe and effective.

Medical history is strewn with well-intended treatments that rose and then fell when someone finally had the backbone to test them, and the scientific method trumped what doctors thought they knew.

Hormone treatment after menopause, which works for symptoms like hot flashes, was widely believed to prevent heart disease and urinary incontinence. But carefully done studies in recent years have shown that hormones can actually make those conditions worse.

Stomach ulcers were once attributed to emotional stress and too much stomach acid, and were treated with surgery, acid-blocking drugs and patronizing advice to calm down. Then, in the 1980s, two doctors who were initially ridiculed for proposing an outlandish theory proved that most ulcers are caused by bacteria and can be cured with antibiotics.

For decades, women with early-stage breast cancer were told that mastectomies offered them the best chance of survival. But in 1985, a large nationwide study showed that for many, a lumpectomy combined with radiation worked just as well.

"As a nation, we're not doing ourselves any favors by going after the next new thing without doing the studies," said Dr. James N. Weinstein, chairman of orthopedic surgery at Dartmouth and a researcher at its Center for the Evaluative Clinical Sciences, which studies how well various medical and surgical procedures work.

When established treatments turn out to be useless, or worse, harmful, Dr. Weinstein said, "everybody's going to lose trust in the system."

Gardiner Harris contributed reporting.

New York Times 16 Nov 06