

Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice

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“‘Tis God’s Will, Sir, ‘Twill come to us all” says Gerasim, the young servant, about his master’s illness and death in L.N. Tolstoy’s *The Death of Ivan Ilyich*. The ailing Ivan Ilyich is overcome by not only physical pain, but also spiritual suffering caused by what he perceives as: “other people’s cruelty, and God’s cruelty and God’s non-existence” (Tolstoy 2008). Through simple honesty, acceptance and non-abandonment, Gerasim raises Ivan Ilyich’s body and soul from the depths of corporeal pain and crisis of faith and spirit. This uneducated peasant lad does more for the patient than do his doctors, priest and bourgeois family. Gerasim possesses a natural gift, but for most of us doctors, understanding our patients’ spiritual and religious experience in the context of illness, healing and death is, by necessity, an acquired skill. “Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice” edited by Michael J. Balboni and John R. Peteet is an invaluable resource for physicians, nurses and other clinicians in this quest.

This volume is a tour de force of scholarship in clinical medicine, medical ethics, medical education, the social sciences, humanities, theology and the law. With contributions from 37 authors, leading experts in their respective fields, to its 22 chapters, this work has an authoritative, encyclopedic feel to it.

In the introduction chapter, Balboni and Peteet outline the scholarly effort to explore the interrelationship between medicine, and religion/spirituality that is the foundation of this book. This effort includes both scientific knowledge that enhances our understanding of the significance of religion and spirituality for patients and clinicians, and a religious and/or spiritual language that provides the clinical encounter with context and meaning. The idea that empiric science has historically driven a wedge between religion and medicine, but

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that scientific research can also produce rapprochement between the two, resonates throughout the book.

The first part of the main book includes thirteen chapters pertaining to various clinical specialties in medicine, surgery, pediatrics, psychiatry and others, including medical ethics, nursing and medical education.

Each clinical chapter effectively stands alone as a convenient reference to practitioners in that specific field. Many chapters include both a brief overview of the significance of religion and spirituality in medicine and a detailed discussion of the issues unique to that discipline. From a busy clinician's perspective, this is a highly useful feature. Examples include sexuality, contraception and abortion in the OB/GYN chapter by Rachel Peragallo and John Thorp, and transplantation, circumcision, blood transfusion, and gender reassignment surgery in the surgery chapter by John Tarpley and Margaret Tarpley. The chapters generally include thorough review of the available evidence from studies on religion and spirituality in that field, and conclude with recommended "best practices."

Several chapters include useful case discussions to illustrate how these insights and practices may be applied in clinical work. Two examples that I found particularly valuable are in the nursing chapter, by John Swinton and Lynne Vanderpot who describe the cases of Susan (p. 223) who felt that her anti-psychotic medications "blunt emotions. I don't cry. I don't feel the joy in living and the joy in being spiritual," and Maria (p. 225), who states "If God is like this waterfall or this stream, I often think of God as Lava, I think that the [psychiatric] meds and other supports keep me from being flooded." The intensive care unit chapter by Alexandra Cist and Phillip Choi contains a description of an intensive care team delaying withdrawal of life sustaining treatment from a Muslim patient so that his Ihram clothing which he wore during Hajj could be brought from the Middle East for him to wear before his death. These stories of patient responses to the medical encounter that defy standard biomedical language, or of accommodating a spiritual, religious or emotional need even in the context of scarce resources and limited time, should resonate with many clinicians.

The excellent medical ethics chapter by Farr Curlin closely examines the intersections of medicine and religion/spirituality, and discusses in great detail both the overlap and differences between them. Much of the discussion revolves around the ethics of physicians introducing religious conviction into patient care. The author quotes studies that show that religious doctors are more likely to object to certain types of contraceptives and to abortion as well as to withholding or withdrawing life sustaining therapy in end-of-life care and that these objections may affect clinical practice. Can physicians ethically base their decisions on their own religious values? Rather than submit entirely to patient autonomy as the dominant ethical principle, a more directive role for the physician in his or her interaction with the patient in hope of reaching consensus is presented as an option. What happens when no agreement can be reached? Do physicians have the right to conscientious refusal to provide certain services, or even to refuse to refer to a physician that would provide them? There is no clear prescriptive answer given, but the analysis of the strong religious commitment to life and health, a commitment that may even transcend the patient's own wishes or desires, seems to advocate for the view that religiously motivated clinical decisions may have some ethical merit. Furthermore, the author, drawing on the work of Orthodox Jewish and Christian thinkers (Avraham Steinberg and Jean Claude Larchet, respectively), suggests that traditional religious notions about the ultimate, Divinely inspired, purpose and meaning of medical care illustrate the limits of "conventional" medical ethics. Religious ethical accounts, Curlin suggests, offer a critique of "conventional medical ethics" as being "captive to an imagination in which nothing beyond the

immanent is morally significant” or having “largely given up asking what it means to be human and to live well in the face of suffering, illness, and death” (p. 189). One can certainly object (as I do) to this description, but at least it cuts through to the essence of the matter: the relationship between religion and scientific secular medicine as competing forces in the same arena. This important insight is sometimes glossed over in niceties in other parts of the book, or drowned in lengthy discussions of data, such as studies that show religious attendance is associated with lower C-reactive protein level (p. 116) or that negative religious coping is associated with an increase in interleukin-6 (p. 239).

There are additional assertions regarding non-religious medical ethics, which I fear might inadvertently lead some to trivialize and misconstrue this discipline. These include the notion that “conventional” medical ethics focuses on the process of decision making (e.g., substituted judgment, where family members make decisions on behalf of an incapacitated patient, or legal issues such as the validity of advance directives, where patients put their wishes in writing before they become too sick to make their own decisions) and that as a result “Medical ethicists are much less commonly concerned about questions of moral substance” (pp. 189–190). Despite these important concerns, I do think that the author’s overall perspective deserves attention. Consideration of the uncompromising commitment of religious medical ethics to human life as inspiring and morally profound, rather than obstructionist and ossified, can help many practitioners, religious or not, overcome the demoralizing effects of the ever-growing technocratic takeover of medical care, and advocate more strongly for our patients. A similar sentiment is found in the “Medicine, Religion and Spirituality in Theological Context” chapter by Brett McCarty and Warren Kinghorn, who state that theology can promote “Health care that can patiently bear with the sufferings of the sick...in a world ever-increasingly marked by its impatience” (p. 350).

The second part of the book provides much needed perspective through the lens of the humanities, social sciences, psychology and the law to synthesize and make sense of the plethora of empirical data. The chapter on “Medicine and Spirituality: a Historical Perspective” by Gary Ferngren, describes religious influences on the development of medicine from beliefs about disease as retribution for sin in ancient times, through the appearance of the first physicians of the Hippocratic tradition in the Greco-Roman Classical era, to Christian and Muslim medical institutions in the Middle Ages, to the scientific revolution of the Enlightenment. In the Theology chapter, McCarty and Kinghorn provide an important reminder about the “deeply Jewish roots” of Christian care for the poor and sick (p. 344). They also refer to the intriguing suggestion that modern secular medicine’s drive to overcome the body’s limitations with science and technology is actually rooted in Protestant theology.

The third and final part, which includes just one chapter, “Religion and Health: a Synthesis” by Tyler J. VanderWeele, begins with a review of the empiric literature on religion and spirituality’s impact on health outcomes. It emphasizes findings that show religious attendance and participation, rather than subjective religiosity, can have a positive impact in reducing mortality, depression and the risk of suicide. These findings, it is argued, support the idea of meaningful religion and faith as a communal endeavor, and illustrate the value of what religious communities can still offer in an ever-more fragmented and isolating social order.

One of the most valuable attributes of the book is the absence of a uniform “party line.” There are many voices on controversial questions, such as the definition and interrelationship of religion and spirituality, or the acceptable limits of direct religious expression by physicians (such as praying with and for patients). There is also, at least on the part of

some authors, awareness that the heavy emphasis on empirical evidence should be balanced by understanding that the value and meaning of these data are very difficult to define, as is the appropriate methodology to study questions of religion in healthcare. The “epistemological issues” section of the chapter on “Philosophical Perspectives on Medicine and Religion” by James A. Marcum offers a particularly valuable analysis on these questions.

The role of religion and spirituality in the lives of physicians is discussed in some detail in the internal medicine chapter by Lydia S. Dugdale and Daniel P. Sulmasy and some of the other chapters as well. However, in view of the epidemic of depression, burnout and suicide among physicians, problems that many attribute to the alienating influences plaguing our medical system, this topic might have been a more prominent theme of this book as whole.

So, can “evidence,” “best practices,” efficient-sounding acronyms, and lengthy check lists (the National Initiative to Develop Competencies in Spirituality for Medical Education contains no less than 49 components, pp. 198–200), prepare us for the challenges that our patients’ religious and spiritual lives present? Can they make us any more like Gerasim than we, as physicians, are naturally inclined or capable? Gerasim, an idealized, romantic representation of simple virtue as superior to sophisticated knowledge, is unhindered by his lack of formal education, perhaps even owes his talent for alleviation of suffering to it. We, as creatures of modernity, require scientific literacy to navigate the intricate world of modern medicine that we created. This includes knowledge of our patients, and perhaps also of ourselves, as people of faith and spiritual yearnings. “Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice” represents an enormous achievement in this regard. The scholarship, skills and insights provided in the pages of this landmark book will surely help many of us to become better healers.

Reference

- Tolstoy, L. (2008). *The death of Ivan Ilyich and other stories* (R. Wilks, A. Briggs & D McDuff, Trans.). London: Penguin Classics.