

## **SPIRITUALITY AND RELIGION WITHIN THE CULTURE OF MEDICINE: FROM EVIDENCE TO PRACTICE**

**By Michael Balboni and John Peteet, eds. 432 pp. Oxford University Press, 2017. Hardbound, \$69.95, ISBN 9780190272432**

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There are many different perspectives in the academic dialogues—and tensions—between religion and health in Western society today. Even where mutually polite conversation prevails—no small feat, given the tensions—scholars across both disciplines vary in what most bothers them. Some focus on the problems and strengths of religion in the political policies and agendas of development economics. Others emphasize religion’s too-frequent disregard for human rights-based approaches to health. Others polarize—or work hard to harmonize—public health efforts and religious humanitarianism in social justice. Some narrow in on gender or bioethics. A few, such as this reviewer, are religious historians who have spent their academic career working directly with healthcare providers to foster global health as well as integrated awareness across the spectrum on how religious past shapes corporal present. And many, like the editors and authors of this welcome new text, are all about medicine. While context shapes the discussion’s reflective lens—whether population concerns of public health and development or personal health concerns in clinical medicine—everyone benefits from these multiple voices.

In *Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice*, Drs. Michael Balboni (a religion scholar and researcher in oncology) and John Peteet (a psychiatrist)—both affiliated with the Harvard University Initiative on Health, Religion, and Spirituality—aim to fill the long gap in the scholarship “between religion and spirituality on the one hand, and academic medicine on the other.” (1) Inspired by a popular Initiative-sponsored lecture series between 2013 and 2016 funded by the John Templeton Foundation, the book offers 22 multi-author chapters “concerned with medical professions generally and especially with physicians as leaders of the medical team.” (7) Throughout each chapter, authors explore what they call “religion/spirituality” through questions directly related to practical ethics—how should medical providers talk with their patients about religion/spirituality?—and evidence-based practice—what is the measurable effect of faith-based interests on healthcare processes and outcomes?

Following an introduction by the editors, the book has three parts. Part 1, “Religion, Spirituality, and Medical Subspecialties,” speaks to doctors, outlining why religion/spirituality matters in each of 12 clinical specialties: obstetrics and gynecology, pediatrics, family medicine, medical education, internal medicine, surgery, gerontology, oncology, palliative medicine, intensive care medicine, medical ethics, and nursing. Each chapter in this section is written explicitly for the practitioner, and most include case narratives, “best-practice” guidelines on how to be professionally mindful of religion in the patient encounter, and chapter-specific references ideal for specialty-targeted discussion. The education chapter (13) includes practical

examples for how religion might be included in the medical curriculum. Chapter 14 focuses on nursing “as communion,” that is, “narrative competency...being able to listen to people we work alongside in ways that move us beyond the surface of things and into the deeper aspects of what it means to be ill and to recover from illness.” (228) Indeed this goal captures the spirit of the book as a whole.

Part 2, “Scholarly Disciplinary Perspectives,” offers seven chapters, each applying religion and medicine across related disciplines: psychology, sociology, anthropology, law, medical and religious history, philosophy, and theology. It is heartening to see Gary Ferngren’s overview of health and religion in antiquity (19) for readers at risk of myopic focus on the latest new report. While the chapters in Part 2 are summaries rather than deep-dive methodologies, the inclusion of such diversity in one book is a priceless aid for the medical professional who might choose to buy only this book in that dicey area of spirituality and religion. The sheer range of the contents make the book suitable (and affordable) for any curriculum that takes seriously spirituality and religion in the art and science of clinical healing.

The single chapter that is Part 3, “Religion and Health: A Synthesis,” by public health epidemiologist, Dr. Tyler VanderWeele, is pure gold, albeit dense enough that it might also have stood alone in Oxford’s “Very Short Introduction” series. Rather than summarizing the preceding chapters, VanderWeele offers an in-depth review of empirical research on the ways in which religious institutions and participation in them contribute to a variety of health outcomes, health-focused interventions within and by religious institutions, and religious and theological themes in health. He summarizes the available evidence of religion as a powerful social determinant of health, particularly “evidence for a protective effect of religious participation, especially religious service attendance, on health, for outcomes as diverse as all-cause mortality, depression, suicide, cancer survival, and subjective well-being.” (358) This chapter also represents the book’s sole public health perspective, a distinction that sometimes gets lost in the disciplinary weeds. VanderWeele’s may also be one of the few essays in modern medical literature that includes both an explanation of *p* values/statistical certainties and a reflection on forgiveness in health.

Such unusual conjunctions characterize the book as a whole. Given so many different voices (34 contributors) across themes that invite multiple conceptual intersections, one wishes there had been more cross-referencing by contributors to one another’s essays. As a result, chapters sometimes feel siloed, unified only by a shared—and somewhat homogenous—commitment to the value of religion and spirituality in health. While a few authors refer to (and may identify with) Judaism, Islam, or non-Western spiritualities, overall the book evidences a dominant Christian lens, reflecting not only mainstream American medicine but also the editors’ inherent identification with such faith communities. In a field where the mere word “religion” may embarrass, its emphasis feels in places just a bit like a plea for validation. Dispassionate religious discussion belongs, without apology, in medicine, since people who get sick live in communities and families where religion matters and where it is commonly related to healing. Thus, such gentle confessional threads (at least in the view of this reviewer, who may be biased)<sup>1</sup> seem inevitable and do not limit the book’s potential as a useful tool for medical education and practice. It will be particularly important and relevant for clinical healthcare

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<sup>1</sup> In the interest of full disclosure, this reviewer notes that she is employed by the same university as the editors, once belonged to an Episcopal parish attended by one of the editors, and has had coffee with the other.

providers, those in medical education, hospital chaplains, and anyone involved in ethics or healthcare policy and administration in medicine or public health.

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