**Should Physicians Pray With Patients?**

Batya Swift Yasgur, MA, LMSW

### Does Prayer Belong in the Exam Room?

### Although medicine and religion are typically separate domains, patients sometimes want to bring them together.

For many patients, turning to prayer during their recovery or in a situation of a bad prognosis is natural and comforting. However, this may create a conundrum for the treating physician. He or she may disagree with the patient's beliefs or feel that praying is diverting the patient from making necessary lifestyle changes. Or perhaps the physician does not want to have that kind of spiritual/personal interaction with a patient.

Conversely, some physicians are happy enough to participate in prayer and feel, "If it helps the patient's recovery, why not?"



"Patient surveys[1] show that patients welcome prayer from their nurse or physician, especially in the case of greater illness severity," according to Michael Balboni, PhD, ThM, MDiv, instructor of psychiatry at Harvard Medical School, Cambridge, Massachusetts.

"The dichotomy between the doctor who takes care of the body and the priest who takes care of the soul doesn't exist for some patients," he says.

#### Is Joint Prayer Evidence-Based?

Dr Balboni, who is also an instructor of psychosocial oncology and palliative care, Dana-Farber Cancer Institute, Brookline, Massachusetts, has extensively studied the impact of prayer in patients, together with his wife, Tracy Balboni, MD, a radiation oncologist and associate professor at Harvard Medical School.

"A significant body of research, including ours,[2,3] has demonstrated that the majority of patients, physicians, and nurses view patient/practitioner prayer as appropriate and spiritually supportive," he says.

Dr Moshe M. Cohn, a pediatric critical care specialist at NYU Langone Medical Center, says that it's not uncommon for patients to ask if the doctor will pray with them. He says he is happy to comply, and feels that it helps build trust and communication with the parents, who are typically struggling with a highly emotional situation.

"In one instance where a patient's son was in a coma, I informed the mother, who is a devout Christian, that her child was in my prayers," he says. "That led to much more open relationship with that parent."

But not everyone agrees that studies and patients' requests should influence a doctor's decision to engage in joint prayer.

"Research[1,2,3] suggesting that some patients welcome shared prayer with the physician doesn't necessarily translate into a requirement for the physician to comply with what the patient wants," says Rob Poole, MB, FRCPsych, professor of social psychiatry at Bangor University, North Wales, who researches the role of prayer in clinical settings.

Saying "no" is a routine component of practicing medicine, Dr Poole points out. "There are many situations where physicians have to say 'no' to a patient's potentially harmful request, such as prescribing opioids that aren't medically warranted," he says. Instead, physicians should encourage other ways for patients to meet their needs for prayer.

### *Honor Your Comfort Level*

"If a patient requests that the physician join him or her in prayer, the physician doesn't necessarily have to participate in reciting it," according to psychiatrist and geriatrician Harold Koenig, MD, director of the Center for the Study of Religion/Spirituality and Health at Duke University, Durham, North Carolina. "Instead, you can offer to sit with the patient quietly while he or she recites the prayer. And, depending on the circumstances, you might respond 'Amen' at the end, as a way of saying, 'Let it be so.'"

Dr Cohn says he is aware of physicians who prefer not to pray with their patient. "Physicians may feel that they are people of science, and engaging in prayer doesn't correspond with science and medicine," he says. "Another factor may be that praying with a patient is an intimate act, and perhaps some doctors would be uncomfortable with that type of interaction."

Quite often, the patient is of a different religion, so the prayer might entail 'a moment of silence,' or perhaps each person quietly saying a prayer in their own way," Dr Cohn suggests.

But some doctors might even feel uncomfortable with that.

"Physicians also have rights," says Dr Koenig, "including the right to excuse themselves if something violates their own religious beliefs, or they find it offensive."

In those situations, "you might say to the patient, 'I'm probably not the best person to sit with you during prayer, so let me see if I can find someone else.' This emphasizes that you know this is important to the patient and you want to be responsive." Then try to find a chaplain, colleague, or member of the clergy who can pray with the patient.

### *Can Praying With a Patient Lead to a Slippery Slope?*

"Praying with a patient in the course of clinical treatment is a serious breach of the boundaries of appropriate professional conduct and can become a slippery slope to other even more serious boundary violations," says Dr Poole.

For example, doctors may wind up with inappropriate self-disclosure. "If you pray with patients, either because they ask you to or because you offer, you open the door to a potential discussion of your own faith, or lack of faith, which has no place in the doctor/patient interaction."

This is problematic even if you share the same religious or spiritual orientation as your patients. And it can be upsetting to patients if you don't.

On the other hand, Dr Koenig says, self-revelation isn't necessarily part of the interaction. "On the basis of my experience, I would say that it's a rare occurrence that a patient will directly ask you about your beliefs."

But if a patient does ask, the doctor has two choices.

"You can be honest and say, 'I don't have the same orientation as you do, but I know how important this is to you,' or you can choose not to reveal your orientation and simply say, 'My beliefs aren't what's important here; it's your beliefs that count.'"

In either scenario, the doctor has shown respect for the patient's request without inappropriate self-revelation.

#### Appropriateness of Prayer May Vary by Clinical Situation

It's likely that some specialties are dealing with situations that are more imminently life-and-death, or urgently critical.

"Surgical settings aren't the same as palliative care, which isn't the same as psychiatry, which isn't the same as pediatrics," Dr Balboni observes. For example, studies have shown that patients' desire for prayer with clinicians increases with the level of illness severity or proximity to death.[2]

In addition, many other factors may figure into the equation, he says.

"How long has the physician known the patient? Is this a brand-new relationship, where physician and patient are getting to know each other, or an established relationship, where there is already a level of trust? Are they part of the same faith community?"

A 65-year-old man in Florida, recently underwent open heart surgery and said that before the operation, his surgeon, who is Chinese, asked the patient if he would like to participate while the surgeon prayed for him. The patient, who is generally not religious, happily agreed.

Dr Poole disagrees that being part of the same faith community makes joint prayer more appropriate. "Even people of the same religion may have a different understanding of doctrines or the nature of God, which can affect their experience of shared prayer," he says. Instead, he advocates a firm policy that applies in all situations.

### Who Initiates Prayer?

"Prayer should always be within the control of the patient—it should be patient-initiated, patient-centered, and patient-directed, says Dr Koenig.

Dr Balboni notes, however, that there are physicians who might want to offer prayer in some situations. "We ask patients whether they would find it supportive for us to pray with them, and the vast majority of patients, at least in a serious illness context, have indicated that they would find it supportive and wouldn't be offended by it if the doctor or nurse offered to pray."

The physician may offer to pray privately for the patient as well.

"Some doctors find it helpful to say, 'I like to pray for my patients' health. Is it okay if I add you to my list?" This gives the power to the patient to agree or not, he says.

"Many patients find it enormously helpful and comforting that they have a caregiver who's human and willing to view them not only as a body, but also in a more holistic way," he adds.

#### Are There Any Negatives to Praying With Patients?

In rare cases, some patients may feel let down if their prayers don't come true—for example, if the surgery isn't successful or the cancer returns, Dr Poole says.

Or, "a patient suffering from depression might regard an unanswered prayer as a sign of abandonment by God, with the clinician implicated in facilitating that prayer, and this can damage the therapeutic relationship," he continued.

Dr Balboni disagrees that prayer would be regularly harmful, especially outside of a psychiatric setting.

"When we interviewed oncology patients in our study[2]—a sample consisting of a varied population, not only religious people—we asked whether they had experienced any negative consequences from prayer with their clinician, and not a single person said they had." On the contrary, patients found the experience either positive or, at worst, neutral, he reports.

Ultimately, "the issue of prayer within medicine should be approached as an alliance, rather than as dichotomous," Dr Balboni advises.

Whatever the decision, both parties must feel comfortable. Ultimately, the integrity of the physician/patient relationship will emanate not from the prayer per se, but from the atmosphere of mutual respect and partnership with which the issue is approached.