Practice Survival

Where faith and medicine meet

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Religious faith may enter the exam room. But where do you draw the line? And can addressing religious issues make you an even more effective healer?

Charlie sat on the edge of my examining table.

"Doc, do you remember when you told me 5 years ago that there was nothing more you could do for me?"

I certainly remembered. Charlie had developed a primary central nervous system (CNS) lymphoma when he was in his 30s and had a young family. We had treated him with a high-dose methrotrexate regimen to complete remission and followed that with radiation therapy. His lymphoma had vanished for awhile, and then returned with spinal canal metastases. Again we treated him aggressively with repeated intrathecal chemotherapy, focal irradiation, and high-dose chemotherapy with stem cell salvage. We won for awhile, but then Charlie's disease recurred with CNS symptoms and cerebral lesions that were most likely lymphoma.

The lesions progressed during our attempts at salvage chemotherapy, as did his symptoms. Finally, I sat on his bed and told him that we had run out of options and that the lymphoma would take his life.

"When you told me there was nothing more you could do," Charlie continued, "I changed the way I prayed. Before that, my prayer was that God would help me tolerate all the treatments you put me through. But when you told me there was no hope, I said to God, 'You are the one who created me and all the universe. You know my body far better than any of these doctors. Please make these spots in my brain go away.' And he did."

I share this story not to prove that God intervened but to examine the question, "What is my responsibility as a doctor toward matters of religious faith among my patients?" For me, the answer centers around my proper place as a scientific doctor within a world of suffering where I presume issues of faith are important.

A healer's goals

Facing these issues prompts me to return to a more basic question: "What is my responsibility toward my cancer patients in all spheres?" I believe there are three fundamental goals that we as oncologists should try to achieve as we seek good for our patients:

*To cure disease—sometime*s possible, always worth a tremendous effort, and always the issue that comes to mind first when evaluating each patient.

To prolong life—often possible but a goal that must be balanced carefully with preserving quality in life.

To help patients live the best life possible given their circumstances—always important, but always dependent on my ability to achieve the first two goals.

As I consider this third goal, I realize that it means not only relieving suffering but also instilling hope and value in my patients' lives. Without offering hope and value, I become less of a healer than I should be.

Hope, value, faith, and the oncologist

One could suggest that religious faith has nothing to do with our jobs as science-based clinicians, but that notion both narrows our definition of "healer" and denies the truth that religious faith is a powerful tool for improving the well-being of our patients. Many of us can cite anecdotes of patients who are healed beyond our expectations. Science still struggles to explain such stories of miraculous healing,[1] even as some people with cancer attribute their recovery to their faith in God and his response to their

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prayers. There does exist reasonable scientific evidence that prayer and faith contribute to the physical well-being of patients.[1,2] However, reasonable evidence is not the same as definitive evidence. Studies that demonstrate significant survival advantages of attending religious services[3] are countered by studies that fail to show benefits of intercessory prayer.[4] Fairly strong evidence demonstrates a beneficial effect of faith on the emotional distress of patients.[5,6] It will always be difficult for science to confine the uncontrollable spiritual aspects of life. When it comes to faith issues, doctors of faith will likely have to settle for a level of reasonableness that never reaches the same level of confidence we have in other areas of science.

But even if we can't "know" the success of faith practices in improving health outcomes, part of our task as physicians is to help place hope and value within our patients' lives: hope for promise of something good in our future, value for meaning and purpose in life. Such promises and reasons for living may be difficult to find within the confines of life with cancer, but the absence of hope and value brings real suffering. And existential suffering can be just as painful—sometimes even more so—than the physical suffering that cancer causes.

In his reflections on life in the concentration camps of World War II, Viktor Frankl cried out from the pages of his great work, *Man's Search for Meaning*, "If there is a meaning in life at all there must be a meaning in suffering."[7] That meaning may be quite difficult for our patients to find as they face the last days of their lives. Seeking meaning through religious faith is a legitimate way to transform the life left for a cancer patient into a life worth living. In *The Denial of Death*, Ernest Becker said that, "Religion solves the problem of death, which no living individuals can solve…religion gives the possibility of heroic victory in freedom and solves the problem of human dignity at the highest level…finally, religion alone gives hope…."[8]

Healing defined

Each of us must choose how broad or how narrow our definition of healing will be. If we choose to focus only on curing disease and prolonging life, then the scientific question as to whether religious faith contributes to these goals is still unanswered.[1] But once we also choose to do good for our patients by reducing their suffering, and by adding hope and adding value to their lives, we cannot ignore their religious faith. "To ignore spirituality when dealing with dying patients denies the mystery of life and prevents an adequate response to suffering."[9] So the question becomes, what role should clinicians play when it comes to patients' faith?

Let me offer a few suggestions:

Be aware: Seek an understanding of your patients' spiritual struggles. Excellent methodologies have been developed to take a spiritual history in a non-threatening way during the initial patient interview.[10] Periodically, over the duration of our care for our patients, we should come back to this issue with simple questions like, "How are you doing emotionally and spiritually?"

Be honest: Seek to be authentic. Clinicians who aren't religious should never pretend they trust in a God they deny. Likewise, doctors of faith should not pretend that God is unimportant.

Be respectful: Never infringe upon patients' right to autonomy in religious matters by using a position of power and authority. Patients' right to autonomy doesn't mean you should avoid open discussions of important issues within their lives. We all know the suffering that such isolation causes patients.

Be open: Doctors should be open with their patients about their own faith and share their faith stories, just as they share golf or fishing stories—but only when appropriate, with respect for patients' own faith, and when such stories contribute to patients' well-being. In an excellent article that rethinks the appropriate relationship between doctors and patients in issues of faith, Curlin and Hall suggest that patients would benefit if we offered them respect and wisdom with candor, rather than remaining totally neutral in this important area of their lives.[11]

Be helpful: Let your patients know you are open to helping them with problems related to faith. Individual doctors must decide whether the faith issues raised by patients would be best served by personal discussion or by referral, to the clergy or a social worker, for example. But sometimes patients' faith issues may be better addressed by the wisdom of a doctor of faith with whom they share a covenantal relationship. Having said that, doctors should be careful not to venture into theological discussions beyond their capabilities.

Be prayerful: Doctors of faith should enter each patient encounter with their best scientific skills and with the words "May God help us" whispered to the heavens. Many doctors also pray with patients. Although this may raise appropriate ethical concerns, many patients want their doctors to be involved in the spiritual aspects of their serious illness. When 203 patients in Kentucky and North Carolina were polled, nearly half of them would have liked for their doctors to pray with them and 77% believed that their doctors should consider their spiritual needs.[12] Other studies confirm these findings. Most patients want doctors to help them as a whole person. When doctors and patients pray together, doctors

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strengthen that relationship and bond of trust. Such prayer should be initiated respectfully and only with a patient's full permission.

Each of us, as we seek to be healers, must decide whether or not we will support our patients in their quest for a spiritual wholeness that can help bring hope and value back into their lives. We certainly can choose to limit our efforts to manipulating biological processes. But that choice, while doing great good, limits our role as a healer.

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