Religion, Faith, and Family Medicine

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This issue of The Journal features two articles[1,2] relating religion to the practice of family medicine—an unusual occurrence, as documented by one of them.[1] Given the natural alliance between religion and medicine as humanistic and healing disciplines, why have family medicine investigators not paid more attention to religious issues and variables? Part of the problem may be a basic lack of trust in the data that undergird and justify the other discipline. This distrust has had two results: "First, the inability of members of some religious groups to accept common medical definitions and interventions has been seen to create conflict between religion and medicine. Second, the definitions or decisions peculiar to specific faith traditions have been written off as nuisances or difficult aberrations that interfere with good medical practice."[3]

We may begin to restore mutual trust and respect between religion and medicine by recalling that 20th century medicine legitimately objected to nonempirical data being imposed on medical science in the name of God or right reason, when in fact this practice represented neither God nor reason.[4] Since appeal to authority is unacceptable as a basis for either scientific reasoning or moral reflection, we can restore religion to a role as a true partner with medicine by seeing it as grounded in reason and not authority alone.

The basis of religion in reason becomes more clear when we define faith as *taking risks on sufficient evidence.* Faith, defined in this way, is equally necessary to religion, science, and medical therapy. Absolute certainty is the prerogative of God or an Ultimate Reality; we "finites" can hope only for prudential or reasonable certitude from which we must act in risk. Thus acting on faith, whether in religion or in science, implies both willingness to risk *and* possessing the sufficient knowledge upon which prudent persons are willing to risk.

Acting on faith leads to trust and hope, which are indispensible for medicine's curative process; nevertheless, faith healing has negative connotations that impede mutual understanding between medicine and religion.[2] Indeed, these negative connotations extend to both disciplines—medicine views faith healing as an unwarranted and unhealthy rejection of medical science and practice ("to hell with the doctor"), while many in religion view it as inappropriately demanding a miracle without the struggle required to lay the groundwork for the miraculous. Again, a crude dichotomy between medicine and faith does not do justice to the data: "The processes by which cures at Lourdes occur do not seem to differ in kind from those involved in normal healing, although they are remarkably strengthened and accelerated. Careful reading of the reports reveals that healing is not instantaneous, as is often claimed, but that, like normal healing, it requires time."[5]

Family physicians generally recognize the important role of faith and trust as an ally in the healing process; they are aware how often medicine fails in patients who lack the will to live or to improve. Faith is allied to the placebo effect when defined, not narrowly as the effect that is due to a dummy or sugar pill, but broadly as the symbolic aspect of the healing encounter that supplements its physiologic and pharmacologic aspects.[6,7] In this light, just as Jerome Frank[5] stated that psychotherapy could be viewed as a placebo (without intending any derogatory connotation), one can say that religion is a placebo. Religion is a pervasive and powerful way of stimulating a healing faith, particularly among patients who might otherwise be resistant to these influences. For many people religion forms a basis of meaning and purpose in life.[1] The profoundly disturbing effects of illness can call into question a person's purpose in life and work, responsibilities to spouse, children, and parents, and motivations and fidelity to priorities. Healing, the restoration of wholeness (as opposed to merely technical curing), requires answers to these questions. The family physician who would heal cannot choose whether to confront religious variables in practice; they are operating whether recognized or not.[3]

Research into religious issues and variables in family medicine might be rejected or undervalued because it seems wedded to the realm of anecdote or opinion. Iron-

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ically, the absence of a solid literature on religion in family medicine will assure that our knowledge remains in the realm of anecdote and opinion, instead of progressing to an empirical assessment of beneficial, neutral, and harmful roles of religion among patients and providers.[1] In the future, family physicians might wish to define more carefully how vague concepts such as faith, trust, and hope actually operate in a variety of clinical settings with patients from different religions and cultures. They might wish to study techniques by which physicians can better elicit these powerful forces on behalf of patients. They might wish to study religious and faith variables as predictive factors in a variety of illnesses and patient populations, and to examine biochemical or neuroimmunologic mediators that might help account for physiologic changes. Finally, they might wish to refine our understanding of how religious understanding is used by patients to reconstruct the meaning of their lives in the face of illness, and what role medical care can play in this process.[8] The published literature of family medicine will certainly be richer as a result.

References

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