Prayer in Office Practice: On the Threshold of Integration

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There is a long and intimate relationship between religion and medicine, prayer and healing. Within most religious traditions there is support for the belief that there is a relationship between prayer and cure of medical illness. Surveys conducted over the greater part of this century conclude that an overwhelming majority (approximately 90%) of the American population prays and that a common focus of prayer is health.[1-4] Substantial percentages of respondents believe that prayer affects healing, and many report experiences that they regard as validating that belief.[5-7] Surveys of patients indicate that many would prefer that their physicians allow recognition or practice of the patient's reliance on prayer to enter the medical consultation.[8-12]

These beliefs and experiences are not without support in the scientific literature. Comprehensive reviews indicate that a surprisingly large body of literature exists to support a positive relationship between religious commitment and health.[13-16] There is even a smaller but intriguing body of experimental studies that point to a multi-causal effect of prayer on health.[17-19]

Although there are many good reasons for physicians to find ways of integrating prayer into the practice of medicine, it remains difficult for most to do so.[20,21] The objective of this editorial is to open up discussion about the ways in which physicians have responded to patients who want prayer to be considered in their care.

The Importance of Assessment

It is important in every physician-patient consultation to let the patient dictate his or her "comfort zone" with regard to spiritual and religious issues. As a starting point, an informal routine assessment can increase the odds of accurately predicting which patients wish spirituality to be a part of the consultation. Important assessment variables suggested by research and clinical practice include frequency of church attendance and prayer.[8] Correspondingly, as people age they are more likely to attend church, and more of those who are likely to pray often are older, are women, and are black as compared with white or Hispanic.[22] Spontaneous comments such as "God will save me" and "God is punishing me" that emerge as coping responses to illness may also point to the importance of opening up the subject of religious or spiritual issues.[23,24] At critical junctures in care, a more extended interview allows greater understanding in this area.[25]

Once physicians have decided that a discussion of faith and prayer is appropriate with a given patient, they focus on how they would like to employ this potentially healing agent. There are varying levels of intimacy and mutuality in the way these issues are handled in the physician-patient relationship. We suggest several scenarios to reflect these varying levels.

Physician Prayers

In the first place, it is important that any physician who deals with religious issues in practice be aware of his or her personal feelings about the matter.[7] For the physician who is religiously committed, there is good reason to pray for the patient privately. In fact, many patients have expressed the wish that their physicians would remember them in prayer.[10,21,26] Patients' wishes must be considered in this matter, as some may not want prayers, or prayers based in a particular religious tradition, offered for them. When prayer is offered privately, it is best if the content of the prayer focuses on the well-being of the patient and the specific problem for which healing is sought.

When physicians' prayers are offered in any type of public situation, professional prudence must be exercised to guard against any inadvertent violation of the confidentiality between the physician and the patient. In some cases, practice groups have set time aside for those physicians who wish to pray for themselves and their patients. This time for group

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prayer can be very enriching for physicians of whatever faith or spirituality.

Patient Prayers

At a more intimate level, the physician encourages the patient's prayer life. This can happen directly through a prescriptive suggestion in the consultation or indirectly by consulting with clergy in the patient's faith community or with pastoral care professionals. To effectively encourage patients without being intrusive, the physician must know something of their religious faith and practice. With this foundation, the encouragement is nothing more than knowing and reinforcing what is an important aspect of healing to the particular patient. This point is illustrated by the following:

> During the delivery of her first baby, a very young mother became aware that her baby would not survive. She expressed the desire that her child be baptized. The baptism was arranged and occurred in the delivery room. In subsequent weeks, the patient developed symptoms of depression. She said that she did believe that prayer helped her, and that she had been praying for assistance in dealing with the loss of her child. The physician encouraged prayer and faith sharing, validating her sense that they were important parts of the healing process in addition to psychological assistance. She seemed to appreciate and to be at ease with this discussion.

There are cautions at this level. If the patient's prayer tends toward guilt for being sick or not getting well, it is crucial to refer the patient to clergy or pastoral care in the patient's faith community. Most religious traditions have within their teachings effective ways to understand illness, suffering, and death. Other patients may interpret a physician's suggestion for prayer to mean a poor prognosis for their illness. Placing prayer in the context of a holistic treatment plan helps to clarify this interpretation.

Praying with the Patient

Praying with patients is clearly the most intimate and challenging way of introducing religious issues in the course of care. One study suggested that while 66% of physicians sampled believed that praying with older patients was not inappropriate, fully 63% felt that older patients would not like to have their physicians pray with them (a finding that is contrary to what many older patients feel). Only 37% of the sample had in fact prayed with older patients, under conditions in which the patient was in great distress or near death. The great majority of these encounters were reported by the physicians to have helped "somewhat" or "a great deal."[21]

Depending on the faith of the physician and the nature of the relationship, physician and patient may pray together, or the physician may be respectfully present while the patient prays. The physician may also ask a pastoral care professional or member of the clergy of the patient's church to join them and to offer the prayer. Prayer may be voiced or silent.

Prayer may also be helpful to a patient's family, as, in this instance, when the patient has died:

> A patient, not long into retirement, died following acute myocardial infarction. Family members grieving in the intensive care unit discussed the events with the family physician. In the course of this discussion, the physician made an informal assessment of the family's spiritual history and determined that they were persons of strong faith. With their approval, he arranged for a chaplain to come to the bedside. The physician prayed silently with all present for the family in their loss.

Conclusions

Issues associated with religious values and practices are present in most relationships between physician and patient in which one or both are persons of faith. The only question is whether the physician and patient decide to acknowledge these values.[27] The suggestions presented here are some ways in which physicians might consider the opportunities for inquiring about and employing their patients' religious practices and beliefs as an aspect of treatment. When physicians can do this with ease and at a level appropriate to the patient and the physician-patient relationship, they are more likely to be successful in helping the patient who is a person of faith, validating this important dimension of that person's life and potentiating the documented healing power of religious commitment and prayer.

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