

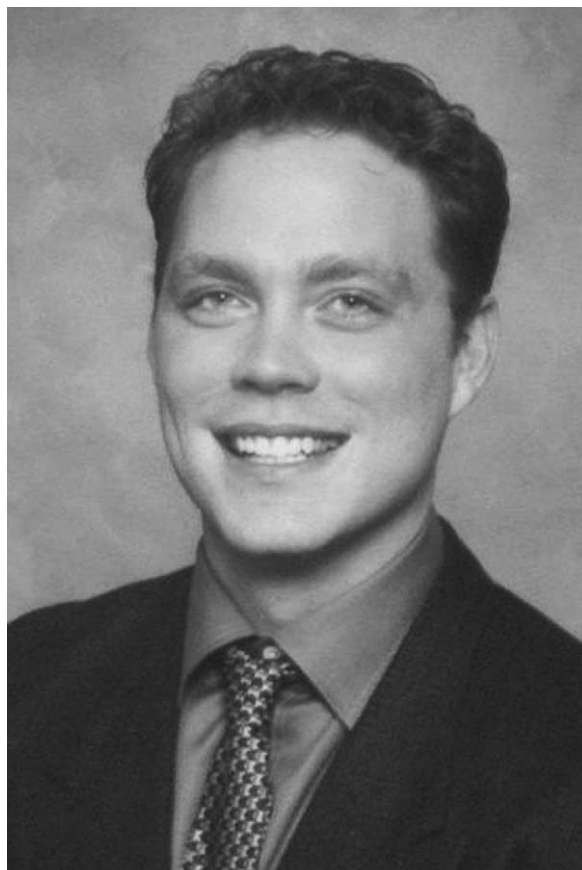
*Program chairmen and directors and other surgical educators make decisions about surgical education that will have a ripple effect on residents, and eventually, medical students. This section is designed to show you residents' perspectives and thoughts about issues in surgical education that affect their lives, their education, and their treatment of patients. In each issue, 3 residents from across the nation will be asked to write their response to a question, given to them by the editorial staff. This issue's question is "How do you feel about spirituality in the practice of medicine in general, surgery specifically?"*

## A Little Bit of Religion Helps the Medicine Go Down

Jonathan R. Sorelle, MD

St. Elizabeth's Medical Center, Youngstown, Ohio

It is the age-old battle of science versus divinity. Where did this animosity originate? If we gaze back into the Greco-Roman era of history, where western medicine has derived many of its traditions, we have various examples of physicians who seemed to have embraced religion gracefully, as being contiguous with science. Conversely, we see numerous historical religious figures who demonstrate concern for the physical well-being of their fellow man. Hippocrates (Figure 1), for example, believed in many of the Greek and Roman gods, which is made obvious in the direct translation of his original oath. Hippocrates begins his famous oath, which in many ways resembles a prayer, by invoking the gods and goddesses of health. Hippocrates in his oath speaks of guarding his life and art of medicine, "in purity and holiness."



Jonathan R. Sorelle, MD

I swear by Apollo Physician and Asclepius (Figure 2) and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

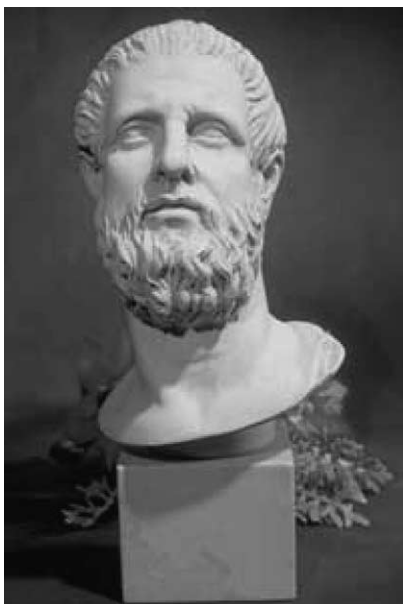
I will neither give a deadly drug to anybody who asked

for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of

*Correspondence:* Inquiries to Jonathan R. Sorelle, MD, Meanderwood Drive, Canfield, OH 44406; fax: (330) 533-0055; e-mail: drjonsorelle@hotmail.com



**FIGURE 1.** Picture of Marble Bust of Hippocrates, Scientist of Medicine.



**FIGURE 2.** Asclepius.

all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.<sup>1</sup>

Similarly, we find references regarding the early icons of the Roman Catholic Church who have been influential in how modern medicine is perceived. One of these icons is St. Basil the Great of Caesarea, who has been attributed with the creation of the first hospital in approximately 350. It is said that St. Basil was approached by one of the monks that he worked with, regarding the use of medicinal herbs and prayer as a means to diminish human suffering. The monk asked, "If it were God's will for people to be ill, then to remedy it would be against the will of God." St. Basil's answer was that herbs and prayer were a "gift of divine providence" and therefore should be used to ameliorate human suffering, just as agriculture was placed on the earth to satisfy man's hunger.<sup>2</sup>

The schism between religion and science in the western world and arguably worldwide can be traced back to the times of the Enlightenment and Luther's separation from the Roman Catholic Church. Beginning with Pope Gregory VII's Dictatus Papae in 1075 and until Luther's time, the Pope claimed the power to raise armies, lay taxes, and depose kings, so the church superseded the state. In 1534, Henry VIII threw off the Pope's authority and established the Church of England, whereby the

state then controlled the Church of England. It was not until 1689 with the Act of Toleration of William and Mary through Luther's influence that the English adopted a separation of church and state. Prior to the Enlightenment, religion had held a strong unified place in society. With Luther's break from the church, religion's place in society began its downward spiral in power and importance. The severance of church and state has grown over time, from the famous Scopes trial of 1925 to the present where public school prayer is illegal. In the last 400 years, there has been an unprecedented turn from religion. People on both sides are very indoctrinated and entrenched in their beliefs, as well they should be. After all, is that not what our principles are derived from?

In many of the non-European cultures, such as Native American, African, Middle Eastern, and Asian societies, healing and spirituality have remained unified.<sup>3</sup> A common theme found in the religion in these cultures is the belief that health is interconnected with morality, spirituality, and harmonious relationships, *be it with nature or fellow man*. Native American healers go one step further and say that illness stems from spiritual discord. In fact, they believe a person under psychological distress cannot be healed physically until the psychological stress is first dealt with. How different from our practice of medicine where a patient generally is cleared medically, before being admitted to a psychiatric unit.

Religion continues to take a back seat in modern European

and American medicine. Although there has been some research in the area of religion, there is still a very real stigma associated with using religion as an adjuvant to traditional medical knowledge. In a recent search that I conducted on a major Medline search engine from 1980 to the present, "religion" as a search term yielded 10,377 articles, whereas the term "finance" over the same period yielded 25,968. It seems obvious from this simple search what has attracted more research dollars and time over the past 25 years. One article that I recently reviewed, found that studies on alternative approaches are likely to be discriminated against by journals. Using a randomized, double-blind protocol, one researcher submitted a fictional study on obesity treatment to 398 expert peer reviewers. The articles were identical, except for the therapy: one used a conventional drug and the other a homeopathic remedy. The reviewers were 3 times more likely to recommend publication of the drug study over the homeopathic study.<sup>4</sup>

Studying religion, spirituality, and prayer's effect on patients' well-being is difficult to do. Some of the earlier studies regarding these topics were of poor design; others draw incorrect conclusions about a relatively small sample group. There are now a small handful of studies published that have been well designed and have shown a positive correlation between religiosity and numerous factors beneficial to health such as a feeling of well-being, life satisfaction, happiness, and a better surgical outcome.<sup>5-7</sup> It seems that the medical community is slow to change in adapting and implementing this evidence-based science into our day-to-day regimen. After reviewing numerous articles and article reviews, there is no debate in my mind as to the benefits of religion and spirituality on health. Religion and prayer have been separately accredited with neuroimmunologic, cardiovascular, and musculoskeletal changes, improving surgical outcomes, lessening recovery time, enhancing coping with pain, increasing feelings of well-being, ameliorating depression, and improving the ability to cope with stress while lessening its adverse physiological effects.<sup>8</sup> Religious commitment has also been shown to help protect children from drug abuse, alcohol abuse, and suicide. The elderly who live faithful lives tend to live longer.<sup>9</sup>

Medicine in the United States is in a constant state of readjustment. However, in the past few years, such ranging topics as a changing legal environment, aging baby-boomers, and the 80-hour work week for residents are just a few of the obstacles we have had to overcome. This has caused the field of medicine, residency programs, and medical schools to have to reinvent themselves to cope with this change. Over that same period of time, I believe that there has also been a change in the direction of the pendulum, and that we are now returning to a greater awareness of a patient's spirituality.<sup>10</sup> Some good examples of this are that more than half of the medical schools in this country now offer courses on medicine's relationship to spirituality. Medical accreditation agencies now have specialty review boards addressing spiritual, ethical, and moral issues. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that the spiritual needs of patients be addressed.<sup>11</sup> The Accredita-

tion Council for Graduate Medical Education (ACGME) since 1999 has defined 6 core competencies, including ethical principles that are used to evaluate residents.<sup>12</sup>

We may never see the day when an allopathic physician will fearlessly prescribe prayer, nor do I think that the local priest will ever be consulted at 3 AM for a religious emergency. That being said, I do think that it is beneficial for our patients if we teach them to relinquish their problems, mental or physical, to a higher power. This reduction in stress can only aid in their recovery.

## REFERENCES

1. Edelstein L. *The Hippocratic Oath: Text, Translation, and Interpretation*. Baltimore: Johns Hopkins Press; 1943.
2. Clarke WK. *The Ascetic Works of Saint Basil*. London: AMS Press; 1925.
3. Tarpley JL, Tarpley M. Spirituality in surgical practice. *J Am Coll Surg*. 2002;194(5):642-647.
4. Resch KL, Ernst E, Garrow J. Does peer review favor the conceptual framework of orthodox medicine? A randomized controlled study. The International Congress on Biomedical Peer Review and Global Communications (abstract book). Chicago: JAMA, 1997;22. Published in full: *Complementary Ther Med*. 1999;7:19-23.
5. Byrd R. Positive therapeutic effects of intercessory prayer in a coronary care unit population. *South Med J*. 1988; 81(7):826-829.
6. Poloma M, Pendleton B. The effects of prayer and prayer experiences on measures of general well-being. *J Psychol Theol*. 1991;19(1):71-83.
7. Carson VB. Prayer, meditation, exercise and special diets: behaviors of the hardy person with HIV/AIDS. *J Assoc Nurses AIDS Care*. 1993;4(3):18-28.
8. McCullough M. Prayer and health: conceptual issues, research review and research agenda. *J Psychol Theol*. 1995; 23(1):15-29.
9. Oman D, Reed D. Religion and mortality among the community-dwelling elderly. *Am J Pub Health*. 1998;88(10): 1469-1475.
10. Tarpley J, Tarpley M. Spirituality in surgical practice. *J Am Coll Surg*. 2002:642-647.
11. Joint Commission on Accreditation of Healthcare Organizations. Available: <http://www.jcaho.org>, Accessed January 11, 2004.
12. The Accreditation Council for Graduate Medical Education. Available: <http://www.acgme.org>, Accessed January 11, 2004.

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