

SPIRITUALITY AND HEALTH

“Is Religion Good Medicine?” asks the November 2003 cover of Newsweek. The surprising answer—“yes.” Research studies funded by the Foundation and published in leading medical journals have shown that spirituality has measurable health benefits, including increased life expectancy.

Our modern symbol of a coiled snake wrapped around a physician’s staff comes down to us from Asclepius—son of Apollo, god of medicine—and his followers. The ancient Greeks approached medicine holistically, treating sickness and wellness by treating the whole person. Hippocrates, after whom medicine’s Hippocratic oath is named, pioneered a rational method of healing based on finding healthy balances of various humors essential for well-being.

But as medicine became more precise and scientific, it also became more reductionistic. Illness was understood as localized phenomena, affecting isolated parts of the body. Gone was the original idea that mental and spiritual well-being were intimately connected to physical health.

Patients with an active religious life have spiritual resources that can help them break cycles of addiction, recover from depression, even spend less time in the hospital. More than one study has documented that religious people actually live longer,” says Harold G. Koenig, director of the Duke University’s Center for the Study of Religion, Spirituality, and Health.

“Not one of my professors in medical school even suggested there was any connection between health and religious faith. They would have scoffed at the idea,” says Koenig. With the help of the Foundation, Koenig and colleagues created the innovative research center at Duke University. “By joining medical researchers with theologians and other scholars we created a critical mass of expertise that allowed us to look at patient care from very different perspectives,” says Koenig. Initial investigation of the health benefits of religious involvement were so encouraging that other research centers quickly emerged. “The initial data were compelling,” notes Koenig. “There was no denying that patients who were actively involved in their religious communities were mentally and sometimes even physically healthier.” Religion was linked positively with lower blood pressure and fewer deaths from heart disease and various other stress-related illnesses, with results reported in major peer-reviewed medical journals.

Koenig is quick to note that the studies do not indicate what it is about religion and spirituality that provides the benefits. “An active religious life has many components,” he says. “There are social aspects that encourage people to get out, especially the elderly. There are psychological dimensions in religion, like hope and the comfort of prayer. There is the satisfaction of knowing that people are praying for you or that God loves you. No doubt some, or all, of these factors and probably others come into play.” Koenig notes that the data does not suggest that any particular religion provides more health benefits than any other religion. “Even though we don’t yet know what it is about religion—any religion—that contributes to physical well-being, it is gratifying that medical professionals are at last coming to recognize that there is more to their patients than just physical bodies.”

Awareness of spiritual dimensions in medical practice takes many forms. In 1997, Stanford University Medical School’s Bruce Feldstein, then an emergency room physician in Santa Clara, found himself praying with a distressed 86-year-old woman. The woman stood in front of Feldstein devastated by his report that she had brain cancer, a diagnosis she called a “death sentence.” Unable to respond at first, Feldstein noticed the woman wore a cross necklace and asked her if she would like him to pray with her. He took her wrinkled old Christian hands in his much younger Jewish hands, closed his eyes, and began to pray. A Stanford intern stood nearby looking on in disbelief. The old woman began to recite the Lord’s Prayer, then prayed in Spanish to Saint Jude, the patron saint of the destitute. When she was finished, calmer and with tears on her cheek, the old woman with brain cancer thanked Dr. Feldstein for his compassion.

Feldstein, after 19 years as an emergency physician, is now a full-time chaplain at Stanford Hospital and prays daily with his patients: "Patients are suffering, truly suffering, as a result of illness. They are torn from their everyday looking at the world and being in the world; they're lonely; they're scared; they're terrified. These are existential issues; these are spiritual issues." In the spring of 2001 Feldstein and his colleagues created a course called "Spirituality and Meaning in Medicine" required for medical students, the first of its kind at Stanford. Feldstein's innovative spirituality course at Stanford, however, is not unique. At the George Washington Medical School's Institute for Spirituality and Health, known as "GWISH," Dr. Christina Puchalski runs a series of innovative programs. Puchalski is an associate professor of medicine and health care sciences at The George Washington University School of Medicine, in Washington, D.C. Founder and director of GWISH, her motivation to transform the practice of medicine grows directly out of her spiritual commitments: "My own spiritual practice is one of contemplative meditation, as well as service to others," she says.

More than half of America's 125 medical schools now offer courses on spirituality and health, up from just three in 1992. Spurring this change are GWISH's Spirituality and Medicine Curricular Awards, begun in 1995 and awarded for course development. More than thirty top medical schools have received the awards, broadening medical school curricula so successfully that the Association of American Medical Colleges now includes spirituality in programs guidelines sent to all medical schools.

Hoping to foster compassionate systems of care for patients and their families, Puchalski is enthusiastic about the field's progress but says much work remains. The next step beyond simple correlations is to look for specific mechanisms, for example, in neurophysiology. "Now that the initial studies have been done," she notes, "the onus is on us to do some studies that are more meticulous and well-controlled."