

PROFESSION

Physicians, theologians examine faith and medical practice

A conference explores how faith influences doctors' working lives.

By KEVIN B. O'REILLY, amednews staff. Posted Nov. 22, 2011.

Chicago -- Nashville, Tenn., psychiatrist Andrew Michel, MD, often feels frustrated in his practice. He says his specialty's diagnostic system is not well-validated, that psychotropic medications are frequently ineffective, and that managed care means there is never enough time to plumb the depths of his patients' mental anguish.

Dr. Michel draws upon his Christian faith to find the will to sustain his commitment to medicine amid these challenges.

On a busy day, moving from one all-too-brief appointment to the next, he has time only for a simple prayer: "Lord, have mercy."

How medical practice and religious faith intersect was the subject of a Nov. 10 symposium hosted by the University of Chicago Program on Medicine and Religion. The event drew about 120 physicians, theologians, chaplains and clergy to hear lectures on topics such as "Judaism and the Practice of Medicine," "Christian Witness in Health Care" and "Medicine in an Apocalyptic Context."

The one-day event is just the start of the program's plan for a series of conferences aimed at examining how faith shapes medical practice. In May, it will convene the first in a series of annual three-day conferences on the interaction between medicine and religion.

More than half of doctors say their religious beliefs influence their medical practice, according to research by Farr Curlin, MD, who organized the symposium and co-directs the University of Chicago initiative. The program, which started in 2009, is funded by part of a \$2 million grant from the John Templeton Foundation.

Fitting medicine and faith

The influence of religion on medicine is most notable in controversies over abortion, birth control and end-of-life care, but what interests Dr. Curlin most are the ways in which faith shapes everyday care.

"The dissatisfaction of physicians with their own practices suggests that something has gone wrong, and part of what has gone wrong is that they are not able to make sense for themselves how their practices are fitting into a good and faithful life," he said.

Physicians must take care to be respectful of their patients' beliefs, but religious faith does not need to be a threat to care, Dr. Curlin said.

"The clinician may ask himself, 'Why do I want to be a physician? How is this good work? When I see this patient who has back pain, why is that worthwhile?'" Dr. Curlin said. "To the extent that they can be called to mind that to serve the patient is a mitzvah, or a way to serve Jesus who comes to me in those who are sick, or that responding to my neighbor is a good thing. I think most patients would be pleased that doctors are thinking that way, instead of thinking of it as merely a technical matter."

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