

## Spirituality in Medicine: A Surgeon's Perspective

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### ABSTRACT

Technological advances over the past 50 years have contributed to change the focus of medicine from a caring, nurturing model to a technological, evidence-based, result-oriented model. Lost in this "Brave New World" of technology is the role of human spirituality. Just how ones' own faith and/or spiritual well-being affects ones' own health has only recently regained the attention of the medical community. Whether faith and spirituality, as independent factors, affect measurable outcomes in health-care is certainly a difficult task to prove (or disprove, for that matter). This is especially true in the surgical specialties, where successes and failures are usually readily quite apparent.

**KEYWORDS:** spirituality, faith, surgery, health, outcomes

Does spirituality and faith exist in surgery? That certainly seems like a loaded question. Many will argue that our society has clearly become more secular. Indeed, legal actions to remove any sort of religious "words," symbols, or references from the public arena have become commonplace and some have even reached our nation's highest courts. Those who openly speak of their religious beliefs can sometimes be made to feel "uncomfortable" by others around them. Religious institutions here in the United States have certainly noted a generalized decrease in parishioners regularly attending services.<sup>1</sup> This sentiment is not necessarily directed at any specific religion and reasons vary from those who merely feel disconnected from their organized religion to those who question the generalized existence of a higher being. There seems to be a concerted effort to separate religious and spiritual "life" from our "everyday" lives. Despite this trend, however, a recent Gallup poll noted that 92% of Americans still believe in God or a Universal Spirit.<sup>2</sup>

Has this trend carried over to medicine? And what about the "cold-hard" world of surgery? Do we, as physicians, recognize our patient's spirituality and faith? Do we dare allow our own faith to creep into our practice? Do patient's faith and/or spirituality affect their medical course? These are not easy questions to answer, especially in our modern, technology-driven, evidence-based world of medicine. It may help to first look at the definitions of these terms. *Faith*, as defined by the *Oxford English Dictionary*: "complete trust or

confidence in someone or something; a strong belief in God or in the doctrines of a religion, based on spiritual apprehension rather than proof; a strongly held belief or theory." *Spiritual* is defined as: "relating to, or affecting the spirit or soul as opposed to material or physical things."<sup>2</sup> Spirituality, however, is a much more difficult term to define. It is a popular expression today that seems to be preferred over "religion." Spirituality is considered personal, something individuals define for themselves. It is often free of rules, regulations, and responsibilities associated with religion. One can be spiritual but not religious. With this in mind, it becomes possible to see why there are so many different interpretations of spirituality. Certainly, in times of great stress, (serious illness, death, etc.), most people seem to turn inward towards their spirituality and, perhaps, faith. Some will do this openly and consciously. They may find comfort in placing their faith in the God of their organized religion, while others may do this unknowingly. Questions or statements like, "Why is this happening to me?" or, "What did I do to deserve this?" or, "It's just my time," are, at their core, spiritual in nature.

As I sat at the hospital computer the other day to gather my thoughts and facts in order to dictate a discharge summary on a recent patient, I couldn't help but feel a bit of simultaneous accomplishment and apprehension. My sense of accomplishment stemmed from the successful surgery and subsequent care of a very sick patient in the middle of the night 6 weeks ago. It stemmed from a successful series of interventions, medicines, devices and nursing care that were required to aid my patient in his recovery. And it stemmed from watching a patient slowly regain his strength, both physically and mentally, to the point where he could now be discharged. Ironically, it was these very things that also led to my apprehension. Why was it that this patient survived? After all, he was an extremely sick man when I first met him in the ER. He was in his mid-80s, somewhat frail and malnourished due to his recent surgery for colon cancer and subsequent cardiac issues requiring stent placement. He was obviously septic. His work-up revealed a small bowel obstruction which clearly was going to require urgent surgery. At surgery he was found to have a closed-loop obstruction with necrotic small bowel requiring resection.

His post-operative course was complicated by a virtual "who's who" of complications: a pulmonary embolic event, intra-abdominal abscesses, pneumonia, acute kidney injury,

and the dreaded “C. difficile colitis.” There were the obvious cardiopulmonary issues to deal with. There were wound issues, ostomy issues, nutritional issues, and infectious issues. Yet through it all, he improved. I do not doubt the role “modern” medicine played in this patient’s survival. Nor would I dare to minimize how important, (and how hard), all the members of his care team performed. But still, other patients have received the same high quality care, have had the same technologies and medicines available to them, yet they ultimately succumbed to their disease. What was the difference? Genetics? Or was there something else?

I thought back to the night of his surgery. How his family anxiously awaited my arrival in the post-operative waiting room. I carefully explained what I had found during surgery and the very real possibility of their family member not surviving this massive insult. I explained to them the many short- and long-term “problems” that were likely to occur and how any one of these potential complications could be a lethal event. I then listened. I heard them talk about who this man really was: a husband, a father, a grandfather, and a veteran. I was told how he was a man who always worked hard to provide for his family and how much he valued God and his faith. I listened to them tell how much they appreciated the work of our OR team, and that now, “It’s in God’s hands.” Although they were in tears, I could sense how “at-ease” they seemed.

Over the next three weeks, I met with them almost daily. They were inquisitive but not intrusive, and always encouraging. Their faith in their God, in each other, and in the health care team, seemed to act as a comfort for the patient and for each other. I have no doubt it also had a positive influence on the members of the care team. How this impacted the ultimate successful outcome, either directly or indirectly, is certainly a more difficult question to objectively measure.

Although spirituality has been defined in numerous ways, a common theme seems to be one in which there is a belief in a power operating in the universe that is greater than oneself, a sense of interconnectedness with all living creatures, and an awareness of the purpose and meaning of life and the development of personal, absolute values. It is a way to find meaning, hope, comfort, and “inner peace” in one’s life. Acts of compassion, altruism, selflessness, and giving are all characteristics of spirituality. This may indeed be what drives the amazing outpouring of help, mostly by complete strangers, seen after many natural disasters, (such as hurricanes’ Katrina, Irene, and Sandy, for example). This sense of “spirituality” separates human beings from other species of animals, where the “survival of the fittest,” Darwinism-like forces dominate.

“There are no atheists in fox holes.” We have all heard this anonymous phrase which is thought to have originated during WW II. Is spirituality merely a coping mechanism for us in times of great stress or are there real health benefits to be gained by living an “everyday” spiritual life? This is

a subject that only recently has gained the attention of the scientific community. In a recently published article, Lucchese and Koenig identified 3200 studies that reported data on the relationship between religion/spirituality and health. Nearly two-thirds of this research was published between the year 2000 and mid-2010 (i.e., more research on this topic was published during that 10-year period than in the previous 128 years).<sup>4</sup> One such study examined spirituality and bereavement. Bereavement is recognized as one of life’s greatest stressors. In 145 parents whose children had died of cancer, 80% received comfort from their religious beliefs 1 year after their child’s death.<sup>5</sup> Those parents had a better physiologic and emotional adjustment. By alleviating stressful feelings and promoting healing ones, can spirituality positively influence immune, cardiovascular, and hormonal factors? Studies to objectively look, measure, or quantify these issues are extremely hard to design.

One such study took place in the Netherlands. This study examined the life expectancy of the religious population of the Seventh Day Adventists, a religion whose church instructs its followers not to consume alcohol, smoke tobacco, or eat pork. In this 10-year study, Adventist men lived 8.9 years longer than the national average, and Adventist women lived 3.6 years longer. For both men and women, the chance of dying from cancer or heart disease was 60% and 66% less, respectively, than the national average.<sup>6</sup> Were these results due to parishioner’s spirituality, or due to their healthy lifestyle? I’m not too sure it matters. Some researchers believe that faith increases the body’s resistance to stress. In a 1988 clinical study of women undergoing breast biopsies, the women with the lowest stress hormone levels were those who used faith and prayer to cope with stress.<sup>7</sup> Another study of heart transplant patients showed that those who participated in religious activities and said their beliefs were important, complied better with follow-up treatment, had improved physical functioning at the 12-month follow-up visit, had higher levels of self-esteem, and had less anxiety and fewer health worries.<sup>8</sup> In general, people who don’t worry as much tend to have better health outcomes. Maybe spirituality is the vehicle which enables people to worry less. This was again looked at in the Lucchese and Koenig’s review. They identified 121 studies that looked at the relationship between religion/spirituality and cardiovascular mortality. In 82 (68%) of these studies, a greater involvement in religion/spirituality predicted significantly greater longevity.

In the end, I again think back on my patient as he left the hospital. In my mind, he clearly “beat the odds.” But in reality, he, and his family, may have actually “maximized” their odds by the positive physiologic effect(s) of their own faith and spirituality. Whether we lower physiologic stress agents like C-reactive protein, fibrinogen, or interleukin-6 through our own spirituality, faith, and prayer, our beliefs as individuals can be powerful and clearly can affect our health outcomes. We see this often in the now well-recognized

“placebo effect” noted in most clinical trials.<sup>9</sup> We must recognize this as clinicians and continue to make efforts to understand the spiritual dimensions of our patient’s lives without “overstepping” our boundaries as medical doctors.

In my mind, I’d like to think my patient’s faith, spirituality, and prayers helped him in his recovery. I’d like to think mine did as well.

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