

MEDICINE & Spirituality

You Go First!:

Bringing Up Religious Issues in Clinical Practice

By Rev. Ken Blank and Dr. John Campbell – Oklahoma Health Center Clinical Pastoral Education Institute, Inc. © 2005

Dr. Harold Koenig, MD, Lucille Bearon, PhD, and Richard Dayringer, ThD, teamed up in *The Journal of Family Practice*, Vol. 28, No. 4: 441-448, 1989, to author an article entitled **Physician Perspectives on the Role of Religion in the Physician-Older Patient Relationship**. This article highlighted results of a cross-sectional study using questionnaires distributed to general practitioners and family physicians.

Who brings up religious issues in the physician-older patient encounter?

The study found that **patients** 'only rarely, if ever, mentioned religious issues during a medical visit'. **However**, over one-third of **physicians reported having prayed with older patients** during extreme physical or emotional distress. Between these two findings are a number of considerations:

- ❑ The majority of physicians believed that **religion has a positive effect** on the **mental health** of older patients
- ❑ Many physicians believed **religion has a positive effect** on the **physical health** of older patients.
- ❑ A significant proportion of the physicians felt they **should address religious issues** when an older patient **indicates religion's importance**.
- ❑ A significant proportion of the physicians felt **religious issues should not be reserved completely for the clergy**.

Interestingly, the study found that **younger physicians** were **more likely** than older physicians to have **positive attitudes toward discussing religious issues**. This is somewhat surprising in light of other articles reporting studies where younger, especially male, physicians, tended to be much less religious than older physicians.

Those physicians with an **understanding of the importance of religion in the lives of older adults** and an **awareness** that patients might **desire to engage in prayer** with them tended to be those **most likely** to address religious issues with patients. Again, other studies have further found that those physicians who are religious themselves are more likely to bring up religious issues with their patients.

The conclusion of this article compares favorably with what others have determined: ***the beliefs and attitudes of the physician are important factors in determining their receptivity to discussion of religious issues with an older patient***. If a physician has an open and/or positive attitude about discussing religious issues, the patient may be more inclined to bring up religious issues during the encounter. From this beginning, it may be logical to consider that the physician **may move further toward bringing more positive mental and physical health benefits** to the older patients under his or her care!

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