FEATURE

A conflict of conscience

What place do physicians’ religious beliefs have in modern medicine?

BY TRISTAN BRONCA

Since the scientific revolution, a fissure has slowly developed between the religious and modern worlds. The world that was static and divine, depicted in ancient allegories, seemed to be continually crowded out by the ever-expanding spheres of science and discovery. Now, teachings passed down by holy figures and conveyed through religious texts are routinely called into question, and many of the rituals and traditions that were once fixtures in societies everywhere seem like remnants of an older world.

Democratic societies claim freedom of belief, and rightly cherish it, but belief without evidence is becoming incompatible with scientific sensibilities. Yet, of all the domains of modern science, medicine is one of the few remaining strongholds of the faithful. Though no comparable numbers exist for Canada, a national survey of U.S. physicians from 2007 found that 76% of doctors believed in God and some 90% said they attended religious services at least
The vast majority (of doctors) would agree that a physician’s religion should not affect the way they treat patients.

— Dr. Asma Amjad

A prayer for patients

Though heated rhetoric often accompanies issues of physician conscience, the topic of religion tends to be far more complex and nuanced on a macro level than in individual practices. Dr. Shabir Amanullah is a Muslim psychiatrist in Woodstock, Ont. In the past, he has prayed the rosary with one of his patients—a Catholic nun—in his office. “The mandate of our religion is to accept every body equally without imposing our values on anybody,” he said.

When a patient comes in, Dr. Amanullah will ask about their support systems rather than inquiring about their faith outright. If a patient mentions prayer or religious beliefs, he will ask about the importance of those systems, then he’ll treat that patient accordingly. As he explained, a patient without a religious background may come to see him to receive cognitive behavioral therapy, but the Catholic nun undergoing the same treatment may also use her spirituality as a coping mechanism.

The latter, as Dr. Amanullah pointed out, may not be entirely beyond the purview of the physician as a guardian of health, since “health” is often thought to have a spiritual component in addition to physical, mental and social ones. “It is impossible for me to provide good care to a nun if all I say is ‘you need to do cognitive behavioural therapy and go on this medication,’” he said. “If we practise medicine in that cut-and-dry manner, we will lose the ability to help people with the inherent strength—the hope—that stems from the belief that God will help them.”

Perhaps that’s why Dr. Amanullah prays for all of his patients, regardless of their religion. “And, even if fellow physicians disagree with his belief that the ‘cure comes from God,’ accepting the fact that care and empathy have real, positive consequences on patient outcomes makes it difficult to dispute the therapeutic effect of prayer.

Empathy and the Buddha

Dr. Mark McCabe is a Seattle-based internist and practising Buddhist. Before becoming a doctor he was a professional firefighter, where he witnessed the many horrors and traumas associated with that career. “Impermanence, suffering and a way of making sense of the impermanence and suffering were all cogently and eloquently articulated by the Buddha,” he said. “Becoming a doctor was a natural progression from firefighting for me. In both roles, the paramount motivation is service.”

Some patients have chosen Dr. McCabe specifically because of his interest in Buddhism and, where appropriate, he’ll offer some direction inspired by eastern teachings. “So much of what the primary-care internist does falls outside the scope of obvious medi- cine,” he said. “There are countless alternative therapies that can affect the way that oneself can do with psychosocial or philosophical issues like relationships, meaning in life, happiness and how people want to die. Science is not adequately address these issues, but it isn’t sufficient.”

Dr. McCabe said meditation allows him to facilitate a degree of “presentness” in his practice. For him, the point is not so much to adhere strictly to Buddhist doctrine, but to reflect on and utilize the insights gained through meditation. He sees more than 20 patients daily and continues to find the work “endlessly fascinating and rewarding.” But the sole benefit is not his.

There is a Buddhist practice known as Tonglen, which in the Tibetan language means “giving and taking.” It is a meditative exercise where practitioners attempt to visualize the

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Religious physicians in the U.S.

Statistics on physicians’ religious affiliations are hard to come by, especially in Canada. Here are the most recent data from south of the border. The percentages of American MDs belonging to each faith group come from a 2005 study.

The U.S. general public numbers are from 2014.

Physicians % General public %

Protestant 38.8 46.5
Catholic 21.7 20.8
Jewish 14.1 1.9
Atheist/agnostic/none 10.6 22.8
Hindu 5.3 0.7
Muslim 2.7 0.9
Orthodox Christian 2.2 0.5
Other 1.8 3.6
Mormon 1.7 1.6
Buddhist 1.2 0.7

Cultural differences between Canada and the United States mean some of these figures will not be applicable to this country. Numbers may not add to 100% due to rounding.

suffering of others to such an extent that, with every breath, they begin to take on some of that pain. Of course, “spiritual suffering” is actually about taking other’s suffering on yourself,” the 14th Dalai Lama of Tibet clarified (he is said to practise Tonglen daily). But the spirit of it is important. If the practitioner, as it’s written in one Buddhist text, “has the courage to spend hours and eons, innumerable lifetimes, even, in the deepest hell realms” to alleviate the suffering of another, then one gets the sense that for practising Buddhist doctors, “putting the patient first” is far more than just lip service.

A chorus rises

In February of this year, the Supreme Court of Canada passed a landmark ruling legalising physician-assisted suicide for patients suffering from unbearable and irremediable pain. While the motion was widely supported by the Canadian public (an Ipsos Reid poll put the backing at nearly 80%), one group that has been near unified in their opposition to the law is the Catholic Church.

“As much as the world around us might change their opinions on abortion and assisted dying, I can’t see the church changing its stance,” said Dr. Vanessa Sweet, a four-year anaesthesiology resident and Catholic physician. “Interestingly, many members of the public who identify as Catholic have indicated their support for assisted dying, but the church’s stance is firm.”

Though few doctors have been as vocal as Christian practitioners regarding the Supreme Court decision, Jewish and Muslim physicians interviewed for this article also expressed some reservations about the incoming law. Judaism, in particular, has a principle known as pikuach nefesh, which states that the saving of a human life trumps all other commandments of the Torah. “Life is of infinite, not relative, value,” wrote Jerusalem-based law professor and lecturer Rabbi Dr. Yitzchak Breitbart (PhD) in an entry on the Jewish Virtual Library, “and mathematically, any fraction of infinite must also be infinite.”

Still, despite this, some rabbinic authorities have sanctioned a patient’s right to die, recognizing, as Dr. Breitbart wrote, that life may become unbearably difficult or painful.

On March 6, exactly one month after the assisted-dying ruling, the College of Physicians and Surgeons of Ontario (CPSO) revised its policy on professional obligations and human rights. According to the new policy—for which the college solicited feedback from 16,000 members of the public—any physician who objected to any policy concerning professional or moral or religious grounds would be required to write an “effective referral” to a physician who would provide the service. Furthermore, the objecting physician would be required to perform the procedure themselves if the patient was at risk of “imminent harm.”

The Christian Medical and Dental Society (CMDs)’s new policy was a blatant violation of physician autonomy and a risk to their moral integrity. It launched a lawsuit against Ontario’s college and threatened to do the same in Saskatchewan were the regulating body approved a similar policy.

“Their policy is not about surgery,” said Dr. Sweet assuredly. Indeed, as Dr. Curlin pointed out, because Christianity teaches that the sick and dying are of sacred worth, caring for them is both an honour and a privilege. While CPSO’s revised rules don’t specifically mention physician-assisted dying, the college’s policy on quality end-of-life care can refer back to the “sensitive issues” of the CPSO code. The CMDs had also voiced serious concerns over how “immediate harm” will be interpreted when a patient in desperate pain is seeking a life-ending prescription.

A secular take on assisted dying

Christian physicians aren’t the only doctors who oppose assisted dying. According to the results of a 2014 Canadian Medical Association survey of almost 5,000 members, only 44.8% said they were in favour of legalizing physician-assisted suicide and just 26.7% said they would be “likely” or “very likely” to participate. Among those opposed is Dr. Wardell, who also happens to be a staunch atheist.

“My personal view is that a request for assisted dying is a tacit admission that we have failed miserably to provide adequate palliative care,” he said.

During the 20 years he cared for patients at the end of their lives, Dr. Wardell said he never had a patient commit suicide, and whenever patients asked about physician-assisted dying, he told them they would revisit the possibility when they couldn’t control their symp- toms or quality of existence. In every case, “it never came up again,” he said.

Though the ethics of end-of-life legislation are still forthcoming, it’s likely that determining eligibility under the law will be complex. However, barring an improbable professional-wide boycott of the practice, the final decision will belong to the patient.

That doesn’t mean discretion and guidance are irrelevant, offered Seattle internist Dr. McCabe. “I’m the professional they’re seeking advice from, after all.” Physicians refuse to write prescriptions all the time, he added, “but it really doesn’t hingle on anything other than principles of good medicine. I don’t think religious beliefs should play in here at all.”

Atheism 2.0

Even if physicians could agree, is it possible to remove religion from medicine? Isn’t it possible that, for devout doctors, values like compassion, integrity and selflessness—all of which are inextricable aspects of “good medicine”—may be imbued with a sense of religiosity? For psychiatrist Dr. Smith, staunch religious beliefs aren’t necessary in order to provide quality medical care. “There are people who are fine and are highly religious and people who are fine doctors who have no religion,” he said. “There’s no particular religion that makes for better doctors.”

In 2012, philosopher and noted atheist Alain de Botton sought to challenge this idea. He didn’t argue that religion could create better doctors, necessarily, but that certain aspects of religion could improve the secular world as a whole. He called it Atheism 2.0, arguing that the ritualistic, the moralistic and the communal sides of religion are positive and powerful things, with or without the existence of God. “You may or may not agree with religion but, at the end of the day, religions are so subtle, so complicated, so intelligent in many ways that they’re not fit to be abandoned to the religious alone,” he said in a TED talk. “They’re for all of us.”

At the end of his lecture, de Botton was asked if it was foolish to hope for a world where religion was used to bridge divides. “No, we need to be polite about differences,” he began. “I think that what the religious wars of late have ignored. They’ve ignored the possibility of harmonious disagreement.”

Of course, harmonious disagreement between medicine and religion have long existed, whether it was Dr. Amanullah praying the rosary with his patient, a nun, or in the practice-level respect doctors have for atheists and other non-religious colleagues. As lawmakers grapple with the patient’s right to die—one of the most polarizing medical issues of modern time—it’s clear, as Dr. Wardell said, they’ll never please everyone. But, perhaps right now, harmonious disagreement is enough to be hopeful for.

The relationship between religion and psychiatry

IN HIS MORE RECENT research into the religious tendencies of different medical specialties, Dr. Farr Curlin, a professor of medical humanities at Duke University in Durham, N.C., discovered something interesting: Psychiatrists are, on the whole, less religious than their colleagues in other fields. Though he couldn’t say why, definitively, he did have some hypotheses. “Psychiatry has had a contentious relationship with religion in the field’s development,” he said. “The most famous example is undoubtedly Sigmund Freud, who believed God was an illusion and that religion was a form of neurosis. He published five books on the topic.”

“I think that put a lot of religious folks on edge,” said Dr. Curlin. It’s also possible that Freud’s influence has had the inverse effect on the field of psychiatry, creating a culture that harbours lingering hostility toward religious beliefs. “Psychiatrists are, for example, the best to describe a feeling, like being unhappy, using psychiatric terms (depression) instead of spiritual, philosophical or ordinary ones (despair, angst, sadness)?’ It’s an area of ambiguity,” he said.