

Editorial

Spirituality in Medicine/Surgery: Time for a New Awareness?

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As physicians/surgeons, we cannot “understand” (on a metaphysical level) why people suffer or die. Despite our advanced training in modern technological advances on the frontiers of immunology, gene therapy or minimally invasive surgical techniques, individually we remain steadfastly and unchangingly human, and often struggle with both anguish and misery in the lives of patients and families we serve (as well as our own). We also wrestle with questions like, “How can a loving and all-powerful God permit the suffering of an innocent child from an aggressive cancer?” In my career as a pediatric surgeon, I have often been asked similar questions from grieving parents whose lives have suddenly imploded with the shattering news of their child’s affliction. They- and I as well- seek through the tears, some reassurance in our faith that begs answers, even understanding, of the unknowable.

Can it be that advances in modern science and technology have made the concept of “suffering” itself a kind of “predictable storm,” at least for the most part- one which should be seen off in the horizon to be safely avoided, or at least prepared for well in advance; or one that attacks in distant places, to unseen populations- safely at a distance from our “all too comfortable” lives. At least until we, or those close to us, are suddenly blindsided- by a terrible accident or critical health concern, and are left asking, “Why me (them)? What on earth could have happened? How could this be? This is just so sudden and unexpected”. Furthermore, “It just doesn’t seem fair. Isn’t our God a deity of love? Surely it cannot be his wish that such misery could happen to an undeserving child of his. Isn’t his plan to protect and nurture (each of) us so we can carry on with our daily lives in obedience and service to him? How did everything we believe go wrong”?

In reality, in our human existence, that anguish and misery we struggle to understand are necessary parts of life, unavoidable and oftentimes painfully real- and always have been.

Throughout recorded time thinkers and philosophers have wrestled with the presence of such suffering in the world; especially a challenge to faith in the Christian belief system- centered on a God unlimited in goodness and power who loves each of his children in a

truly personal way. Whatever our faith background or belief system, there can be little doubt that the customs, beliefs, and practices each of us carry define a “spiritual awareness” we use to order a sense of meaning and purpose to our lives- including our professional lives. That “awareness”, recognized or not, is truly foundational in the way each of us seeks to define our role in the “life and death” scenarios that we face on a regular basis. But is that “spiritual awareness” recognized- either by us, or others, as the force it can/should be in dealing with such questions- with few (easy) answers and the potential for great anxiety, in us and them? Should/must that be the case?

“Nothing in life is more wonderful than faith- the one moving force, which we can neither weigh in the balance nor test in the crucible” William Osler, M.D.

When one considers that the practice of medicine itself arose in a theological context (either Greco-Roman or Judeo-Christian) [1] it seems odd that current practice shuns, for the most part, allusion to any spiritual role in the cold, “outcomes-driven” world of modern, scientific medicine. Have we forgotten that the Greek word *therapeia* translates as “doing God’s work”?

This is not to revert to a medical framework without science or to snub the scientific progress which has resulted in dramatic cures for so many ravages of mankind over past ages. Yet one must wonder if the “divorce” of faith from science has left us both “lost and aloof” at times. In the words of Einstein himself, “science without religion is lame; religion without science is blind” [2]. Need this be the case?

In a USA Today poll, patients were asked if they wanted the issue of spirituality addressed by their physicians: 2/3 felt this desirable, yet for only 10% had the subject been raised. Even among those who professed no spiritual leaning, half felt some inquiry should be made on the subject by their doctor(s) in cases of serious illness [3]. Numerous studies have shown a correlation between spiritual beliefs and patients coping with, or recovery from, serious illness [4]. Author and surgeon Bernie Siegel reports this to be a factor of dramatic import, citing one Lancet study which found the greatest determinant of survival with advanced stage cancer, beyond disease- free interval, to be, not presence or number of metastases, but “a sense of joy” [5]. In seeking to direct patients toward healing (though not necessarily curing) their infirmity by recognition of “higher powers” in evidence in (or through) their illness, Dr. Siegel describes himself “trying to find the moral and even spiritual authority” that his profession has lost (some would say abandoned) [6]. Yet few feel comfortable with such discussions, and even fewer risk joining patients (or families) in spiritual communion, perhaps even discouraged from doing so [7].

Not only does attention to matters of spiritual concern affect patient care, it also affects those providing that care as well. Issues of physician wellness and resiliency are “front and center” currently, not only in medical journals, but lay literature as well [8]. The data

is compelling. In a collective review of “physician burnout” in 2016, Dimou, et al. report a 50% overall prevalence of burnout, with one third meeting criteria for overt clinical depression [9]. Consequences were not minor, nor short-lived - significant medical errors were found to occur in almost 10%, and the effects of depression and absenteeism substantial. Suicidal ideation was present in 6% [10]; the risk of death from suicide (for resident physicians) is currently estimated at 1.5 to 4.5 times that for comparable age and sex-matched peers [11]. Similar statistics have been reported among other resident groups [12], older practitioners and across specialty and geographic locations [13,14]. Furthermore, these worrisome estimates show the problem(s) appear to be increasing over time, compared to data reported from 2009 [15].

While the causes and/or inciting events for such gravely concerning trends are unclear or conjectural, it is clear that the anticipation of altruistic service to one’s fellow man voiced by applicants to both medical school and residency training has been eroded (or replaced) by one of cynicism and fatigue. No doubt both grim reality and pain from numerous patient encounters play major roles in this transition, but one is left to wonder if that is an inevitable price of experience and judgment. Must it be? Perhaps an underlying source of comfort and direction resides in that question of “spiritual awareness,” after all. What gives one’s life “joy and meaning” is that which both sustains and directs it. If renewed attention to a spiritual framework (for ourselves as well as our patients) can provide answers to questions of suffering for both, perhaps it is time to re-evaluate spirituality as a legitimate tool in the medical armamentarium.

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