



Blog

Why It's Important to Bring Faith Communities and Clinicians Together

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Justin Sanders, MD, MSc, is a palliative care physician at the Dana-Farber Cancer Institute and Brigham and Women's Hospital, and is an associate faculty with the Ariadne Labs Serious Illness Care Program. Sanders has observed that clinicians often shy away from talking about religion and spirituality with their patients. He attributes this to an assumption that such beliefs lead people to make unrealistic medical decisions. While at the Sacred Conversations with the Seriously Ill conference held earlier this year in Boston, IHI sat down with Dr. Sanders to discuss ways in which engaging patients around their faith can aid medical decision making. The following is an excerpt of that discussion.

"It's sad when clinicians feel that they can't connect around something as important to some of their patients as their faith. Their patients may have a faith that they share or beliefs very different from their own.

"It can be very helpful for clinicians to try to understand the framework that a person's faith gives them to think about their illness. Sometimes we jump to the conclusion that someone's faith is going to get in the way of medical treatment. We assume that because someone believes in the divine or in miracles that somehow their beliefs are going to impede our care for them. But that's often not the case. In fact, it can be quite the opposite.

"For example, I was recently taking care of a Muslim patient. His father was struggling with his son's imminent death because he was a young man in his 30s. I asked the father and his brother — because the patient was no longer able to communicate for himself — who they spoke with to help make choices about what was going to be important for him.

"They said that there was an imam who was helping them. I asked if I could speak with him. They introduced us and I shared my perspective. Speaking with the imam was so helpful. He helped make it easier for me to care for this patient because he offered a framework that I could use — with the family — to decide what was best for the patient.

"In this case, as is often the case in many religions, suffering was not to be tolerated at the expense of prolonged life. That simplified our decision making. We could evaluate together whether the patient was suffering and whether or not they believed that was something God called for in some way. When we determined together that it was not, then we made different decisions.

"We miss important opportunities to support our patients when we, as clinicians, don't take the time to understand our patients' religious and spiritual beliefs. "

Dr. Sanders believes this is true not only of religion and spirituality, but of any other cultural framework. "We do well by our patients when we engage them about the things that matter most to them. That is their area of expertise. When we develop treatment plans that reflect that, and our own expertise, we provide the very best medical care."



Dr. Sanders gives advice for when "your patient is praying for a miracle" in this video.

One Response



Rosemary Lloyd says:

October 26, 2017 at 10:15 am

Health care decisions are made by people who are at once physical, emotional, relational, and spiritual beings. Engaging patients and families about their religious/spiritual beliefs and values supports

- respecting the beliefs and customs of patients and families
- providing care that is truly patient and family centered
- building trust and respect for religious customs and beliefs that may influence health care choices, bring comfort and meaning, and facilitate closure or transition at the time of death

Looking for more good reasons? See: http://endoflife.northwestern.edu/religion_spirituality/why.cfm#Twelve reasons

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