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# PATIENTS' VIEWS ABOUT PHYSICIANS' SPIRITUAL ROLE IN MEDICAL PRACTICE

Waris Qidwai and Arsalan Tayyab\*

## ABSTRACT

**Objective:** To study patient perceptions with regard to spirituality in medical practice.

**Design:** A questionnaire-based survey.

**Place and Duration of Study:** Family Practice Center of Aga Khan University Hospital, Karachi, Pakistan, during July 2003.

**Subjects and Methods:** Family practice patients were interviewed using a questionnaire which included data on demographic profile of the patient and perceptions on spirituality in medical practice. The study investigators administered the questionnaire without using systematic randomization. Ethical requirements including the administration of a written informed consent and the provision of confidentiality were ensured. SPSS computer software was used for data management.

**Results:** One hundred patients were interviewed. A majority was married men, in the 20-40 years age group being of grade XII and above educational status. Ninety-two (92%) respondents believed in physicians having healing powers given by God, 78 (78%) felt that physicians should consider religious needs of the patient during treatment and 44 (44%) believed it is the competence of a physician that results in his/her healing ability. Thirty (30%) respondents sought treatment from faith healers and believed that medical care should include faith healing. Ninety-four (94%) respondents believed that praying and reciting the Quran helps in healing. Patient expectation that a physician be regular with regard to prayers, fasting, zakat donation and avoiding riba were reported by 91 (91%), 89 (89%), 97 (97%) and 63 (63%) respondents respectively. The findings of the study are not representative and have no statistical reliability.

**Conclusion:** We have documented patient perceptions with regard to spirituality in medical practice. Such information has important implications for patient care and we strongly recommend further debate and research on the issue.

**KEY WORDS:** *Spirituality. Spiritualism. Religion and medicine. Religion and science. Patients' views.*

## INTRODUCTION

The health of an individual encompasses three spheres concerning body, mind and spirit<sup>1</sup>, enforcing the belief that health is inconceivable without physical, mental and spiritual components.

Spirituality is considered relating to, or affecting the human spirit, as opposed to material or physical things.<sup>2</sup> The issue of spirituality is very closely related to religion and the two are often considered inseparable, even though music and nature's observation<sup>3</sup> are regarded as non-religious means for achieving spiritual fulfillment. Despite the positive impact of spirituality on health<sup>4,5</sup> and the healing process<sup>6,7</sup> its role in the physician-patient consultation process still lacks clarity.<sup>8</sup>

The majority of the population in Pakistan follow the religion of Islam based on the Quran (Holy book) and the Sunnah (traditions of the Prophet (P.B.U.H.)), whereby, among other things, it is necessary to pray five times a day, fast during the month of Ramadhan, offer charity in the form of Zakat and avoid interest payments on capital.

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Prayer is considered an integral component of spiritual life, allowing people to express themselves during crisis and emotional turmoil, and an important source for personal strength during times of adversity. It is used to positively influence patient's ability to cope with anxiety related to illness.<sup>9</sup> The verses of the holy Quran are recited or written and used for healing in the form of "Taweez".<sup>10</sup>

Physicians are expected to look into the spiritual needs of patients<sup>11</sup>, as part of the holistic care model of medical practice, with its own healing properties<sup>12</sup>. It can be noted with concern that the nursing profession<sup>13</sup> and the practitioners of complimentary medicine<sup>14</sup> have left allopathic practitioners far behind in addressing the issues of spirituality in patient care.

The question of when to discuss spiritual issues with the patient and in what manner is still open for discussion. Physicians are reluctant to raise spiritual issues with their patients<sup>15,16</sup> due to the impact it may have on doctor-patients relationship. Patient expectations from physicians with regard to their spiritual needs has been studied in the west<sup>3</sup> but information on the issue is not available from Pakistan. There are reports of significant use of the services of spiritual healers<sup>17</sup> and faith healers<sup>18</sup> in Pakistan. These are practitioners who are not trained, certified or registered and exploit religious and spiritual beliefs of patients.

Given this background, a need exists to incorporate dealing with spiritual issues into medical practice in Pakistan. Our hypothesis is that patients want spiritual issues to be incorporated into their medical care. Therefore, we decided to study the patients' views on the subject of spirituality in medical practice.

## PATIENTS AND METHODS

The study design was a questionnaire based cross-sectional survey. It was conducted at the Family Practice Center of Aga Khan University Hospital, Karachi, Pakistan, in July 2003. About 150 family practice patients are seen daily by twelve family physicians at the center. Patients present with primary care level problems at the center. Questionnaire was developed by the principal investigator after extensive literature search including input from colleagues and patients. Religious scholars were not consulted. It was administered in English and Urdu, depending on patient's comprehension. The questionnaire included data on demographic profile of the patient including age, sex, marital status, and education. Questions were directed at exploring patient perceptions regarding the spiritual and religious aspects in medical practice. This included questions about influence of a physician being religious on healing whether he/she has healing powers, and the influence of prayers and other religious practices on healing. Some questions were directed at Faith healers and Faith healing.

The principal and the co-investigator interviewed the patients and filled out the questionnaire. A pilot study was conducted before the start of the administration of the final questionnaire. An consensus was reached between the investigators on how to administer the questionnaire to ensure uniformity. The questionnaire was administered prior to the consultation in the waiting area outside the physicians office. Patients interviewed were those who agreed to participate in the study regardless of the doctor they were registered with. The interviews were conducted throughout the month and no specific timings were followed. We decided to interview a hundred patients since we hypothesized that patients consider spirituality to be important in the physician-patient consultation. Since this was descriptive study with no statistical analysis, sample size based on statistical calculations was not considered.

Ethical requirements including the administration of written informed consent and the provision of confidentiality were ensured.

We interviewed patients based on their availability and convenience. A systematic random selection of study subjects was not undertaken. SPSS computer software was used for data management.

## RESULTS

One hundred patients were interviewed. A majority were married men, in the 20-40 years age group and with grade XII and higher education (Table I). Ninety-two (92%) respondents believed in Physicians having healing powers given by God, 78 (78%) felt that Physician should consider religious needs of the patient during treatment and 44 (44%) believed it is the competence of a physician that results in his/her healing ability (Table II).

**Table I:** Demographic profile of the patients (n=100).

Parameter	Number (%)
<b>Sex:</b>	
Males	67(67)
Females	33(33)
<b>Mean age (in years)</b>	
10-20	10(10)
20-30	36(36)
30-40	22(22)
40-50	22(22)
>50	10(10)
<b>Marital status</b>	
Married	70(70)
Single	30(30)
<b>Educational status</b>	
Below grade X	08(08)
Grade X	08(08)
Grade XII	36(36)
Graduate	40(40)
Postgraduate	08(08)

**Table II:** Patient expectations regarding spirituality in medical practice (n=100).

Patient perception	Yes	No	Don't know
	Number (%)	Number (%)	Number (%)
Treating physician should be religious	12 (12)	-	88(88)
Religion of the treating physician is important	22(22)	66(66)	12(12)
Believe physician has healing powers given by God	92(92)	06(06)	02(02)
Competence of a physician is responsible for his/her healing ability	44(44)	48(48)	08(08)
Physician should be a devout religious person in order to have healing ability	44(44)	52(52)	04(04)
Physician should consider religious needs of the patient during treatment	78(78)	22(22)	-
Physician should consider religious needs of the patient during serious illness	26(26)	72(72)	02(02)
Physician should be able to discuss the religious needs of patient	36(36)	56(56)	08(08)

**Table III:** Patient perceptions and practice regarding faith healers (n=100).

Patient perception	Yes	No	Don't know
	Number (%)	Number (%)	Number (%)
Ever sought treatment from a faith healer	30(30)	70(70)	-
Medical care should include faith healing	30(30)	70(70)	-
Use of "Taweez" can cause healing a patient	40(40)	60(60)	-
Praying and reciting "Quran" can help healing in a patient	94(94)	04(04)	02(02)
Follow faith healer if opinion differs from a physician	16(16)	82(82)	04(04)
Follow physician if opinion differs from a faith healer	80(80)	16(16)	04(04)

Thirty (30%) respondents sought treatment from faith healers and believed that medical care should include faith healing. Ninety-four (94%) respondents believed that praying and reciting the Quran helps in healing (Table III).

Patient expectation that a physician be regular with regard to prayers, fasting, zakat donation and avoiding riba was reported by 91(91%), 89(89%), 97(97%) and 63(63%) respondents respectively (Table IV).

**Table IV:** Patient expectations regarding physicians' religious practices (n=100).

Physician practice regularly	Yes	No
	Number (%)	Number (%)
Prayer	91(91)	09(09)
Fasting	89(89)	11(11)
Zakat	97(97)	03(03)
Riba	63(63)	37(37)

## DISCUSSION

The majority of the respondents in the study were well-educated, married men visiting a relatively expensive medical facility, reflecting their affluence. The study subjects were selected without any randomization and on convenience. Since a family physician conducted some of the interviews, a bias was introduced. The sample size was restricted to a hundred patients, with no statistical tests carried out on the data. It is due to these limitations that the findings of the study are not representative and have no statistical reliability.

Despite the weaknesses in the study, we have documented important information on patient perceptions regarding spirituality matters in medical practice. Such information has important implications for medical practice and can form the basis for further studies on this important issue.

It is interesting to note that a small number of respondents expect treating physician to be religious, even though a majority of them want them to be practicing Muslims. This could be because patients expect physicians to practice their religious duties but regard treatment to be more dependent on their competence.

A majority of them believe that physicians have healing powers but their competence is equally important in their healing ability. This shows that respondents we interviewed were inclined towards getting medical care from a competent physician and not just the faith healer. Such information will help physicians in the understanding of patient expectations that will result in greater patient satisfaction. The concept that God heals while the physician treats is an old one and exists among the respondents that we interviewed.<sup>19</sup> A respect for patient's religious beliefs is part of good clinical practice. The importance of dealing with religious needs of patients is reported to be more important while dealing with serious illness<sup>20</sup> but respondents in our study feel otherwise. This could be because they feel that a physician should concentrate more towards looking after the medical care of a patient during serious illness and leave the religious matters to others to look after. The practice of such an approach will be contrary to the holistic model of medical care that is again essential for good clinical practice.

It is interesting that a substantial number of respondents in our study had sought treatment from a faith healer. There are several reports suggesting substantial use of the services of faith healers among the Pakistani community.<sup>21</sup> A majority of the respondents in our study do not agree that medical care should include faith healing. It again shows that our patients want physicians to rely more on their clinical competence than faith healing. It is important that we consider these patient's perceptions before incorporating spiritual aspects into the medical curriculum.<sup>22</sup>

"Taweez" is the term, used for an article that spiritual healers blow into after reciting holy verses, and a person wears it on his/her body or keeps in pocket or under the pillow. It is believed that "Taweez" and its use protects oneself against evil spirits and helps in recovery from an illness. "Taweez" is used in and around Pakistan and a substantial proportion of the respondents in our study agreed that its use can favorably influence healing.

Prayers are often used to speed up recovery from an illness<sup>23,9</sup> and an overwhelming majority of the respondents in our study expressed their belief in this practice. In case of difference of opinion between a physician and a faith healer, an overwhelming majority of the respondents were in favor of treatment from a physician. This was expected since we interviewed patients visiting a physician. A different opinion may be found in the community.

## CONCLUSION

It is important for our physicians to know that our patients expect professional competence from them in addition to dealing with spiritual needs. Physicians should be able to provide generalized spiritual care to their patients which does not require training in religious matters. It will be a missed opportunity if we do not take advantage of the spiritual drive among our patients to improve their health.

We have identified a need to study views of patients on spirituality in their medical care on a larger population which can be representative. Our study raises very important questions which require answers such as why patients want or do not want spiritual care to be provided during serious illness. Focus group discussions can be used effectively to address such issues.

Modern day medical practitioner is required to follow a Bio-Psycho-Socio-Spiritual model of medical practice. The practice of such a patient-centered model will lead to greater patient satisfaction and result in a positive outcome on health.

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