



PROFESSIONAL ISSUES

More schools teaching spirituality in medicine


Some medical schools require students to take at least one course examining the role faith plays.

By [Bonnie Booth](#), *AMNews* correspondent. March 10, 2008.

Christina M. Puchalski, MD, was a bit of a pioneer when she created a spirituality and health course in 1992 at George Washington University School of Medicine in Washington, D.C.

The course, offered as an elective, covered spiritual practices, including meditation, as well as topics such as humor and alternative medicine.

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When Dr. Puchalski first began teaching her course, 2% of medical schools offered course work in spirituality. By 2004, the figure was 67%.

Now 100 of the approximately 150 U.S. medical schools offer some variation of spirituality-in-medicine course work. And 75 of those 100 require their students to take at least one course on the topic.

Dr. Puchalski can take some credit for the change. She and a colleague developed a program in spirituality and health at the National Institute for Healthcare Research. Funding by the John Templeton Foundation -- an organization that makes grants to research projects -- has given medical schools the opportunity to develop a spirituality curriculum of their own.

"Spirituality is a part of caring for patients," said Dr. Puchalski, director of the George Washington Institute for Spirituality and Health. "It goes to the very root of who we are."

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Dr. Puchalski has worked with the Assn. of American Medical Colleges to define spirituality as part of the Medical School Objectives Project.

According to the MSOP, "spirituality is recognized as a factor that contributes to health in many persons. It is expressed in an individual's search for ultimate meaning through participation in religion, and/or belief in God, family, naturalism, humanism and the arts. All of these factors can influence how patients and health

course.

care professionals perceive health and illness and how they interact with one another."

At the University at Buffalo School of Medicine and Biomedical Sciences, an elective class on faith, medicine and end-of-life care was the main offering on spirituality before the school received a Templeton grant. Now students learn at every stage of their education how to incorporate spirituality into medicine.

"Our goal is to integrate spirituality into the existing required courses," said David Holmes, MD, clinical assistant professor and director of the third- and fourth-year family medicine clerkships.

Putting faith into practice

Dr. Holmes said it is not the program's aim to push religion but to improve patients' health and well-being. Over four years, students will study the definition of spirituality and how to integrate questions about faith into taking a patient's history. They also will explore spirituality in their own lives and spend time on rounds with hospital chaplains.

"Research demonstrates that our health and well-being are influenced by our physical body, our thoughts and feelings, our social situation and relationships and by our spiritual beliefs and practices," Dr. Holmes said. "If a patient believes in the power of prayer and practices this daily, in addition to recommending therapies such as the nicotine replacement patch and a smoking cessation group, why not encourage him or her to pray for strength to quit smoking?"

76% of doctors believe in God, and 59% believe in an afterlife.

In recent years, more research has examined the links between faith and physicians. In 2005, a nationwide study found that 76% of physicians believed in God, and 59% believed in an afterlife. Physicians are more likely to attend religious services than the rest of U.S. population, said the study in the July 2005 *Journal of General Internal Medicine*.

Some experts said doctors don't know if it's appropriate to incorporate faith into medical practice. Doctors also might be unsure if they should address the topic of their patients' beliefs.

Research aside, social trends have led medical schools to consider spirituality in their curriculum planning, Dr. Puchalski said.

She said that during the mid-20th century, medicine shifted away from the physician-patient relationship and holistic care to a disease-centered model that focused more on advances in science and technology.

The switch to managed care, the diminishing doctor-patient relationship and public pressure brought demands for change. The increased criticism of the medical system as a whole, she said, also stimulated changes in medical education.

The goal today, Dr. Puchalski said, is to help medical students understand how they can be compassionate participants in their patients' lives.

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