POINT

The Necessity of Taking Faith Seriously if Medicine is to Survive the Postmodern World

DR. JOHN PATRICK

The poet, Will Auden, considering the kind of doctor he wanted at the end of his life, was not interested in someone who wanted to change his life style but someone: "Who will not make absurd demands that I abandon all my vices. But, with a twinkle in his eye, will tell me that I have to die."

But telling people that they have to die is not easy! There is no technological fix to this problem. Until recently everyone defaulted to some more or less satisfying religious, ritualistic solution. Even now in our tacitly secular (i.e. tacitly atheistic) politics, when faced with death, suffering and tragedy the trivial understanding of the secularist is laid bare, they often revert rather hypocritically to the default position.

The student's preparation for the existential crises which are central to medicine are lacking in depth. They are assessed on how much empathy they show towards patients but there is no help provided on the huge problem of how to distinguish between hypocrisy and empathy. The students, of course, know who the cynical charlatans in their class are and they know whom they trust. An anonymous class ranking of trust-worthiness would be an interesting datum which, I suspect, would indicate who is likely to lose their license or be subject to professional discipline later in their career. Character is what we want and it can be assessed qualitatively by those who live together in community but not by educational psychologists, who suffering from "physics envy" covet objective data; hence their preference for 'attitudes' which are the domain of "method" actors.

Wendell Berry's story of the death of Burley Coulter in his novel "Fidelity" is a moving tragi-comedy about the intensivist's lack of priestly skills in a more intensive than careful unit. I used to use this story in a medical humanities course because it is short and yet raises the question of wisdom at the end of life. Avid readers of Wendell Berry recognize Burley from the first of the Port William novels. There we meet him as the class joker, more interested in hunting, fishing and swimming than in lessons. He never does settle to a responsible life but he is a loved member of the community who therefore handles his death better than the ICU – at least medical students always think so. There is only one phrase in the story that always needs unpacking: "they came where their offerings could not be accepted." (doctors would prefer a chaplain to handle the spiritual issues but the patient craves a shared story of meaning with his doctor). The country folk cannot handle the ICU which no longer understands a community where people love one another simply because they belong to one another.

It is interesting that Christianity was the first religion to reach out in compassion to unknown sufferers; it reaches out to those in need independent of family ties. (In contrast, Darwinian theory specifies a very acute fall off in altruism as the potential recipients become more distant genetically). From the very beginning Jesus taught that we were to love even those who hate us. It is no accident that the followers of such a Lord would ultimately be the creators of medicine. Beginning in the early centuries of the Christian era hospitals flourished in the Christian West as nowhere else. Other cultures are perplexed by the success of the West. Here is a quotation from a Chinese scholar charged by the communist government with accounting for the success of the West:

> We were asked to look into what accounted for the ... pre-eminence of the West all over the world... At first, we thought it was because you had more powerful guns than we had. Then we thought it was your political system. Next we focused on your economic system. But in the last 20 years, we have realized that at the heart of your culture is your religion: Christianity. That is why the west has been so powerful. The Christian moral foundation of social and cultural life was what made possible the emergence of capitalism and then the successful transition to democracy. We don't have any doubt about this.
> -Quoted by Niall Ferguson in *Civilization*, 2011, p.287

Scholars from the developing world often express their amazement that we are neglecting the foundational commitments of our society from schools, essentially removing the key to understanding ourselves. I mean, of course the Bible, as was recognized nearly 40 years ago by Professor Allan Bloom from Chicago even though he was not a believer. Another secular Jewish Nobel laureate in economics from Chicago wrote a remarkable book called The Fourth Great Awakening in 2000. In it he wonders whether the west is producing sufficient upright virtuous leaders in the financial sector. The mortgage crisis of 2008 answered his query with a resounding No! Here is his list of the necessary virtues in order of importance and they need to

COUNTER POINT

The Necessity of Taking Chaplaincy Seriously

DR. DAN REILLY

"DOCTORS WOULD PREFER chaplains to handle the spiritual issues but the patient craves a shared story of meaning with his doctor"

I don't know what doctors Dr. Patrick is referring to. In my experience doctors either wish spiritual issues would disappear or doctors believe such issues can be handled by doctors. It is generally doctors with no faith who seek to drive anything religious from the clinical setting while doctors with faith assume that they can and ought to manage spiritual issues that arise in the clinical encounter. Most chaplains I know desperately wish doctors would refer spiritual issues to chaplains rather than either denigrate or not delegate.

There are many reasons why doctors with no faith would wish to force the world to conform to their view of it. FOCUS speaks to those of us with faith. We should be enthusiastic about involving experts in spiritual matters in the care of our patients facing spiritual challenges. But I have observed that Christian physicians and dentists often have a dismissive attitude towards clergy and a high view of their own clerical competency. That puzzles me but I speculate that it arises from a combination of competency extrapolation and unreasonable patient / system demands.

Competency extrapolation is a concept articulated by John Dickson in his book *Humilitas*. He observes that people who become highly skilled in one area (ie. intensive care medicine) often come to believe that they are equally skilled in all other areas of life (ie. spiritual leadership). One would think that someone who has spent years to become competent in their field would appreciate how much work is necessary to become competent in other fields but it doesn't seem to work that way. I have spent 20 years becoming a skilled ob/gyn and should recognize that my pastor who has spent 40 years growing in his vocation is better equipped to manage situations in his field. And yet I am tempted to think that since I am smart enough to do ob/gyn, clergy work should be easy for me. My pride and arrogance interferes with my appropriate referral of patient spiritual matters to chaplaincy and patients suffer as a result.

The health care system doesn't encourage the involvement of more people than absolutely necessary in the care of patients. So if the doctor believes that spiritual issues can be ignored or handled by the doctor the system is happy to continue to not allocate resources to the chaplaincy.

The patient may indeed crave a shared story of meaning with her doctor and we should seek to meet that desire as far as we are able. But as flattering as their confidence in our abilities to do everything is, we should be honest when someone else can provide care better than we can. We may be competent to provide basic spiritual care but should be quick to involve the patient's faith community leaders in the patient's care. If the patient has no faith community but is interested in exploring faith then we should refer according to the patient's wishes.

Chaplains are a group being pushed out of healthcare in Canada's public hospitals. They need physician advocates who recognize the value chaplains add to patient care. Members of CMDS should be those advocates.

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cont'd from p 14 be in place before elementary school starts. A sense of purpose, a vision of opportunity, a sense of the mainstream of life and work, a strong family ethic, a sense of community, a capacity to engage with diverse groups, an ethic of benevolence, a work ethic, self-discipline, a capacity to focus and concentrate one's efforts, a capacity to resist the lure of hedonism, a capacity for self education, a thirst for knowledge, an appreciation of quality and finally a little self-esteem. Jewish scholars have long recognized that Deuteronomy 6 is the key text where the teaching of Jewish history at the dining room table puts into the mind of the child reasons for virtuous behaviour and a recognition of moral consequence.

Medicine too needs virtue in its practitioners because at heart it is a moral activity. (We help people to decide what they ought to do; we do not tell them what to do.) Moral behaviour is taught but it needs underlying activity if it is not to degenerate into a crass utilitarianism. If doctors in general cease to fear the judgment after death it will not be long before the patient fears the doctor which, almost beyond belief is happening in Holland, Belgium, Luxembourg and the states of Oregon, Vermont and Washington in the US.

What I have written will be dismissed by most of the secular elite but it represents a way of doing medicine which will be the preference of many Canadians who are currently silent because no-one is teaching them how to defend their heritage. We could even end up with competition between two practices of medicine both funded by the state. Last time Hippocrates won.