Interfaith dialogue in medicine

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ABSTRACT

A moral crisis has swept through the United States dividing social, political, and religious organizations with corrupt and ineffectual leadership. However, the present moral crisis has its roots in the technological and cultural shifts of the last half century. The goal of interfaith dialogue is not merely to exchange pleasantries, but to build a mutual collaboration addressing the moral and ethical issues with a unified voice. Interfaith dialogue has the potential to pull us out of our individualism and, in focusing on our relationships, create a new sensibility about being human. And were that new sensibility understood to reflect some of the fundamentals of science, it would strengthen the ability of religions to pursue a more healing inclusivity and reveal a rich unity among religious faiths, stretching down from our personal relationships with each other to the divine and the very fabric of reality.

KEYWORDS Dialogue; interfaith; medicine; religion

With social media, mass communication, and computers, polarization between opposing groups and traditions has only deepened. Amid this polarization, the separation and exclusive claims of the various religious traditions have prevented the formation of a unified voice to tackle modern social and political divides. Humans have a natural tendency to form groups with those who share similar beliefs, hobbies, and goals. In general,

It is common for humans to want to exclude the other. . . . This exclusion occurs quietly—through minding one's own business, avoiding different perspectives by interacting only with others with whom we agree. . . . We seek to assimilate the other, insisting that she become “like us” or, most disturbingly, when we seek to eliminate the other altogether.¹

An inclusive model that recognizes the intellectual and interpersonal boundaries of opposing groups and traditions would provide an avenue towards a shared reality without eliminating differences.¹

In response, a growing interfaith movement has attempted to penetrate the barriers that, historically, have separated religious traditions. *Interfaith* describes “activities or relationships between people with different beliefs or faith identities.”² The goal of interfaith dialogue is not merely to exchange pleasantries, but to develop a mutual collaboration addressing moral

and ethical issues with a unified voice.² It consists of “‘getting to know the other,’ which requires both an appreciative understanding of the person as a human being as well as an understanding of that person’s religious or spiritual path.”² Although interfaith faith dialogue is associated with religious belief, it also includes nonreligious or atheistic philosophies in its framework. Furthermore, interfaith does not view religion or spirituality as either good or bad but as different perspectives by which an individual approaches the divine or deeper metaphysical reality. The goal of interfaith dialogue is the inclusion of all religious and nonreligious beliefs to build bridges of dialogue, understanding, and progression towards addressing the challenges faced around the world.

The interfaith journey has five steps: moving beyond separation and suspicion, inquiring more deeply, sharing both the easy and the difficult parts, moving beyond safe territory, and exploring spiritual practices from other traditions. Through listening and sharing stories, we open dialogue on important issues while simultaneously moving beyond suspicion and separation. In such dialogue, we begin developing a sense of oneness, love, compassion, and forgiveness within and beyond our religious traditions and political affiliations. We discover ways collaboration can improve our understanding and appreciation for our communities while acknowledging the uncomfortable aspects of our traditions. Together, the exchange of ideas and

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traditions provides a unique opportunity to appreciate and celebrate the particulars of each tradition. If God is one, then we are all part of that one being with a shared reality. Overall,

Interfaith exploration helps us identify the particulars within our faith traditions that support those universals—as well as the particulars that do not support those universals. This, then, has become an invitation for each of us to gain a deeper understanding of our traditions while, at the same time, listening to each other describe similar aspects of their traditions.... This kind of interfaith exchange could lead to a level of cooperation and collaboration among the peoples of the world that has never happened before.²

The steps of interfaith dialogue are similar to Richard Schweder's four-step approach for "thinking through cultures," in which he argues that open dialogue can be achieved through four steps: 1) acknowledging and understanding how cultures equip individuals and groups with particular gifts and expertise to relate with outsiders; 2) committing to "getting the other's story straight," that is, suspending disbelief long enough to rid ourselves of stereotypes and prejudgments; 3) delaying critiques of the culture to which we are relating until we formulate and pursue an open dialogue with differing cultures; and 4) rediscovering ourselves in relationship with the other.³ The end result allows both cultures to work towards a common goal without objectifying another mindset but instead placing themselves in proper subjectivity to it. Such dialogue is desperately needed in the medical field.

The interplay between religious tradition and medicine is multifaceted and evolving with the social, political, and cultural changes of each generation. In many instances, the history between religion and medicine evokes controversy and contention. Specifically, the story of medicine and religion

has been "a messy story" ... phony television faith healers, medieval torture of scientists and healers, execution of Jews accused of spreading the plague in 14th-century Europe, bombing of family planning clinics, misinformed consumers who substitute sketchy new-age therapies for validated medical treatments, and more.⁴

For thousands of years, medicine and religion were inextricably linked, as physical disease was directly linked with the activity of spiritual forces or divine punishment. Artifacts from ancient Egypt, Mesopotamia, and other civilizations did not distinguish the physical ailments from the activities of spirits, demon possession, or other spiritual forces. In many instances, medical treatments included a mixture of supernatural rituals with traditional remedies. For example, Hindu priests would often perform rituals of dancing, incantations, and amulets in order to cure patients along with herbs, liquid potions, and cow byproducts.⁵ However, scientific developments and cultural shifts in later centuries looked upon such practices as not only primitive but detrimental to the improvement of human health. Certain beliefs have prevented patients from receiving an accurate diagnosis of their illness and receiving effective treatments. Specifically, many religious beliefs concerning mental illness led many

clinicians, scholars, and religious practitioners to interpret and apply dangerous and ineffective treatments for psychiatric illnesses.⁵ Before modern advances in neurology and psychiatry,

mental disorders like schizophrenia, acute mania, or psychotic depression [were] often present with bizarre religious beliefs. The person with acute mania believes that he or she is God or some other divine being with unusual powers. The person with schizophrenia hears voices from divine or demonic sources telling him or her to perform tasks or behave in a certain matter. The psychotic depressive, overcome by religious guilt, is convinced that he or she has committed the unpardonable sin and is doomed for all eternity. The obsessive-compulsive repeatedly performs detailed, time-consuming religious rituals to obtain absolution from real or imagined transgressions. Even the textbook of psychiatric nomenclature and categorization—the Diagnostic and Statistical Manual of Mental Disorders—used religious examples for years to illustrate cases of serious mental illness.⁵

In these instances, religious belief may impose a significant emotional and psychological burden on patients who may internalize their illness as a reflection of immoral activity or lack of religious belief. The negative consequences of religion in medical practice led many 20th century scientists and clinicians to advocate for a separation of religion and medicine altogether. As Sigmund Freud argued,

Our God, Logos [reason], will fulfill whichever of these wishes nature outside us allows, but will do it very gradually, only in the unforeseeable future, and for a new generation of man.... On the way to this distant goal your religious doctrines will have to be discarded, no matter whether the first attempts fail, or whether the first substitutes prove untenable.⁶

Medicine and religion have cooperated synergistically towards improving health care delivery while addressing afflictions of both the mind and body. Throughout human history, religious institutions established the first hospitals and clinics across Buddhist, Hindu, Islam, and Christian traditions.⁴ Clinicians from different religious traditions, time periods, and cultures have bridged the divide between social, political, and social boundaries through their writings, dialogues, and medical humanitarianism. Such clinicians include

Moses Maimonides, 12th-century Spanish rabbi, physician, and philosophical theologian; Moses Nachmanides, 13th-century Catalan rabbi, physician, and philosopher; and Ovadiah Sforno, 16th-century Italian rabbi, physician, and philosopher. This trend exists today.... The most famous 20th-century Christian exemplar is Albert Schweitzer, physician, philosopher, theologian, Lutheran minister, professor, and medical missionary.⁴

Schweitzer was an amazing case in point, a genius of the first order who gave up much for his faith.⁷ He was an accomplished organist, touring professionally, and also became the top European expert on restoring organs. He could have spent his career doing this, but instead continued by becoming a historian. He was among the first to perform a study of Jesus Christ as a man in history by the professional standards of historians. This was so successful that he rapidly became one of the starring professors of his era, with an

academic appointment that he could have enjoyed for a lifetime. But his faith prompted him to become a minister, and he quickly became a renowned preacher, attracting crowds from all over to hear his brilliant and inspiring sermons. Yet again, he turned away from a brilliant career to start all over, requiring an extraordinary reinvestment in his training—he became a medical student. After all the requisite study and training, he completed his MD with the goal of establishing a clinic in Africa. However, this goal needed deep-pocketed donors who were uncomfortable with aspects of his preaching that were designed to nudge the wealthy towards greater support of the poor. So they offered him the seemingly Faustian bargain of funding his clinic in Africa if he would commit to never preach again. He accepted with alacrity, saying, “My life is my argument.” And, indeed, it was. He helped countless poor, and his actions reached even more people than his words ever could. He is a wonderful role model for anyone seeking to see medicine as a calling. All medical professionals must make great sacrifices to do so. Few had to make the ones Schweitzer did.

Thus, the partnership between religion and medicine towards alleviating physical and spiritual suffering is “multifaceted and dynamic and remains so in the present. The many intersections between these two institutional sectors offer productive opportunities for cooperation and collaboration in service to the promotion of health and prevention of disease within populations.”⁴ In other words, there is a relation between medicine and religion that precedes interfaith understanding and collaboration between health care providers and society at large. Again historically, religions have seen their substance to have greater value than their adherents. In spirituality, we note the presence of defining universals: oneness, unconditional love, and compassion. These constitute the energy to bind, to come together, to eclipse the ego’s need to make the “entity” all important and open the hearts to the needs of the common good—binding energy. As Rev. William Barber summarized, “When we look at the deep moral traditions of faith, it requires that a moral agenda starts with concern for the poor and the stranger, the immigrant, the least of these, the sick, the hurting.”⁸ As Alexis de Tocqueville described in his landmark study, *Democracy in America*, the 19th century ushered in a strong presence of individualism. If, in scientific and philosophical reductionism, the value of the entity is greater than the relationship, individualism is the cultural version of that same philosophical ideology.

Interfaith dialogue has the potential to pull us out of our individualism and, in focusing on our relationships, create a new sensibility about being human. As shown in the medical profession, “religious people, organizations, and institutions have worked in and with medical and healthcare providers, organizations and institutions for hundreds of years ... laboring to advance the cause of preventive medicine and public health.”⁴ And were that new sensibility understood to reflect some of the fundamentals of science, it would strengthen the

ability of religions to pursue a more healing inclusivity and reveal a rich unity among religious faiths stretching down from our personal relationships with each other to the divine and the very fabric of reality. As Richard Rorty argued, we may become aware that “there are relations all the way down, all the way up, and all the way out in every direction; you never reach something which is not just one more nexus of relations.”⁹ The next step in interfaith dialogue would be identifying a larger story, one that embraces the best and healing parts of the separate religious traditions. Such a story could make the separate traditions permeable and permit the collaboration that is so desperately needed to confront and address the moral issues of our time.

However, the hustle and bustle of modern medical institutions pose a significant challenge for clinicians and health care workers to address the spiritual and religious needs of their patients along with their heavy clinical burdens. Medical practitioners feel ill equipped and uncomfortable conversing with patients on their spiritual needs, especially if the patient holds a worldview different from their own.¹⁰ Furthermore, clinicians fear that discussing spiritual matters may eliminate time to perform a thorough physical exam or offend a patient if the discussion touches upon sensitive topics.¹⁰ However, medical institutions and faith organizations intersect at several levels, including denomination-sponsored health care institutions, health care chaplaincy and pastoral care, clinical research on religion and spirituality, and academic spirituality and health centers. This overlap

speaks to a ubiquitous understanding that God’s love can and must be externalized, through the agency of religious institutions, to meet worldly needs of human beings, including and especially health and healthcare needs. The presence of a servant’s heart—and concomitants that such a value mandates, as far as service to others—can be found in the vision and mission statements of hospitals across the religious spectrum.⁴

Despite these challenges, clinicians can begin addressing a patient’s spiritual needs by first identifying and exploring ways their own religious or philosophical beliefs shape their clinical encounters and ability to act as facilitators for improving patient care.¹⁰ Beyond personal investigation, medical institutions can provide seminars and grand rounds to facilitate religious dialogue between caregivers and patients. Furthermore, medical schools can incorporate curricula to help medical students address the spiritual, psychosocial, and ethical principles underlying patient care. For example, Texas Tech University Health Sciences Center offers medical school students the opportunity to participate in a humanities and spirituality course, which addresses a wide range of topics ranging from literature to ethical cases reported in the literature. Overall, institutions can provide educational opportunities allowing for open discussion on religious or spiritual topics to encourage physicians to “take a spiritual history of all new patients in order to learn about various aspects of the patients’ spiritual experience, including their religious background, the role their beliefs play in

coping with illness and beliefs that may conflict with medical decisions.”¹⁰ Physicians can practice this by observing the practice and interactions of interfaith chaplains with patients.

Chaplains from different faiths have acted as mediators for the intersection of faith and religion between caregivers and patients.¹¹ In recent years, there has been an increased prevalence of interfaith chaplains as societies continue to globalize and incorporate new cultures with different religious beliefs from the general population. In comparison to traditional chaplains,

An interfaith chaplain is a spiritual caregiver who provides emotional and spiritual support to all persons, of any religion. In doing so, she must balance the various and competing cultural and religious norms that define human well-being. Therefore, spiritual care always involves several tensions: First, a chaplain must respect the patient's beliefs while also being authentic to her own tradition. Second, she must provide religious services in a secularized profession operating in secularized institutions (hospitals). Finally, she must account for other conflicting social and cultural factors, including family, ethnicity, and community.¹¹

Interfaith chaplains focus on ritual hospitality in which the spiritual needs are met through administering rituals from a patient's faith. In effect, ritual hospitality

opens up new worlds of meaning between them and the performers. The performers are detached (distanced) from the actual temporal event, its specific structure, and their own original beliefs and reasons for performing it.... Rather than simply an emotional and mental exercise, ritual involves materiality and physicality. Ritual also cannot be reduced to simple visual and textual information, and thus requires the chaplain to commit to a narrative form of spiritual assessment, as opposed to merely checking-off boxes on a patient's chart.¹¹

Through rituals, the interfaith chaplain is able to practice the five steps of interfaith dialogue.

Yes, politics and science are two powerful forces that tend to divide us. They can hardly avoid it. Politics, with its appeal to the individual person for a vote, and science, with its almost exclusive attention to the specimen under study, tend to reduce us to individual atoms, separate from each other. We as people of a religious bent know better. We know that everything is related to everything else. Our faith confirms us in this strong posture: only God is; we only exist in relation to God. Our task is to create opportunities for people to live in the reality of God. When we do that, people realize that they are made to work for the common good, the

common good of each other. Alone, we count for nothing; alone, we are powerless. As physicians and health care workers, we have the unique opportunity to help work together with the community and religious organizations to bridge the widening gap occurring at all levels of society. It is when we live and work with and for each other that we each reach our highest potential as human beings. Overall,

We need each other more than ever; for we understand now how much we share. We have responsibilities to others and to our planet. Inclusive spirituality invites... us to compassionate action in the world. It opens our hearts and promotes true compassion for others. It gives rise to visions of fulfilling basic human needs without resorting to violence. Inclusive spirituality naturally supports full access to all human and civil rights for everyone.²

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