

## **Integration of Spirituality and Medicine Continues in U.S.**

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Some say it heralds the doom of medical science, while others regard it as a return to the essence of healing. It isn't difficult to find proponents on both sides of the spirituality-and-medicine dialogue in the United States these days.

Once considered a new-age or fringe idea, the influence of religious and spiritual practices on health has captured the attention of clinicians, researchers, and medical schools throughout the country. The escalation of interest is little short of phenomenal. Writing in the *Journal of the American Medical Association* in 1997, Levin, Larson, and Puchalski noted, "Three years ago, only 3 [of the 125] US medical schools taught courses on religious and spiritual issues; there are now nearly 30" (Levin, Larson, and Puchalski, 1997) Since their observation, nearly 60 US medical schools have developed such courses, and 100 have formally expressed their desire to do so.

Have US medical educators undergone some sort of collective spiritual enlightenment? Hardly. These developments are being fueled by a flood of research studies showing correlations between religious practices and health outcomes (Levin, 1999). In addition, double-blind studies are suggesting that intercessory or distant, off-site prayer can also shape clinical results, sometimes dramatically. For example, at Duke University School of Medicine, cardiologist Mitchell Krucoff and nurse-researcher Suzanne Crater have marshalled distant prayer for patients undergoing invasive cardiac procedures such as angioplasty. In their double-blind study, patients receiving prayer have a 50 to 100 percent reduction in side effects compared to controls. (Krucoff, 1999) In another high-profile study, physician Elisabeth Targ and colleagues at University of California School of Medicine-San Francisco and California Pacific Medical Center studied the impact of distant healing in two double-blind studies of patients with advanced AIDS. In the pilot study, 40 percent of the AIDS patients died, while no deaths occurred in the distant healing group. In the larger follow-up study, AIDS patients receiving distant healing experienced fewer AIDS-related illnesses, had fewer and shorter hospitalisations, and experienced a higher level of psychological well-being. Interestingly, tests revealed that their clinical outcome was not correlated with whether they believed they were receiving distant healing or not (Sicher, Targ, Moore, and Smith, 1998).

It is easier for physicians to accept some findings than others. As epidemiologist Jeffrey S. Levin has pointed out, some of the benefits of religious practices can be explained by relatively straightforward mechanisms -less smoking and drinking, increased social support through church attendance, a trend toward vegetarian diets, the presence of positive meaning and purpose in life, and so on. Less clear is how distant, intercessory prayer works, although a variety of hypotheses for the nonlocal effects of consciousness have been offered by prestigious scientists from many fields (Dossey, 1997).

Skeptics warn that physicians should stay out of the "God business." It is inappropriate, they say, for physicians to venture into the religious and spiritual life of their patients. They say that doctors have no expertise in this area, and that over-zealous clinicians may evangelise their patients (Sloan, Bagiella, and Powell, 1999). Proponents counter that it would be irresponsible for physicians to neglect any intervention that has such a potentially profound influence on health. They suggest that clinicians can learn to deal with spirituality as

sensitively as with the sexual practices of their patients, which not long ago were also considered off limits (Dossey, 1999a).

What do patients think? A survey of hospitalised individuals found that three-fourths of them believed that their physician should indeed be concerned about their spiritual life, and one-half of them felt that their doctor should pray not only for them but actually with them (King and Bushwick, 1994).

A recent national survey from Stanford University School of Medicine has found a connection between spirituality and complementary or alternative medicine (CAM). Writing in the *Journal of the American Medical Association*, researcher John A. Astin reports, "...users of alternative health care are more likely to report having had a transformational experience that changed the way they saw the world....[T]hey find in [alternative therapies] an acknowledgement of the importance of treating illness within a larger context of spirituality and life meaning.... The use of alternative care is part of a broader value orientation and set of cultural beliefs, one that embraces a holistic, spiritual orientation to life" (Astin, 1998).

Astin's findings are important. Currently, the majority of the US adult population visits an alternative therapist annually or uses some type of CAM (Eisenberg, 1998). For over a decade, US physicians have been trying to understand why. The Stanford survey reveals for the first time that the reasons depend largely on spiritual issues, which the medical profession has generally ignored. It is clear that spirituality is returning to American medicine. What form this takes and the repercussions are the subject of widespread discussion (Dossey, 1999b).

The implications of these developments extend far beyond medicine and should be of interest to every member of the Scientific and Medical Network. Beyond whether or not spiritual interventions "work" in healthcare, the scientific studies raise profound questions about the nonlocal actions of consciousness and the relation of consciousness to the physical brain and body. As we watch this debate unfold, we should not miss the supreme irony that is involved: It is science, the longstanding enemy of spirituality, that is now affirming its value.

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