Engaging Religious Identity in Healthcare: A Resource for Health Professionals on the Intersections Between Medicine and Religion

BY AAMIR HUSSAIN

When faced with hardship, many Americans turn to their faith for support. Since healthcare is often a significant stressor, it is imperative to better integrate religion and spirituality into the practice of medicine. Universities, medical schools, and research programs across the nation are beginning to recognize the importance of engaging religious pluralism in the field of healthcare. For example, the Program on Medicine & Religion at the University of Chicago believes that, "If…the profession of medicine can learn to recognize, understand, and respect the religious faith of patients and colleagues, opportunities for a new and more fully human medicine abound."[1]

There are several challenges to discussing faith in the setting of healthcare. For example, physicians and medical students often receive little to no training on religious identity; as a result, they often feel uncomfortable in discussing the topic with their patients. Some healthcare providers even believe religion to be a hindrance in providing optimal patient care.

However, religion can play an important role in strengthening physician-patient communication, as well as improving public health. Medicine is especially fertile ground for interfaith engagement because physicians are one of the most religiously-diverse populations in the United States,[2] and healthcare is rooted in a common value of healing shared across various traditions. While this resource does not claim to have the solution to all of the challenges posed above, it provides strategies for healthcare providers to frame the conversation on religion and medicine in a manner focused on providing the best care to all people.

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[1] Program on Medicine & Religion, the University of Chicago. Available at: https://pmr.uchicago.edu/page/about-us. Accessed June 16, 2015.
[2] Curlin FA, Lantos JD, Roach CJ, Sellergren SA, Chin MH. Religious characteristics of U.S. physicians: a national survey. J Gen Intern Med. 2005;20(7):629-34.

Strategy 1: Harnessing religious organizations as community centers for public health

Surgeon General Dr. Vivek Murthy has stated that he wants to move American healthcare toward preventive medicine, and that faith-based communities have an important role to play in supporting these efforts. Indeed, multiple studies have shown that religious organizations engender a high level of trust in communities, and that religious leaders can be important advocates that build bridges between local communities and health providers.

SNAPSHOT

Dr. Arshiya Baig, a Muslim physician at the University of Chicago, designed a churchbased diabetes management curriculum targeted towards Latino communities in Chicago. She worked with community volunteers, religious leaders, and focus groups to develop a curriculum that focused on empowering people to better self-manage their diabetes. After several months, Dr. Baig found that many diabetes-related outcomes had improved. In addition, she discovered that participants—irrespective of their own religiosity or individual beliefs—felt that the church was a safe and accessible place, and that they felt the curriculum was tailored to their cultural practices. When asked about her work, Dr. Baig said, “Being a practicing Muslim, I understand the importance of faith and the role that religious institutions can play in communities. So, working with churches to promote health education seemed like a natural way to outreach to people who may be disenfranchised from the healthcare system. I think that people of faith have a shared approach to health irrespective of the religion they identify with, so this work has been gratifying in many ways to me.”

Strategy 2: Become familiar with major religious practices, but listen to the individual patient

As the United States becomes increasingly diverse, it is necessary for healthcare providers to have a basic religious literacy. In other words, healthcare providers should be familiar with major religious practices that they may encounter when treating their patients. Some examples include Muslims fasting during Ramadan, and Sikhs abstaining from cutting body hair. Hospital staff in charge of feeding patients should be especially familiar with dietary restrictions, such as kosher and zabiha-halal meals for some Jews

and Muslims, respectively. This education falls into the realm of "culturally-competent care," a term that encompasses training for healthcare providers about various aspects of diversity, including race, ethnicity, and sexual orientation.

However, a major source of controversy surrounding the push for "culturally-competent care" is that in the process of acquiring broad understanding of diverse groups of people, healthcare providers make generalizations about patients based on various aspects of their identity. This conundrum also exists when engaging with religious identity. Therefore, while healthcare providers should become familiar with major religious customs, religious literacy should mainly provide foundation and context needed to understand patients' individual practices. Indeed, healthcare providers should become comfortable with asking patients to explain their own beliefs, and whether they require any specific accommodations in the hospital setting.

SNAPSHOT[3]

It is often a mistake to assume that a person who identifies with a particular tradition will observe all of that tradition's mainstream practices. While an individual's family members may provide some specific insight into how that person practices their faith, the health provider should always consult with the patient directly (with the exception of certain pediatric cases). The following is a case study in the potential issues that can arise when healthcare providers make assumptions about an individual's religious practice without proper consideration for the patient's personal views.

Mr. B was a patient who came to the hospital after a car accident. Physicians recommended a blood transfusion because of his serious injuries. While he was sleeping, a nurse found out from his family members that they all identified as Jehovah's Witnesses. Since many Jehovah's Witnesses decline blood transfusions because of their religious beliefs, his healthcare providers scrambled to transfer his care to a different facility that would better accommodate his religious objections. However, after Mr. B woke up, he informed the doctors that he would consent to a transfusion, despite the views of his religion. The hospital would have

[3] Adapted from "Religion, Culture, and Communication: A Series of Case Study Discussions," by the Tanenbaum Center for Inter-religious Understanding.

been saved immense time and effort if they had simply asked Mr. B about his views before beginning the process for a transfer.

STRATEGY 3: Frame religious belief in an empowering manner

Nearly 9 in 10 Americans report some form of religious belief,[4] and many turn to their faith in times of hardship or stress. Therefore, healthcare providers should encourage patients to reframe their situation in a manner that provides them with agency. For many patients, this reframing can provide motivation and willpower to effect major change in their lives. Healthcare providers—regardless of their own beliefs—should view religion as another one of many tools (such as drugs, diet modification, and exercise) that can improve health.

SNAPSHOT

For many people, religious faith provides a unique willpower and mindset that enables them to overcome extremely difficult odds. The following story is about someone who finally quit smoking with the aid of her faith. This is extraordinary, since only about 2% of patients manage to quit suddenly, without a gradual process:

Ms. P is a veteran who has struggled to quit smoking. She tried numerous tactics such as nicotine patches but was unable to stop. However, one day, she said that after praying to God for help, “He made the cigarettes taste awful in my mouth, and then I knew that I could never smoke another one.” Unfortunately, since her physician did not take her story seriously, she felt that her experience was invalid. Within a few days, she was back to smoking. Ms. P is still interested in quitting, and she feels that she can do so with the help of a healthcare provider who encourages her to stay in touch with her faith.

[4] Pew Research, Religion and Public Life Report. Available at: http://religions.pewforum.org/reports#. Accessed November 9, 2014.

STRATEGY 4: Introduce conversations about religious identity to future healthcare professionals early in their training

One major reason why healthcare providers feel uncomfortable discussing religion is that they have little to no training in this topic. This can be resolved by introducing health professions students to conversations about religion early in their studies. There are several methods of incorporating this topic into medical education:

- Introduce students to hospital chaplains (especially interfaith chaplains) so they become familiar with the concept of spiritual support and understand when they might need a chaplain to help counsel a patient.
- Develop a standardized patient (SP) encounter that involves some discussion of spirituality or religion. For medical students, this SP encounter would fit well during the beginning of the clinical curriculum when students are first learning how to obtain a social history. Religious identity can be one component of that patient's history.
- Invite religious leaders to lecture and teach lessons on end-of-life care. Ethics around end-of-life care are a growing area of research in the United States, and religion plays an important role for many patients and their families.
- Emphasize religious identity as a social determinant of health, along with other identity markers such as gender, race, sexual orientation, etc. There is an increasing push to teach public health in medical school, and students should learn about the influence of religion on health outcomes.

Tips from the Field

- Become familiar with religious spaces in the hospital such as chapels or prayer rooms, and know how to direct patients to appropriate information for their religious observances. Hospital chaplains are especially valuable resources.
- Do not feel pressured to discuss your own religious identity (or lack thereof). Patients often want a healthcare provider that will listen to them and empathize with their beliefs, even if their provider is of a different background. That being said, take advantage of any opportunity to establish rapport with a patient; sometimes, a religious commonality can be one way of gaining your patient's trust.
- Learn about religious organizations in the community that sponsor health fairs, blood donation drives, health insurance enrollment, and other healthcare projects. Many patients will be more likely to participate in these activities if they are organized through a group that they trust.

- Healthcare providers who make decisions for patients based on the patients' religious traditions are frequently wrong about the patient's wishes. Shared decision-making in consultation with family, ethicists, and others is paramount.
- Many Muslims do not fast during Ramadan, as a myriad of exemptions are provided for travelers, pregnant or menstruating women, children, people with chronic diseases, and various others.
- Many Jains observe a particularly strict form of vegetarianism, where they will not consume any root vegetables or seeds. This is important when considering their dietary needs in the hospital setting.
- Many Sikhs do not cut any of their body hair. Always ensure proper informed consent for even routine hair removal such as during pre-operative care.

ABOUT THE AUTHOR

Dr. Aamir Hussain is originally from Farmington, CT, and attended Georgetown University for undergrad where he studied Government and Theology. He received his Master of Public Policy degree and medical degree from the University of Chicago. He is currently a resident physician specializing in dermatology at Georgetown University in Washington, DC. As a practicing Muslim, he has been involved with interfaith work for many years and has participated in many Interfaith Leadership Institutes, as well as the Better Together Coach program through Interfaith America. Dr. Hussain writes frequently about health policy, medical education, and the intersections between health care and spirituality. He has been interviewed by *The New York Times*, *Al Jazeera*, and *PBS*, and his writings have been featured in medical journals and several online outlets including prominent physician blog *KevinMD.com*, *Religion News Service*, and *HuffPost*.

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