Is God good for your health? The role of spirituality in medical care

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ABSTRACT

Many studies have found that religious belief and practice have a positive effect on physical and mental health, although the topic needs more research. As religious beliefs may affect both health and health-promoting behavior, physicians should try to understand their patients' beliefs.

Studies say religious people are healthier

RELIGION IS OFTEN considered antithetical to modern medicine, and many physicians still consider religion an inappropriate topic for a medical conversation. Yet a growing body of research suggests that religious commitment is associated with mental and physical health.

More than 40% of Americans attend worship services weekly, almost three-quarters say religious faith forms the basis for their approach to life, and 95% believe in God.[1] People are even more likely to consider their faith important when they have a severe illness. In one study, a majority of patients agreed or strongly agreed that they would like their physicians to ask whether they have spiritual or religious beliefs that would influence their medical decisions if they became gravely ill.[2]

At the very least, the gap between patients' and physicians' approach to spiritual issues makes many patients dissatisfied with the medical profession. In one survey, most hospital patients would have liked their physician to include spiritual issues when discussing medical care, but only about 10% of physicians did so.[3]

At worst, physicians' historical inattention to religious and spiritual issues may be causing them to overlook factors that play an important role in their patients' health.

RELIGION MAY PROMOTE HEALTH

Nearly every medical study that has considered religion has found it to be a positive factor. One review found that religious people had lower blood pressures and lower hypertension-related morbidity and mortality.[4] The authors posit that members of these religious groups may follow health-promoting behaviors such as abstaining from alcohol and tobacco. But they also speculate that an additional health benefit may result from a stronger sense of peace and purpose.

In one prospective cohort study,[5] attendance at a church or other religious institution at baseline predicted less disability during most of a 6- to 12-year follow-up.

Interestingly, the health benefits of religion are not confined to those who follow health-promoting behaviors. One study found that smokers who rated themselves as not religious were more than seven times as likely to have abnormally high diastolic blood pressure than were religious smokers, and smokers who rarely attended church were four times as likely to have an abnormal diastolic blood pressure.[6]

RELIGION DECREASES DEPRESSION

Religious commitment seems to have a strong protective effect against depression and sui-

cide. A population study in Maryland found that people who did not attend church were four times as likely to commit suicide as frequent churchgoers.[7] Stack[8] found that the church attendance rate in a population was more closely associated with the suicide rate than any other factor studied, including the employment rate.

Religious commitment may also lower the risk of substance abuse. In a long-term study of male medical students, those who reported not having a religious affiliation when surveyed during medical school were much more likely to report an alcohol abuse problem 20 years later than were their religious colleagues.[9] A large study in North Carolina found that a history of alcohol problems was less common among weekly churchgoers and people who called themselves "born-again."[10]

One study found that religious commitment also helps patients avoid depression triggered by serious illness.[11]

RELIGION AND LONGEVITY

In light of these findings, it is not surprising to find evidence that religion may also be associated with longer life. A nationwide study showed that religious attendance added an average of 7 years of life, and for African-Americans, the figure was 14 years.[12] This follows up on previous research including a 28-year follow-up of more than 5,000 residents of Alameda County, California, finding that those who attended religious services weekly or more were 23% less likely to die than infrequent attendees. In addition, once people started to attend services, they made healthier lifestyle choices, becoming more likely to stop smoking, increase exercising, expand their social network, and remain married.[13]

INTERPRETING THE FINDINGS

There are methodological problems with the studies of religion and health, and many are open to more alternative interpretations. For example, many of the studies measured only religious denomination or single items of religious attitudes, which are clearly inadequate measures of how people actually feel about, or practice, their faith.

One could also argue that it is health that affects religious attendance, because healthier people are more likely to attend church regularly. Depression, substance addiction, physical illness, or disability is likely to increase social isolation and reduce levels of many activities, including church attendance.

Also, there are a number of ways that religion could affect one's health: by adding social or psychological support (or both) to people's lives, by giving a perspective on stress that reduces its negative impact, or by encouraging people to avoid risky behaviors such as drinking alcohol to excess.

Better-controlled studies are needed that better assess the mediating factors of religiousness, with measures of the depth or importance of the respondents' spirituality.

HOW PHYSICIANS SHOULD APPROACH RELIGION

As physicians, we should recognize that clergy, and chaplains in particular, could be valuable to our patients and to our own learning. In my medical training, we were not even informed about what hospital chaplains did. However, at many medical schools today, chaplains bring medical students on rounds and teach them about death and dying. Indeed, at more than half of US medical schools there are now courses addressing spiritual issues in medicine; many of these are required. These courses often include taking a spiritual history, a review of the research, and a discussion of the spiritual issues involved in death and dying.[14]

Ask: "Is religion helpful to you in handling your illness?"

We should also consider asking tactful, sensitive questions about our patients' religion or spirituality to better respond to their preferences, especially in populations that have a high likelihood of relying on religion, such as the severely or chronically ill. Such questions could include, "Is religion helpful to you in handling your illness?" or a more open-ended question, "What gets you through the tough times in your life?" For patients who answer "yes," or "my faith, spirituality, or religion," an appropriate follow-up question might be, "What can I do to support or address spiritual or religious issues in your life?"

Some patients do not find religion important and do not want spirituality addressed in

medical care.[2] However, for the more than 70% of the population for whom religion is central to life, treatment approaches that are not sensitive to spirituality may leave patients feeling disaffected. These people probably prefer medical care that is sympathetic or at least sensitive to their religious perspective.[15] For those patients to whom religion is important, we should find ways to support their faith, such as referring them to chaplains or their clergy. We should learn to recognize the clinical relevance and importance of spirituality and religion in many of our patient's lives, for these factors may turn out to be good for one's health.

For more information *on research concerning spirituality and health, visit NIHR's Web page at www.nihr.org or call 800-580-NIHR (6447).*

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CME ANSWERS

CME 2 CREDIT HOURS

Answers to the CREDIT TEST on page 143 of this issue

1 **A** 2 **A** 3 **E** 4 **E** 5 **B** 6 **B** 7 **B** 8 **A** 9 **B**