

Faith and Medicine

Relationships, contaminations and perspectives

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- **Spirituality**
- **Religion**
- **Psychology**
- **Medical ethics and Bioethics**
- **Medical Professionalism**

- **SPIRITUALITY: A definition**

Spirituality is a broad concept with room for many perspectives. In general, it includes a **sense of connection to something bigger than ourselves**, and it typically involves a **search for meaning in life**. As such, it is a **universal human experience**—something that touches us all. People may describe a spiritual experience as sacred or transcendent (as a religion) or simply a deep sense of aliveness and interconnectedness.

- **RELIGION: A definition**

According to social sciences, religion is the set of beliefs, feelings, dogmas and practices that define the relations between human being and sacred or divinity.

A religion may be defined with its three great characteristics:

- **Believes and religious practices**
- **The religious feeling/virtue i.e. faith**
- **Unity in a community of those who share the same faith: e.g. the Church.**

There is a very large variety in the rites, doctrines and practices.

- **RELIGION**

Religious beliefs and participation are ubiquitous within and across populations. **Approximately 84% of the world's population report a religious affiliation:** 31.5% Christianity, 23.2% Islam, 15% Hinduism, 7.1% Buddhism, 5.9% Folk religions, , 0,2% Judaism, and 0.8% Other. Only 16.3% report being religiously unaffiliated. Within the United States, 89% believe in God or a universal spirit, 78% consider religion a very important or fairly important part of life, 79% identify with a particular religious group, and 36% report having attended a religious service in the review, the associations between religious participation and health are likewise considerable in magnitude

(M. Balboni and J. Peteet, 2017)

- **PSYCHOLOGY: A definition**

The word "psychology" comes from Greek: “psyche” is the word for "mind" or "soul", and “logos” means discourse. In other words, **psychology is the study, with the methods of empirical sciences, of the functions that can be referred to the mind or the soul.** Therefore, psychology deals with the processes of sense perception, thinking, learning, cognition, emotions and motivations, and personality, focusing on the behavior of individuals. Philosophers used to discuss many topics now studied by modern psychology, such as memory, free will, attraction etc. Such topics overlap also with spirituality and religion.

- **Spirituality vs. religion: a debate with many connotations.**

Religion and spirituality are two related yet distinct terms associated with faith.

Spirituality refers to an interior dynamic of search for meaning in life, so that it is connected with an experience of the individual person.

Religion has an institutional dimension and refers to a sets of truths and practices, somehow dependents on the divine revelation, that are also relevant in the public sphere and have a social impact. Even if it is not impossible to be religious without being spiritual and spiritual without being religious, **the two dimensions are normally connected and not in alternative, one to respect of the other.**

Spirituality is more abstract than religion and exists in a realm with wider borders. An increasing number of people in **postmodern Western culture claims to have a spirituality without belonging to a specific religious community.**

- **Psychology vs spirituality: A sharp divide?**

Spirituality and psychology are two complex subjects to discuss and they become even more complicated when you try to relate one to the other. There is a great debate between practitioners of psychology and those of spirituality. **The major difference among them is the methodological approach: the object of psychology is framed by the conceptual and practical tools that are specific of empirical sciences, while spirituality is in a broader sense referred to an existential experience.** An experience that can be harbored in different context of human activities and practices. So we can recur to both to have a deeper and non-confessional understanding of human beings in our medical practice.

- **Religion vs. psychology: Room for dialogue**

The relationship between religion and psychology usually involves the study of religious belief and behavior from a psychological perspective. Throughout history, scholars and researchers have tried to identify the one key reason that people are attracted to religion. Some have said people seek religion to cope with a fear of death, others call it the basis for morality. For many people, religion and spirituality are key resources that can facilitate their growth. For others, religion and spirituality may be sources of problems that need to be addressed in the service of their health and well-being. Some psychologists have characterized religious beliefs as pathological, seeing religion as a malignant social force that encourages irrational thoughts and ritualistic behaviors. **Emerging research is showing that spiritually integrated approaches to treatment are as effective as other treatments. There is good scientifically based reason to be more sensitive to religion and spirituality in clinical practice.** Psychologists are now developing and evaluating a variety of spiritually integrated approaches to treatment.

Central points of Christianity and "anthropological correlates"

1. **Jesus, true God and true man** → Incarnation
2. **God - Trinity** → Communion → Love
3. **God the Father Creator**
4. **God Son Redeemer**
5. **Holy Spirit** source of life and love
6. **Community of the "saved"/"saving"**
(Church)

Anthropological correlates

- 1. Creation of man**, "in the image and likeness of God": indestructible dignity of the person; freedom and responsibility
- 2. Incarnation**: lays the foundation for radical equality and brotherhood among humans; communion and solidarity; fundamental value of bodily existence
- 3. Passion**, death and resurrection of Christ: liberation and overcoming of suffering and death itself
- 4. Final judgment**: emphasizes the impermanence and relativity of all human judgment, nurturing continued hope

Fundamental ethical values

- **Centrality of the human person** and his inherent dignity
- **"Sacredness"** of human life and its intangibility
- **Corporeality** and sexuality
- **Human rights**
- **Health** and its promotion
- **"Care"**
- **Relieving pain and suffering**
- **Common good, solidarity, justice**

Basic and operational principles

- **Dignity of the human person**
 - **Fundamental equality among all people: golden rule**
 - **Solidarity and justice**
- **Commandment "thou shalt not kill"**: one can never directly kill the innocent person (cf. EV n. 57)
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- *Principle of totality*
- *Principle concerning sexuality and procreation*
- *Principle of double effect*
- *Cooperation*

Medical ethics and Bioethics

- **Medical ethics:** traditionally referred to the deontology of the medical profession, to codes of conduct, to apply knowledges and skills for the patient's good (physical, psychological, spiritual, social)

(Pellegrino; ten Have)

Medical ethics and Bioethics

- **Bioethics:** interdisciplinarity, social and public dimension, dialogue with «internal morality»

«The systematic study of the moral dimensions - including moral vision, decisions, conduct, guidelines, etc. - of the life and health sciences through a variety of ethical methodologies in an interdisciplinary context - of the life and health sciences, through a variety of ethical methodologies in an interdisciplinary context».

(Encyclopedia of Bioethics, 1995)

Bioethics as a “sign of hope”

- “Especially significant is the reawakening of an ethical reflection on issues affecting life. The emergence and ever more widespread development of **bioethics is promoting more reflection and dialogue-between believers and non-believers, as well as between followers of different religions- on ethical problems, including fundamental issues pertaining to human life.**”

(Evangelium Vitae, 1995, n. 27)

Medical Professionalism

- **A structured system** of values and professional skills, referring to **medical identity, virtues, abilities of communication and collaboration oriented to the patient**, the family, the other professional healthcare workers.
- **Main ethical dimensions** are: excellence, accountability, altruism, humanism.

«*Vir bonus, sanandi peritus*»

- The ancient tradition (Greek and Roman) is taken up by **Christianity**, with a broader horizon of meaning and perspective.
- **A global focus on man, care of the suffering as a service, care for all (especially the poor and abandoned)**

«*Vir bonus, sanandi peritus*»

- «“Messianic therapy” eliminates symptoms and heals affections, opens to God's action and reintegrates community relations. The **Christian doctor**, who stands in the following of the Messiah, consciously promotes a total healing action that goes beyond what science and society recognize as specific to his profession.» (Spinsanti 1988, 74)

«*Vir bonus, sanandi peritus*»

By emphasising the centrality of the interpersonal relationship, interpreted and experienced as a therapeutic training that creates a situation of growth for both subjectivities, we can recognise an ***ethics of virtues***, which focuses on the physician's "knowing how to be", i.e. answering the question: how should I be? There are natural capacities that must be complemented with intellectual and moral virtues, the latter being the result of the subject's free and constant commitment to be 'good', honest, sincere-compassionate, respectful, etc. **Moral virtue characterizes in depth and stability the person's actions for the good, it is a disposition that makes one a certain type of person, to describe which we can recall St. Thomas Aquinas's classical conception: "habitus operativus bonus" (a good operative habit) of the subject.**

«*Vir bonus, sanandi peritus*»

Taking up this message with reference to the **physician, one can recognize the doctor's fragile and weak human condition, his ability to “com-patire” (suffer together), to offer himself with his dedication and competence, to help those who suffer. He is a 'wounded healer', according to an expression used by many in literature, aware of his own vulnerability, but able to involve and commit himself to a healthy and healing relationship.**

Medical ethics and religion

The doctor, in the Christian perspective, recognizes himself in his own human frailty, he is neither omnipotent nor magical, but knows how to place himself before the Other, before God, to serve the other, the brother in need of care. James Drane reminds us that the virtue of religion adds a sense of respect in medical acts, always treating the patient personally. That is, **it pushes the doctor out of a certain self-referentiality, out of the pursuit of self-interest, and opens to a spirit of service for the other, with the other.** "For the Christian doctor, the virtue of religion means treating the patient as Christ; for a Jewish doctor, recognizing the patient as a child of God; for an agnostic doctor, religion could be the religion of Galen and Hippocrates, for whom contact with the extraordinary systems of the body was contact with a *quid divinum*" (J. Drane 1995, 129).

Medical ethics and religion

A healthy transcendent perspective leads the physician to look beyond his narrow visual perspectives, to be open to the mystery of the other, which is always a provocation and a call to encounter, especially if he/she is sick and suffering. And this encounter, lived in charity, in compassion, in alliance, becomes an experience that elevates, raises, **makes both, doctor and patient, grow in humanity**: the one who grows in sensitivity, competence, moral stature, and the one who grows in relief, hope, autonomy. The doctor will also be able to recognize the spiritual needs of the patient, belonging to human nature even if there is no religious reference.

Medical ethics and religion

“Indeed, **all care inherently involves reciprocity and requires genuinely human relationships. On the one hand**, the act by which the **sick person** entrusts himself to you contains within itself, more or less explicitly, an acknowledgement of your competence and expertise, an assent to your work, and trust in your discretion and responsibility. **On the other hand, you yourselves need to understand the patient** in all his experience in order to offer him personalised care. It is therefore necessary to establish a link between the psycho-affective sphere of the sufferer and your inner world as men, before being professionals. The patient-doctor relationship must therefore increasingly become an authentic encounter between two free men, ..., between a trust and a conscience” (John Paul II, 1987).

Bibliography

- Congregation for the Doctrine of the Faith, «*Samaritanus Bonus*», 22/9/2020
- Encyclical «*Evangelium Vitae*», 25/3/1995
- Pontifical Council for Pastoral Assistance to Health Care Workers, «*New Charter for Health Care Workers*», 2016
- FORTE B., *Medicina, etica e spiritualità*, ed. San Paolo, Cinisello B. 2017
- TEN HAVE H., PEGORARO R., *Bioethics, healthcare and the soul*, Routledge, New York 2022
- DRANE J., *Becoming a good doctor*, Sheed and Ward, 2° ed., Kansas City 1995
- PELLEGRINO E., THOMASMA D., *For the patient's good*, Oxford University Press, 1988
- TAYLOR C., DELL'ORO R. (eds.), *Health and human flourishing*, Georgetown University Press, Washington DC 2006

Bibliography

- PEGORARO R., CAENAZZO L., MARIANI L. (eds.), *Introduction to medical humanities*, Springer 2022
- BENTON K., PEGORARO R. (eds.), *Finding dignity at the end of life*, Routledge, New York 2021
- PEGORARO R., «Spirituality, religion and psychology», in MALLIA P. et al. (eds) *Challenges to the global issue of end of life care*, Springer 2022, pp. 25-33.
- PEGORARO R., *Reciprocità e cura nella prospettiva cristiano-cattolica*, in GIANTIN V., GUANDALINI G., *Cura e reciprocità*, Ed. Il Mulino, Bologna 2022, pp. 125-134
- CURKOVIC M., BOROVECKI A. (eds.), *The bridge between bioethics and medical practice*, Springer 2022.