A History of Spirituality and Medicine

Retrospect and Prospect


Department of Psychosocial Oncology & Palliative Care
Talk Outline

I. Harmony

II. Discord

III. Reunion?
Part I

Spirituality & Medicine: Harmony
Integrated Conceptions

- Shamanism
- Chinese & Indian
- Hippocratic Medicine
Anne-Louis Girodet. Hippocrates refusing the gifts of Artaxerxes. 1816.
Hippocratic Oath

I swear by Apollo, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement...
12th Century Byzantine Manuscript
Ben Sira (2nd c. BCE)

- Medicine = lack of faith
- Physicians = idolaters
- “Make friends with the physician”
  - Wisdom from God
  - Medicines from God
Basil of Caesarea (4th century)

- Physical illness is primarily a spiritual event
- Monastic houses of hospitality and medicine

John Collins Warren (19th c.)
High Middle Ages to Renaissance

- Rise of empirical inquiry
- Body as Machine
Enlightenment

- Reason against tradition
- Reductionism
- Ascendancy of science
Religious Withdrawal

1. Reformation
2. Civil War
3. Religious Hospitals
4. Liberal Protestantism
Religious Withdrawal

Reformation
• Monasticism
• State Governed Hospitals
Religious Withdrawal

Civil War
- 620,000+
- Patriotic death
- Ownership of the body
Religious Withdrawal

Jewish Hospitals
• Discrimination
• Enculturation

Catholic Hospitals
• Vatican II
• Medicare
Religious Withdrawal

Liberal Protestantism
- Common Humanity
- Social Gospel
- Secularized Professions
Social Forces Shrinking R/S

- Religious Privatization
- Universal Reason
- Scientific physicians
- Rejection of Tradition
- American Optimism
- Denial of death
- Bureaucratization
- Medicare
- Commodification
- Technology Impulse
- Pluralism
Social Values Reflect a Spirituality

- Spirituality: life centered in the person(s) and/or object(s) of one’s chief love -- however individually understood and pursued.

houses of high technology
+ formation of medical professionals
+ *this worldly* secular age
+ a society that fears illness/death

= life centered on the physical body as *telos*
Reasons for the Divide?

• Enlightenment
• Religious Withdrawal
• Historical Contingencies
• Socio-Economic factors
• Separation Narrative
Part III

Spirituality & Palliative Care: A Reunion?
The Soul as Primary

Giotti, Death of St. Francis, c 1320
The Body as Primary
## Two Deaths?

<table>
<thead>
<tr>
<th>Tame Death</th>
<th>Medical Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Isolation</td>
</tr>
<tr>
<td>Spirit Centered</td>
<td>Body Centered</td>
</tr>
<tr>
<td>Person focused</td>
<td>Technology focused</td>
</tr>
<tr>
<td>Familial death</td>
<td>Institutional death</td>
</tr>
<tr>
<td>Priest</td>
<td>Physician</td>
</tr>
<tr>
<td>Increased pain</td>
<td>Expert pain mgmt</td>
</tr>
<tr>
<td>Anecdotal-Theory</td>
<td>Evidence-base</td>
</tr>
</tbody>
</table>
Biomedicine’s Characteristics

4 Rational Principles

- Materialism
- Reductionism
- Empiricism
- Objectivity of Physicians
Protest Movements

- Paracelsus (16\textsuperscript{th} c)
- Mesmer (18\textsuperscript{th} c.)
- Wesley (18\textsuperscript{th} c)
- Swedenborg (18\textsuperscript{th} c)
- Hahnemann (19\textsuperscript{th} c)
- Eddy (19\textsuperscript{th} c)
- Faith healing (20\textsuperscript{th} c.)
- CAM
- Palliative Medicine
Palliative Medicine

- Religious motivations
- Total Pain
- St. Christopher’s Hospice
Beyond Protest

- Hospice
- Palliative Med
- Spiritual Care
### Location of U.S. Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatient Hospital Deaths</th>
<th>All Institutional Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949</td>
<td>39.5%</td>
<td>49.5%</td>
</tr>
<tr>
<td>1958</td>
<td>47.6%</td>
<td>61%</td>
</tr>
<tr>
<td>1980</td>
<td>54-60%</td>
<td>74-76%</td>
</tr>
<tr>
<td>1993</td>
<td>57.6%</td>
<td>78.3%</td>
</tr>
<tr>
<td>1998</td>
<td>41%</td>
<td>63%</td>
</tr>
</tbody>
</table>

#### Medicare Deaths in Hospital
- 2003 = 32%
- 2007 = 28%
Tensions

- Hospice and Palliative Medicine
- R/S research
Tensions
Spiritual Care in Medicine

1. Complementary vs. Assimilated
2. Functional vs. Substantive
3. Generic vs. Tradition-constituted
4. Pluralism vs. Particular Communities
Tensions
Spiritual Care Models

1. Generalist–Specialist
2. Clinical Relevance
3. Open Pluralism
Tensions
Systemic Dualisms

– Body & Soul
– Public & Private
– Science & Religion
– Fact & Value
– State & Church
– Secular & Sacred:
  – Natural & Supernatural
  – Immanent & Transcendent
“The challenge of pluralism is not to obliterate or erase difference, nor to smooth out differences under a universalizing canopy, but rather to discover ways of living, connecting, relating, arguing, and disagreeing in a society of differences.” (D. Eck)