



## 11. Medicine and faith in medical treatment

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### Background

The ability of medicine to help and heal is not guaranteed in every case. Physicians are well aware of this limitation, but most of the public is not prepared to accept this reality. Consequently, it is common to find, especially in life endangering situations, that some patients, and their relatives, search, in their distress, to receive aid outside the medical system. The physician is then liable to find himself facing advice and instructions from a religious figure, or based on popular beliefs, which conflict with his professional knowledge or viewpoint.

How should the director of an intensive care unit act when he is required to permit in his unit a ceremony involving the beheading of seven doves in order to save a mortally sick patient he is treating? More than one of us has witnessed such a demand. (According to popular belief, this is a proven remedy for grave jaundice.)

The medical literature addresses this dilemma very seriously, and in recent years, many articles have been published in the most distinguished journals on this subject. We have also been informed recently that a large hospital has begun to provide "spiritual support" inside its walls, while promoting an initiative to turn "spiritual supporter" into a recognized paramedical profession.

Although there is no scientific proof that belief or prayer provide a better chance for recovery than for a patient who does not believe, this belief has considerable subjective value in the eyes of the believing patient that must be respected, even if not absolutely. The Patient's Rights Law and the principle of the patient's autonomy over his body award him the freedom to choose treatment out of the possibilities available to him – both inside and outside the bounds of traditional medicine. As we have said, this choice is sometimes liable to conflict with the principle of the autonomy of the physician, although this has never been specified by law. The autonomy of the physician, in the opinion of members of the Ethics Board, includes, inter alia, his viewpoint, personal belief, and professional positions.

In a debate held within the Ethics Board, its members attempted to formulate rules for proper medical conduct in situations in which the patient's autonomy conflicts with the physician's autonomy, on the boundary of clarification between scientific-traditional medicine and belief. The following are these rules:

### Position paper

- The principle of the patient's autonomy over his body permits the patient to determine the nature of the treatment given to him.



- Some patients in the medical system prefer treatments in which an element of belief or religion is dominant.
- Belief and religion serve as a source of strength and hope for the believing patient, and this is the source of their subjective importance for the recovery of the patient.
- The physician shall permit the patient to receive services of belief or religion, but he is not required to supply them himself.
- Situations may occur in which treatments that originate in belief or religion conflict with the professional position of the physician treating the patient, in particular, and with medical knowledge, in general.
- The physician must not be forced to give any treatment whatsoever that is contrary to his professional judgment or to his conscience.
- However, the physician shall respect the wishes of the patient for any such treatment, as long as this does not cause immediate harm to his health, danger to the health of the other patients or to the medical staff, and as long as the treatment does not come at the expense of the medical resources required for other patients.
- As far as possible, it is preferable to combine spiritual and belief aid simultaneously and in addition to routine medical treatment, without causing conflict between the two.