Ethics Case Study in Spirituality in Pediatric Oncology: Physician Prayer

Case Study:

The patient was a 15 year old male who presented with fever, weight loss, and 2 months of worsening lymphadenopathy. When his father and he arrived at the pediatric oncology clinic, they were aware that there was a possible diagnosis of cancer. During the nursing intake, it was discovered that the patient’s mother was at home with end stage breast cancer. The father was very tearful and appeared to be in emotional distress. He was wearing a shirt that said “Baptist pastor convention.” Near the end of the visit, I asked an exploratory question about the shirt and found out that the father had been a pastor for many years. The patient shared his father’s faith background and belief system. I said, “It sounds like I share a similar faith background. Do you feel it would be helpful if I prayed with you?” The father and the patient accepted the offer of prayer and the visit ended with plans for diagnostic work up.

With the diagnostic work up completed, the patient was diagnosed with Hodgkin Lymphoma. Despite a high probability of cure, the father had several clinic visits during which he was in emotional distress and asked me to pray with him. He told me on one occasion, “it’s not about the cancer. The cancer I can deal with. It’s this feeling that God has abandoned me. When you were there at diagnosis and offered to pray with me, it was like a reminder that God is still with me.” I later asked him about his experience with the chaplain and if he had benefited from prayer in that venue. He said that he did not prefer prayer from the chaplain “because I did not have as close a relationship with him.” Prayer from his son’s oncologist was different to him “because it’s not just part of your job, like it is for the chaplain.” He also shared that his interaction with his home church had been complicated: “Everyone kept saying ‘There’s a bigger picture.’ I know there’s a bigger picture, but I was sick of hearing it.” The patient and father gave consent for their story, including quotations, to be used in this case study.

Ethics Discussion:

Main ethical question: Is it ethical for a pediatric oncologist to pray for her/his patient and family?

Arguments against physician prayer:

One argument against physicians praying for patients is that a power differential exists in the physician-patient relationship. The physician, as the source of medical treatment, is on the top of the differential. If a physician asks “do you feel like it would be helpful if I prayed with you,” will the patient or patient’s family be able to say no? Will there be fear of reprisal or of lower quality of care, if the patient refuses prayer from the physician? This argument addresses a deeper issue of the quality of informed consent and applies to any therapy given in medicine.

Another argument against physician prayer is concerning the role of the physician. This role is defined by society and by the medical profession in particular. In one common paradigm, the physician attends to the overall treatment plan and physical needs of the patients, referring to specialists in other areas of whole person care. The chaplain’s role is to address spiritual needs, so that if there is a spiritual need, the physician recognizes this and refers to the chaplain. In a similar way, if there is a psychological need, a psychologist is called upon. In practicing outside a professionally defined role, a physician may be acting outside one’s “scope of practice.”
Many physicians are not trained in spiritual care. I was trained as a youth minister before I attended medical school, but I did not receive professional training to spiritual care in a healthcare setting. There are things that may be said in prayer that will affect patients’ beliefs about prognosis. A physician may say something in prayer that has theological meaning for the patient beyond what is expected. This is especially true if prayer is used like medicine – like a mechanical device, which “fixes” something. For the father in this case study, interestingly, physician prayer was more meaningful because it was not part of the physician’s job description. It was this unexpected instance of a physician stepping out of their established role to offer prayer which made the intervention more significant.

One of the concerns in a pluralistic society for a physician praying for a patient is the concern that the physician is proselytizing. The patient and family who are going through a new pediatric cancer diagnosis are at an emotional and spiritual point of vulnerability. A physician who tries to change a patient’s beliefs at this vulnerable time may harm the patient emotionally, as well as damage the patient-physician relationship. The risk of proselytization may be lessened, but is probably not completely resolved if the patient and physician share a common faith. A patient who wants to please a religious physician may go along with prayer or some other spiritual intervention even if it is not what he/she really wants at that moment.

One may argue that the separation of church and state applies to health care. The purpose of this separation in government is so that the rights of individuals are valued and discrimination directed at minority belief systems does not occur. In health care, there may be a concern that if spiritual needs are addressed at all, and especially by a physician, discrimination against a minority religious group may occur. Even when an individual belongs to a specific denomination of a world tradition/faith, it is possible to erroneously assume certain values are held in common.

Arguments for physician prayer:

Recent research and shifts in the healthcare model have encouraged physicians to address the spirituality of their patients. Spirituality has been shown to be one of the ways in which patients and families cope with disease, including in pediatric oncology (Elkin et al., 2007; Kamper, Van Cleve, & Savedra, 2010). Prayer, specifically, is one of the main ways in which many people cope with illness. In the area of cancer, prayer is the most common form of complementary or alternative therapy when frontline therapy does not work (Paisley, Kant, Insogna, & Rheingold, 2011). The arguments in favor of physician prayer include those pertaining to patient values/acceptability, beneficence, and justice.

There are certain situations in which physician prayer is more acceptable, both to the physician and to the patient. Some pediatric oncologists, like physicians in other disciplines, participate in several landmarks in their patients’ lives - attending funerals, graduations, weddings, etc. A physician may not feel comfortable praying with a patient they do not know well. When a physician has developed a friendship with his/her patient, however, then the physician may feel it is acceptable to pray with this friend. It appears that pediatric oncologists are asked to pray for patients more often than general pediatricians are (Cadge and Ecklund, 2009). There are multiple ways in which they respond, sometimes by praying for the patient. The acceptability of a physician praying with a patient is increased as the severity of illness increases – for instance in case of a cancer diagnosis or at the end of life (Maclean et al., 2003; Cotton, Grossoehme, Bignall, & Weekes, 2014).

When prayer is valuable to the patient and family, the principle of beneficence argues for physician prayer. Prayer can be beneficial to patients and families directly. For the father in this case, prayer was
“a reminder that God is still with me.” The meaning of the physician’s prayer, for the parent, was a direct answer to his fear of abandonment by God. A second way in which prayer benefits the patient is indirectly, by strengthening the patient- or parent-physician relationship. Prayer, as part of the first medical encounter with this family, set the tone for the relationship – one which continues to be strong and based on deep mutual trust.

One of the reasons for physicians to be active in spiritual care, including prayer in some circumstances, is for provision of limited resources, which invokes the principle of justice. Chaplains may not always be available at a critical time of spiritual distress. In this case, there was no staff chaplain exclusively assigned to pediatric oncology. This encounter took place in the outpatient clinic at a time that the chaplain was on the inpatient unit. These may be two reasons that the physician was more available at the time the spiritual distress was recognized. In addition, there was a mismatch between what the father needed and the spiritual care being provided by his faith community. To him, the religious statements that were being made were irritating instead of calming.

Conclusion

In summary, an act of physician prayer can have a profoundly positive effect for a patient / family when several ethical issues are taken into consideration. Such an act is ethical when the risks can be lessened by listening to the values of the patient and ensuring that what is provided matches those values, without a provider’s personal religious agenda driving the intervention. The benefits of physician prayer include provision of care in a setting of limited resources. In the specific case described, physician prayer also had a direct benefit to the parent in lessening a sense of isolation or abandonment by God. Each patient-physician relationship is different, some of which is dependent on physician background and personality. What works for one physician may not work for another. In this way, each patient-family-medical care team relationship represents a unique spiritual microcosm. Each is a unique world with different patient preferences for spiritual care and different opportunities to respond to those needs. More data needs to be obtained regarding what patients and families in pediatric oncology currently experience and what they prefer.
Bibliography:


