Spirituality and Alternative Medicine in the New Millennium

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Alternative medicine continues to grow in popularity. Such medicine is defined in various ways, but generally has three characteristics: 1) it tends to focus on aspects which are not usually emphasized in conventional medical care, 2) there is typically little clinical research to support claims of efficacy or safety, and 3) it tends to be provided within a holistic philosophy that emphasizes the spiritual, relational, emotional, and physical aspects of health and healing. Estimates are that while 34 percent of Americans used some form of alternative medicine in 1990, this number had increased to 42 percent in 1997. A May 2000 Consumer Reports survey of 46,000 Americans - believed to be the largest study conducted in this country - found that 35 percent of those surveyed used alternative therapies. Alternative medicine raises a multitude of ethical issues for the new millennium, including those which center around the alleged link between health and spirituality and the increased importance being placed on evidence-based medicine.

Part of alternative medicine's appeal is its claim to satisfy people's hunger for spirituality and the transcendent. The interest in spirituality among Americans is staggering. Several recent studies have indicated that more than 90 percent of Americans pray, and 95 percent claim that their prayers are answered. Furthermore, more than three-quarters of all Americans believe God answers prayer for healing an incurable illness, and 14 percent claim they have experienced such healing. According to a study cited in the June 2000 issue of the New England Journal of Medicine, three-quarters of hospitalized patients wanted physicians to consider their spiritual needs. One survey found that 99 percent of family physicians believed religious belief can contribute to patients' healing. Ninety-two percent of HMO professionals believed likewise. About two-thirds of these same physicians and HMO professionals said they used prayer or meditation themselves when they are ill.

The resurgence in interest regarding spiritual matters raises questions about the provision of "spirituality" by
healthcare professionals. Medicine's traditional focus on the physical dimensions of health and healing is increasingly being extended to encompass patients' emotional, relational, and spiritual concerns as well. As a result, the door has been opened for discussions between physicians and patients which would not have been possible a few years ago. Although this shift presents Christian physicians with a great opportunity to share their faith, a real danger exists in that patients might become open to matters of faith because they believe it may offer health benefits. This would be, to paraphrase C. S. Lewis, putting second things first. While we can generally expect that faith in God will have spiritual, physical, emotional, and relational benefits, belief in God should be grounded simply in faith and trust in Him and not in an expectation of resultant health benefits. The "second things" must not be regarded as "first things" in our lives.

There is a real danger that when spirituality and health are linked, health can become the measure of one's spirituality. Those who are ill may be seen as having insufficient faith to produce healing. This can inflict much guilt on the infirm, especially if they become terminally ill. Yet the Bible rejects such an absolute connection between faith and health, maintaining that times of suffering and pain can actually result in spiritual growth: "Consider it pure joy, my brothers, whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance. Perseverance must finish its work so that you may be mature and complete, not lacking anything" (Jam. 1:2-4). Christians should not expect freedom from suffering because of their faith, but should in fact expect additional suffering because of their faith (1 Peter 4:12-19). Alternative medicine also brings into sharp focus the increasing emphasis placed on evidence-based health care. Insurance companies and individuals paying for health care today often insist that physicians justify their clinical decisions regarding the prescription of particular therapies. A good argument can be made for evidence-based decision-making on the basis of stewardship of our God-given resources, particularly in this age of limited resources. However, the current trend toward evidence-based medicine arose for more than just financial reasons, being rooted in the desire to provide patients with the safest, most effective therapies.

Although the efficacy of alternative therapies is often established merely by anecdotal support, medicine is open to the use of therapies and herbs that demonstrate clinical effectiveness and safety in controlled trials. However, as research demonstrates that some herbs (such as St. John's Wort) are effective for specific conditions (such as mild depression and anxiety), evidence of their side-effects and many drug interactions are also being revealed. Similarly, in 2000, the British Medical Association reported that while evidence supports the use of acupuncture for nausea and vomiting, back pain, dental pain, and migraine, the evidence is equally clear that this alternative therapy is ineffective for asthma, smoking cessation, weight loss, recovery from stroke, rheumatic diseases, and tinnitus. It is becoming more and more difficult to claim simply that a particular therapy works for anything and everything, or that it is completely harmless. The new millennium is bringing to an end the free ride that alternative medicine has enjoyed thus far.

The alleged connections between spirituality and health also have not escaped the demand for scientific validation. Researchers have attempted to investigate the impact of spirituality or religion on health and healing via the application of scientific methods. Again, while the renewed attention to matters of faith should be welcomed, Christians should be wary regarding the interpretation and application of the results of such study. For example, if we discover that people who attend church more often are more healthy, should church attendance be prescribed? If so, which church, which denomination, and which religion? If we discover that patients who are prayed for do not recover any faster than those who are not, should we stop praying for patients? What if a study finds that the death rate among those receiving more prayer is higher? Could a doctor be sued for negligence for failing to caution family members of the risks of praying? If prayer works, what do we say to the person who "converts" to obtain God's healing and finds he is about to die anyway?

These questions raise some of the core issues requiring attention as health care and spirituality become increasingly intertwined. Christians are called to test the spirits and see if they are from God (1 John 4:1-2). Therefore, Christian health care professionals should be directly involved in speaking to the interface between
health and spirituality. The allure of alternative medicine has provided them with an opportunity to make their faith more apparent to others, but they must also be willing to address the dangers inherent in the improper union of medicine and religion. Today's churches must also seriously reflect on the fact that increasing numbers of people are turning to health care professionals to meet their spiritual needs.