

# Spirituality in Medicine: Reflections of a Bahá'í Physician

SHARON NUR HATCHER

*Dedicated to all students  
in the health sciences*

O maid-servant of God!  
Continue in healing hearts and bodies  
and seek healing for sick persons by  
turning unto the Supreme Kingdom  
and by setting the heart upon obtain-  
ing healing through the power of the  
Greatest Name and by the spirit of the  
love of God. —'Abdu'l-Bahá (*Tablets  
of Abdul-Baha Abbas*, vol. III, 629)

## *Abstract*

Medical practice and education in the western world are undergoing a process of change and renewal, precipitated by rising costs as well as the complexities of chronic diseases and an aging population. In the context of a decidedly more holistic approach to health and healing, there is increasing interest and discussion in the medical milieu of the role of spirituality in patient care. This paper is a self-reflective piece by a Bahá'í family physician and educator, in which the author shares some of her experiences and challenges with patients, students, and colleagues related to the integration of spirituality into medicine.

## *Résumé*

Dans le monde occidental, la pratique et l'éducation médicales vivent actuellement un processus de changement et de renouveau, précipité par l'augmentation des coûts, ainsi que les complexités des maladies chroniques et du vieillissement de la population. Dans le contexte d'une approche décidément plus holistique de santé et de guérison, le milieu médical démontre un intérêt croissant pour discuter du rôle de la spiritualité dans les soins des patients. Cet article présente une réflexion personnelle par un médecin de famille bahá'í pédagogue, où l'auteure partage quelques-unes de ses expériences et défis avec des patients, des étudiants et des collègues, en lien avec l'intégration de la spiritualité en médecine.

## *Resumen*

La práctica y educación médica en el mundo oeste están experimentando un proceso de cambio y renovación, precipitado por el aumento de costos y por las complejidades de enfermedades crónicas y una población envejeciente. En el contexto de un acercamiento decididamente más holístico hacia la salud y la curación, hay un aumento en el interés y en la discusión en el ambiente médico acerca del rol de la espiritualidad en el cuidado de pacientes. Este ensayo es un escrito auto-reflexivo de una médico bahá'í de familia y educadora, en el cual la autora comparte algunas de sus experiencias y desafíos con pacientes, estudiantes y colegas relacionados a la integración de la espiritualidad en la medicina.

## INTRODUCTION

A few years ago, as a Bahá'í and a physician, I reached a particular turning point in my personal and professional life when I realized that most of my time on this earthly plane was likely behind me rather than ahead. This turning point led me to question my priorities, and particularly my practice as a family physician and my role as a university professor and medical school administrator. I had always tried to be a dedicated and loving physician, devoted to the wellbeing of my patients and my students, but I realized I had to do more than I had done thus far to integrate the Bahá'í teachings and principles into the systems of health care and education, in which I held increasingly active positions of leadership.

It is very important to clarify at the outset that the above statement had nothing to do with proselytizing or trying to impose my religious beliefs on others, be they colleagues or patients. As Bahá'ís well know, this is strictly forbidden in our Faith. Rather, after twenty years of practice, teaching, and administrative duties, I had become increasingly frustrated with several aspects of my professional life. I had also become convinced that I had to contribute more to the profound systemic change needed to integrate spirituality into the now accepted bio-psycho-social model of health. Although the World Health Organization added spiritual wellbeing to its definition of health, the impartial

observer would certainly agree that spirituality as an essential domain of health has not been integrated into mainstream North American medical education or practice. However, the Bahá'í teachings state that, "Without the spirit the world of mankind is lifeless, and without this light the world of mankind is in utter darkness" ('Abdu'l-Bahá, *Foundations of World Unity* 31).

Since the late 1990s, there has been an explosion of interest in medical literature with regard to spirituality and health. Several studies demonstrated that a majority of patients wished their physicians would address their spiritual needs and religious beliefs (MacLean et al.; McCord et al.; Hilbers, Haynes, and Kivikko; Ghadirian). Other studies showed that few physicians ever do address these needs, despite their generally positive attitude toward the topic, citing a lack of time, lack of training, and physicians' fear of projecting their own beliefs onto patients (Ellis et al., Siegel et al., Monroe et al., Curlin et al.). Although clinical practice is strongly influenced by prior training, only a few studies had inquired about what medical students and teachers thought of spirituality, its role in health care, and its integration into medical education.

Thus, to explore the perceptions of these key stakeholders, I embarked on the study of spirituality in medicine, completing in 2014 a master's degree in clinical science at the University of Western Ontario (Canada), with a thesis titled "Integrating Spirituality and

Medical Education: What Students and Teachers Have to Say—A Qualitative Study.”

A detailed report of this research is in the process of publication elsewhere. My intention in writing this article is to share some of my reflections as a Bahá'í physician about my professional and inner journey, as I encountered and spoke with students and colleagues about spirituality, many for the first time. During the course of my professional life, I had become progressively aware of several challenges to the harmony of thought and action as a physician that, to my surprise, were shared by others in the profession. I would like to explore some of these with the reader.

#### MEDICAL EDUCATION:

#### THE CHALLENGE OF CARTESIAN DUALISM

When I became interested in pursuing medical studies, it was from two perspectives that found their home in my identity as a Bahá'í youth: an overwhelming desire to serve humanity and lessen its suffering, and a love of science and the search for truth inherent in the scientific method.

Bahá'u'lláh, the prophet founder of the Bahá'í Faith, stated that being a physician is one of the noblest professions. “This knowledge (of the healing art) is the most important of all the sciences, for it is the greatest means from God, the Life-giver to the dust, for preserving the bodies of all people, and He has put it in the forefront of all sciences and wisdoms” (quoted in Esslemont 121).

‘Abdu’l-Bahá, His son, exhorted physicians to seek divine guidance while ministering to their patients, emphasizing, in an unprecedented way, that harmony must exist between science and true religion: “Should a man try to fly with the wing of religion alone he would quickly fall into the quagmire of superstition, whilst on the other hand, with the wing of science alone he would also make no progress, but fall into the despairing slough of materialism” (*Paris Talks* 143).

When I entered medical school in Canada in 1980, it was hardly a surprise, but a shock nonetheless, to be plunged into a world where the primacy of physical science over spiritual concerns was unquestioned and the promise of new technology held sway over the imagination. One had to be practically a rebel to insist on the importance of the dignity of the patient as a person.

Since that time, a lot has changed in medical education for the better. Courses on the patient-doctor relationship and ethics have been introduced, and there is more openness toward the arts and the humanities. Students entering medical school at present have generally more life experience and are more conscious of society's challenges, although the vast majority come from families where both parents earn over \$100,000 per year. Despite the fact that medical school entrance criteria have changed little and are based mostly on grade point average in the biological sciences, efforts have

been made to identify non-cognitive aspects that are considered important for competence as a future physician, such as capacities for communication and collaboration.

It was therefore with much anticipation that I proceeded to conduct focus groups with medical students for my thesis, asking questions about their perceptions of spirituality, its role in patient care, and its integration into medical education. The ensuing discussions were rich and profound. What struck me the most was a sense of struggle that emerged, evoking at times a lot of emotion. These were students, part of an elite, bright and hard-working, who spoke of experiencing a struggle stemming from their commitment to scientific rationality, for which they felt they were admitted to medical school in the first place. As emerging young adults, they, for the most part, had rejected religion and their family's traditional values, choosing the security of scientific proofs and evidence that give such assurance to a practicing physician. However, exposure to real patients, as well as stories recounted on occasion by physician mentors and role models, had already begun to make these students aware that treating disease in human beings did not always equate with healing; that the "mind," including thoughts and feelings, had tremendous impact on the course of illness. The following is one of the stories recounted by a medical student:

First day of my rotation, there's a patient I was talking to who started crying in front of me and I stayed really like 15 minutes talking to her because she was so stressed. . . She did not have the impression that she was listened to but . . . that she was a disturbance if she talked to them. I just arrived like that and I had nothing else to do but just be there.

Despite the obvious progress and ongoing effort to teach medicine from a more holistic viewpoint, these students made me realize that medical education continues to be hampered by the longstanding mind/body schism in science, derived from Cartesian dualism. The fundamental misconception is that the physical body of an individual human being is either the only reality that exists, or the only reality that matters regarding health. As a Bahá'í physician, I had always been cognizant of 'Abdu'l-Bahá's explanations about the reality of the rational soul and its relationship to the body, but had insufficiently grasped the acute relevance of such concepts to my everyday work. Medicine and the health care system in western countries, like many systems in modern civilization, are in crisis and require profound transformation. With respect to health outcomes, scientific endeavour has not achieved the desired results. For sure, life expectancy has increased—especially due to the success in treatment of acute and infectious diseases—but chronic diseases

are on the rise, including debilitating mental illness, with limited resources to address them. Moreover, worldwide, the fundamental need to address social determinants of health is not being met by governments and health institutions. The Lancet Commission for the Education of Health Professionals for the 21st Century wrote in its landmark report in 2010 about the unique linkages between education and health systems and practices (see Frenk et al.). Although its recommendations were not specifically on the subject of spirituality in medicine, the focus of the report could not be more relevant, as illustrated by this statement: “Health is all about people. Beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them” (1925). Indeed, medical education and practice cannot be effective until some fundamental assumptions about human nature are questioned; is a human being more than or distinct from a mere animal or a machine? Scott Peck wrote in *The Road Less Traveled*: “In regard to methodology, science has tended to say, ‘What is very difficult to study doesn’t merit study.’ And in regard to natural law, science tends to say, ‘What is very difficult to understand doesn’t exist’” (228).

Thus, one of the significances of the above-stated Bahá’í principle of harmony between science and religion is that science must strive to escape

the self-imposed constraints of a materialist viewpoint, and consider the investigation, despite the challenge of methodology, of the existence of the soul, and its central importance to the health of the individual and the healing of the body. Thankfully, there is increasing momentum, in neuroscience for instance, for this very type of scientific inquiry. Recent works such as the anthology *Measuring the Immeasurable: The Scientific Case for Spirituality*, as well as authors such as Antonio Damasio and Mario Beauregard, have opened up new vistas for the understanding of spiritual reality via the scientific method.

A significant problem emerges, however, when one looks at the medical literature, that of the confusion surrounding the definitions of spirituality and religion. In many studies both are considered one and the same, whereas in others they are contrasted (Speck et al., Calman, King and Koenig). Some consensus has emerged—echoed by the medical students and teachers I encountered in the course of my research—that spirituality has to do with an existential search for meaning, as well as the relationship of human beings to the sacred and the transcendent, whereas religion has more to do with doctrines and practices designed to organize community and society. Many participants in my study viewed spirituality as more universal and inclusive, fostering a sense of connection and wholeness, whereas they saw religion as creating barriers between people and contributing to

divisiveness. This definition had led the medical students to reject religion in favor of science but also contributed to their dilemma over their future physician role, as they became increasingly aware of the spiritual dimension of their patients and its effect on their health. This distinction between religion and spirituality is also found in the Bahá'í Writings. 'Abdu'l-Bahá states,

All religions of the present day have fallen into superstitious practices, out of harmony alike with the true principles of the teaching they represent and with the scientific discoveries of the time. (*Paris Talks* 143)

Religion should unite all hearts and cause wars and disputes to vanish from the face of the earth, give birth to spirituality, and bring life and light to each heart. If religion becomes a cause of dislike, hatred and division, it were better to be without it, and to withdraw from such a religion would be a truly religious act. For it is clear that the purpose of a remedy is to cure; but if the remedy should only aggravate the complaint it had better be left alone. . . . All the holy prophets were as doctors to the soul; they gave prescriptions for the healing of mankind; thus any remedy that causes disease does not come from the great and supreme Physician. (*Paris Talks* 130)

In a recent article on a Bahá'í-inspired perspective on mental health, Michael Penn wrote, "From a Bahá'í perspective, concern for the spiritual dimensions of existence is uniquely human; that is, only humans concern themselves, in any conscious way, with the nonmaterial aspects of life. On the most basic level, spiritual concerns are embodied in our attraction to that which is perceived to be good, beautiful, and true" (37).

It is not only possible, but necessary, for today's physician to integrate spirituality into modern scientifically based medical practice. But it is also challenging, as discussed in the next section.

#### THE MEDICAL ENCOUNTER: THE CHALLENGE OF THE PATIENT-DOCTOR RELATIONSHIP

It is not surprising that the clinical teachers and academic physicians who were interviewed for the study went further than the students in discussing their perceptions about spirituality in patient care, given their greater professional experience. These teachers had begun their careers with the same scientific framework we discussed earlier but described an evolution in their understanding of their professional role, based on experiences with their patients. Many spoke of deep connections with patients that were central to the process of healing and that led, in some instances, to outcomes unexplained by medical science. Some physicians had experienced dreams,

premonitions, strange coincidences, even miracle cures. The following is one of these stories:

The story is this: he's an old man, 75 years old, his wife dies from a long illness, he is very attached to her. . . . During his wife's illness, we find he has renal cancer, we operate his kidney, and he's referred a few months later for lung metastases. There's no good chemotherapy for renal cancer. The lung metastases are proven, I do the biopsy: of renal origin, 3-4 metastases. I have him seen in oncology. Ah the treatments are not great, the man doesn't want them. I say: "Very well sir, I'll see you again in my office in 3 months." I see him again and he says: "I'm not doing too badly." I don't do X-rays, I say come back in 3 months. I do X-rays (he comes back 3 months later), no metastases on the X-ray and I have the CD with me. I find that amazing, it's the only miracle I've seen. And I saw him again last week, it's been two and a half years, he's doing really well. I ask him: "Sir, to what do you attribute the fact that you have been cured from the metastases?" He says: "My wife told me that I would heal if I was not so sad, now I am less sad, and I have healed. My wife left with it [the cancer]." It's the only miracle I have witnessed in my life.

Listening to such stories was very

moving, especially since many were being recounted for the first time. It became evident that for these physicians, their experiences with patients had contributed to changing their worldview and their understanding of the effect of spirituality on health and healing. Most significantly, these physicians did not feel they could easily share these experiences and perspectives with medical colleagues.

Immersing myself in the richness of my colleagues' stories, I realized that I too, as a Bahá'í physician, had perhaps minimized the significance of spiritual experiences I had had with patients, and certainly had been way too discrete about them. I have recounted one such experience, "A Young Boy's Journey," which is published in the book *Challenges and Solutions: Narratives of Patient-Centered Care*. It tells the story of a family whom I have had the privilege of accompanying as their family physician for many years, and in particular of the evanescent life and death of "Jeremy," their oldest child, afflicted with a severe form of muscular dystrophy. Jeremy became more and more illumined as his body withered, his spirit deeply affecting everyone who knew him. In the last year of Jeremy's life (his fifteenth), as I was giving him palliative care, I also had the unique experience of giving prenatal care to his mother and delivering the family's fourth child—another beautiful baby boy (until recently I was practicing obstetrics as a family physician). In the process of giving home care to Jeremy, I was able

to share in an unusually open way my spiritual beliefs with his parents, who are very sincere Catholics. We were able to commune on a deep level about the spiritual significance of what they were experiencing, the joy and the sorrow.

After such an experience, I turned to the Bahá'í Writings in order to further understand the importance of a spiritual connection within the patient-doctor relationship. Bahá'u'lláh states, "By My Life! The physician who has drunk from the Wine of My love, his visit is healing, and his breath is mercy and hope. Cling to him for the welfare of the constitution. He is confirmed by God in his treatment" (quoted in Esslemont 121).

In *Some Answered Questions*, 'Abdu'l-Bahá affirms that a spiritual connection between the healer and the patient, as well as physical contact, can have a positive effect on healing (294–96). But He also goes on to explain that, ultimately, all healing is entirely dependent on God's will and His purpose for the progress of that individual soul. This powerful statement leads to the conclusion that there is often a purpose and meaning in the suffering that comes from crisis and difficulties such as illness. The physicians I encountered spoke of accompanying patients in their search for meaning of life events, which appeared to awaken new spiritual understanding in both patient and physician. Eric Cassell, in his book *The Nature of Suffering and the Goals of Medicine*, points out, "The extraordinary power of sickness to

make patients susceptible to change at all levels of the human condition is matched by the equal power of this benevolent relationship with its unseen but powerful connection to induce physicians to extend themselves at all levels of the human condition" (68).

There is no life event more challenging to the human condition than death. And confronting death often proves to be difficult for both patient and physician. In our modern-day hospitals, the full gamut of reactions to death can be witnessed in patients, family, and staff, from heart-wrenching denial, dismissal, and anger to incredibly moving moments of love, reconciliation, and spiritual awakening. As pointed out by study participants, approaching death had often permitted an even deeper spiritual connection and meaningful experience with patients. Many felt that individuals with more awareness of their inner lives faced death with more acceptance and serenity, irrespective of their stated belief or disbelief in an afterlife. It is beyond the scope of this short reflective piece to discuss fully how death is currently handled in our health care system. On the one hand, so much needs to be improved, and on the other hand, enormous progress has been made, such as integrating a spiritual and holistic approach into palliative care. It is my observation that hospital staff struggle against death; in essence that is our designated job on behalf of the patient, but when it is inevitable we, being so used to death, can become desensitized to its sacredness.



I have often wondered if we, as health professionals racing through our very busy day and schedule, realize that we are constantly surrounded in our institutions by a continuous flow of souls who are arriving, and souls who are departing this world. What an unacknowledged privilege and treasure! To be fair, many colleagues do realize this but, once again, it is not talked about enough or shared.

I would like to share another spiritual experience as a physician where I felt the veil between the physical and the spiritual worlds was lifted. It was the middle of the night, and I was assisting the gynecologist on call during a Cesarean section (under epidural anesthesia) in order to deliver a baby who was unable to be born naturally. The baby's wellbeing was not in question. After the child's first few breaths amid the parents' cries of joy, the baby suddenly and unexpectedly stopped breathing. We all began to experience the next few minutes as though in slow motion. Help was sought; the pediatrician on call arrived and set about with the anesthetist to resuscitate the newborn. Everyone in the operating room was very quiet, the gynecologist and I suturing up the wound, uttering small words of reassurance. Babies are surprising; they overcome the difficulties of adjusting to a whole new environment with remarkable resilience. They usually bounce right back. Slowly, as the minutes passed, it began to dawn on us that something more serious was wrong. I saw beautiful light filling the room, I heard some

voices and turned around but no one had spoken. I felt calm and at peace. We seemed like actors frozen in the midst of our play while soft breezes of love surrounded us, preparing to embrace and carry off this young one. I had never experienced birth and death in the same instant before. We were all powerless witnesses to forces beyond our comprehension, but still palpable and very real. Then, the air was pierced with the wailing of the parents, the magic evaporated, and we were all back in the now cold night of grief. It was later found on autopsy that the child had a lung condition that was incompatible with life.

Such dramatic moments in life will awaken spiritual consciousness in almost everyone. But it is also in more routine encounters with patients that a spiritual connection manifests its significance. As physicians, we forget the effect of the power differential that patients experience during medical visits, how vulnerable they feel as they are concretely and metaphorically bared naked. It is in those most intimate moments that healing connections can be made beyond the patient/doctor roles, and more in the realm of one human being to another, heart to heart. A loving, open, nonjudgmental acceptance of the other has been a key, in my own practice, to empowering inner transformation (and at the same time helping to decrease many physical and psychological symptoms) of some of the very wounded, patients who on the outside are irascible and whom no one wants to treat.

The experiences of my physician colleagues had led them to conclude that more was going on with their patients than admitted by medical science. Even more touching was their own personal and professional journeys, where they had become ultimately aware of the current limitations of medicine. This humility is key to the success of our interventions as physicians, as well as our capacity to question our assumptions, to re-evaluate our positions, to seek assistance from others and from a higher power, to connect with the sick person in an open and empowering bond.

#### THE MEDICAL PROFESSION: THE CHALLENGE OF A SHIFTING PARADIGM

I resolved to apply more consistently and directly these spiritual principles in my practice and to note more systematically their effect. Most significantly, I found that confirmations occurred, often in the form of disentangling difficult situations, when I was able to approach my patients, and my colleagues, with truly authentic love and a spirit of service, which depended on my capacity to work on my own spiritual development and renewal. Many health professionals are themselves suffering from burnout and exhaustion, working in sterile and somewhat depressing environments, with high expectations from patients who are sometimes unwilling, or unable, to make the necessary efforts to improve their health. This state of affairs begs the question: How can

the sick heal the sick? This well-documented condition of many health professionals has, in and of itself, stimulated a search within the medical milieu for means of greater personal and spiritual wellbeing of health caregivers, and has contributed to a new openness to spirituality within the health care system. For example, in Francophone Canada, which was rocked in recent years by a series of suicides of young medical students and residents, training in mindfulness and meditation is being introduced into medical school curricula.

In the U.S., as of 2008, over 84% of medical schools had introduced spirituality into their curriculum in some form or another (Koenig et al., Lucchetti et al.). However, many educational activities are elective courses, and still do not reach the majority of students. Besides approaches designed to awaken students to their own spirituality, programs have been developed to teach about “spiritual assessment” and “spiritual care” of patients. Indeed, the reader may be surprised to learn that formalized questionnaires evaluating spiritual wellbeing have been developed, are being taught, and are available in the literature (Anandarahaj and Hight; Koenig, “An 83-Year-Old Woman”). The immediate positive effect of these changes is to encourage physicians to inquire about a patient’s beliefs, spiritual practices, and religious support systems, and to take these into account in treatment decisions. The more controversial aspect involves the relationship between

spiritual wellbeing and positive health outcomes, which has been the subject of a number of studies (for example, see Harris et al.; Koenig, “Does Religious Attendance Prolong Survival?”). Many have found positive associations, mostly related to religiosity such as church attendance and prayer, but their methodology has been criticized (Chibnall et al., Powell et al.).

The fundamental issue is the extent to which a physician should make recommendations to patients about their spiritual lives. What are the ethical boundaries involved? It is clear in current medical practice that it would be unethical for a physician to impose his or her beliefs on a patient, but that it might be appropriate to inquire about and support whatever spiritual framework is meaningful to the sick person and could assist in recovering from an illness. To take the time to do this requires some degree of courage and wisdom, as I have personally discovered. The success of such an approach is based, once again, entirely on an authentic connection and a reciprocal relationship of respect and trust. McWhinney and Freeman, in their *Textbook of Family Medicine*, have made the following statement about the spiritual aspect of healing, noting that it often involves some risk: “Does a physician who brings this quality to a relationship enhance it? One result is likely to be that patients feel able to be open about expressing their own spiritual experiences. . . . Perhaps also the sense of presence engendered by this quality plays some part in mobilizing

the patient’s own power of healing” (108).

I will share two examples that have influenced my thinking and approach to integrating spirituality into medical practice. The first is a wonderful experience I had with Patch Adams, the famous “clown doctor.” In 2009, Patch Adams made a one-day visit to the city where I live and practice (Saguenay, Quebec). He had been invited by a community organization called “Clowns Soleil,” that had asked me to be honorary president of this momentous occasion, partly also to help with overcoming the language barrier of communicating with their guest in an entirely francophone environment. During the course of that special day, I discovered that Patch Adams was a deeply spiritual man, dedicated to bringing joy to all who are suffering. What surprised me is illustrated by the following story. We were visiting a nursing home and had entered the room of a ninety-five year-old confused woman who immediately took Patch Adams for a long-lost relative. Without a word, he sat down in front of her chair, took her hands in his, and stared into her beautiful face. Through translation, he asked her what she wanted to do, what was most important to her, did she want to say a prayer? She answered she would like to say her “Hail Marys.” He then proceeded to close his eyes and listen to her prayer—it was very moving to see. There was not the clowning around I had expected, although sometime later she was up dancing with Patch in

the hallway, laughing and being silly. I discussed this incident with him later and discovered that while he was not religious per se, he was entirely dedicated to connecting with other human beings in their world, and using their most treasured reference to make them happy.

This story will remind Bahá'ís of 'Abdu'l-Bahá, the perfect Exemplar of love. Too often, I have assumed that the many stories of the healing and transformative effect of His presence and love were meant only for those who experienced them a century ago, forgetting that they represent the blueprint of future interactions between all human beings, in a world-embracing civilization. "Verily, I beseech the Lord of Hosts . . . that thou mayest become a physician for bodies as well as souls, to heal bodies with the medicines which are useful and beneficial . . . , and to cure hearts and souls with that antidote which quickeneth hearts and souls" ('Abdu'l-Bahá, *Tablets* 166).

The second illustration stems from my work with our local hospital "spiritual care worker," as hospital chaplains are now called in our setting. Although coming from a Catholic theological background, this colleague has championed an ecumenical approach to pastoral care, but even more, an accompaniment of the suffering by helping them to get in touch with their own inner reality. His approach is not to focus on patients' stated beliefs, which by experience are not necessarily congruent with their level of spiritual development, but on their life story

and the meaning that the patient gives to significant events, especially crises. Very simply, there is a solitude people experience with pain, and they need to be listened to, to be heard, to be able to recount their story. 'Abdu'l-Bahá knew this and would let people empty their cup of sorrow, so that they could be filled with His love.

Utilizing the life story of the patient reflects another relevant trend in health care, that of narrative medicine, championed by authors such as Trisha Greenhalgh and Rita Charon. In my thesis work, I was amazed to see how the easiest and preferred way to discuss spirituality was to tell and listen to meaningful stories.

#### MEDICAL CURRICULA: THE CHALLENGE OF RENEWAL

Education is an instrument of change. However, it is challenging to bring about change to medical curricula, which involve years of study, already overloaded with an explosion of information in the biological sciences. There is understandable resistance to adding new course work for many subjects, each and every one seemingly as important as the other. The medical students and teachers participating in my study acknowledged these barriers, suggesting therefore that a favorable approach to integrating spirituality into medical curricula would be to weave into the already existing curriculum opportunities for self-reflection and small group discussion and sharing, similar to the focus groups

students were experiencing. Most importantly, the participants emphasized the role of teachers as mentors in the professional maturation of students.

As a Bahá'í physician who is also a teacher, this was a call for an even greater integration of spiritual principles into my professional life. I recalled these words of 'Abdu'l-Bahá: "O thou yearning one! Be thou a physician to every sick one and teach thou every ignorant one" (*Tablets* 524). At the present time, the Bahá'í community around the world is involved in an unprecedented social experiment, offering to young people of all backgrounds the opportunity for mentorship and accompaniment in spiritual awakening and empowerment, helping them to develop the tools for courageous action toward change in their lives and in their environment. All Bahá'ís are called upon to examine how they can contribute to an ever-advancing divine planetary civilization, by involving themselves in the pressing challenges of transformation and renewal of all human systems. My own experience in curriculum development and renewal has shown me how colleagues are willing and eager to collaborate and work at change, no matter how challenging.

Since 2012, I have had the opportunity to develop a pilot project on teaching the spiritual dimension of patient care within the postgraduate Family Medicine residency program at my university, in collaboration with the spiritual care worker and the psychologist responsible for teaching patient-centered care to residents. In this

curriculum, we incorporated self-reflection, small group discussion, and mentorship, as suggested by the participants in my thesis work. Feedback from residents has been consistently encouraging. Since then, our team has been asked to give workshops to teachers in various medical education forums about teaching the role of the physician with respect to the spiritual care of patients. The effectiveness of these educational activities will have to be evaluated with further research, but they do appear to be filling a need, as participants are very receptive.

As for undergraduate medical curricula, a wave of renewal and reform is sweeping medical education worldwide, where medical schools are called upon to be more socially accountable and to better address community needs. The Association of Faculties of Medicine of Canada (AFMC), in its 2010 report recommending major changes in undergraduate medical education, emphasized the importance of "a competency-based and flexible approach." While "building on the scientific basis of medicine," medical schools were encouraged to "value generalism" and comprehensive care, as well as "address the hidden curriculum," defined as "a set of influences that function at the level of organizational structure and culture affecting the nature of learning, professional interactions, and clinical practice."

Many schools are also finding ways to further incorporate "service learning," which is now mandatory for accreditation in the training of future

physicians. These learning activities may be varied but generally include some sort of community involvement with the most vulnerable and disenfranchised members of the population, who inevitably will be at risk for the most health problems. The goal is to sensitize learners to the social determinants of health and to better equip them to understand and to treat the root causes of disease, or at least to decrease prejudice toward those who are less fortunate.

As an example, I have found that one way to help medical students get in touch with their spirituality is through contact with First Nations communities in our area, for several reasons. First and foremost, the realization that systemic oppression and injustice have occurred toward the original inhabitants of the land, at their very doorstep, stirs the consciousness of young people who already have a strong sense of altruism. Second, the spirituality of those who have survived such intergenerational trauma is very profound and is frequently offered generously in reconciliation. And third, a sense of responsibility is imbued in future physicians to contribute toward resolving the many health and social problems of indigenous peoples, as well as other vulnerable groups. The importance of indigenous populations and their effect on the spiritualization of society as a whole was emphasized by 'Abdu'l-Bahá in *Tablets of the Divine Plan*.

The development of service learning in medical education is very

encouraging and calls to mind an essential characteristic of spiritual enlightenment: the need to realize the essential oneness of the human family, in all its diversity of colors, cultures, and faiths. Taken one step further, service performed with this spirit of fellowship is equated to worship in the Bahá'í Faith (Bahá'u'lláh, *Kitáb-i-Aqdas* 192); in other words it has the same effect on spiritual development as taking time for spiritual practices such as prayer and meditation. Indeed, to the question "What is a Bahá'í?" 'Abdu'l-Bahá stated, "To be a Bahá'í simply means to love all the world; to love humanity and try to serve it" (quoted in Esslemont 71).

#### CONCLUSION

'Abdu'l-Bahá explains that the "science of medicine is still in a condition of infancy; it has not reached maturity" (*Some Answered Questions* 296). One can surmise that its maturation will depend on the degree to which spirituality is integrated into patient care and health education. Individual caregivers already acknowledge to themselves intuitively the power of the spirit when faced with illness and death. It is time to start having more open dialogue about spirituality among health professionals as an essential component of a holistic patient-centered approach to health care. It is also time for medical educators to question the philosophical basis of the curriculum they have developed and seize the opportunity provided by the

current trends in curriculum renewal to integrate mind, body, and soul. The quality and wellbeing of future physicians will be significantly enhanced, and hopefully so too will be the institutions in which they practice and the care they give.

Conducting this research showed me how receptive to spirituality are my colleagues and my work environment, despite the challenges. This is

not an ideology for which one is seeking converts. Ultimately, it's all about a very personal journey that each human being chooses to make. So I have come full circle and, inspired by my study participants—and in particular by my medical students and residents, I am committed to trying to do better “little by little, day by day” (‘Abdu’l-Bahá, quoted in *The Bahá’í World*, vol. XII, 704).

#### WORKS CITED

- ‘Abdu’l-Bahá. *Foundations of World Unity*. Wilmette, IL: Bahá’í Publishing Trust, 1979. Print.
- . *Paris Talks*. London: Bahá’í Publishing Trust, 1972. Print.
- . *Some Answered Questions*. Haifa: Bahá’í World Centre, 2014. Print.
- . *Tablets of Abdu’l-Baha Abbas*. Vol. I. New York: Bahá’í Publishing Committee, 1930. Print.
- . *Tablets of Abdu’l-Baha Abbas*. Vol. III. New York: Bahá’í Publishing Committee, 1930. Print.
- . *Tablets of the Divine Plan*. Wilmette, IL: Bahá’í Publishing Trust, 1977. Print.
- Anandarajah Gowri, and Ellen Hight. “Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment.” *Annals of Family Medicine* 63 (2001): 81–89. Print.
- The Bahá’í World*. Vol. XII. Wilmette, IL: Bahá’í Publishing Trust, 1956. Print.
- Bahá’u’lláh. *The Hidden Words of Bahá’u’lláh*. Wilmette, IL: Bahá’í Publishing Trust, 1985. Print.
- Beauregard, Mario, and Denyse O’Leary. *The Spiritual Brain: A Neuroscientist’s Case for the Existence of the Soul*. New York: HarperOne, 2007. Print.
- Calman, Kenneth. “Spirituality and Medical Education.” *Medical Education* 42 (2008): 123–24. Print.
- Cassell, Eric J. *The Nature of Suffering and the Goals of Medicine*. 2nd ed. New York: Oxford UP, 2004. Print.
- Charon, Rita. *Narrative Medicine*. New York: Oxford UP, 2006. Print.
- Chibnall, John T., Joseph M. Jeral, and Michael A. Cerullo. “Experiments on Distant Intercessory Prayer: God, Science, and the Lesson of Massah.” *Archives of Internal Medicine* 161.21 (2001): 2529–36. Print.

- Curlin, Farr A., Marshall H. Chin, Sarah A. Sellergren, Chad J. Roach, and John D. Lantos. "The Association of Physicians' Religious Characteristics With Their Attitudes and Self-Reported Behaviors Regarding Religion and Spirituality in the Clinical Encounter." *Medical Care* 44.5 (2006): 446–53. Print.
- Damasio, Antonio. *Looking for Spinoza: Joy, Sorrow, and the Feeling Brain*. Orlando, FL: Harcourt Books, 2003. Print.
- . *Self Comes to Mind: Constructing the Conscious Brain*. New York: Pantheon Books, 2010. Print.
- Ellis, Mark R., James D. Campbell, Ann Detwiler-Breidenbach, and Dena K. Hubbard. "What Do Family Physicians Think about Spirituality in Clinical Practice?" *Journal of Family Practice* 51 (2002): 249–54. Print.
- Esslemont, John E. *Bahá'u'lláh and the New Era*. Wilmette, IL: Bahá'í Publishing Trust, 1976. Print.
- Frenk, Julio, Lincoln Chen, et al. "Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World." *Lancet* 376.9756 (2010): 1923–58. Print.
- Ghadirian, Abdu'l-Missagh. "Is Spirituality Relevant to the Practice of Medicine?" *Medical Law Review* 27 (2008): 229–39. Print.
- Greenhalgh, Trisha, and Brian Hurwitz, eds. *Narrative Based Medicine*. London: BMJ Books, 1998. Print.
- Hatcher, Sharon N. "Integrating Spirituality and Medical Education: What Students and Teachers Have to Say—A Qualitative Study." *Diss. U of Western Ontario*, 2014. Print.
- . "A Young Boy's Journey." *Challenges and Solutions: Narratives of Patient-Centered Care*. Ed. Judith Belle Brown, Tania Thornton, Moira Stewart. London: Radcliffe Publishing, 2012. 68–70. Print.
- Harris, William S., Manohar Gowda, Jerry W. Kolb, Christopher P. Strychacz, James L. Vacek, Philip G. Jones, Alan Forker, James H. O'Keefe, and Ben D. McCallister. "A Randomized, Controlled Trial of the Effects of Remote, Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Care Unit." *Archives of Internal Medicine* 159.19 (1999): 2273–78. Print.
- Hilbers, Julieanne, Abby S. Haynes, and Jennifer G. Kivikko. "Spirituality and Health: An Exploratory Study of Hospital Patients' Perspectives." *Australian Health Review* 34 (2010): 3–10. Print.
- King, Michael B., and Harold G. Koenig. "Conceptualising Spirituality for Medical Research and Health Service Provision." *BioMedCentral Health Services Research* 9 (2009): 116. Print.
- Koenig, Harold G. "Does Religious Attendance Prolong Survival? A Six-year Follow-up Study of 3,968 Older Adults." *Journals of Gerontology: Series*



- A: Biological Sciences and Medical Sciences* 54.7 (1999): M370–76. Print.
- . “An 83-Year-Old Woman with Chronic Illness and Strong Religious Beliefs.” *Journal of the American Medical Association* 288.4 (2002): 487–93. Print.
- Koenig, Harold G., E.G. Hooten, E. Lindsay-Calkins, and Keith G. Meador. “Spirituality in Medical School Curricula: Findings from a National Survey.” *International Journal of Psychiatry in Medicine* 40.4 (2010): 391–98. Print.
- Lucchetti, Giancarlo, Alessandra L.G. Lucchetti, and Christina M. Puchalski. “Spirituality in Medical Education: Global Reality?” *Journal of Religion and Health* 51.1 (2012): 3–19. Print.
- MacLean, Charles D., Beth Susi, Nancy Phifer, Linda Schultz, Deborah Bynum, Mark Franco, Andria Klioze, Michael Monroe, Joanne Garrett, and Sam Cykert. “Patient Preference for Physician Discussion and Practice of Spirituality: Results from a Multicenter Patient Survey.” *Journal of General Internal Medicine* 18.1 (2003): 38–43. Print.
- McCord, Gary, Valerie J. Gilchrist, Steven D. Grossman, Bridget D. King, Kenelm F. McCormick, Allison M. Oprandi, Susan L. Schrop, Brian A. Selius, William D. Smucker, David L. Weldy, Melissa Amorn, Melissa A. Carter, Andrew J. Deak, Hebah Hefzy, and Mohit Srivastava. “Discussing Spirituality with Patients: A Rational and Ethical Approach.” *Annals of Family Medicine* 2 (2004): 356–61. Print.
- McWhinney, Ian R., and Thomas Freeman. *Textbook of Family Medicine*. 3rd ed. New York: Oxford UP, 2009. Print.
- Measuring the Immeasurable: The Scientific Case for Spirituality*. Anthology. Boulder, CO: Sounds True, 2008. Print.
- Monroe, Michael H., Deborah Bynum, Beth Susi, Nancy Phifer, Linda Schultz, Mark Franco, Charles D. MacLean, Sam Cykert, and Joanne Garrett. “Primary Care Physician Preferences Regarding Spiritual Behavior in Medical Practice.” *Archives of Internal Medicine* 163 (2003): 2751–56. Print.
- Peck, Morgan Scott. *The Road Less Traveled: A New Psychology of Love, Traditional Values and Spiritual Growth*. 25th anniversary ed. New York: Touchstone, 2003. Print.
- Penn, Michael L. “Human Nature and Mental Health: A Bahá’í-inspired Perspective.” *The Journal of Bahá’í Studies* 25.1–2 (2015): 25–50. Print.
- Powell, Linda H., Leila Shahabi, and Carl E. Thoresen. “Religion and Spirituality: Linkages to Physical Health.” *American Psychologist* 58 (2003): 36–52. Print.
- Siegel, Benjamin, Andrew J. Tenenbaum, Amber Jamanka, Linda L. Barnes, Carol Hubbard, and Barry Zuckerman. “Faculty and Resident Attitudes about

Spirituality and Religion in the Provision of Pediatric Health Care." *Ambulatory Pediatrics* 2.1 (2002): 5–10. Print.

Speck, Peter, Irene Higginson, and Julia Addington-Hall. "Spiritual Needs in Health Care." *British Medical Journal* 329 (2004): 123–24. Print.

The Association of Faculties of Medicine of Canada. *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education*. Ottawa, ON: AFMC, 2010. Print.