

Bahá'í Physicians: Emerging Roles and Responsibilities

HODA MAHMOUDI AND GLORIA TECKIE

Abstract

This paper provides a preliminary overview of some issues relevant to the role of the Bahá'í physician in the practice of medicine and the delivery of health care, taking into account the spiritual dimension of being human as an inseparable aspect of the relationship between medical intervention and health. The authors examine aspects of good medical care including an appreciation of the interactions between—and treatment of—mind, soul, and body; patients' role and responsibility toward maintaining their own health and for choosing a competent physician; the comprehensive nature of the physician–patient relationship; functions and responsibilities of the Bahá'í physician; and the role of physicians within the health care system and the Bahá'í approach to development and health care delivery.

Résumé

L'article fait un survol préliminaire de certains enjeux relatifs au rôle du médecin bahá'í dans l'exercice de sa profession et dans la prestation de soins de santé, en considérant la dimension spirituelle de l'être humain comme élément indissociable du rapport entre l'intervention médicale et la santé du patient. Les auteurs examinent divers aspects d'une bonne pratique médicale, notamment la prise en compte des interactions entre l'esprit, l'âme et le corps ainsi que le traitement de ceux-ci; le rôle et les responsabilités du patient quant au maintien de sa santé et au choix d'un médecin compétent; le caractère global de la relation médecin-patient; les fonctions et les responsabilités du médecin bahá'í; enfin, le rôle des médecins dans le système de soins de santé en regard de l'approche bahá'íe face au développement et à l'administration des soins de santé.

Resumen

Este ensayo provee una visión general preliminar de algunos asuntos relevantes al rol del médico Bahá'í en la práctica de medicina y los servicios de salud, tomando en consideración la dimensión espiritual del ser humano como un aspecto inseparable de la relación entre la intervención médica y la salud. Los autores examinan aspectos de buen cuidado médico incluyendo una apreciación de las interacciones entre—y tratamiento de—mente, alma y cuerpo; el rol y la responsabilidad del paciente en cuanto al mantenimiento de su propia salud y la selección de un médico competente; la naturaleza comprensiva de la relación médico—paciente; funciones y responsabilidades del médico Bahá'í; y el rol de médicos dentro del sistema de servicios de salud y el abordaje Bahá'í hacia el desarrollo y la provisión de servicios sanitarios.

INTRODUCTION

Physicians¹ have a profound influence on lives. In their efforts to restore health and improve the quality of life for their patients, they often face complex challenges and decisions involving life and death. In arriving at the most suitable decisions, they must evaluate factors beyond the physical to include the psychological, social, and cultural dimensions of their patients' lives. As medical sociologist Renée Fox points out, "The range of matters in which bioethics is involved is not confined to ethics. Bioethics is also concerned with moral questions, including those that lie at the heart of society and culture, and of religion" (27).

At a fundamental level, medicine concerns itself not only with life and social systems, but also with the future and destiny of humanity. As in any other human endeavor, one must ask to what ends we engage in the practice of medicine and in what ways we can increase the quality and effectiveness of what physicians do in service to others. The aim of this paper is to provide a preliminary overview of some of the salient issues relevant to the role of the Bahá'í physician in the practice of medicine and the delivery of health care. The complexity and breadth of this subject awaits elaboration in future research that can provide a more detailed examination of

the specific topics. In examining the role of medicine in health, the paper takes into account the spiritual dimension of being human as an inseparable aspect of the relationship between medical intervention and health. 'Abdu'l-Bahá describes this spiritual dimension as including "the spiritual virtues and divine qualities . . . faith, knowledge, certitude, justice, piety, righteousness, trustworthiness, love of God, benevolence, purity, detachment, humility, meekness, patience and constancy. . . . show[ing] mercy to the poor, defend[ing] the oppressed, giv[ing] to the wretched and uplift[ing] the fallen" (*Some Answered Questions*, 46).

In providing a Bahá'í perspective on matters relevant to the practice of medicine, the paper examines facets of good medical care including an appreciation of the interactions between—and treatment of—mind, soul, and body; the patient's role and responsibility toward maintaining their own health and for choosing a competent physician; the definition of a competent physician; the comprehensive nature of the physician–patient relationship; the functions and responsibilities of the Bahá'í physician; and the role of physicians within the health care system and the Bahá'í approach to development and health care delivery.

MIND, SOUL AND BODY

Health is a complete system involving interactions between the mind, soul, and body. There is a rich resource of scientific studies examining the interaction between the brain, the immune system, and behavior. Psychoneuroimmunology,² which studies the connection between the mind and the immune system, incorporates methods of harnessing the body's inherent healing abilities, and continues to expand knowledge and understanding about how the mind influences the body. Although it is beyond the scope of this paper to examine the scientific studies regarding the relationship between mind, body, and disease, a brief discussion is relevant.

Maier, Watkins, and Fleshner, in reviewing the scientific evidence concerning the relationship between the nervous system, behavior, and the immune system, explain that over twenty years ago the common view

was that the immune system was a closed system. It was thought to be driven by challenges from foreign substances (antigens) and regulated by soluble products produced and released by immune cells (lymphokines or cytokines, more generally). These products serve both to communicate between immune cells both locally and at distant sites and to control the progress of the immune response. Although antigens do initiate immune responses and cytokines do regulate immune processes, a wide array of recent research demonstrates that there are bidirectional communication pathways between the immune system and central nervous system (CNS), with each providing important regulatory control over the other. (1004)

In a comprehensive review article, Astin et al. set out to provide “a general overview of the state of the science regarding the relative efficacy of an array of psychosocial–mind–body interventions” (“Mind-Body Medicine” 133). The authors point out that the evidence from research covering the span of approximately thirty years suggests that psychological factors stemming from emotional states have been shown to directly influence physiologic function and health outcomes. Their article, which excludes mental illness and psychological difficulties, focuses on the relative effects of mind–body therapies (MBTs) on the treatment of health-related problems. The study used the National Institutes of Health’s definition of MBTs as “interventions that use a variety of techniques designed to facilitate the mind’s capacity to affect bodily function and symptoms.” The interventions examined in the review included relaxation, meditation, imagery, hypnosis, and biofeedback. We note here the results of only those studies utilizing randomized control trials. The studies reporting a strong positive correlation between the effect of MBTs on bodily function and symptoms included interventions on conditions as diverse as cancer, cardiovascular pathology (post-myocardial infarction recovery), rheumatological conditions, headaches, and incontinence. Of significance were the improved outcomes after surgery when MBTs were applied.

In a paper examining the spiritual, social, and neurobiological influences on resilience in children exposed to hardship, Mahmoudi and

Ahmadiyeh concluded that early exposure to hardship has positive benefits that stem from exposure to events requiring adaptation to change. The authors postulated that this adaptation occurs at the level of the brain as well as at the level of the soul and spirit, and is mediated by neuroendocrine and molecular events as well as by forces acting on the soul. A number of reviews on the relationship between brain adaptation, neuroendocrine, and molecular events, and their influence on the spirit are available in the literature.⁵

To understand the full scope of the human being in relation to health, we must take into consideration the phenomenon of the human spirit, its transformative capacity emanating from spiritual attributes, and its unparalleled quality of transcendence. From the Bahá'í perspective, the reality of human beings is the spirit, which is also referred to as the "rational soul" ('Abdu'l-Bahá, *Some Answered Questions* 208). Bahá'u'lláh describes the essence of the human soul as "a mystery among His [God's] mysteries" (*Gleanings* 160). He gives the following description of the qualities of the rational faculty:

Consider the rational faculty [same as rational soul] with which God hath endowed the essence of man. Examine thine own self, and behold how thy motion and stillness, thy will and purpose, thy sight and hearing, thy sense of smell and power of speech, and whatever else is related to, or transcendeth, thy physical senses or spiritual perceptions, all proceed from, and owe their existence to, this same faculty. So closely are they related unto it, that if in less than the twinkling of an eye its relationship to the human body be severed, each and every one of these senses will cease immediately to exercise its function, and will be deprived of the power to manifest the evidences of its activity. (*Gleanings* 164)

As a further elucidation to the above extract, Bahá'u'lláh expounds on the complex relationship between the rational faculty and the physical make-up of humans:

It is indubitably clear and evident that each of these afore-mentioned instruments has depended, and will ever continue to depend, for its proper functioning on this rational faculty, which should be regarded as a sign of the revelation of Him Who is the sovereign Lord of all. . . .

It would be wholly untrue to maintain that this faculty is the same as the power of vision, inasmuch as the power of vision is derived from it and acteth in dependence upon it. It would, likewise, be idle to contend that this faculty can be identified with the sense of hearing, as the sense of hearing receiveth from the rational faculty the requisite energy for performing its functions. (*Gleanings* 164–65)

‘Abdu’l-Bahá explains, “The spirit of man is a circumambient power that encompasseth the realities of all things” (*Selections* 178). In connection with the human spirit and the rational soul he writes: “This spirit, which in the terminology of the philosophers is the rational soul, embraces all beings, and as far as human ability permits discovers the realities of things and becomes cognizant of their peculiarities and effects, and of the qualities and properties of beings” (*Some Answered Questions* 208). He then amplifies this theme of the spirit explaining that “[a]lthough the spirit is hidden from view, still its commandments shine out like rays of light upon the world of the human body” (*Selections* 202). The connection between the human spirit and the physical body is not perceptible through the sense of touch, nor is it corporeal, yet the human spirit in its connection to the physical body can have far-reaching influence on one’s response to illness and health.

The scientific literature contains vast information regarding the tendencies which humans have in common with animals, and there is no reason to deny that such exist. However to ignore distinguishing traits which are unique to humans is not only a concealment of their reality but a negation of the very nature or essence of what it means to be human. The interrelationship between the soul and mind, and between these and the physical body, cannot be ignored when examining factors that influence one’s overall health. The potential of the human spirit to exercise

its unique functions in the healing process should be the focus of scientific inquiry even though defining exact variables and controlling them properly for purposes of experimentation are highly complex and difficult matters at this time. Undoubtedly as scientific research becomes more refined in its methodology, the relationship between the human spirit and the condition of health or illness will become more evident. Greater understanding of the forces involved in the relationship between soul, mind, and body will have profound implications for the behaviors which physicians bring to their interactions with patients and to their practice of medicine.

Bahá'u'lláh states: "Know thou that the soul of man is exalted above, and is independent of all infirmities of body or mind" (*Gleanings* 153–54). Regarding the body's response to illness, Bahá'u'lláh further explains:

That a sick person showeth signs of weakness is due to the hindrances that interpose themselves between his soul and his body, for the soul itself remaineth unaffected by any bodily ailments. . . . Though an external object may interfere with its radiance, the light itself continueth to shine with undiminished power. In like manner, every malady afflicting the body of man is an impediment that preventeth the soul from manifesting its inherent might and power. When it leaveth the body, however, it will evince such ascendancy, and reveal such influence as no force on earth can equal. (*Gleanings* 154)

In the following passage 'Abdu'l-Bahá elucidates the Bahá'í approach to treatment as one which must uphold the harmony between science and religion, in this instance referred to as "material and spiritual means" of healing:

There are two ways of healing sickness, material means and spiritual means. The first is by the treatment of physicians; the second consisteth in prayers offered by the spiritual ones to God and in turning to Him. Both means should be used and practiced.

Illnesses which occur by reason of physical causes should be treated by doctors with medical remedies; those which are due to spiritu-

al causes disappear through spiritual means. Thus an illness caused by affliction, fear, nervous impressions, will be healed more effectively by spiritual rather than by physical treatment. Hence, both kinds of treatment should be followed; they are not contradictory. (*Selections* 159-60)

‘Abdu’l-Bahá indicates that “the spirit of man is not in the body because it is freed and sanctified from entrance and exit, which are bodily conditions” (*Some Answered Questions* 229). Therefore, illness and bodily injury cannot bring harm to the spirit. Learning to draw upon the capacities with which the human spirit is endowed, patients can gain experience in how to positively come to terms with their diagnosis and make the necessary adjustments in an attempt to restore their health and outlook on life events that are presented to them. The functions of this unique human quality, the spirit, and its interrelationship with illness, disease, or injury are further described by ‘Abdu’l-Bahá as follows:

It [the human spirit] neither becomes ill from the diseases of the body nor cured by its health; it does not become sick, nor weak, nor miserable, nor poor, nor light, nor small—that is to say, it will not be injured because of the infirmities of the body, and no effect will be visible even if the body becomes weak, or if the hands and feet and tongue be cut off, or if it loses the power of hearing or sight. Therefore, it is evident and certain that the spirit is different from the body, and that its duration is independent of that of the body; on the contrary, the spirit with the utmost greatness rules in the world of the body; and its power and influence, like the bounty of the sun in the mirror, are apparent and visible. But when the mirror becomes dusty or breaks, it will cease to reflect the rays of the sun. (*Some Answered Questions* 229)

The reciprocal interaction of the spirit and the body is clarified further in relation to the functions of mental faculties or mind. In a Tablet written to the prominent psychiatrist and entomologist, August Forel, ‘Abdu’l-Bahá

discusses “mental faculties” as being “the inherent properties of the soul, even as the radiation of light is the essential property of the sun” (qtd. in Vader 71). He states that “[i]t is through the power of the soul that the mind comprehendeth, imagineth and exerteth its influence, whilst the soul is a power that is free” (71). ‘Abdu’l-Bahá explains that the mind is capable of comprehending the “abstract by the aid of the concrete (71),” but He explains that the soul has “limitless manifestations of its own” (71). He describes the function of the mind as the “all-unifying agency that so uniteth all the component parts” in all that constitutes the body of man. The mind is described as having a clearly defined range of activity, whereas the soul is limitless. ‘Abdu’l-Bahá further explains the relationship between faculties of the mind and the human soul as follows: “These faculties are but the inherent properties of the soul, such as the power of imagination, of thought, of understanding; powers that are the essential requisites of the reality of man, even as the solar ray is the inherent property of the sun” (78–79). He further elaborates that “[t]he temple of man is like unto a mirror, his soul is as the sun, and his mental faculties even as the rays that emanate from that source of light. The ray may cease to fall upon the mirror, but it can in no wise be dissociated from the sun” (79).

A comprehensive understanding, by the medical profession, of the complex yet mysterious relationship between the human spirit and the body will no doubt shed light on many new dimensions of the science of health and well-being. This is an area in which further research can provide essential knowledge for medical education. However, it is not sufficient to assert that research on the soul is not practicable since its existence cannot be proven; many intangible phenomena are currently studied through the rigors of the scientific method. Science has been unable to fully understand or explain the force or origins of electrical charge; it has not yet proven the existence of matter or the origins of the universe, yet our inability at this time to prove the existence of such phenomena does not prevent us from pursuing their study.

With scientific advances being made in the fields of cognitive neuroscience and psychoneuroimmunology, our understanding of the role of the mind and the spirit in relation to health has already produced findings

that can no longer be ignored. Over the past approximately fifteen years there has been growing interest in including spirituality in medical education, in particular in North America. More medical schools are offering courses in religion and spirituality, and clinical studies are exploring how spirituality may contribute to the coping strategies of patients, particularly those facing severe, terminal, and end of life issues. At the George Washington Institute for Spirituality and Healing, for example, educational, clinical, and research programs on the role of spirituality and health in medicine are ongoing for physicians and other health care professionals.⁴

Scientific research continues to explain with greater precision the relationship that the mind and body manifest in relation to overall well-being and the restoration of health, but far more attention and energy needs to be expended on research, education, and training in this area. Scientific medicine will become more scientific, as suggested by René Dubos, for having “learned how to manage the forces of the body and the mind” (23). As knowledge expands about the higher, more sophisticated functions of human beings and, more specifically about the human spirit, the mind and body and their binding relationship, new scientific interventions will emerge. A greater understanding of the influence of the “mental faculties” as the “inherent properties of the soul,” will change current views and generate new insights about the organic relationship that comprises all the various components of the soul, body, and mind framework.

THE ROLE OF THE PATIENT

Although a consideration of the patient's role and attitude may seem to be unrelated to the physician's responsibilities, as it is not under the physician's control, the part played by the patient in the maintenance of good health, the patient's relationship to the physician, and the role of a spiritual attitude toward suffering merit mention here because the healing project is a partnership, and the approach taken by the physician cannot be maximally effective if it is not aligned with that of the patient.

What does it mean to have good health? The World Health Organization

defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (100). A state of health is the experience of an overall sense of well-being. In addition to absence of disease or injury, to be in a state of health also means to be free of distress and to have the capacity to carry out one’s daily activities. Good health provides the means by which individuals can carry out their functions in society. René Dubos suggests that “To be healthy does not mean to be free of disease; it means that you can function, do what you want to do, and become what you want to become” (qtd. in Moberg and Cohn). The condition of health implies the ability to engage in many types of activities as a part of daily living. The “Biopsychological Approach,” first put forth by George L. Engel, is intended to offer medical students and health professionals an understanding of the interaction between biology and psychological/behavioral and social forces in maintaining health and influencing the onset and course of illness.⁵ Engel stressed the fact that physicians have tremendous influence in assisting patients in the healing process. He further pointed out that the manner in which physicians treat their students serves as the greatest, most positive example of how students will treat their patients.⁶ However, patients also must accept responsibility in cooperation with physicians to restore health and achieve healing.

When individuals evade personal responsibility for their health and well-being, they deny one of the most vital aspects of their reality and purpose in life. Accepting responsibility for oneself, and, more importantly, acting in accord with that responsibility, is one of the primary principles which every Bahá'í should accept. A letter written on behalf of Shoghi Effendi states that “[e]ach of us is responsible for one life only, and that is our own” (in *Compilation* 2:3). At a fundamental level, to take responsibility for our own lives includes the most precious endowment conferred upon us by God, and that is the gift of well-being.

Personal accountability for one’s health becomes even more significant in relation to the purpose of life for individuals who have accepted the claim of Bahá'u'lláh—to bring about a spiritual transformation, a renewal of the social order, and the construction of a new global civilization built upon the principle of oneness and justice for all. For a

Bahá'í there is a direct association between recognizing God, acting upon His teachings through service to humankind, and taking full responsibility for one's health. Without good health, all other arenas of service are subject to impairment. The act of accepting responsibility for one's health is thus a direct form of obedience to the Will of God. It is the means by which one can be of service to others. It allows each individual to fulfill his or her purpose in this life, and in preparation for the life hereafter.⁷

While it is not possible to live life without experiencing illness from time to time, life-threatening, chronic, or incurable illness can demoralize the patient, causing anxiety, fear, hopelessness, and depression. Illness takes away our capacity to function normally and challenges our ability to perform daily routines. Nevertheless, we are assured in the Bahá'í writings, as discussed earlier, that the condition of the soul is not affected during illness. Shoghi Effendi explains: "As Bahá'u'lláh says: 'The spirit is permanent and steadfast in its station.' The veil or hindrance that interposes between soul and body during physical disease is sickness itself. Sickness reveals a lack of balance in human organism, an absence of equilibrium in the forces essential for the normal functioning of the human body" (*Lights of Guidance* 113).

The following extract from a letter written on behalf of Shoghi Effendi offers a remarkably insightful dimension to human suffering and its purpose in our lives. He explains:

As to your question concerning the meaning of physical suffering and its relation to mental and spiritual healing. Physical pain is a necessary accompaniment of all human existence, and as such is unavoidable. As long as there will be life on earth, there will be also suffering, in various forms and degrees. But suffering, although an inescapable reality, can nevertheless be utilised as a means for the attainment of happiness. . . . Suffering is both a reminder and a guide. It stimulates us to better adapt ourselves to our environmental conditions, and thus leads the way to self-improvement. In every suffering one can find a meaning and a wisdom.

But it is not always easy to find the secret of that wisdom. It is sometimes only when all our suffering has passed that we become aware of its usefulness. (*Lights of Guidance* 281)

Beyond the need to recognize illness as a test and suffering “as a reminder and a guide” to “self-improvement,” the responsibility of patients for their health involves several other facets including the duty to take ownership of their lifestyle choices, to develop a proactive approach to the maintenance of their health, to seek competent physicians in times of illness, and to request a second opinion when necessary. Not only do patients need to acquire the ability to recognize well-trained physicians but also to identify those who falsely claim to be healers. The inability or unwillingness of patients to seek the counsel of a well-trained physician in a timely manner can be the cause of unnecessary setbacks and, in some cases, the source of irreversible, permanent damage to their health.⁸

COMPETENT PHYSICIANS

In His Book of Laws, the Kitáb-i-Aqdas, Bahá'u'lláh states: “Resort ye, in times of sickness, to competent physicians; We have not set aside the use of material means, rather have We confirmed it through this Pen, which God hath made to be the Dawning-place of His shining and glorious Cause” (par. 113). Of significance is the word “competent” since it implies the capacity to distinguish a physician who is competent from one who lacks this capacity. Qualities that imply competence in a physician may include knowledge, experience, and proficiency in the practice and science of medicine. Shoghi Effendi explains: “In His Most Holy Book (the Aqdas) Bahá'u'lláh says to consult the best physicians, in other words, doctors who have studied a scientific system of medicine. . . .” (*Lights of Guidance* 278). Competency implies expertise on the part of the physician to provide treatments that have withstood the test of the scientific method to the best of our knowledge at this time, recognizing that science is not a static endeavor and is subject to change with added knowledge constantly being gained.

Medical schools and licensing bodies expend significant time and resources in assessing the competence of would-be practitioners. In a study examining professional competence, Epstein and Hundert suggest that the current standards of assessment used for physicians and trainees provide useful and reliable results in the areas of core knowledge and basic skills. Nonetheless, the authors point out that other dimensions of competence such as interpersonal skills, lifelong learning, professionalism, and integration of core knowledge into clinical practice are “underemphasized.” Epstein and Hundert offer the following comprehensive definition for professional competency: “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (226). They further offer the following description of professional competence in physicians and trainees:

Competence builds on a foundation of basic clinical skills, scientific knowledge, and moral development. It includes a cognitive function—acquiring and using knowledge to solve real-life problems; an integrative function—using biomedical and psycho-social data in clinical reasoning; a relational function—communicating effectively with patients and colleagues; and an affective/moral function—the willingness, patience, and emotional awareness to use these skills judiciously and humanely. Competence depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence. (226–27)

Both from a strictly professional perspective as well as from a standpoint based upon the Bahá'í writings, competency is a far more complex matter than simply acquiring “factual knowledge” or “the ability to solve problems with clear-cut solutions.” Schön proposes additional qualities that are equally important, stating that competence “is defined by the ability to manage *ambiguous* problems, tolerate uncertainty, and make decisions with limited information” (227).

Professional competence also calls for a balance between professionalism and compassionate care, especially the alleviation of patient suffering

and showing concern for the patient. Chervenak and McCullough suggest that physician-leaders should create a “moral culture of professionalism in health-care organizations” (875) to include four virtues—self-effacement, self-sacrifice, compassion, and integrity.⁹

Perhaps a less obvious dimension of the positive patient–physician relationship is the ability to develop a level of trust that allows patients to accept what the physician prescribes and follow through with what is required in order to regain and preserve their health. It is in the act of acquiring trust in a skilled physician that the potential for developing a positive attitude to the process of one’s healing emerges. The development and nurturance of this sensitive and essential bond is supported in the Bahá’í writings, which state that the physician has two powers—one for physical healing and the other for spiritual health.

Indeed, we search for and respect the competent physician who is well trained in scientific knowledge, has developed excellent skills, and is able to think critically and wisely under all conditions. However, equally important and in keeping with the principle of the harmony between science and religion, patients should look for physicians whose characters manifest spiritual attributes with respect to the healing process. ‘Abdu’l-Bahá explains that there are two powers which physicians possess in bringing about healing. He explains:

O thou distinguished physician! ... Praise be to God that thou hast two powers: one to undertake physical healing and the other spiritual healing. Matters related to man’s spirit have a great effect on his bodily condition. For instance, thou shouldst impart gladness to thy patient, give him comfort and joy, and bring him to ecstasy and exultation. How often hath it occurred that this hath caused early recovery. Therefore, treat thou the sick with both powers. (*Selections* 158–59)¹⁰

Although the spiritual component of healing is often viewed as a subjective concept not easy to study reliably, a growing number of studies have attempted to better understand this aspect of healing from precisely a scientific standpoint. Charon examined the role of what she terms “narrative competence,” which enables physicians “to practice medicine with

empathy, reflection, professionalism, and trustworthiness" ("Narrative Medicine" 1897). She writes that "a scientifically competent medicine alone cannot help a patient grapple with the loss of health or find meaning in suffering," maintaining that, "physicians need the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient's behalf" (1897).¹¹

It is useful to examine research that has focused on the concept of empathy in patient care. Hojat's recent book examines the antecedents, development, and significance of empathy in the context of patient care. Studies on physician empathy have concluded that empathy determines better patient care and clinical outcomes and is a key element to professionalism that should be incorporated into medical school curriculum.¹²

'Abdu'l-Bahá asserts that "matters related to man's spirit have a great effect on his bodily condition" (*Selections* 159), and that the physician must draw upon the human spirit when undertaking physical healing. In the studies already reviewed, the ongoing search to effectively prepare physicians to become empathic, trustworthy, and grounded in universal values correlates well with those qualities in the physician which, as described by 'Abdu'l-Bahá, lead to the spiritual healing of the patient. In addition, 'Abdu'l-Bahá describes in specific language the qualities and conditions of spiritual healing. He encourages the physician to "impart gladness to thy patient, give him comfort and joy, and bring him to ecstasy and exultation" (*Selections* 158–59). Therefore, as the benefits of the science of medicine are imparted to the patient, so the patient is consoled, attains a higher state of happiness, a sense of well-being, a cheerful disposition, strength and hope, alleviating anxiety and pain, and lifting the spirit.

Conditions and qualities of spiritual healing within the context of the harmony between science and religion also relate to the earlier discussion on the relationship between the mind and the body including research on the role of prayer in health and healing.¹³ Physicians can prescribe proven mind–body therapies for their patients, acknowledging the importance of the interaction between the spiritual, social, and neurobiological influences on wellness. Competent physicians take advantage of

the full panoply of scientifically proven methods, including those related to the mind/body interaction, and combine these with their understanding of the spiritual principles, as delineated above, to ensure the best possible care of the patients entrusted to them.

THE PHYSICIAN-PATIENT RELATIONSHIP

The relationship between patient and physician is multifaceted and is dependent upon such factors as socialization, cultural beliefs and attitudes, education, and other experiences specific to the individual. Over the years, the patient–physician relationship has undergone change. At one time, and perhaps still today to a far lesser degree, the expectation was that the physician should take the role of “patient’s guardian,” articulating what was best for the patient.¹⁴ In that model, the physician exerted full authority over the decision-making process, presenting the patient with selected information that “will encourage the patient to consent to the intervention the physician considers best” or in the extreme case, “the physician authoritatively informs the patient when the intervention will be initiated” (Emanuel and Emanuel 2224). This approach, reflecting a purely paternalistic practice of medicine, finds few applications today, and then mostly in emergency medicine where consent is not always readily obtainable.

Generally speaking, contemporary physicians are no longer trained to dictate the management of patient care. A team approach whereby the patient participates in the decision-making process in collaboration with the physician and allied medical professionals has generally replaced the physician-centered model. In this model, patients make informed choices and take responsibility for their own health. The team or collaborative approach to decision making is not simplistic, nor can it dictate the exact pattern or rules of communication between the patient and the physician. A recent study summarizes the complexity of the delicate but important dynamics that occur between the physician and patient in relation to treatment recommendations. Clarke, et al. have concluded that

physicians do not need an elaborate communication protocol, a preferred model of interaction, or a decision flow chart to manage patient communication effectively. To aim for conformity to a “best” or preferred model of physician–patient decision-making may actually undermine patient autonomy. We believe that physicians will be guided in the right direction, and will actively take into account the differences between individual patients, if they simply ask the patient how he or she wants the interaction conducted. (18)

Central to the physician–patient relationship is the challenging application of ethical principles to the highly involved and elaborate practice of medicine. Ethical considerations are basic to defining physician competence and directly relate to the spiritual component of medical practice. Physicians receive training in how to judge the quality and ethical acceptability of their work. This is achieved in large part by a highly sophisticated system of peer review. The application of principles of biomedical ethics at the level of the physician–patient relationship is a means by which the occurrence of negligence, inappropriate procedures, and harmful effects are minimized. Since in this delicate relationship the physician has power over the patient, internalization of ethical principles is essential to ensure, as far as humanly possible, that medicine is practiced in an ethical manner.

The most widely accepted principles of biomedical ethics are those set forth by Beauchamp and Childress. The authors developed four general ethical principles that, in their view, should guide the physician–patient relationship:

Respect for autonomy, which implies informed consent and voluntary decision making on the part of the patient.

Non-maleficence, which places the responsibility on the professional to protect the patient from harm and to weigh carefully interventions which may have harmful effects but are prescribed as the most effective in the preservation and restoration of health.

Beneficence, which is the duty to do good by pursuing the most appropriate treatment, to remove harm and provide the most suitable treatment for the patient.

Justice, or the Aristotelian conception of “giving to each that which is his due,” which implies fairness in the distribution of medical treatment and services.

These guidelines present many complicated and sometimes unresolved challenges for physicians as they carry out their work. However, such principles serve as a guide whose aim is to promote thoughtfulness and vigilance under all circumstances.¹⁵

When the physician–patient relationship is imbued with the Bahá'í spiritual principles of trustworthiness and equal rights for all, and the system of consultation is applied to it, then a highly effective model emerges. Trustworthiness, which includes dependability, truthfulness, constancy, and responsibility, is referred to in the Bahá'í texts as the cornerstone, the foundation, of all virtues. “Trustworthiness,” Bahá'u'lláh writes, “is the greatest portal leading unto the tranquillity and security of the people. In truth the stability of every affair hath depended and doth depend upon it” (*Tablets* 37). Among the essential factors of the relationship between the physician and the patient is the establishment of a sense of tranquillity and security.

A further dimension of the relationship which is not often recognized is the fact that it transcends the obvious aspects of physical diagnosis and healing. ‘Abdu’l-Bahá introduces an entirely new component in this relationship: “According to the explicit decree of Bahá'u'lláh one must not turn aside from the advice of a competent doctor. It is imperative to consult one even if the patient himself be a well-known and eminent physician. In short, the point is that you should maintain your health by consulting a highly-skilled physician” (*Selections* 164). ‘Abdu’l-Bahá’s statement—that the responsibility to seek a competent physician applies to even the most competent physician who falls ill and may well have full

medical knowledge of his or her illness—implies that there is an element of the physician–patient relationship which extends beyond medical expertise and which contributes to the healing process.

EXPANDING FUNCTIONS OF THE BAHÁ'Í PHYSICIAN

Bahá'í physicians have the capacity to influence and positively bring change to the practice of medicine through the application of Bahá'í principles. As more Bahá'í physicians carry out their work, the spiritual standards they uphold will, over time, influence the culture of medical practice. In applying Bahá'í principles, they will uncover new aspects of healing, impart a sense of dignity to all human life, uphold human rights for all patients regardless of their background, and practice medicine with integrity. As applied spiritual values become observable through the actions of Bahá'í physicians, they will become a powerful force in the development of new curricula. Such curricula will consider research findings relevant to the overall structure of the human organism. They will find the more latent relationships between the physical dimension of the human body and the functions of the mind in coping with disease and in healing and in relation to feelings, perceptions, and the reasoning power unique to human beings. As a result of focus on different elements of what constitutes a human being and by offering training in these areas, Bahá'í physicians can ultimately serve as examples for colleagues and students alike.

Bahá'í physicians are also in a position to develop an entirely new dimension of the science of healing. An appreciation of the balance between spiritual and physical health and the need to better understand the complexities surrounding the human spirit are contributions they can bring to medicine. They should be at the forefront of advancing scientific medicine by conducting research aimed at defining spiritual concepts relevant to their profession. As in any other endeavor, in applying spiritual values to their work they will also assess the results of their practice and refine their methods accordingly. At the heart of this model is an aspiration that is the goal of every Bahá'í physician, that of striving for excellence spiritually,

materially, and intellectually, the advancement and betterment of all that pertains to the profession, including being the best physician and a full advocate of patients, offering the most accurate diagnoses and upholding the highest standards of professionalism in the practice of medicine. As they survey the present needs of the ailing social order, Bahá'í physicians are presented with the opportunity to engage their colleagues in the search for developing the best and most practical means of resolving the complex issues that their profession faces.

With regard to the specific qualities of a Bahá'í physician, the ability to not only grasp what is right and wrong, but also, more importantly, to uphold what is right despite the many pressures that exist in the current moral environment, will undoubtedly demonstrate a level of integrity in the eyes of both colleagues and patients. Beyond the principles of medical ethics as drawn up by the medical establishment, however, for Bahá'í physicians and others who share these ideals and vision, an additional set of indispensable moral principles applies to patient care and all aspects of the practice of medicine. Among the less straightforward issues in which the physician's conscience must guide him or her are the artificial creation of life, stem cell research, cloning, abortion, birth control, euthanasia and life support, death and dying, mental competency, and confidentiality and disclosure. The decision-making process should be guided by a close examination of the relevant ethical and spiritual principles, and always guided by the overarching principle of the harmony between science and religion.

The current debate about most of the issues listed above is an obvious indicator of what can go wrong when spiritual principles are removed from the scientific enterprise. Without true harmony between religion and science, emerging scientific findings can have colossal negative implications for how we approach life itself. Who is to decide how to dispense with life that is frozen in a tube stored in a laboratory? Will it be the physician, the scientist, governments, religious organizations, or popular opinion that decides what constitutes a living human organism? Who should take responsibility for decisions surrounding stem cell research or cloning? Do we have the right to decide when life should be terminated? What

is the place of science and what is the place of religion in determining such complex issues? In *One Common Faith*, these roles are described as follows:

At the deepest level, as Bahá'u'lláh emphasizes, there is but one religion. Religion is religion, as science is science. The one discerns and articulates the values unfolding progressively through Divine revelation; the other is the instrumentality through which the human mind explores and is able to exert its influence ever more precisely over the phenomenal world. The one defines goals that serve the evolutionary process; the other assists in their attainment. Together, they constitute the dual knowledge system impelling the advance of civilization. (Bahá'í World Centre 33)

In an article exploring ethics in the technological culture of medicine, Keulartz et al. state that “[n]either traditional philosophy nor current applied ethics seem able to cope adequately with the highly dynamic character of our modern technological culture. This is because they have insufficient insight into the moral significance of technological artefacts and systems” (3). The study suggests that there exists “a ‘normative deficit’ and display of agnostic or even antagonistic attitude toward ethics” (3). However, without ethical standards and a comprehension of the spiritual dimension of existence, matters critical to the giving and taking of life and all that lies between are likely to be viewed as simply mechanical procedures. The field of bioethics with its multifaceted issues must ultimately take into account the spiritual dimension of the human being. For these reasons it becomes apparent why the Bahá'í perspective places the primary expectation upon physicians to acquire a sound knowledge and understanding of spiritual concepts, place their reliance on God, and to draw on this knowledge to aid and assist them in providing medical care. The act of reliance, whether by means of prayer or reverence, on a Higher Force transcending the human being, which guides the universe and all that is therein, provides the stability that is so critical to issues surrounding bioethics. ‘Abdu’l-Bahá expounds on this point as follows:

When giving medical treatment turn to the Blessed Beauty [Bahá'u'lláh], then follow the dictates of thy heart. Remedy the sick by means of heavenly joy and spiritual exultation, cure the sorely afflicted by imparting to them blissful glad tidings and heal the wounded through His resplendent bestowals. When at the bedside of a patient, cheer and gladden his heart and enrapture his spirit through celestial power. Indeed, such a heavenly breath quickeneth every moldering bone and reviveth the spirit of every sick and ailing one. (*Selections* 159)

There are no easy resolutions to the moral issues that permeate the practice of medicine, such as those surrounding the inception or termination of life, or the advisability of pursuing medical procedures which may entail major physical and/or psychological complications for the patient or the effectiveness of which is questionable or unproven. Bahá'í physicians have a set of guiding principles in relation to the myriad moral and ethical issues they encounter, which invite them as physicians to explore in depth the spiritual nature of human beings. This ethical approach, rather than offering clear-cut answers to difficult dilemmas, develops a deeper awareness regarding life and the uncertainties that surround it. At the heart of this approach is the belief that there is a Force greater than human beings and that knowledge about all that constitutes life on this planet is not fully understood by the finiteness of the human mind.

In a letter of 5 June 1988 written on behalf of the Universal House of Justice, the international governing body of the Bahá'í community, the Bahá'í principle relevant to moral issues is elucidated. What is unique about the Bahá'í perspective on this subject is the emphasis on a non-dogmatic approach to the application of spiritual principles to moral issues. As the Universal House of Justice explains:

In studying these principles, it should be noted that in most areas of human behaviour there are acts which are clearly contrary to the law of God and others which are clearly approved or permissible; between these there is often a grey area where it is not immediately apparent

what should be done. It has been a human tendency to wish to eliminate these grey areas so that every aspect of life is clearly prescribed. A result of this tendency has been the tremendous accretion of interpretation and subsidiary legislation which has smothered the spirit of certain of the older religions. In the Bahá'í Faith moderation, which is so strongly upheld by Bahá'u'lláh, is applied here also. Provision is made for supplementary legislation by the Universal House of Justice—legislation which it can itself abrogate and amend as conditions change.¹⁶

The open-endedness of this approach relies upon the balance and harmony between science and religion. It calls for individuals to make difficult ethical decisions for themselves. As science advances and discovers more of the currently unknown aspects of human life, the wisdom of the principles and laws of Bahá'u'lláh's Revelation will become more evident on the part of the individual and hence the society at large. This process, reciprocal in its essence, calls for patience, a tolerance of ambiguity, and faith that with the passage of time a greater understanding of certain moral issues will be gained.

In His Writings, Bahá'u'lláh has written that humanity, having progressed through the stages of infancy, childhood, and adolescence, has not yet reached its age of adulthood. The maturity that humanity is now approaching requires a set of characteristics, among which the most crucial is the ability to think and act responsibly, calmly, independently, wisely, and without the veil of prejudice; to examine the spiritual principles, reflect thoughtfully upon the choices before them, and act accordingly. The Universal House of Justice expounds on this point:

There is also a clear pattern already established in the Sacred Scriptures, in the interpretations made by 'Abdu'l-Bahá and Shoghi Effendi, and in the decisions so far made by the Universal House of Justice, whereby an area of the application of the laws is intentionally left to the conscience of each individual believer. This is the age in which mankind must attain maturity, and one aspect of this is the

assumption by individuals of the responsibility for deciding, with the assistance of consultation, their own course of action in areas which are left open by the law of God.¹⁷

As a further elucidation of the responsibility of the individual in determining the right course of ethical action the Universal House of Justice explains:

It should also be noted that it is neither possible nor desirable for the Universal House of Justice to set forth a set of rules covering every situation. Rather is it the task of the individual believer to determine, according to his own prayerful understanding of the Writings, precisely what his course of conduct should be in relation to situations which he encounters in his daily life. If he is to fulfil his true mission in life as a follower of the Blessed Perfection, he will pattern his life according to the Teachings. The believer cannot attain this objective merely by living according to a set of rigid regulations. When his life is oriented towards service to Bahá'u'lláh, and when every conscious act is performed within this frame of reference, he will not fail to achieve the true purpose of his life.

Therefore, every believer must continually study the Sacred Writings and the instructions of the beloved Guardian, striving always to attain a new and better understanding of their import to him and to his society. He should pray fervently for divine guidance, wisdom and strength to do what is pleasing to God, and to serve Him at all times and to the best of his ability.¹⁸

These guiding principles provide Bahá'í physicians with a solid framework within which to practice medicine. Thoughtfulness and reflection on the multifarious and complex ethical principles surrounding medical practice and research enlighten the unique station of human beings, providing further understanding of how physicians should carry out their practice in serving others. As the Universal House of Justice states: "In such aspects of morality, the guidance that Bahá'í institutions offer to mankind does not

comprise a series of specific answers to these moral issues, but rather the illumination of an entirely new way of life through the renewal of spiritual values.”

THE HEALTH CARE SYSTEM AND THE BAHÁ'Í APPROACH TO DEVELOPMENT

Although scientific medicine has become a powerful institution and medical knowledge has experienced phenomenal acceleration, revolutionary advances in health care and their benefits have not yet reached vast segments of the peoples of the world. Inequitable distribution of health care resources has, in fact, become more pronounced as a result of factors such as the widening economic gap, war and conflict, and deteriorating environmental conditions.¹⁹ There exist today gross discrepancies in quality of life and longevity between those who enjoy access to health care and those who are deprived of it. Unacceptable proportions of the world's population suffer under shocking conditions as a result of uncared-for maladies. For example, factors such as lack of clean water, efficient sewage disposal, or control of disease-carrying organisms as well as high population densities, soil erosion, lack of arable land for agricultural production, and malnutrition contribute to the prevalence of preventable diseases, but many diseases could easily be controlled or eradicated through practical educational programs focused on appropriate and often easily applicable preventive strategies.

While an examination of the health care system as it exists on an international scale—which includes many professionals such as nurses, health policy makers, scientists and allied health care professionals—is beyond the scope of this paper, we wish to focus on the profound influence Bahá'í physicians can make toward patient health care beyond their individual practice of medicine.

In 1997, an editorial appeared in the *British Medical Journal* which pointed out that “[t]he fate of patients and the public's health depends now on interactions so complex that no single profession can credibly declare that its own code of ethics is enough” (Berwick et al., “An Ethical

Code,” 1633). Subsequently a group of fifteen individuals known as the Tavistock Group, comprising physicians, nurses, health care executives, ethicists, academics, a jurist, an economist, and a philosopher, drafted “A Statement of Ethical Principles for Everyone Working in Health Care” and developed a list of seven principles for “all those involved in health care, including patients and owners of health systems”:

Rights—People have a right to health and health care

Balance—Care of individual patients is central, but the health of populations is also our concern

Comprehensiveness—In addition to treating illness, we have an obligation to ease suffering, minimise disability, prevent disease, and promote health

Cooperation—Health care succeeds only if we cooperate with those we serve, each other, and those in other sectors

Improvement—Improving health care is a serious and continuing responsibility

Safety—Do no harm

Openness—Being open, honest, and trustworthy is vital in health care (Berwick et al., “Refining and Implementing” 616)

The Tavistock Principles provide a useful framework from within which Bahá'í physicians, as one of the groups who provide health care, can have a beneficial influence with respect to the spiritual/ethical considerations that impact the quality of health care.

There are many areas beyond the practice of hospital and office-based medicine in which Bahá'í physicians can become involved and make a significant contribution. In the past, many physicians had not adequately

acknowledged the important role that they could play in the provision of effective, equitable health care delivery. Health care delivery has been viewed as the responsibility of legislators, administrators, and activists, with some involvement of allied health care workers, such as nurse practitioners, being deputized to implement programs whose aim is to reach the destitute and to serve the health care needs of deprived populations. What such endeavors lack are the qualified skills of competent physicians, both in the consultative arena and in the delivery of expertise and resources specific to their unique training. Their specialized skills are indeed indispensable to improving the health care of these populations.

Another area in which physicians can play an increasing role is that of preventive medicine. Studies have shown that programs which focus on prevention as a significant part of health care promotion can mitigate the overall impact of disease within populations. Educational programs, in particular, raise the level of understanding regarding health and disease within communities and have far-reaching benefits.²⁰ When physicians interface with populations deprived of adequate health care, they realize the enormous impact their actions can have and see the rewards of service and the benefits of using their skills and expertise for the improvement of health and living conditions of large numbers of people. Bahá'í physicians, in particular, should naturally want to concern themselves with the betterment of the lives of people in need and of those without right of access.

The Bahá'í global community provides a rich set of examples of ongoing development projects which include highly successful health-related endeavors. In the Bahá'í community's unique approach to social and economic development, as "a global enterprise whose purpose is to bring prosperity to all peoples, an enterprise that must pursue its aim in the context of an emerging world civilization" (Bahá'í International Community 3), embodying a "dynamic coherence between the spiritual and practical requirements of life on earth" (*Lights of Guidance* 545), the potential contributions of Bahá'í physicians are limitless in scale and influence.

From the earliest days of its founding, the worldwide Bahá'í community has been developing its approach to development projects in countries

on all continents. It has recognized the contributions made by exceedingly large numbers of individual Bahá'ís who in their professional lives are working to serve the needs of humankind.²¹ Bahá'í health care projects have included widespread immunization programs, HIV/AIDS awareness and prevention programs, and comprehensive health promotion and educational projects at every level of society. An example of a highly successful project is the Bahá'í involvement in the widely recognized collaboration with United Nations agencies in combating river blindness (onchocerciasis), which has impacted the lives of individuals in hundreds of localities.²²

Opportunities abound for Bahá'í physicians to develop or contribute to sustained health care-related programs wherever they reside. In serving their communities at the systems level of health care, Bahá'í physicians can model the principles which they are committed to and give of their time to explore effective, long-term solutions to the many health-related problems that currently plague so many people throughout the world.

CONCLUSION

Although we observe that our world has become interconnected, interdependent, and has entered a period of accelerated change, we see a global community incapable of managing the misery which is thrust upon billions of individuals on a daily basis. Recent examples do not convince us that our worldwide community can truly manage its current health challenges. Certainly there are enough examples that we can draw upon in relation to the spread of diseases such as tuberculosis, malaria, HIV/AIDS, and various forms of influenza, as indicators of the acute need to find workable solutions that reach all strata of the world's population.

Shoghi Effendi's insightful writings offer a vision of the transformation that will occur in the future civilization, aspects of which are directly related to the physician's practice of medicine and to the overall global system of health care. Although speaking of a distant future, his words offer insights into the nature of the foundation that Bahá'í physicians must construct at the present in order to advance humanity toward that direction.

After speaking of the abolition of “economic barriers and restrictions,” “inordinate distinction between classes,” “destitution on the one hand, and gross accumulation of ownership on the other,” he states that

the enormous energy dissipated and wasted on war, whether economic or political, will be consecrated to such ends as will extend the range of human inventions and technical development, to the increase of the productivity of mankind, to the extermination of disease, to the extension of scientific research, to the raising of the standard of physical health, to the sharpening and refinement of the human brain, to the exploitation of the unused and unsuspected resources of the planet, to the prolongation of human life, and to the furtherance of any other agency that can stimulate the intellectual, the moral, and spiritual life of the entire human race. (204)

As Bahá'í physicians apply the teachings of Bahá'u'lláh's Revelation to the further advancement of their profession, they will undoubtedly unearth new knowledge about the workings of the human body and its interaction with the human spirit in fighting disease. As scientific inquiry, backed up by spiritual knowledge and values, searches deeper to find answers to medical issues, it will bring about inventions and discoveries which will contribute to the advancement of all aspects of human life. Bahá'í physicians are fortunate to have a clear mandate in relation to the contributions they can make in service to humanity in the process of civilization building. The opportunities before them to render service aimed at ameliorating the human condition are limitless. “Happy the soul,” ‘Abdu'l-Bahá writes, “that shall forget his own good, and like the chosen ones of God, vie with his fellows in service to the good of all. . . .” (*Secret of Divine Civilization* 116).

NOTES

1. Although the term *physician* is used differently depending on the country, for the purposes of this paper, the physician is defined as a doctor of medicine, a person trained in the art and science of healing.

2. See, for example, Francis, et al.; Huether; Munck, Guyre, and Holbrook; Ader, Cohen, and Felten; Kiecolt-Glaser, McGuire, and Glaser; Cohen and Herbert; Kiecolt-Glaser et al.; and Kiecolt-Glaser and Glaser.

3. See Huether; Huether et al.

4. See Puchalski and Larson; Puchalski, "Taking a Spiritual History"; Sulmasy, "Is Medicine a Spiritual Practice?"; Sulmasy, D. P. "A Biopsychological-Spiritual Model"; Sulmasy, *The Rebirth of the Clinic*.

5. See Engel, "The Need."

6. See Engel, "From Biomedical to Biophyschosocial."

7. Bahá'u'lláh describes the progress of the soul after it has left the body as a journey where it "will continue to progress until it attaineth the presence of God, in a state and condition which neither the revolution of ages and centuries, nor the changes and chances of this world, can alter." Bahá'u'lláh states that the essence of the human soul is one of the signs of God. The soul of man, is as "the sun by which his body is illumined, and from which it draweth its sustenance. . . ." (*Gleanings* 155–160).

8. A less discussed aspect of illness is the potential for positive influence that others can have upon the person who is sick. Loved ones and friends are impelled to visit the sick as a gesture of goodwill and from a desire to show genuine concern. But what is important is the attitude that is imparted by those who visit the sick. 'Abdu'l-Bahá states: "Happiness is a great healer to those who are ill. . . . show the utmost kindness and compassion to the sick and suffering. This has greater effect than the remedy itself. You must always have this thought of love and affection when you visit the ailing and afflicted" (*Promulgation* 204). Those who visit the sick in a genuine state of happiness and joy bring with them a powerful beneficial influence, becoming a force that assists to uplift the spirits and bring about the healing of the sick person.

9. See also Brien and Lewith, "Why Are You Doctors?"

10. See also 'Abdu'l-Bahá, *Some Answered Questions* 158, 173, 215–16, 257.

11. For further reading on narrative medicine, see Charon, "Narrative Road to Empathy" and "Narrative Medicine."

12. See Hojat, "Physician Empathy," and Hojat et al., "Empathy in Medical Education."

13. See Herbert, Dang, and Shultz; Braam et al., "Prayer and Depressive Symptoms"; Astin, Harkness, and Ernst, "Efficacy of 'Distant Healing'" and "Distant Healing"; Harris et al.; and Dossey.

14. See Kaplan et al.
15. See also Milani and Milani.
16. Letter to an individual, 5 June 1988, <<http://bahai-library.com/uhj/morality.html>>.
17. Letter to an individual, 5 June 1988, <<http://bahai-library.com/uhj/morality.html>>.
18. Letter to an individual, 5 June 1988, <<http://bahai-library.com/uhj/morality.html>>.
19. See Wilkinson.
20. World Health Organization; Anderson, Foster, and Frisvold.
21. See Shahvar. One of the first western Bahá'ís who applied her professional skills to the improvement of the health care delivery system in Iran was Dr. Susan Moody, a Bahá'í physician who in 1909 moved from the United States to Tehran, Iran, at the request of the Iranian Bahá'ís, who were in need of a female physician. She successfully established a medical practice in her home which served the health care needs of both Bahá'í and Muslim women. Eventually she was able to found the Unity Hospital and the Tarbíyat Girls' School (see Ruhe-Schoen).
22. See Bahá'í International Community.

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