

A version of this commentary appeared in the *Orlando Sentinel* on May 30, 2006.

Doctors, Prayer Each Have Role in Healing

By Richard Payne

Skeptics of the role of prayer in healing undoubtedly took a recent Harvard Medical School study as evidence that faith is of little value to patients in the world of modern medicine.

Cardiologist Herbert Benson, director of the Mind/Body Medical Institute near Boston and a leader of the project, studied 1,800 people who had undergone heart surgery to determine if prayer on behalf of those patients assisted in their recovery. Results of the \$2.4 million study indicated no benefits, and researchers actually observed that patients who knew they were being prayed for fared worse than those in the study who did not know.

The study met stiff criticism this spring, particularly from theologians, pastors and chaplains, who bristle at the notion that prayer can be mathematically defined (and might even be bad for one's health). Many medical professionals decried the study as well, arguing that science and religion cannot mix under a microscope.

Despite the clear hostility to this type of research, doctors and patients have understandable reasons for asking questions about the power and place of prayer in the healing process.

Patients facing life-threatening illnesses have many faith-related concerns that they discuss with doctors. Confrontation with serious or terminal illness lays bare the spiritual dimensions of our lives. People near death, along with their families, struggle with thoughts about the purpose of their lives, feelings of abandonment by friends, community and even God, and thoughts of hopelessness and despair. Patients may even ask their doctors to pray with and for them. Yet the culture of medicine increasingly demands "evidence" to justify all actions that doctors take, hence the urge to scientifically study the effectiveness of prayer.

Still, little is gained from the Harvard study. Randomized, controlled trials of prayer have no theologically sound rationale. The idea that healing would be guaranteed if enough people prayed for it is more idolatry than theology, and such an arrangement would invert the proper relationship of man to God.

If prayer "worked" in such a way, then God simply would be responding mechanically to the desires of man. What if individuals and groups prayed for immoral outcomes? Would God consent to evil and sin simply because enough human beings asked for it?

The object of prayer is based on an unquantifiable faith relationship with God by definition. Thus, research such as this fails to make much sense for patients, clergy or doctors. People of faith believe that prayer is an essential behavior because it deepens the relationship with God. It may empower the one who prays to act as an instrument of God to effect change in the world.

Through more appropriate measures, doctors can and should play significant roles in the spiritual lives of their patients. First, we must effectively manage pain and other symptoms so that patients have the physical and mental strength to attend to their spiritual and existential concerns. Too many patients still experience avoidable pain and distress.

Further, doctors must not abandon their patients when cure is no longer possible. Palliative and hospice medicine offer powerful options for caring even when a patient proves to be terminally ill. We also can pray with our patients if they ask us to do so, or we can stand by them respectfully in silence to acknowledge the importance of their prayer.

Doctors have the ability to work with their patients' faith leaders to attend to emotional and spiritual concerns. The groundwork for such partnerships could be developed during the formative years of training for physicians and pastors, through conversations and common practical experiences of medical students and seminarians. This would allow pastors and doctors to become fluent in the common language of pain and suffering that invariably accompany sickness.

Despite the pressure to quantify the benefits of each step they take, medical professionals should not muddle in experimentation concerning matters of faith. Rather, they should focus on advancing communication with those who are spiritually close to their patients. This will help them to be truly present for those in need at a time when many physicians are conspicuously absent.

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