

Alasdair Fyfe shares a moving story of God breaking into the life of a mother of a three year-old patient

Meeting God in hospital

**'Mr Fyfe,
I think God is
speaking to
me.'**

As we talked about her three year old son's impending operation, it became clear that this mother was full of irrational fears. I tried, but failed, to reassure her that the procedure would be very straightforward. 'Lord,' I prayed silently, 'This mum is so anxious, please help me find the right words to say.' I found myself asking audibly, 'Do you believe in God?'

'Yes,' she replied, 'I'm a Catholic.'

'Do you believe that God loves your child?' I asked.

'I suppose he does, though I don't think I've thought about that before.'

'Well,' I said, 'I promise to pray that God will look after him if you do the same. He is more than able to see him through the operation, don't you think?' She agreed hesitatingly, and the consultation came to an end. On admission to the ward some weeks later she and her boy were given a 'parent and child' cubicle. It very soon became clear that things were not going to be easy – this mother's anxiety level was 'sky-high' and made all our efforts to care for her boy exceptionally difficult. The operation came and went uneventfully. The boy was discharged home after a few days.

Some weeks later, the boy made his return visit to my clinic. His post-operative progress had been uneventful – thankfully. When I thought the consultation was finished, I said, 'So God answered our prayers then?'

She replied, 'Mr Fyfe, I think something strange is happening; I think God is trying to speak to me.'

'What makes you say that?' I asked, with another silent prayer.

It was a fascinating story. On the way out of the local supermarket one morning, she had been struggling with her boy in one arm, and the bag of foodstuff in the other. A stranger helpfully opened the shop door and then offered to carry her shopping bag to her car in the car park. On the way there, this unknown woman said, 'I hope you don't mind me saying this but I'm a Christian, and as I was praying this morning, into my mind came a picture of a little boy – and it was your boy. Do you mind if we pray for a minute?' So, there in the local car park, this unknown lady prayed with a perfect stranger.

'Mr Fyfe, I think God is speaking to me.'

To this I readily agreed, and suggested that during the coming week she should simply ask God to speak to her each day, and then read one of the Gospels. She promised to come to our Church the following Sunday morning.

When she did arrive at Church that next Sunday, she was wearing what appeared to be a very expensive purplish (my wife says-lilac!) gown. Remarkably, the preacher that morning spoke on the parable that Jesus told about the rich person dressed in purple¹. This lady quietly wept throughout the service.

Elizabeth Croton asks if doctors should enquire about

Spirituality

Patients entering hospital experience a variety of emotions and utilise differing coping mechanisms to help them. One such mechanism is the presence of a personal religious faith.¹ Increasingly, it is recognised that faith and hope are valuable adjuncts to the healing process.^{2,3} Yet there has not been much research on doctors' roles in patients' spiritual affairs. Research carried out in a pulmonary outpatient department indicated that 94% of patients would welcome physician enquiry into such issues but only 15% had ever had experience of this.⁴ Physicians themselves report varying approaches to spiritual assessment but they affirmed that spiritual discussion should be approached with sensitivity and integrity.⁵

Method

I carried out an 11-point interviewer-directed questionnaire survey to determine participants' religious backgrounds, practices and views regarding physician enquiry into their spiritual beliefs. South Birmingham Local Research Ethics Committee approval was obtained. Hospital inpatients on acute wards in a Birmingham teaching hospital were randomly selected (using the PAS computer database system) for inclusion into the study between August and November 2001. Patients who lacked sufficient mental capacity to answer the questions posed were excluded. No patient refused to take part.

Results

The group of 43 patients was 53% female, 58% over 60 years of age and 98% white European. 63% said they were Christian but 56% never attended church and only 18% attended weekly. 77% believed in God, but only 56% believed in life after death. 81% had never had a doctor enquire about their religious

At lunch in our home later she told me about her week. She said, 'I don't know what is happening to me. Normally I can't get up in the mornings, I'm always rushing frantically at the last minute to get the children ready for school, things are usually chaotic. This week, however, I've been wakening at 6 am, and I'm desperate to read the Bible, and I can't stop praying! I've learnt so much, and I feel so much at peace.'

This lady was radiant with a new-found joy that only Christ could bring, she had found the Lord without realising it. I said, 'I believe you have been born again. You asked God to speak to you, and he did; you opened yourself to him and read his Word, and he has come – at your invitation.'

There, in our lounge, I had the privilege of praying with this lady whom the loving God had carefully and

persistently sought and found. It was a special holy moment, and a fresh realisation for me that God will stop at nothing to seek and to find the lost so that he came 'that they may have life and have it to the full'.² I thank God for a faithful unknown Christian lady in a shopping centre who dared to be obedient to her Lord, who dared to pray with a stranger, not knowing the response. I thank God for allowing me to witness the wonder of his new birth, the transforming work of grace in someone's life.

And so it was. Her mind and heart were at peace, knowing that her God was in control. It made all the difference in the world. 'Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come.'³

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References

1. Luke 16:19-31
2. John 10:10
3. 2 Corinthians 5:17

their patients' spiritual beliefs?

and health

beliefs, but 67% felt it was perfectly appropriate for doctors to do so and 44% felt that doctors should pray with patients. Only 28% felt it was inappropriate for doctors to share their own religious beliefs if asked by the patient.

The demographic data reflected the demography of the Selly Oak area of Birmingham. Compared with a recent national census, the percentage of participants declaring themselves as 'Christian' was relatively small.⁶ The small sample size arose because of time constraints and delay in obtaining ethics committee approval. Consequently, I did not perform statistical analysis.

Discussion

Spirituality has been defined as 'a quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning and, purpose, even in those that do not believe in any god'.⁷ It has been argued that all individuals have a unique personal spirituality, irrespective of religious orientation.

Traditionally, spiritual care has been perceived as a nursing role.⁸ Indeed, British nurse education has long acknowledged the importance of addressing spiritual issues in patient care.⁹ Interestingly through, over three quarters of nurses surveyed felt that spiritual care was best provided by a multidisciplinary team including a physician.¹⁰

There is little data on physicians' roles in their patients' spiritual affairs. Reasons for this are unclear. Research amongst nurses has shown a number of barriers to spiritual care provision: lack of knowledge of other religious faiths, time shortage, fear of personal prejudices.¹¹ It is possible that these issues apply to medical staff as well. However, a survey carried out amongst American family physicians revealed that the vast majority felt that doctors could address religious

issues with patients; 37% had prayed with patients and 89% of these felt that that it had been of some help.¹²

The issue of physicians sharing their own religious faith with patients is more contentious. Concerned that doctors could abuse their authority and force personal beliefs onto vulnerable patients, there has been much debate amongst medical organisations of late.¹³ The GMC have considered the matter: 'The Council has hitherto taken the view that the profession of personal opinions or faith is not of itself improper and that the Council could intervene only where there was evidence that a doctor had failed to provide an adequate standard of care...it would not be right to try to prevent doctors from expressing their personal religious, political or other views to patients'.¹⁴ In this study, half of the patients would have welcomed such discussion.

Conclusion

Spirituality appears to be an important issue amongst hospital inpatients. Whilst not guaranteeing recovery from illness, spiritual beliefs act as coping mechanisms for hospitalised patients through illness. Medical staff should be aware of this dimension to healthcare provision and endeavour to consider the spiritual needs of patients under their care. It is imperative that spiritual discussions between doctor and patient are broached sensitively and with the patient's consent. This study adds to the literature by suggesting that many patients feel it appropriate for doctors to share their own religious beliefs and even pray with consenting patients. I am planning another larger study and encourage other CMF members to consider doing the same.

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