

## **Religion and the family doctor\***

JOHN H. HUNT, M.A., D.M., P.R.C.G.P., F.R.C.P., F.R.C.S., HON. F.R.A.C.G.P.

London

I HAVE chosen this subject because we see developing, now, an atmosphere of greater understanding and a wish for more mutual help between family doctors and all our sister professions of which the Church is one of the most important. There is a real need for this, because relations and communications between our two callings are not always as good as they should be. We are told of a padre and his local general practitioner who admitted that they met and spoke to each other only in the public lavatories of local gymkhanas and flower shows! And I heard the other day of a priest and his churchwarden general practitioner, who had quarrelled over some administrative matter concerning a verger. The priest was heard to mutter "I simply can't stand that doctor, every time I see him my blood pressure goes up and my nose bleeds"! Not the best of doctor-clergy relationships.

In the early days of civilization the priest and the doctor were one and the same person, who recognized that many bodily ills were related to the mind. Medicine developed out of religion and the priesthood, and since then every religion and ideology has influenced its country's medicine. From Charles Darwin's time, and with the development of the science of psychiatry, there has been a tendency for our two professions to drift apart; but this has changed of late thanks to the activities of a great many organizations too numerous to mention here by name. But we still have to look through a large number of textbooks of medicine and psychiatry before we find a single reference to religion, faith, or to the help which ministers and priests can give doctors or we can give them.

Some people are not a bit shy about their religion. Dr William Evans has told us about a grocer in Beverly Hills in California. If anyone called at his shop on a Sunday morning he would find pinned to the door a card saying "Gone to church where *you* ought to be"! Others are reticent about their religious faith and I think that doctors perhaps tend to be more shy than others. Many of them are like Disraeli's Waldershare who said "Sensible men are all of the same religion" and, when asked "Pray what is that?" replied "Sensible men never tell". An old and good doctor once told me that he had made it a golden rule never to discuss religion or politics with his patients, and that he had never opened a conversation on these subjects himself. A doctor must strive to respect the beliefs of his patients whilst preserving his own independence. To cast doubts upon the religion of a person who is suffering, is as cruel as to strike the crutch from under the arm of a cripple.

When I was a medical student, I read through the Bible in a somewhat amateurish kind of way to pick out those passages which I thought might be of particular value to doctors and their patients. I found about 350 passages which have been, as it were, a personal and private anthology which has helped me considerably as a philosophical background to my life as a doctor.

A few years ago I read Nellie Woods' book on *The Healings in the Bible*. There are 11 of these in the Old Testament—from snake bite to leprosy. Of the 48 healings described in the New Testament—from the man with dropsy to the ear of the servant

\*From The Paul Hopkins Memorial Oration delivered on 19 May 1969 in Brisbane, developed from The Albert Wander Lecture 1968 (*Proc. roy. Soc. Med.* 1969, 62, 341).

of the high priest—37 are attributed to Jesus Christ and 11 to the apostles—Paul and Peter four each, John and Peter one combined, Ananias one, and one to a group of disciples. How many are attributed to St Luke ‘the beloved physician’? Not one! More surprising still, St Luke is mentioned by name in the text of the New Testament only three times altogether.

This is hard to believe of the doctors’ patron saint; and it disappointed me at first; but I was fascinated and pleased, later, when I discovered that of the verses I had picked out as a student more than 30 years ago, as possibly helping a doctor or his patients, there were twice as many from the Gospel according to St Luke as from any other book in the Old or New Testament. So it began to make sense. St Luke seems to have been an able and excellent doctor, a kind, compassionate general practitioner who has left many words of wisdom and much good advice for doctors and clergy; but he was not a miracle man, and therefore not one to get dramatic press reports. He was fascinated, however, by his Master’s miracles which he described in more detail than did any other evangelist.

### **How can general practitioners and the clergy meet together and help each other?**

In our modern world there is more than enough for all doctors and clergy to do. In England and Wales there are one million old people living alone, 300,000 of whom are housebound. In any month several 100,000 people are dying. Not long ago I was looking after, as a patient, an old woman of 85 with cancer; I heard that her priest was visiting her regularly and I thought it would be nice if we could meet; the patient herself suggested this. When I rang up the priest he was hesitant and not at all keen. “You care for her bodily welfare” he said, “and I shall look after her spirit and soul”.

The idea that the doctor’s primary duty is to look after his patient’s bodily well-being, and that psychological and spiritual problems should be left to the parson, minister, priest or rabbi, has been out of date for a long time. Plato thought that this was an error even in his day. “No attempt should be made” he wrote “to cure the body without the soul, if the head and body ought to be healthy you must begin by curing the mind”.

Sir Thomas Browne, who practised as a doctor in Norwich in 1637, wrote in his book *Religio Medici* “I cannot go to cure the body of my patient, but I forget my profession and call upon God for his soul”.

When Lady Macbeth’s doctor was confronted by her sleepwalking and other nervous symptoms he was bewildered. “This disease is beyond my practice”, he said, “More needs she the divine than the physician”. When he was asked by Macbeth later “Canst thou not minister to a mind diseas’d?” the answer was “Therein the patient must minister to himself”. Nowadays such lonely self ministration is not really necessary because if practitioners, psychiatrists and other doctors, and the clergy, do not or cannot help people with these troubles, patients can easily turn to lay psychologists, psychiatric social workers and others who are taking over some of these duties and often doing them very well. A chartered accountant once told me that he thought he was doing some of the work of the old-fashioned parish priest in the advice he gave his clients as to how they should arrange and organize their lives. Some lawyers and other professions do this, too, bringing enlightenment and release from anxiety in times of trouble. If neither doctors nor clergy, nor our sister professions, give patients what they need they may yet turn to Christian Science, faith healers and to others.

Faith and religion are very close. I nearly chose as the title of my talk ‘Faith and the family doctor’. I do not believe that one can practise medicine, or for that matter do anything else well and lead a full and useful life, without faith in something on which to base thought and conduct. Even a wicked man, to be successful, must have faith

in what he does. A good doctor needs something more spiritual than Medical Acts of Parliament and ethical rules of a General Medical Council. All the fine things in history have been achieved by people who have had a burning faith, determination and enthusiasm for what they have had to do.

That great scientist, Louis Pasteur, put this point about faith well in his oration on being received by the French Academy of Sciences: "Blessed is he" he said "who carries within himself a God, an ideal of beauty, and who obeys it; ideal of art, ideal of science, ideal of the fatherland, ideal of the virtues of the Gospel, for therein lie the springs of great thoughts and great actions; they all reflect light from the Infinite". Faith can certainly help a person to recover from sickness, or to bear with peace of mind an illness from which he knows he can never recover. Everything that increases a patient's religious faith, or faith in himself, in his treatment, in his doctors, and in all those round him, and in their communications with him, is worth encouraging.

In addition to scientific knowledge and efficiency a patient looks to his doctor and priest for kindness and sympathy, and understanding or empathy which is the capacity to put oneself into other people's shoes. Francis Bacon wrote "If a doctor cannot be found who possesses human qualities and scientific qualities in the right proportion a patient had better have two doctors". In their patients and parishioners on the other hand, the doctor and priest look for loyalty, a certain amount of obedience, faith in *something* and courage. Adam Lindsay Gordon knew this when he wrote in *Man's Testament*:

"Life is mostly froth and bubble,  
Two things stand like stone,  
Kindness in another's trouble,  
Courage in your own".

I believe that we doctors should recognize that there is something rather special too in the laying on of hands, and in anointing with oil. As religious rites they are probably best carried out in a private place. Moses laid hands on Joshua commissioning him to follow. Our Lord said "Lay hands upon the sick and they shall recover". This the disciples did. Human beings communicate amongst themselves by sight, sound and by writing, but also by touch. We doctors may not always appreciate how important touch is, quite apart from all its sexual significance which anyone who has been in love can understand. A child knows how physical contact can re-establish good relations after being admonished; he runs to mother, and puts his head on her lap. A patient once said to the late Dr William Pickles, when he was an old man, "When you were in practice we liked to feel your hand on our shoulders". Even shaking hands with a patient may help as a form of therapy by touch, as one method of expressing sympathy and understanding or mutual confidence. And I believe that this laying on of hands is also of some significance in a full physical examination. A patient complaining that his doctor's examination was inadequate may easily say "He didn't even touch me".

Cardinal Heenan has said that doctors, especially general practitioners, are "the new clergy". I prefer to think of medicine and the church working together. There is need for a better rapport between us. Family doctors and clergy are about equal in numbers in Britain. They can help each other more easily if they are of the same Faith. They can get to know each other in the simplest ways—over a cup of coffee, a drink or a meal, at family parties, in church, at a club or a concert. They may meet in their patients' homes, in a consulting room, a group practice, a community health centre or in a postgraduate centre. The doctor may serve as a churchwarden, he may read the lesson or play the organ. He may be a lay preacher like Guy Daynes, a general practitioner in Sussex, who doctored a *padré* friend. He told us that he started preaching because one Sunday the only way he could keep his friend in bed (with a temperature

of 102°F.), was by offering to deliver the sermon for him. This he did. Later he took his whole family to South Africa, where he now works as a medical missionary.

A cleric and a doctor may even get married when this is allowed by their Church. George Reindorp, Bishop of Guildford, married a family doctor. They are very happy and help each other greatly in their work. He tells me that her patients and his congregation have affectionately nicknamed them "Body and Soul". Sometimes, however, doctors and clergy cannot easily meet. Then it is helpful for them to form discussion groups, some of which have been in existence for a long time. In both our professions there are advantages in joining up into groups to overcome the isolation of single-handed work. The formation of field groups has been encouraged by the Institute of Religion and Medicine. The best of them are usually small, of about six to ten members, who meet two or three times a year. There are 50 or more subjects about which they can talk. These groups do a great deal of good by enhancing mutual respect, understanding, friendship and co-operation between members of our two professions.

Although there is now a move towards more union between the different churches, even priests do not yet always co-operate well with one another. In a small town in Ireland, with a Protestant and a Catholic Church, there was considerable feeling between the two. The protestant minister was rebuilding his church and, with his tongue in his cheek, he thought he would write to his catholic colleague asking for a subscription. Much to his surprise a cheque arrived by return of post with a short note saying "This is *not* to go towards building your new church but it is to help you to pull down your old one"!

#### **How can doctors, with the assistance of the clergy, best help their patients over personal problems?**

We all know how asthma, peptic ulcer, certain forms of dermatitis and many other illnesses can be precipitated and maintained by worry and anxiety, guilt, fear, sadness, frustration, jealousy, envy, resentment, hate, malice, discord, doubt and despair. Emotions such as these can consume a patient's energy and even bore a hole in his stomach wall, just as can long-continued corticosteroid therapy.

How can doctors and the clergy work together to help these patients? Many doctors do not often go to church themselves, but most of them recognize the value of prayer. All of us in our practices must have patients of different denominations, many non-Christian and some with no religion. A doctor cannot have full and proper insight into the mind of a patient who is seriously ill without understanding something of how he feels about religion or the lack of it.

Some of our naughtiest patients are ardent church-goers, they may even try to identify God with some of their activities. Other really good men who admit to no religion lead wonderful lives. I had a patient in his middle fifties who died recently of a long and particularly unpleasant form of creeping paralysis which had lasted three years. During his final 12 months he was utterly paralysed; he could not move anything at all except his eyelids, but he could just breathe and swallow. He could make no sound or move a finger or toe even one millimetre. His brain, his sight and his hearing were normal. He was nursed at home throughout. His wife had a letter-board along which she ran her finger until she reached the letter of the alphabet he wanted, then he blinked. In this laborious way he finished the last chapter of a book which he was writing. It is with patients like this, that one feels like offering up a prayer to St Jude (Tadeuxz, Thaddeus) the patron saint of lost causes. This patient had no religion. He was a very nice, happy, self-sufficient business man, wealthy enough for comfort, with a loving and happy family. I often wondered whether he felt spiritually lonely during those last three dreadful years, but if he did he never showed it. He certainly had wonderful courage, affection and a worthwhile faith—in his family, in his life's work and in his

friends. A. E. Housman, who was regarded as an atheist, had faith and courage too, of a special kind. He knew that we cannot avoid all difficulties, and he wrote (Last Poems No. IX)

The troubles of our proud and angry dust  
Are from eternity and shall not fail.  
Bear them we can, and if we can we must.  
Shoulder the sky, my lad, and drink your ale.

The doctor and the priest can work together in people's homes to which they both have open access. Visiting the sick at home and supporting them with practical help and by prayer is very often important. Dr David Hughes of Wales, wrote me a letter the other day: "When I was 14" he said, "Father died of Hodgkin's disease, after six months confined to his room. It was sad and depressing. The one event which brightened up the home was a visit. Whenever I came home at teatime (from the grammar school) I knew, as soon as I entered the house, that either the doctor had been or the minister and I couldn't tell which because the effect was the same. This uplift" he continued "was felt not only by the patient but by everybody else". The modern tendency is for some doctors to less and less home visiting: if this trend continues more of this particular work will fall on the parson and on others.

The doctor can also talk to his patients in his consulting room, the priest to his parishioners in his study or church. They can both keep an eye on the lives and habits of those under their care, and advise about exercise, relaxation, alcohol, smoking, personal relationships, and so on. And they can watch how well good resolutions are kept up, perhaps with the help of the family and friends. The doctor may delegate some of this observation or simple psychotherapy to the priest, or the other way round, but different advice should not be given to a patient by our two professions. We tend sometimes to be suspicious of one another. We can both be unduly sensitive and we must be careful not to tread on each other's toes, although neither a good doctor nor a good priest should have unduly tender toes. One day, a priest coming out of a cottage met the doctor arriving: "I have just taken her pulse doctor and have told her husband that she won't last the night." "Thank you for doing my work", said the doctor, "I'll just pop in and give her the last rites!" And there is the tale of another doctor who was nettled to find a minister already with his very ill patient when he arrived: "Ah you scent a corpse do you padre?" "Oh no, doctor," said the priest, "I've only come to finish off what you so admirably began; I leave the credit entirely to you!"

Ethical problems about breach of confidence arise in connection with some of the work of doctors and clergy. The priest cannot reveal to a doctor what he has been told in confession, and the doctor cannot ethically repeat to a priest, without permission, some of the things which a patient has said to him. The Hippocratic Oath, which is older than the Christian Church, reads "Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silent thereon counting such things to be sacred secrets". Often, for a patient to get something 'off his chest' is nine-tenths of the cure and then there may be no need whatever for *anyone* else ever to know. Schoolmasters appreciate this when boys come to them with countless problems. Still more ethical barriers have to be surmounted when secrets have to be told to other members of a family, or when doctors want to share responsibilities with their partners in a group practice or at case conferences with nurses, health visitors, social workers and so on, without the patient's consent. Here, as Dame Annis Gillie has pointed out, 'my patient' becomes 'our patient' and a secret has to be shared, and kept, by many.

It is rare to find a completely stable person, with no undue worries, who has done nothing of which he is ashamed, and who has had no neurotic traits of any kind, ever. William Shakespeare wrote in *Measure for Measure*, "They say best men are moulded

out of faults, and for the most become much and more the better for being a little bad". And Confucius said, "Our greatest glory is not in never failing but in rising every time we fall".

Only one person can really be in close psychological, spiritual or confessional relationship with a patient at any one time. Many family doctors now use confessional techniques, to help patients gain insight into difficult situations in which they find themselves. As in the true confessional, when a patient once unburdens himself to a confidant (which in itself often requires a considerable amount of moral courage), he does not want to repeat his story all over again to someone else. The important time is the first time he speaks, and the person to whom he tells his sad tale must be receptive and understand what is being told to him and remember at least the main points. A patient in deep spiritual trouble wants to find an unshockable and unshakable ally—medical or clerical, a relative, friend, perhaps a social worker or even a stranger—someone to whom he can unburden himself and begin to unweave the complexities of his tangled life; somebody who will listen for as long as he wishes to all his secret worries and feelings of guilt; someone who will not moralize or judge him, who is on his side, in whose counsel and sympathy he firmly believes, whom he knows will help to restore his self respect, who will back him to the utmost and not divulge a single word to anyone else without his knowledge and consent. Like the Church's Sacrament of Absolution this has been described as psychological surgery—a cutting out followed by healing. Most family doctors are too busy to undertake this time-consuming diagnostic and therapeutic listening, and confessional work, except for a few patients. But someone should try to do it and the clergy can surely help us a great deal here. The trouble is that throughout the world there is a shortage of doctors and priests, so that we are all too busy to do everything we should.

Michael Balint, in his book *The doctor, his patient and the illness* says: "The more one learns of the problems of general practice the more impressed one becomes with the recurrent need for psychotherapy. The present facilities for it in Great Britain . . . are pathetically inadequate. . . . It is no exaggeration to say," he continues, "that to obtain psychotherapy for an adult under the National Health Service is nearly as difficult as winning a treble chance in a football pool". He points out the enormous importance of finding out what is really troubling a patient, by listening to what he and those near to him have to say, and how shallow and inadequate are so called reassurance, advice, and tranquillizers until one really knows what is wrong with the patient's life and environment. Here, as in the rest of medicine, correct diagnosis is the first essential step to proper treatment by explanation, help over what should be done, and encouragement. My own feeling is that some people are rather overawed by the word 'psychotherapy', especially when it is carried out by family doctors, non-medical people such as the clergy and social workers, or by the patient's family and friends. Another term is, I believe, needed now for the simple listening technique which I have been discussing for all those who are not specially-trained psychiatrists. Listening is the major part of it, and some such words as 'listening therapy' would I believe be helpful for general use, leaving 'psychotherapy' for the more complicated technique of the experts.

The person to whom a patient tells his secrets may have to be chosen carefully. A young girl with very personal worries may not wish to go to a near relative or to a good friend, to her family doctor or to her local parson; any of whom she may have known all her life, whom she respects and meets frequently, perhaps socially, and who may know her parents well. She may feel embarrassed that they are too close to her and that they will always think less of her for what she has to tell. She may even ask her doctor or priest to find her someone else to whom she can talk; we have all, probably, helped patients indirectly in this way. But, having said this, one must acknowledge that the truest friend, the ideal family doctor, parish priest or minister should be the person

to whom everyone with troubles would go; someone to whom even those who know him best could unburden themselves, just as the ideal husband and wife would rather discuss their innermost secrets privately between themselves than with anyone else in the world. The poet Richard Monckton Milnes must have had this in mind when he wrote "A man's best things are nearest him, lie close about his feet".

### The future

In Britain and elsewhere progress is being made to meet the challenge for better training of doctors and clergy in matters where medical and clerical disciplines overlap. Both medical and theological students are being taught more psychology—the science which deals with personality, normal mental processes, and with the wide range of human emotions and behaviour. Theological students could well be shown more about general practice. They should be introduced as it were, to psychiatric first-aid for the mentally distressed so that they may recognize quickly what they can do themselves to help and what is beyond their competence and should be left to doctors. Medical students should be taught more about the spiritual side of a doctor's work, about the care of the chronically sick and of the dying, and also something about the customs, diets and ways of life of different religions which I have discussed elsewhere. (*Proc. roy. Soc. Med.* 1969, **62**, 343). Every medical student and minister in training should be taught the art of listening, for lack of which so many of our patients go empty away. They might be crying out "Harken unto us we beseech thee". It has been well said that one of the Beatitudes might have been "Blessed are they who listen".

There is little doubt, now, that the Darwinian theory of evolution is broadly correct, as far as it goes, with natural selection and mutations as the great constructors. We do not yet know what governs mutations and many people firmly believe in some kind of divine planning behind it all. Even atheists and agnostics cannot really understand how anything as complicated as the human brain, with its thousand million cells, and which is very much more efficient than the largest computer yet devised by man, can have developed just by chance. And the complexity of the brain is nothing compared with the complexity of a human ovum about one-thousandth of an inch across. Within this single minute cell lies the molecules of DNA, the fundamental genetic material, with their blue-prints or know-how not only for making this incredibly complicated brain computer but also for constructing billions of other cells which make up organs such as the eye and the ear, and also the germ cells, millions and millions of which, in their turn, are capable, each one of them, of reproducing not only this whole process of construction but also of handing on to another generation all the intricate mechanisms of inherited instincts, personality and character—sympathy, patience, kindness and charity in its widest sense. All this know-how is "programmed" as it were in the spiral double helices of the DNA molecules in one single microscopic cell. I find this quite as awe inspiring as the stars at night, and it should keep us extremely humble.

Julian Huxley has pointed out how the discovery and perfection of instruments has enabled man to control most of the world, and now some of outer space too; a development which would have taken millions of years by bodily natural selection alone, if indeed it would have been possible at all. Our bodies, social consciences and our emotions, especially our aggressive instincts, are still developing only at the slow original natural evolutionary rate; they hardly change at all through the centuries and they have been quite unable to keep up with our technical achievements. Cardinal Heenan has said that there has never been a more savage era than our own. As many now realize we may well destroy ourselves because of this gross imbalance. The partnership of medical science and religion offers some hope for the future, and it will be up to the young to see that such a tragedy of self-destruction does not happen on our planet.

In Australia it has been said that the development of the Flying Doctor Service,

with the beginning of which a presbyterian minister from Brisbane (Dr John Flynn) was closely involved, as provided families in the outback, hundreds of miles from hospitals, with a mantle of safety, comfort and guidance which has helped them enormously in a multitude of ways. Any patient, anywhere, may feel this same mantle of safety spread over him by a good family doctor working in close co-operation with a Man of God. An idea put nowhere better than in the late Albert Schweitzer's simple words on his beacon on the quay at Lambaréné in West Africa: "Here, at whatever hour you come, you will find light and help and human kindness".

When a grey-haired old Zulu was asked to what he attributed his serenity in old age, he replied, "I learnt early on to co-operate with the inevitable". That is what we doctors and clergy find that we have to help many people to do. It is well expressed in the hospital prayer: "Oh God give me the serenity to accept those things which cannot be changed; the courage to change those things which should be changed; and the wisdom to distinguish one from the other".

The great lesson we doctors have to learn is that we must not be too rigid. To be worthy of our calling we must be not only humble, but tolerant. We are here to help people and not to pass judgement on their morals or beliefs. Let me end by quoting what one of a group of Indian fakirs said to a friend of my father's who queried the value of their unusual religious rites: "You have your way to God", he said, "we have ours. If the intention is good all paths lead to God, if only they mount upward. Go your own way and please leave us to follow ours".

---

### The Mask

What can the doctor hope for when  
Himself a tissue-web of doubt  
He must employ a stratagem  
The fears of others to cast out?

He must not with a look betray  
His inability to cure;  
For every illness must assay  
The answer signed and sealed and sure.

Is this why doctors as a race  
Are recognizable of face?  
They cultivate omniscience  
While inwardly their mental stance  
Is that of those whose knees are trembling  
With fear of so much fine dissembling.

Would I could be an honest soul  
And cast away this god-like rôle;  
Would that this truth might be revealed  
That nature, not the doctor, heals.

S. L. HENDERSON-SMITH