They are to (1) be trustworthy, (2) treat the patient as a person, (3) be kind, (4) maintain hope, and (5) assist in determining what it means to live. He then goes on to describe history-taking tools that may be used by physicians to assess their patients’ spirituality.

This article, among many others appearing in the medical literature, seems to urge us as physicians to pay more attention to spirituality in our practice. Admonitions regarding proselytizing and overstepping lines of privacy are well taken. We agree that physicians would do well to focus some attention on spirituality and perhaps explore such matters with the appropriate patient. Evidence would suggest that doing such might actually be to the patient’s benefit; however, the investment in time and attention paid to spirituality in the context of patient care must exist as an adjunct to conventional medical practice and should not be substituted for any aspect of this care.

We must be careful. Engaging in the area of spirituality in the context of a physician-patient relationship raises a number of potential ethical issues. In making inquiry into a patient’s spiritual well-being, a physician may create some confusion with respect to his or her role as a healer. The patient might appropriately wonder why a person recognized as a spiritual leader is not involved with such inquiry, or at least part of the process in exploring such matters. Patients may become uneasy entering into discussion of spirituality with their physicians, even if they initially wished to have such conversation. Physicians entering into spiritual matters so explicitly with their patients may convey to the patients that they have some special power or authority over and above physicians who do not engage in such activity, and this may not be appropriate. Patient autonomy may be compromised if a patient feels coerced in any way. Patients’ ability to make certain decisions without pressure may be affected, and this may not be appropriate. Physicians should be careful in entering into spiritual matters with their patients. The boundaries, though at times difficult to define, nonetheless must be preserved. We agree that spirituality is an important component to a person’s well-being, and perhaps exploring such matters potentially may induce some harm to the patient’s spirituality.

Physicians need to be careful in entering into spiritual matters with their patients in the context of the professional-patient relationship. The boundaries, though at times difficult to define, nonetheless must be preserved. Indeed, healthcare providers, especially physicians, are privileged to share in many experiences with their patients. The opportunity to contribute and participate in the healing process is very special. Even when there appears to be no chance for physical healing, or when a physician is caring for a patient through the dying process, these experiences can be most sacred. Physicians and their patients, when they share in these special moments, enter into something that above all else is spiritual. We would do well to acknowledge this as such.

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Reference