

Prayer on the hospital floor

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What happens when the families of sick and dying hospitalized children ask their physicians to pray with them, or for them? How do pediatricians respond to such personal requests? While increasing numbers of physicians say that religion and spirituality help some patients and families cope with serious illness, a new study reports that it is almost always the families and patients who raise the issue of prayer, not the doctors themselves.

In the current issue of *Southern Medical Journal*, Brandeis and Rice University sociologists report for the first time how physicians actually respond to personal requests for [prayer](#). The study suggests that [medical education](#) could be enhanced by courses that address the topic of prayer, which is embedded in complex situations and is never as simple as praying or not.

"We know that prayer in physician-patient interactions is attracting more attention," said coauthor Wendy Cadge, a [sociologist](#) at Brandeis University. "Most research in this area focuses on whether physicians and patients think prayer is relevant, but in this study we wanted to find out when and how prayer comes up in the clinic, and how physicians respond."

The researchers conducted in-depth interviews with 30 academic pediatricians and pediatric oncologists at 13 leading academic medical centers around the country. They found that prayer is not a regular topic of discussion with patients and families, but it does come up more often for pediatric oncologists than for pediatricians. Families most frequently

raise the topic of prayer in response to a seriously ill or dying child, Cadge said.

The study found that pediatricians respond to requests for prayer in one of four ways: they participate in the prayers; they accommodate the prayers but don't participate; they reframe the prayers, or they direct the families and patients to other religious and spiritual resources like [hospital](#) chaplains.

A few physicians joined in prayers with families and/or participated in religious rituals, like baptism, at the bedside. Many more accommodated prayers but didn't actively participate in them. Said one [physician](#): "I participate in prayers. I mean in the sense that I generally sit quietly and listen to their prayer in what I hope is a respectful manner." Another explained, "I remember a case where everyone was standing around a bed and the family wanted everyone to bow their heads with them and I did it out of respect for the family."

A third group of pediatricians reframed the prayer requests in ways they think are more realistic and appropriate, said Cadge. As one pediatric oncologist explained, "I try not to bring myself into it, because I don't want this to be about me, and I don't want the family to think I have more power to cure their child than I actually have." The fourth group of physicians responded to requests for prayer by referring patients and families to other resources, such as the family's religious leaders or hospital chaplains.

"Our study showed that the situations that give rise to requests and physicians' behaviors in response are more complex than simply praying or not praying," said Cadge. She added that all of the physicians wanted to be respectful of families' prayers even if they did not want to participate or share the family's religious or spiritual beliefs.

Provided by Brandeis University

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