

Virtual Mentor

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Professional Demands and Religious Observance

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To a certain extent medicine and religion are inseparable; most physicians tend to be religious and view God as a higher power that helps in the healing process. Many probably say a silent prayer, particularly when undertaking a difficult and risky procedure. But should physicians allow their religious beliefs to mold the way they practice medicine and influence their decisions, particularly when the patient doesn't share their beliefs?

By taking the Hippocratic Oath, a physician pledges to always do the best he can for his patients. The physician must decide what is best, based on medical knowledge and current practice standards in conjunction with the patients' understanding of their own best interests. Religious beliefs or teachings of the organized religion to which a physician belongs should not enter into his or her clinical judgment of what is best for a patient. To let religious beliefs influence clinical judgment would be a disservice to the patient and a breach of the Oath.

If a physician's religion calls for cessation of work on certain days of the week, but the profession requires him either to work or, when on call, to be available to attend to the sick, his priority must be to patients. Caring for the sick is a calling that no religion opposes. Similarly, if praying several times during the day would jeopardize the health and care of patients, once again, the physician must attend to the sick.

When one decides to become a physician, knowing full well that patients can fall ill at any time, one makes an implicit commitment to provide care 24/7—even if doing so conflicts with religious practices. Most physicians work in groups where religious observances and practices can be accommodated without compromising patient care. When accommodation cannot be made, however, professionalism and the physician's duty to care must take precedence.

In a similar vein, when one chooses to become a physician, one commits to take care of the sick regardless of their habits and shortcomings. Physicians must refrain from denying care to patients whether or not their behavior is morally wrong, unnatural, or even illegal. A physician should offer the best evidence-based advice, be available to the patient, and work to restore health, even if the patient ignores medical advice and neglects his or her own health. This duty is not always easy to accept, but it is required

of a professional committed to taking care of all people regardless of their lifestyles, habits, and beliefs.

As a designated institutional official (DIO), I'm often asked whether there should be hospital policy that honors religious practices and holidays in the scheduling of resident work hours. Graduate medical education lasts 3-7 years out of a professional life of 30-40 years. My preference, therefore, is not to create hospital policy, but to allow house staff to work out scheduling among themselves, so that, when they enter practice, they are used to doing so. As professionals, physicians should be able to accommodate one another's needs—and work when necessary—to ensure that patient care is not jeopardized.

In summary, physicians must act reasonably, responsibly, and professionally and use common sense and good judgment. A physician must not allow his or her religious beliefs to interfere with providing the best possible evidence-based care to patients.

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