

## INTERFAITH INSIGHT

# Religion and health care: Exploring complex issues



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What happens when a patient's personal or religious beliefs run contrary to best medical procedure? What happens when a person's life is not spared because of the religious position of an institution?

These are real questions faced when one considers the connections between health and religion. It was to be the theme for two special events that had been scheduled for next week at the DeVos Biomedical Ethics Colloquy and Medical Ethics Conference. The events have been canceled to guard against the spread of the coronavirus, but the subject is certainly worth considering here.

Both medicine and religion deal with life and death issues, and sometimes they can be in conflict. It is not surprising that both patients and health professionals bring their personal beliefs to the clinical relationship. In our increasingly diverse population, different religious traditions also bring beliefs and practices that make these issues even more complex.

Even within a single religious tradition, there can be conflict over medical procedures and decisions of life and death. A few years ago, a Catholic hospital in Arizona faced a situation where a young mother of four children who was 11 weeks pregnant was facing death. The medical procedure to save her life involved removing the placenta which, of course, involved the fetus, which was too young to survive outside the womb. The recommended medical procedure posed for the ethics committee was to decide between the death of both the mother and fetus or an attempt to save the mother. The decision was to save the mother.

This decision led to the local bishop attempting to remove the Catholic status of the hospital and declaring that the nun who participated in the decision had by such action been automati-

cally excommunicated. This led to months of conflict and disagreement among theologians, bishops, health care professionals and ethicists regarding the action.

The conflict within a single religious tradition becomes even more complex when we take into account the variety of religious and secular traditions in our diverse communities. Some religious communities refuse blood transfusions, which creates special problems when it comes to care for their minor children. Religious-based conflict on health procedures can occur between clinician and patient, between clinician and the institution or hospital, as well as between the patient and the values and restrictions of the hospital.

Religious diversity and health care involve, as well, gender-concordant care. Some Muslims and Orthodox Jews prohibit any physical contact across gender lines, even to the point of shaking hands. Imagine the issue when it comes to a male physician or health care professional treating a female who holds such religious positions. From routine physical exams, to care in an emergency situation or in a team approach to an operation, such religious restrictions present chal-

lenges to all parties involved. Respecting the patient's dignity and religious principles on such matters can be complicated and, in some cases, even detrimental to the proper care and well-being of the patient, especially in an emergency situation.

In hospital or care facilities, the issue of dietary restrictions also is a consideration for some religious communities. Kosher or halal requirements need to be respected in the preparation of food, and in some cases even in some of the devices and medicines used. Restrictions might also include certain medicines containing gelatin made from animals.

Certain seasons in the religious calendar also have dietary implications, including not eating meat during Lent for some Christians, not eating or drinking any liquids between sunrise and sundown for Muslims during Ramadan, and certain restrictions for Jews during Passover.

Further dietary restrictions apply for Hindus and Sikhs who do not eat meat and even some animal products. For others, the mixture of meat and dairy is prohibited, as well as restrictions on cooking utensils.

It is probably more complicated than most people

will remember, but the simple basic rule is to be sensitive to whatever dietary restrictions a patient might have, to inquire and seek to respect these beliefs and practices.

Larger ethical issues make it impossible to have a completely coherent universal morality that will work for all religious communities and individuals. These are some of the issues that were to be explored by health professionals and others at the DeVos Biomedical Ethics Colloquy and the Medical Ethics Conference. The afternoon session, "Waiting for a Miracle: The Role of Religion in Patient Decision Making," was designed to explore the ethical, philosophical and religious issues. An interfaith panel with Jewish, Hindu, Muslim and Christian representatives was prepared to respond to specific case issues. Another panel included medical and bioethics experts addressing the issues.

The evening colloquy session was to feature two experts in bioethics. Ana S. Iltis, Ph.D., is the director of the Center for Bioethics, Health and Society, and professor of philosophy at Wake

Forest University. In one of her books, she observes, "The contemporary moral world is sundered into a wide variety of religious and secular worldviews, with no definitive set of secular reasons for privileging one particular moral viewpoint among the many starkly divergent religious and secular points of view." She continues, "To make moral judgments, one needs to be a member of a community ... but which community in our religiously diverse world?"

Also scheduled to speak was Dr. Ryan R. Nash, director of the Ohio State University Center for Bioethics and Director of the Division of Bioethics in the College of Medicine. He is a member of the advisory board for the national Conference on Medicine and Religion and has written widely on ethical and legal issues in palliative care.

Despite the cancellation of the events, the Kaufman Interfaith Institute was pleased to collaborate with organizers to plan these sessions exploring the themes that are so important to our understanding the role of religion in health care.

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*Ana S. Iltis, director of the Center for Bioethics, Health and Society, and professor of philosophy at Wake Forest University*