Religion and Family Medicine: A Survey of Physicians and Patients

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Several recent surveys have demonstrated that the United States is a religious and spiritually oriented nation.[1–6] While the role of religion has been studied systematically in psychology and sociology,[7–9] rarely has it been considered in medicine, including family practice.[10] A few studies demonstrate that religiously oriented patients have lower rates and less morbidity for a variety of diseases.[11–16] Religion may play a role in the prevention and management of common diseases such as hypertension[17–19] and cardiovascular disease.[20] Koenig et al[21] demonstrated that family physicians do recognize the potential impact of religion on the health of geriatric patients. Though trained in the biopsychosocial model of disease, many family physicians may avoid addressing religious issues with patients.[22]

The purpose of this preliminary study was to investigate the role that religion plays in the practice of family medicine. Both physicians and adult patients without age restrictions were surveyed. The following issues were addressed in both groups:

1. Personal religious beliefs and practices
2. The physician's right and responsibility to address religious issues with patients
3. The importance of religious factors in the establishment and maintenance of the physician-patient relationship
4. The circumstances under which physicians should and actually are addressing religious issues with patients

Methods

A cross-sectional sample of the entire (N = 146) active membership of the Vermont Academy of Family Physicians was surveyed using a 31-item self-administered questionnaire, which was distributed by mail. The instrument included dichotomous variables, Likert scales, and narrative responses. Many questions concerning religious beliefs were modeled after those used by national pollsters.[1–5] The questionnaire was piloted, revised, and distributed in two mailings 6 weeks apart with telephone follow-up used to assess nonresponse.

A convenience sample of adult patients (N = 150) being seen for outpatient care was surveyed in three family practices in Chittenden County, Vermont. Data collection occurred over a 5-day period with receptionists distributing 50 self-administered questionnaires at each site. The 33 items on this instrument were similar to those on the physician questionnaire.

Results

Physician Survey

Of the 146 questionnaires initially distributed to active family physicians residing in Vermont, 126 were returned for a total response rate of 86%. Seven (5%) were incomplete and four (3%) were returned after coding was completed, yielding 115 (79%) for analysis. Of nine nonresponders contacted by telephone, most failed to complete the questionnaire because of a lack of time; only two physicians refused to participate.

Most physicians (78%) were married, male, and located in suburban or rural practices. Physicians reported the following religious orientations: Protestant (33%), Catholic (22%), Jewish (8%), other (9%), and none (28%).

The religious beliefs maintained by the physicians are shown in Table 1. Although a majority expressed belief in the existence of God (64%), one quarter reported uncertainty. Even less certain were notions of the personal nature of God, feeling close to God, and belief in an afterlife.

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Table 1. Religious Beliefs of Physicians and Patients

Belief	Number Responding	Yes (%)	No (%)	Uncertain (%)	P* Value
Existence of God					
Physician	108	64	11	25	
Patient	124	91	2	7	<.01
God as a personal entity					
Physician	110	46	36	18	
Patient	120	54	26	20	.28
Prayer					
Physician	108	60	27	14	
Patient	126	85	7	8	<.01
Existence of an afterlife					
Physician	109	45	25	30	
Patient	123	60	12	28	.02
Feel close to God					
Physician	106	43	43	15	
Patient	123	74	15	11	<.01

*P *value determinations by chi-square statistics.*

Perceptions of the impact of religion on the physician-patient relationship are presented in Table 2. There was no majority response on whether religion affects the choice of a physician or the maintenance of the physician-patient relationship. A clear majority (89%) of physicians expressed the right to address religion with their patients. The group was nearly split on the issue of responsibility.

The reported frequency of religious inquiry by the physicians was never (12%), occasionally (77%), frequently (10%), and always (1%). Physicians who identified no religious affiliation had inquiry rates equivalent to those with affiliations. Physicians who spent 2 or more hours weekly in formal religious activity reported the highest inquiry rates.

Specific situations during which physicians reported making religious inquiries are presented in Table 3. Physicians who spent 2 or more hours per week in formal religious activity were also most likely to make inquiries about religion during patient health maintenance visits. Physicians expressing no religious orientation reported never asking about religion during intake histories.

Patient Survey

One-hundred thirty-five patient questionnaires were completed, yielding a 90% response rate. The participants were mostly married white women who reported good (55%) or excellent (24%) health. Patients reported the following religious orientations: Protestant (37%), Catholic (50%), Jewish (1%), other (3%), and none (9%). The mean age was 38.2 years (SD ± 13.0). Eighty-five percent had completed high school or more education. Over one fourth of the patients reported experiencing a recent, significant life event in their family such as birth, major illness, or death.

Thirty percent of patients felt that religion generally

Table 2. Perceptions of the Role of Religion in the Physician-Patient Relationship

Belief	Number Responding	Agree (%)	Disagree (%)	Undecided (%)	P* Value
Choice of physician					
Physician	114	29	44	27	
Patient	134	8	75	17	<.01
Maintenance of relationship					
Physician	114	48	35	17	
Patient	134	7	77	16	<.01
Right of physician to inquire					
Physician	115	89	11		
Patient	126	52	45		<.01
Responsibility of physician to inquire					
Physician	113	52	48		
Patient	127	21	79		<.01

*P *value determination by chi-square statistics.*

Table 3. Clinical Situations During Which Physicians (n = 110) Report Religious Inquiries

Situation	Percent
Intake histories	31
Evaluating minor illnesses	4
Evaluating major illnesses	45
Preoperative assessments	7
Birth of a child	23
Near death	68
Counseling for terminal illnesses	69
Contraceptive counseling	29
Abortion counseling	52

affected their health; however, religion was felt to be important in many specific situations: terminal illness (61%), death (60%), birth (48%), major surgery (47%), general well-being (41%), and major illness (36%).

Patient perceptions about the role of religion in the physician-patient relationship are illustrated in Table 2. Most patients felt religion was not a consideration either in the selection of physicians or maintenance of the professional relationship. When asked whether physicians should discuss pertinent religious issues, 40% of the patients responded affirmatively. Thirty percent of the patients indicated that they would like their physicians to address religious issues with them.

The majority of patients could not recall physician inquiries about religion in a variety of situations. The highest percentage of inquiries occurred around the major life events: birth (13%), death (19%), major surgery (10%), major illness (8%), and terminal illness (6%).

Comparison of Physicians and Patients

On questions concerning the existence of God, prayer, existence of an afterlife, and closeness to God, physicians were considerably less religious than the patients (Table 1). More physicians than patients reported that religion affects the choice of a physician and the maintenance of the physician-patient relationship (Table 2). Physicians felt more strongly than patients that they had both a right and a responsibility to inquire about religion in their medical practice (Table 2).

Discussion

Physicians and patients in this study reported strong religious orientations. A majority of both groups acknowledged the existence of God and the utility of prayer. This finding contrasts with a survey of psychiatrists of whom only 43% believed in God's existence.[23] This patient population maintained strong religious orientations, consistent with large national surveys.[1–5] Although statistically significant, the actual clinical importance of the differences between physicians and patients reported in this study merits further investigation.

The patients' responses concerning the impact of religion on the physician-patient relationship might be explained by the work of Greene et al,[24] who reported that many patients expect medical encounters to be limited to biological issues. The physicians' responses may reflect an increased awareness about religious issues that resulted from participation in this study. Indeed, several physicians commented to this effect.

It was predictable that serious and life-threatening events were reported as the most appropriate opportunities for religious inquiry. A surprisingly large number of responders from each group, however, recognized health care maintenance visits as acceptable times for physician inquiry about religion, suggesting that family physicians might incorporate relevant religious questions into their routine history taking.

Actual physician inquiry was reported by both groups to be infrequent. One physician described a lack of formal training in religious interviewing and suggested its inclusion in medical education. Another physician felt it was primarily the patient's responsibility to address religious issues. Research has shown that patients respond best to physician-initiated inquiries.[24] Physicians in this study often made general comments concerning the fear of projecting their personal beliefs onto their patients. Although an important concern, more than 40% of the patients in this study welcomed the idea of their physicians exploring religious issues with them.

Both physician and patient samples were of adequate size and response rates to make statistical comparisons. Improved generalizability of the findings would require larger cross-sectional surveys, including other regions where religious beliefs and practices may differ. The patient survey represents a convenience sample of three practice populations. Although this method may introduce selection bias, the patient sample responded similarly to national surveys on questions about general religious orientation.[1–5]

Issues for further investigation include developing and testing methods for religious inquiry by physicians, accessing barriers to this discourse, and determining the direct effects of religious inquiry on patient care. Awaiting such investigations, family physicians should remain cognizant of the potential role that religion plays in their practices.

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