

WHAT IS THE ROLE OF THE PHYSICIAN IN RELIGIOUS SPACES AT
THE END OF LIFE?

BY

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Abstract:

Through her own experiences with death and religion, Reines explores the value of developing a personal perspective on the role of religious belief in end-of-life spaces for personal and professional growth. Reevaluating the oaths physicians make to patients, especially the Hippocratic Oath, is an important step toward self-determining your scope of care as a physician.

By learning concepts and skills from the humanities early on in medical education, we can evaluate the promises we are making to our patients and the realistic impact we can have on their health experiences during and at the end of life. Courses offered in the Health and Human Values minor and the Public and Applied Humanities at the University of Arizona challenge pre-health students to evaluate current healthcare systems and consider the complexity of the concept of health. Reflecting on religious pluralism in the United States, Reines will explore community resources available to healthcare providers for improving end-of-life care as it relates to personal religious beliefs.

Reines submitted the following paper to a student essay competition at the Conference on Medicine and Religion and was invited to present her work at the Ohio State University in Columbus, Ohio during March 2023. Presentation slides from Reines' conference presentation have been attached at the end of this document.

Nine months from now, in July 2023, I will be donning a white coat and taking the Hippocratic Oath as a member of the University of Arizona College of Medicine-Tucson Class of 2027. This will mark the beginning of my journey to becoming a physician and the first set of promises I make to my patients. I will become connected to the millions of doctors who came before me, stretching back to antiquity, and to the millions more who will come after me. However, I am reluctant to recite these words and take an oath that does not entirely encompass the values I wish to uphold as a doctor. Commonly recited since the 19th century, the earliest identified version of the Hippocratic Oath dates to the 5th century AD and was written in the Ionic dialect of Greek, suggesting that Hippocrates is not its author. Instead, historical evidence has attributed the Oath to a Pythagorean religious cult that held strict moral and ethical codes surrounding the practices of surgery, abortion, and physician-patient interactions, which are fundamentally inharmonious with modern medical practices and ethics.¹ The Hippocratic Oath is considered to be at odds with modern religious values by Robert Veatch.² Veatch was a philosopher and considered one of the founders of the field of bioethics, his work in the field of death and dying are considered major contributions to modern ethical studies.³ Veatch believes a physician cannot be both religious and a Hippocratist. Its words have been used to perpetuate problematic patriarchal norms and have been used as the basis for unethical exclusionary behavior.² Veatch's argument supports the movement toward individuals reflecting on their own beliefs to develop their own personal oaths to patients, rather than following a generic one whose history and development they may not know. Many medical schools have adopted a new practice during the past decade to allow their students to take a more active role in identifying their

¹ Carrick, "Chapter 5: The Hippocratic Oath," 83-112.

² Veatch, "Introduction: The Hippocratic Problem," 1-9.

³ "Remembering Robert M. Veatch, PhD 1939-2020"

responsibilities as physicians in a modern world. This involves each incoming cohort of students collectively writing a Class Oath that reflects their values and goals. This is a practice that varies by medical school, but does seem to be a relatively new tradition integrated into secular and religious medical schools alike.

While I haven't yet decided what specialty I would like to pursue, and not all physicians deal with death regularly, I will be part of my patients' life journey. In preparation for writing my own oath, I must ask myself what promises should I make to myself and my future patients? What rules and ethics must I be guided by as a physician? What are the boundaries in my role as a physician, especially as it relates to my religious beliefs and those of my patient population? This inevitably varies by person from their own experiences, expectations, and education. To effectively write our own oath, we must consider what we believe the role of a physician to be and what our patients believe this to be.

Throughout my undergraduate studies, I have come into contact with many people holding strong beliefs about the role of a doctor. Yet, no belief about a physician's scope of practice is more far-reaching than the idealized image that a pre-med undergraduate student holds. To us, a doctor is not only responsible for their patients' physical and mental wellbeing, but also for mitigating their social determinants of health, communicating with family members, being an activist in the public arena, and—sometimes—guiding the relationship between modern medicine and religious beliefs, or the lack thereof. My particular interest has been peaked as to the role of a physician at a patient's end of life. Should I be prepared to ferry souls into the afterlife as Charon did via the River Styx? Am I in some way responsible for helping my patient to be ready for what comes after death? What if they do not believe in an afterlife or a soul? What if I do not? I posit that this is a personal journey of exploration that any healthcare

provider, especially those in palliative care, must traverse for themselves. No medical school class or American Medical Association Journal of Ethics article can teach you exactly what to do, but they can begin to guide you. This extension of a physician's care post-mortem can be complicated ever-further given the realities of our religiously pluralistic society and the number of Americans who identify no religious affiliation.⁴ A central concept to religion at the end of life is that of a "soul" which is sometimes not recognized as within the scope of care by medicine yet plays a prominent role in spiritual end of life beliefs. Whether the concept of a soul in religion and scientific exploration are mutually exclusive groups is a contested topic.⁵ The idea of a soul may be one held by only some patients, and may exist regardless or in spite of their unique spiritual views. Ultimately, regardless of their personal beliefs about if the soul can exist within medical spaces, it is within the responsibility of a physician to understand their patients' beliefs on this topic at the end of life. Only at this point, can a physician decide for themselves if the care of a soul and religious views are within their scope of care and how best to approach this.

Growing up Reform Jewish, I was immersed in the culture and community, I attended services for major holidays, I spent my Saturday mornings at synagogue learning the stories of Moses, the Maccabees, and Esther. Ethnically Ashkenazi, I spent long hours in the kitchen with my mother and grandmother learning cherished family recipes and long hours in the bathroom wielding a straightener against my frizzy curls. I did not, however, spend much time at the bedside of my elderly, dying family members. I did not learn what to believe happened during or after death. The concept of a soul was not one I learned through my own religion, but rather popular media. I had some awareness of the Angel of Death from celebrating Pesach and

⁴ "The American Religious Landscape in 2020."

⁵ Fuller, "The Concept of the Soul : Scientific and Religious Perspectives."

learning about the youngest male children in Jewish houses being “passed over” for death if lamb’s blood was painted on their door frame. The Angel of Death is a personification of Death prevalent in multiple religions, but most notably in both Jewish mysticism and Islamic folklore, known as Sammael and ‘Azrail respectively. ‘Azrail is considered in Islam specifically to be a “soul-snatcher”.⁶ However, this being seemed more akin to a comic book character than something to expect at the end of my life. I learned through popular media and growing up in predominantly Catholic areas about the Christian heaven, that through prayer, repenting your sins, and devotion in life, you can transcend purgatory into heaven by accepting God and asking for forgiveness in death.

I had never considered this gray area of my Jewish education until my freshman year of college. Six months before my first college classes began, my maternal grandfather died after a long stint in the hospital. I was completing final exams and could not fly from the Philippines to the United States to attend his funeral. Then, three months into my college education, my paternal grandfather died unexpectedly, yet I was able to take a few days to travel and mourn him with my extended family. In both cases, some of my family found solace in religion: attending Shabbat services every week, reintegrating the practice of Kashrut—following Jewish law in daily life and dietary habits—into their lives, and lighting memorial Yahrzeit candles on the anniversary of family members’ deaths. However, I was lost as to how I should or could properly mourn. I had never talked to anyone in my family, much less a Rabbi, about how I should react in the face of death. While I could see the manifestation of my family’s grief, I found myself face-to-face with my mortality and questioning what I should believe and prepare myself for.

⁶ ד״ר and Schwarzbaum, “THE ANGEL OF DEATH IN JEWISH AND ISLAMIC FOLKLORE,” 29-33.

During my Sophomore year, about 8 months into the SARS-CoV-2019 Pandemic, I was provided with the opportunity to explore my questions through academia. I completed a term paper focused on the impact of religious pluralism on Jewish beliefs of the afterlife. I found that Judaism serves as a great microcosm for understanding the trend away from strictly practicing only one religion and toward the fusing religious beliefs and cultural practices into a dualistic, individualized spiritual experience. At the reform level, Judaism emphasizes open-mindedness and praying or celebrating in the best way for yourself to feel connected to religion. This naturally lends itself to integrating non-Jewish religious or spiritual practices into traditional prayer. However, even at the most-Orthodox levels of Judaism, non-Jewish religious or spiritual practices have also been integrated into traditional methods, emphasizing the increasing plurality of modern religious practice. The largest strictly Orthodox Jewish university in the world, Yeshiva University in New York, introduced a 'Jewish meditation' class to students.⁷

In the wake of World War Two and the Holocaust, social disillusionment opened up the world, and specifically young Jewish individuals, to alternative viewpoints of existence in non-Western religious spaces. Modern Judaism is adept at guiding its adherents through the process of grieving via well laid out rules surrounding bereavement periods. Yet, it is lacking in its framework for preparing the living to accept their own eventual deaths. Buddhism more sufficiently guides individuals to accept their mortality through meditation and mindfulness practices by viewing life and death as a cycle which only ends when an individual becomes enlightened. The integration of Buddhist beliefs and mindfulness practices in modern Jewish preparation for death is merely an example of the “non-traditional” spiritual and religious beliefs Americans—especially young ones—adhere to during their lives. This merger of two or more

⁷ Niculescu, "Boundary Crossers: The 'Jewish Buddhists' and Judaism's Symbolic Boundaries in a Global Age," 157-176.

religions and spiritual practices is highly prevalent in our increasingly globalized world as individuals are exposed to new beliefs and practices.

.The end of life is a time when patients are at their most vulnerable. They place their trust in us as their medical provider and to fully care for these patients a background in the humanities is a necessity. Humanistic studies emphasize intercultural competence, collaboration, effective communication, and skills for broadening perspectives. Physiological, anatomical, and biochemical knowledge is the foundation for being a good physician, but strong doctors are those who have an appreciation for the whole of a person and can treat them accordingly.⁸ The Health and Human Values Minor program within the W.A. Franke Honors College at the University of Arizona has a curriculum designed for future healthcare providers—doctors, physician’s assistants, veterinarians, dentists, hospital administrators, etc—focused on building knowledge and skills typically only found in non-STEM fields. My experience as a student in this minor has guided me toward pursuing a career in medicine and continually pushes me to consider the relationship between healthcare, humanity, and society. Through my humanities education I have become more acutely aware of the complexity of the role of a physician, especially in this area of interest; religious beliefs at the end of life. The Health and Human Values minor has further pushed me to challenge my own assumptions and expectations for what a physician is and consider what oath I would like to take for my patients.

Religious and spiritual beliefs often come to the surface at the end of life when one is forced to come to terms with the impermanence of life. As healthcare providers, it is not our responsibility to guide a patient through the intricacies of their personal end of life and afterlife beliefs. However, we must acknowledge their existence to provide patients with the most

⁸ Murphy, “How humanities background could make you a better medical student.”

culturally and religiously competent care we can. We might be called upon to bring together and head up a team of healthcare professionals and spiritual leaders. In exploring what the limits and boundaries might be of my role in a patient's end of life care, I have become aware of a variety of resources that are less well known within medical communities. The availability and expertise of these organizations have clarified for me that the physician is not entirely responsible for directing the religious and spiritual care of their patients. However, we must be aware of where we can direct patients to entrust their non-medical end of life care and develop relationships with these individuals and organizations. During the past two decades, there has been a movement for the development of formal organizations supporting Death Doulas. Also known as death midwives or End of Life Specialists, these individuals are trained in guiding an individual through the process of dying and end of life. They work alongside medical staff and religious leaders to help at the end of life in an individualized way, incorporating personal religious or secular beliefs and sometimes advocating on behalf of a patient.⁹ Understanding the role of and recognizing local death doulas or national organizations is essential. Furthermore, taking advantage of resources such as hospital chaplains or local religious leaders should be incorporated into the scope of practice for a physician treating end-stage patients.

As a physician providing treatment at the end of life, you must recognize the variable and changing religious beliefs held by your patient population. This is merely the first step in deciding what your role in this spiritual care will be and educating yourself to best serve your dying patients. This extends beyond end of life care into many interactions between medicine and religion. Reflect on what your own beliefs are: if you have a soul, regarding the end of life, and how your views align with traditional religious teachings. Remember to develop or

⁹ "What Is an End of Life Doula?" n.d. *INELDA* (blog). <https://inelda.org/about-doulas/what-is-a-doula/>.

redevelop the oath that you take for your patients to more accurately encompass your personal goals and values. As well, consider your bandwidth in extending your care toward understanding and treating the spiritual health of your patients. Understand what resources exist in your immediate and extended community for helping patients through the experience of dying and death. This is not a process you can be taught, but is learned through concerted effort and experience. While only an individual can decide this for themselves, it is absolutely essential in the process of becoming a better clinician.

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Reines Conference on Medicine and Religion Presentation Slides:

WHAT IS THE ROLE OF THE PHYSICIAN IN RELIGIOUS SPACES AT THE END OF LIFE?

Jayne Reines, The University of Arizona

Conference on Medicine and Religion Essay Presentation

**What promises
should I make to
myself and my
future patients?**



Conceptualizing Physician Scope of Care

Death
Imagery in
Religion



"The Falling Angel," by Marc Chagall



Jewish Pluralism

Health and Human Values



University of Arizona
Honors College



THE UNIVERSITY OF ARIZONA
W.A. Franke
Honors College

Current Efforts in Higher Education

Community Resources

Death Doulas



What next?

- What are your own beliefs regarding religion at the end of life?
- What are your patients' beliefs in this area?
- How great is your bandwidth in extending your care toward understanding and treating the spiritual health of your patients?
- What oaths have you previously made to your patients and what oaths will you now make to your patients going forward?
- What are the limits of medicine? ; What role, if any, does medicine play in caring for the soul?

THANK YOU! QUESTIONS?

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