

Editorial: 'Should we be taking notice of the spiritual concerns of our patients?'

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'Religious belief is irrelevant for the practice of psychiatry. If you think otherwise, prove it'.

Sometimes there is a saddle, which just about permits riding, between the horns of a dilemma, and that is where members of the Spirituality and Psychiatry Special Interest Group frequently find themselves sitting. We acknowledge that scientific evidence for our practice is essential and we endeavour to keep up to date with advances in technology. However, we also know, with conviction, that this is not enough. There is another dimension, essential to take into account, for the care of our patients.

'Narrative Based Medicine' (1998), edited by Greenhalgh and Hurwitz and published by BMJ Books, makes a start in the right direction by taking the personal story of the individual patient as its basis for the practice of humane medicine. It does not refute or oppose evidence-based medicine but aspires to work alongside it, complement it and enrich it. This book is multi-authored and therefore distinctly bumpy in quality but there are some very good, and telling, chapters.

The evidence for the effects of religious belief or spirituality upon health and disease is collected in Koenig, McCullough and Larson, 'Handbook of Religion and Health', 2001, Oxford University Press. This is a big book, in all senses of the word, and will probably prove to be a classic. It is strongly recommended to those who want to give a considered and comprehensive reply to the question with which this editorial begins.

The Handbook is a superb example of American thoroughness and completeness. In presenting the evidence for the effect of religious belief on health, disease and recovery from illness, there are 1200 references from the world literature, collected, summarised and assessed according to their scientific reliability and validity by the authors. Every term used is carefully evaluated and usually precisely defined. Psychiatry and mental health receive comprehensive and appropriate cover, and the authors have been fair-minded and include all relevant studies whether they find positive or negative effects of belief upon health. The overwhelming evidence is favourable for religious affiliation, belief and practice, but I will leave you to read the detail for yourself.

As members of the SIG, presumably interested in this topic, we should receive confidence from these two books that our subject matter is relevant to both psychiatry and medicine in general. Also, religious belief, the practice of spirituality has been shown to be helpful to our patients, and therefore by extension and because we are all potential patients and share our humanity with them, for ourselves. It is quite possible to be aware of the spiritual and religious needs of our patients **and** practice evidence-based medicine.