

# The Prayer Prescription

Gerald Saliman, MD

## My First Patient

My first patient of the day was Tina.<sup>a</sup> She was referred to me by the physician-in-chief of my medical center because she was a “challenging patient.” I had been asked to assume her care because she had visited the Emergency Department (ED) every month for the past six months for neurologic symptoms including slurred speech, falling, and focal weakness of an arm or leg. A computed tomography or magnetic resonance imaging scan of her head was obtained at every visit to the ED and its results would be read as normal. Tina would leave the ED upset because she believed that she had multiple sclerosis and was not being treated. She would write angry letters of complaint after every encounter with the ED. She reiterated her symptoms when I first met her, and she was forthright about what she wanted—1 g of intravenous (IV) steroids—because that was what her recently retired neurologist had given her despite the lack of objective evidence of multiple sclerosis. She sat there expectantly awaiting my response. As I pondered how to reply, I noticed a golden cross shining against her chest, reflecting the bright light from the overhead fluorescent fixture, and suddenly it occurred to me how I might help her.

## Healing and Spirituality Conference

Coincidentally I had attended a conference on healing and spirituality the weekend before at the Kalsman Institute in Los Angeles.<sup>b</sup> More than 200 caregivers had been there—mainly nurses and hospice workers; fewer than 5% were physicians. The vast majority were women, although there were a few men, and I had felt out of place as a male physician. I participated in some workshops on music and healing because this is an interest of mine, and I deliberately shied away from anything to do with prayer. I was traditionally trained with a background in biochemistry—so how could I incorporate prayer into my medical practice, which was based entirely on the scientific model? However, as I listened to what some of the speakers reported back from the workshops on using prayer in the examination room or in hospital

room settings, the role of prayer no longer seemed so foreign to me. I still thought that prayer would never be something I would employ unless I felt I had no other option to solve a clinical dilemma, and I was aware that the offering of prayer is for the benefit of the patient and not for the clinician.

Many polls have indicated that Americans are highly religious. It is well known that prayer can help people cope with illness, and many believe that prayer contributes to physical healing. In a 2008 PEW national survey of more than 36,000 Americans, 92% reported a belief in God or a universal spirit. More than half of Americans polled pray at least once daily.<sup>1</sup> Whether prayer actually heals or instead works as a placebo, it has been administered for hundreds of years. It has few adverse side effects; it is low cost; and it can be provided safely in multiple doses. Understanding all of this, I began to think that maybe prayer was worth more consideration.

## A Personal Breakthrough

I was feeling challenged in my visit with Tina, and I felt that I needed to provide her with a safer and more acceptable alternative than 1 g of IV steroids. I asked her what she used for spiritual support, and she confirmed that she prayed on a regular basis. I acknowledged that I heard her request to treat her with IV steroids, but in good conscience I could not give her a medication without objective evidence of what I was treating, particularly a medication such as steroids with serious side effects. At the conclusion of our visit, I gingerly asked her if she would like to say a prayer with me. Tina readily agreed. I held her hands, and while we faced one another, we each closed our eyes. With full sincerity, I said a prayer for her well-being and recovery and wished her strength to cope with her “illness.” At the conclusion of the prayer, I opened my eyes and detected her smile. I felt that I had made a personal breakthrough not only in helping Tina but also in my own evolution as a physician and care provider.

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I saw Tina every one to two months; at the conclusion of each visit, I said a prayer for her, and she in turn recited a prayer for me. Tina never asked again for steroids following her initial encounter with me. She stayed out of the ED for more than nine months, until she fell taking out her garbage and broke her leg. This time, after her visit to the ED, she did not write a letter of complaint to the hospital administration.

### **Office Visit Prayer**

Since that day with Tina, I have discovered that prayer is an important component in many patients' lives and that they welcome a chance to say a prayer at the conclusion of their office visits. I have prayed with people from various religious backgrounds—Christians, Native Americans, Hindus, Buddhists, and Jews. The only time a religious division came up was when I asked Mary, a Jehovah's Witness, if she wanted to say a prayer. She asked me what my religion was, and because it was different from hers, she declined my offer to pray for her. Although it was the first time that I had seen her as a patient, she remarked that her visit with me was the best visit she had experienced with any physician. I suspect that my simply asking her about her spiritual beliefs inspired her trust in me.

It is sometimes difficult for physicians to convey the message of how much we care for our patients, and I have found that holding patients' hands and praying for their well-being can be a socially accepted expression of care in some cases. There is another benefit as well. I can directly instill my therapeutic recommendations by asking God to provide them the strength to quit smoking or asking God to help them with other modifiable behaviors.

When other family members join in prayer, I feel a sense of special bonding that goes beyond the traditional physician–patient relationship. I have a patient who is a 30-year-old black woman with sickle cell C disease. At the conclusion of each visit with her, I offer a prayer. When her mother joins us to make a threesome, I am always thrilled because she chants the most divine supplicating prayer in response—likely well rehearsed from having prayed intensely her entire life for the welfare of her daughter.

### **More Case Examples**

Here are three other examples of patients with whom I have prayed. Following this section are examples of patients who have declined.

### **Rodolfo**

Rodolfo is an elderly man with severe angina and inoperable coronary disease who came to see me more than one year ago with complaints of having to take nitroglycerin tablets frequently. I made some adjustments in his medication, and I said a prayer for him at the conclusion of our visit. When I saw him back in the office six months later, he wore a broad smile and profusely thanked me for the “prayer that worked”—because he no longer needed to use nitroglycerin. I was worried that he attributed all of his improvement to prayer and I encouraged him to be sure to continue to take all of his medicines. I gave him another dose of prayer to tide him over to his next visit. When I closed the exam door behind me, I couldn't help but feel a sense of awe about his improvement.

### **Hector**

Hector came to see me in July 2008, terribly depressed because of the economy and his near financial ruin. He was crying in my office, but fortunately was not suicidal. He had lost his home to foreclosure, but he still had a job doing auto repair work. I prescribed an antidepressant for him and made an appointment for him to see a psychologist within one week. By exploring with him what emotional and spiritual resources he had available, I discovered that prayer was an integral part of his life. He was both surprised to learn that a physician would say a prayer for him and eager to experience it. He failed to keep his psychotherapy appointment but showed up to see me a few months later for an unrelated knee problem. No longer depressed, he appeared completely transformed from his earlier visit with me. This time, he had tears of appreciation for me instead of the tears of sadness that he had cried previously. The simple prayer that I said for him had made him shift his focus from all he had lost to the things that he was fortunate to have in his life. He had begun doing volunteer work in South San Francisco, helping others who had gone through foreclosure. He said that my prayer for him had healed him, and after only one dose, he stopped taking the antidepressant that I had prescribed. I, too, felt stunned at how transformative my prayer was. The effect was quicker than I had ever witnessed from antidepressants or psychotherapy. Physicians often wonder why some patients stop taking their medicines without informing their physician; one explanation might be that some patients find an alternative or complementary

therapy, such as prayer, acupuncture, or nutritional supplements, about which they are too embarrassed to inform their physician.

### **Christina**

Christina came to see me for a routine physical. She was feeling well except for being distraught because her 95-year-old mother had recently broken her elbow. Christina was unusual for a person her age in that she did not take any prescription medicine; she had healthy eating and exercise habits. The medical portion of her encounter with me was therefore short, and we used the time to address her emotional needs and share prayers. Christina prayed to God to grant her mother patience, and she prayed for everyone who was unfortunate and disabled. She beseeched God to help both the victims of crime and the perpetrators of crime. She prayed for those who were hospitalized, for those who had injuries from accidents, and for the poor and the hungry. I mentioned to her after she said her final words that this was one of the finest prayers I had heard. She responded that her prayers were authentic because they came directly from her heart. In his book *How to Know God*, Deepak Chopra, MD, the well-known author who has written extensively about God and spirit, describes the experience Christina and I shared: "In this place the patient is not a stranger, nor is she removed in space. You and she are joined in a place where the boundaries of the body no longer count."<sup>2</sup> This special phenomenon as we experienced it was just as Dr Chopra described. Her appointment for a physical examination with me was holistic. The use of prayer served as one of the components of providing comprehensive care for the body, mind, and spirit.

### **Patients Who Declined**

There have been only four instances out of my more than 100 offers of prayer in which patients declined. My high response rate most likely stems from asking many of my patients what resources they typically use for spiritual and emotional well-being, rather than going directly to "Do you pray?" When I short-circuit this process, I run into awkward moments. Mary, whom I mentioned earlier, declined because of a difference in religious beliefs. The three following examples illustrate the importance of care and sensitivity in assessing a patient's spiritual beliefs before inviting prayer.

### **Arthur**

Arthur, a church deacon, lost his son due to septicemia from a cortisone injection to the shoulder. I jumped to the conclusion that it would be natural for a church deacon to want to pray, but I had failed to inquire if prayer was a means of emotional support for him. He politely declined my offer to say a prayer.

### **Sidney**

Sidney is an elderly man whom I have known for almost 27 years. He has severe mitral regurgitation, but he is otherwise coping well with the physical limitations of his heart condition. I was in a rush one day, and it occurred to me that I had never asked Sidney if he wanted to say a prayer. I failed to ask him what he did for spiritual support or even if prayer played a role in his life. He was suddenly taken aback when I offered to say a prayer for him, remarking good-naturedly, "Are you trying to tell me something?" I had no intention of implying that his death was imminent, so I carefully backed out of that faux pas. We ended up having a good chuckle together.

### **Vivian**

Vivian, whom I have treated for many years for high blood pressure and anxiety, came to see me for an urgent appointment in a state of profound grief because her younger brother had died unexpectedly after a heart attack. We usually end each visit with a prayer, but at the end of this particular encounter, she uncharacteristically declined. She was angry at God for having taken her brother from her. Strangely enough, expressing her anger to God appeared to be therapeutic. She declined my offer to refer her for grief counseling.

### **Boundaries**

There are boundary issues whenever one enters a patient's private space. Here is how I think about it. Just as I always ask permission before I physically examine patients, consider asking permission before holding someone's hands. One must understand what is considered "safe touch" and what isn't; approach an inquiry about spirituality and prayer in a way that makes it safe for the patient to say "no thank you," without fear of alienating the physician or risking the relationship. If nonverbal clues indicate the patient is hesitant, it is important to say to the patient, "It's okay to decline, my feelings won't be hurt."

Be aware that the offering of prayer is for the benefit of the patient, not the clinician.

Much of what transpires in physician-patient encounters is nonverbal, and part of being a sensitive caregiver is paying attention to nonverbal clues. This is not a situation where written consent is obtained because it is a natural outgrowth of conversation with selected patients. Just as we ask permission when we invade a person's physical space by touching, we need permission to invade a patient's spiritual space as well.

I hope that sharing my experience of praying with patients adds a practice perspective that will enable other caregivers and their patients to have that occasional "wow" encounter. This is a path that has proven effective with selected patients, but it may not be a technique that works for all physicians. There is nothing about this that is easy, and this may be why it took me almost 20 years of practicing medicine before I had the courage to pray with my first patient.

### Discussion

Nine years ago, I said my first prayer with a patient almost out of desperation; since then, it has become an integral part of my practice. I have been reluctant to share my experiences with other physicians for fear that I would not been seen as a "real physician." In the absence of a physician role model in using prayer, I have made a few mistakes along the way as I learned how to pray with patients. As with any prescription or intervention we use as health care providers, I have tried to learn by experience. In a hectic day of seeing patients one after the other or responding to one patient message after the next, taking a moment to have a spiritual encounter with a patient reminds me of the rewards of being an internist. I gain a sense of higher purpose by combining my problem-solving skills with an awareness of the divine. This in turn promotes the mind-body connection, helps achieve quality outcomes, and serves as a valuable contribution in clinical management. I suspect this is because "Prayer may return a sense of balance in life, and faith offers a relief from physical burdens of stress and worry. If we have faith, we are more accepting of our human condition, our human frailties, and our destiny in life."<sup>4</sup>

I had the opportunity to speak to a former ED

physician. He has found that when a physician first contemplates praying with a patient, there is usually a distinctive patient encounter that triggers the response to pray. He described a seminal experience with a patient that was strikingly similar to my own. After informing a patient that she had metastatic cancer to her brain, he was compelled to pray with her when his attempts to provide medical reassurance failed to comfort her. "Praying with Ms Martinez [not her real name] felt so completely right."<sup>5</sup> In the intervening years, he has become a full-time chaplain at the Stanford University Medical Center and trains medical students in spiritual care.

Clearly one does not have to be a hospital chaplain to pray with patients. Larry Dossey, MD, is a physician who has written extensively about connecting prayer, health, and healing. In his book *Healing Words*, he states, "I emphatically do not believe that physicians should impose their spiritual beliefs on their patients. For the physician who feels the need to do something that goes beyond the physical means, however, prayer perhaps is the best method."<sup>6</sup> When I first began to pray with patients, it was not based on any specific religious principle, but it has become for me an expression of empathy, hope, and gratitude. For those who may be considering praying with patients, it does help to understand one's own spirituality and to have a conviction that everything cannot be explained by science alone. Probably the most essential ingredient for praying with someone is the desire to seriously connect in a way that becomes spiritual. Many of my patients have shared that they include me in their daily prayers, and I feel humbled to be a part of their thoughts. The relationships that I have formed remind me that in addition to providing standard medical treatment, I also have the ability to profoundly affect my patients' lives using the power of prayer. ❖

<sup>a</sup> The names and ages of all patients mentioned have been changed for the purposes of confidentiality.

<sup>b</sup> The Kalsman Institute is a center for training, collaboration, and dialogue on health care, healing, and spirituality at the intersection of Judaism and health. It is a department of the Hebrew Union College, Jewish Institute of Religion.

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*The author(s) have no conflicts of interest to disclose.*

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**References**

1. US religious landscape survey—religious beliefs and practices: diverse and politically relevant; summary of key findings [monograph on the Internet]. Washington DC: Pew Research Center: Pew Forum on Religion and Public Life; 2008 Jun [cited 2009 May 18]. Available from: <http://religions.pewforum.org/pdf/report2religious-landscape-study-key-findings.pdf>.
2. Chopra D. How to know God: the soul's journey into the mystery of mysteries. New York: Harmony Books; 2000. p 18.
3. Stein T, Frankel RM, Krupat E. Enhancing clinician communication skills in a large healthcare organization: a longitudinal case study. *Patient Educ Couns* 2005 Jul;58(1):4–12.
4. Ariel H, Dvorkin L, Steinman RY, et al. Intercessory prayer: a delicate celestial orchestration between spiritual and physical worlds. *J Altern Complement Med* 2008 May;14(4):351–2.
5. Feldstein BD. A piece of my mind: toward meaning. *JAMA* 2001 Sep 19;286(11):1291–2.
6. Dossey L. *Healing words: the power of prayer and the practice of medicine*. New York: HarperCollins Publishers; 1993. p xxiv.

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**Magnificence**

For me the practice of medicine has become the pursuit of a rare element which may appear at any time, at any place, at a glance. It can be most embarrassing. Mutual recognition is likely to flare up at a moment's notice. The relationship between physician and patient, if it were literally followed, would give us a world of extraordinary fertility of the imagination which we can hardly afford. There's no use trying to multiply cases, it is there, it is magnificent, it fills my thoughts, it reaches to the farthest limits of our lives.

— *William Carlos Williams, MD, 1883-1963, physician and poet*