



Review Article

Partnerships between the faith-based and medical sectors: Implications for preventive medicine and public health

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ABSTRACT

Interconnections between the faith-based and medical sectors are multifaceted and have existed for centuries, including partnerships that have evolved over the past several decades in the U.S. This paper outlines ten points of intersection that have engaged medical and healthcare professionals and institutions across specialties, focusing especially on primary care, global health, and community-based outreach to underserved populations. In a time of healthcare resource scarcity, such partnerships—involving religious congregations, denominations, and communal and philanthropic agencies—are useful complements to the work of private-sector medical care providers and of federal, state, and local public health institutions in their efforts to protect and maintain the health of the population. At the same time, challenges and obstacles remain, mostly related to negotiating the complex and contentious relations between these two sectors. This paper identifies pressing legal/constitutional, political/policy, professional/jurisdictional, ethical, and research and evaluation issues that need to be better addressed before this work can realize its full potential.

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Contents

1.	Religion and medicine: The history of encounter	345
2.	Contemporary intersections of the faith-based and medical sectors	345
2.1.	Denomination-sponsored healthcare institutions	345
2.2.	Medical and public health missions	345
2.3.	Healthcare chaplaincy and pastoral care	346
2.4.	Congregational health promotion and disease prevention	346
2.5.	Community-based outreach to special populations	346
2.6.	Clinical and population-health research on religion and spirituality	346
2.7.	Academic spirituality and health centers	347
2.8.	Religious medical ethics	347
2.9.	Faith-based health policy advocacy	347
2.10.	Federal faith-based initiatives	347
3.	Questions that remain	348
3.1.	Legal/constitutional	348
3.2.	Political/policy	348
3.3.	Professional/jurisdictional	348
3.4.	Ethical	348
3.5.	Research and evaluation	348
4.	Conclusions	349
	Conflict of interest statement	349
	Transparency document	349
	Acknowledgment	349
	References	

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1. Religion and medicine: The history of encounter

The history of the encounter between religion and medicine is marked by contention and controversy. Indeed, just the phrase “religion and medicine” or its equivalents—faith and medicine, faith and healing, spirituality and medicine, and so on—evokes strong responses from many people, not necessarily positive, and for good reason. The encounter, at times, has been “a messy story” (Cadge, 2012, p. 14), characterized, in the minds of many of us, by lurid images: phony television faith healers, medieval torture of scientists and healers, execution of Jews accused of spreading the plague in 14th-century Europe, bombing of family planning clinics, misinformed consumers who substitute sketchy new-age therapies for validated medical treatments, and more. These images dominate public discourse on religion and medicine. But there is another narrative to unpack, one more positive and hopeful. It does not negate these troubling images, but offers a more complete and accurate picture of the fullness of the ways that the worlds of religion and faith, on the one hand, and of medicine and healthcare, on the other, have encountered each other throughout history.

Within respective faith traditions, this encounter has been more about cooperation, mutuality, and shared values (see Marty and Vaux, 1982). In certain traditions, the encounter has even occurred within the same person. For example, in Judaism, many of the greatest rabbinic sages were also people of medicine and science (see Berger, 1995): Moses Maimonides, 12th-century Spanish rabbi, physician, and philosophical theologian; Moses Nachmanides, 13th-century Catalan rabbi, physician, and philosopher; and Ovadiah Sforno, 16th-century Italian rabbi, physician, and philosopher. This trend still exists today; for example: Abraham Twerski, American rabbi and psychiatrist; Fred Rosner, American rabbi, internist, and bioethicist; and Avraham Steinberg, Israeli rabbi, neurologist, and bioethicist. The most famous 20th-century Christian exemplar is Albert Schweitzer, physician, philosopher, theologian, Lutheran minister, professor, and medical missionary.

Institutionally, the encounter between religion and medicine has been multifaceted and dynamic, and remains so in the present. The many intersections between these two institutional sectors offer productive opportunities for cooperation and collaboration in service to the promotion of health and prevention of disease within populations (Levin, 2014a). It is these intersections or interconnections that are elaborated here. It may be a bit early in the paper for this, but here, in advance, is the take-home point: *The intersections of the faith-based and medical sectors are multifaceted and of long standing.* As this paper will show, collegial relations have existed between these two sectors for centuries, and continue so today. That these relations coexist alongside the negative and contentious examples noted above underscores the complexity of the encounter between religion and medicine, and suggests that the overall relationship cannot be captured by a single adjective or pithy phrase. But, for purposes of honest disclosure, the present paper will focus on the more hopeful possibilities.

One of the earliest systematic efforts to map the influence of religion on the medical sphere and on human health was a classic review essay by Kenneth Vaux, published in this journal's sister publication, *Preventive Medicine*, 40 years ago (Vaux, 1976). This important article became a starting point for subsequent empirical research on the impact of religious beliefs and behaviors on population rates of physical and psychological morbidity and mortality. It also provided a baseline for efforts to understand the mediators of religion-health associations observed in the, by now, thousands of published studies on this subject (see Koenig et al., 2012; Levin, 2001). But whereas the faith-health conversation up to now has been largely about presenting and trying to interpret empirical data on the health impact of religion, there is another dimension or octave to this conversation that has been mostly neglected: the dynamic interactions between faith and medicine at an institutional level. More specifically, this involves relations between what could be termed the faith-based and medical sectors.

Mapping these interconnections is the topic of the present paper. It is hoped that this review will complement the Vaux article and encourage a broader discussion and analysis of the institutional linkages of religion and medicine, much as the earlier piece did for the links between personal religiousness and health status 40 years ago in *Preventive Medicine*.

2. Contemporary intersections of the faith-based and medical sectors

As noted, the intersections of religion and medicine, especially institutionally, are multifaceted. These multiple dimensions of intersection or interconnection are an elaboration and expansion of ideas discussed recently, and briefly, in a community health context (Levin, 2014b). The ten points of intersection that follow (summarized in Table 1) probably do not exhaust all possible points of connection between the faith-based and medical sectors, but they highlight important institutional encounters between religion and medicine that have tangible implications for preventive medicine and public health.

2.1. Denomination-sponsored healthcare institutions

Religious institutions were instrumental in establishing the first hospitals, clinics, and medical care institutions, as long ago as the first millennium of the Common Era. This was a worldwide phenomenon, extending to Chinese Buddhists, Hindus in the Indian subcontinent, and Muslims throughout the Middle East (Sullivan, 1989). The earliest hospitals in the West were founded by the major Abrahamic traditions, hundreds of years ago. Note today how many medical centers are branded as Catholic, Lutheran, Baptist, Methodist, Presbyterian, Episcopal, Adventist, Jewish, and so on (Numbers and Amundsen, 1986). Within Roman Catholicism, orders of religious own and operate community-based hospitals, regional academic medical centers, and healthcare facilities of almost every type (Stempsey, 2001).

The presence of religiously branded hospitals, clinics, and care facilities in most communities speaks to a ubiquitous understanding that God's love can and must be externalized, through the agency of religious institutions, to meet worldly needs of human beings, including and especially health and healthcare needs. The presence of a servant's heart—and concomitants that such a value mandates, as far as service to others—can be found in the vision and mission statements of hospitals across the religious spectrum, not just among Christian-owned institutions that use such language explicitly (Chapman, 2003). Jewish hospitals, for example, often include in such statements references to *tikkun olam* (repairing the world) and *tzedakah* (Katz, 2010), the latter of which is usually translated as charity but which more accurately connotes the concept of justice.

2.2. Medical and public health missions

For the past couple centuries, Christian missionaries have provided medical, surgical, nursing, and dental care and shepherded environmental health infrastructure and health-impacting economic development projects in the underdeveloped world (Good, 1991). Medical

Table 1
Intersections of the faith-based and medical sectors.

Denomination-sponsored healthcare institutions
Medical and public health missions
Healthcare chaplaincy and pastoral care
Congregation-based health promotion and disease prevention
Community-based outreach to special populations
Clinical and population-health research on religion and spirituality
Academic spirituality and health centers
Religious medical ethics
Faith-based health policy advocacy
Federal faith-based initiatives

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