

# Spirituality And Medicine: Should Patients Be Allowed to Exhibit Their Religious and Spiritual Beliefs While Receiving Medical Care?

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## ABSTRACT

**Background:** Religion is a collective worship while spirituality is an individual practice of religious beliefs. There are various religious and spiritual perception to disease, ill-health and caring for the sick.

**Case Summary:** This is a case of a 27 year old Nigerian motor mechanic who presented with hypovolaemic shock due to chronic diarrhoea. Access to intravenous cannulation for resuscitation was difficult and patient and his caregivers suggested that money be used to torch the intravenous cannula for intravenous access to be successful. The patient was not allowed to torch the intravenous cannula with money. Intravenous access was successful after two more attempts as the patient was in shock at presentation.

**Conclusion:** Patient education is necessary at all times as various beliefs may be attached to the illnesses. Though patients may have psychological satisfaction if allowed to practice their religious beliefs while receiving medical care, it may cause conflict.

## Introduction

Spiritual and traditional beliefs are common in most parts of the world. Nigeria is a country in the West Africa sub-region, and there are three main religions practiced in Nigeria namely Christianity, Islam and African Traditional Religion. The relationship between spirituality, religion and medicine is a long and complex one.<sup>1</sup> Spirituality can be defined as the quality of being interested in religion or religious matters, and religion is associated with institutionalized beliefs, practices and worship which is more organized.<sup>2-4</sup> In Nigeria, there is a dominance of tradition, culture, religion, health and disease.<sup>1</sup> Globally despite the race there are beliefs and practices concerning disease and health.<sup>4,5</sup> These health beliefs and practices vary with religion.<sup>3</sup> Some Nigerians no matter their level of education still patronize traditional and spiritual healers when sick.<sup>5</sup> Religion is an important component of healthcare though this seems to have been unnoticed.<sup>6</sup> Religion and spirituality have become firmly established concepts in medicine, leaders in medicine continue to debate on the relevance of religion and spirituality to health and healthcare.<sup>7</sup> All cultures and religious systems have beliefs concerning health to explain the causes of

diseases, its management and who to be involved with it.<sup>8</sup> There are four prominent pathways in which religion influences health which is health behaviors, social support, psychological states and influences.<sup>3</sup> Researches done show a relationship between religion, spirituality and health behaviors.<sup>1,8</sup> Most healthcare facilities in Nigeria to some extent allow the practice of Christianity and Islam. Some even have a place of religious worship such as a Christian chapel or mosque within the hospital premises. Various religious organizations involved in charity are also allowed to distribute gifts to patients but may or may not be allowed to share their faith or pray for patients. The African traditional religion is diverse with no written literature or holy book. Its priests are the witch doctors (known as native doctors in Nigeria) and its worship comprises of sacrifices of various animals. Witch doctors are not usually allowed into Nigerian hospitals especially when dressed in their regalia that look scary. This is case report of a patient who wants to exhibit his spiritual belief while receiving medical care.

## Case Report

A 27 year old male motor mechanic presented with

complaints of diarrhoea and weight loss of six months duration. He had been admitted in several hospitals for the same complaints where various infusions and intravenous medications were administered. On examination, he was emaciated, very pale, sweating profusely with cold clammy extremities. The pulse rate was very fast and thready, blood pressure was 70/30 mmhg; respiratory rate was 30 cycles per minute. The abdomen was tender in all the regions, vesicular breath sound was heard on auscultation of the chest. There was a history of chronic alcohol intake but he does not take tobacco in any form. A diagnosis of hypovolaemic shock due to gastroenteritis was made with a differential of immune suppression and retroviral disease. His random blood glucose was 5.6 mmol/l, and patient was to be resuscitated with intravenous normal saline. Attempt at intravenous cannulation was initially difficult. After several unsuccessful attempts, the patient's brother suggested that he wants to give fifty naira (a denomination of Nigerian currency) to the patient to use to touch the intravenous cannula. That he the patient's brother believes that when the money touches the intravenous cannula the next attempt at intravenous cannulation will be successful. The patient was not allowed to touch the intravenous cannula with money as difficult intravenous cannulation was expected as the patient was in shock. Intravenous cannulation was successful after the next two attempts.

### **Discussion**

People have different beliefs about their health and spirituality. Discussions about spirituality and religion have long been considered inappropriate in the study and practice of medicine.<sup>9</sup> But in recent times this is not so as more attention is now given to it.<sup>7</sup> In this case the patient and his caregivers believed there was a spiritual component of the disease that was why intravenous access was difficult despite the fact that his peripheral veins were prominent. There was the history of difficult intravenous cannulation in the previous health facilities the patient had visited and the intravenous cannula tissues easily from the veins. The patient knows that the doctor certainly intends what is best but the patient does not believe that "the doctor knows best" in this instance.<sup>3</sup> In most African communities it is believed that ill-health have spiritual origins.<sup>6</sup> Hence some sort of spiritual help is required even if the individual seeks medical care.

In a situation whereby necessary medical investigations are done yet a definite diagnosis could not be made, but the patient is deteriorating, they may decide to adopt spiritual and religious approach.<sup>6</sup> The question next is if patients should be allowed to exhibit their spirituality and practice their religious obligations while receiving medical care. In Nigeria, some cults and social societies exists which claim to profound spiritual protection on its members with the promise that no sharp object such as knives or bullet from a gunshot can penetrate their body hence they cannot be assaulted. The patient in this case claimed that he does not belong to any cult. He had the spiritual belief that if the intravenous cannula was touched with money, he was spiritually giving it permission to pierce his body and also buying it spiritually. Meanwhile the patient was in hypovolaemic shock which may have caused collapse of the peripheral veins. Some of these spiritual beliefs may mislead patients.

The existence of cults in the world and Nigeria is not a new phenomenon and its strength or wane in practice is not a strange concept.<sup>11</sup> Patients sometime ask physicians to pray with them.<sup>9</sup> The goal of good medical care is to act in the best interest of the patient<sup>9</sup> hence the physician has a unique privilege to observe the way a patient's religion and spirituality influences them including their health.

### **Conclusion**

A relationship exists between patient's religious beliefs, spirituality and medicine. Sometimes patients may be allowed their personal religious beliefs and spirituality to give them a physical and psychological satisfaction especially if it has no negative effect on medical care. This should not interfere with educating the patient on the disease process. Like in this index case patient was not allowed to exhibit his religious belief as difficult intravenous cannulation was expected in a patient with shock. Meanwhile patients should be adequately educated on any diagnosis and management plan. There should be a shared decision and patient centered care.

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