In 2017, Emmy Yang was a second-year medical student when she did a Google search for various iterations of “medicine and Christianity.” She had chosen medicine as a career because of her interest in natural science and desire to help the sick. But since her recent conversion to Christianity, she had begun to wonder whether something crucial was missing from her training — something the enduring wisdom of her faith might provide.

This appeared in Yang’s Google search: an initiative at Duke Divinity School called Theology, Medicine, and Culture. TMC, as it’s otherwise called, offers one- or two-year fellowships to health care professionals like Yang who are interested in robust theological study about what it means to practice medicine as a Christian.

Launched in 2015, TMC is one of several relatively new academic initiatives that aim to better integrate medicine, religion, and spirituality. These contemporary efforts are part of a decades-long movement to push against what many clinicians experience as a soul-deadening division between science and religion, technique and purpose, and the personal and professional, said Farr Curlin, a palliative care physician, bioethicist, and codirector of TMC.

The spread of COVID-19 has only increased the importance of these programs.

There is no straightforward Christian answer to the plethora of questions raised by COVID-19, Curlin said. Rather, the pandemic has revealed central cultural concerns to which Christian thinking can contribute. He cites Matthew 6, where Jesus says not to worry about tomorrow, for tomorrow has enough worry of its own, a passage that can highlight the question of how Christian health care providers should deal with risk.

“What kind of response displays love for our neighbor and confidence in God and the appreciation of the limits of our power?” he asks.

These are exactly the types of questions TMC students like Yang are taught to consider.

A dynamic relationship
While it’s often assumed that medicine and religion have gradually separated in the last century, the history of their relationship is more complex, Curlin said. He cites the American Medical Association’s past engagement with religion as an illustration.

In the 1940s and ’50s, better scientific understanding led...
to momentous medical advances, including the discovery of penicillin, the polio vaccine, and the first human heart valve transplant, Curlin writes alongside several others in a 2014 article for the Journal of the Association of American Medical Colleges. Because these advances raised moral questions, and the field of bioethics did not yet exist, medical professionals at the AMA looked to religious leaders for ethical wisdom. Despite the growing authority of science, medicine and religion were getting along.

This amicable relationship came to a halt in the 1970s when religious members differed from the AMA's broader stance on abortion. Because opposition to abortion rights seemed to come almost exclusively from the religious, many medical professionals began to see religion as an adversary. With the advent of bioethics in the 1970s, the need for religion to address moral quandaries in medicine seemed even more passé.

But while much of the medical community appeared to turn away from religion and spirituality, it continued to matter among patients. Recent data from the Pew Research Center indicates that today roughly 90 percent of Americans still hold some form of belief in God. A little over half of those believe in the God of the Bible.

To complicate matters further, in his research at the University of Chicago between 2001 and 2013, Curlin discovered that physicians tended to be much more observant in their faith than conventional wisdom expected.

Now, some medical professionals are again considering the value of religion, Curlin says. Indeed, Yang's mentors were supportive of her taking a sabbatical from medical school to participate in TMC.

A whole person, not many parts
Why do these medical professionals want to better unite health care with faith?

Warren Kinghorn, a psychiatrist and theologian who directs TMC with Curlin, cites the work of bioethicist Jeffrey Bishop for an answer. According to Bishop, a physician who teaches medical ethics and philosophy at Saint Louis University, modern medicine takes its form from 19th-century practices of anatomy and physiology that depict the body primarily as a machine built of moving parts. Life, then, is simply whatever keeps those parts of the body in motion.

While this perspective might be helpful for understanding how to keep the heart pumping or the liver detoxifying, it also causes unnecessary suffering because this focus on fixing the parts does not address the needs of the whole person, Kinghorn says.

“This is in part why people in intensive care units often die really hard, lonely, pretty miserable deaths,” he says, “because there’s always one more thing to do to keep some part of the body moving.”

Instead, Kinghorn suggests asking broader, more holistic questions, such as what the body is for, what it means to live with an illness, and what medical practices foster human dignity. He encourages his students to think of health not simply as the reversal of illness, although that’s crucial, but also rescue from vulnerable spaces and the restoration of important relationships.

“We’re not machines to be fixed,” Kinghorn says, “but wayfarers to be attended.”

The COVID-19 pandemic has put this in a new light.

“Medicine has extraordinary cultural power,” says Curlin, “such that, when people are dying in our hospitals right now, they are dying alone, largely, in a way that’s frankly astonishing.”

The reasons for this are understandable and the decision made in good faith, he says. Still, that a hospital can prevent a cleric from entering without much resistance shows where the cultural power lies. “It shows how we take marginal risks of infection and death more seriously than people dying without sacraments or people around them to accompany them on the way.”

Spiritual needs of patients
While TMC is explicitly Christian, a slightly older program at Harvard University aims to incorporate medicine and religion broadly. Founded in 2013, the Initiative on Health, Religion, and Spirituality primarily encourages interdisciplinary research, as well as trains medical students.

Other than a patient’s symptoms, spirituality is the most important factor in a patient’s well-being, says Tracy Balboni, who helps lead the initiative and runs a palliative radiation oncology service. In fact, patients will absorb the stresses of their physical symptoms better when they have higher spiritual well-being.

She adds that many patients also have specific spiritual needs, such as seeking forgiveness, finding meaning in their illness, processing doubt about their beliefs, or finding encouragement when feeling abandoned by God or their religious community. And of course, one’s faith will influ-
ence how a patient or provider makes significant medical decisions, although Balboni warns clinicians against imposing unwanted beliefs on vulnerable patients or their families.

Another, even newer program at the University of Michigan Medical School also teaches its students about the relationship between medicine and religion overall. Kristin Collier, a general internist and professor at the school, founded the Program on Health, Religion and Spirituality in 2017 after reading research, including some by Curlin, which showed that while patients often want their health care providers to address their spiritual and physical needs, most providers do not. This is in part because clinicians, whether religious or not, are often unequipped for addressing their patients’ spiritual needs, Collier says.

Collier wants her program to change that for future physicians. Every medical student at UM, regardless of religious affiliation, is required to participate in some aspect of the program, which includes classes that cover religious history, as well as research and mentorship opportunities for students who want to dive deeper.

Whenever Collier experiences any resistance, which is rare, she reminds people that her initiative is patient-centered. “If we don’t engage spirituality, that’s a really impoverished model of health care,” she says.

Seminaries engage medicine
Medical academicians are not the only people interested in the spiritual side of health. In 2013, the American Association for the Advancement of Science launched Science for Seminaries, which helps seminaries incorporate scientific training into their courses. This includes teaching seminarians about specific medical topics, says Curtis Baxter, who helps lead the program with his colleague John Slattery.

Because of Science for Seminaries, students in a pastoral counseling class at Columbia Theological Seminary learned about mental health and addiction so they could recognize these issues among future parishioners. Students at Concordia Seminary learned how to engage with parishioners who have memory loss and dementia. And students at Andover Newton Theological School learned how to minister to someone who has gone through a traumatic event.

“We’re hoping that this approach allows future pastors to really understand science as a whole better,” Slattery says.

Physician burnout
Collier and others point out that the spiritual health of providers needs attention, too. They indicate physician burnout as an epidemic problem in medicine that improved spiritual formation might alleviate.

Burnout is typically described as prolonged work-related stress that leads to exhaustion, detachment, and the loss of a sense of meaning in one’s work. According to a report published by Medscape in 2020, 42 percent of surveyed physicians related some feelings of burnout. With the pandemic overburdening many health care workers, burnout has only worsened.

Curlin and Kinghorn directly address the challenge of burnout among their TMC fellows. Rather than trying to alleviate burnout by decreasing one’s workload or developing a healthier personal life — both helpful but perhaps insufficient means — Curlin suggests using burnout as a prompt to ask questions about whether the modern instantiation of medicine fits a Christian framework for caring for the sick.

“What I encourage people to do is not detach from medicine,” says Curlin, “but whenever your ways of experiencing the work of medicine and health care are not satisfying, let that be a symptom or a prompt to say, what is going on? How can I reengage — as a Christian, by God’s grace, with the help of the Holy Spirit — reengage this work and potentially push against some of the structures that are corrupting it?”

If clinicians can find faithful ways of practicing medicine, perhaps they can recover the experience of encountering human beings as creatures so spectacular one falls at their feet, Curlin says, in a reference to C.S. Lewis. Perhaps they can see that God is thoroughly involved in healing, and that caring for the sick is a way of cooperating with God’s love for humankind.

Filling a gap
Directors of programs like TMC hope to recover this noble vision of health care that unites medicine and faith by filling a gap in training programs that’s existed for decades.

“We want to change the world,” says Curlin, half-joking, half-serious.

Medical students appear interested. Since its launch in 2015, enrollment in TMC has more than doubled, growing from eight fellows to over 20. Curlin and Kinghorn plan to expand TMC even further by offering an online version of the fellowship, a suddenly adroit move given the pandemic.

For Yang, TMC was so formative she decided to stay at Duke for further theological training. She plans to graduate with a master’s degree in theological studies and to practice internal medicine.

“I don’t know what residency program directors will think,” Yang admits, “but on the whole, I’ve found the academic medical community to be supportive.”