

David O. Warner, M.D., Editor

Spirituality in Patient Care: Why, How, When, and What. By Harold G. Koenig, M.D. Radnor, Pennsylvania, Templeton Foundation Press, 2002. Pages: 123. Price: \$14.95.

Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity. By Joel James Schuman and Keith G. Meador. New York, Oxford University Press, 2003. Pages: 174. Price: \$22.50.

A muffled conversation escaped the drawn curtain, but pressed for time, I needed to interrupt. "Excuse me. Excuse me please. I am your anesthesiologist. May I disturb you?" With permission, I breached the paltry barrier and found my patient lying on a hospital gurney, surrounded by three other adults. The four were joined together in a circle of eight hands. It was obvious that I had interrupted something.

The principal man of the group invited me in. He extended his hand. "Your job is so important. Will you share a prayer with us?"

When I was in medical school in the 1970s, the vogue academic concept was the "sexual history." We were taught that for too long our medical profession had neglected the sexual lives of patients. To prepare new physicians for a career of unabashed inquiry, we were told to cleverly slip into an inventory of sexual questions sometime during the "social history" portion of our examinations. Sigmund Freud would have been dumbfounded by our maladroit interviews. Today, two thirds of American medical students are being taught to perform a "spiritual history." They are being told that our medical profession has neglected the role of spirituality and religion in the healing of their patients. Some schools are encouraging their students to adopt a set of questions to be used for patient interviews.

Harold G. Koenig's book, *Spirituality in Patient Care: Why, How, When, and What*, provides medical students and physicians with several inventories from which to choose for inquiring about spiritual matters. Koenig also provides some guidance on what might be appropriate spiritual inquiry and what might be proper religious intervention. He also offers a defense for medicine's recent embrace of spirituality. In his summary of the medical literature on spiritual matters, Koenig lists the articles that he believes best support the positive influence that spirituality and religion have on health and well-being. Interestingly, Koenig considers 5 of the top 30 articles to be ones that he either authored or coauthored. Richard P. Sloan's *Lancet*¹ and *New England Journal of Medicine*² articles that challenge the veracity of data supporting the efficacy of spirituality are mentioned only superficially.

Spirituality in Patient Care is written by one who is a "true believer." Although intended for physicians, its evangelistic tone resembles books that are available in the popular press, including Koenig's *Is Religion Good for Your Health?*³ Although he possesses scientific credentials as Associate Professor of Psychiatry and Medicine at Duke University Medical Center, to my knowledge, Koenig has not had formal theological training. This deficiency is perhaps apparent by the manner with which he avoids the theological quandary that this mixture of medicine and spirituality fosters.

Coauthor Keith G. Meador of *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* originates from the same Department of Psychiatry as Harold G. Koenig. However, their approaches and their conclusions are vastly different. Meador is Professor of Pastoral Theology and Clinical Professor of Psychiatry at the School of Medicine at Duke University. The lead author, Joel James Schuman, is Assistant Professor of Theology at King's College in Pennsylvania. I found no credentials to indicate that either Schuman or Meador is a physician. Their book does not provide inventories of questions on spiritual matters or a defense on the positive influence that religion has on well-being. What *Heal Thyself*

does offer is an honest address to the challenges generated by medicine's embrace of spirituality and *vice versa*.

Schuman and Meador recognize postmodern society's embrace of individualism and consumerism as having had revolutionary effects on both medicine and religion. The authors see a medical delivery system that has been contorted by a combination of American society's limitless expectations and limited resources. They perceive a new American religion that is no longer community based but individual based, and a new American spirituality that is no longer selfless but narcissistic. Schuman and Meador believe that medicine has co-opted spirituality (and spirituality has done the same with medicine) to create an "idolatry of health," in which both patients and physicians are worshipers.

In *Heal Thyself*, the repudiation of the attempts to verify the efficacy of spirituality in healthcare go beyond the issues raised by Richard Sloan. Schuman and Meador claim that confining God to a randomized control trial, or determining divine intervention by a *P* value of 0.05, is heresy. They argue that to operate within the confines of an empirical trial, a god would need to be automated and reproducible, and therefore could not be God.

Despite their readily apparent differences, like Koenig, Schuman and Meador are "true believers." However, the authors of *Heal Thyself* witness the effects of God's intervention through the community of believers as they care for those who are sick and suffering. In such a paradigm, efficacy cannot be captured by statistics of patient survivability or tumor reduction. The value of this brand of spirituality can only be appreciated by observing or participating in the act of caring. Unfortunately, Schuman and Meador were unwilling or unable to extend their epiphanic concepts beyond the Christian faith. Certainly, other religious traditions could provide rich opportunity for analogous insights.

How would a physician respond to an invitation to pray with a patient before surgery? Whether we are "true believers" or not, it is time that we consider such a scenario. Koenig, Schuman, and Meador have considered this issue, and the result is two books from one institution with seemingly divergent viewpoints. As we entertain opinions as diverse as these, we will begin to discern through the real-life encounters of clinical practice what is true for ourselves and ultimately best for our patients.

David J. Plevak, M.D., Mayo Clinic College of Medicine, Rochester, Minnesota. plevak.david@mayo.edu

References

1. Sloan RP, Bagiella E, Powell T: Religion, spirituality, and medicine. *Lancet* 1999; 353:664-7
2. Sloan RP, Bagiella E, VandeCreek L, Hover M, Casalone C, Hirsch TJ, Hasan Y, Kreger R: Should physicians prescribe religious activities? *N Engl J Med* 2000; 342:1913-6
3. Koenig HG: *Is Religion Good for Your Health?* New York, Haworth Press, 1997

(Accepted for publication February 23, 2004.)

Hypothermia and Cerebral Ischemia: Mechanisms and Clinical Applications. By Carolina M. Maier, Ph.D., and Gary K. Steinberg, M.D., Ph.D. Totowa, New Jersey, Humana Press, 2003. Pages: 192. Price: \$99.50.

Hypothermia as a protective therapy and a treatment for cerebral ischemia in multiple settings has a long and storied history. Many anesthesiologists and intensivists have seen the prominence, the waning, and now the resurgence of therapeutic hypothermia within their professional lifetimes. *Hypothermia and Cerebral Ischemia: Mechanisms and Clinical Applications* is intended to provide a comprehen-

sive review of mild hypothermia, including the therapeutic potential of the methodology, limitations, and recent developments in both basic and clinical research.

One of the pleasures of reading this book is the evident effort which the editors Carolina A. Maier, Ph.D., and Gary K Steinberg, M.D., Ph.D., both from Stanford University, Stanford, California, expended on organizing the multiauthored text. The initial chapters contain a review of moderate hypothermia in experimental animal models primarily, and the middle chapters discuss current clinical practice and clinical trials. The third section of the book summarizes several studies performed primarily at single European centers in stroke patients. The summative chapter attempts to highlight future directions for the therapeutic applications of moderate hypothermia. Each chapter is organized with a concise historical view of hypothermia in the relevant experimental or clinical context, followed by presentations of important research studies and then a discussion of possible mechanisms of action, with a final concluding section on future directions for research.

While the text is multiauthored with several international contributors, repetition of information is kept to a minimum, particularly in the initial chapters discussing experimental models of moderate hypothermia. Evidence of careful editing throughout the text is apparent by references to material or discussion in previous chapters where appropriate. In addition, the book is nicely illustrated with appropriate tables and images from experimental trials, which serve to highlight the teaching points within each chapter.

Perhaps because a busy clinician has little time to explore the experimental basis for common therapies, this reader found the initial five chapters of this text to be most enjoyable. The concise discussions of the experimental rationale for moderate hypothermia followed by exploration of its application for the prevention and treatment of focal cerebral ischemia, traumatic brain injury, and postischemic injury were excellent. In contrast, the latter chapters of the text, which highlighted clinical trials and clinical methods of application of moderate hypothermia, were occasionally uneven in the amount of detail provided

about clinical trials, research protocols, and patient groups.

An obvious issue with a text that attempts to provide a comprehensive review of multiple applications of a technique in diverse groups of patients with many clinical scenarios is the issue of the current relevance of the information. The best asset of this text is its use to provide a foundation from which a clinician can best interpret new data. There are many practitioners, particularly those who specialize in neuroanesthesia and critical care, who are undoubtedly familiar with the myriad of mechanisms now identified as having a role in patient outcome after cerebral ischemia. However, a significant group of clinicians still exists who believe that an individual therapy such as hypothermia or a particular anesthetic might be the next "magic bullet." Useful reading of the text such as *Hypothermia and Cerebral Ischemia: Mechanisms and Clinical Applications* at the point where one is initially exposed to the concepts of cerebral protection or neurosurgical anesthesia or professional interest is aroused through a clinical scenario might prove to be extremely valuable in broadening the knowledge base of many practitioners.

This eminently readable text would be a valuable edition to the library of anesthesiology trainees who develop an interest in "cerebral protection" as they become familiar with concepts of neurosurgical anesthesia, critical care, and cerebral preservation within the operating room. In addition, this text serves as a strong foundation for those involved in the care of patients with devastating neurosurgical and neurologic disease as well the general practitioner of anesthesiology whose intellectual curiosity propels one to understand the background, limitations, and methodologies of current highly publicized clinical trials using therapeutic moderate hypothermia and other cerebral protection modalities.

Patricia H. Petrozza, M.D., Wake Forest University School of Medicine, Winston-Salem, North Carolina. petrozza@wfbmc.edu

(Accepted for publication February 23, 2004.)