

Bioethics Notes Survey
September 2007
Religion and Clinical Ethics

Gender?

- Male
- Female

Age?

- 20-34
- 35-44
- 45-54
- 55-64
- >=65

Title?

- MD/DO
- PhD
- PAC
- Nurse (any)
- Research Personnel
- Business Personnel
- Support Staff
- Administrative
- Other (just a check box like the others)

As an individual, I consider myself:

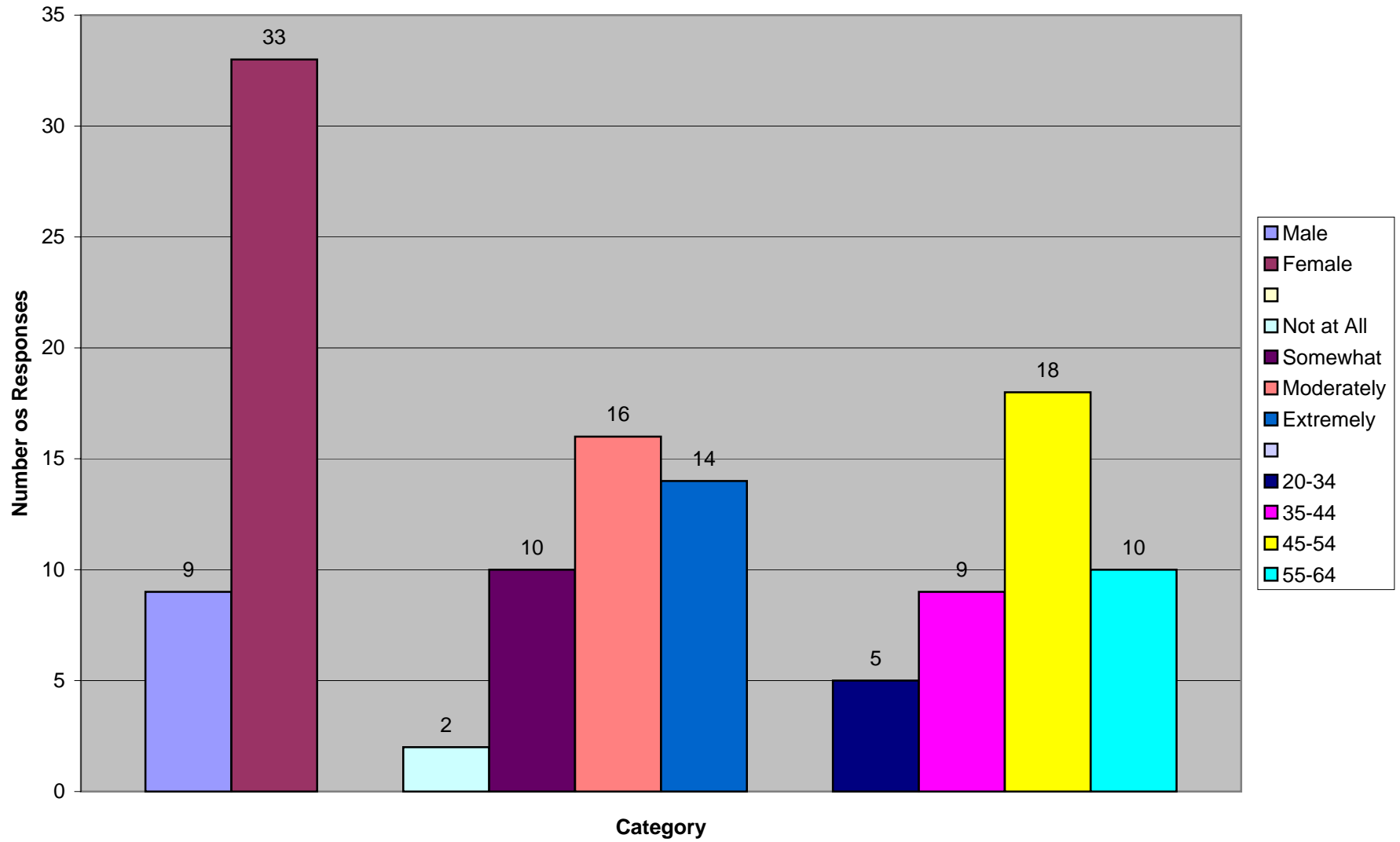
- extremely spiritual
- moderately spiritual
- somewhat spiritual
- not at all spiritual

Spiritual beliefs should be incorporated into a patient's therapeutic plans.

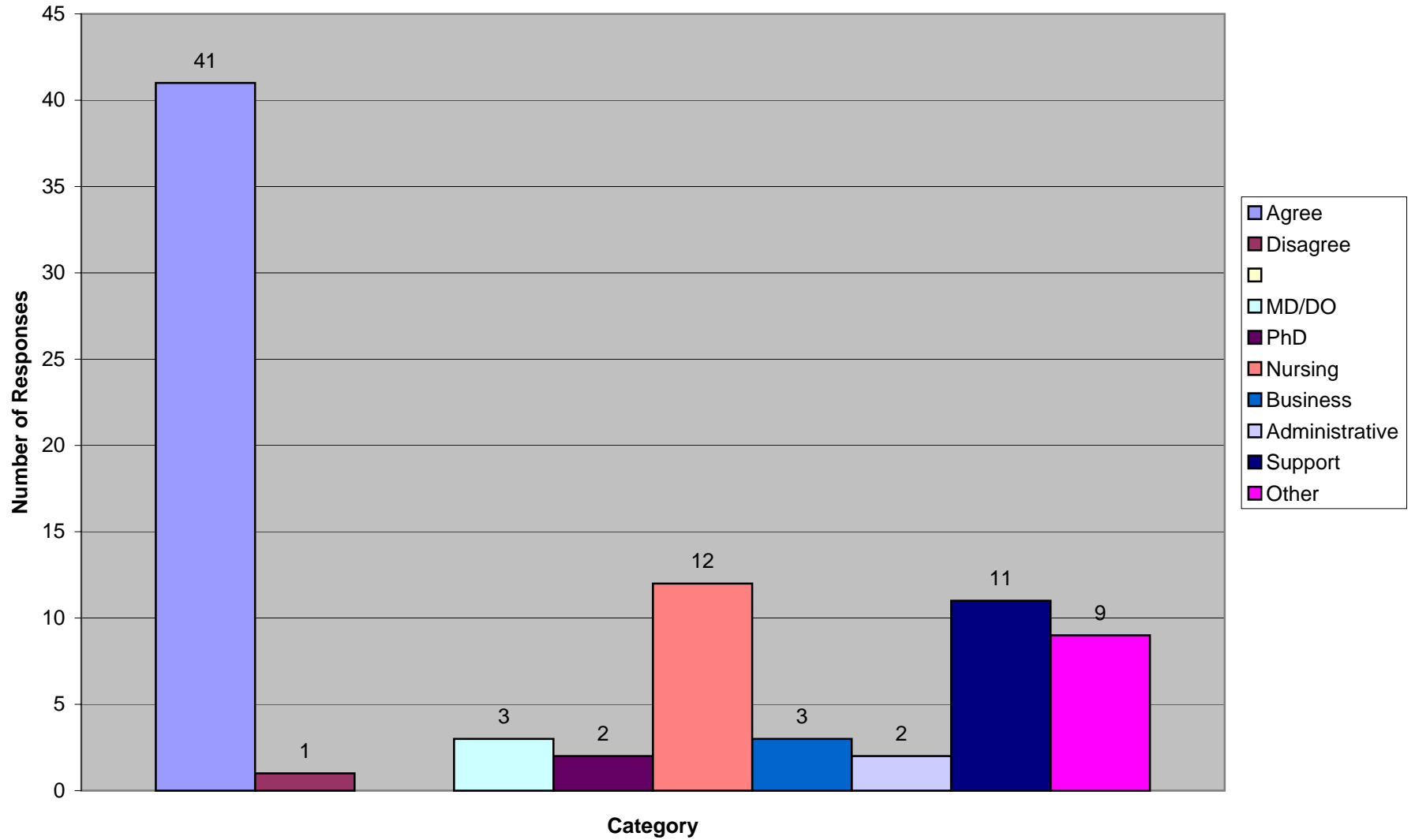
- Agree
- Disagree

Comments (50 words or less).

Religion and Clinical Ethics



Religion and Clinical Ethics



Comments

It is my belief that God gave man the ability to find treatments for the human body and a patient has the responsibility to accept these treatments, but at the same time, one should never accept or tolerate practices that cross the line (where physicians or scientists try to "play God"). He alone is the Sustainer and Healer, the Giver and Taker of life, and we must respect that and stay within certain boundaries when searching for "cures" to human ailments. Some areas were not meant to be tampered with and are God's alone to decide when or if a cure or treatment should be discovered and then used.

I have personally seen God's healing come through the power of prayer. Prayer is so powerful.

I believe that you can will yourself to do many things and if a patient believes their spirituality will benefit their recovery than by all means, it should be incorporated into their therapeutic plans.

If a person has the spiritual belief that may help them in their path to becoming better or accepting of their situation then their beliefs should absolutely be incorporated.

Many individuals draw strength and comfort from their spiritual beliefs and practices. To best serve the needs of their patients, medical professionals should respect this very individual aspect of each patient's life, doing so also provides an additional means of communication in which to establish trust and rapport.

the patient's spiritual beliefs if they have any.

The religious/spiritual beliefs of the patient and all with decision-making authority for the patient would/should naturally enter into any and all healthcare decisions.

I agree with the above for myself; however, should the spiritual beliefs of parents determine what treatment/therapeutic plans their young children receive?

The power of prayer is an amazing thing. Praying can do wonders for the patients recovery and overall outlook.

Faith should be the center of a patients treatment plan. Faith is the reason for our salvation. We are saved through faith and receive God's grace through faith...it goes full circle.

I've seen too many pt's/families get better and do better if prayer is used I have prayed with them and for them many times

Peoples spiritual preference should be considered with care, not everyone feels the same as another. People view death and life differently and their beliefs should be respected.

I truly believe that a person is what he thinks. One cannot successfully treat a patient until the whole person is treated. The spirit is the part that continues on after physical life is over; that must be nurtured. Though I do not believe it is Geisinger's job to do this, it absolutely needs to be encouraged as part of a person's total treatment. I also happen to believe that "a joyful heart is good medicine." Let's figure out a way to make our patients laugh. I hear no laughter in the hospital . . . how sad.

It helps people heal. It should be included in end-life decisions.

If one is living a faith-based lifestyle, faith will be incorporated into a patient's therapeutic plans - regardless of whether discussed with the care giver or not.

The way that spirituality should be incorporated into healthcare is the issue, not whether or not it should be done. Even for patients that do not have an overt spiritual nature illness may afford an opportunity for them to learn more about themselves and grow as human beings. Sometimes the term "spirituality" should even be left out of such an equation. However, it is not the role of a single healthcare worker to guide such human explorations. Therefore, here is yet another reason for a team approach in treating illness.

patients beliefs should be respected wether or not we agree with those beliefs, however medical knowledge should be presented where it is accepted and not forced on patients or families.

Spiritual sensitivity should go hand and hand with medical care. This would be beneficial to patients and health care professionals regardless of the final outcome of treatment.

how is this brief group of questions going to have any impact on the purpose of your committee?????????????

It is definitely part of holistic care, more important than ever as technology has many times overshadowed human needs for connection and purpose/meaning. I love working with nursing home pts because this emerges more often.