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Justifying Advocacy of Patients' Belief Diversity w/ Support from William James' Lectures on Pragmatism: A New Name for Some Old Ways of Thinking, The Variety of Religious Experiences & The Will to Believe

STERLING COURTNEY
Western Michigan University

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Introduction:

Historically, most societies throughout the world, have shared a common approach in dealing with sickness and death. From ancient times and well into the 20th century care for the body and spirit were integrated into what today some may refer to as holistic medicine. Where the myriad of cultures varies with a diversity of personal and social dynamics as well as religious practices, it appears that caregiving and healing, or attending the dying have similar habitudes. Although ceremonial and burial rituals vary markedly, the focus of integrating body and spirit has commonality. The vocational caregivers in society attended to both physical and spiritual needs according to the culture; there was no separation between the exigency of the body versus those of the spirit. Whether be the shaman, the witch doctor, or the medicine man; the vocational healer was also a religious figure. Of course, in Christianity, Jesus is seen as a healer of body and spirit. In last few decades, this dichotomy has developed resulting in religiosity that solely functions for spiritual concerns, while science dependent physicians focus on physical interests (Jawaid, 2014). Even though religion and medicine were closely integrated, to exacerbate the dichotomy, spiritual concerns are considered sentimental attachments of little value, thus ironically, health care sciences trend toward anti-religious bias (Lucchetti, 2019); spirituality has come to be considered an obstacle to scientific progress or worse, a burden. (Astrow, 2001).

Not confined to science, historically, philosophy has had secular influence expressed as counter arguments to religious philosophy. Modern philosophy and ethics are characterized by a movement toward secularization: Although philosophical systems strive to provide an alternative to religious appreciation, they never completely escape the influence of religion and its representation; at least insomuch as the "Tillichian" sense of numinous faith in an ideal goodness (Drane, 1994).

Although dated by more than two decades, the WHO (World Health Organization), in 1998, cited *health* as "a state of complete physical, mental and social well-being; not merely the absence of disease". To briefly illustrate how healthcare or "caregiving" has changed over time in the following narrative, modern medicine may have depersonalized healthcare to an extreme, warranting a focus on reestablishing and securing a nurturing environment. Advances in technology and medical knowledge have enabled a new social group (in first world countries): this growing group, *"the survivors,"* require renewed attention to spiritual needs (Lucchetti, 2019). Putting the "care" back in healthcare, the WHO acknowledged that, "*Mechanical* treatment of objective findings in patients is no longer satisfactory." Recreating a more holistic view of health, hope, and compassion; including consideration of faith and spirituality, should be integrated into healing process (Jawaid, 2014).

Although both spirituality and religion warrant attention, it is key to be cognizant of the difference when addressing either or both. Religiousness is less intrinsic, i.e., less elemental than spirituality, and is defined somehow in relation to religion. Spirituality, of course, tends to be more individualized and more personal, and may or may not be rooted in religion (Miller, 2003).

Spirituality refers to "the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, self, others, nature, and to the significant or sacred" (O'Callaghan, 2019).

A Brief Perspective History of Spirituality and Healthcare

***Renowned ethicist, Allen Verhey chronicles a historical perspective of religion and healthcare authoring The Christian Art of Dying: Learning from Jesus, 2011:*

Philippe Aries, a medieval historian, described Middle Ages (roughly the 5th - 15th centuries) dying traditions as simple and public, referring to meaningful rituals and attending companionship as "Tame Death." As death was approached as an evil, it could be tempered, hence tamed, and given meaningful respect through rituals and the community (Verhey, 2011).

As the fall of Constantinople (1453) flourished with Renaissance humanism, which many neophytes to history (self-included), relate to as "the arts", a revival of Neo-Platonism renaissance humanists embraced Christianity; as illustrated by some of the greatest works of the Renaissance period. The Church patronized many works of Renaissance art. *Ars Moriendi* (*the art of dying*), a 15th century book, considered the death of Jesus as **archetypal** for Christians'. The book helped establish a tradition of "how to die well", concerning virtues of faithful dying (Verhey, 2011).

In 1945, 40% of deaths occurred in a hospital setting, by 1995, 90% did. Dying well or the ***"****dying role"* has become the *"sick role,"* wherein patients rely on competent medical experts and hope for recovery: Whereas most often reference to medieval practices are rhetorically considered backwards and confined to entertaining festivals, the afore mentioned *"**Tame** death"* has become *"**medicalized** death."* Medicalized dying is depersonalized, often hooked up to machines; death symbolized by a flat line. Patients are often alienated from their bodies, their communities, and from faith, for the sake of survival. Contrary to the scope of humanity's progress from the Middle Ages, tragically *Ars Moriendi* has become mechanicalized and medicalized. Should death not be reduced to a mere medical event such as "do not resuscitate" (Verhey, 2011)?

Explaining Pragmatism

If any idea or notion, whether an extrinsic suggestion/phenomenon or intrinsically supported from one's own imagination, inspires belief, hope, or faith, that idea or notion is causal; deserving consideration for having the power to create such inspirations (Courtney, 2018).

Plato's scripted dialogue, *Meno*, may be considered the first recorded pragmatic application. Socrates' discussion with Meno regarding virtue, in summary, justifies a practical approach: Socrates tells Meno that the positive benefits to one's character justifies one believing in the value of a seeking for truth or knowledge by saying *"if we believe it right to look for what we don't know"* rather than *"if we believe there is no point in looking because what we don't know we can never discover.* Rephrased: "*Pragmatic arguments are practical in orientation, justifying actions that are thought to facilitate the achievement of our goals, or the satisfaction of our desires"* (Jordan, 2014).

Pragmatists maintain that most reflective topics such as epistemology, language, philosophical concepts, meaning, belief, and empirical science are all best viewed in terms of their practical uses and successes. Charles Sanders Peirce, referred as "the father of pragmatism," applied pragmatism and statistical principles as aspects of scientific logic.

In his *Illustrations of the Logic of Science* series of articles, Peirce offers his 'pragmatic maxim' in an article titled *How to Make Our Ideas Clear*:

> *Consider what effects, that might conceivably have practical bearings, we conceive the object of our conception to have. Then, our conception of these effects is the whole of our conception of the object.* (Peirce C. S., How to Make Our Ideas Clear, 1878)

Pierce expressed the maxim in a brief and somewhat cryptic form; therefore, it has been interpreted in many ways (Swedberg, 2015). William James, Peirce's close friend and colleague (Legg, 2021) further offered:

> *To develop perfect clearness in our thoughts of an object, then, we need only consider what effects of a conceivable practical kind the object may involve – what sensations we are to expect from it and what reactions we must prepare.* (James, Collected Essays and Reviews, 1920)

This clarity in this explanation may be considered only marginally better. Notably, Pierce and James differed in the utility of pragmatism's philosophy. While Pierce envisioned scientific applications, James found relevance for pragmatism's avail addressing the metaphysical, faith, and spirituality (Atkin, 2020). In like manner, a frequently cited quote, from William James' 1907 published lectures supports this basic idea of pragmatism. He writes: "*If theological ideas prove to have a value for concrete life, they will be true, for pragmatism, in the sense of being good for so much* (James, Pragmatism: A New Name for Some Old Ways of Thinking, 1907)." Therefore, it is rationally and morally defensible to believe a theological proposition because of the benefits thereby yielded.

For the resolve of this paper, the integration of faith and religion as pragmatic options must be introduced. Exploiting William James' articulation of the advantages of pragmatic justification of faith, spirituality, or religiousness, which are causal for optimism and happiness; if all these characteristics have a positive effect on healthcare and recovery, then pragmatism is worthy as a lifestyle consideration. James' provides justification through pragmatism (to which he has metaphorically applied a female gender) for the process of believing and the adoption of faith:

> *Pragmatism will entertain any hypothesis; she will consider any evidence. It follows that in the religious field she is at a great advantage both over positivistic empiricism, with its anti-theological bias, and over religious rationalism, with its exclusive interest in the remote, the noble, the simple, and the abstract in the way of conception.* (James, Pragmatism: A New Name for Some Old Ways of Thinking, 1907).

Credited as one of the earliest psychologists to consider scientific applications to psychology, pragmatism enables the intersection of healthcare and spirituality. James goes on to argue pragmatism's encouragement of spirituality in more depth while reiterating pragmatism's versatility:

> *In short, pragmatism widens the field of search for God. Pragmatism is willing to take anything, to follow either logic or the senses and to count the humblest and most personal experiences. She will count mystical experiences if they have practical consequences. Pragmatism's only test of probable truth is what works best in the way of leading us, what fits every part of life best and combines with the collectivity of experience's*

> *demands, nothing being omitted. If theological ideas should do this, if the notion of God, in particular, should prove to do it, how could pragmatism possibly deny God's existence? She could see no meaning in treating as ' not true' a notion that was pragmatically so successful. What other kind of truth could there be, for her, than all this agreement with concrete reality?"* (James, Pragmatism: A New Name for Some Old Ways of Thinking, 1907)

James does not make the claim of a universal truth that applies to all individuals. James expressed that truth was distinct and personal to individuals, and the "value" of any truth is dependent on its utility to the individual who holds it (Borden, 2017).

An important quality for pragmatism's effectuality in ones' life is what James refers to as "technical distinctions," which, when considered, inspire action, in the context of faith spirituality, or religiosity, the action inspired is that of belief. Fundamentally, deadness or liveness of a given axiom or proposition is not *intrinsic* but *relational* to the individual of which it appeals. The liveness of a hypothesis is measured by its relational appeal motivating the willingness to act. James stresses that maximum willingness is to act decisively and irrevocably. An example of the contrary i.e., a dead axiom, would be religious consideration for an atheist, the concept of religion is dead from the start. Belief is a conscious willingness to act, the act of believing (James, The Will to Believe, 1896).

Faith via Metaphysics Versus Science

As observed with secular trends, faith, spirituality, and especially formal religion have been challenged by philosophers of alternative disciplines since the aforementioned Neo-Platonism revival. Religion is a metaphysical position that is not scientifically based, which is a persuasive argument against. Historically, science has proposed phenomena that was not empirically observable but that could be inferred indirectly through predicted effects. Theoretical physicists subsist on abstractions and mathematical theory, much like theists subsist on a metaphysical conception of God. For example: It is unclear whether String Theory makes any observable predictions. This theory links general relativity theory and field quantum theory and has eleven dimensions, none of which have yet been observed. Apart from relying on an interesting mathematical theory the status of *String Theory* is highly debated as to whether it is metaphysics or science (Miller, 2003).

Note however, scientific theories when tested can be falsified. Philosopher of natural and social science, Karl Popper 1902-1994, expressed "falsifiability" or *refutability* to the intention of the testability of scientific/empirical theories. The possibility of said refutation qualifies a theory as being scientific or empirical. Metaphysical theories cannot be tested and are *irrefutable* by definition (Popper, 1962). For an atheist, there are two approaches to the *repudiation* (not to be confused with *refutability*) of God's existence: One approach is to claim that there is no deity, the other claim is that there is no evidence that proves the existence of a deity; the former group would have to produce evidence to establish that claim, which has not been done (Randi, 2005).

Justification of Spirituality Albeit Faith, by Pragmatism's Allure

Invoking Immanuel Kant, James identifies the respect and consideration that Kant had for belief in God, even though it remains an enigma as to whether Kant nurtured an ontological argument for God or whether he was an influential apologist for traditional Christian faith:

> *We can act AS IF there were a God; feel AS IF we were free; consider nature AS IF she were full of special designs; lay plans AS IF we were to be immortal; and we find then that these words do make a genuine difference in our moral life... We have the strange phenomenon, as **Kant** assures us, of a mind believing with all its strength in the real presence of a set of things of which no one can form any notion whatsoever*. (James, The Varieties of Religious Experience, 2012)

With this James enlists Kant's philosophical reputation to consider metaphysical and/or existential truths.

Given that we have determined that pragmatism will not attempt to prove the existence of God, theistic pragmatic arguments support that believing that God's existence is rational and convincingly prudent. Considering James' requirement for "technical distinctions" to inspire maximum willingness for belief, one finds convincing endorsements articulated. One would expect for maximum willingness to be irrevocable and momentous; a significant level of ardor or fervor must be emboldened:

> *If religion is to mean anything definite for us, it seems to me that we ought to take it as meaning this added dimension of emotion... This sort of happiness in the absolute and everlasting is what we find **nowhere but in religion**.* (James, The Varieties of Religious Experience, 2012)

Added consideration of James's value of religion for an individual's existentialism was expressed when writing "*A man's religion is the deepest and wisest thing in his life"* (Anderson, 2006).

Although contemporaries, Peirce, with his contribution to the philosophy of pragmatism during the 1870's, predates William James' writings by two decades. Citing a passionate acceptance of a hypothetical God and prepared for a life of devotion:

> *Any normal man who considers… the hypothesis of God's reality… will come to be stirred to the depths of his nature by the beauty of the idea and by its august practicality, even to the point of earnestly loving and adoring his strictly hypothetical God, and to that of desiring above all things to shape the whole conduct of life and all the springs of action into conformity with that hypothesis.* (Peirce C. S., 2010)

As previously cited, James states that pragmatism's adoption of faith does not depend on proving God's existence; yet he supports God's existence with metaphysical revelations in which he implies that contrary to challenges for proof of God's existence, quantitatively satisfying "particulars" he refers:

> *I find it hard to believe that principles can exist which make no difference in facts. But all facts are particular facts, and the whole interest of the question of God's existence seems to me to lie in the consequences for particulars which that existence may be expected to*

> *entail… In spite of its being so shocking to the reigning intellectual tastes, I believe that a candid consideration of piecemeal supernaturalism and a complete discussion of all its metaphysical bearings will show it to the hypothesis by which the largest number of legitimate requirements are met.* (James, The Varieties of Religious Experience, 2012)

It may be irrelevant to the theme of justification of faith for healthcare considerations, but it would be remiss to neglect the "momentous" impression that the phenomena of communion illustrate as "liveness" for the believer in Christianity. James has this to say:

> *…elements of a theory to which the phenomena of religious life lend plausibility. I am so impressed by the importance of these phenomena that I adopt the hypothesis which they naturally suggest. At these places at least, I say, it would seem as though trans mundane (existing outside the physical or visible world) energies, God, if you will, produced immediate effects within the natural world to which the rest of our experience belongs.* (James, The Varieties of Religious Experience, 2012)

As stated earlier, pragmatism "is willing to take anything" including the most personal mystical experiences.

James Considers the Psychology and Consequences of Lacking Faith

As a psychologist, in fact the 'Father of American psychology", William James encountered and addressed psychological conditions. Combining psychology and philosophy, one can appreciate James' logic and plausibility recognizing a lack of faith and spirituality as causing pessimism and possibly depression. James proposes that two of the Hellenistic philosophies, Epicureanism and Stoicism are philosophies of despair. While admiring the dignity of resignation that these two schools of thought practice, he is cognizant of the sense deprivation endured. James is concerned with what he refers to as the "sense-happiness" or lack thereof. The Epicurean versus the Stoic, James says: *"In the one the hot blood has grown cool, in the other it has become quite cold"* (James, The Varieties of Religious Experience, 2012).

Spiritualism and faith are valued for resistance to depression; through a habitude of pessimism lacking piety, one, if predisposed, is at greater risk for depression. The paradox of happiness which results through religious demands of sacrifice without protest well beyond the inconvenience of secular pessimism: Devotion may require surrender and sacrifice which are positively embraced and revered. Unnecessary sacrifices somehow ensure that happiness may increase. In observance of states of mind lacking spirituality; the surrender is submitted as an imposition of necessity, and the sacrifice is made reluctantly. To the contrary, in the pious life:

> *Religion thus makes easy and opportune what in any case is necessary. Faith becomes an essential organ of our life, performing a function which no other portion of our nature can so successfully fulfill* (James, The Varieties of Religious Experience, 2012)…

… Affording Asceticism some appeal.

James observes a differentiation between spiritual persons who tend to be resilient to melancholy regardless of their life circumstance and reflection upon death. Depression stated as an extreme result of pessimism is a pathologic melancholy which evil's existence a *"healthy-minded enthusiast"* succeeds in ignoring. Furthermore, the victim of *"the most atrocious cruelties of outward fortune,"* if of healthy mind is seldom susceptible (James, The Varieties of Religious Experience, 2012).

Adopting Faith

Pragmatism gives spirituality flexibility in approaches to healthcare; in practice, ones' circumstances may nurture faith. A small study group sampling comprised of both theist scholars and atheists was interviewed about the likelihood of patients adopting faith when confronted with a healthcare crisis. The group unanimously discredited the possibility, including the persons of faith, on the basis that considering faith under those circumstances would be insincere (Courtney, 2018). All participants were themselves healthy at the time of the interview, and this caveat may be causal for the lack of their consideration of piety in this context (Miller, 2003).

History reveals many notable conversions to the contrary; not confined to the Gospel of Luke where the good thief converts while crucified beside Jesus. Among notable figures in history, French mathematician Blaise Pascal (Lataste, 1911) and author Oscar Wilde (McCracken, 2003), expressed demonstrative conversions of faith while facing perceived crisis. Twentieth century mathematician John von Neumann, inventor of "*game theory*," also had a transformational revelation. To his colleagues' surprise, for they knew him to be a lifelong agnostic, he turned to Catholicism when diagnosed with cancer (Dransfield, 2003). Von Neumann reportedly divulged: *"There probably has to be a God. Many things are easier to explain if there is than if there isn't."* To his visiting Catholic Priest, he imparted *"So long as there is the possibility of eternal damnation for nonbelievers it is much more logical to be a believer in the end"* (Von Neumann, 2004) i.e., Pascal's Wager.

Foreboding death, influencing introspection of life's meaning, purpose, and transience has been professed to be the greatest threat to atheism (Lucchetti); inspiring the aphorism *"There are no atheists in foxholes"* (Clear, 1942). Likewise, research shows that atheism is rarely conspicuous among patients in hospital units being treated for life threatening diseases including but not limited to coronary crisis and cancer (Pargament, 2002). As a companion to the '*atheist in foxholes'* reference, Pastor Michael E. Cavanagh offers through experience, *"There are no atheists in oncology and bone-marrow transplant units"* (Cavanagh, 1994). A related study, S.R. Cohen et al., questioned the perception of quality of life to both healthy individuals and oncology patients. Their inquiry posed four dimensions to the quality of life: Physical, psychological, social, and existential well-being. While the healthy people reasoned all four dimensions of having equal impact, the oncology patients, likely suffering debilitating physical pain, rather than attesting to the 'physical' dimension, favored subjective well-being across existential domains, such as life's meaning, life's purpose, and their satisfaction in life, including religious beliefs regarding suffering and death (Cohen, 1996). Cohen's survey suggests that spiritual considerations are of greater importance than other issues when life is threatened (Lucchetti, 2019). Faith in God provides patients with hope, an idea that is commonly referred to in cancer care but that is not easily quantified (Silvestri, 2003).

Gathering quantifiable data in psychology has been much more auspicious. Not only is the evidence of improved mental health readily available, but the measurable health benefits with improved lifestyle habits associated with fellowship and spiritual engagement are increasingly apparent, i.e., the relationship between spirituality and health is causal (Nelson, 2009). Duke University's Center for Spirituality, Theology, and Health focuses on nurturing scholarly research regarding the intersection of religion and health. Current and past research publications and monthly newsletters are available at https://spiritualityandhealth.duke.edu/. Varied topics are presented, and all invited to monthly online meetings.

Living in the tail end of the Romanticism era, James' phraseology includes optimism, the supernatural, and imagination: "*The only thing that FAITH unequivocally testifies to... is that we can experience union with SOMETHING larger than ourselves and in that union find our greatest PEACE"* (James, The Varieties of Religious Experience, 2012).

Dichotomy & Paradox

Research has demonstrated a "salutary" impact of religious belief and practice on patient well-being (Villani, 2019); therefore, it is crucial that spirituality and faith not be treated as quack medicine (Astrow, 2001). Yet there is a dichotomy between physicians' values and their patients'. Poignantly, the specialties practiced which tend to treat patients with higher severity diseases are represented by physicians trending further towards secularization. The *Journal of Clinical Oncology* published a survey of 257 medical oncologists attending the annual meeting of the American Society of Clinical Oncology. With a questionnaire prioritizing seven possible aspects of healthcare, the 257 oncologists ranked faith in God as 'least' important, whereas the 100 cancer patients and family members surveyed ranked faith in God second 'most' important (Jawaid, 2014). Caregivers surveyed coincided with the patients choosing faith as second, more importantly than the ability of treatment to cure the disease. All groups agreed that the most important impact on outcome was the Oncologists' knowledge and recommendations. Thus, in the study, most of the factor rankings coincided apart from faith in God. Caregivers' rankings mimicked those of the patients' sentiments.

In consideration of the dichotomy regarding medical specialties mentioned above, a survey of family physicians and patients showed a reasonable parallel of high religious orientation, as compared to a survey of psychiatrists of which the majority were admittedly secular (Maugans, 1991).

It is curious to posit why physicians and specifically the field and scope of specialty influence their participation in faith: The degree and realm of scientific reasoning may not facilitate metaphysical considerations (Silvestri, 2003). Psychologists much like the Oncologists in the study trend towards secularization (American Psychological Association, 1975), whereas a national survey of family physicians found that their religious practices mirrored those of the general-public (Daaleman, 1999).

Conclusion

Patients and caregivers agree on the factors that are important in deciding treatment but differ substantially from doctors. For some, faith ranks very high as an important factor in medical decision making, more so than even the efficacy of treatment. If faith influences how some patients decide treatment, and physicians do not account for it, there is a disconnect; the decision-making process may be distressing and regrettable to all involved.

Numerous studies claim to document a better health outcome in patients with a strong religious faith. Most of these studies face vigorous debate, lacking empirical data and having questionable scientific methodology. The metaphysical nature of faith and healing does not afford the luxury of the mathematical theory that theoretical physics relies upon.

Whether physicians should even address the issue of religion with patients is also debatable, although increased participation in medical schools is a trend along with more offerings of medical ethics (Silvestri, 2003).

If physicians find it difficult to find "common ground" with patients, at the very least, its physicians should not discredit the strongly held beliefs that patients may have. Without appearing patronizing, acknowledgment, and respect by physicians of a patient's personal beliefs will likely lead to higher satisfaction with the decision-making process for all involved (Silvestri, 2003).

James finds pragmatism suitable for every condition confronted in life. His referral to Pascal's Wager during his lecture making a convincing argument for justification of faith, *The Will to Believe,* he does not apologize for the perceived insincerity of betting on God's existence as a pragmatic gamble for God's blessing (James, The Will to Believe, 1896). For practical life, *chance* of salvation is enough. With the following quote, pessimism and optimism are again at odds, resignation versus hope. Maybe faith ranks high as the pious relinquish their spirit for salvation:

> *No fact in human nature is more characteristic than its willingness to live on a chance. The existence of the **chance** makes the difference… between a life of which the keynote is **resignation** and a life of which the keynote is **hope.*** (James, The Varieties of Religious Experience, 2012)

Whereas faith throughout this paper is confidence in a belief not necessarily based on proof, hope is an optimistic dynamic based on desired expectation. Faith addresses the present; hope speaks of the future.

Solutions/Recommendations

Most data for studies cited in this report which recognize the dichotomy between patients' spirituality and physicians' lack thereof, was observed in the 1990's and early years of the 2000's. Since highlighted, although slowly integrated, progress to close the spirituality divide is apparent through efforts of increased medical ethics curriculum in medical schools and the business model for healthcare facilities. Whether efforts are made to fulfill holistic mission, vision, and value statements are sincerely altruistic or forced upon healthcare institutions through patient satisfaction and reimbursement, etc…. is not covered in this report, but could be the source of further studies.

The Manner in which believers experience reality, as well as the way they respond to it, is dependent on a religious narrative. Religious belief can function as the *foundation* of an institution's commitment to the relief of suffering, which is obviously seen in faith-based healthcare facilities. It can be the source of its sensitivity as well as the justification for its respect of the patient's worth and dignity (Drane, 1994). Several secular healthcare organizations have abandoned mission statements with virtues of compassion and charity to expedite financial objectives (Bart, 2002). The mission, vision, and value statements can indicate faith-based virtues but must also present inclusive *(pluralistic)* rhetoric to invite secular patients and the variety of theistic practices (Courtney, 2018).

The spiritual dichotomy in healthcare covered in this report and the facility for correction likely has more relevance in a *pluralistic* society, as is the United States. It is necessary and possible for health care professionals to address the spiritual concerns of patients in a respectful manner without needing to sacrifice any of the obvious gains of scientific medicine (Astrow, 2001).

In addition to the oncology patients referenced in this paper's Silvestri study, it is a logical expectation to find patients with similar faith involvement among patients receiving palliative care; many of whom may be oncology patients. It seems advisable for palliative care services to directly ask patients and their caregivers whether they are interested in spiritual support. *Pastoral care* is appropriate: Although some secular persons may shun the idea of pastoral intervention for discomfort from religious interaction, the phrase simply comes from the shepherd protecting his flock. In all cultures and traditions, pastoral care is a timeless model inclusive of *non-religious* and *religious communities*. By directly asking at admission or another suitable time whether pastoral care is sought, we can avoid unnecessary intrusion and focus time on those who would benefit and appreciate this service (O'Callaghan, 2019).

Referring to the Silvestri data again, addressing the physician versus spirituality dynamic will present a challenge. Healthcare facilities can nurture a culture among caregivers through policies, practice, and education. If Silvestri's data can be expected to duplicate in numerous and varied caregiving environments; and the caregivers had similar sentiments as their patients, then the disconnect is burdened by the physicians. Physicians need to be comfortable discussing spiritual concerns with their patients; carefully, respectfully, and professionally. They must recognize when to refer patients to others for spiritual support. From *Harper Lee's* 1961 Pulitzer Prize winning novel, *To Kill a Mockingbird*: Atticus gives his daughter Scout a pivotal piece of moral advice that influences her development throughout the story: "*You never really understand a person until you consider things from his point of view . . . until you climb into his skin and walk around in it"* (Lee, 1960). Perhaps for physicians to respect a person's spirituality they must first climb into their skin and walk around in it; physicians may need to nurture their own spiritual lives (Astrow, 2001).

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