

Religion in medicine

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Editor-in-Chief

Dear readers,

It has always been interesting to me to see the juxtaposition of beliefs and scientific evidence in clinical practice. Increasingly, in my work as an academic lecturer training primary care physicians and a researcher in health behaviours, I have noted the major impact of personal beliefs and practices on a doctor's consultation. Cognitive biases that are a result of a lifetime of cultural and personal values have been shown to affect one's behaviour which translates to our own personal health beliefs and subsequently impacts on our work.¹ This may be of greater impact when the evidence in the area is sketchy and this is particularly true for primary care which is defined by breadth of clinical practice.

In this issue of the Malaysian Family Physician, there is an article regarding the effect of Al-Quran recitation on smoking cessation.² Should we allow for an overlap of religion and medicine?³ Or should we firmly separate the two in case it leads to a slippery slope towards non-evidence based medicine?⁴ It is my view that all forms of interventions should be tested, appraised by the peer review process and published for all to judge fairly. However, it can be difficult to remove bias as blinding to the religious intervention is not possible.

I would feel uncomfortable prescribing religious interventions in my clinical practice. The power dynamics of the patient physician relationship is tilted towards the health care practitioner and my concern is that there would be an element of coercion despite efforts to minimise this by shared decision-making. We would welcome further discussion on this matter with letters from our readers. As stated by our previous Chief Editor, Professor Ng Chirk Jenn, let us continue to address sensitive issues head-on.⁵

In this issue, we have 3 original articles, 6 case reports and 1 Test Your Knowledge article. We hope that you enjoy reading these papers.

References

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3. Koenig HG. Religion, spirituality, and medicine: research findings and implications for clinical practice. *South Med J*. 2004 Dec;97(12):1194-200.
4. Sloan RP, Bagiella E, VandeCreek L, et al. Should physicians prescribe religious activities? *N Engl J Med*. 2000;342:1913-1916.
5. Ng CJ. Let's address sensitive issues head-on: health, gender and religion. *Malays Fam Physician*. 2015 Dec 31;10(3):1