



[Print](#) :: [Close](#)

## FAST FACTS AND CONCEPTS #120

**Author(s):** Kate Kwiatkowski, Robert Arnold MD, David Barnard PhD

**Background** Physicians are commonly asked to pray for a patient or to lead a patient/family in prayer. The physician may feel conflicted because of uncertainty about how to be supportive to the patient, respect professional/personal boundaries, and remain true to his/her own religious beliefs. The following options attempt to respect the integrity of the physician's spiritual/religious beliefs and be supportive of the patient's emotional needs.

### Options

1. Pray with/for the patient: It is entirely appropriate for physicians to pray if they feel comfortable doing so and such prayer is consistent with their own spirituality (see, however, 'Pitfalls' below).
2. Sit with patient while patient prays: A physician who is uncomfortable praying with/for the patient may choose instead to sit quietly in supportive company while the patient prays. In this way, physicians lend support to the patient and his/her spiritual beliefs without explicitly endorsing a particular belief system themselves.
3. Respectfully decline: Physicians who are uncomfortable with either of the above options may respectfully decline to pray with/for the patient. To avoid the patient feeling rejected, the physician may want to say: I am really sorry, I am not comfortable with that {eg leading a prayer}. In such cases, physicians are encouraged to make non-religious supportive comments: You will be in my thoughts.

**Note:** Patients who ask for prayers may have unmet spiritual needs. A chaplain can assist patients talk or reflect upon their spiritual issues. The physician should ask the patient about referral: Would you like to visit with the hospital chaplain? Or – Would it be helpful for the hospital chaplain come and spend some time with you?

### Pitfalls

1. It is inappropriate for the physician to impose his/her religious beliefs on the patient or to offer prayer in a manner that is not respectful of the patient's beliefs. Given the differences in beliefs and practices, even within specific denominations, non-denominational prayer is safest. For example, rather than referring to Jesus, Buddha or Allah, use a more neutral and inclusive term like God. Asking God for support or that God's will be done is safer than asking for specific outcomes, particularly if you think the patient is dying.
2. A physician should not promise to pray for a patient if s/he has no intention of doing so. This has the potential to undermine trust in the physician-patient relationship.

### References

1. Cohen C, et al. Prayer as therapy: a challenge to both religious belief and professional ethics. Hastings Center Report. 2000; May-June Issue: 40-47.
2. Cohen C, et al. Walking a fine line: physician inquiries into patients' religious and spiritual beliefs. Hastings Center Report. 2001; September-October Issue: 29-39.
3. Lo B, et al. Discussing religious and spiritual issues at the end of life: a practical guide for physicians. JAMA. 2002; 287:749-754.
4. Lo B, et al. Responding to requests regarding prayer and religious ceremonies by patients near the end of life and their families. Palliative Medicine. 2003; 6:429-31.

**Fast Facts and Concepts** are edited by Drew A Rosielle MD, Palliative Care Center, Medical College of Wisconsin. For more information write to: [drosiell@mcw.edu](mailto:drosiell@mcw.edu). More information, as well as the complete set of Fast Facts, are available at EPERC: [www.eperc.mcw.edu](http://www.eperc.mcw.edu).

**Version History:** This Fast Fact was originally edited by David E Weissman MD and published in September 2004. Current version re-copy-edited in April 2009.

**Copyright/Referencing Information:** Users are free to download and distribute Fast Facts for educational purposes only. Kwiatkowski K, Arnold R, Barnard D. Physicians and Prayer Requests. Fast Facts and Concepts. September 2004; 120. Available at: [http://www.eperc.mcw.edu/fastfact/ff\\_120.htm](http://www.eperc.mcw.edu/fastfact/ff_120.htm).

**Disclaimer:** Fast Facts and Concepts provide educational information. This information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Facts cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

**ACGME Competencies:** Interpersonal and Communication Skills, Patient Care, System-Based Practice

**Keyword(s):** Psychosocial and Spiritual Experience: Patients, Families, and Clinicians

© 2008 Medical College of Wisconsin

---

**Medical College of Wisconsin**

8701 Watertown Plank Road, Milwaukee, WI 53226

[www.mcw.edu](http://www.mcw.edu) | 414.456.8296

[Print](#) :: [Close](#)