



Spirituality and Health Care: A Request for Prayer

by

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“I can’t believe it. I finally get to practice *real* medicine!”

Cathy Winters was beginning her fourth year of medical school. Since her senior year in high school, she had wanted to be a physician specializing in pulmonary medicine and, after completing her required third-year rotations, she was ready to work in the area for which she felt such a strong attraction. She knew that this rotation was her golden opportunity to demonstrate her medical knowledge and enthusiasm for this specialty, and would provide excellent exposure to the faculty members in the Division of Pulmonary Critical Care and the Department of Internal Medicine. She knew that an excellent performance this month could secure her an interview for a residency position and a possible fellowship.

On Cathy’s first morning of work, she was one of three medical students on a team with an attending and six residents making rounds on 18 patients. Cathy was assigned primary responsibility for two patients. It was 6:30 a.m., and rounds started at 8 a.m. She had 90 minutes to make herself thoroughly familiar with her patients. One patient, Bette Johnson, was admitted with delirium due to urosepsis, and after 4 days of antibiotics and blood pressure support, it looked like she was improving. “She should be able to be transferred to the floor later today,” thought Cathy. Her second patient was not so straight-forward.

Harold Rockquomore was a 90-year-old African-American gentleman. Throughout his life, he had suffered from hypertension, chronic renal insufficiency, and mild emphysema. Mr. Rockquomore came to the hospital one month ago for minor abdominal surgery. However, during his post-operative recovery, Mr. Rockquomore suffered a heart attack. He subsequently developed an abnormal heart rhythm that caused congestive heart failure and needed ventilatory support to breathe. He needed strong medications to prevent him from hurting himself while using the ventilator, and due to his age and the impairment of his kidneys, it took a long time for him to wake up. However, he was eventually able to wean from the ventilator and seemed to be improving. Then, he vomited and developed pneumonia from aspirating gastric contents into his lungs. He had to go back on the ventilator, and within 24 hours developed low blood pressure, presumably due to sepsis and pneumonia. This low blood pressure caused him to have another heart attack.

This time, very few sedatives were given to Mr. Rockquomore, but he still did not wake up. A CT scan of his head did not reveal any obvious problems, except for the atrophy associated with old age. He required significant oxygen from the ventilator and was not able to wean from it. His condition continued to slowly worsen, and he developed bleeding from the gastrointestinal tract, exacerbating his problems. The surgeons felt that Mr. Rockquomore was too ill to operate.

Cathy looked over his social history. It appeared as though Mr. Rockquomore led a very active life. He was a widower and served as a lay minister in a church a couple of miles from where Cathy grew up. She had friends who attended his church, and it occurred to her that she heard her friends talk about his rousing sermons. Looking at his current condition, Cathy thought, “Sounds like God is calling Mr. Rockquomore’s name.”

Cathy went into the room and completed an examination of Mr. Rockquemore. She felt a sense of sadness as she thought of this vibrant man in his current state. He looked thin and frail, nothing like the description her friends gave of this dedicated preacher. As she was finishing her examination, a woman entered the room. She looked to be about 50. She said hello to Cathy. Cathy introduced herself as the student doctor working with her father.

“Oh, he’s my grandpa,” the woman said. “I’m so glad we finally have someone who will understand us.” Cathy assumed she was referring to the fact that both women were African-American. “All the other doctors and nurses have wanted us to give up hope and let him go. They don’t understand how full of life Papa is. He’s the glue that holds our family together, and we just couldn’t go on without him. My parents died when I was just a baby, and Papa took me and my three sisters in to live with him. He raised us like we were his daughters and still keeps us all together. We all live on the same block, and every Sunday after church, we all get together at his house. He says there’s nothing more important than God and family. Doctor, it would mean so much to me if we could pray for him. Do you have just a couple minutes? I won’t hold you up long . . .”

Cathy hesitated, then looked around. “Well... I think that would be OK.”

They moved their chairs closer, bowed their heads, and started to pray together.

“Dear God...”

In the middle of their prayer, one of the other fourth years on the inpatient team walked into Mr. Rockquemore’s room. He noticed Cathy and the granddaughter praying and gave Cathy a disapproving look as she opened her eyes to see who it was. The student peer quickly left the room as the prayer ended. The granddaughter thanked Cathy profusely for praying with her. Cathy left the room and met with her peer who was waiting outside the room.

“Cathy, I don’t think you should have done that, it’s outside the boundary of what we should be doing with our patients.”

“I don’t know, she really wanted me to pray with her and I didn’t see any harm to it,” Cathy responded.

The discussion continued back and forth until Cathy stated, “Eric, how about we talk to our attending about this? Maybe she can help us decide the best course of action to take in situations like this.”

“OK, Cathy, I think that’s a good idea.”

Prerequisite Reading

Post S.G., C.M. Puchalski, and D.B. 2000. Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics. *Annals of Internal Medicine* 132: 578-583.



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