

FAST FACTS AND CONCEPTS #120
PHYSICIANS AND PRAYER REQUESTS**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:

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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; revised again July 2015.

Fast Facts and Concepts are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of](#)

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