

Spirituality and medical education in India: Are we ready?

Most Indians tend to have strong religious affiliations. Traditionally, medicine and religion are inseparable, and religious priests are considered to be healers of body and soul. Ayurveda, an Indian system of traditional medicine, makes use of herbal medicines and prayers to heal the person as a whole. The practice of medicine is considered a sacred activity in which God is the ultimate authority on knowledge about life and death.^[1]

A similar role was assigned to religion in Western societies in the past. With advances in scientific knowledge around the 17th century, religion fell out of favor as it was considered "unscientific". This led to a division of roles between religious leaders for healing the soul and physicians for healing the body. Interest in spirituality developed, as an alternative to rigid religion, which is considered a sign of social progress. Religiosity and spirituality have the common objective of reaching the "higher power", or God, or something that is "sacred". Spirituality is viewed as an individual quest while religiosity is a group phenomenon with other objectives such as developing an identity, and providing social support and feelings of security.^[2]

The World Health Organization (WHO) has recognized spirituality as an important factor influencing health. Many Western medical universities have included spirituality in their training programs. One deficiency of these programs is that they are not uniform, and most of them do not evaluate their own effectiveness.^[3] It is inherently difficult to teach and assess spirituality because it is a personal quest which students pursue at different speeds.

Most of the debate around spirituality and health comes from the West.^[4] This perspective may not apply to Asian cultures. Most Indian students are involved in religion. Research in India has shown that religious involvement may influence lifestyle and improve physical and psychological well-being.^[5,6]

Patients with serious illnesses often express the desire for their physicians to address their spiritual needs to help them make better decisions.^[7] Physicians apparently agree with this, but rarely raise this issue, either due to lack of exposure or due to

fear of stepping out of their professional role.

There is a need to assess whether our students already possess the required spiritual inclination, using appropriate tools, so that there is no need to impose a curriculum in that area. Otherwise, medical students should first be taught about the importance of spirituality possibly through lectures. Second, we should consider whether this is relevant for medical graduates. We should show increased spiritual inclination by medical students or health professionals to improve their performance in one or more domains (cognitive, affective, psychomotor, and patient satisfaction) in their profession. Methods of imparting spiritual knowledge and experience need to be developed. Yoga can be included as one part of teaching mode for increasing spiritual awareness among medical students. Components of Yoga which are least related to religious aspects can be identified and selected. Spirituality can also be a part of complementary and alternative medicine. Teaching spirituality at the undergraduate level needs integrated teaching module development. Students should be able to understand the connection between spirituality and health and be able to address spiritual or religious queries of the patients in practice. Medical professionals should also have access to spiritual development courses.

Yoga and transcendental meditation may help students and physicians improve their own well-being, prevent burnout, and improve patient care. However, studies in this aspect are absent in Indian literature. Defining spirituality as a separate entity (compared to religion) applicable to the medical field needs refinement.

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