

Spirituality and Ophthalmology

Espiritualidade e Oftalmologia

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Moreira-Almeida A, Koenig HG. Spirituality and Ophthalmology [editorial]. Rev Bras Oftalmol. 2021; 80(6):e0047.

Como citar:

doi:

<https://doi.org/10.37039/1982.8551.20210047>Received on:
Oct 5, 2021Accepted on:
Oct 6, 2021

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no conflict of interest.

Financial support:

the authors received no financial support
for this work.

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Religion/spirituality (R/S) is very important to most patients, with 84% of world's population reporting a religious affiliation. Even those with no religion often report some level of spirituality, which may be defined as “the relationship or contact with a transcendent realm of reality [e.g., God, gods, spirits, deceased ancestors, etc.] that is considered sacred, the ultimate truth, or reality” (p.12).⁽¹⁾ Religion would be the “the institutional or communal aspect of spirituality, as a shared set of beliefs, experiences, and practices related to the transcendent and the sacred” (p.13).⁽¹⁾

There is now growing evidence that there are important relations between R/S involvement and health. Higher levels of R/S are usually associated with greater well-being and better quality of life, as well as with less depression, substance use/abuse, and suicidal behavior. Better physical health and longer overall survival have also been associated with R/S involvement. Although less frequent, negative uses of R/S can also lead to worse mental and physical health outcomes.⁽¹⁾

What might be the implications of these growing research findings for ophthalmology? A PubMed® search “(ophthalm* OR eye) AND (religiousness OR spiritu*)” with no time limit resulted in 380 articles. However, most of them did not address R/S in ophthalmology. Thus, R/S remains poorly explored in this medical specialty. The few existing studies, though, show that there are several reasons why R/S may be relevant to ophthalmology. These articles cover a variety of topics investigated in several different countries and cultures. Here, a brief overview of the connections between R/S and ophthalmology is presented, and it is a field of research that is just starting to be explored.

With regard to prevalence, R/S is common among ophthalmology patients. A study of 124 patients in the United States found that 82% reported prayer was important to their sense of well-being, the majority (68%) indicated that God gives them the strength to be “at peace” with their illness, and 58% reported belief that God can directly help physicians treat their illness. Furthermore, approximately one-third believed God made them stronger because of their illness, and 23% indicated the illness was a way of God testing them. Only a small percentage believed God caused the illness (2.4%) or that it was a punishment (4%). If their vision worsened, 28% reported they would like to receive support from their religious communities, and 23% indicated they would like to discuss with their ophthalmologist the role that God played in their eye problem.⁽²⁾

Spiritual beliefs (e.g., trust in a benevolent, forgiving, and supportive God), and religious practices (e.g., prayer, mindfulness, religious readings, attending communal services), may provide meaning, purpose, and strength to cope with severe ophthalmic impairments, such as blindness.⁽³⁾ In a study with 248 patients from the United

States with glaucoma or ocular hypertension, those who were more religiously committed were more able to cope with their eye disorder and had greater motivation to take their medication.⁽⁴⁾

A study from Croatia discussed how devotion to patron saints can also be a coping strategy, such as the cult of Saint Lucia, the patron saint of the eyes in many Christian countries.⁽⁵⁾

Religion/spirituality may also impact the acceptance of treatment and being willing to donate a cornea. Depending on their religious affiliation, patients may object to treatment for religious reasons. For example, 63.7% of 190 Muslims in India reported using eyedrops during the Ramadan fast periods would break the fast; consequently, only 34.2% said they would use eyedrops during this period.⁽⁶⁾ Thus, this topic needs to be discussed with Muslim patients.

On the other hand, among 268 patients in Nigeria with impaired vision, only a small percentage (1.5%) reported a religious barrier to seeking treatment based on a fatalist view of their illness (i.e., “it is God’s will that my vision is bad”). Lack of knowledge about and access to eye care services were the major barriers in that study.⁽⁷⁾

Although rare even among highly religious populations, such as in India, religious reasons may be given as a reason for refusing to donate a cornea.⁽⁸⁾ Even these relatively rare instances can be managed as suggested by a recent study, in which collaboration with a priest who performed the last rites for the deceased (and emphasized cornea donation as a religious act of giving) increased cornea donations from zero to 254, in one-year period, at a hospital in India.⁽⁹⁾ Muslims (perhaps for some of the reasons described above) have been associated with a lower willingness to donate organs more generally.⁽¹⁰⁾

Religion/spirituality may also influence the provision of health services.⁽¹¹⁾ Motivated by his religious beliefs, in 1827, the Protestant physician Dr Thomas Richardson Colledge founded the Macao Ophthalmic Hospital, the first hospital to provide Western medicine in China. Consequently, many Protestant missions in China began to employ medical missionaries.⁽¹²⁾

On the negative side, self-inflicted eye injuries, despite being rare, are often related to religious delusions in psychotic patients,⁽¹³⁾ especially in cases of self-enucleation as showed in a Brazilian series of ten cases.⁽¹⁴⁾

There have also been a number of reports of spiritual experiences in blind patients. A study of 21 blind patients (14 of them blind from birth) examined near-death experiences in participants. Near-death experiences were very similar to those of reported by non-blind persons, and 15 of these patients indicated being able to see during the experience. For example, a woman totally blind from birth, who does not have visual imagery even in dreams, reported clear visual perceptions of her body from above the room where she was, the surroundings, and other people present.⁽¹⁵⁾

Another article reported on the case of a woman who had sudden healing of juvenile macular degeneration blindness after proximal intercessory prayer by her husband. At the age of 18 years, her visual acuity was 7/200 in each eye; two years after the healing event that occurred when she was 31-year-old, her vision was documented at 20/100. Her vision continued to improve during the following years reaching 20/40 and then stabilizing. Her eyesight has remained well 47 years since the healing.⁽¹⁶⁾

This brief overview shows R/S is relevant to the practice of ophthalmology. With regard to integrating R/S into clinical practice, the first step is to take a brief spiritual history, asking patients about their R/S, and exploring how it affects their lives and how they cope with their eye problems.⁽¹⁷⁾

Taking an R/S history is part of a comprehensive bio-psycho-socio-spiritual approach to the patient.⁽¹⁾ Learning about and addressing the R/S needs of patients deserves attention in the training of ophthalmologists, clinical practice, and research in the field of ophthalmology.

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