

## Finding Faith Through Listening

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**The intercom** crackles to life suddenly overhead, interrupting me as I comfort a patient with a new cancer diagnosis. I am forced to pause as a loud voice proclaims, "The chapel will open at noon today. All denominations welcome." Although it is a welcome respite from the medical litany of code blue announcements we've heard throughout the day, this interruption disturbs me differently. I have always had a hard time reconciling religion and its place in medicine, and now it is forcing its way into my examination room.

Growing up in a Jewish family, my childhood memories are peppered with religious traditions and customs; the sweet smell of Friday night challah, the glow of the Shabbat candles, and the familiar incantations of the Hebrew prayers I knew by heart but did not necessarily know the meaning of. Although my family practiced reform Judaism, the Jewish Day School I attended was orthodox, and I soon tried to adapt their practices at home. I remember one Yom Kippur, the holiest day of the year, chastising my parents for wearing leather shoes to temple because "it was against the rules." For my 7-year-old self, religion was mostly about following the rules. As someone who constantly sought approval and feared getting into trouble, religion was something I could be good at.

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and he is just the conduit.**

As I grew, my family's life became busier, and our Jewish traditions slipped into the background. My perspective on religion also changed as I started to question the world around me, including questioning the rules I had blindly followed in the past. My love of science and medicine created doubt in my mind about the existence of a higher power or God. It was unsettling to think that someone or something had control over my life. I wasn't ready to say there was no God, but it went against what I had learned as a physician. I knew how the body worked from the microscopic cellular level to the individual organ systems. For me, God was not a part of that. I knew how my scalpel cut precisely to remove abnormal breast tissue to eliminate cancer. I had trained for 9 rigorous years to master those techniques. God had not been a part of that training. I wasn't sure if God had the right to be in the hospital or in my operating room.

Yet my patients kept bringing God into the room. There was the young woman who called to ask if she still needed surgery; she and her family had prayed, and she was certain the cancer had shrunk. There was the older

patient with a suspicious looking mass who didn't want a biopsy or treatment because it was "in God's hands." Another patient cancelled her mastectomy multiple times because she was convinced God would cure her. One woman invited me to pray with her before surgery, so God would guide my hands.

There is a part of me that is envious of these women, my patients. I am envious that they can believe so strongly in a higher being. I am envious that they can accept anything that happens because it is God's will. Many days, it would be a relief and a weight off my shoulders if I too could believe that a higher power was controlling everything.

But mostly I feel uncomfortable. I pride myself in creating close connections with patients. When religion is mentioned, though, when God is brought into the equation, it feels like a wall gets put up that I cannot tear down. I try to be empathetic. I try to understand things from their point of view. But often I don't know the right thing to say or do.

Recently, when a patient declined surgery for a large cancer because she had faith that God would cure her, I wanted to scream, "But this is the same God that gave you cancer! Why would God give you cancer just to cure it?" I wanted to reason with her, but she seemed to have made up her mind. Sometimes, I will say things like, "God is looking out for you, that is why God brought you to us to help treat you." It doesn't often seem to work, though. Perhaps patients can sense that I don't believe. They can sense the lack of conviction behind my statement. Even as I write, it sounds fake.

How can I connect with patients who are deeply religious when I am not sure I believe in God? How can I talk to them about their faith and the role it plays in their disease when I have none? Studies suggest that patients trust their physician more when they are of the same race or gender; what about religion?

To try to answer these questions, I reached out to a type of healer I had previously relegated to end-of-life care: the hospital interfaith chaplain. I had met Reverend John several months ago, amid the grieving of a patient's family. The kindness he showed me during my own distress stayed with me, even as a nonbeliever. He invited me to join him on his rounds in the hospital as an observer. I left my long white coat behind one sunny afternoon as we met up in the main lobby. Today, I would just be Andrea, a student again. Physicians, nurses, patients rushed by, heads staring down at their phones, oblivious to us as we sat there and talked about God.

I asked Reverend John what he says to patients when they decline treatment because they believe God will cure them. To him, this type of a faith is often a form of denial. He said, "Denial is a sacred place. Denial

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allows us to stay in control. It is a ledge we sit on above a cliff. Sometimes we need to stay there a little longer." As physicians, it can be an uncomfortable place to sit. But Reverend John pulls up a chair or literally gets uncomfortable by kneeling on the hospital floor in his clean, pressed khakis to meet patients eye to eye. He tells patients that it is OK to hold on to hope, but sometimes we need to change what we are hoping for.

Reverend John was busy that afternoon. His pager went off multiple times during an hour-long span, sometimes interrupting his prayers. Together we visited a patient in the intensive care unit. The patient's religion was not listed, nor could she tell us due to being intubated. It didn't matter. Reverend John's presence was enough. He held the patient's hand and spoke in his soft and soothing voice as he knelt beside her. When he offered a prayer, the patient closed her eyes and felt his words with all her being.

There is a certain calm that comes from just being in Reverend John's presence. Part of it is his voice, the slow cadence and soft hum, almost like a lullaby. He holds himself in a way that implies endless attention and patience. It is as if everything about him was made to slow down and listen. In contrast, I feel like there is a motor running throughout me, propelling me to constantly move faster.

Our next visit was with a patient who spoke slowly and seemed to have trouble figuring out what to say. Most physicians would have interrupted him at least 5 times, but Reverend John just listened. When he offered a prayer, the patient prayed with him in bed on his

knees, tears in his eyes. I left thinking that Reverend John had likely done more for this patient with 10 minutes of listening than any medical intervention had during this admission. Similar interactions followed as we made our way through the hospital to see families grieving for loved ones affected by illness, cancer, and violence.

Although the families were of varying faiths, Reverend John was able to provide comfort for all. I realized that most of what he did had nothing directly to do with religion. It was mainly about listening. He empathized with them. He gave them space to grieve and to verbalize their fears and needs. He called it being a "listening presence." He added that they are not sharing with him; they are sharing with God, and he is just the conduit.

I may not have seen the light or renewed my belief in God that afternoon, but I did find faith in the power of being a listening presence. I learned from Reverend John that when patients are turning to God to cure them, there is usually something deeper there. There is fear, confusion, and maybe even self-blame. I still may not feel comfortable talking to them about God, but I can sit there and sincerely listen. I can ask questions and let them talk. I can ask, "In your prayers, what do you want to tell God about your illness and about what you're feeling?"

When we first met up that afternoon Reverend John told me, "We all individually make sense of where we are in the world in our own way. That's religion." And that is part of the job of physicians, to help patients make sense of how their illness fits in with their world.

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