

Canadian Medical Education Journal

Letters to the Editor

Re: “Medical students’ personal experiences, religion, and spirituality explain their (dis)comfort with a patient’s religious needs.”

Ré: “Les expériences personnelles, la religion et la spiritualité des étudiants en médecine expliquent l’aisance ou le malaise ressentis à l’égard des besoins religieux des patients.”

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I was eager to read this month’s publication by Schmidt et al entitled “Medical students’ personal experiences, religion, and spirituality explain their (dis)comfort with a patient’s religious needs.”¹ As a religious Jew, I can identify with the gap between patients’ spiritual needs and physicians’ comfort in discussing religion and spirituality. I commend the authors for their attempt to address this through a standardized patient (SP) encounter. However, as a proud Jew and a future medical educator, I was deeply disappointed by the design of this study and its portrayal of Jewish patients.

In the study, medical students interviewed a religious Jewish woman who presented with headaches, but was ultimately suffering stress due to her daughter’s impending marriage to a non-Jewish man. Why is this the model of faith and spirituality for Jewish patients? The SP simply portrayed Jewish stereotypes: the insular, intolerant orthodox Jew and the overbearing, over-dramatic Jewish mother.

Dr. Schmidt and her colleagues could have designed an encounter to explore the role of faith in a patient

grappling with a difficult health care, pregnancy, or end-of-life decision. They could have explored the tension between religious values (e.g. keeping Sabbath) and health care values. These certainly would have been more meaningful representations of our rich religion and culture in the health care setting.

The authors report that they used the example of a religious Jewish woman because the students in this study will be working in predominantly Jewish neighbourhoods in clerkship. I hope that future exercises highlight the richness and complexity of Jewish religious identity and move away from shallow stereotypes. In doing so, they will better serve the students and their future Jewish patients, like my family and me.

Reference

1. Schmidt C, Eickmeyer J, Henningsen M, Weber A, Pleimann A., Koehler S. Medical students’ personal experiences, religion, and spirituality explain their (dis)comfort with a patient’s religious needs. *Can Med Ed J*, 2020,11(4), e29-e38. <https://doi.org/10.36834/cmej.6921>