

Pray hard, work hard

Is there a danger that increasing religious fundamentalism is becoming a public health hazard?

Shima Gyoh raises some important questions



The liaison between religion and health has existed from the beginning of human existence. Most cultures of homo sapiens believe that man is made up of a mortal material earthly body that lives in the four dimensions of length, breath, height, and time, and a ghostly immortal soul that might extend in another dimension that we are not equipped with senses to detect but have brains to hypothesise. Although the body lives only for no more than three score and ten years – with some minor violations particularly from the developed world – its behaviour during the brief existence has, paradoxically, a profound effect on the fate of the soul – for eternity!

Most human preoccupation – with the exception of a few religious orders – has been with the welfare of the body, particularly with its liability to hunger, pain, disease, and death – maladies which do not affect the soul. Nevertheless, careful regulation of the behaviour of the body so that it does not compromise the welfare of the soul is a role religions do not take lightly. This may be, at least in part, the driving force of missionary work. In the past, the faithful waged wars to convert unbelievers they called pagans. Violence, except for a few extremists, is no longer in fashion for converting infidels; persuasion is preferred.

Anyone who can assuage the body's problems of hunger, pain, disease, and death will get its attention to listen. Education and doctoring have proved good baits. It is no surprise that many religious organisations do very good work in education and health. In Africa, their achievements in these disciplines and contribution to national growth have been phenomenal. Nevertheless, like all good things, there are areas of aberration with controversial outcomes.

Praying hard may sufficiently boost students' morale and confidence needed to pass examinations provided they also studied well. It may also cause patients to experience relief of some or even all the symptoms of their illness, especially if the inevitable psychosomatic dimensions predominate in the problem. However, the clergy – with the exception of a few monks of the closed orders – agree that prayer was never meant to

replace physical efforts needed to succeed in whatever we pray for. The winning formula is 'Pray as hard as if everything depends on your prayer, but work as hard as if everything depends on your efforts.' This is why we need be wary of programmes that base our hopes on prayer alone. We may pray for a safe journey, but we must ensure the vehicle is sound and obey the traffic regulations, particularly alcohol and speed. Alarmed by the frequent fatal accident at a bend on the brow of a hill, the authorities erected a sign at the site which stressed, 'Slow down! Many have died here, you have been warned!' With the increasing religious fundamentalism, a new sign has been erected besides the warning, declaring 'Many shall live, in the mighty name of Jesus!'

Poverty has made our people vulnerable to promises of wealth and health through prayer and miracles, and religious houses are taking full advantage of it, but so are some orthodox doctors! They set up their hospitals with a religious missionary flavour, making prayer the main hope of their patients. 'Yes, we try with medicines and operations, but it is really God that heals.' The doctor assigns both success and failure to God's will, which the faithful must gratefully accept, making him safe from criticism! Two hours after a caesarean section in his facility called 'Miracle Hospital', a doctor was called back to the patient who was seriously bleeding and in profound shock. Instead of resuscitation, he summoned his staff and invited the relatives to join him in prayer. It provided an unchallenged opportunity for brainwashing and he told God, to the rapt attention of the submissive relatives, how everything humanly possible had been done, and that it was now up to Him to let the patient live. The patient died. 'We did everything necessary, but God's will is the best. She is now happy in paradise,' he told the patient's weeping mother. The case landed him at the professional disciplinary tribunal, but only because it inflamed unrelated pre-existing social conflict between the two families.

African countries need to make it a legal obligation to register all births and deaths, and post-mortem diagnoses for unknown causes of sudden deaths. Implementation would be challenging, but it would punch a hole in the cover-up explanations of offending practitioners and encourage the bereaved to demand scientific proof.

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