

Doctors as objects of worship: Reconsidering doctors' competency based on cultural context

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I. INTRODUCTION

Doctors' competency is one of the central themes of medical education, which has focused on the knowledge, skills, and morals of doctors. However, as doctors in Japan, we often wonder how we are perceived by patients and located in their belief systems. How we should be as doctors, which is often defined by lists of competencies produced by medical associations in various countries (including Japan), is not the same as what patients want us to be. This notion came to mind from anecdotes and the first author's experience, as described below.

Since the first author entered medical school in the late 1990s in Japan, she has witnessed and heard accounts of patients joining their hands in prayer toward doctors, as if they are praying toward gods. She has thus wondered if doctors have become objects of worship for their patients. As an example, one day during her surgical rotation at a rural hospital in Japan, an elderly patient told her that she had the hands of an ogre and the heart of Buddha, "*Kishu-busshin* (鬼手仏心)" in Japanese. This saying is based on the idea that a surgeon needs to cut something evil out of a human body using their hands, similar to a cruel ogre, but also must take care of patients compassionately, similar to the merciful Buddha. Although perhaps just a metaphor, it was memorable. After saying these words to her, the patient joined her hands in prayer toward the author as Japanese people do when they pray to Buddha or other gods. The author was not sure if the patient expected her to use supernatural powers to cure the disease or wished for her merciful care. What she remembers is that the patient's praying action was perplexing because she felt that she was being

treated not as a human being but rather as a supernatural being or a creature with inexplicable powers.

Since this encounter, she has come to recognise that doctors sometimes become objects of worship for their patients, even though that is not our intention. Therefore, the influence of doctors' words and behaviours on patients is considerable, which she has since always kept in mind.

In ancient times, doctors were gods across the world: for example, Horus in Egypt (Horus is known as the first ophthalmologist whose eye was sutured by another god, Toto, after his eyeball was removed; Ikeda, 1989, pp. 96-97), Asclepius in Greece (Asclepius is a son of Apollo and has a cane with a snake, which is used as a symbol of Western medicine; Ikeda, 1989, pp. 126-127), "*Huang Di* (黄帝)" in China (*Huang Di* is a god of medicine who is found in the oldest text book of Chinese herbal medicine, "*Huangdi Neijing* [黄帝内经]"; Ikeda, 1989, pp. 54-55), and "*Ohkuninushi-no-mikoto* (大国主命)" in Japan (*Ohkuninushi-no-mikoto* is a god who is well known as a healer in "*Koji-ki*", which was written around the 8th century in Japan; Ikeda, 1989, pp. 30-31). During those times, cures were mostly in the gods' hands, and people followed specific religious practices when seeking to be cured because diseases were uncontrollable by humans. Now, in the 21st century, Western medicine appears to be universal and ubiquitous, especially in industrialised countries; however, there are a variety of alternative medicines, some of which are connected to religious beliefs. Even modernised scientific Western

medicine in Japan appears to have religious aspects that remain from its origins.

In this personal view, we explore commonalities between religion and practices of Western medicine in Japan, through which we suggest we can consider our competency from a different perspective.

II. RELIGION AND MEDICINE

Because the Japanese term “religion (*shu-kyo*; 宗教)” is Eurocentric and derived from Christian tradition, it had to be reconceptualised at the beginning of the Meiji period (in the late 1800s) in Japan, and previous belief systems in Japan were sorted out on the basis of this concept in response to the Great Powers’ urging of the Japanese government to explain the Japanese “religion(s)” (Josephsen, 2012). Thus, Japanese belief systems and practices were not represented by the word “religion” in English, and it is still difficult to call them “religions”. Indeed, there has been a lot of academic debate about the definition of “religion”, which shows the inherent difficulty of defining it.

People in Japan have perceived that everything could have divinity and intentionality, which is the reason why our language has a specific expression for “8 million gods/goddesses (八百万の神)”. Some of them are represented as humans, but others are materials, such as stones and trees. It is historically well known that even some people were worshipped and called gods in the past (Miyata, 2006). Worshipping doctors may be similar.

Thus, Japanese belief systems and practices are different from religion in the conventional sense. However, we use the word “religion/s” for the belief systems and practices that are pervasive in our ordinary lives (It is said that Japanese traditional religions are Buddhism, Shintoism, and Confucianism. However, they all are interwoven and connected with each other. For example, Buddhist monks conducted rituals for local deities in Shintoism. The gods in Shintoism are derived from the deities of Taoism, Hinduism, and Buddhism. Worshipping and celebrating gods are embodied in everyday life as religious practices, and people conduct rituals as conventional customs without perceiving that they pray toward gods or believe in them.) and can be observed in practices of Western medicine in Japan because there are certain commonalities between them and religious concepts.

Many commonalities exist between religion and Western medical practice. Many doctors in Western medicine believe that the discipline originated in ancient Greece. Western medicine began with deities and worshipping them through “religious” practices, but it has gradually

changed since one of the Saints of Medicine, Hippocrates, placed importance on patient observation and disease processes. In his approach, we find a strong connection between scientific, objective observation and medicine. From the Hippocratic era to the 21st century, Western medicine has transformed, merged with the natural sciences, and developed technologically. Japan imported Western medicine as one of its official medicines at the beginning of the Meiji era (1868) and appears to have peripheralised former systems of medicine connected with Confucianism and other belief systems. However, the relationship between traditional belief systems and Western medical practice in Japan is evident in the shrines at hospitals, in hospices with Buddhist practices, and among people worshipping doctors. In terms of structure and practices, there are “religious” aspects in Western medicine.

A French-American anthropologist, Scott Atran, who studies religious beliefs with a cognitive approach, has quoted Jean-Paul Sartre when explaining science: “Science cannot tell us what we ought to do, only what we can do” (Atran, 2002, p. 295). Considering this phrase, we wonder whether Western medicine—or more broadly, medicine itself—can try to tell patients what they should do for their salvation (for their health), which can be demarcated from science and resonates with “religion”. In this view, in some situations (not all), doctors may be regarded as priests preaching their doctrines to their patients and trying to provide salvation, but only for those who follow the doctrines (Ikeda, 1989, pp. 13-14), as not all belief systems are set for salvation.

Atran pointed out the telic event structure as one of the features of religion (Atran, 2002, pp. 63-65). Telic structure is a concept in linguistics in which we can expect the result of an event and possibly interrupt it with a controlling force. Western medicine has the same structure if we observe how doctors explain diseases and treatments to their patients. They imply possibilities of controlling the outcome with medical interventions.

Furthermore, relieving fear of death and existential anxiety is one scope of Western medicine, particularly in palliative care, which has a similar function to some religions. Although it does not appear that conducting rituals, displaying commitments, and making sacrifices are necessary in Western medicine, there are similar events, including presenting gifts to doctors, found in Western medicine in Japan.

The similarity between religion and medicine has been identified by anthropologists, including Byron Good (1993), who noted that medical anthropology considers beliefs and phenomena surrounding beliefs in medicine.

In Japanese medical education, the way in which a doctor can earn patients' trust is one of the most important issues currently being taught, based on the prioritisation of patient-doctor relationships and communication skills. However, we should ask ourselves, what does "trust" mean and what do patients believe? Why do patients sometimes worship doctors? How should doctors react to this? Taking into consideration how doctors are perceived by patients and their interactions will provoke and enrich our thoughts on how we, as doctors, can act in each context.

III. CONCLUSION

Medical education has traditionally emphasised scientific facts, logic, and rationality, and medical students are told that they are scientists. However, in medical practice, doctors encounter various religious situations, including the examples we have raised in this article. Acknowledging the fact that we are entangled in patients' belief systems can allow us to reconsider our competency, how we react to patients, and, moreover, how we should be trained in the era of global and advanced technology in which everything is becoming ostensibly universal, but in reality is not.

Notes on Contributors

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