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The Church of God in Christ: Religious Beliefs and Healthcare Decisions, 2003

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The Church of God in Christ

Religious Beliefs and Healthcare Decisions

By Frederick L. Ware and Chere B. Hall

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The Church of God in Christ (COGIC) is a Protestant Christian denomination, founded in 1897 as a Holiness church and reestablished in 1907, under the leadership of C. H. Mason, as a Pentecostal church after Mason's baptism in the Holy Spirit with the experience of tongue-speaking. The denomination is predominantly but not exclusively African American. COGIC is "Holiness Pentecostal," influenced by both the Holiness and the Pentecostal movements, focusing on a three-phase crisis experience of conversion, sanctification, and baptism in the Holy Spirit. Because of its rich and varied history, COGIC is known by other names, such as "Holiness church," "Sanctified church," and, more recently, "Pentecostal church." Though the denomination does not trace its origins to the Reformation of the 16th century, it shares in common with other Protestant bodies the basic conviction that the Bible is the principal source of authority in all matters of belief and practice.

COGIC embraces traditional Protestant beliefs but, from its perspective on Scripture, gives special emphasis to belief in *original sin*, *atonement*, *conversion*, *entire sanctification* (holiness) in this life, *baptism in the Spirit*, *speaking in tongues* (glossolalia), *Christ's second coming* (premillennialism), *miracles*, and *divine healing*. The denomination recognizes as sacraments the Lord's Supper (Holy Communion),

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baptism by full immersion, and feet washing. Other important rites performed by ordained ministers include wedding ceremonies, funerals, and burials.

COGIC's immediate origin is traced to the Holiness movement that flourished in the 1890s among congregations in the General Association of Baptist Churches in the south central states, along the lower Mississippi River Valley between Memphis and New Orleans. After expulsion from the Baptist Association for overzealously propagating Holiness teachings, C. P. Jones, J. E. Jeter, W. S. Pleasant, and C. H. Mason organized a new group under the name "Church of God." Mason claimed later that the name "Church of God in Christ" had been revealed to him and was confirmed in his reading of the New Testament, for example, in 1 Thess. 2:14. The new church unanimously accepted the name proposed by Mason. Their first permanent place of meeting was a cotton-gin house in Lexington, Mississippi.

COGIC is present throughout the United States and in 56 other countries. COGIC's worldwide membership is estimated at nearly 5.5 million persons, worshipping in 15,300 congregations, which are divided into approximately 175 jurisdictions and served by a clergy numbered at 28,988 persons.¹ Each jurisdiction is overseen by a bishop who is elected by ordained ministers within his jurisdiction and consecrated (installed officially) by the General Board, acting with the approval of the denomination's General Assembly. Jurisdictions are subdivided into districts, which are smaller fellowships of local churches overseen by superintendents appointed by jurisdictional bishops. The General Board, the highest executive body of the denomination, consists of 12 persons elected quadrennially from the college of jurisdictional bishops by the General Assembly. The General Assembly is composed of delegates (mostly ordained ministers) from all jurisdictions. It is the highest decision-making authority and doctrine-establishing body within COGIC.

The General Assembly meets in April and

November of each year. COGIC's "Holy Convocation," its international and largest convention, is held each November in Memphis. This convocation draws about 50,000 persons to the city. COGIC holds other very large conventions. The denomination's Missions, Evangelism, Sunday School, Music, and Youth Departments hold a joint annual meeting in July of each year. The Women's Department, the largest and most powerful department in COGIC, holds its own annual meeting each May.

COGIC is headquartered in Memphis. The denomination's office complex is located in the Downtown area of the city. The denomination still maintains facilities at its historic 400-acre site in Lexington, Mississippi. In Memphis, COGIC operates a publishing company that prints official church documents; books on denominational history; ministerial and departmental handbooks; and educational materials for its Sunday School, Youth, Missions, and Women's Departments. *The Whole Truth*, published quarterly, is COGIC's official news magazine. These publications and church supplies are available through the denomination's downtown Memphis bookstore.

The ordained ministry is restricted to males and organized hierarchically, starting at the lowest rank of licensed ministers (local preachers) and continuing to ordained ministers (elders); pastors; superintendents; jurisdictional bishops; and, at the highest rank, bishops on the General Board. Most ministers become pastors by starting their own congregations. Familial relations, charisma, relationships with authority figures, and financial reports to district, jurisdictional, and national divisions of COGIC influence appointment and promotion within the hierarchy.

Because women's call to ministry is not validated through ordination, the Women's Department represents an alternative path for involvement, recognition, and leadership. Women ministers are licensed through the Women's Department either as "deaconess missionaries" or as "evangelist missionaries." The women, too, are organized hierarchically. The evangelist mis-

sionary, who may work within several local churches or outside of the local church where she is a member, has a higher status than the deaconess missionary, who is restricted to service within the local church of her declared membership. District missionaries, jurisdictional supervisors, and international supervisors for women's work oversee the activities of missionaries. Women of exemplary leadership and moral integrity in the denomination are respected highly and called "mothers."

COGIC's Education Department comprises several schools: Saints Academy in Lexington; All Saints Bible College in Memphis; C. H. Mason Theological Seminary (a member institution of the Interdenominational Theological Center) in Atlanta; a system of Bible Institutes in nearly 40 jurisdictions; and learning centers in Haiti and Belize. Prior to 1975, COGIC operated a junior college at the Lexington site.

COGIC's history can be divided into five periods or movements, some running concurrently. The first period is the formative years, from 1897 to 1907. During this period the Church of God in Christ was a Holiness church that was organized by ministers from the General Association of Baptist Churches, an unincorporated fellowship of black Baptist churches in Tennessee, Arkansas, Mississippi, and Louisiana.

The second period, from 1907 to 1925, is COGIC's reconstitution as an interracial, interdenominational Pentecostal church. Because COGIC was the only legally recognized Pentecostal church, white Pentecostal ministers sought and were given credentials from COGIC. In 1914, several of these ministers founded the Assemblies of God. COGIC also operated missions among Mexican, Indian, and Hispanic populations in the southwestern, western, and pacific states of North America. In addition to attracting persons from various races and ethnic groups, COGIC drew into its membership persons from other Christian denominations, mostly from Baptist and Methodist churches.

A third significant movement is COGIC's dramatic growth, through urban expansion and

northern and westward migration, from 1910 to 1970. As COGIC's members left the south central states and moved north and west, they established new churches in the cities where they settled. COGIC members remaining in the South would grow the denomination as they moved from rural areas and planted new churches in southern cities. In addition to this internal migration within the United States, COGIC members would expand their denomination as they traveled overseas either for military service or for work opportunities. Migration, travel, and, more recently, urban demographic shifts resulting in the creation of megachurches and proliferation of small congregations have expanded the church at a rate greater than the deliberately planned efforts of the denomination's Evangelism and Missions Departments.

COGIC's fourth movement is marked by the significant administrative and polity changes that occurred from 1951 to 1968. In the 1926 Constitution of the Church of God in Christ, C. H. Mason was given authority, as Senior Bishop, to appoint bishops, create jurisdictions, represent the denomination in religious and civic matters, and establish its doctrine. The church declared that Mason would retain this authority until his death, whereupon a board of bishops was to be elected and empowered to oversee the denomination. In 1951, recognizing his advanced age and declining health, Mason created an executive commission to carry out all administrative duties that he had formerly performed. Mason died ten years later, in 1961, at the age of 95. His tenure of 64 years and his absolute authority are unparalleled in American denominational history.

From 1964 to 1967, a great deal of debate in the denomination centered on the question of whether anyone could succeed Mason and thus hold the title and exercise the authority that he had as Senior Bishop. In January 1968, COGIC held a constitutional convention. Delegates adopted bylaws that would have far-reaching consequences. They abolished the office of Senior Bishop, created a new constitution, and

restructured the denomination as it now is.

At the same time, oral and written histories of Mason's life, experiences, and teachings have remained crucial for interpreting COGIC theology and doctrine. These histories recount his personal spiritual pilgrimage (i.e., how he was converted, sanctified, and baptized in the Holy Spirit); his being healed of life-threatening illnesses; and his charisma, piety, humility, moral integrity, evangelism, and organizational and administrative skill. In addition to Mason's heroism and each person's own inner witness of the Holy Spirit, COGIC members look to various authority figures and charismatic personalities for the interpretation and application of doctrine. The authority figures, some of whom may also be regarded as charismatic, include bishops, superintendents, women's supervisors, pastors, elders (ordained ministers), women missionaries, deacons, and church mothers.

COGIC's current period, its history from November 1968 to the present, is marked by its efforts to function as a major Christian denomination. Through a strict moral code and work ethic, many church members have moved into the middle class. COGIC is negotiating its place in the mainstream of American religious life. Its estimated membership now ranks second among the seven historic black Christian denominations and fifth among all major Christian denominations in the United States.²

COGIC's current leadership faces many complex challenges, such as ministering to more affluent and educated members while fostering a sense of solidarity with the less privileged, maintaining headquarters and national operations comparable to those of other major mainline Christian denominations in the United States, interpreting the Holiness Pentecostal message for the present generation, speaking out with clarity and conviction and leading with action on the controversial issues of our time, addressing problems of members living in U.S. inner cities and third world countries, developing uniform educational and training standards for clergy, including women in the ordained ministry,

and engaging other Christians and persons of other faiths in dialogue and cooperation. While COGIC participates in such organizations as the Pentecostal and Charismatic Churches of North America and the Congress of National Black Churches, it has yet to join larger, more inclusive ecumenical organizations such as the World Council of Churches and National Council of the Churches of Christ in the U.S.A. COGIC's September 2003 Constitutional Convention will address several of these challenges.

BELIEFS IN MIRACLES AND DIVINE HEALING

COGIC has an Arminian concept of faith. COGIC stresses that Jesus Christ did not die for a select few, but for all persons. God's offer of salvation is for everyone. The power of Christ's atonement is available to all. By faith—exercising faith or putting faith in Jesus Christ—a person can affect her own situation. The individual is not helpless and hopeless against sin, evil, or sickness. She can act, through faith, to change her own condition. The human will, corrupted by transgression and concupiscence, is impotent to achieve God's standard and blessings for human life but becomes functional when it turns to Jesus Christ, accepts and obeys him, and receives baptism in the Holy Spirit.

Sanctification (holiness) and Spirit baptism are therefore means of accessing and exercising power over evil. It is believed that God's divine power is greater than any force of evil, including sickness. The divinely desired standard and quality of life includes the following marks of holiness and the Spirit-filled life: worship (private and public); honest work; tithing; cardinal virtues (faith, hope, and love); study; modest and neat dress; heterosexual marriage and family life (avoiding fornication, adultery, domestic violence, separation, and divorce); abstinence from alcoholic beverages, narcotics, and tobacco products; advocacy for civil and human rights; and pacifism.³

Evil is a term that encompasses all negative, inexplicable (senseless or meaningless), and unmanageable suffering in human life. Evil is all that is injurious, hurtful, unfortunate, and calamitous, and all that impedes our success, happiness, and well-being. Evil may be classified as natural evil and moral evil. In COGIC theology and doctrine, there is nothing “natural” about evil, if natural means “normal” and implies that human beings should not expect anything better and therefore may acquiesce to evil. Evil is rather to be avoided and/or overcome. Natural evil refers to those events in nature that cause suffering in human life, such as sickness, disease, drought, tornados, earthquakes, floods, volcanic eruptions, and death. Moral evil is suffering caused by human beings themselves; it is the harm that we do to each other and that diminishes our quality of life. Moral evil is synonymous with sin. The original state of humanity is life without evil and sin.

In COGIC theology and doctrine, illness may be the consequence of sin. Sin originates from three sources: (1) Satan and demons, (2) the sin of Adam, and (3) human will.⁴ The denomination acknowledges that there are forces and purposes in the universe that oppose God’s will and work against human life. Satan and demons are a supernatural explanation of sin. Here sin is a rebellion that is vanquished and banished from the divine realm, and enters the human realm to destroy human life and lure human beings away from God’s will. Satan and demons are defeated foes of God and the believer is granted authority from Jesus Christ to “cast out devils.”

In Genesis 3, the sin of Adam is imputed to all subsequent generations. His fall initiates humanity’s estrangement from God. The sin committed was Adam’s act but we, as he did, bear the consequences that followed from that act.

When sin is discussed as something that individuals actually do, then attention is placed on volition. Humans have free will and therefore the capacity of freedom, the ability to perceive and pursue a course of action chosen from among one or more alternatives. Willful disre-

gard or violation of *just* law, whether it is civil law, social mores, or commandments of God, constitutes sin. Here sin is transgression. Sin also occurs when humans desire anything other than what is good or right. Here the root of sin is in concupiscence. The problem is not with desire per se but rather with the fact of not desiring, wanting, or striving for the good, perhaps even desiring, wanting, or enjoying something that is evil.

The origin of moral evil in Satan, demons, the sin of Adam, the misuse of human freedom, or the misdirection of effort and desire locates sin apart from God. God’s nature contains no sin. And God is not the direct cause of sin. God condemns sin, opposes it, and exercises a power far greater than sin.

God’s power is demonstrated through God’s creation and providence (care and oversight) of the world, and through miracles, healing, and signs. Signs are phenomena that God uses to reveal something about God’s character, being, and/or will for humankind. Signs and wonders attest to God’s glory and are indications of Jesus Christ’s second coming. Illness may be indicative of God’s wrath against sinful humanity, whereas healing may be indicative of God’s mercy. Miracles are not a violation of God’s own laws of the physical universe. Rather, miracles demonstrate which laws are basic to the universe.

Miracles are extraordinary with respect to defying the pattern, cycles, power, and hold of natural evil and sin (moral evil) in the world. Acts of deliverance from sickness, sin, trouble, and ruin are miracles but sometimes these events are discussed separately to emphasize their distinctive character. For example, release from sickness is discussed within the topic of healing, release from sin within the topic of salvation, and release from forms of trouble and ruin not covered in the former topics may be discussed within the general topic of deliverance. Miracles prove that evil and sin are not the supreme power in the universe; God is. Fundamental to the universe is life, not death; good, not evil.

Miracles are samples or displays of God's power to overcome natural and moral evil and thereby "save"—rescue—human beings from peril and summon them to obedience and faith.⁵

By the exercise of faith, a person may be delivered from evil and sin and healed of sickness. This faith healing is performed through various means, such as prayer, fasting, physical touching (laying of hands), anointing with oil, use of symbols of faith, reading or quoting the Bible, and exorcism. The sick individual may be healed by the exercise of his own faith or through the exercise of another Spirit-filled believer's faith. COGIC recommends that its members' first response to illness be to exercise faith and follow the pastoral advice of James 5:14-15, which reads: "If there be any sick among you, let him call on the elders of the church and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed any sins, they shall be forgiven him."⁶

Believing that illness is attributable to the devil and that it is not anything to which we must acquiesce, persons may, during the act of prayer, "rebuke," "bind," or "cast out" the devil. If the illness is thought to be the result of the person's having sinned, prayer may be offered for God's forgiveness or mercy. Prayer is thought to be further efficacious through fasting.

The oil used in anointing may be plain or

scented olive oil. The normal practice is to dab, smear, or rub a small amount onto the skin. Large quantities of oil are not used. It is not the amount of oil, but rather faith in God and obedience to the word of God, that results in healing. The oil is not to be ingested. However, some persons have been known to ingest small amounts of plain olive oil.

Believing that faith results in healing, persons may symbolize or show that they have faith by the use of various objects. For example, a cloth, Bible, cross, letter of correspondence, and other symbols of faith may be held or placed near the patient. The piece of cloth may have been prayed over by a minister, missionary, or fellow believer. The cloth could be a piece of unused fabric or material cut from a vestment or other garment worn by the minister or missionary.

THE CARE OF SOULS (PASTORAL CARE)

In addition to the pastor, persons in other roles within the church are involved in the spiritual care of the patient. Visitation is not done by the pastor only. Missionaries (female ministers), church mothers, associate ministers (local preachers and elders), deacons, and other members of the congregation will visit the patient and offer prayer and perform other acts to promote divine healing.⁷

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

In health care, patients are required to be active participants in their care by choosing providers, procedures, and often the therapy they believe is best for their body. Patients have the right to be informed of procedures, and of their risks and benefits, when considering healthcare options. They also have the legal right to assign someone to make decisions on their behalf in the event that they are unable to make those decisions themselves. In the midst

of these decisions, patients should know that their decisions are confidential.⁸ COGIC does not have an official stance on patients' rights to give informed consent, execute advance directives, or expect confidentiality. The denomination does affirm that its members must receive equitable treatment that respects their civil and human rights. COGIC encourages members to seek knowledge necessary for the nurture of body, soul, and spirit.⁹

FAMILY, SEXUALITY, AND PROCREATION

Families are networks for care and nurture. In COGIC doctrine, heterosexual marriage is fundamental to the development and stability of these networks. "The opposite sexes created by God, male and female, were created for each other to procreate in the institution of marriage."¹⁰ The denomination does not in any way accept homosexuality as normal or accept it as a way of life that is consistent with the Christian faith.¹¹ According to the denomination's doctrine, sex within the boundaries of heterosexual marriage is viewed as the only means for procreation of the earth and the only appropriate form of sexual expression.¹² The denomination discourages any public display of the body that may be perceived as sensual or sexually provocative.¹³

CLINICAL ISSUES

Contraception

While COGIC doctrine recognizes procreation as a central purpose of sexual expression within marriage, no statements have been issued on the use of contraceptives.

Abortion and the status of the fetus

Although the term "abortion" can have various meanings, abortions are best grouped into two categories: spontaneous (miscarriages) and induced.¹⁴ Miscarriages typically occur without

apparent cause. The death of a fetus under these circumstances is believed to be part of the inevitability and uncertainty of physical death. The deliberate ending of a human life, as through induced abortion, is forbidden according to the denomination's faith:

The Church of God in Christ does not accept abortion due to the scriptures' stand on taking of innocent life which is murder or the denying of life in any form . . . the denial of even a fetus to form into a human being, is interfering with human life and we see it interfering with the seed of intent. The Church of God in Christ has a very sacred view on human life. It has a definite conviction about tampering with what God has proclaimed as life. We cannot accept any philosophy or rationale, concerning the aborting of that life, even the fetus in the womb. We believe only God can give life, and that only God can deny life and we should not try to abort it.¹⁵

COGIC provides specialized ministries to meet the social needs of its members and their families. Social services and counseling services are available to COGIC members who have marital problems or need information on Planned Parenthood, medical services, or services for unwed mothers.¹⁶

GENETICS

The church has yet to take an official stance regarding cloning or genetic selection.

ORGAN AND TISSUE TRANSPLANTATION

There is no official stance on organ or tissue donation.

MENTAL HEALTH

In our society, people are considered mentally healthy if they have adjusted to life in such a way that they are comfortable with their life situation and, at the same, are able to live so that their behavior does not create conflict with the people close to them or with society.¹⁷ COGIC's position is compatible with this societal view of mental health. The denomination is very con-

cerned about the mental health of its members. COGIC denounces the use of alcohol or illegal drugs, or engagement in any behavior that is detrimental to the mind and body. The church supports institutions that seek to preserve and maintain the social, psychological, and emotional well-being of the individual and family.¹⁸

DEATH AND DYING

Death may be defined as the cessation of life and its related clinical signs.¹⁹ COGIC views death as a state of sleep in which the soul and spirit leave the physical body and lie dormant until the final resurrection of God's saints.²⁰ When any death occurs, the family must receive supportive care. Death is not illusory but very real, as are heaven and hell. The believer must be ready to face his or her own physical mortality and eternal fate in addition to the coming of Jesus Christ, an event that may occur in this life before physical death and is a time when the wicked are punished and the righteous rewarded. The believer must therefore live in a constant state of readiness.

Ultimate questions about death, immortality, punishment, and reward are answered through COGIC's eschatological vision of the end of the world.²¹ However, the denomination discourages debate over doctrines of millennialism and urges believers to embrace the commonly recognized truth that Christ will return for his church

and God's total redemption of the universe from all evil will be realized.

CLINICAL ISSUES

Forgoing life-sustaining treatment and hastening death

COGIC has no stated position on end-of-life decisions. However, one may observe as a tendency that some church members are opposed to euthanasia, when "euthanasia" is defined as change in or cessation of medical care in order to hasten the death of persons who are terminally ill. Families are reluctant to discontinue life support unless it is clear that the patient is dead in an absolute sense, that is to say, when (1) medical personnel have exhausted all medically indicated means of treatment and (2) there is no heartbeat or no brain activity. Life is prolonged in order to give the patient every chance, no matter how small, at recovery. Fami-

lies of strong belief pray and hope for miracles. Church members (clergy and lay) may be present with the family or consult with them in making decisions about care for the terminally ill patient.

Last rites, burial, and mourning customs

COGIC has no ritual that could be described as last rites. COGIC members may request that

church elders or other members be present for prayer with and/or for the dying patient. Patients and their families may request that sacraments or other important rituals be performed. Only ordained ministers can administer the Lord's Supper. Baptism by full immersion (see "Baptism," below) may not be possible, given the medical condition of certain patients.

SPECIAL CONCERNS

BAPTISM

COGIC does not recognize "sprinkling" as baptism. In order for baptism to be efficacious, persons must be immersed fully in a body of water.²² In the United States, because of urbanization, most baptisms in COGIC are performed in indoor baptismal pools or tanks. Rarely do COGIC members use rivers, streams, ponds, and so forth. In rural areas and in other countries, it may be that bodies of water found in nature are used with some frequency. Baptism is administered only for persons who make a profession of

faith in Jesus Christ. It is therefore not administered to infants.²³ The denomination recognizes that it is through faith in Christ more than the performance of any ritual that persons receive salvation and the gift of eternal life. Baptism is regarded as a "symbol" of regeneration, a person's experiencing a renewal of life in Christ.²⁴ A person's not having been baptized, for reasons beyond his control, will not affect his salvation, provided that he has undergone the fundamental experience of rebirth in Christ.

NOTES

1. See National Council of the Churches of Christ, *Yearbook of American and Canadian Churches*.
2. Ibid.; Lincoln and Mamiya, *The Black Church*, 407.
3. Church of God in Christ, *Church of God in Christ Official Manual*, 58, 66-72, 93-94, 121-131; hereafter cited as *Official Manual*.
4. Ibid., 55-56.
5. Ibid., 74-75.
6. Ibid., 73, 124.
7. Ibid., 73, 132, 145.
8. Taylor et al., *Fundamentals of Nursing*, 87-88.
9. *Official Manual*, 126.
10. Ibid., 66.
11. Porter, *Membership Manual for Laymen*, 23; hereafter cited as *Membership Manual*.
12. Ibid., 22.
13. *Official Manual*, 93.
14. Thomas, ed., *Taber's Cyclopedic Medical Dictionary*, 6; hereafter cited as *Taber's*.
15. *Membership Manual*, 23.
16. *Official Manual*, 126.
17. *Taber's*, 847.
18. *Official Manual*, 126.
19. *Taber's*, 490.
20. *Official Manual*, 62.
21. Ibid., 62-66.
22. Ibid., 78.
23. Ibid., 78-79.
24. Ibid., 57-58, 78.

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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, healthcare workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not

substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



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The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

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