RESUMO - COMPROMISSO SOCIAL DO MÉDICO CATÓLICO

SPIRITUAL PRESCRIPTIONS AND INTERCESSORY PRAYER: A TWO-YEAR EXPERIENCE OF INTEGRAL CARE IN FAMILY MEDICINE

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Introduction: In Catholic Social Doctrine, the human person is a unity of body and soul. For the Catholic physician, social commitment involves recognizing that suffering transcends the biological, requiring a spiritual dimension as part of integral health. This project was inspired by Saint Giuseppe Moscati, who taught: “Happy are we doctors, who are so often unable to alleviate sickness, happy if we remember that, as well as the body, we have before us the immortal soul, concerning which it is essential to remember the Gospel precept to love them as ourselves.” This approach responds to the medical tendency to overlook spiritual needs as less important, reintegrating the transcendent into the clinical encounter to address sufferings that standard prescriptions cannot reach.

Objective: To describe the integration of spiritual care tools within a residency routine, emphasizing the physician’s role in identifying spiritual suffering—rather than ignoring it—and the possibility of sharing these burdens with the patient.

Methods: During a two-year residency (2024–2026) in a public primary care facility, two tools were implemented. First, a "spiritual medicine" bag with 70 fragments of Holy Scripture and quotes from Saints; at the end of consultations, patients were invited to randomly draw a message for spiritual and existential comfort. Second, a "prayer intention notebook" recorded names of patients and families facing complex health issues, addictions, conflicts, or violence. Both tools were offered only upon patient openness to spiritual anamnesis and explicit permission for intercession. This practice aligns with the fourth component of the Patient-Centered Clinical Method; as studies show many patients desire a spiritual approach, these tools strengthen the doctor-patient relationship, becoming a therapeutic instrument itself.

Results: While no formal scales were used to measure improvement, qualitative observations were significant. This approach was frequently met with profound relief, sometimes accompanied by tears and surprise that a physician addressed problems "not considered a primary medical concern." Patients described it as "sharing their cross" or dividing their burdens. The inclusion of spiritual elements strengthened the therapeutic bond and provided a space for faith, demonstrating tangible relief beyond physical symptoms and a deeper emotional connection.

Conclusion: The Catholic physician’s social commitment is realized by treating the patient as a whole person, placing spirituality back at the center of care. Honoring the Church’s vision of integral care helps bear the weight of suffering through solidarity, fulfilling the physician’s role as a witness to Christian hope within the public health system.

Palavras-chave: social doctrine; spiritual health; spiritual suffering; intercessory prayer; family medicine; primary care.