RESUMO - SAÚDE E ESPIRITUALIDADE

SYSTEMATIC REVIEW OF THE SACRED DIMENSION IN MEDICINE: SUPPRESSION, PHYSICIAN BURNOUT AND CRISIS OF MEANING

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INTRODUCTION: Contemporary medicine, influenced by industrialization and scientism, has progressively distanced itself from its historically sacralized foundation. Care has shifted from a moral sphere capable of discerning Good and Evil toward a utilitarian model that treats suffering primarily as a technical problem, contributing to patient dehumanization, vocational emptiness, and high rates of caregiver burnout.

OBJECTIVE: To systematically review how the suppression of the sacred as the foundational element of care has generated a crisis of meaning among contemporary physicians, evidenced by professional exhaustion, patient

dehumanization, and loss of vocational purpose. METHODS: Following PRISMA guidelines, a systematic search was conducted in PubMed/MEDLINE, supplemented by primary classical sources without date restriction. The search combined MeSH terms for physician burnout with terms for spirituality and religion in medicine. Inclusion criteria: empirical studies published between 2015 and 2025 and foundational theoretical works directly addressing the suppression of the sacred dimension and its consequences for physician well-being and clinical practice. Exclusion criteria removed studies unrelated to the central theme or with insufficient methodological rigor. A total of 51 records were identified in the primary electronic search. RESULTS: The synthesized literature consistently shows that religious involvement and spirituality are associated with better health outcomes, greater longevity, improved coping skills, and lower prevalence of anxiety, depression, and suicide. Validated clinical instruments allow spiritual anamnesis to be integrated into routine consultations in under five minutes, demonstrating practical feasibility. Recent data indicate burnout, anxiety, or depression in 47% of physicians (2025, n>5,700) and approximately 45% of Brazilian physicians — rates comparable to pandemic peaks. The progressive suppression of the sacred foundation, consolidated by 20th-century scientism, has produced structural acedia: a medicine that functions technically but lacks deeper meaning. Burnout emerges not only as exhaustion but as a measurable symptom of practice detached from its sacred roots. CONCLUSION: The crisis of meaning in contemporary medicine is a direct consequence of excluding the sacred as the ontological foundation of care, producing technically competent yet vocationally unsupported physicians. Reintegrating the sacred dimension is essential, not optional, to restore the full human and vocational sense of medicine. These findings urge Catholic physicians to actively promote spirituality as a core strategy against burnout and for holistic patient care aligned with the Social Doctrine of the Church.

Palavras-chave: spirituality; sacred dimension; physician burnout; crisis of meaning; medical practice; religion and medicine; vocational crisis; systematic review.