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A Short “Scrubbing” Prayer: A Potentially Valuable Addition to Preoperative Preparation

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A Short “Scrubbing” Prayer: A Potentially Valuable Addition to Preoperative Preparation

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Abstract:

We propose a short prayer for surgeons to recite while scrubbing for surgery or awaiting the drying of prep. We believe that such a prayer would have potential benefits for both patients and their surgeons.

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With the advent of waterless scrubbing options becoming available to surgeons in many medical centers, the time at the scrub sink is frequently short for surgeons prior to entering the operating room. Nevertheless, this is often a time that surgeons use to collect their thoughts and focus their attention on the upcoming operation. In this context, we propose a short prayer during the preoperative scrubbing period, which may benefit the surgeon and may add to the safety of the patient.

The role of the prayer for the surgeon

Prayer means talking to God, praising God, thanking God for what he has given us, asking God for forgiveness and asking him for assistance. The word prayer is usually used by Christians and Jews. Muslims use the word dua, which has the same meaning as a prayer, a direct communication of the believer and Allah. Unlike the formal five daily prayers (Salah) which have specific timings and rituals, dua is more flexible and can be initiated at any time, in any place.

In the Eastern Christian world, the most powerful prayer consists of only few words “Lord Jesus Christ have mercy on me” and is recommended to be recited silently, “in the heart” at all times. Muslims are also asked for an attentive heart in order for a dua to be accepted. In Buddhism the most powerful prayer is the four words mantra “Om Mani Padme Hum”.

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4 In his 2011 Presidential Address at the Midwest Surgical Association, DM
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6 Schroder asked the question: "Can prayer help surgery?" answering, "like me, many
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8 surgeons do believe that prayer can affect surgical outcome". (Schroder, 2011)
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10
11 Overall, 61.3% (641/1045) of medical physicians, 53.3% (218/409) of surgeons
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13 reported praying daily or more. A higher percentage of Muslims (92.1%: 35/38) pray
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15 multiple times per day or daily, compared with Christians (73.9%; 682/923) according to
16
17 a Mayo Clinic Study (Robinson, 2017). The same study found that most physicians
18
19 believe that their patients' prayer can influence the natural course of their diseases
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21 (69.9% no 1386).
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26 The American College of Surgeons (ACS) has issued recently a "Statement on
27
28 Surgeon Well-Being". Prayer is suggested as one of the components helpful for the
29
30 wellbeing of the surgeon (ACS, 2023a). A recent paper by Collier and associates
31
32 entitled, "The role of Spirituality and Religion in Physician and Trainee Wellness"
33
34 emphasized that, "many physicians derive meaning from spirituality and religion.
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36 Attempts to improve physician and trainee wellness should acknowledge the importance
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38 of religion and spirituality for self-care more than has heretofore been the case" (Collier,
39
40 2021).
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46 In a national survey by the University of Chicago, 76% of the 1044 physicians
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48 said they believed in God, while 55% of them agreed with the statement: "My religious
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50 beliefs influence my practice of medicine" (Curlin, 2005). In a study from Teheran, of
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52 131 Muslim physicians who completed a structured self-administered questionnaire,
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54 95% admitted that they had prayed for patients (Mayberry, 2020).
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Often patients ask their surgeons to pray with them before surgery (McLean, 2003). There are surgeons that accept this invitation and others that take the initiative for such a common preoperative prayer. A confidential survey of 567 consecutive patients, who were offered a prayer by their physician before elective eye surgery, showed that at least 90% of Christian patients responded positively (Siatkowski, 2008). For these and other reasons, taking a spiritual history is considered necessary for the wholistic care of patients (Puchulski, 2000).

The role of prayer for the patient

In a 2022 paper in JAMA by Balboni and colleagues, the authors identified and analyzed the highest-quality evidence on spirituality (which includes prayers during church attendance) in serious illness and health, published between January 2000 and April 2022 (Balboni, 2022). The authors found that prayers during frequent religious attendance were associated with statistically significant better all-cause mortality and life satisfaction. Similarly, 71% to 99% of seriously ill patients viewed spirituality as important in their quality of life. Praying before surgery is common with most patients.

The holiness of hand washing

The Holiness of hand washing is recognized in all religions' rites. In the Eastern Christian tradition, the officiating priest washes his hands immediately prior to initiating the Oblation, the preparation of the bread and wine to be later transformed by the Holy Spirit to the body and blood of Christ. During the ritual of hand washing the priest recites

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4 a portion of the 25th Psalm of David: “I wash my hands in innocence and go about your
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6 Altar, Lord, proclaiming aloud your praise and telling of all your wonderful deeds”.

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9 In the Catholic Church, the ritual of hand washing is done after the offertory,
10
11 while the priest is reciting another prayer: “Give strength to my hands, O Lord, unto the
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13 blotting out of all stain that I might serve Thee without defilement of mind or body”.

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16 In the Jewish tradition, the ritual hand washing includes the prayer: “Blessed are
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18 you Adonai, our God Sovereign of the Universe, who has sanctified us with mitzvot
19
20 and commended us concerning the washing of our hands”.

21
22
23 Muslims also preparing their Salah perform Wudu (ablution) including washing
24
25 their hands and reciting a similar prayer of Invocation: “O Allah, make me among those
26
27 who seek repentance and make me among those who purified themselves”.

28
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30 The explicit holiness of both the altar and operating table, is thoughtfully
31
32 described in a paper by D. Hall, a surgeon and ordained minister, entitled, “Altar and
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34 Table: A phenomenology of the surgeon – priest”. According to Hall, the surgeon scrubs
35
36 his hands, gets gowned and gloved before making the incision upon the patient.
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38 Similarly, the priests washes his hands, vests in special clothing before making an
39
40 incision upon “the body of Christ”. (Hall, 2008)

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43 The World Health Organization (WHO) in its publication on “WHO guidelines on
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45 hand hygiene” has a special chapter on “Religious and Cultural aspects of hand
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47 hygiene”. (WHO, 2009)

48 49 50 51 52 53 54 55 56 57 58 **The Safe Surgery Checklist** 59 60 61 62 63 64 65

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4 In 2009, a special article was published in the New England Journal of Medicine
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6 stating that a Surgical Safety Checklist (SSC) reduces morbidity and mortality in a
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8 global population. The 11% inpatient complication rate dropped to 7% and the 1.5%
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10 mortality rate to 0.8% after the introduction of the SSC (Haynes, 2009).
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14 The WHO implemented the three components of the SSC, sign-in (before
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16 anesthesia), time-out (before skin incision) and sign out (before the patient leaves the
17
18 operating theatre) making it compulsory to all hospitals worldwide.
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21 Unfortunately, many hospitals in many countries do not routinely follow the SSC
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23 using different excuses: from unnecessary “time consuming” to denial that “routine tasks
24
25 can be forgotten”. Interestingly, 84% of the non-compliance comes from the senior
26
27 surgeons (Jain, 2018).
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31 In 2016, the ACS issued a Statement entitled, “Revised Statement on Safe
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33 Surgery Checklists, and Ensuring Correct Patient, Correct Site and Correct Procedure
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35 Surgery”, encouraging all surgeons to comply with the SSC especially with its portion
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37 “before skin incision”. In this portion which must be answered by the surgeons (and
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39 filled out by an OR nurse), the main questions asked relate to “confirmation of the
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41 patient’s name, procedure, and where the incision will be made”.
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45 Although the “surgical never events” are relative rare in several reports, 15.5%
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47 are due to the wrong patient and the wrong site (Cohen, 2021). According to an ACS
48
49 recent report, “from 1995 to 2005, the Joint Commission found that the wrong site
50
51 surgery was the second most frequently reported never event” which is defined as “a
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53 patient safety event that results in death, permanent harm, or severe temporary harm”
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55 (ACS, 2023b).
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4 The contents of the proposed short “scrubbing” prayer forces the surgeon to
5
6 remind the name of the patient, the diagnosis of the surgical disease and the exact
7
8 procedure (including the site) he or she is about to perform.
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11 12 13 14 **A “scrubbing” prayer** 15

16 We propose that the following short private prayer (less than one minute) could
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18 easily be done in the 2-3 minutes of the usual scrubbing time. The invocation of God
19
20 (Allah or other) may substantively add to the wellbeing of the surgeon prior to his or her
21
22 next operation. The “forced” reciting of the correct name of the next patient, the correct
23
24 diagnosis, the correct procedure (including the site e.g., right mastectomy) adds to the
25
26 safety of the patient protecting both the patient and the surgeon from “never events”.
27
28 Such a private prayer might partially replace some of the benefits of the SSC in the
29
30 hospitals where this safety protocol is not implemented.
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38 Lord (or Allah or Other)
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40 As I wash my hands before the surgery of your child (NAME) suffering from
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42 (DIAGNOSIS)
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45 I ask for your mercy and assistance.
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48 Guide my hands during the (SURGICAL PROCEDURE) and protect us from all
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50 complications.
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53 For you are the God of Love, now and ever and into the Ages of Ages
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55 Amen
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4 This short “scrubbing” prayer could be printed on individual cards for surgeons or
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6 other proceduralist physicians. Alternatively, the prayer could be posted on small signs
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8 which could be positioned above the scrub sink so that the prayer could be easily
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10 recited by anyone doing invasive procedures on a patient as they prepare for their next
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12 procedure.
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18 **Conclusion/ Summary**

21 We suggest consideration of the adoption of a short scrubbing prayer to aid in
22
23 the well-being of surgeons and others who perform invasive procedures on patients.
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25 Although such a prayer would be a private moment of reflection, there is ample
26
27 evidence that such a pause might improve not only patient outcomes, but also help
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29 mitigate the risks of burnout that all caregivers, especially surgeons are at risk of
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31 developing.
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