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## Religious Coping and End-of-Life Care

*Strong positive religious beliefs were associated with intensive life-prolonging care.*

Many terminally ill patients rely on religion and spirituality for support. How religious beliefs contribute to actual treatment decisions was explored in a prospective multisite study of 345 patients with advanced cancer; all were assessed at baseline for psychosocial factors, end-of-life care preferences, and levels of positive (e.g., "seeking God's love and care") and negative (e.g., "wondering whether God has abandoned me") religious coping. Patients were followed until death (median follow-up, 122 days); medical records were abstracted for the last week of life.

In analyses adjusted for age and ethnicity, patients with high levels of positive religious coping were significantly more likely to receive mechanical ventilation (odds ratio, 2.8) and life-prolonging care (OR, 2.9) than were those with low religious coping levels. High-copers were also more likely to receive cardiopulmonary resuscitation and to die in the intensive care unit, but these results were not significant after adjustment for confounders. In further analyses, adjusted for other coping styles and advance directives preferences, religious coping was significantly associated with receiving life-prolonging care (OR, 2.9).

**Comment:** In previous studies, patients with strong religious beliefs were more likely to believe that do-not-resuscitate orders are immoral and that God can heal a patient whose condition is deemed to be medically hopeless. The results of this study might help physicians and families to understand at least one factor of a patient's life that influences treatment preferences near the end of life. However, a limitation of this study is that the input of families into medical decision making near the end of life was not addressed.

— [Thomas L. Schwenk, MD](#)

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