Abstract

Background
The objective of this article was to review how prayer could be used to comfort terminally ill patients.

Methods
The methodology was a literature search, which included books, journals, and papers in collection. The papers contained data acquired from clinical and non-clinical trials, and were published between 1984 and 2015. The review was then divided into three sections: how prayer affected patients physically, emotionally and whether patients welcomed prayer from health professionals. Each section contained a table listing the percentage of terminally ill and non-terminally ill patients who benefitted from prayer in the areas mentioned previously.

Results
While the numbers were small, patients reported that prayer was a useful coping mechanism that led to improved physical and emotional well-being, most notably higher tolerance of cancer, heart disease, chronic pain, and mental health problems. At the same time, the results showed that much more research needed to be done to reinforce these findings and that many neglected areas required further study.

Conclusion
Although early findings look promising, much more research needs to be done on how prayer affects terminally ill patients' blood pressure, hypertension, brain activity, and compliance. Once scholars have done more research, they should make comparisons between terminally and non-terminally ill patients to see whether both groups react differently to each other and possible reasons why.

Introduction
This article is a literature review of how prayer could comfort the terminally ill, which is important to consider because research has shown that prayer has numerous health benefits for both terminally and non-terminally ill patients [1, 2, 3]. However, as this article will show, there are many unexplored areas, and it is important to resolve these issues to determine whether prayer is an effective treatment for life-threatening and serious diseases.

Although ‘prayer’ is a debated term, many scholars identify it as communicating with God or some higher being. It is typically associated with religious practices, but can also be used as a non-religious practice [1, 4, 5].
manually to identify how prayer has affected patients physically, emotionally, and whether they welcomed prayer from hospital staff.

The papers had to pass two sets of entry criteria to be accepted:

- Their arguments needed to contain data from clinical (including randomized control trials) and nonclinical trials on both terminally ill patients (TIPs) and non-terminally ill patients (NTIPs).
- They had to be published between 1984 and 2015.

The review was then divided into three subcategories: physical health, emotional health, and patients who welcomed prayer from physicians. Each subdivision included a table on the percentage of patients affected and the percentage of TIPs and NTIPs benefitted.

Areas for further research were recommended based on the following topics:

- Areas that had been covered for NTIPs but not TIPs
- Areas that had been covered mainly for NTIPs but only partially on TIPs

If TIPs reacted differently to NTIPs, comparisons were recommended based on the quality of the prayer and the patient’s emotional state.

**Results**

Although the studies were few, prayer enabled TIPs to cope with cancer, heart disease, chronic pain, and other unspecified conditions [7, 8, 3]. Patients used prayer to find meaning in their suffering, which meant that they had improved health [9, 10, 3]. There were even rare instances where patients recovered from cancer shortly after receiving petitionary prayer, and although scholars have attempted to give rational explanations for these healings, many of them continue to mystify researchers [11, 12]. On the other hand, the results also indicated that no work had been on how prayer affected the blood pressure or sleep patterns of TIPs, but small research showed that some NTIPs slept easier and had better blood pressure after praying [13, 14].

While little research had been done on TIPs, the results indicated that both groups used prayer to cope with a variety of mental health disorders, including anxiety, OCD, depression, and stress. Patients who prayed found meaning in their suffering and were less anxious, depressed and stressed [15, 1], although no work appeared to have been done on whether prayer increased their brain activity and compliance.

Few studies discussed whether patients wanted prayer, but everyone identified said that they would welcome it when faced with either a life-threatening or serious medical illness [16, 9, 17]. No one directly said whether they would refuse prayer.

**Discussion**

This study shows numerous gaps in contemporary research that must be addressed to discern whether prayer can comfort TIPs. Firstly, more research should be done on how prayer affects the physical health of TIPs, particularly unexplored areas like blood pressure, hypertension, and sleeping problems. Although prayer seems to help a small number of TIPs suffering from cancer, heart disease, and chronic pain, much more research needs to be done to reinforce these findings. One could, admittedly, base one's arguments on how prayer has affected NTIPs, but such arguments would be too theoretical to be considered authoritative. Scholars must also continue to investigate miraculous healings associated with petitionary prayer and whether there is a rational explanation for them [11, 12].

Secondly, researchers should examine how prayer could improve TIPs’ emotional health, especially neglected areas like brain activity and cooperation. Studies on mental health problems and coping look promising, but scientists should examine these areas further to make them more credible. Again, the investigations should be on TIPs only.

Thirdly, further study should be done on how many TIPs would welcome prayer and whether they feel that they have enough support.

Once more research has been done, comparisons should be made between TIPs and NTIPs to see whether prayer affects both groups differently. Again, people could use the comparisons in this review to argue that both groups respond similarly, but the
two groups were not tested together in this study, meaning that these comparisons would not be fair due to unseen variables. Both parties should, therefore, be tested together to make the tests fair. The same principle applies to whether one group of patients would welcome prayer more than the other. Although this review showed that both sets of patients welcomed prayer equally, this is not a fool-proof comparison for similar reasons, and so TIPs and NTIPs must be examined together.

**Summary**

This is a review article on how prayer could comfort terminally ill patients, which is an important issue to consider because, although little work has been done on the matter, studies have shown that prayer has the potential to benefit this group.

This review has forty-five articles on spirituality and prayer. Each piece contained data acquired from clinical and non-clinical trials and was published between 1984 and 2015. There are many different types of prayer, including petitionary, intercessory, adoration, ritual, meditative, and colloquial. Each one acts as a means of conversing with one's god, which a patient can use to cope with Life-threatening or serious diseases.

This coping appears to improve both terminally and non-terminally ill patients' physical and emotional health by increasing their tolerance for cancer, heart disease, chronic pain, and mental health disorders. Research also indicates that some patients would welcome prayer from health professionals when faced with either a life-threatening or serious illness. However, these studies are very small, and more research needs to be done for them to be considered authoritative. There are also many neglected areas that scientists should examine, most notably whether prayer affects the blood pressure, sleep patterns, and cooperation of terminally ill patients. Once more research has been done, scholars should compare how prayer affects both terminally and non-terminally ill patients, and if both groups react differently, scientists should investigate the potential variables.

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**Table 1: How prayer affected patients’ physical health**

<table>
<thead>
<tr>
<th>Type of condition</th>
<th>Percentage of patients affected</th>
<th>Percentage involving terminally ill</th>
<th>Percentage of terminally ill benefitted</th>
<th>Percentage involving non-terminally ill</th>
<th>Percentage of non-terminally ill benefitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer</td>
<td>17%</td>
<td>17%</td>
<td>100%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>17%</td>
<td>5%</td>
<td>100%</td>
<td>14%</td>
<td>100%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>12%</td>
<td>10%</td>
<td>100%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>5%</td>
<td>2%</td>
<td>100%</td>
<td>5%</td>
<td>100%</td>
</tr>
<tr>
<td>Sleeping problems</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>10%</td>
<td>2%</td>
<td>100%</td>
<td>7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 2: How prayer affected patients’ emotional health**

<table>
<thead>
<tr>
<th>Type of condition</th>
<th>Number of patients affected</th>
<th>Number involving terminally ill</th>
<th>Number of terminally ill benefitted</th>
<th>Number involving non-terminally ill</th>
<th>Number of non-terminally ill benefitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problems, including anxiety, obsessive-compulsive disorder, depression, and stress</td>
<td>31%</td>
<td>10%</td>
<td>100%</td>
<td>26%</td>
<td>100%</td>
</tr>
<tr>
<td>Coping</td>
<td>33%</td>
<td>29%</td>
<td>100%</td>
<td>17%</td>
<td>100%</td>
</tr>
<tr>
<td>Increased activity in the brain</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Compliance</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Table 3: Patients who welcomed prayer**

<table>
<thead>
<tr>
<th>Type of condition</th>
<th>Number of patients affected</th>
<th>Number involving terminally ill</th>
<th>Number of terminally ill who said yes</th>
<th>Number involving non-terminally ill</th>
<th>Number of non-terminally ill who said yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-threatening</td>
<td>12%</td>
<td>12%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Serious medical illness</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>12%</td>
<td>100%</td>
</tr>
</tbody>
</table>
References


