

THEOLOGY

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Not me,...

ORIGINAL INVESTIGATION

A Randomized, Controlled Trial of the Effects of Remote, Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Care Unit

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Context: Intercessory prayer (praying for others) has been a common response to sickness for millennia, but it has received little scientific attention. The positive findings of a previous controlled trial of intercessory prayer have yet to be replicated.

Objective: To determine whether remote, intercessory prayer for hospitalized, cardiac patients will reduce overall adverse events and length of stay.

Design: Randomized, controlled, double-blind, prospective, parallel-group trial.

Setting: Private, university-associated hospital.

Patients: Nine hundred ninety consecutive patients who were newly admitted to the coronary care unit (CCU).

Interventions: At the time of admission, patients were randomized to receive remote, intercessory prayer (prayer group) or not (usual care group). The first names of patients in the prayer group were given to a team of outside

intercessors who prayed for them daily for 4 weeks. Patients were unaware that they were being prayed for, and the intercessors did not know and never met the patients.

Main Outcome Measures: The medical course from CCU admission to hospital discharge was summarized in a CCU course score derived from blinded, retrospective chart review.

Results: Compared with the usual care group (n = 524), the prayer group (n = 466) had lower mean \pm SEM weighted (6.35 \pm 0.26 vs 7.13 \pm 0.27; P = .04) and unweighted (2.7 \pm 0.1 vs 3.0 \pm 0.1; P = .04) CCU course scores. Lengths of CCU and hospital stays were not different.

Conclusions: Remote, intercessory prayer was associated with lower CCU course scores. This result suggests that prayer may be an effective adjunct to standard medical care.

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