Therapeutic Effects of Prayer (Benson et al., 2006)

PAPER REVIEW

Group B
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Hypothesis

Receiving intercessory prayer or being certain of receiving intercessory prayer is associated (positively or negatively) with uncomplicated recovery after Coronary Artery Bypass Graft surgery.

Experiment Design

Experimental Design was appropriate:

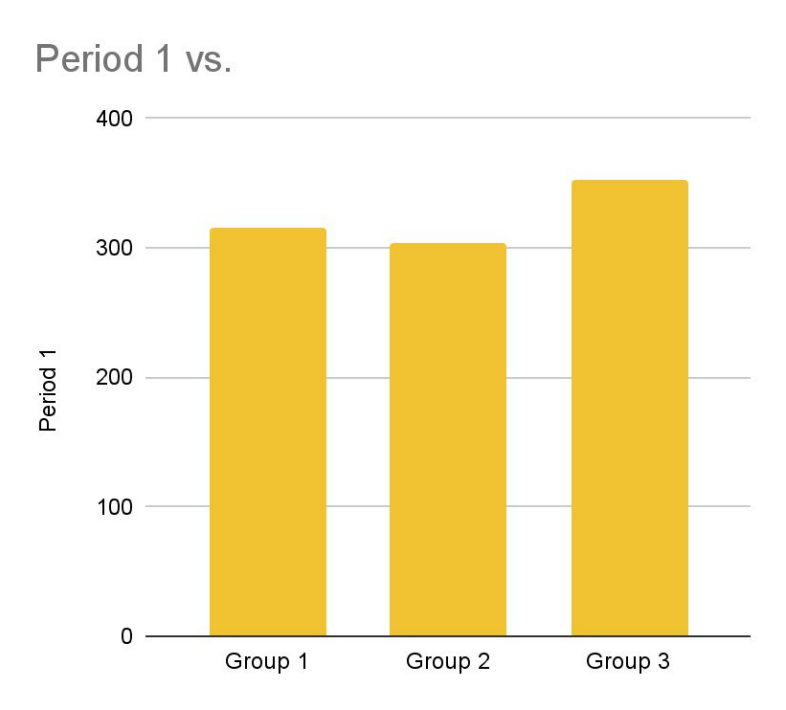
- **Overcame previous studies**
  - **Randomized**
  - **Sufficient analysis**
- **Blind setup**
- **Control Group and Treatment Group**

Group	Sample Size	Prayer	Status
1	604	Received	Uncertain
2	597	Did not receive	Uncertain
3	601	Received	Certain

Method

- Prayer observed for 14 days, starting from the night before the CABG
- Follow up for 30 days was conducted
- Primary Outcome: One or more complications within 30 days of CABG
- Secondary Outcome: Major event or mortality
- Subjects’ own plans to pray were undisturbed, maintaining ethical values

Results



Difference in recovery complications:

- **No significant difference between uncertain groups that did and did not receive prayer (Group 1 & 2)**
  - **Relative risk 1.02, 95% CI 0.92-1.15**
- **Statistically significant difference between group certain and group uncertain about receiving prayer (Group 1,2 & Group 3)**
  - **Relative risk 1.14, 95% CI 1.02-1.28**

Analysis & Conclusion

Appropriate analysis was conducted and appropriate conclusion was reached:

- Use of risk ratios & intent-to-treat analysis
- Ethical and practical considerations
- Acknowledgement of additional research required to explain study outcome

Weaknesses of Research

The following design in the experiment could have weakened the research

- **Limited to a specific group of patients, which may not be very generalizable for other groups of patients.**
- **Lack of diversity in prayer group**
- **Lack of control on external prayer**
- **Use of standard prayer phrase, which does reflect how intercessory prayer might actually be conducted**

Account of Research

The paper gave a good and thorough account of the research conducted:

- **Robust trial design**
- **Extensive details of patients included and excluded from the research**
- **Strong statistical backing**
- **Acknowledgement of limitations**