Does religion have an impact on medical decision making?

Hypothesis
I hypothesize that death and religion will affect responses where more religious individuals are less likely to approve certain medical procedures.

Methods

Research Question
• Research Design- The study used a within group design.
• Independent Variable- Religion
• Dependent Variable-whether or not they would agree with something based on their religion or ethnic background.

Participants -100 random participants in the College of Staten Island have completed a survey of either pain or mortality salience.

Results
The results are presented as follows:
• Vaccinate themselves- revealed no main effects or interaction effects all p’s > .60.
• Vaccinate their child- revealed no main effects or interaction effects all p’s > .40.
• Abort in the first trimester where the embryos, ears, nose, spine, digestive tract and nervous system begin to form- revealed only a main effect of religiosity, t = -3.39 (SE = .05), p = .001, indicating the more religious the less likely to abort.
• Abort in the 2nd trimester where baby’s fingers and toes are well-defined and their eyelids, eyebrows, eyelashes, nails, and hair are formed, and teeth and bones are becoming denser- revealed only a main effect of religiosity, t = -2.33 (SE = .05), p = .02, indicating the more religious the less likely to abort.
• Abort in the 3rd trimester where hearing is fully developed and he or she changes position frequently and responds to stimuli, including sound, pain, and light- t = -2.6 (SE = .05), p = .01, indicating the more religious the less likely to abort.

• Likelihood to abort in the case of rape- revealed only a main effect of religiosity, t = -3.28 (SE = .05), p = .001, indicating the more religious the less likely to abort.
• Likelihood to euthanize- revealed only a main effect of religiosity, t = -3.03 (SE = .05), p = .003, indicating the more religious the less likely to abort.
• Likelihood to come off life support- revealed only a main effect of condition, t = -2.15 (SE = .05), p = .03.
• Likelihood of using birth control- revealed only a main effect of religiosity, t = -3.1 (SE = .05), p = .001.

Discussion
It is important to understand if a patient will not undergo a procedure based on religious beliefs, the provider should be able to provide options for the patient to avoid any further medical issues, or medical providers to research other methods of treatment.

Religious groups that are very strong in faith, allow their religion to dictate whether they should complete medical treatment, or to not undergo any procedures.

The terrorism management theory of death will bring each person back to their roots or religion or culture. The fear of what afterlife will be like will influence the person to choose the option that is not sinful, by picking a natural death rather than euthanizing. The fear of death will make a patient choose to have the baby rather than abort.

Limitations/Recommendations
• A limitation is not a real experience where the participant could have seen what a video of the actual situation and decide based on that. I could have also included how to scale religiosity from 1-10, for example 10 would be attending prayers weekly and praying daily, etc.
• This research is the first step to further understand religiosity and how to treat patients with fear of death. After identifying that there is a relationship between religiosity and the likelihood of having an abortion or euthanizing, etc. we can adjust the study.