

The Influence of Religious Beliefs on Health Decision-Making: Perspectives from Diverse Faith Communities

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This study aims to explore the influence of religious beliefs on health decision-making among diverse faith communities. The research seeks to understand how religious doctrines, practices, and community dynamics shape health behaviors, medical interventions, mental health approaches, and end-of-life decisions. A qualitative research design was employed, utilizing semi-structured interviews to gather in-depth insights from participants. A purposive sample of 30 individuals representing various religious traditions, including Christianity, Islam, Hinduism, Buddhism, Judaism, and other minor faiths, was selected. Interviews were conducted in person or via video calls, recorded, and transcribed verbatim. Data analysis was performed using NVivo software, following a thematic approach to identify and categorize key themes and subthemes. Theoretical saturation was achieved when no new information emerged from the interviews. The study identified several key themes: the influence of religious beliefs on health, the role of religious communities, and the interplay between religion and medicine. Participants reported that their religious beliefs significantly influenced dietary practices, medical interventions, mental health approaches, and end-of-life decisions. Religious communities provided crucial emotional and financial support, while religious leaders played a significant role in guiding health decisions. The compatibility and conflicts between religious beliefs and medical advice were evident, with participants employing various strategies to negotiate these differences within medical contexts. Religious beliefs profoundly shape health decision-making across diverse faith communities. Healthcare providers must recognize and respect these beliefs to provide culturally competent and holistic care. Training programs that enhance cultural and religious competence, collaborative approaches involving religious leaders, and institutional policies that accommodate religious practices can improve patient satisfaction and health outcomes. Future research should explore these dynamics with larger, more diverse samples and mixed-methods approaches.

Keywords: Religious beliefs, health decision-making, diverse faith communities, qualitative research, medical interventions, end-of-life decisions, cultural competence, holistic care.

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1. Introduction

Religious beliefs often provide individuals with a framework for understanding and coping with health-related issues. Ai and McCormick (2010) emphasize the growing diversity of religious beliefs among Americans, particularly with the aging baby

boomer population, and discuss the implications for chaplain intervention in healthcare settings. This diversity necessitates a nuanced approach to spiritual care that respects the varied faith traditions of patients (Ai & McCormick, 2010). The need for such sensitivity is underscored by Arutyunyan et al. (2016), who found that



parental attitudes towards physician inquiries about spirituality and religion in pediatric intensive care units reflect a complex interplay of acceptance and reservation, highlighting the importance of cultural competence in medical practice (Arutyunyan et al., 2016).

Religious beliefs significantly influence medical decision-making, particularly in critical care and end-of-life contexts. Balboni et al. (2019) developed a scale to assess the impact of religious beliefs on end-of-life medical care, finding that strong religious beliefs can shape patients' preferences for aggressive treatments versus palliative care (Balboni et al., 2019). Similarly, Kassim and Alias (2015) discuss the ethical, religious, and legal considerations essential for medical decision-making at the end of life, stressing the need for healthcare professionals to navigate these sensitive issues carefully (Kassim & Alias, 2015).

Religious affiliations can dictate specific health behaviors, such as dietary practices, preventive health measures, and adherence to medical treatments. For instance, Borges et al. (2021) conducted a nationwide survey in Brazil, revealing that religious affiliations influence both health-related and general decision-making, suggesting that faith-based values often guide health behaviors (Borges et al., 2021). Best et al. (2019) found that religious and spiritual beliefs significantly affect HPV vaccine uptake among college women, indicating that personal and communal religious values can either facilitate or hinder preventive health behaviors (Best et al., 2019).

Furthermore, religious beliefs can impact the acceptance of medical interventions. Vess et al. (2009) explored the existential function of religion and found that religious fundamentalism and mortality salience could lead to faith-based refusals of medical treatments (Vess et al., 2009). This finding is echoed by Dennis-Antwi et al. (2018), who studied the relationship between religious perspectives and views on sickle cell disease research in Ghana, highlighting how religious beliefs can influence perceptions and acceptance of medical research and interventions (Dennis-Antwi et al., 2018).

The interplay between religion and mental health is another crucial area of investigation. Cheng et al. (2021) explored the treatment effects of religious belief on mental health, demonstrating that strong religious faith can provide psychological comfort and resilience (Cheng

et al., 2021). This is supported by Dunlop (2024), who discusses the measurement of spirituality in African American populations and its influence on medical decision-making, emphasizing the need for culturally sensitive mental health care that incorporates patients' spiritual beliefs (Dunlop, 2024).

In pediatric settings, Arutyunyan et al. (2016) found that parents' religious beliefs significantly impact their attitudes towards spiritual care provided by physicians, highlighting the importance of incorporating spiritual assessments into pediatric care to address the holistic needs of patients and their families.

End-of-life decisions are deeply influenced by religious beliefs, as individuals often turn to their faith for guidance in these critical moments. Miyashita et al. (2021) conducted a nationwide survey in Japan, finding that religious beliefs significantly affect discussions regarding advance care planning, with religious individuals more likely to engage in such discussions (Miyashita et al., 2021). This aligns with the findings of Balboni et al. (2019), who demonstrated that religious beliefs could shape patients' preferences for end-of-life care, including the choice between aggressive treatments and palliative care (Balboni et al., 2019).

In the context of euthanasia, Soares et al. (2023) used a fuzzy set approach to analyze how religious and humanistic beliefs influence individuals' acceptance or rejection of euthanasia. They found that strong religious beliefs often correlate with a non-acceptance of euthanasia, reflecting the moral and ethical teachings of many faith traditions (Soares et al., 2023).

Religious beliefs also play a significant role in public health and preventive measures. For example, Nadeem et al. (2022) examined the effects of Muslim religious beliefs on the impact of COVID-19 among rural citizens, finding that religious practices and communal worship influenced perceptions and responses to the pandemic (Nadeem et al., 2022). Similarly, Burghouts et al. (2017) explored vaccine acceptance and refusal among Warao Amerindian caregivers in Venezuela, demonstrating that cultural and religious beliefs significantly impact public health interventions (Burghouts et al., 2017).

The influence of religious beliefs on health decision-making is multifaceted, affecting various aspects of health behaviors, medical interventions, mental health, and end-of-life care. As highlighted by the diverse range of studies referenced, religious beliefs provide a critical

context for understanding how individuals and communities navigate health-related decisions. Healthcare providers must recognize and respect these beliefs to provide culturally competent and holistic care. Future research should continue to explore these dynamics, offering insights that can inform policy and practice in diverse healthcare settings.

This study aims to contribute to this growing body of knowledge by exploring the perspectives of diverse faith communities on how their religious beliefs influence health decision-making. Through qualitative research and in-depth interviews, this study seeks to uncover the nuanced ways in which faith shapes health behaviors, medical choices, and interactions with the healthcare system.

2. Methods and Materials

2.1. Study Design and Participants

This qualitative research explores the influence of religious beliefs on health decision-making across various faith communities. A phenomenological approach was adopted to gain an in-depth understanding of individual experiences and perspectives. The study utilized semi-structured interviews as the primary data collection method, ensuring flexibility and depth in responses while maintaining consistency across interviews.

Participants were selected through purposive sampling to ensure a diverse representation of religious beliefs. The inclusion criteria were:

- Individuals aged 18 and above.
- Active members of their respective religious communities.
- Willingness to participate in an in-depth interview.

A total of 30 participants were interviewed, representing Christianity, Islam, Hinduism, Buddhism, Judaism, and other minor faiths. Recruitment was facilitated through community centers, religious institutions, and social networks.

Data collection continued until theoretical saturation was achieved. This point was determined when no new themes or insights emerged from the interviews, indicating that additional interviews would likely yield redundant information.

2.2. Measures

2.2.1. Semi-Structured Interview

Semi-structured interviews were conducted to allow participants to freely express their views while guiding the conversation around key topics. An interview guide was developed, covering questions about:

- Personal religious beliefs and practices.
- The role of religion in personal health decisions.
- Specific instances where religious beliefs influenced health-related choices.
- Perceptions of the compatibility or conflict between religious beliefs and medical advice.

Interviews were conducted in person or via video calls, lasting between 45 to 90 minutes. All interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

2.3. Data Analysis

Transcribed interviews were imported into NVivo software for systematic analysis. The analysis followed a thematic approach, involving:

Familiarization: Reading and re-reading transcripts to immerse in the data.

Coding: Identifying and coding significant statements and phrases related to the research questions.

Theme Development: Grouping codes into broader themes and sub-themes that captured the essence of participants' experiences.

Reviewing Themes: Ensuring themes accurately reflected the data and were distinct from one another.

Defining and Naming Themes: Clearly defining each theme and providing a descriptive name.

3. Findings and Results

The study included a diverse group of 30 participants, encompassing various age groups, genders, and religious affiliations. The age of participants ranged from 18 to 65 years, with a mean age of 42. Gender distribution was relatively balanced, with 16 females (53%) and 14 males (47%). Participants represented a wide array of religious traditions: 8 Christians (27%), 6 Muslims (20%), 5 Hindus (17%), 4 Buddhists (13%), 4 Jews (13%), and 3 participants (10%) from other minor faiths, including Sikhism and Baha'i. Most participants (60%) had

completed higher education, while the remaining (40%) had completed secondary education.

Table 1

The Results of Qualitative Analysis

Category	Subcategories	Concepts
Influence of Religious Beliefs on Health	1. Dietary Practices	Kosher, Halal, Vegetarianism, Fasting, Feast Days
	2. Medical Interventions	Prayer, Faith Healing, Prohibition of Blood Transfusion, Anointing Oil, Religious Counseling, Divine Will
	3. Mental Health Approaches	Meditation, Confession, Community Support, Spiritual Guidance, Rituals for Mental Peace
	4. End-of-Life Decisions	Hospice Care, Life Support Withdrawal, Last Rites, Euthanasia Prohibition, Afterlife Beliefs
	5. Preventive Health Practices	Vaccination Views, Regular Check-Ups, Health Screenings, Religious Fasting, Natural Remedies
Role of Religious Community	1. Community Support	Emotional Support, Financial Assistance, Prayer Groups, Visitations, Collective Fundraising
	2. Shared Belief Systems	Shared Values, Collective Decision-Making, Religious Authority, Group Norms, Shared Rituals
	3. Religious Leaders' Influence	Sermons, Personal Guidance, Health Sermons, Public Endorsements, Rituals Prescriptions
Interplay Between Religion and Medicine	1. Compatibility of Beliefs and Medical Advice	Faith in Medical Professionals, Trust in Science, Religious Acceptance of Medical Practices, Clergy-Medical Cooperation, Integrated Care Approaches
	2. Conflicts Between Religious Beliefs and Medicine	Refusal of Treatment, Religious Exemptions, Medical Mistrust, Ethical Dilemmas, Religious Objections
	3. Negotiating Religious Beliefs in Medical Context	Balancing Faith and Health, Seeking Religious and Medical Counsel, Personal vs. Community Beliefs, Adaptation Strategies, Medical Advice Interpretation

3.1. Influence of Religious Beliefs on Health

Dietary Practices: Participants reported that their religious beliefs significantly influenced their dietary choices. For instance, those from Jewish and Muslim faiths adhered strictly to Kosher and Halal dietary laws, respectively. One Muslim participant mentioned, "I always check for Halal certification before consuming any meat product." Similarly, vegetarianism was a common practice among Hindu participants, while fasting and feast days were observed across various faiths, particularly during specific religious periods like Ramadan or Lent.

Medical Interventions: Religious beliefs also played a crucial role in decisions regarding medical interventions. Many participants emphasized the importance of prayer and faith healing. A Christian participant shared, "Before undergoing any surgery, I always pray for God's guidance and healing." Additionally, there were beliefs around the prohibition of certain medical procedures, such as blood transfusions among Jehovah's Witnesses. Religious counseling and the use of anointing oil were other

practices reported by participants to complement medical treatments, guided by the belief in divine will.

Mental Health Approaches: The approach to mental health was deeply intertwined with spiritual practices for many participants. Meditation and spiritual guidance were commonly cited, with one Buddhist participant stating, "Meditation helps me maintain my mental peace and balance." Confession and rituals aimed at mental peace were particularly significant for Catholic and Hindu participants, respectively. Community support also played a vital role, as described by a Jewish participant: "Our community is very supportive during tough times, which really helps with mental well-being."

End-of-Life Decisions: Religious beliefs heavily influenced end-of-life decisions, with many participants expressing clear preferences rooted in their faith. Hospice care and the withdrawal of life support were guided by religious doctrines, with one Christian participant noting, "We believe in God's timing, so we avoid life support prolongation." Last rites and prohibitions against euthanasia were crucial for Catholic

and Hindu participants, driven by beliefs in the afterlife and the sanctity of life.

Preventive Health Practices: Preventive health measures were also shaped by religious beliefs. Some participants reported a positive view of vaccinations and regular health check-ups, aligning these practices with their faith's emphasis on bodily stewardship. A Muslim participant explained, "Our faith encourages us to take care of our bodies, so I believe in getting regular health screenings." Others mentioned religious fasting and the use of natural remedies as part of their preventive health practices.

3.2. *Role of Religious Community*

Community Support: The support from religious communities was vital for many participants, providing emotional and financial assistance during health crises. Prayer groups, visitations, and collective fundraising were common practices. One Hindu participant shared, "When I was hospitalized, members of my temple visited and prayed for me regularly, which was a great comfort." **Shared Belief Systems:** Participants highlighted the importance of shared belief systems within their communities in shaping health decisions. These shared values facilitated collective decision-making and adherence to religious authority. A Jewish participant remarked, "We often discuss health issues within our community, and our decisions are influenced by our shared religious teachings."

Religious Leaders' Influence: Religious leaders played a significant role in influencing health decisions through sermons and personal guidance. Many participants mentioned seeking advice from their religious leaders before making health-related choices. A Catholic participant noted, "Our priest often talks about health from the pulpit, which helps us understand how to align our health practices with our faith."

3.3. *Interplay Between Religion and Medicine*

Compatibility of Beliefs and Medical Advice: Some participants found a harmonious relationship between their religious beliefs and medical advice. They expressed trust in medical professionals and integrated their faith with medical practices. A Muslim participant shared, "I believe that medicine is a gift from God, so I have no issue following my doctor's advice."

Conflicts Between Religious Beliefs and Medicine: However, there were instances where conflicts arose, leading to refusal of certain treatments and ethical dilemmas. A Jehovah's Witness participant explained, "I declined a blood transfusion because it goes against my religious beliefs." Such conflicts often resulted in seeking religious exemptions or alternative treatments.

Negotiating Religious Beliefs in Medical Context: Participants described various strategies to negotiate their religious beliefs within medical contexts. Balancing faith and health was a common theme, with many seeking both religious and medical counsel. A Christian participant shared, "I consult both my pastor and my doctor to make informed decisions that honor my faith and health." Adaptation strategies and personal versus community beliefs also played roles in how participants interpreted and followed medical advice.

4. **Discussion and Conclusion**

The study revealed several key themes regarding the influence of religious beliefs on health decision-making. Participants from diverse faith communities indicated that their religious beliefs significantly shaped their dietary practices, medical interventions, mental health approaches, and end-of-life decisions. Furthermore, the role of religious communities and leaders emerged as a critical factor in these health-related decisions. The interplay between religion and medicine highlighted both compatibility and conflicts, necessitating strategies for negotiating these beliefs within medical contexts.

The findings of this study align with previous research that underscores the profound impact of religious beliefs on health behaviors and decision-making. For instance, dietary practices among participants, such as adherence to Kosher, Halal, vegetarianism, and religious fasting, are well-documented in the literature. Borges et al. (2021) found that religious affiliations significantly influence health-related and general decision-making, including dietary choices, which supports the present study's findings (Borges et al., 2021).

Medical interventions were another area where religious beliefs played a significant role. Practices such as prayer, faith healing, and the use of anointing oil were commonly reported. Vess et al. (2009) highlight that religious fundamentalism and mortality salience can lead to faith-based refusals of medical treatments, which is consistent with our findings regarding the prohibition of certain

medical procedures like blood transfusions among Jehovah's Witnesses (Vess et al., 2009).

In terms of mental health approaches, the study found that religious practices such as meditation, confession, and community support were vital for participants. This resonates with Cheng et al. (2021), who explored the positive effects of religious belief on mental health, demonstrating that strong religious faith provides psychological comfort and resilience (Cheng et al., 2021). End-of-life decisions were heavily influenced by religious beliefs, with preferences shaped by doctrines and the significance of last rites. Kassim and Alias (2015) discuss the ethical, religious, and legal considerations essential for end-of-life decision-making, emphasizing the need for healthcare professionals to navigate these sensitive issues carefully, which mirrors the findings of this study (Kassim & Alias, 2015).

The support from religious communities emerged as a crucial factor in health decision-making. Participants reported that emotional and financial assistance from their communities was invaluable during health crises. This finding aligns with Ai and McCormick (2010), who emphasize the importance of chaplain intervention and community support in healthcare settings, especially given the increasing diversity of Americans' faiths (Ai & McCormick, 2010).

Shared belief systems within religious communities facilitated collective decision-making and adherence to religious authority. Arutyunyan et al. (2016) found that parental attitudes towards physician inquiries about spirituality in pediatric intensive care units reflect the complex interplay of acceptance and reservation, underscoring the influence of shared religious values on health decisions (Arutyunyan et al., 2016).

Religious leaders played a significant role in influencing health decisions through sermons and personal guidance. This is supported by Balboni et al. (2019), who developed a scale to assess the impact of religious beliefs on end-of-life medical care, highlighting the influential role of religious leaders in guiding their congregants' health decisions.

The study highlighted both compatibility and conflicts between religious beliefs and medical advice. Some participants found a harmonious relationship between their faith and medical practices, integrating religious and medical counsel. Song and VanderWeele (2018) discuss the positive associations of religious upbringing

with health and well-being, which supports the compatibility found in this study (Song & VanderWeele, 2018).

However, conflicts were also evident, leading to refusals of certain treatments and ethical dilemmas. For instance, Jehovah's Witnesses' refusal of blood transfusions due to religious beliefs is a well-documented conflict (Vess et al., 2009). These conflicts often resulted in participants seeking religious exemptions or alternative treatments. Participants described various strategies to negotiate their religious beliefs within medical contexts. This balancing act is critical, as highlighted by Best et al. (2019), who found that religious and spiritual beliefs significantly affect health behaviors, including HPV vaccine uptake among college women. This underscores the need for healthcare providers to understand and respect these beliefs to provide holistic care (Best et al., 2019).

This study has several limitations. First, the sample size of 30 participants, while providing rich qualitative data, may not be representative of the broader population. The purposive sampling method, though effective for capturing diverse perspectives, may introduce selection bias. Additionally, the reliance on self-reported data through interviews may be subject to social desirability bias, where participants might have tailored their responses to align with perceived expectations. The study also did not account for the potential variations in religious beliefs and practices within the same faith traditions, which could influence health decision-making. Finally, the study's cross-sectional design limits the ability to draw causal inferences about the relationship between religious beliefs and health decisions.

Future research should aim to address these limitations by employing larger, more representative samples and longitudinal study designs to explore changes over time. It would be beneficial to include a more diverse range of religious traditions and denominations to capture the nuances within faith communities. Additionally, mixed-methods approaches that combine qualitative interviews with quantitative surveys could provide a more comprehensive understanding of how religious beliefs influence health decision-making. Future studies should also consider exploring the role of religious beliefs in specific health contexts, such as chronic disease management, mental health treatment, and reproductive

health, to provide more targeted insights for healthcare providers. Moreover, investigating the impact of interfaith interactions and secular influences on health decisions could offer valuable perspectives on the evolving dynamics of faith and health in increasingly pluralistic societies.

Healthcare providers must recognize and respect the diverse religious beliefs of their patients to deliver culturally competent care. Training programs that enhance healthcare professionals' cultural and religious competence are essential. These programs should include education on the major religious beliefs and practices that influence health behaviors, as well as effective communication strategies for discussing spiritual concerns with patients. Developing guidelines and protocols for incorporating religious and spiritual assessments into routine care can help identify patients' needs and preferences early in the treatment process. Collaborative approaches that involve chaplains, religious leaders, and community representatives can facilitate holistic care that addresses patients' physical, emotional, and spiritual needs. Additionally, healthcare institutions should foster environments that respect and accommodate religious practices, such as providing spaces for prayer and ensuring access to religious materials and services. By integrating these practices, healthcare providers can enhance patient satisfaction, adherence to treatment, and overall health outcomes.

In conclusion, this study highlights the significant influence of religious beliefs on health decision-making across diverse faith communities. By understanding and respecting these beliefs, healthcare providers can improve the quality of care and support provided to patients, ultimately contributing to better health outcomes and patient well-being.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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