# Guidelines for Health Care Providers Interacting with Muslim Patients and their Families

## **Background & Introduction**

Health care providers need to have an understanding of and appreciation for the beliefs and religious preferences of their Muslim patients in order to provide optimal care for them. As the population of American Muslims increases, physicians, nurses and chaplains associated with hospitals and hospices will more frequently encounter Muslim patients who require contact with the health care system including those with terminal conditions, either acute or chronic. The information in this document is applicable to all communities of Muslims. Nationwide, there are approximately 6 to 8 million Muslims with 350,000 to 400,00 residing in the metropolitan Chicago area.

## **Religious Beliefs**

The fundamental belief of Muslims is the oneness of God and belief in Muhammad as the last Prophet of God. "Islam" means submission and obedience to the will of God, and aims at achieving peace with self and the surroundings. The Five Pillars of Islam are Declaration of Faith, five daily Prayers, Fasting (for the entire month of Ramadan from dawn to dusk), Charity and Pilgrimage to Makkah.

## **Beliefs Related to Health Care**

During illness, Muslims are expected to seek God's help with patience and prayer, increase the remembrance of God to obtain peace, ask for forgiveness, give more in charity, and read or listen to more of the Qur'an (the Muslim spiritual text).

Muslim patients do not consider illness to be a punishment from God. They also believe that dying is a part of living and an entrance to the next life; a transformation from one life to another, a part of a journey, and a contract and part of their faith in God. The Qur'an says, "They (true believers) say: To God we belong and to Him is our return."

# **General Beliefs and Practices (Individual Practices May Vary)**

- The sanctity of life is an injunction.
- Abortion is not advised except to save the mother's life or in very limited circumstances in early pregnancy due to medical or fetal indications. Individual decisions may vary.
- It is a religious custom that an elder says the Islamic prayer call in an infant's right ear shortly after birth.
- Circumcision of male infants is recommended and is universally practiced.
- Blood transfusions are allowed.
- Artificial reproductive technology is permitted only during the span of intact marriage between husband and wife.
- Organ transplantation, both donating and receiving, is allowed with some restrictions (donor material of porcine origin).
- Genetic engineering to cure a disease is acceptable. To date, Muslim jurists have called for a ban on human cloning.
- Islam does not prohibit Muslim physicians from caring for AIDS patients or those with other sexually transmitted diseases.
- Assisted suicide and euthanasia are not permitted.
- Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged.
- Autopsy is not encouraged. However, it is permitted if required by law.

# **Medical & Nursing Care**

An essential aspect of health care is the health care providers' roles in understanding the concerns of the patient and family and communicating these concerns to all those involved in the decision-making process; to console and comfort the patient and his/her family so that they can accept their or their loved one's disease state; and if possible, to take care of the family's needs beyond the medical aspects. The principles used by the ethicists include preservation of the patient's faith; sanctity of life; alleviation of suffering; respect for the patient's autonomy, while achieving best medical treatment without harm; and always being honest and truthful in giving information. Important aspects in care for Muslim patients include:

- Respect modesty and privacy (knock on the door, announce your arrival, etc.).
- Limit eve contact.
- Do not touch while talking.
- Some Muslim women will insist on covering their whole bodies except for the face, hands and feet at all times. Some examinations may be done while a patient wears a gown. Hospital gowns should be long, with long sleeves. If such clothing is unavailable, Muslim women should be allowed to use their own gowns.
- Although Islam does not ban treatment by the opposite sex, providing the patient with a
  nurse and/or physician of the same sex when possible is recommended, especially if the
  patient feels strongly about it. Alternately, a male physician should examine a female
  patient in the presence of her husband or another female if the patient desires, when
  possible.
- Many Muslims are new immigrants from a wide variety of countries and may have language comprehension problems. Therefore, take time to explain tests, procedures and treatments to the patient and appropriate family members. It may be necessary to arrange for an interpreter.
- For domestic violence toward Muslim patients, you may contact Hamdard (630/860-9122) or Apna Ghar (773/334-0173) in the Chicago Metropolitan area. They provide specialized shelter and counseling for Muslim victims.
- It is an Islamic cultural and religious practice to visit the sick. Be open and understanding of visits by family members and well wishers when practical.

# **Spiritual Care/Prayer**

- A prayer room for Muslims may be provided. The room should be quiet, clean and carpeted. An inter-religious space sensitive to the needs of persons of diverse traditions is preferable.
- It is preferable to offer to remove or cover non-Islamic religious symbols in patient rooms.
- If possible, establish a relationship with an Imam (chaplain) or community leader that could serve as a religious resource.
- Identify one or more Muslim physicians or other healthcare providers on your staff who can act as liaisons with Muslim patients.
- If congregational Muslim Friday prayers are being held at the institution, inform patients.
- Inform individuals of their rights as patients and encourage them to have advance directives.

## **Diet/Food Preference & Practice**

- Muslim Halal (similar to Kosher) meals should be provided, if available. Pork, ham, lard, bacon, and alcohol are strictly prohibited If Halal meals are not available, Jewish Kosher meals or vegetarian meals are acceptable. Allow patients to bring food from home if there are no dietary restrictions.
- Fasting is done once a year (from dawn to dusk) during the month of Ramadan. In general, fasting is exempt in illness and pregnancy.

## **End of Life Care**

- In matters of terminal care, the attending physician should consult the patient, the family, the ethicist, and preferably, an Islamic scholar before making a final decision.
- Health care providers (including nurses, physicians and chaplains) should comfort the
  terminally ill patient, making sure he/she is pain-free, have his/her relatives and friends
  nearby, and have access to a Muslim Imam who can read the Qur'an and make special
  prayers.
- It is important that funeral and burial arrangements be made in advance in consultation with the family and according to the wishes of the dying or deceased patient if possible
- With minimum delay, the body is to be removed to the funeral home because Muslims
  prefer an expeditious burial. Provide routine post-mortem care; the body should be gowned
  and shrouded.
- Allow the family and Imam to follow Islamic guidelines for preparing the dead body for an Islamic funeral. The dead body should be given the same respect and privacy as during life.
- For hospice care, the family may prepare for washing and shrouding of the body immediately after death, prior to removal.

## Resources

- Journal of the Islamic Medical Association (IMA) Vol. 30, Pages 44-45 (1998)
- IMA Web page: <a href="http://www.imana.org">http://www.imana.org</a>
- Ethics Committee of Islamic Medical Association of North America (630/852-2122)
- Islam Web page: <a href="http://www.safaar.com">http://www.safaar.com</a> (e-mail may be sent to sathar3624@aol.com)
- Illinois Ethnic Coalition: 312/368-1155
- Oasis Communications: 800/569-3399 (Provides education and consultation on issues dealing with Muslim patients by American-born Muslim registered nurses.)

# **Additional Information**

- Muslim Community Center, Chicago: 773/725-9047
- Islamic Foundation, Villa Park: 630/782-6562
- The Mosque Foundation of Chicago, Brideview, 708/430-5666
- Islamic Cultural Center of Greater Chicago, Northbrook, 847/272-0319
- Aminah Beverly McCloud, Ph.D., Associate Professor, Islamic Studies, DePaul University, 773/325-1290
- International Strategy and Policy Institute (e-mail may be sent to info@ispi-usa.org)

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