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# Spiritual aspects of end-of-life care for Muslim patients: experiences from Iran

Mohammad Ali Cheraghi, Sheila Payne, Mahvash Salsali

## Abstract

The aim of this article is to describe the spiritual aspects of palliative care of Muslim patients based on experiences of end-of-life care in Iran. The religions of the world play a major part in the life cycle of their adherents, and most have rituals and beliefs concerning the care of dying people. For Muslims, death is believed to be not only the cessation of a complex set of biochemical processes, but also a belief that the spirit continues to live and dying is a passage from this world to the resurrection. The spirit is believed to be eternal and does not perish with death. According to Muslims' beliefs, reading of the Quran (the main religious text) can produce peace of mind in those who are near death. Nursing research has shown that the spiritual dimension of care infiltrates all aspects of nursing care. Palliative care nurses need to be informed about religious aspects of people around the world as a part of palliative care. This article indicates the methods of attending to spiritual care for Muslim patients based upon our experiences in Iran.

Life after death has been a main theme for all the major world religions. The passage from this life into the other has been dealt with in a variety of ways, depending on the religion's particular belief system. Confronting the approach of death may be deeply disturbing and challenges the basic foundations of people's belief systems (Ainsworth-Smith and Speck, 1999).

Islam is a faith that has in excess of 1.3 billion followers in the world (Sheikh and Gatrads, 2002) and Muslims form the largest non-Christian religious group. People with Muslim beliefs are found throughout the world (Table 1).

Although there are Muslim minorities in almost every country, including Latin America and Australia, they are most numerous in the Russian federation, India, and central Africa (Rassool, 2000). There are about 15 million Muslims living in Europe (Ramadan, 1999) and about 7–8 million in the United States (Ahmed, 1999). In the UK, it is estimated that there are approximately 1.2–1.5 million Muslim residents (Sheikh and Gatrads, 2002). It is now a generation since Western Europeans

began to notice that there were Muslim communities in most European cities (Nielsen, 1999). While the practices of Muslims may differ in various parts of the world, especially in terms of orthodoxy, they are connected by their common Islamic faith and heritage (Rassool, 2000).

The purpose of this article is to describe the spiritual aspects of palliative care of Muslim patients based on experiences of end-of-life care in Iran. The authors will describe what it means to belong to the Islamic tradition, and seek to explain the consequent complex relationship between faith and psychological and spiritual aspects of health for Muslims. How such an association affects those motivated to deliver culturally competent and sensitive health care will also be considered.



Figure 1. Imam Khomeini Hospital, Tehran.

The authors draw on Quranic teachings to explain how the Quran fashions the spiritual and emotional response to spiritual distress of patients who are near death. Guidance and suggestions are provided for palliative care nurses who work with Muslim patients and their families to ensure that spiritual needs are met. Figure 1 shows the Imam Khomeini Hospital in Tehran, Iran.

## Islam and health

The word 'Islam' means submission to the will of Allah and a Muslim is a person who submits to the will of Allah. In addition, Islam carries many meanings, one of them is

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peace that includes: inner peace (peace with oneself); peace with the creator, as well as peace with all creation. It is through the total submission to the will of Allah that one reaches this form of peace (IQRAA, 1995).

Illness and disease may be regarded as a test from Allah but carries tidings of forgiveness and mercy (Al-Jibaly, 1998). Therefore, a sick person should be stoical but may pray to Allah to reduce their suffering. Thus, the worldview of Muslim patients towards health and illness incorporates the notion of receiving illness and death with patience, meditation and prayers. Muslim patients understand that illness, suffering and dying are part of life and a test from Allah (*Box 1*).

For Muslims, death is believed to be not just the cessation of a complex set of biochemical processes, but a belief that the spirit continues to live, and that dying is a passage from this world to the resurrection. The spirit is believed to be eternal and does not perish with death. According to Muslims' beliefs, reading of the Quran can produce peace of mind in those that are near death.

For nurses, charged with the care of an increasing number of Muslims, an understanding of how their perception of health and illness are influenced by their faith is important. Rassool (2000) highlights that for Muslims, health and illness become part of the continuum of being, and prayer remains the salvation in both health and in sickness. Therefore, supporting the Muslim patient's spiritual needs is important in improving his/her health. Recent studies

indicate that nurses try to care for people who are dying in ways that recognize spiritual and religious needs (Wright, 2002).

In the UK, guidance on the provision of spiritual support has been included in policy documents (*Table 2*). The National Institute for Health and Clinical Excellence suggest a four-tiered model of spiritual support which indicates the level of expertise required to deliver different types of support. Within the palliative care context, the aim of spiritual care is to reduce an individual's anxiety about death, to help him/her prepare for it and to offer purpose, meaning and integration of life (Chung, 2000).

McGoldrick (1999) states that being non-judgmental and accepting of patients' thoughts and feelings, and giving them the opportunity to talk about their emotions openly, facilitates the process of adjustment to their changed health status and circumstances. This involves active listening, reflecting and affirming feelings (Murray and Neilson, 1994). Additionally, learning to care for people in the context of their culture and religion is an aspect of palliative and transcultural nursing care (Andrews and Hanson, 1999).

### Iran – background to healthcare provision

Iran is a large country in the Middle East. The present population is approximately 65.5 million, and is estimated by the United Nations Information Centre to soon surpass 70 million people (United Nations Information Centre, 2005). The demographic profile indicates that 51% of the Iranian population is less than 20 years old. Older people (those over 65 years) constitute 6.5% of the country's population (about 4.5 million people) but this proportion is expected to increase to 10.3% by 2021 (Ministry of Health and Medical Education, 1996). In addition, Iran's life expectancy has risen to 67 years for men and 72 years for women (World Health Organization (WHO), 2003).

Iran is a multicultural society with many language groups, as shown in *Table 3*. Since the Iranian Revolution of 1979, millions of Persian speaking peoples from different faiths have migrated to other parts of the Middle East, to the US, Europe, and other areas of the world. According to the Persian Diaspora Census, up to 1996, the total number of migrated people had been 4167 000 (Persian World Outreach, 2005).

The Ministry of Health and Medical Education in Iran oversees an extensive

**Table 1. Global distribution of Muslim communities**

The Indian subcontinent	25%
Sub-Saharan Africa	20%
Southeast Asia	17%
The Arab world	18%
Republics of the former Soviet Union	10%
China, Turkey, Iran and Afghanistan	10%
Europe	0.01%
United States	0.005–0.006%

Source: Ahmed (1999); Ramadan (1999); Rassool (2000)

### Box 1. Excerpts from the Quran

Yes! Whoever submits himself entirely to Allah and he is the doer of good (to others) he has his reward from his Lord, and there is no fear for him nor shall he grieve (2:112).

Be sure we shall test you with something of fear, hunger, some loss in wealth, lives or the produce (of your toil), but give glad tidings to those who patiently persevere (2:155).

healthcare network that offers basic medical services in addition to public health programmes such as primary, secondary, and tertiary health care and education of medical groups. Private providers offer secondary and tertiary healthcare services.

In Iran taxpayers are eligible for health insurance, which covers both physical care, hospital care, and drugs. Most of the pharmacies and physicians employed by the Ministry of Health and Medical Education are willing to bill the insurance companies directly; however, many medical specialists do not bill directly.

University hospitals and health clinics are considered public hospitals and clinics admit everyone regardless of insurance status. These institutions are viewed widely as reliable and inexpensive and, as a result, have long waiting lists. However, the story is different for private hospitals and clinics whose facilities are considered to be much better. Patients pay for treatment in cash. In addition, the military have their own hospitals, health centres, and physicians, and their own training programmes for physicians, nurses, practical nurses, and licensed practical nurses.

### End-of-life care in Iran

End-of-life care in Iran is a new subject in comparison to Western countries. Gerontology and geriatric nursing are not practiced or taught specifically. In accordance with traditional cultural values,

respecting older people is an ancient custom that has survived.

Traditionally older people are respected, listened to and are treated accordingly. It is customary for all to stand up once they enter a room, the best seats are allocated to them and they are offered drinks and food before anyone else. Younger people are expected to be polite and restrain themselves and even avoid drinking alcohol or smoking cigarettes when older people are present. Mothers particularly are respected (Culture of Iran, 2005).

The eldest family members are regarded as a source of spiritual blessing, religious faith, wisdom and love. Accordingly, there is a general feeling among most people that sending an elderly parent to an institution violates people's sense of sacred duty towards them. This view is held especially in small cities and rural communities. Older people often prefer to die in their home, with their family members in attendance.

In Iran there are no hospices like those in Western countries. However, following rapid urbanization and industrialization, and an increase in chronic disorders of old age and the ageing of the population itself, these factors will make enormous demands for the establishment of centres for caring of old people.

There are only a few services that take care of older people, mainly initiated by the community or within the private sector that are located in larger cities. For example, one of the most famous centres is the Kahrizak Charity Foundation (KCF) (Figure 2–4) that is located in Tehran, the capital of Iran.

KCF is a private, non-governmental, non-profit, charitable organization that was founded in 1971. It provides care free of charge for physically handicapped or elderly individuals who have no financial resources. The Ladies Charitable Society (LCS) has been an integral part of KCF since 1972. LCS has provided KCF with much needed support and guidance in various areas in addition to organizing fundraising events in Iran and other countries. LCS has been active since the early 1980s in fundraising activities in London, Los Angeles, San Jose and Toronto.

### Caring for Iranian Muslim patients

#### Near death

Important aspects in caring for Iranian Muslim patients include (Aalulbait Global Information Centre, 2005):

**Table 2. Key recommendations on spiritual care of adults with cancer**

Listening to the patient's experience and the questions that may arise
Affirming the patient's humanity
Protecting the patient's dignity, self-worth and identity
Ensuring that spiritual care is offered as an integral part of a holistic approach to health encompassing psychological, spiritual, social and emotional care, and within the framework of the patient's beliefs or philosophy of life
Source: National Institute for Health and Clinical Excellence (2004)

**Table 3. Characteristics of Iranian language, ethnic and religious groups**

Language groups include: Persian and Persian dialects (58%), Turkic and Turkic dialects (26%), Kurdish (9%), Luri (2%), Baluch (1%), Arabic (1%) and Turkish (1%)
Ethnic groups include: Persian (51%), Azerbaijani (24%), Gilaki and Mazandarani (8%), Kurd (7%), Arab (3%), Lur (2%), Baluch (2%), Turkmen (2%) and others (1%)
Religious groups include: Shia Muslim (89%), Sunni Muslim (10%), the remaining 1% being: Zoroastrian, Jewish, Christian, and Baha'i
Source: Energy Information Administration (2005)

*'A Muslim patient who is dying, should be laid on his/her back, if possible, in such a manner that the soles of his/her feet would face the Qiblah (direction towards Mecca).'*



Figure 2. Kahrizak Charity Foundation (KCF).



Figure 3. Kahrizak Charity Foundation (KCF): ward for physically handicapped patients.



Figure 4. Kahrizak Charity Foundation (KCF): elderly care ward.

- During illness, Muslims are expected to seek Allah's help with patience and prayer. Before praying Muslims need access to water to wash either in a bathroom or in a bowl, if in bed.
- It is essential that an Iman or other faith leader is available to provide appropriate religious ministry.
- A Muslim patient who is dying, should be laid on his/her back, if possible, in such a manner that the soles of his/her feet would face the Qiblah (direction towards Mecca). According to Rassool (2000) if this is not possible, then it is acceptable to allow the individual to lie on his/her back with the face and soles of the feet facing the direction of the Qiblah. This practice is very important for dying Muslim patients and their significant others.
- The doctrinal testimony of Islam (Shahadatain or Retribution) and the acknowledgment of the 12 Imams and other tenets of faith should be read to a dying person.
- Verses from the Quran are recited and the dying person is encouraged to recite if conscious and ask Allah for forgiveness.

- Friends and relatives should be called to gather around the dying person if they wish to do so.
- A few drops of a spiritually blessed water 'ab-e-torbat' are put in the mouth to bless the dying person. The water is supposed to be imported from Kerbalah from the land where Imam Hussein is buried.
- It is Mustahab (rewardable action) to carry a person experiencing a painfully slow death to the place where he can offer prayers, provided that it does not cause him any discomfort.
- If a person is very near death, certain religious texts have most significance including: Surah Yasin, Surah as-Saffat, Surah al-Ahzab, Ayat al-Kursi and the 54th verse of Surah al-A'raf and the last three verses of Surah al-Baqarah. The first chapter (Surah) of the Quran, (that is called Fatehah), is traditionally read to people who are dying and also after death.
- Some Iranian people gain comfort from certain poems.

#### The death of a person

Based on the clinical experience of the first author, the following points offer guidance on how to deal with a person of Islamic faith after his/her death:

- The eyes and lips of a dead person should be shut, the chin be tied, the hands and feet straightened and a cloth spread over the body.
- The body must be kept covered at all times.
- Only health workers of the same sex should touch the body if at all possible.
- The healthcare worker should wash away excess blood, fluids or excrement from the body. There is a ritual washing of the body performed by a same-sex Muslim as soon as possible.
- Nails should be cleaned and shortened.
- Muslims are always buried and never cremated because cremation is forbidden by Islamic law. Life after death will continue in a form for which the preservation of the body is absolutely essential (Parkes et al, 1997).
- It is customary, if the dying patient is wealthy, that his/her relatives put a semiprecious stone like agate with 14 prayers (panj-tan) carved on it by hand-crafts specialists. This is placed under the deceased's tongue after completion of funeral rites and before placing the dead person in the grave.
- It is believed that the panj-tan enables the deceased to answer properly once

*'When a Muslim is near death, those around him/her are called upon to give comfort, and reminders of God's mercy and forgiveness.'*

questioned by the spirits. The five saints are the most venerated of all Shiite characters and include Prophet Muhammad, Ali, Hassan, Husayn and Fatima. With extremely pious Muslims who participate at Muharram gatherings for Imam Husayn, the handkerchief used to wipe their tears was tied around their forehead to indicate to the spirits that they have shed tears for Imam Husayn.

- For a woman, a prayer bead from Kerbela is placed around her neck to show the spirits she has been a good Shiite and has mourned for Imam Hussein. Pious Shia Muslims believe that the name of their saints will protect them. Suni Muslims do not do this ritual, but the Turkeman Suni group put a paper with some prayers upon the chest of the dead person.
- If the person dies earlier during the day, the body will be taken to the local mosque or to the appointed cemetery to be washed and prepared. However, if the person dies late at night the body will be kept at home with lights on or candles burning all night, resembling the pre-Islamic traditions. It is believed that the evil spirits (Shayatin) will attack the dead if left in darkness. The holy book, the Quran, will be placed close or on the dead person to both protect and bless the deceased.
- Performing ritual bathing (Ghusl), shrouding the body (Kafan), rubbing (Hunoot) some camphor oil on the seven parts of the body which are placed on the ground during prostration (sajdah) when praying (Namaz), i.e. the forehead, palms, knees and toes, and helping with the burial to every dead Muslim, are important acts.

#### Differences between Muslim groups

The main rites near death are alike for all groups of Muslims in Iran but there are subtle differences. In both groups, the body is straightened, and faced towards Mecca, the eyes closed, the feet tied together with a thread around the toes and the face bandaged so as to keep the mouth closed. The body is covered with a clean sheet.

In Shahadatain (the doctrinal testimony of Islam), Suni Muslim just recite a statement of faith ('There is no god but Allah, and Muhammad is His prophet'), while the Shia branch, in addition to this statement, recites 12 Imams. It is recommended that the doctrinal testimony of Islam (Shahadatain) and the acknowledgment of the 12 Imams and other tenets of faith, should be inculcated to a dying person in such a manner that he/she

would understand. It is also recommended that these utterances be repeated till the time of his/her death (Aalulbayt Global Information Centre, 2005).

Calling a religious leader – an Imam or Maulana – is necessary when a Suni Muslim is dying (especially in Turkeman, Baluch and Kurd area), but for the Shia branch there is no confession. A Suni Muslim should be taken home or to the mosque and washed preferably at home, but for Shia Muslims there is no confession and they are washed frequently in designated places at the graveyard (Mordeshorkhaneh).

Mourning for a Shia Muslim is more demanding than for a Suni Muslim. Devout and pious Muslims believe that death is part of God's plan and that one's duty is to try to accept whatever God sends, surrendering to His will, however difficult. It is for this reason that some very pious Muslims discipline themselves to show no emotion at a death, because open crying would suggest rebellion against God's will. The Shia group shows their emotions openly. According to Suni law, the grave is unmarked.

Most nurses in Iran have some basic knowledge about their patient's spiritual and religious needs, and try to minister to them. The death rituals in Iran are based on Islamic prescriptions for the Muslims, while other religious minorities follow their own traditions. A religious leader – an Imam or Maulana – is called for a Suni Muslim who is dying. According to the first author's experiences, in some cases, this rite does not follow patients' wishes and induces some dissatisfaction with patients' families. The severely ill person, who may be distracted by his/her pain, appreciates greatly a companion who can read the Quran and remind him/her of God.

When a Muslim is near death, those around him/her are called upon to give comfort, and reminders of God's mercy and forgiveness. They may recite verses from the Quran, give physical comfort, and encourage the dying person to recite words of remembrance and prayer. It is recommended that a declaration of faith is made for those of Shia and Suni branches. The dying person is normally placed in a comfortable position facing Mecca.

Upon death, those with the deceased are encouraged to remain calm, pray for the departed, and begin preparations for burial. The eyes of the deceased should be closed, and the body covered with a clean sheet temporarily. It is forbidden for those in mourning to wail excessively, scream,

or thrash about. Grief is normal when one has lost a loved one, and it is natural and permitted to cry.

The Muslim has been taught to treat the dead body with gentleness and respect. The body is cleaned, scented, and covered with a clean cloth for burial. Muslims should bury the body as soon as possible. An autopsy may be performed, if necessary, but should be done with the utmost respect for the dead and with the relative's permission. The body is then taken home or to the mosque and washed, usually by the family or other Muslims. If a person dies at night it is moved to a designated area in hospital and then the relatives are informed.

### Spiritual care

Delivering spiritual care to patients is reflected in national and international nursing ethical codes. The subject has been given increasing attention in the literature over the last 5 years. Spiritual needs that can present at a time of spiritual distress include the search for meaning, seeking forgiveness and the need for love and hope (Van Heere, 1997).

A phenomenological qualitative study by Wright (2002), which involved 16 participants, concluded that all people are spiritual

beings and this may be expressed humanistically or religiously. The defining features of spirituality described by the participants included: personhood; relationships; and reaching beyond and within oneself for meaning. There is some critical analysis of spirituality in the nursing literature.

Many researchers, especially in the West, accept that there is a differentiation to be made between religion and spirituality but the two aspects are linked in that, for some, religion becomes the outward expression of an inner spirituality. In this context, the concept of spirituality has a broader meaning than religion and encompasses philosophical ideas about life, its meaning and purpose (Harrison, 1993; Dyson et al, 1997).

Furthermore, according to Wright (1999) spirituality can be seen as the summation of our values which determines the process of how we interact with the world; whereas religion is seen as a pathway to follow the practices and thoughts that are appropriate to a particular faith.

Paradoxically, in many Western countries as religious observance has decreased, interest in spirituality has increased (Wright, 2004). This apparent separation of spirituality from religion can be regarded as a fairly modern Western phenomenon.

**Table 4. Guidance for nurses caring for Muslim patients**

A prayer room for Muslims may be provided. The room should be quiet, clean and carpeted. Access to washing facilities is necessary. An inter-religious space sensitive to the needs of persons of diverse traditions is preferable. For Muslims, there are obligatory prayers that are performed five times a day at designated times. This is believed to be a direct link between the worshipper and Allah

It is preferable to offer to remove or cover non-Islamic religious symbols in patients' rooms

If possible, a relationship with an Imam or community faith leader should be established that could serve as a religious resource

One or more Muslim physicians or other healthcare providers who can act as liaisons with Muslim patients should be identified. Walter (2002) suggests that within the team there may be someone who can assist a specific patient in his/her spiritual journey

Individuals should be informed of their rights as patients and encouraged to have advance directives, which can include religious preferences

On specifically contentious aspects of terminal care, the physician should consult the patient (if possible), the family, the ethicist, and preferably, an Islamic scholar before making a final decision

Healthcare providers (including nurses, physicians and faith leaders) 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 Quran 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 should be removed to the funeral home because Muslims prefer an expeditious burial. Routine care after death should be provided: the body should be gowned and shrouded

A postmortem examination or autopsy would normally be refused by a Muslim family unless required by law – at the request of the coroner

The family and Imam should be allowed 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

In hospices, the family may wish to prepare for washing and shrouding of the body immediately after death before its removal

Source: Aalulbayt Global Information Centre (2005); Muslim Protocol (2005)

According to Rassool (2000) in the case of Muslim patients, the spiritual dimensions of the individual remain within the tradition of Tawheed (oneness of Allah).

In Islam and following the Quran and Hadiths (sayings, deeds or agreements of the Holy Prophet), there is no distinction between religion and spirituality. The concept of religion is embedded in spirituality. In the Islamic context, there is no spirituality without religious thoughts and practices, because religion provides the spiritual path for salvation and is regarded as a way of life.

Nursing research has shown that the spiritual dimension of care infiltrates all aspects of nursing care (Carrol, 2001). Caring for a person's physical needs is important. It helps them bring closure to his/her life and provides reassurance; therefore, this aspect is probably one of the most important parts of caring for the dying (Kellehear, 2000). When a Muslim patient dies in hospital or hospice, this may precipitate a great deal of anxiety because nursing staff may be unfamiliar with Muslim rites (Gatrad, 1994).

### Spiritual and end-of-life care guidance for nurses

The spiritual needs and preferences of patients may change over time and in response to their changing clinical situations. For palliative care nurses irrespective of faith, a key requirement is to be sensitive to patients' and families' needs. Nurses should be willing to ask if unsure about the correct procedure. People may express their spiritual needs in various ways and it is important not to stereotype people on the basis of religion or race. *Table 4* lists some suggestions for the nurse.

### Conclusion

One of the most important concerns for people who are near the end of life is spiritual distress. This article provides an account of how spiritual aspects of care are performed for Muslim people living and dying in Iran. This is a country facing many political, economic and social challenges and where palliative care services, as normally configured in Western countries, do not yet exist.

Nevertheless, this article does indicate how nurses can help Muslim patients and their families approach death in ways that are respectful and accommodating of their spiritual practices and beliefs. Issues have been highlighted which are also applicable generally to nurses caring for Muslims patients anywhere in the world.

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### Key words

- Muslim
- Iran
- End-of-life care
- Spiritual care