PALLIATIVE CARE FOR THE AUSTRALIAN MUSLIM COMMUNITY

Mahjabeen Ahmad
Multicultural Communities Councils of South Australia (MCCSA)

Overview of Presentation

- Muslim views of illness and death
- Islamic bio and medical ethics, and palliative care principles
- Challenges in providing appropriate Muslim palliative care
- Communication issues and strategies surrounding Muslim palliative care
- Recommendations

What is *Islam*

- Religion followed by Muslims.
- Means submission or surrender; word derived from root word *salaam* which means peace in Arabic.
- Not just a religion but a culture, a philosophy, and a complete code of life for practicing Muslims; regulates and informs their day-to-day lives.

- Muslims are not a homogenous group; however, they share the same core religious beliefs and practices.

- It is important to avoid a single, stereotyped approach to all Muslim patients.

Basis of Islamic Law and Bioethics

- Primary sources of Islamic law:
  1. *Qur'an*---Muslim holy scripture
  2. *Sunnah*—words and deeds of Prophet Muhammad.

- Two additional sources of juridical interpretations:
  1. *Qiyas*—analogical reasoning
  2. *Ijma*—consensus among Muslim scholars or jurists.

Islam's Role in Palliative Care

- Provides context and framework in palliative care and end-of-life decisions.
- Different or contrasting but equally valid interpretations of the same scriptural source, and different schools of legal thoughts, exist.
- Within the broad framework of Islamic ethics, freedom to explore and make personal choice based on individual circumstances granted.

"Every soul shall have a taste of death; in the end to Us shall you be brought back."

---Qur'an (29:57)

"No fatigue, no disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick from a thorn, but Allah expiates some of his or her sins for that".

---Saying of Prophet Muhammad

How Muslims View Illness

- Human beings are trustees of their body and health; the real and ultimate owner is God.
- Illness and suffering are a form of atonement for sins; a test of faith; a trial; an opportunity for spiritual refinement.
- God's help must be sought with patience and prayers.
- Forbearance of hardship is greatly rewarded.
- Seeking appropriate treatment is encouraged.
- There is a cure for everything. Health professionals and treatment regimen are mere agents; God is the Ultimate Healer.

How Muslims View Death

- Belief in divine predestination and permanent life in the Hereafter are fundamental articles of faith.
- Death is not an enemy; it is not to be resisted but to be accepted as part of overall Divine Plan.
- Only God knows when, where, and how a person will die.
- Prayers become a priority for the dying Muslim and loved ones.

Treatment Options of Muslims

- Modern medicine
- Spiritual healing
- Traditional healing practices according to Islamic teach-ings.

Islamic Principles Guiding Medical Care

- Discouraged (*makrūh*): pursuing treatment discouraged to the extent that experts believe that side effects, harm, or other inconvenience of treatment are more than expected benefits.

- Discouraged (*makrūh*): pursuing treatment that knowledgeable experts consider futile.

Challenges in Providing Appropriate Muslim Palliative Care

- Many Muslims themselves may not fully understand concept of palliative care and, thus, remain unaware of Islamic legal opinions surrounding it.
- Such lack of knowledge and preparation may create confusion, conflicts, and distress for all concerned.
- For a specific patient's situation, it is critical to confirm permissibility and clarify recommendations of treatment based on Islamic teachings.

Challenges in Providing Appropriate Muslim Palliative Care (contd.)

- Muslim religious scholars not always actively involved in deliberations about life-sustaining medical treatment and its discontinuation.

- Guidance from theologians often highly abstract in providing practical application to specific medical cases; clinical scenarios that their assessments cover not always clearly described.

- Few clear and comprehensive articles in the literature to guide non-Muslim health care provider in specific requirements of a Muslim palliative care patient.

Views on Withholding and Withdrawing

- Appropriate to withhold or withdraw artificial life-supporting equipment and futile medical treatment (but not basic nutrition and hydration, nursing, and relief of pain) or carry out DNR under certain conditions.

- Withdrawal to be collective decision based on informed consent.

- Withdrawal allowed only when three independent and qualified doctors are certain that:
  1. death is inevitable/ diagnosis of brain death has been made **and**
  2. neither health nor quality of life will improve.

- Islamic jurisprudence principle of "*Certainty cannot be overridden by uncertainty*" makes withholding of futile treatment easier in practice than withdrawal.

Opioids Administration and Use

- Opportunity to balance preference between alleviation of symptoms and maintenance of consciousness to be given.

- Maintaining a level of conscious-ness greatly important to continue with worship, prayers, and other religious obligations for the longest period pos-sible before death.

Making Palliative Care Appropriate for Muslims

- Must be based on religious edicts and reflect religious values.
- Should seek neither to shorten life nor to prolong death.
- Sanctity of human life to be upheld.
- Suicide and euthanasia strictly forbidden.

Making Palliative Care Appropriate for Muslims (contd.)

- Injury or harm to be prevented or avoided.
- Merely prolonging life by supportive machines unacceptable when quality of life is poor; death must then be allowed to take its natural course.
- Great emphasis placed on duties and obligations.

Making Palliative Care Appropriate for Muslims (contd.)

- Inclusion of family--their presence, involvement, and support--- essential in care constructs for delivery of culturally competent care.
- Modesty issues need to be addressed.
- Gender-specific care to be provided whenever possible.
- Dignity of dying process and of deceased body to be ensured.

Role of others

- Family: caregiving and all kinds of support
- Religious scholar: religious guidance on treatment issues
- Imam: spiritual support
- Friends and relatives: visitation and praying for the sick and the dying, as Islam extols the virtues of doing these.

Issues in Communication

- Mentally competent adults granted full rights to accept or refuse medical intervention (except when treatment is considered mandatory).
- In reality, significant contribution of close family members to decision-making process.
- Revealing serious diagnosis or grim prognosis seen as family responsibility; family sees this as protecting their loved one from further trauma or death anxiety.

Issues in Communication (contd.)

- 'Mutual pretence' of ignorance about diagnosis and prognosis on part of patient and family may exist.

- Clash with concepts of 'informed consent' and 'principle of autonomy' may happen. In such cases, 'beneficence' principle becomes dominant.

- Health professionals seen as authority figures who can be trusted to do the right thing by patient.

Effective Communication Strategy

- Structure of consultation to be put in place as parties are multiple.
- Conversations regarding prognosis to be in general terms.
- Important to inform family about progression of patient's condition and when death becomes imminent.
- Families want to be present and may want to have their religious leader present during crisis situations.
- *Shahadah*--- statement of declaration of faith extremely important before last breath.
- Important for practicing Muslim patient to register his/her faith with provider.

Advance Medical Directive

- Community awareness and education regarding advance care directives needed.

- Advance medical directives and advance care planning need to be in accordance with Islamic teachings; intentions therein must be to abide by ethical and legal boundaries set by Islamic teachings.

Differences in the Western and the Muslims' Approaches to Palliative Care

- Importance and strong impact of religion on medical decisions
- Role of family, including extended family
- Different views of autonomy and beneficence—two major principles of medical ethics
- Communication style.

Recommendations

- Being informed by Islamic protocol of palliative care while negotiating care plan for Muslim patients in homes, hospitals, hospices, and aged care facilities
- Developing good communication strategy among palliative team, patient and his or her family
- Forging collaborative partnerships between mosques and Muslim community organisations, and palliative care providers.

E n g a g e L e a r n D e v e l o p D e l i v e r

Recommendations (contd.)

- Holding conferences where scholars, scientists, and medical experts deliberate and produce position papers on critical bedside situations
- Developing an Islamic protocol for managing terminal illness
- Participating or hosting joint events on World Hospice and Palliative Care Day
- Developing and training Muslim hospital chaplains
- Run a Muslim Hospice and Palliative Care Hotline as community service.

Some Organisations Relevant to Islamic Bioethics

- Islamic Organization for Medical Sciences (IOMS), Kuwait
- International Islamic Fiqh Academy, Saudi Arabia
- Islamic Educational, Scientific and Cultural Organization (ISESCO), Morocco
- Al-Azhar University, Egypt.

Some Helpful References

- (http://islamset.net/ioms/code2004/Islamic_vision2.html)
- Melissa J.Bloomer and Abbas Al-Mutair, *Ensuring Cultural Sensitivity for Muslim Patients in the Australian ICU: Considerations for care*, Australian Critical Care, Vol. 26, Issue 4, 2013, pp. 193–196.
- Khlood Salman and Rick Zoucha, *Considering Faith Within Culture When Caring for the Terminally Ill Muslim Patient and Family,* Journal of Hospice and Palliative Nursing, Vol. 12, No. 3, May/June 2010, pp. 156-163.
- Saleem Saiyad, *Do Not Resuscitate: A Case Study from the Islamic Viewpoint*, JIMA, Volume 41, No. 3, 2009, pp. 109-113.
- Nooredin Mohammadi, David Evans, and Tina Jones, *Muslims in Australian Hospitals: The Clash of Culture*, International Journal of Nursing Practice Vol. 13, Issue 5, 2007, pp. 310–315.
- Phil Halligan, *Caring for Patients of Islamic Denomination: Critical Care Nurses' Experiences in Saudi Arabia*, Journal of Clinical Nursing, Vol.15, Issue 12, 2006, 1565–1573.
- Abdulaziz Sachedina , *End-of-Life: the Islamic View,* The Lancet, Vol. 366, No. 9487, 2005, pp774–779.
- Mohammad Zafir al-Shahri and Abdullah al-Khenaizan, *Palliative Care for Muslim Patients*, The Journal of Supportive Oncology, Vol. 3, No. 6, 2005, pp. 432–436.
- A R Gatrad and A Sheikh, *Palliative Care for Muslims and Issues Before Death*, International Journal of Palliative Nursing, Vol. 8 No.11, 2002, pp. 526-531.
- Dr Faroque A Khan , *Ethics of Critically Ill Patients—An Islamic Viewpoint,* JIMA, Vol. 15, No. 4, 1983, pp. 105-109.

THANK YOU!