PALLIATIVE CARE FOR THE AUSTRALIAN MUSLIM COMMUNITY

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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 teachings.
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 consciousness greatly important to continue with worship, prayers, and other religious obligations for the longest period possible 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.
• 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.
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](http://islamset.net/ioms/code2004/Islamic_vision2.html)


THANK YOU!