

Palliative Care for Muslim Patients

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Spiritual care is recognized as an integral component of comprehensive palliative care.^{1,2} Muslims, estimated to number 1.3 to 1.7 billion worldwide,^{3,4} regard Islam as both a belief system and a way of life, as per the teachings of the Qur'an.⁵ Therefore, delivery of quality healthcare to Muslim patients calls for promoting health professionals' awareness of the religion of Islam. In this paper, the authors aim at discussing some of the religious aspects pertinent to caring for a special group of Muslim patients, namely the terminally ill. This discussion should not be considered stereotypically applicable to every terminally ill Muslim patient, as every patient is unique. Indeed, not only do the schools of thought vary, but also the level of observance may vary considerably among patients within the same school of thought.

The Religion of Islam

The Arabic word Islam means total submission to the will of Allah (the creator of the universe) by conforming inwardly and outwardly to His law. The religion of Islam is based on five pillars (Table 1). In the Islamic doctrine, the Noble Qur'an is the Holy Book revealed to the last messenger, Muhammad, peace be upon him (pbuh). The sayings, deeds, and sanctions of the Prophet (pbuh) are collectively known as the *Sunnah*. The Noble Qur'an and the *Sunnah* are the two main sources of the Islamic teachings and laws. Muslims believe in all other prophets, including Noah, Abraham, Moses, and Jesus, peace be upon them all. They also believe in the hereafter, where final judgment will take place and people will be adjudicated to Heaven

or Hell based on their lawful or unlawful deeds, respectively.⁵

ISLAM AND HEALTH ISSUES

The Islamic teachings encourage Muslims to seek treatment when they fall sick. The Prophet (pbuh) said "Seek treatment, because Allah did not send down a sickness but has sent down a medication for it—known to those who know it and not known to others—except for death."⁶ In terms of treatment options, Muslim patients resort to modern medicine, spiritual healing, and traditional healing practices. The spiritual healing practices include recitation of verses of the Noble Qur'an and specific Prophetic supplications.⁶ The use of *Zamzam* water, obtained from the well in the Holy Mosque, located in Makkah, Saudi Arabia, is also widely practiced.⁷ Although forbidden according to the *Sunnah*, the use of amulets is still not uncommon among some Muslim communities.⁶ According to Islamic teachings, honey and black cummin (Nigella seeds) are considered to have healing properties.⁶ Cauterizing is still practiced as a traditional healing measure by some Muslim patients despite the fact that it was not particularly recommended by the Prophet (pbuh).⁶

THE MEANING OF SUFFERING IN ISLAM

Muslims believe in divine predestination and attribute the occurrence of pleasure and suffering to the will of Allah. They generally perceive suffering as a way of atonement for one's sins, as the Prophet (pbuh) said, "No fatigue, no disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but Allah expiates some of his sins for that."⁸ This interpretation helps patients and families to cope with serious and life-limiting illnesses. However, it does not belittle the fact that every effort should be made to relieve suffering. Islamic teachings consider the relief of suffering of man and animal to be highly virtuous.^{7,8}

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Table 1
The Pillars of Islam

<i>Shahadah</i>	Bearing witness that there is no one who deserves to be worshipped save Allah and that Muhammad (pbuh) is the messenger of Allah
<i>Salah</i>	Five daily prayers
<i>Zakah</i>	Almsgiving
<i>Sawm</i>	Abstinence from food, drink, and sexual intercourse during daytime throughout the ninth lunar month (Ramadan)
<i>Hajj</i>	Pilgrimage to Makkah once in lifetime by those who are financially and physically able

ISLAM AND MEDICAL ETHICS

The ethical principles regulating healthcare for Muslim patients include the four widely recognized basic concepts of medical ethics: nonmaleficence, justice, autonomy, and beneficence.⁹ Of them, one concept or another may predominate according to different clinical scenarios. However, generally speaking, the concept of nonmaleficence and justice take precedence, since the avoidance of inflicting harm takes priority over doing good (*primum non nocere*) and the relief of one patient's suffering should not cause another to experience an equal or greater suffering. In concept, mentally competent adults of both genders are granted the full right to accept or refuse a medical intervention.¹⁰ In reality, however, close family members often contribute significantly to the decision-making process. Power relations in Muslim families vary from one family to another. Generally, the parents, spouses, and elder children, in descending order, have greater decision-making power than the rest of the relatives.

Islamic teachings give mentally competent adult patients the full right to refuse current or future treatment. This right does not hold when treatment is considered mandatory as per Islamic rules, such as in the case of serious, treatable, communicable disease. Many medical ethicists and Muslim scholars consider it equally appropriate to withhold or withdraw futile medical treatment, because all commissions and omissions of medical treatment are seen as active or passive interventions, respectively.¹¹ Other Muslim scholars tend to be stricter about withdrawing rather than withholding treatment, even when both are considered medically futile.¹² This outlook may be attributed partly to the relative emotional ease of treatment withholding as opposed to withdrawal. However, this view may also be explained by reference to the Islamic jurisprudence principle "certainty cannot be overridden by uncertainty," as it is *certain* (100% probability) that withdrawing a treatment will deprive the patient from any potential benefit associated with it, whereas it is *uncertain* (less than 100% probability) that maintaining that particular treatment will cause harm.¹³

CLEANLINESS

The clothes and body of the patient must be free from any amount of urine, stool, vomit, or blood if at all possible. Soil-

ing with any of these substances will render the patient ritually unclean and, therefore, unable to perform prayers. The patient is exempted from this requirement only when it becomes very difficult to fulfill. The ritual washing of the face, forearms, and feet, known as *Wudu*, is a prerequisite for performing prayers. For patients who cannot perform ritual washing before prayers, it is permissible to perform *Tayammum*, which involves touching clean sand with both palms and gently sweeping them over the face and back of the hands. Pre-packed sterilized *Tayammum* sets are commercially produced but not yet widely available. Families can be encouraged to bring in materials from home if not medically contraindicated. Friday is the usual day when Muslims will want to take a ritual bath (*Ghusl*). For both males and females, *Ghusl* is mandatory following sexual intercourse. Females need to perform *Ghusl* at the end of their menstrual cycle as well. Awareness of these practices should help healthcare providers understand why a patient would ask for help to take a bath shortly after having had one. Patients with malignancies complicated by chronic fecal, urinary, bloody, or gynecologic discharge are required to perform *Wudu* prior to each prayer in its designated time.¹⁴

MODESTY

Ideally, Muslim patients should have a healthcare provider of the same sex. However, when this becomes difficult, patients are allowed to be cared for by professionals from the opposite sex. Whenever a male healthcare provider cares for a female patient, he should always be joined by a female staff member or have the patient attended by one of her adult relatives. Exposure of the patient's body parts should be limited to the minimum necessary, and permission should be asked before gently uncovering any part of the body. Even more care should be taken when exposing private parts, and attempts should be made to avoid such exposures unless absolutely necessary. It is not uncommon for a Muslim patient to decline shaking hands with a health professional of the opposite sex; caution should be practiced to avoid unnecessary embarrassment.¹⁵ Avoidance of eye contact between a female patient and a male healthcare provider should not be misinterpreted as lack of trust or a sign of rejection but rather as a common sign of modesty in this patient population. According to the Islamic teachings, gaining permission from inhabitants is required before coming into their rooms.⁵ Thus, patients would appreciate it if some sort of notice was given before entering their rooms in a health institution.

SOCIAL ASPECTS

It is unusual for Muslim spouses to display affection before strangers, an observation that might be misinterpreted by some healthcare professionals as a sign of a dysfunctional family. Islamic teachings encourage the community to visit the sick and also the sick to welcome visitors.⁶ Patients, therefore, may get many visitors during hospitalization. The number of visitors can sometimes exceed what the available space can accommodate. The healthcare providers are encouraged to

express a high degree of sensitivity if it becomes necessary to interfere in such situations.

PRAYERS

The mandatory five daily prayers must be performed during health and sickness except when a patient is cognitively unable. When the patient regains consciousness and lucidity, compensation for the lost prayers is usually needed. The prayers, however, can be combined in a way that allows the patient to pray three times instead of five times per day. The format of the prayers can also be modified according to the patient's ability. For instance, a patient who is bed-bound can perform prayers lying on bed. Every prayer takes about 5–10 minutes and the patients are required to face toward the *Ka'abah* (the cubical building built by the Prophet Abraham [pbuh] inside the Holy Mosque in Makkah) during the prayers if they are able to do so. Muslims usually prefer a quiet environment during prayers and are not allowed to talk or attend to any requests while praying, except in emergency situations.

TRUTH TELLING

Telling lies is considered a great sin according to the Islamic faith. The Prophet (pbuh) said “the signs of a hypocrite are three: whenever he speaks, he tells a lie; whenever he promises, he breaks it; and if you trust him, he proves to be dishonest.”¹⁸ With this in mind, healthcare professionals may expect smooth interactions with patients and families during the process of breaking bad news. Nevertheless, these patients and families should not be denied the sensitive application of the professional truth-telling techniques.¹⁶

THE USE OF OPIOIDS AND SEDATIVES

The illicit use of opioids and other drugs that affect sensorium is strictly prohibited in Islam. However, medically prescribed opioids are generally considered permissible because of this necessity. Usually, patients and families accept the use of opioids for symptom control if the rationale is clearly explained to them. It is important to explain to the patient and family the possible side effects, as there may be significant concerns regarding drowsiness.

In the Islamic perspective, medication-related sedation could be looked at from two different angles. On the one hand, alleviation of the suffering of a human being is considered very righteous. On the other hand, maintaining a level of consciousness as close to normal as possible is of great importance to allow for observance of the worship rites for the longest period possible before death. In terminally ill patients, it may be difficult to maintain a state of equilibrium allowing for optimal symptom control and a normal level of consciousness. In these situations, the pros and cons should be clarified to the patient and family, who may prefer to endure a slightly higher degree of symptoms in order to maintain a better level of consciousness.

DIETARY CONSIDERATIONS

Islam prohibits consumption of alcoholic beverages and

porcine products. Cattle and poultry are permissible provided that the slaughterer was a Muslim, Christian, or Jew.⁵ Today, with the mechanized slaying methods that are disapproved of by Islamic teachings (eg, electric shocking), many observant Muslims will not eat meat that is slaughtered by a non-Muslim. There are no restrictions on seafood or vegetables. Patients are exempted from Ramadan fasting during sickness, but they need to compensate by fasting an equal number of days if they regain their ability to do so. However, patients with advanced incurable disease are requested to feed a poor person against each day of Ramadan not fasted. Some patients insist on fasting against medical advice and may miss medications without the knowledge of healthcare professionals. We recommend that caregivers readjust the timing for meals and medications if a patient decides to fast during Ramadan. Consulting a local *Imam* (religious leader) may be helpful in these cases.

The prophet Muhammad (pbuh) discouraged forcing the sick to take food or drink.⁷ However, Muslim families tend to express great concern when the nutritional intake of a patient is jeopardized. Some Muslim families may demand for a medical intervention to compensate for this decreased nutritional intake. From the authors' clinical experience, reference to the teachings of the Prophet (pbuh) on this matter helps to address the concerns of families and to facilitate their understanding of the anorexia/cachexia syndrome associated with malignancy. However, in patients who are slowly deteriorating, it may be prudent to maintain the minimal amount of nutrition or subcutaneous hydration until the last moments of life. The reason for this approach is to prevent the potential feelings of guilt and sorrow that could be experienced by the family if nutritional or hydration support was withdrawn or withheld completely.

PILGRIMAGE TO THE HOLY MOSQUE

Muslims who are physically or financially unable to perform pilgrimage (*Hajj*) to the Holy Mosque are exempted from this religious duty. There is also a “mini-pilgrimage” (*Omrah*) that takes only a few hours to complete as compared with *Hajj*, which takes a few days and is more physically demanding. Some Muslim patients with terminal illnesses may express a strong wish to perform *Hajj* or at least *Omrah* before they die. Planning for such trips usually needs cooperation between the family and the interdisciplinary palliative care team. A successful *Omrah* or *Hajj* trip is likely to have a great positive impact on the patient's sense of well being. According to Islamic teachings, those who perform *Hajj* or *Omrah* in the proper way will be cleaned of sins as if they were newly born.⁸

Death and Dying

LONGEVITY OF A TERMINALLY ILL PATIENT

When inquiring about the life expectancy of a loved one, Muslim families are usually skeptical about definitive responses from healthcare professionals. They are likely to be more comfortable with less definitive answers and even with responses like “this is in Allah's (God's) hands, and we can never predict

this accurately.” This is because Muslims believe that the longevity of every person is only known by Allah who predetermined the exact timing of death. It is, however, recommended to continually keep the patient and family informed about progression of the patient’s condition and whether death is becoming imminent. Families often appreciate being aware of this information, as they may want to be around the patient during this period and be prepared for funeral rites.

UNFINISHED BUSINESS

When death approaches, the patient and family environment usually become charged with emotions as they seek forgiveness from one another. The patient in the final stages might express a wish for performing *Hajj* or *Omr*, which might be possible with the support and advice from the palliative care team. In other occasions, the patient’s wishes are impossible to achieve and, hence, the family falls under considerable emotional pressure. In these circumstances, health-care professionals are urged to be supportive of the family to prevent any potential feelings of guilt.

Islam encourages believers to have their will written and regularly updated throughout life.⁸ With the diagnosis of a terminal illness, patients become more serious about having a written will in place. For a religiously valid will, the patient should be mentally competent, and the will should be witnessed by two mentally competent adults.

RELIGIOUS PRACTICES AROUND DEATH

For Muslims, life is viewed as a time of preparation for the hereafter. They view death as the beginning of a different form of life called *Al-Barzakh* (the interval between death and resurrection). A spiritual caregiver, or a person of wisdom, will usually remind a dying person of the great generosity of Allah and will encourage him to look forward to Allah’s blessings and forgiveness. The Prophet (pbuh) said, “None of you should die without having good expectations in Allah.”¹⁷ He also visited a young man who was dying and asked him, “How do you feel?” The man replied, “By Allah, O Messenger of Allah, I have hope in Allah and I fear my sins.” The Messenger (pbuh) said: “These two qualities do not dwell together in a person’s heart in this situation (of dying) but Allah will grant him what he hopes, and save him from what he fears.”¹⁷ Families usually try gently to prompt a dying patient with the *Shahadah* (bearing witness that there is no true God but Allah and Muhammad is verily His Servant and His Messenger) as a final statement of faith. They

also often recite chapters of the Noble Qur’an at the bedside of the dying person or play Qur’anic audiocassettes instead. Some families, based on the opinion of a group of scholars, might want to have the dying patient positioned so as to be facing the Holy Mosque in Makkah, despite the lack of strong religious evidence that encourages this practice.¹⁷

AFTER DEATH

The Muslim family expects the body of the deceased to be handled in a dignified manner and as gently as possible, because the sanctity of the dead person is considered the same as the living. Therefore, Islam forbids cremation and, furthermore, prohibits walking or sitting on a grave.¹⁷ After death, the eyes of the deceased should be closed, all connected tubes removed, and the entire body covered with a sheet of cloth. Autopsy is not permissible except when deemed necessary for legal or community health reasons.¹⁸ Once death is pronounced, the rites of washing, shrouding, funeral prayers, and burial should follow as soon as possible. In addition to expressing empathy, the major role of the healthcare team at this stage is timely documentation to prevent any unnecessary delay in proceeding with funeral rites. Condolences to the family of the deceased may be offered at anytime after death, in the hospital, at home, or elsewhere.

The funeral prayer is performed usually by a large group of the Muslim community, many of whom will participate in the burial as well. Islamic teachings encourage the Muslim community to serve food to the family of the deceased during the funeral day to show support and solidarity. These practices surrounding funeral rites may be contributory to a normal grieving process. Indeed, Islam welcomes grieving by expression of compassion and shedding tears. However, wailing and lamenting are prohibited.¹⁷ Bereavement follow-up may not always be necessary due to the strong family and community support in the Muslim community. However, the palliative care team may need to identify families with suboptimal resources and provide the necessary support during bereavement.

Conclusion

Terminally ill patients constitute a vulnerable group that deserves specialized and sensitive care that addresses their physical, psychosocial, and spiritual needs. This comprehensive approach to care at the end of life requires better understanding of the religious background of patients. Improvement in the awareness of healthcare professionals about Islamic teachings is likely to promote sensitive caring for their Muslim patients.

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