



HEALTH CARE PROVIDERS' GUIDE TO ISLAMIC RELIGIOUS PRACTICES



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INTRODUCTION

Demographers say Islam is the world's second-largest faith, with more than 1.8 billion adherents worldwide. It is the fastest-growing religion in the United States, with one of the most diverse and dynamic communities, representing a variety of ethnic backgrounds, languages, and nationalities. Muslims are adding a new factor to the increasingly diverse character of patients in the healthcare system. The information in this booklet is designed to assist healthcare providers in developing policies and procedures to deliver culturally competent patient care and serve as a guide for the accommodation of religiously mandated practices of Muslim patients. It is intended as a general outline of religious practices and beliefs; individual applications of these observances may vary.

Research has demonstrated that minority patient populations face significant challenges when trying to access and receive healthcare and a lower quality of care when they do. Among racial and ethnic groups, health disparities persist due to the confluence of structural, institutional, and interpersonal factors. Overcoming these barriers and disparities requires that the beliefs, priorities, and health care needs of minority communities be understood and accommodated. Health disparities among religious minorities merit consideration, as religious values are influential in an individual's and group's development and articulation of the concept of health.

Increasing cultural competence has been cited as part of the solution to reduce health disparities; however, Muslim Patient Cultural Guides are predominantly based on provider experiences as opposed to empirical research conducted in collaboration with the community. Given the different conceptions of health and healing, cultural modifications and healthcare accommodations may be integral to providing the highest quality of care. Prior research demonstrates that many hospitalized Muslim patients seek to maintain their religious practices: observance of modest dress, fasting during Ramadan, adhering to dietary restrictions, and partaking in the prescribed daily prayers are just a few examples.



GLOSSARY OF TERMS AND PRONUNCIATION GUIDE

Adhan (ad-HAN): Call to prayer.

Allah (AL-LAH): The Arabic word for God.

Eid (EED): A major religious holiday. Islamic theology teaches that there are two recognized Eid holidays, Eid Al-Fitr and Eid Al-Adha.

Halal (Hah-LAAL): Permissible according to Islamic law.

Hijab (Hee-JAAB): Clothing Muslim women wear in public; generally loose fitting and includes a head covering.

Imam (ee-MAAM): Religious leader of a Muslim community. Similar in many ways to a Rabbi in Judaism or a Pastor in Christianity.

Janazah (jeh-NAA-sah): Islamic funeral and burial procedure.

Jum'ah (JOO-mah): Friday congregational prayer. Similar in many aspects to Sunday services at Christian churches.

Kufi (KOO-fee): A skull cap worn by Muslim men, encouraged but not required in many Muslim cultures.

Qur'an (Qur-AAN): Islam's revealed scripture, sometimes spelled Koran.

Ramadan (RAHM-a-daan): The holy month of fasting in which Muslims do not eat or drink from dawn to sunset.

Tayammum (tey-UHM-mum): Alternate ritual cleansing before prayer that does not require the use of water.

Wudu (WOO-doo): Ritual ablution or washing before daily prayer that requires water.





MUSLIM VIEW OF ILLNESS AND TREATMENT

Muslims consider illness, like other life events, as a test from God and often respond with patience and prayers. Death is understood as part of every human's ultimate journey to the next life. However, the Qur'an urges Muslims not to have a fatalistic attitude towards life. The Prophet Muhammad taught that maintaining a healthy body is an individual's duty, and he urged Muslims to seek treatment where it was needed. According to one saying of the Prophet, disease is part of fate, and so is its cure. Generally, Muslims understand the preservation of life to be the supreme objective of their faith tenets. Caring for the weak and sick is a collective societal responsibility, and providers of care are honored. Preventative healthcare strategies among Islamic religious practices include personal hygiene and cleanliness, dietary measures such as the restriction in eating specific ingredients (such as pork and its byproducts), and the avoidance of addictive habits such as smoking tobacco, consuming alcohol, or overconsumption of food.

The following sayings of the Prophet are used to encourage patients to seek proper treatments in times of illness:

"There is no disease that Allah has created, except that He also has created its remedy." (Hadith Collection of Bukhari)

"Taking proper care of one's health is the right of the body." (Hadith Collection of Muslim)

"Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, with the exception of one disease, namely old age." (Hadith Collection of Abu Dawud)

U.S. LEGAL PROTECTIONS OF RELIGIOUS RIGHTS

Prayer, fasting, pilgrimage, religious celebrations, and dietary and clothing requirements are practices of the Islamic faith. They are considered bona fide religious beliefs, and those who practice them regard them as compulsory religious duties. These are protected by the First Amendment to the United States Constitution, which enshrines the freedom to practice one's religion. Federal and state laws prohibit discriminatory practices on the basis of sex, race, religion, and national origin.

PROVIDERS' CONSCIENCE RIGHTS

Conscience protections apply to healthcare providers who refuse on religious or moral grounds to perform or assist in performing certain healthcare services.

Federal statutes protect healthcare providers' conscience rights and prohibit recipients of certain federal funds from discriminating against healthcare providers who refuse to participate in certain services based on moral objections or religious beliefs.

You may file a complaint under the Federal Health Care Provider Conscience Protection Statutes if you believe you:

- Were required to participate in, or were discriminated against for refusing to participate in, specific medical procedures and related training and research activities; or
- Were coerced into performing procedures that are against your religious or moral beliefs; or
- Were discriminated against for refusing to provide health care items or services for the purpose of causing, or assisting in causing, the death of an individual, such as by assisted suicide or euthanasia.

For more on the Federal Health Care Provider Conscience Protection Statutes, visit <https://www.hhs.gov/conscience/conscience-protections/index.html>



DAILY PRAYER

Islam urges “God consciousness” in each individual’s life. To that end, Islam prescribes that believers perform prayer five times each day. Each prayer takes five to ten minutes and is offered any time during the following periods, based on the position of the sun:

Fajr:	Dawn, before sunrise.
Zuhr:	Midday, after the sun passes its highest point, until the afternoon.
Asr:	Late afternoon until just before sunset.
Maghrib:	Sunset until total darkness.
Isha:	Darkness until midnight.

The prayer itself includes specific recitations from the Qur’an and physical components of standing, bowing, and touching one’s forehead to the ground, all performed while facing toward Mecca, which is in the general direction of Northeast from the United States . Healthcare providers can assist a patient in finding Mecca with the use of a compass or a smartphone app. Prayers are generally performed on a prayer rug or mat. During prayers, patients cannot respond to questions and will wait to respond until the prayer is finished. Individuals with limited mobility may use a chair to complete some of the physical components of prayer. Patients who cannot stand or kneel may pray using head motions or eye motions in their beds. Also exempt are women immediately following childbirth and during menstruation. In the event of an emergency, Muslims will, of course, stop their prayer to respond. Recitation of the Qur’an is similar to reading Bible passages aloud and may be interrupted for medical procedures.

Hospitalized patients and individuals in nursing homes may ask to be alerted to fulfill this religious duty on time. Patients may choose to bring a prayer rug and/or a Qur’an to the hospital. As an expression of respect, caregivers should avoid stepping on the prayer rug or placing anything on top of the Qur’an and refrain from interrupting the worshiper during prayer times. Relatives and friends who visit patients at prayer times would appreciate it if healthcare providers could inform them about the nearest chapel or other appropriate space where prayer can be offered. These spaces should be clean, quiet, and dry, preferably offering some privacy and, if possible, be free from images of people or religious icons. It should be large enough for Muslim worshipers to stand, bow, kneel, and touch their foreheads to the ground.

In the United States, Mecca, located in Saudi Arabia, is in the general direction of northeast. Health Care providers may assist a patient in finding Mecca with the use of a compass or smartphone app.

RITUAL WASHING

Before prayer, Muslims rinse their mouth and wash their hands, face, arms, and feet with water. This is called wudu, or ablution, and it is intended to cleanse the person before prayers are performed physically. It is performed in a restroom sink or other facility with running water and takes about two minutes.

In hospital settings, some patients may require assistance with washing. The procedure may also take longer, according to mobility restraints. Patients with severely limited mobility may perform tayammum or a symbolic ablution if no one is available to assist. Tayammum can also apply to areas of the body that cannot contact water for medical reasons, such as a cast or bandage.

In Arabic, the word Tayammum literally means an 'aim' or 'purpose.' In Islamic Law, it refers to "aiming for or seeking soil to wipe one's face and hands with the intention of purification and preparing oneself to pray, and so on."

JUMAH PRAYER

Friday is the day for congregational prayer or Jumah. It is customarily understood to be mandatory for men and highly encouraged for women to attend. Jumah lasts around one hour and occurs at the Mosque during the midday prayer. The exact timings can be obtained by calling a local Mosque or checking their websites for details. The service is like a Sunday church service, with a khutbah, or sermon, delivered by the spiritual leader. After prayer is complete, the worshiper will return to work or home and complete the rest of the day. Sick people are not required to attend congregational prayer. However, many Muslim patients may still wish to attend Jumah to benefit from the khutbah and to connect with their spiritual community. Seniors in nursing homes would benefit from assistance in traveling to the nearest mosque for Jumah prayers. Mosque administrators may be willing to help arrange for transportation and accommodation of people who are elderly or limited in mobility.

MUSLIM HOLIDAYS

Islamic holy days and festivals follow the lunar calendar. Like the solar calendar, the lunar calendar has twelve months. However, a lunar month, marked by the appearance of a new crescent moon on the horizon, may last only 29 days (about 4 weeks). A lunar year is about eleven days shorter than a solar year. This means that Islamic festivals occur about eleven days earlier each year, and the dates for significant holidays will change in comparison to the Western calendar.

There are several days in the Islamic calendar with special religious significance, but the major celebrations common to all Muslims are the two Eid (holiday) days. The first Eid day is celebrated on the day after the month of Ramadan (the month of fasting) and is called Eid al-Fitr (translated as the Festival of the Breaking of the Fast). The second is celebrated on the tenth day of the twelfth Islamic month

and is called Eid al-Adha (Festival of the Sacrifice). Eid al-Adha coincides with the Hajj pilgrimage and is considered the holier of the two Eid holidays. Eid festivities include congregational prayer, gatherings with family and friends, and gifts and entertainment, especially for children. A typical greeting on these occasions is Eid Mubarak or “blessed Eid.”

PRONUNCIATION GUIDE:

Eid al-Fitr	EED ull-FITTr
Eid al-Adha	EED ull-AHD-ha
Eid Mubarak	EED moo-BAR-ak
Ramadan Mubarak	rah-mah-DAN moo-BAR-ak

Eid days are significant holidays devoted to spending time with family and the community. Elective medical tests and other procedures should be scheduled around these holidays wherever possible. Hospital administrators may add Muslim holidays to their calendars. Because the occurrence of Eid depends on the sighting of the new moon, the exact date cannot be determined with certainty until a few days before the holiday. Consulting with a local Islamic center for the exact dates may be beneficial.



RAMADAN FASTING

The month of Ramadan, the ninth month of the Islamic lunar calendar, is the time when Muslims are required to fast. Fasting during Ramadan is one of the five pillars of Islam. The dates of this fast change each year, so the fast will eventually rotate throughout the full solar year. A standard greeting during this month is Ramadan Mubarak or “blessed Ramadan.”

Ramadan is a period of self-restraint and a time to focus on moral conduct and one’s relationship with God. During this month, Muslims refrain from eating, drinking, and sexual activity from dawn until sunset. Other prohibited activities during Ramadan include ill-speaking, smoking, cursing, and other sinful behaviors. It is a time for personal reconnection with religion and spiritual growth and a way to empathize with those less fortunate and appreciate what one has. Many Muslims use this time to increase their charity work, reading of the Qur’an, and generosity towards others. Each morning before sunrise, Muslims enjoy a pre-fast meal called suhoor. Fast is broken by a meal called iftar, which is often shared with family or community members.

Exemptions to fasting include menstruation, pregnancy, and breastfeeding; travel; and severe illnesses. An illness exempts a person from fasting if the performance of the fast would worsen or exacerbate the illness or condition. If necessary, a sick person can defer fasting and make up the missed days during a later period or offer fidyah, or a meal for the poor, as an alternative. Fasting does not inhibit the provision of emergency medical care. In non-emergency situations, fasting Muslims will usually agree to medical testing but not to nutritional intravenous injections. Drops put in the eyes or ears can be administered, as can vital injections, blood tests, and medications absorbed through the skin.

Patients struggling with disordered eating, such as anorexia nervosa or bulimia, should be closely monitored during the Ramadan fast.

The observance of the Ramadan fast may require the postponement of non-emergency or elective medical procedures. If possible, medical tests and drugs can be administered after sundown or after the Ramadan fast



THE FIVE PILLARS OF ISLAM

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| 1. Shahada | Declaration of belief in God and Muhammad as the messenger. |
| 2. Salat | Five daily prayers. |
| 3. Zakat | Requisite annual charity. |
| 4. Sawm | Observation of fasting during Ramadan. |
| 5. Hajj | The pilgrimage to Mecca. |

ends. Fasting Muslims and their healthcare providers should work closely together to respect the patient's right to this required religious practice and the needs of the medical caregiving situation.

Some research suggests that intermittent fasting may be more beneficial than other diets for reducing inflammation and improving conditions associated with inflammation, such as Alzheimer's disease, Arthritis, Asthma, Multiple Sclerosis, and Stroke.

During the fasting month, individuals taking medication daily are required to alter the timing of when they take their medications. It is advised that before the start of Ramadan, anyone prescribed long-term medication should visit their doctor or pharmacist to consult on how to manage medication at home properly.

While donating blood does not break the fast, it is not medically recommended to donate blood without rehydrating and going through other post-procedures, which would break the fast. Therefore, Muslims who wish to donate blood during Ramadan should consider waiting until after the month is over to avoid further complications.

WHAT DOES NOT BREAK OR VIOLATE THE ISLAMIC FAST

- Anything introduced into the uterus, be it suppositories, bath water, ureter scope, intra-vaginal auscultation, or an intrauterine device (IUD) or any other similar device.
- Anything introduced into the urinary tract of a man or a woman: probe, ureter scope, radio-opaque substances, solutions for cleaning the bowel.
- Tooth extractions, dental fillings, or cleanings, and cleaning one's teeth with a toothpick or a toothbrush, provided nothing is swallowed.
- Mouthwash, gargle, mouth-spray, provided nothing is swallowed.
- Subcutaneous, intramuscular, or intravenous injections, excluding any perfusions or injection of nutritious fluids (serums).
- Oxygen, inhalers, nasal sprays, and patches.
- Anesthesia by vaporization and intravenous injections, provided nutritious fluids are not injected to the patient.
- Whatever penetrates the body through the skin, like creams, ointments, or cutaneous patches containing medicinal or chemical substances.
- Introduction of a catheter for coronagraph of heart vessels and other organs.
- Biopsy of the liver or other organs without administration of any solutions or liquids.
- Fibroscopy, laparoscopy, or gastroscopy without absorption of liquids or other substances.
- Introduction of any instrument or substance into the brain or spinal cord for treatment.
- Involuntary vomiting.
- Injections and blood tests.
- Physical examinations, including rectal and vaginal examinations for medical purposes.
- Pessaries, douches, and suppositories.

WHAT DOES BREAK OR VIOLATE THE ISLAMIC FAST

- Any medication or medical treatment administered as a supplement for the purposes of providing nourishment.
- Any medication purposefully swallowed (Exemptions for pregnant women, breastfeeding mothers, pre-pubescent children, the elderly and individuals considered physically and/or mentally incapable of fasting).
- Induced vomiting.
- Kidney dialysis.
- IV fluids.

RAMADAN AND DIABETES

Fasting can be particularly challenging for Muslims with diabetes. Muslim patients with diabetes who plan on fasting should be educated about strategies to help them avoid complications. Often such patients visit their healthcare provider every year before Ramadan to help confirm that they are healthy enough to fast. During such visits, they should be evaluated thoroughly and provided with appropriate education to manage diabetes while fasting. Sometimes this may entail advising them to refrain from fasting (for a few days or the whole month) due to their illness, which is permissible according to the religion, or at least have supplements readily available if symptoms of hypoglycemia should develop.

While fasting, patients can be at risk of both hypoglycemia and hyperglycemic complications (e.g., diabetic ketoacidosis and hyperosmolar hyperglycemic state). Muslim patients should be encouraged to monitor their blood sugars, especially if they are taking medications such as insulin or oral hypoglycemic agents. Patients must be reminded about the need to break the fast if blood glucose levels fall to dangerously low levels. They should be educated about the symptoms of hyperglycemic and hypoglycemic states.

DISORDERED EATING AND FASTING

For many, Ramadan can bring many feelings, like excitement, anticipation, and happiness; however, for others, there can be a mix of emotions, such as anxiety and worry about food, fasting, and fitness. An eating disorder is a mental health condition where the control of food is used to cope with feelings and other situations. These are a group of related conditions, including Anorexia, Bulimia, and Binge Eating. Unhealthy eating behaviors may include eating too much or too little or worrying about weight or body shape.

Some sufferers say that both their restrictive and binging behaviors increase during Ramadan, which is often a reason why recovering Muslims may not be able to fast. Fasting can be the perfect disguise for an eating disorder, as during Ramadan, not

"The month of Ramadan is that in which was revealed the Qur'an, a guidance for the people and clear proofs of guidance and criterion. So whoever sights (the new moon of) the month, let him fast it; and whoever is ill or on a journey - then an equal number of other days. Allah intends for you ease and does not intend for you hardship..."
[Qur'an 2:185]

eating becomes normal and no longer something that is frowned upon. This is why slipping back into disordered behaviors is so easy without anyone noticing.

WHAT THE QUR'AN SAYS ABOUT EXEMPTION FROM FASTING

Providers working with patients who cannot fast due to an eating disorder or other mental health condition may need to encourage their patients to treat themselves with compassion and grace. Muslims consider trials and afflictions to be expressions of the gentleness of God and that He would not assign a challenge that was insurmountable.

DIETARY RESTRICTIONS

The Qur'an prohibits the consumption of alcohol, pork, and any pork by-products or derivatives. Therefore, practicing Muslims are careful about the food they consume and how it is prepared. Muslims follow specific standards, called halal, or permissible by Islamic law, in slaughter and preparation of meat and poultry. Halal food preparations are like Jewish kosher preparations, although halal standards are less strict than kosher requirements.

SOME OBJECTIONABLE FOOD ITEMS INCLUDE:

- Pork and pork-by products:
 - o Pepperoni, sausage, hot dogs containing pork; however, beef, chicken, or turkey products are permissible.
 - o Bacon, alone or in soups, quiche, etc.
- Animal shortening in bread, puddings, cookies, cakes, donuts, etc. (Vegetable shortening is acceptable)
- Marshmallows, chocolates, etc., unless vegan or vegetarian in source.
- Lard in any product.
- Blood and blood by-products.
- Alcohol and food ingredients containing alcohol, such as vanilla extract and Dijon mustard, or sauces prepared with alcohol.
- Lipase and Pepsin.

PERMISSIBLE FOOD ITEMS INCLUDE:

- Milk
- Honey
- Seafood including fish, shrimp, and tuna.
- Fruits and Vegetables
- Chicken, Beef, Turkey, and other meats provided that they are slaughtered according to the halal standard.*
- Tofu
- Rice
- Pasta
- Breads
- Entirely plant-based products such as Impossible or Beyond brands.

**There is a great variance on how strictly each Muslim follows the requirement of halal slaughtering of meat and thus it is good to have this conversation with your Muslim patients to better understand their needs.*

Healthcare centers can order Muslims special meals from certified halal food providers. If this is not possible, patients must be given choices that meet Muslim dietary requirements, such as vegetables, eggs, milk, and fish. Some patients may object to the consumption of fish without scales, such as catfish; however, most varieties of fish are considered halal by default and are generally consumed by most Muslims in place of meat options.

Physicians should avoid prescribing medical pills coated with pork-extracted gelatin. The use of alcohol in medicines is debated but generally accepted. However, if possible, alternatives to these medications should be provided. For example, the pediatric formulations of most cough syrups do not contain alcohol and can be given to adult patients once the dosage is adjusted. Magnesium stearate is forbidden in tablets when derived from an animal source. It is highly advisable to confirm a patient's preference before treating with an ingredient that may not be permissible for Muslims. In the event that no suitable alternative is available for medicines of porcine origin or medicines containing alcohol, the patient must be made aware of the medicine's origins and contents so they can make an informed decision.

Recreational narcotics are forbidden in Islam. For this reason, many Muslims may refuse the medicinal use of opioid analgesics as well and instead request alternatives.



CLOTHING AND DRESS

Islam prescribes that both men and women behave and dress modestly. Muslims believe that an emphasis on modesty encourages society to value individuals for their wisdom, skills, and contribution to the community rather than for physical attractiveness. There are a number of ways in which Muslims express such teachings, varying widely by culture and individual practices. Staff and administration should ensure that all caregivers respect the diversity of the Muslim community and the variations in how these practices are expressed.

Muslim patients will often ask for same-gender providers. Most hospitals and facilities should be well prepared to meet this demand. However, even the most orthodox Muslims recognize that saving a patient's life takes precedence over finding a female or male professional in a medical emergency and having a male provider treat a female patient or a female provider treat a male patient is acceptable in an emergency situation.

Muslim men and women are usually reluctant to expose their bodies for a physical exam. Regardless of a person's beliefs, requesting permission before examining any part of the body and performing the exam sequentially, exposing as small an area as possible with each step, is highly advisable. This is especially true for more orthodox Muslims who place much emphasis on modesty.

When in public, Muslim women often wear loose-fitting, non-revealing clothing, known as hijab. This attire, which may vary in style, usually includes covering the hair, neck, and body. Depending on personal preference, some women also opt to completely cover their arms and legs, to wear long skirts rather than trousers or pants, or to wear loose-fitting robes such as abayas. Some Muslim women may wear a face veil, commonly referred to as niqab.

TERMS FOR WOMEN'S DRESS:

Niqab (nee-KAHB):	A face covering that leaves open a slit for the eyes.
Abaya (ah-BUY-ah):	Long, loose-fitting dress or gown with long sleeves; often black.
Burqa (BURR-kah):	Loose garment covering head to toe, with veiled slits for the eyes.
Chador (Cha-DOOR):	Large cloth wrapped around the head and upper body, leaving the face exposed.

A few simple approaches can be taken to make the Muslim patient feel more comfortable. These include announcing the arrival of the healthcare professional and allowing a female time to cover herself. If a woman is sick and needs to bathe, offer a shower instead of a bath.

Men and boys may choose to wear clothing that covers them from the navel to the knee. Also, some male Muslims wear a small head covering called a kufi. Many choose to grow beards for religious reasons as well.

Doctors and nurses should not demand the removal of any piece of clothing unless there is a clear need for it. Female patients may wish to maintain their head covering even in bed. Staff may hang a “please knock” sign on their door so that if a male needs to enter the room, a knock can give the patient the opportunity to replace her scarf or other religious covering. In cases where disrobing is necessary, some patients may request that only providers or caregivers of the same gender be allowed in the room. Communicating between providers and patients is key here.

HYGIENE

Islam places great emphasis on hygiene in both spiritual and physical terms. In addition to the ritual cleaning before prayer, Muslims also follow a number of other hygiene-related rules, including:

- Washing with water after urination or defecation.
- Removal of armpit and pubic hair.
- Keeping nostrils clean.
- Keeping fingernails trimmed and clean.

A small container to assist with washing can be placed near the toilet. For a bedbound patient, a beaker of water is suitable for washing after using a bed pan.

GENDER RELATIONS AND PHYSICAL CONTACT

Many adults past the age of puberty place certain limits on relations between members of different genders. For example, some Muslims prefer not to shake hands or hug people of different genders. In some cultures, prolonged eye contact between individuals of different genders is considered rude. This should not be taken as an insult but instead regarded as a sign of personal modesty. Patients may require that they be treated only by a doctor, nurse, or caregiver of the same gender, particularly when physical contact is required during treatment. Touch between members of the opposite gender is strongly discouraged except between immediate family members. It is permissible to touch a patient of the opposite sex when there is a medical reason, such as completing a clinical examination or procedure.

HAND USE

The left hand, in some Muslim cultures, is considered unclean. To avoid offense, use the right hand for medication administration, handing objects to patients, and assisting with feeding.

SEXUALITY AND DOMESTIC VIOLENCE

Many Muslims tend to avoid discussing sexual issues. Healthcare providers must be aware of these issues so that they can approach them in a culturally sensitive manner that increases patient trust in the provider. These conversations should be done by a same-gender provider, preferably alone. Some unmarried women may not agree to pelvic examinations, Papanicolaou/Pap smear tests, or any invasive vaginal examinations unless it is life-threatening. An unmarried woman may refuse

or hesitate due to the concern that such examination could compromise virginal status. Due to the fact that Muslims tend to keep sexual matters private, patients may avoid discussing problems with sexual relationships or sexual dysfunction, making it difficult for healthcare professionals to diagnose problems and provide appropriate counseling.

These barriers to reproductive health can make it difficult to treat Muslims, especially Muslim women, effectively. The best that the provider can do is to offer these services, explain that these services are not to imply any shame or any specific type of behavior but more for preventive measures. To build trust and assure patients of confidentiality, more time per appointment might be budgeted so that the patient can be made more comfortable with the processes and procedures.

The discussion of the risk of sexually transmitted disease is very sensitive as it can be misconstrued as a deviation from monogamy. It is crucial to explain the reasoning for the questions to help the patient understand that this is not an attack on her or him personally.

Islam forbids the mistreatment of women. Women may not be open to discussing domestic violence due to a fear, rooted in the cultural backgrounds of some Muslim-majority countries, that the family will be “dishonored” by her disclosure. For this reason, women should always be reassured of support to open up about domestic violence issues.

It should be noted that domestic and family violence are not limited to husband-on-wife or man-on-woman abuse. Men can and do experience violence from their female partners, albeit at much lower rates. There is a lack of research on Muslim men who experience violence or abuse at the hands of female partners; however, if this is noted, be aware that cultural and other factors may make it difficult for male clients to disclose. Patience and caring are essential in providing these services.

THE ISLAMIC SOLUTION

KIND TREATMENT TOWARDS OTHERS IS A SIGN OF PIETY

While domestic violence exists in both Muslim and non-Muslim societies, the position of Islam on the kind treatment of women is very clear, as mentioned in the Qur'an and exemplified through the life and character of the Prophet Muhammad.

“The nobler among you in the sight of God is the more righteous among you.”
(Qur'an, 49:13)

It is narrated that the Prophet Muhammad said, “The most complete of believers in faith are those with the best character, and the best of you are the best in behavior to their women.” And in another tradition, “The best among you are those who are kindest to their wives.”

(Hadith Collection of Tirmidhi)

It is also mentioned that all children within a family have their own rights to be treated fairly. This right was referred to by the Prophet Muhammad: “Fear Allah and treat your children fairly”

(Hadith Collection of Bukhari and Muslim)

BIRTH AND CIRCUMCISION

Following prophetic tradition, Muslim parents whisper the adhan, or call to prayer, into the right ear of a newly born baby. This ensures that the first words the infant hears are an invitation to follow God. Circumcision is required only of male babies and usually takes place within the first seven days of life unless a medical reason requires the procedure to be postponed. It is customary for Muslim women to breastfeed their newborn babies; most prefer to do this privately.

Islam does not allow the practice of female circumcision or genital cutting in any fashion. Religious authorities agree that the practice is irreligious and should be eradicated where it occurs. In the event that providers are faced with such a request, local Muslim leaders may advise the family and educate them about the matter.

Muslims are also recommended to bury the placenta after birth, as it is considered part of the human body and, therefore, sacred. If there are medical reasons for not providing the placenta to parents, these should be clearly explained.

Generally, other religious rituals for newborns may be delayed and are usually performed at home. For babies that require a longer stay in the hospital, communication with parents about required religious practices is essential.

CONGENITAL DISABILITIES

Muslims may perceive congenital disabilities as a test of their faith in God. Many Muslims tend to be culturally private about family matters, which prevents them from discussing the disability of a child. As with any religion, when addressing patients' families with congenital disabilities, it is best not to focus on the congenital disability but to address the specific issue at hand.



HOSPICE CARE

Many Muslim patients do not expect health professionals to tell them or remind them of their terminal illnesses. Hospice care may help the Muslim family fulfill a cultural and religious obligation if the focus is on comforting the patient rather than helping them to accept impending death. It is not uncommon for Muslim patients to not give up hope because they believe God has the power to create life as well as cause death.

“The Islamic perspective on do-not-resuscitate orders has been described and is complex. A do-not-resuscitate order is consistent with the tenets of Islam. The withdrawal of support in the setting of a persistent vegetative state is less clear”.

Naughton, M., & Davis, M. (2001). Discussing do-not-resuscitate status: Furthering the discourse. Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology, 19 (13), 3301-3302.

RESUSCITATION AND LIFE SUPPORT

A person is considered legally dead according to widely accepted religious principles when one of the following signs is established:

- (i) Complete stoppage of the heart and breathing, which are decided to be irreversible by doctors.
- (ii) Complete stoppage of all vital functions of the brain, which are decided to be irreversible by doctors, and the brain has started to degenerate.

Under these circumstances, it is justified to disconnect life-supporting systems even though some organs continue to function automatically (e.g. the heart) under the effect of the supporting devices.

If a patient still has any possibility of an active, conscious life, withdrawal of life support is considered active euthanasia and is forbidden. However, maintaining a terminal patient on life support for a prolonged period in a brain-dead or persistent vegetative state is not encouraged.



It is essential that family members be notified when a patient is dying. Families and close friends will wish to hold special prayers with the person during the last days of life. It is common to hear constant recitation of the Qur'an from the patient and from their family and friends. If the family cannot be present, a local Imam may be consulted to counsel the patient.

When a Muslim dies, friends and family commonly repeat the phrase Inna-li-llahi Wa-inna-ilahyi Raji'oon, which means "from God we come and to God we return."

FUNERALS

When a person dies, funeral planning and preparations for burial begin immediately. Following the death, family members may wish for the face, or whole body, of their deceased to be turned towards Mecca. Family or community members must wash the body of the dead and cover him or her with a white cloth or sheet. If possible, the family may prefer that the body be handled only by persons of the same gender. The Imam or local Islamic organization should be contacted as soon as possible to begin preparations for the janaza, or funeral service. Cremation is not permitted, and embalming should not be performed unless required by law. Muslims do not use caskets in the burying process, so many communities have specific cemeteries in which Islamic funerals and burials are held.

Many patients have a provision in their wills or end-of-life directives that specify where they will be buried and who should handle their funeral and burial. Such requests should be accommodated wherever possible. Staff may ask about such a will and encourage patients to put these requests in writing where they do not already exist.

DEATH

The Muslim perspective on death and dying is that every person has an appointed term in life. Death is the end of the testing phase of earthly life, allowing one to move on to judgment and reward or punishment in the eternal life. The death of infants and children is considered a tremendous trial by God. Babies and children who die go straight to Heaven, where they pray for their parents through the remainder of their lives.

AUTOPSIES

Islam discourages the performance of autopsies as they delay burial and are considered a disrespect to the dead. However, if required by law or in the performance of a criminal investigation, an autopsy is permissible. Similarly, in cases where the cause of death is in question, an autopsy may be performed. Some Muslims will allow for the donation of the body for medical research if respect for the body can be guaranteed.

ASSISTED SUICIDE AND EUTHANASIA

Most Muslims are opposed to the practice of assisted suicide, as the Qur'an teaches that God is the ultimate giver and taker of life. For a physician to take an active role in ending a patient's life and hasten oncoming death is viewed as an act of killing, which is a major sin forbidden by Islam. Suicide is also viewed as a grave sin.

ABORTIONS, CONTRACEPTION, AND STILLBIRTH

Although Muslims generally do not approve of abortion, there is some variance in views on the use of contraception and when abortion is permissible. Religious authorities all agree that abortion is permissible if continuing the pregnancy threatens the mother's life or health. Some schools of thought permit abortion in the early stages of fetal development, mainly when the pregnancy is less than 120 days old. These schools of thought view early abortion as a sin but not a punishable wrong.

Islam is strongly pro-family, and children are regarded as a gift from God. The Qur'an teaches that families should not hesitate to bring children into the world out of fear or for selfish reasons - God will provide for them. However, many Muslims are unopposed to the use of contraception specifically in the context of a marital relationship between husband and wife, particularly where the mother's health or the family's well-being is concerned. Permanent forms of contraception, however, are discouraged except where pregnancy threatens the woman's health.

For many schools of thought, the death of a fetus past the age of 120 days is considered the death of a viable baby. In the event of a miscarriage, intra-uterine death, or stillbirth of a fetus past 120 days, Muslim parents may wish to observe full funeral rites.

OTHER MEDICAL PROCEDURES

- Blood transfusions are permissible, particularly where recovery would be impossible without the transfusion. Some patients may prefer directed blood donations from relatives over anonymous ones or prefer, if possible, to receive blood from a donor of the same gender. The donation must be a willing one, done without threat to the donor's health. Paying the blood donor is discouraged unless absolutely necessary to obtain the blood.
- Transplantation is generally allowed after consultation with the patient and/or guardians so long as the transplant does not bring harm to the donor.
- Organ donation is permissible after death if specified in the will of the deceased.
- Artificial reproductive technology, such as surrogate pregnancy and embryo donation, is permitted between a husband and wife in an intact marriage. In the case of sperm donation, the donor must be the husband.
- In cases of organ or skin transplants, tissue of porcine origin is not permitted.

PERSPECTIVES ON MENTAL HEALTH

A person diagnosed with a cognitive dysfunction, such as a severe mental illness or intellectual disability, is absolved from all obligatory requirements in Islam. For example, they are not required to say daily prayers, fast, or perform the pilgrimage.

Mental illness is sometimes not well understood in Muslim cultures. Some may believe that depression is not possible if the Islamic tenets are being followed and may not accept the need for antidepressants, anti-anxiety agents, or antipsychotics. This can be a significant problem for patients who experience common illnesses such as anxiety, depression, postpartum depression, or schizophrenia. One method of combating this is to describe these disorders similarly to physical ailments such as high blood pressure, which may break down some barriers to treatment.



CARING FOR IMMIGRANT PATIENTS

According to the U.S. Census Bureau (2019), about 40 million people, or 13% of the total population, are immigrants. Immigrants are more likely to live in poverty (19% overall to 15% immigrant) and lack health insurance (87% to 66%) than native born Americans. In addition to these basic inequalities, immigrants have long faced barriers at every level of healthcare, including discrimination, financial, and policy barriers.

Nurses and physicians have professional and ethical responsibilities to advocate for social justice and to speak up when they see discrimination against a Muslim client or patient. Many Muslims, especially recent immigrants, may be reluctant to advocate for themselves against a doctor or physician, resulting in a lack of confidence and trust in the provider and in the medical system as a whole. They may be afraid to be honest about conditions that would expose them to contact with law enforcement, social services, federal agencies such as ICE, or other medical systems. Immigrants are often concerned about the implications of seeking care on their immigration status. Providers should be prepared to advocate on behalf of their Muslim patients, in consultation with the patient themselves, in all situations where accommodations to religious practices can be met, and to ensure that the provision of healthcare remains the foremost priority.

Language barriers frequently prevent those with limited English proficiency from obtaining healthcare. All facilities should have a quality, easy-to-use system of interpreters and translators available to all; staff and administrators should be trained to clarify procedures and consequences to English language learners fully. Medical ethics and many state regulations prevent the provision of healthcare services to a patient who is not fully aware of their implications.

At the clinical and systems level, policies and procedures to fully protect and support immigrant patients can tremendously impact health outcomes. Interpreter and translator networks in particular are a vital aspect of providing care to diverse populations. In addition, local organizations that are embedded within immigrant communities can be vital in guiding healthcare systems and providers in the complexity of diverse care. This type of outreach to communities can also make it easier to promulgate health-related education, focus groups, and targeted marketing. Provider guides in the form of print material, such as this document, should be freely available to all providers in a network to ensure standards are clear and consistent throughout. Finally, all health-related organizations and entities should have policies that fully ensure the safety of immigrants in the system so that no patient has to choose between healthcare and jeopardizing their safety.

SOURCES FOR FURTHER READING

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