

PRINCIPLES OF ISLAM: APPLICATIONS TO HEALTH CARE AND PHYSICAL THERAPY

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17 pages including cover

The panel will discuss Islamic traditions and their view of health care. Through the discussion of the Islamic traditions and their views of health care will help those that provide health care to these people to be more sensitive and understanding when what we want to provide is different than what they will allow to be provided. Upon completion of this course, you'll be able to: 1) Understand the similarities and differences in Western and Islamic views of health care. 2) Be more sensitive to cultural differences and work with the people within their traditional values.



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Principles of Islam: Applications to Healthcare and Physical Therapy

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Quiz

Please state which of the following statements are true or false:

1. Islam was introduced in the 7th century in Mecca, Saudi Arabia.
2. The followers of Islam are called Mohammedans.
3. There are approximately 6 million followers of Islam world wide.
4. The majority of followers of Islam are Arabs.
5. The dominant spoken language of the followers of Islam is Arabic.

6. Followers of Islam believe in Mohammed as the Messenger of God.
7. The Shiite sect in Islam constitute the majority following.
8. The Qur'an recites the actions, words and teachings of Mohammed.
9. Followers of Islam are required to perform an annual pilgrimage to Mecca.
10. Suicide is permitted in Islam.
11. Followers of Islam are permitted to eat Kosher foods.
12. The "Hijab" (protected covering) is worn by all female followers of Islam in the same manner.

Objectives

- Describe the basic principles of Islam.
- Discuss the Islamic perspective on life, and death.
- Understand the impact of Islamic beliefs and practices on health care decision-making.
- Outline key strategies to provide quality Physical Therapy care to the Muslim patient.

Definition of Islam

Arabic word meaning submission by
human kind to the will of Allah (God),
the Creator of the Universe (1).

Facts re: Islam

- Began in Arabia in 610 A.D. (1)
- Youngest of the three monotheistic religions—Judaism, Christianity & Islam.
- Second Largest religion in the world (1)
- Conveys God's message through a Prophet named Mohammed (pbuh), who came after Noah, Moses, David and Jesus (2).

Facts regarding Prophet Mohammed

- Mohammed was born on about August 20th, 570 A.D. to Amna & Abdullah of the family of Hashim near Mecca—in present day Saudi Arabia (3).
- Mohammed's father died prior to his birth and his mother died soon after his birth (4).
- Mohammed was cared for by his Uncle—Abu Taaib (3) from the respected tribe of "Quraysh" (4).
- As a young boy, Mohammed worked as a Sheppard and an attendant of caravans (3).

- Growing up Mohammed became known for his truthfulness, generosity & sincerity. He was also very calm & meditative (4).
- Mohammed married at age 25 and had many children all of whom died except his daughter, Fatima (3).
- Mohammed frequently went to an isolated cave (Cave of Hira) near the summit of the mountain "Jabal-al-Nur", the Mountain of Light near Mecca to meditate (4).

- At age 40 (612 A.D.) God revealed the Qur'an to Mohammed in the Cave of Hira through Angel Gabriel (4).
- Mohammed then embarked on his journey to spread Islam as the messenger of God which lasted approximately 23 years (4).
- Mohammed died at the age of 63 (633 A.D.) due to illness (3) by which time Islam had spread significantly throughout the Arab world.

Applications of Islam for the Believers:

- Islam has two applications for the believer:
 - "Emaan" or Faith; and
 - "Deen" or Practice (3).

Emaan—Faith

Core Belief:

There is only one God (Allah) who has “supreme power and authority” and Mohammed is his Messenger (2).

Other Basic Beliefs of Islam

- Belief in all revealed books (Psalms of David, Tora of Moses, Bible, and Quran) (1).
- Belief in all prophets as Abraham, Ishmael, Isaac, Jacob, David, Solomon, Jonah, Moses, Jesus, John the Baptist, & Mohammed (1).
- Belief in the angels (1).
- Belief in oneness of human kind (2).
- Belief in the Day of Judgment (2).
- Belief in life after death—time for retribution (1).

Deen—Practice (5)(1)

- Practical aspect of the religion
- Consists of observance of 5 core practices—also referred to as the five pillars of Islam—
 - “Shahada”—Belief in the oneness of God & acknowledging Mohammed as his Messenger
 - “Salat”—Worship—pray 5 times a day—
 - Prayers contain verses from the Quran—directed towards acknowledgement of total submission to the will of God
 - Prayers may be recited anywhere

- “Zakat”—Alms—annual giving to the poor from one’s savings—2.5 %.
- “Hajj”—Pilgrimage to Mecca performed in the 12th lunar month to commemorate the sacrifice of Abraham—unification.
- “Siyaam”—Fasting, i.e. total abstinence from food and water from dawn to dusk during the holy month of Ramadhan—9th lunar month.
Rationale:
 - Resist temptation—self purification
 - Feed the hungry
 - Physiologically beneficial (6).

Sources of Islamic Guidance

- Followers of Islam believe in two sources of divine inspiration:
 - Qur’an—the holy book of Islam containing God’s direct message to humankind and revealed to the masses through Mohammed (7);
 - has been preserved in its original form to date;
 - basic theme is God’s relationship with living beings but also covers all other areas as wisdom, doctrine, worship and law providing guidance for societal conduct and interactions (8).

- Sunnah—Actions and teachings of Mohammed compiled as a written report termed “Hadith”

- Hadith is regarded as holy documentation second only to the Qur’an.

- Hadith includes words, deeds, actions, life examples and guidelines for all human interaction that were suggested & followed by Mohammed during his lifetime (7).

✧ Followers of Islam are called:

MUSLIMS

- The term Mohammedan denotes followers of Mohammed (9).

- Muslims are followers of Islamic principles originating from God & not Mohammed (9).

- Mohammed is merely a messenger of God (9).

Facts re: Muslims (1)

- Amount to over a Billion world wide (1) (2).
- Fastest growing religion in the U.S. (2).
- Estimated 6 million Muslims in U.S. (2).
- Comprise all races & ethnic backgrounds such as:
 - American, Chinese, African, Turkish, European, Arab, Persian, Indian, Indonesian, Malaysian, and Hispanic (2).

✧ The terms Arabs & Muslims are NOT synonymous

- ✧ Not all Arabs are Muslims and not all Muslims are Arabs.

- ✧ Only 20% of the world’s muslims & 12% of U.S. Muslims are Arabs (1) (10).

- ✧ The Arab population of the world comes from the area between:

- Northern Africa’s Atlantic Coast on the West to the Arabian Sea on the East; and
 - Mediterranean Sea in the North to Central Africa in the South
 - Amounts to 10 countries in Africa and 12 countries in Asia
 - Predominant language for these individuals is Arabic

- The majority of the muslims live in other countries around the world such as Indonesia and the Indian Sub-continent (11).

- Muslims may speak a variety of different languages:

- Farsi
 - Urdu
 - Arabic
 - Pashtu
 - Malay (12).

Types of Muslims (11)

✧ Two major groups:

- ✧ Sunnis—majority

- ✧ Shi’ites—minority found mostly in Iran & Lebanon

✧ Both groups follow the Quran & Sunnah

✧ Differ on:

- ✧ Succession of leadership following the death of Muhammed
- ✧ Practicing “Deen”

Muslims

- Required to apply Islam to all aspects of their daily lives as:
 - Law
 - Economics
 - Education
 - Healthcare
 - Politics (2)
- Why?—Islam does not separate Religion from human affairs—“way of life” (2).

Implications of Islamic Principles & Beliefs in Healthcare

- Suggestions for providing religiously sensitive clinical care to Muslim patients

- Perception of Disease & Illness
- Role of prayer
- Cleanliness Needs
- Dietary Requirements
- Family Ties
- Visitation Rights
- Gender Issues
- Modesty & Privacy Considerations
- Death & Dying

Perception of Disease & Illness

- Muslims believe in predestination & consider illness and disease to be the will of God (7).
 - Do not consider illness as punishment but instead consider illness and disease as “atonement for their sins” (10, 13).
- Encouraged to seek treatment for ailments
 - Prayers become an integral part (17)
 - Spiritual healing is prevalent

Concerns

- ⌘ Patients may discuss their of use non-traditional medical treatment with healthcare provider
- ⌘ Patients may adopt a disinterested attitude towards traditional medical care:
 - ⌘ decline physical therapy and other services; or
 - ⌘ Patients may not want to work hard in physical therapy or with other health care providers

Suggestions for Healthcare Providers

- Express respect for spiritual healing practices such as:
 - Recitation of verses of the Qur'an & Sunnah;
 - Sipping of “Zam Zam”—Holy water from a well in Mecca (7).
- Stress need to continue with traditional medical care in conjunction with spiritual healing practices

Prayer

- ✳ Prayers is one of the 5 mandatory duties of a Muslim;
- ✳ Most muslims especially the elderly place great importance on performing all prayers in a timely manner;
- ✳ Prayers must be performed 5 times during a given day:
 - ✳ Dawn
 - ✳ Noon
 - ✳ Mid afternoon
 - ✳ Sunset
 - ✳ Nightfall (12)

- Prayers are performed facing the Ka'ba (Holy Mosque) in Mecca.
- Prayers are usually performed in a clean area on a prayer rug (1).
- Performing the prayers usually requires a patient to assume standing, bending, and a sitting posture on the ground several times during a single prayer (1).

✳ Important to note:

- ✳ During prayers, the patient may not eat, talk or answer questions.....need for silence (1).
- ✳ Holy week day for the Muslims is Friday and Friday noon prayers are considered congregational prayers (12).....weighted more heavily than other prayers!
- ✳ Performig the prayers also requires the patient to physically cleanse their body.

Concerns

- Patient may appear depressed and disinterested due to inability to perform physical movements required during prayers eg. quadriplegics, other bedbound patients.
- Patients may get upset at a Healthcare provider:
 - who interrupts their prayers or inadvertently
 - walks in front of the praying patient.
- Patients may decline Physical Therapy sessions scheduled during prayer time.

Suggestions for Healthcare Providers

- ✳ Suggest referral for clergy ("E.maam") to explain:
 - ✳ manner, mode and timing of prayers may be modified as needed during illness
 - ✳ Prayers may be conducted sitting or lying in bed "Necessity overrules prohibitions"(12).
- ✳ Provide clean sheet as substitute if prayer rug unavailable.
- ✳ Suggest patient request nursing to post sign outside patient's door prior to beginning prayers so as to avoid interruptions.

- Enable the patient to pray:
 - Schedule Physical Therapy session at a time that will not interfere with the patient's prayer schedule (p.m. treatment session).
 - Set goals & design tasks/exercises that will assist patient to become independent with performing their prayer ritual including doing "Waddu".

Cleanliness

- “Cleanliness is next to Godliness”
.....author unknown
- Considered “Half of the faith”....
 - Clean body implies pure soul(10, 13).
- The Left hand is usually regarded as less clean
 - left hand is designated to take care of personal hygiene (12).

- Cleanliness is necessary in order to perform Salat—(prayer ritual) & following is required:
 - A clean area —use of a prayer rug
 - Compass—Patient must face N.E. (in the direction of Mecca)
 - Clean Body—patient’s body must also be cleansed of all stool, urine or blood:
 - done by performing “Waddu” washing of hands, mouth, nasal cavity, face, forearms, and feet (7).

- No eating, drinking, or talking are permitted during prayers (12).
- Considered disrespectful to walk in front of a person praying (12).

Concerns:

- ⌘ Patient may express frustration and helplessness because of their inability to:
 - ⌘ Locate direction of Mecca at the healthcare facility
 - ⌘ Secure a clean area or obtain a prayer rug
- Patient may express anxiety over their inability to perform Waddu before prayer when patient’s body is soiled in urine, stool or blood because:
 - Staffing shortages may not permit staff to assist patient perform waddu in a timely manner
 - Patients with limited mobility may be unable to perform Waddu as prescribed

- Left handed practitioners may attempt to use the left hand for patient touching such as:
 - Taking vitals
 - Palpation
 - Other examination & treatment related activities

Suggestions for Healthcare Providers

- Consider using the Right hand during patient contact and when handling patient’s food or medications (1).
- ⌘ Assist with prayer needs:
 - ⌘ Provide patient a compass
 - ⌘ Provide patient with a clean sheet
 - ⌘ Design Physical Therapy Goals & POC around patient’s goal to be able to perform the cleaning rituals & to be able to perform prayers, e.g. work on:
 - ⌘ rolling in bed to assist with “Waddu”
 - ⌘ Transfers bed ↔ chair to perform prayer in sitting
 - ⌘ Transfers in & out of bath-tub to perform “Waddu”
 - ⌘ Sitting Balance to perform prayer in sitting
 - ⌘ Standing Balance to perform prayer in standing

Dietary Requirements

✳️ Islamic diet is very similar to Jewish Kosher diet

✳️ Foods are classified into two categories:

- ✳️ “Halal” or permitted for consumption (11)
 - ✳️ e.g. for meat of an animal to be considered halal, an animal must be slaughtered in an Islamic manner by recitation of verses from the Qur'an at the time of slaughtering & allowing the blood to be completely drained from the body of the animal prior to human consumption (2).

• examples of Halal foods:

- Meat from goat, sheep, cows, most sea food, dairy products, etc.

• “Haram” or not permitted for human consumption under Islamic Law (11).

- E.g. pork and pork derivatives/byproducts (lard, pepperoni, salami, sausage, bacon, ham) are considered haram regardless of the manner of slaughtering.

✳️ Other examples of Haram goods include:

- ✳️ Improperly slaughtered meat
- ✳️ Alcohol & other intoxicating substances (1).
- ✳️ Medications containing alcohol or pork byproducts eg:
 - ✳️ Porcine Heparin contains gelatin from pork products
 - ✳️ Porcine heart valves
 - ✳️ Insulin products that are derived from pork (12)
- ✳️ Foods containing pork byproducts as:
 - ✳️ Yogurt
 - ✳️ Gelatin
 - ✳️ Some breakfast cereals
 - ✳️ Ice cream
 - ✳️ Marshmallows (2)

Other Dietary Issues

✳️ Muslim patient admitted during the holy month of Ramadhan, may observe fasting due to:

- ✳️ Sense of personal failure
- ✳️ Sense of loss (10).

✳️ May request salt/dates as part of meal

Concerns

✳️ Patient may decline to eat hospital food.

- Patient may decline to take life saving medications containing alcohol or pork byproducts.
- Patient may decline to take any medications, food or drink during fasting (between dawn and dusk).
- Patient may request meal trays at hours when tray line is closed.

Suggestions for Healthcare Providers

✳️ Request Dietitian Consult for patient

- ✳️ Balanced nutrition
- ✳️ Suggest alternatives—vegetarian, Kosher, etc.
- ✳️ Obtain permission to bring in home cooked meals

✳️ Request clergy (Imam) consult for patient

- ✳️ Imam is an arabic word meaning “leader of prayers”(8). Purpose of Imam is to attempt to:
 - ✳️ Explain use of porcine heparin is permitted because:
 - ✳️ Chemical modification of the product
 - ✳️ Amount at issue
 - ✳️ Urgency of need & life saving nature of product (12).

- Explain muslim patient is exempted from fasting during illness and may make up the fasts at a later date (12);
 - *however, healthcare provider may need to explain necessity for continued treatment during Ramadhan & contraindications (10).
- Explain that drugs & IV medications may be permitted during periods of illness (12).
- Suggest patient request physician prescribe medications that can be taken daily instead of b.i.d. or t.i.d. (9).

Family Ties

- ✳️ "Islam demands that children care for their aging parents" (14).
- ✳️ "Your Lord has decreed that you worship none but Him and that you be kind to parents. Whether one or both of them attain old age in thy life, say not to them a word of contempt, nor repel them, but address them in terms of honor. And, out of kindness, lower to them the wing of humility, and say: My Lord bestow on them thy Mercy even as they cherished me in childhood." (15).

- Expected that parents will be taken care of by the family and not placed in nursing homes
- Most cultures, parents usually live with the eldest son (11).
- Children live at home & generally leave upon marriage (16).

Family Ties

- ✳️ Extended Family Concept—family ties extend beyond the traditional nuclear family with family head being an older male (10) Joint Family System
- Neighbours & friends are also included in the "inner circle"
- Shared Decision making—counseling and advice of family members is sought especially the elders in the community
- ✳️ Elders are well respected in the community
 - ✳️ Qur'an & Sunnah both highlight the need to honor & respect the elderly

✳️ Concerns:

- ✳️ HIPAA violations
- ✳️ Lack of patient autonomy
- ✳️ Family members may not be able to provide the requisite level of care needed

Suggestions for Healthcare Providers

- ✳️ Inability of family members to care for patient at home:
 - ✳️ Outline pros & cons of home vs. Institutionalized care
 - ✳️ Patient's best interest
- ✳️ For HIPAA violations, gently explain need for:
 - ✳️ written patient consent prior to disclosure of patient information to extended family (7)
 - ✳️ patient participation in healthcare decisionmaking
 - ✳️ consequences for healthcare provider for violations
- Communicating with the family "elders":
 - Be more soft spoken, and humble
 - Solicit input rather than telling them what to do

Visitation

✳ Visiting ailing family and friends is strongly encouraged in Islam:

- an obligation—to provide spiritual care & support (10)
- Necessary to maintain group cohesiveness (11)
- Relatives will usually travel from far & wide to visit their loved ones
- Because Qur'an makes mention of direct supplication (praying to ask God for help) for healing, family members will usually recite or read Qur'an for this purpose

Concerns:

- Number of visiting relatives present may pose a problem.
- Patient may not be able to ask the family members to leave
- Health care provider asking the family to leave may be perceived as being rude by the family & a source of embarrassment for the patient
- Patient may decline Physical Therapy treatment and opt to visit with family.

- Lack of patient concentration on treatment regime
- Family interference with treatment regime
- Prevalence of conflicting family opinions re: treatment regime

Suggestions for Healthcare Providers

- ✳ Knock & wait for verbal permission prior to entering patient's room.
- ✳ Permit extended family to attend treatment sessions whenever possible.
- ✳ Put up a written notice on patient's room door re: physician's request for patient's need for rest & visiting rules.
- ✳ Suggest visiting patient in the visitor's lounge if possible.

Gender Specific Issues

- Some conservative Islamic cultures believe that a woman of any age cannot sign a consent form—consent is usually given by the father, brother, husband or son (12).
- Islam forbids unnecessary touching between members of the opposite sex who are not known/related to each other eg. Providing physical assistance to patient, shaking hands(7, 1).
- Islam forbids a female to be alone in a room with an unrelated male (9).
- Muslim women generally avoid direct eye contact with unrelated men (9).

- In some muslim cultures women are reluctant to discuss personal issues with:
 - healthcare providers of the opposite sex ;or
 - in the presence of male family members(17) other than spouse
- Public display of emotions by spouses of either gender is not forbidden in Islam but is generally unacceptable in most Islamic cultures (17).
- Men usually keep beards—an important religious symbol(1).

Concerns

- ⌘ Healthcare providers may be legally liable if female patient does not provide written consent
- ⌘ Women may decline medical treatments that involve being touched by the opposite sex or being alone in a room with a male healthcare provider (9).
- ⌘ May be difficult to assess patient response to treatment with female patients as they often will look down and avoid eye contact with a male health care provider
- ⌘ Healthcare providers may interpret lack of exhibition of emotion by a spouse as lack of interest (17).
- ⌘ Health care provider may inadvertently shave or trim beard during routine nursing care without patient consent

Suggestions for Healthcare Providers

- In case of male healthcare provider interacting with a female patient:
 - Solicit assistance of a female healthcare provider
 - Request a female family member or patient's spouse to be present during treatment session
 - If neither is available, consider leaving the treatment room door slightly open once patient draped (12,17).

- ⌘ Explain to patient & male authority figure the legal need for female patient to provide written consent;

- ⌘ Permit male authority figure to countersign Informed Consent form after patient signature obtained (12).

- ⌘ Obtain permission prior to shaving any part of patient's beard (1).

Modesty & Privacy Considerations

- ⌘ Core value for both genders—women > men
- ⌘ Reflected in attire & behavior of both genders
- ⌘ Muslims generally wear non-revealing clothing(1):
 - ⌘ Men don full body clothing—seldom wear shorts in public;
 - ⌘ Women don full body clothing & an external covering “abayah” (black cloak) over clothing, a “J arha” or “Hijaab” (head scarf) worn to cover their hair , and in some instances a facial scarf of some sort as well to cover varied portions of the face (7).

Concerns

- Male patients may sound rude, arrogant, or appear to “talk down” to female healthcare providers
- Male patients may not establish eye contact with or take directions well from Female healthcare providers
- Female patients may be shy, hesitant or even resistant to uncovering their body in presence of a male health care provider making examination/treatment difficult

Suggestions for Healthcare Providers

- Respect patient's need for modesty:
 - ⌘ Provide a private area for examination & treatment
 - ⌘ prevent any unnecessary exposure of body
 - ⌘ properly drape patient (11)
 - ⌘ Provide full body gowns
 - ⌘ Some examinations may be conducted over gowns
 - ⌘ Provide patient ample time to dress/cover body prior to entering examination/treatment room
 - ⌘ Employ posting sign outside treatment/examination room re: knocking & waiting for permission to enter (12, 17)

- Avoid touching patient unless for direct care
 - Pat on the shoulder or a touch on the arm may make the patient feel uncomfortable (10).
- Explain and demonstrate reason & manner of touching required.
- Confirm understanding and obtain permission to touch prior to touching.
- Avoid hugging or shaking hands with patient unless initiated by patient (12).

Death and Dying

- ✳ Muslims believe in destiny/fate—"al-qadr" i.e.
 - ✳ Whatever happens to a Muslim is by God's command and must be accepted as such (17).
- ✳ "And certainly we shall test you with something of fear, hunger, loss of wealth, lives and fruits but give glad tidings to the patient who when afflicted with calamity say: 'Truely to Allah we belong and truely to him we shall return' (18).

Islamic Beliefs:

- Death is a mechanism to transition from worldly life to the next form in preperation for meeting God (10).
- One dies only when God has willed—Suicide is prohibited in Islam (12).
- Euthanasia & assisted suicide is also prohibited in terminally ill patients (10, 12).
- Muslims are encouraged to seek medical treatment whenever possible to improve quality of life. However.....

- Use of mechanical life support to maintain patient in a vegetative state is disapproved (13);
 - DNR orders are permissible for brain dead patients (10).
- Use of drugs & devices to hasten ending one's life is not permitted regardless of the amount of pain and suffering:
 - Viewed as a test from God
 - Encouraged to be patient, persistent, and hopeful in the Mercy of God (13).
- Withholding of hydration and nutrition is not permitted (13).

- Blood Transfusions are permitted (10).
- Autopsy is permitted only if required by law (13).
- Terminally ill patients may play recordings of or recite verses of the Qur'an in their room
- Death is viewed as an end to a beginning of eternal life
- ✳ Some cultures request that patients are not informed about terminal nature of their illness

- ✳ Living Wills are encouraged (13) by Islamic Medical Association of N. America (10).
- ✳ Organ donation is permitted under condition:
 - ✳ it must be done as a donation or gift (10).

- Transplants are permissible under certain conditions (13).
- Genetic Engineering is permissible only as a cure & not for cloning purposes (13).
- Abortion is permissible only when the mother's life is in danger (13).
- Use of in vitro fertilization is permissible only if the couple is married (13).

Concerns

- Family may want to shield patient from knowing about poor prognosis/terminal nature of illness:
 - Family may request healthcare provider to not disclose prognosis; or
 - Family may intentionally translate medical information incorrectly
- Family may decline physical therapy treatments if patient is terminally ill.

- Family may become hostile with Healthcare provider who insists on disclosing information to patient regardless of family consent; or
- Failure to disclose relevant patient information by healthcare provider may result in malpractice suit against healthcare provider (12).

Suggestions for Healthcare Providers

- ✳ Explain to family:
 - ✳ Legal requirements of patient informed consent & patient autonomy
 - ✳ Legal consequences for healthcare provider—malpractice
- ✳ Request copy or audiotapes of Qur'an be provided to patient/family
 - ✳ Handle the Qur'an with respect as the Muslims regard the book as holy (10)
 - ✳ Do not place any items on the Qur'an
 - ✳ Wash hands before handling the Qur'an

- Use a nonfamily member as an interpreter
 - During translation process, look directly at patient
 - Speak to the patient in the second person (e.g.
 - Ask— "where is your pain?"
 - Do not ask....."can you ask her where she hurts" (19).
- Assist patient/family to turn patient's face & right shoulder towards Mecca (12)

- Gently explain to family:
 - HIPAA & other State laws require healthcare providers to disclose all information to patient.
 - Failure to disclose relevant patient information by healthcare provider may result in serious consequences for healthcare provider including loss of job.



Heartwarming Tips for Healthcare Providers caring for the Muslim Patient

- Make reference to Muslim patients by the word "Muslim" (13)

✳️ Consider using following during interactions:

- "Us-Salaam-Uh-lai-kum"—Hello (Praise be to you)
- "Waa-laikum-Us-Salaam"—Hello to you too
- "Allah Hafiz"—Good Bye (God be with you)
- "Inshallah"—God willing
- "Mashallah"—Praise of God
- "Allah"—God

- Make reference to the Qur'an as the "Holy Qur'an"

- Make reference to Mohammed as "Prophet Mohammed Peace be upon him"

- Do not assume that all muslims are the same or that all muslims have the same needs
 - Inquire from patient what being a Muslim means to the patient (17).
- Do not assume that it is okay to discuss personal matters in the presence of family members of the opposite sex.
- Exercise caution when questioning females re:
 - Smoking history
 - Alcohol consumption
 - Extramarital sexual activity (7).

It is said.....

- ✳️ "Ask God for certainty of faith and well-being; for after certainty, no one is given any gift better than health!"
Saying by Mohammed (6).

Mohammed taught "your body has rights over you, and the consumption of wholesome food and the leading of healthy lifestyle are seen as religious obligations" (6).

✳️ Questions????????????

References

- 1 = Hyder, G. "Care of the Muslim Patient". Australian Nursing Journal, Vol. 11, No. 4 (August) 2003 Special Section F1, 3P.
- 2 = Roberts, K. "Providing Culturally Sensitive Care to the Childbearing Islamic Family". Journal of Advances in Neonatal Care, Vol. 2, No. 4 (August), 2002: pp 222-228
- 3 = "Mohammed". available at New Advent Website:
www.newadvent.org/cathen/10424a.htm
viewed on 11/16/05

- 4 = Prophet Muhammed available at Islam Awareness Project:
<http://islamawareness.org.uk/prophet.htm>
viewed on 07/19/05.
- 5 = Islam (Concept) available at New Advent Website:
www.newadvent.org/cathen/08190a.htm
viewed on 11/16/05.
- 6 = Beliefs & Practices. Available at Islam Awareness Project Website: <http://www.islamawareness.org.uk/beliefs%20and%20practices.htm> Viewed on 07/19/05

- 7 = Al-Shahri. "Culturally Sensitive Caring for Saudi Patients". Journal of Transcultural Nursing, Vol. 13 No. 2, April 2002 133-138.
- 8 = "The Quran". Available at Islam Awareness Project Website: <http://www.islamawareness.org.uk/quran.htm>
Viewed on 07/19/05.
- 9 = Rajaram, S. Rashidi, A. "African-American Muslim Women and Healthcare". Journal of Women and Health, Vol. 37(3), 2003.

- 10 = Lawrence, P. "Culturally Sensitive Care of the Muslim Patient". Journal of Transcultural Nursing, Vol. 12 No. 3, July 2001 pp. 228-233.
- 11 = Luna, L. "Transcultural Nursing Care of Arab Muslims". Journal of Transcultural Nursing, Vol. 1 No. 1 (Summer) 1989 pp. 22-26.
- 12 = Pennachio, D. "Caring for your Muslim Patient". Journal of Medical Economics, May 6, 2003.
Available at: www.memag.com

- 13 = Athar, S. "Information for Healthcare Providers when dealing with Muslim patients;
<http://www.islam-usa.com/e40.html> website for the Islamic Medical Association of North America
viewed on 11/23/05
- 14 = Cultural Awareness-Islam. Habitat for Humanity website. available at www.habitat.org and viewed on 07/19/05
- 15 = Cultural Awareness-Islam citing with approval from translation of the Holy Qur'an 17:23-24. Habitat for Humanity website available at www.habitat.org and viewed on 07/19/05

- 16 = "Family & Society". Available at Islam Awareness Project Website:
www.islamawareness.org.uk/family.htm
Viewed on 07/19/05
- 17 = Salas, S. "Meeting the Needs of Muslim Service Users". Professional Nurse Journal, Vol. 20, No. 1, September 2004. Available at:
www.professionalnurse.net

- 18. = Salas, S. "Meeting the needs of Muslim Service Users.... Citing with approval from the translation of the Holy Qur'an 2:155-156). Professional Nurse Journal, Vol. 20, No. 1. September 2004. Available at: www.professionalnurse.net
- 19. = Searight, R. "Cultural Diversity at End of Life: Issues & Guidelines for Family Physicians". Journal of American Family Physicians, Vol. 71, No. 3, 01/02/2005. Available at American Family Physician Website: www.aafp.org/afp