

HOSPICE CARE AND THE ISLAMIC FAITH: A NARRATIVE REVIEW

Aisha Noor Mohammad Khan (1)

Jessie Johnson (2)

Daniel Forgrave (3)

(1) BSN, MN, Hamad Medical Corporation

(2) RN, PhD, Assistant Professor Faculty of Nursing, University of Calgary Qatar

(3) B.A, D.A., M.Ed., Writing Center Specialist, University of Calgary Qatar

Corresponding author:

Jessie Johnson, RN, PhD,

Faculty of Nursing University of Calgary

Qatar

Email: jessie.johnson1@ucalgary.edu.qa

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Abstract

Having care delivered that is culturally relevant and in keeping with one's own philosophy of a good death is something that is seen to some as important. While there is a vast number of people with different cultural mores and beliefs, it is more apparent now than ever for healthcare providers to keep current with the cultural preferences of patients who wish to die at home. Islam is a faith that is practiced not only in Muslim countries but is widespread throughout the world. As such, it is unique in its facets. Having a skilled, knowledgeable healthcare workforce that is familiar with these facets is required in order to facilitate a good death at home. This is one where

the patient feels valued and is enabled to die with dignity and be cared for by healthcare providers who are familiar with their beliefs and practices. This narrative review seeks to embrace and enlighten those healthcare providers who wish to become familiar with the preferences of patients of the Islamic faith who wish to die at home.

Key words: Hospice, Muslim, Cultural Relevance

Introduction

According to Salman et al. (2010) [1], nearly one quarter of the world's population is comprised of people from the Islamic and Muslim faith. Due to this, it is more important than ever to have nurses who are culturally proficient when it comes to providing hospice care. Abudari et al. (2016)[2] reported that healthcare providers from different religious and cultural backgrounds such as non-Muslim nurses at King Faisal specialist hospital in the Kingdom of Saudi Arabia faced challenges when providing end of life care for terminally ill Muslim patients. Salman et al.'s (2010) [1] study demonstrated that the provision of culturally appropriate care is an important aspect of end of life care, which should be acknowledged and adopted by healthcare providers. Similarly, Lovering (2012)[3] reported that healthcare providers who utilize the crescent model of nursing care to provide spiritual support allowing family members to practice religious beliefs is an important aspect of culturally relevant care. This can be in the form of using such things as ZamZam [holy water] while giving medication and providing personal care. Tayeb et al. (2010) [4] stated that there are essential aspects to be considered when delivering end of life care. Essential features recommended by the Muslim society should be understood by healthcare providers in delivering care that is culturally relevant. These features include religious faith and beliefs, self-esteem and body image, and concerns about family security. Salman et al. (2010) [1] found that the acknowledgment of religious beliefs and cultural traditions facilitates the provision of spiritual and psychosocial support to patients and their families, which contributes to the reduction of suffering. This is in part due to the belief that Muslims live their lives according to cultural and philosophical beliefs of the Islamic religion, which is a unique feature amongst the cultural and philosophical underpinnings of their tradition. In Qatar, the majority of people are Muslims; however, the healthcare workforce includes nurses who originate from over 70 different countries worldwide and possess different cultural and religious backgrounds. Thus, it is imperative that these nurses and other healthcare providers be equipped with knowledge to provide culturally relevant end of life care, enabling them to support terminally ill patients and their families in their last days of life [5]. The purpose of this narrative review is to highlight the history of hospice care and the effect it may have on the Islamic faith. This narrative review is built on the notion that knowledge is constructed by drawing conclusions from the literature [6].

History of Hospice Care

In medieval times, the term hospice meant hospitality [7]. It was a place where refugees lived and/or exhausted travellers rested from long journeys. In 1948, the term hospice was adopted by the physician Dame Cicely Saunders and used for specialized care for dying patients. The first modern hospice care center was established in a residential suburb of London, which was known as St. Christopher's Hospice in 1971 [7]. Croson et al. (2018) [8] defined hospice as a service delivery system that focuses

on caring not curing by providing comprehensive and compassionate supportive care for the families and the patients suffering from life threatening illness. According to the National Hospice and Palliative Care Organization as cited by Croson et al. (2018) [8], hospice care supports patients' needs by providing holistic care that helps to fulfil the desires of people in the last days of life. Therefore, the Islamic and Muslim perspective about hospice care needs to be understood in order to facilitate delivery of end of life care services in countries where Muslims are the predominant population.

A Good Death

Libon-on et al. (2017) [9] reported that a good death in nurses' perception is 'one that involves dignity, comfort, freedom from pain and the ability of patients to spend quality time with their family before passing' (p. 66). Literature states that most people with a terminal disease would prefer to die in the comfort of their home. It has been reported that about 50% to 83% of people with advanced cancer in seven European countries prefer to die at home [10]. In one such study in Qatar, it was reported that most people with cancer prefer to die at home even though the majority of deaths occurred in the hospital due to the lack of alternative palliative care models that could be available at the community level [11]. In Qatar, palliative care only provides symptom management and end of life care for cancer patients inside the hospital. This service has not been able to fulfil the wishes and demands of patients and their families with the rising number of cancer patients in Qatar [11]. Therefore, health care systems in Qatar are required to develop or adopt a model of hospice care that could be provided to patients who wish to die at home. This specialized approach to care could target patients within the community and include a specialized model of hospice care. Home health care is a unit that delivers care at the community level for patients with acute or chronic illness and disability. However, this unit lacks nurses with the expertise and the competencies who can provide end of life care and symptom management for life threatening illness at the community level [12]. The home hospice model of care may provide services that are beneficial to patients, families, and organizations. Hospice care is a potential option that can fill the gap between these two services and fulfil the wishes and demands of patients and their families with the rising number of cancer cases.

Islam and Hospice Care

According to Mendieta et al. (2017) [13], Islam is a religion that encourages principles of caregiving, faith, and family, which are similar to universal principles. These principles could be a good start for working toward hospice services in Muslim communities. For this to be successful, healthcare providers need to have a deep understanding of Muslims' perceptions of health, illness, and treatment. Muslims believe health is a blessing from Allah while illness and suffering is an atonement of one's sins [14]. Ahmed (2018)[15] reported that Muslim beliefs are adopted from the Qur'an and Sunnah [the Prophetic Tradition] that

guide decision making about terminal illnesses and end of life care. This author also reported that the Qur'an, Sunnah, and a consensus of Ulama or Council of Senior Scholars are forms of guidance that can facilitate the implementation of hospice palliative care services in the Muslim community. These services provide physical and spiritual care services at the end of life. At the end of life, spirituality and religion play a significant role in giving strength to ill people in their suffering and facilitate decision making about end of life issues. Ahmed further noted that spirituality is the way of people expressing their worship of and connection to their creator Allah and religiosity is 'participation in beliefs, rituals and activities of one of the traditional religions' (p. 66). This set of beliefs and rituals are adopted from the Qur'an and Sunnah that provide guidelines that facilitate the work of healthcare providers to provide spiritual support within the context of end of life care. The Qur'an itself is referred to as the book of healing. The Holy Qur'an 17:82 reads, 'And We send down of the Qur'an that which is healing and mercy for the believers, but it does not increase the wrong doers except in loss.' The Qur'an is a treatment for the diseases of chest and heart: 'O mankind, there has to come to you instruction from your Lord and healing for what is in the breasts and guidance and mercy for the believers' (10:57). In the area of health and medicine, the Prophet Muhammad had a lot of sayings and works which led to the development of a discipline known as al-Tibb al-Nabawi [the advice given by Prophet Muhammad with regards to sickness, treatment, and hygiene]. For example, prophetic statements such as 'There is no disease that Allah has created, except that he also has created its treatment' [16:582:7] provides a strong impetus for Muslim scholars to undertake medical investigations.

Ghaly et al. (2018) [17] showed that there are two main forms of Ulama consensus that are known as al-ijtihād al-fardī and al-ijtihād al-jamāī which guide patients, families, and healthcare providers in decision making related to end of life issues. These authors define al-ijtihād al-fardī as an individual Muslim religious scholar's effort and perspectives of ethical-legal reasoning. They also interpret al-ijtihād al-jamāī as a collective that lends itself to Muslim religious scholars and biomedical scientists' development of ethical-legal reasoning. These scholars are the part of the Islamic Organization for Medical Sciences (IOMS) who work together with other institutions on bioethical issues related to medical treatment from the Islamic perspective. Islam has modes of medical treatment known as tadawi that has five branches such as prevention and curative care. Palliative care is an advanced branch in tadawi. Many arguments and discussions have ensued related to palliative care services such as end of life care. Muslim religious scholars have given various opinions regarding end of life treatments such as life-sustaining treatments (LSTs; e.g. mechanical ventilation and cardiopulmonary resuscitation) and pain management medication in life-limiting illnesses. The vast majority of scholars have given priority to withdrawing instead of withholding LSTs. The collective decision of Islamic scholars was to accept withdrawing of LSTs in terminal illness on the condition

that if the physician nearly asserts that recovery is not possible, there is no need to prolong patient suffering by keeping Patient in a vegetative state. On the other hand, some scholars have stated that withdrawing LSTs is forbidden, considering it as intentional homicide and the sanctity and preservation of human life as an obligation imposed by God. They explained that Muslims should be optimistic especially for believers who believe in the Omnipotent God. It is challenging for healthcare providers to provide end of life care for these believers as they believe that illness and wellness are God's will, which is truth [18]. These believers seek religious practices as a way of treatment, such as prayer and reading the holy Quran, to cope with life threatening illnesses while Islam encourages seeking medical treatment.

The Islamic perspectives regarding benefits attained in pain management by using pain medication is limited because Muslims have faith that bearing pain will be rewarded by Allah. There is religious misconception related to receiving opioids and treating pain. Khader (2017) [18] stated that 'In Islam, tolerating pain can be rewarded from God and expiate sins. But Islam encourages seeking treatment and pain relievers such as narcotics' (p. S70). Islam gives permission to use analgesics for controlling unbearable pain provided it does not affect the level of patient consciousness to the point where they are unable to perform religious rituals, such as prayer. The intentional suppression of one's consciousness is categorically forbidden. However, Islam allows those practices of forbidden actions in the case of anaesthesia that is required for some surgeries. Muslim scholars have an objection to giving terminal sedation to gasping patients who are near death. Patients during this period have to be coherent enough to say the formula of shahada [declaring belief in the oneness of God and acceptance of Muhammad as God's prophet] as a part of religious duty. These Islamic perspectives can be used by healthcare providers while providing end of life care to patients at the time of hospice care. Care needs to take into consideration the context of patients' beliefs and religious rituals. These improve the quality of life of dying persons by fulfilling the spiritual, faith, and psychological needs of dying persons.

Conclusion

It is apparent from the literature that healthcare workers require educational programs to increase their knowledge and skill related to integration of Islamic beliefs while providing end of life care. These programs would help nurses to have a better understanding about traditional Islamic medicine as most of the nurses in particular in Qatar are Christian in their belief. It is impossible to understand all the cultural mores of every patient; however, when one lives and works in a Middle Eastern country, it is imperative one is equipped with the knowledge and education to care for patients at the end of life especially if they have a culture unlike their own.

References

- [1] Salman K, Zoucha R. Considering faith within culture when caring for the terminally ill Muslim patient and family. *Journal of Hospice & Palliative Nursing*. 2010; 12(3): 156–165. Available from: doi:10.1097/njh.0b013e3181e24a52.
- [2] Abudari G, Hazeim H, Ginete G. Caring for terminally ill Muslim patients: Lived experiences of non-Muslim nurses. *Palliative & Supportive Care*. 2016; 14(6): 599–611. Available from: doi:10.1017/S1478951516000249.
- [3] Lovering S. The crescent of care: A nursing model to guide the care of Muslim patients. In: Rassool GH (ed.) *Cultural competence in caring for Muslim patients*. Houndmills, United Kingdom: Macmillan Education; 2014. p.104-120. Available from: doi:10.1007/978-1-137-35841-7_8.
- [4] Tayeb MA, Al-Zamel E, Fareed MM, Abouellail HA. A “good death”: Perspectives of Muslim patients and health care providers. *Annals of Saudi Medicine*. 2010; 30(3): 215–221. Available from: doi:10.4103/0256-4947.62836.
- [5] Hamad Medical Corporation. Nursing Community. Available from: <https://www.hamad.qa/EN/Hospitals-and-services/Nursing/Nursing-Community/Pages/default.aspx> [Accessed 18th June 2019].
- [6] Papert S, Harel I. *Constructionism*. New York: Ablex Publishing Corporation; 1991.
- [7] Baines M. Bringing hospice home: The real story of palliative care. *Progress in Palliative Care*. 2012; 20(3): 154-157. Available from: doi:10.1179/1743291X12Y.0000000010.
- [8] Croson E, Malpass KJ, Bohnenkamp S, LeBaron V. The medical-surgical nurse’s guide to understanding palliative care and hospice. *MEDSURG Nursing*. 2018; 27(4): 215–222. Available from <https://search.proquest.com/openview/9d811f5fcb8099a46c39fdd741c44b6f/1?pq-origsite=gscholar&cbl=30764>
- [9] Libo-On IL, Nashwan AJ. Oncology nurses’ perceptions of end-of-life care in a tertiary cancer centre in Qatar. *International Journal of Palliative Nursing*. 2017; 23(2): 66-73. Available from doi:10.12968/ijpn.2017.23.2.66.
- [10] Jack B, Mitchell T, Cope L, O’Brien M. Supporting older people with cancer and life-limiting conditions dying at home: A qualitative study of patient and family caregiver experiences of Hospice at Home care. *Journal of Advanced Nursing*. 2016; 72(9): 2162-2172. Available from doi:10.1111/jan.12983.
- [11] Mohsen H., Haddad P, Allam A, Hassan A. Patterns in place of cancer death in the state of Qatar: A population based study. *PLOS ONE*. 2014; 9(12): 1-18. Available from doi:10.1371/journal.pone.0109615.
- [12] Hamad Medical Corporation. Home Health Care Services. Available from: <https://www.hamad.qa/EN/Hospitals-and-services/Rumailah-Hospital/Hospital-Services/Clinical%20Departments/Occupational-Therapy/Pages/Home-Health-Care-Services.aspx> [Accessed 10th December 2019].
- [13] Mendieta M, Buckingham RW. A review of palliative and hospice care in the context of Islam: Dying with faith and family. *Journal of Palliative Medicine*. 2017; 20(11): 1284-1290. Available from: doi:10.1089/jpm.2017.0340.
- [14] Cheraghi MA, Payne S, Salsali M. Spiritual aspects of end-of-life care for Muslim patients: Experiences from Iran. *International Journal of Palliative Nursing*. 2005; 11(9): 468-474. Available from: doi:10.12968/ijpn.2005.11.9.19781.
- [15] Ahmad WQ. Spiritual care at the end of life: Western views and Islamic perspectives. *International Journal of Human and Health Sciences (IJHHS)*. 2018; 2(2): 65-70. Available from: doi:10.31344/ijhhs.v2i2.28.
- [16] Al-Bukhari S. Book 71: Medicine - Hadith 582 (Volume 7). Collection of actions, sayings and teachings of Prophet Muhammad (ﷺ). Available from: <http://www.gowister.com/sahihbukhari-7-582>.
- [17] Ghaly M, Diamond RR, El-Akoum M, Hassan A. Palliative care and Islamic ethics. Available from <http://www.wish.org.qa/wp-content/uploads/2018/11/IMPJ6078-WISH-2018-Islamic-Palliative-Care-181026.pdf> [Accessed 17th November 2018].
- [18] Khader K. Cultural challenges in implementing palliative care services in Jordan. *Palliat Med Hosp Care Open J*. 2017; SE(1): S68-S72. Available from: doi:10.17140/PHCO-SE1-114. SE(1): S68-S72.