



Saudi Students House  
in Pittsburgh



نادى الطلبة السعوديين  
في بيتسبرج

# A Healthcare Worker's Guide to Dealing with Muslim Patients

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## **Contributions**

CAIR (Council on American Islamic Relations) [www.cair-net.org](http://www.cair-net.org)

Society of Muslim Health Physicians in Pittsburgh

Islamic Center of Pittsburgh [www.pgh-icp.org](http://www.pgh-icp.org)

# **A Healthcare Worker's Guide to Dealing with Muslim Patients**

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# A Healthcare Worker's Guide to Dealing with Muslim Patients

## 1 Brief Information and Background

- There are more than 1.2 billion Muslims worldwide.
- The number of American Muslims is 6-8 million coming from different ethnicities and backgrounds. The vast majority of them are African Americans. In Pittsburgh, there are about 8-10 thousands Muslims residing in the greater Pittsburgh area.
- Most Arabs are Muslims but most Muslims are not Arab
- Muslims are the majority in more than 44 countries

## 2 Muslim Belief

- Islam is a Monotheistic religion and the followers of Islam are called Muslims.
- Muslims believe in one God. God in Arabic means Allah, so Allah is the Arabic name for the God of Moses, Jesus, Abraham. Arabic Bibles also refer to God as ALLAH.
- Muslims believe that God sent a series of prophets starting from Adam, going through Abraham, Noah, Jacob, Moses, Jesus and ending at the final prophet who is prophet Mohammad peace and blessings of God be upon all of them.
- Muslims believe that all the prophets came with the same message which is worshipping the one god who is the creator and sustainer of everything.
- Muslims do not worship Mohammad.
- Muslims believe that people are born free of Sin, and that all people are created equal with no superiority of anyone over the other.
- Muslims believe in Angles.
- Muslims believe in the day of Judgment in which all people will be held accountable in the sire of God for their actions.

## 3 Basic Religious Practices of Muslims

- **Prayer:** Muslims are obligated to pray 5 times a day (dawn, noon, afternoon, sunset, evening).
- Bed bound patients pray while sitting and need to be positioned towards Makkah Saudi Arabia which is in the northeast direction in USA.
- Absolution/ritual wash in which the patient washes his/her hands, face and feet should be done before each prayer so extra effort from nursing / medical staff required

- If possible, it is helpful to supply the patient with the local times of prayer; this can be easily obtained from the Internet (for example, <http://www.islamicfinder.org> provides times of prayer based on zip code or location).
- **Fasting:** Muslims are obliged to fast during the month of Ramadan which happens to be the 9<sup>th</sup> month in the lunar calendar.
- During Ramadan, Muslims fast from sunrise to sunset, i.e. no food, no drinks, no medication by any route, and no sex from sunrise to sunset.
- Patients are not obliged to fast, but some still do so.
- Fasting is designed to cultivate human excellence in the individual.
- Abortion is frowned upon, but is often tolerated if it is for medical reasons.
- Circumcision

## **4 Modesty**

- Women prefer to be treated by female staff where appropriate.
- Staring in eyes means challenging the listener, this is why Muslims tend to avoid eye contact when speaking with others.

## **5 Dress/Jewellery**

- A locket containing religious writing is sometimes worn around the neck in a small leather bag. These are kept for protection and strength and therefore should never be removed without permission of patient.

## **6 Nutrition practices and food**

- Prohibited foods include pork, alcohol, scavengers, and carnivores.
- Non-prohibited foods include vegetables, sea food, other animal meat slaughtered according to Islamic law (halal), some Muslims may not mind eating kosher meat.

## **7 Festivals / holidays**

- Friday is the a holyday in most Muslim countries.
- There are 2 major festivals for Muslims during the year:
  - The feast of sacrifice (ied al-adha)
  - The feast of Ramadan (ied al-fatir)
- Medical and nursing staff can share with their Muslim pt by saying happy Eid
- Islamic calendars are usually available at nearest mosque

## **8 Birth Related issues**

- Female provider preferred during prenatal care
- Drapes needed during exams
- Husband, female relative or friend allowed during labor

- When a Muslim child is born it is required that as soon as possible a member of the family recites in the baby's ear a short prayer.
- Breast feeding encouraged until child 2 years old
- Mother may have any visitors, usually many
- Strictly speaking orthodox Muslims do not approve of contraception, in practice; individuals vary widely in their approach.
- father makes decision for hospitalized children
- Male circumcision preferred but not required while female circumcision never accepted.
- Some mothers may request the placenta in order to bury it
- If a miscarriage occurs before 20 weeks of gestation, the tissue treated as any other discarded tissue if a miscarriage occurs after 20 weeks of gestation, it is treated as a normal human being

## **9 Hygiene/Cleanliness**

- Hands, feet and mouth are always washed before prayer.
- Hand washing is considered essential before eating.
- Water for washing is needed in the **same room** as the WC itself, i.e. patients should be provided with bowls/jugs of water/bidet etc.
- If a bedpan has to be used, bowls/jugs of water should also be provided. Patients prefer to wash in free flowing water, e.g. a shower, as baths are considered unhygienic. If a shower is unavailable, ask the patient if they would like to use a jug in the bath.

## **10 Death Belief**

- Life is a trust from God and every living creature will die.
- Muslims believe that death is only a transition from this existing life to a future life.
- Death occurs by departure of the soul from the body (cessation of all bodily functions).
- Brain death is not considered as death.
- Incase of Death in the hospital:-
  - The body should be prepared according to the wishes of the family. If family are not available, the following procedure should be followed:
  - The dying Muslim may wish to sit or lie with his/her face towards Makkah. Moving the bed to make this possible will be appreciated. The family may recite prayers around the bed. If no family member is available, any practicing Muslim can help.
  - Do not wash the body, nor cut hair or nails.
  - Wrap the body in a plain white sheet.
  - Muslims believe in the resurrection of the body after death, therefore Muslims are always buried, never cremated. The body will be ritually washed by the family and Muslim undertakers before burial. Muslim funerals take place as soon as practicable, as delay can cause distress. If a delay is unavoidable explain the reasons carefully to the relatives.

- If the death has to be reported to the Coroner, s/he should be informed that the patient was a Muslim and be asked if the procedures can take place as soon as possible.
- If the family wishes to view the body, staff should ask the mortician to ensure that the room is free of any religious “symbols”.
- Call pastoral care if available.
- Face of body needs to be turned toward Makkah (northeast)
- Arms and legs should be straightened with toes tied together.
- Mouth and eyes are closed
- Post mortem exam done only when the law requires
- Early burial is preferable
- Transplantation permissible by most
- Muslim are buried - never cremated

## **11 General Points**

- The concept of a life not worthy of living is unacceptable therefore, Euthanasia is prohibited and Suicide is strictly forbidden.
- Artificial life support is usually acceptable.
- DNR not acceptable
- Organ Transplant and blood transfusion are acceptable
- Organ donation is also permissible with consents.

## **12 Keys to Establishing Successful Relationships with Middle Eastern American Patients**

1. Greet patient and family members by title, shake hands putting in mind that Muslims may sometimes not shake hands with strangers from the opposite sex, and say something personal about the patient, the patient's family or country of origin. (Reminder: There is great diversity within the different groups referred to as Middle Eastern and pride attached to region of origin)
2. "Personalize" your relationship with Middle Eastern patients. Affiliation is the key social need with most members of these populations. Because trust is closely entwined with the involvement of one's "inner circle" of friends and extended family, those viewed as strangers or "outsiders" are often viewed with mistrust. Lack of trust and modesty can affect care by making patients unwilling to disclose information to a caregiver.
3. Share some information about yourself with the patient. The Middle Easterner needs to know more about another person in order to begin to trust.
4. Middle Eastern patients have great respect for Western Medicine and may expect you to "know" information that has not been provided. If you feel the patient may be withholding or not disclosing information in full, use indirect questioning to obtain the information you need.
5. If it's necessary to use an interpreter, use someone who is of the same sex as the patient. If you have to use a family member, be aware, that they may "edit" what is being said as a way of protecting the patient from bad news.

6. Take the history and physical in stages during, rather than prior to your examination. Middle Eastern patients may resent the detailed questions asked during the standard History and Physical because they cannot see their direct relationship with the current complaint. One barrier to patient providing information is a reticence for disclosing personal information to strangers, another is that the high respect for Western medicine may lead some patients wondering why the physician can't diagnose the illness without irrelevant tests and questions.
7. Do not interpret the loud voice of a patient or family member as anger or displeasure with treatment. Volume is increased as a means of demonstrating the importance of the matter, not as anger (which is traditionally expressed by a high intense voice)
8. Include the family, especially older male relatives in the medical decision-making process. Autonomous decision-making is not part of Middle-Eastern culture. The major responsibility for decisions in many Middle Eastern families rests with the family for whom the father or the oldest male is expected to act as the spokesperson.
9. Double-check the patient's intention to follow instructions. A Middle Eastern patient may seem passive and will probably not question treatment decisions. This is because the physician (especially an older male physician) is viewed as an authority figure who should not be questioned or contradicted. This failure to challenge the physician does not necessarily mean that the patient has accepted a diagnosis and will comply with medical advice.
10. Don't be put-off if the patient or the patient's family members seem to move in on you and invade your sense of personal space. The Middle Easterners' "comfort zone" for any sort of personal interaction is much closer than that of most other groups—especially Americans. Nose to nose contact during conversation is not meant aggressively or as a personal offense. It's best to "grin and bear " this contact or place yourself behind a desk or other object so the patient cannot physically move closer to you.
11. Whenever possible, match the patient and caregiver by gender. Interacting with caregivers of the opposite gender may prove embarrassing and stressful. When having to deal with a medical professional of the opposite sex, the patient may refuse to disclose personal information and may be reluctant to disrobe for a physical examination.
12. Reveal bad news in stages as part of other information and ask a family spokesperson (usually the oldest male) to be present.
13. Do not expect future planning in issues of childbirth and death. Arab-Americans believe that these events are controlled by the will of Allah and that any attempt to plan ahead can be interpreted as an attempt to predict or usurp God's will.
14. Respect a patient's concerns regarding the source or ingredients of a medication or treatment. Remember that there may be strong objections to the insertion of a pig's valve or organ in a Muslim patient, the ingestion of a cough medicine or other medication with an alcohol base, or insulin or capsules derived from pig.
15. Don't try to force the patient to remain autonomous and take responsibility for decision-making. In Arab culture the family's role is to indulge the sick person and take responsibility off his or her shoulders.
16. Don't be surprised if the patient or his or her family chooses the most intrusive treatment out of a number of options. Arabs tend to believe that the more intrusive a medical intervention is, the more effective it is—for example, in matters of cancer, surgical removal is preferred over radiation or chemotherapy.

# **13 Disclosing Medical Information or Bad News to the Patient and the Patient's Family**

When medical information is communicated to the patient, it is important to include a family head or spokesperson. This spokesperson is usually the oldest male in the family. If no male is present, the spokesperson may be a female, although females are considered more emotionally susceptible to bad news.

In Middle Eastern cultures, negative information is usually presented in stages. The withholding of a negative prognosis may present an ethical dilemma for American health professionals who commonly disclose a full and truthful diagnosis. However, when treating Middle Eastern patients, it is more humane and culturally appropriate to present a poor prognosis gradually and to incorporate it within the context of other information and events. Patients who are told about a fatal illness often give up hope.

In instances of a grave illness, the family can serve as both a buffer and a clearinghouse for information that it can then “filter” to the patient. In general, there is a belief that to speak of death is to bring it about. Therefore, once the caregiver presents a grave diagnosis to family members, it should not be discussed again. It is also inappropriate to suggest a visit from a religious official prior to death because to predict and plan for death prior to the event is believed to take fate out of God's hands. Because hope is kept alive until the last moment, family and friends will not show their grief at the bedside of a dying patient. They will gather around the patient to give him or her hope. Death is to be accepted as “the will of God Grieving is postponed until after death and though it may be accompanied by loud wailing. To Muslims, death is preordained and life is considered but a preparation for eternal life.”

The length of mourning for family and relatives is specifically stated in the Koran as limited to 3 days. A wife may mourn her husband for a period of 4 months and 10 days.

# **14 Local Contacts**

**Islamic Centers and Mosques:**

- Islamic Center of Pittsburgh (Oakland) 412-682-5555
- First Muslim Mosque (Hill District) 412-434-7979
- Tawheed Islamic Center (Greentree) 412-571-4131
- Muslim Community Center of Greater Pittsburgh (Monroeville) 412-373-0101

**Halal Food:**

- Salem's 412-621-4354

**Books:**

- The Noble Book Foundation 412-621-3488

Interpretation services can sometimes be arranged  
For any further information, please contact the Islamic Center of Pittsburgh at 412-682-5555.