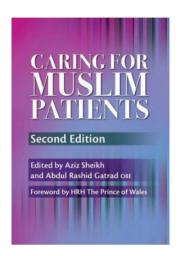
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Caring for Muslim Patients

Aziz Sheikh and Abdul Rsahid Gatrad Radcliffe Publishing, Oxford (2008) 145 pp., 2 appendices, index 6 pp., glossary 4 pp., A\$65.00 ISBN-13: 978 185775 8122



For the non-Muslim person, this is an excellent introductory anthology about the Islam religion and Muslims (section one), Muslim patients (section two) and finally two appendices (section three) that provide internet sites plus a list of Muslim organisations in Western countries; namely the UK, USA, Canada and Europe (unfortunately countries in the Southern Hemisphere were not listed!).

The various chapters within each section are written by some notable writers – not the least however is the forward written by His Royal Highness Prince Charles (Prince of Wales) who wrote:

'One of the most pressing issues, I believe is how we as a society manage to recognise and appreciate the importance of achieving a balance between our spiritual and physical needs. For without this balance, I fear that modern medicine, despite all its breathtaking advances, will leave many people frustrated and confused' (p. v).

Prince Charles notes several achieved and hoped outcomes of this book namely, that it offers a useful insight into the Muslim community, that it will assist health care professionals to understand Muslim vocabulary and culture, it will provide clinicians with some of the tools needed to appreciate the concerns of the Muslim community, it sets out a rational basis to improve the delivery of (Western) health care to Muslims and will (hopefully) assist the health service to appreciate the very many dimensions to healing.

Section one provides a demographic and socioeconomic overview concerning Muslims living in the West (Chapter 1). It notes that Muslims form Britain's largest religious minority with a projected population of 2 million by 2010 with a

high proportion of young males, who experience high unemployment rates, lower income and poorer housing. There is some development with respect to community facilities and networking among mosques and community groups to assist Muslims, nevertheless 'Islamophobia' and religious discrimination are issues of concern for many Muslim communities. It is noted that this is also the case in Australia since the Islamic terrorists' 2002 Bali bombings, leading to retaliatory attacks on Australian Mosques, government attitudinal problems and negative media coverage towards Islam and Muslims.

Chapter 2 discusses the Muslim grand narrative noting the five pillars of faith: (i) *Shahadah* – the testimony of faith; (ii) *Salah* – the five daily ritual prayers; (iii) *Zakat* – annual obligatory alms for the poor; (iv) *Sawm* – fasting during the month of Ramadam; and (v) *Hajj* – the annual pilgrimage to Mecca. Despite these unique 'pillars', the text argues that Islam is a 'close' monotheistic sister religion to Judaism and Christianity but is the culmination of all the biblical prophets – implying its superiority. Nevertheless the chapter affirms that Islam respects and values diversity so long as that diversity does not transgress the boundaries of its sacred Islamic laws – which, logically, actually restricts diversity.

Chapter 3 explores issues about health and disease through an Islamic framework that involves both Qur'anic and Arabic commentaries on classical Islamic texts. It quite rightly notes the interplay between personal experience and cultural factors such as religion that can affect a person's health and affirms the Islamic religious ethic that simply divides disease into two kinds: spiritual and physical. While spiritual ill-health or spiritual disease is considered the more serious, it strongly obliges, indeed mandates Muslims to seek the combination of spiritual and physical healing – the two are inseparable; something that Western medicine has unfortunately annulled.

Chapter 4 discusses the principles of Islamic bioethics. This is perhaps the most interesting and key chapter to understanding appropriate care for Muslim patients. It commences with the words of the prophet Mohammed: 'Seek medical treatment, O servants of God, for surely medical treatment is part of God's providence'. It notes that Islam 'champions' the pursuit of science and medicine as opposed to the Christian West, which resisted scientific progress. Historically this of course was true, as over the centuries Muslims quickly incorporated medical practices from places such as Persia, India and the Byzantine – although it is important to note that most of the scientific advances during the modern era were not discovered within countries dominated by Islam! Nevertheless this chapter notes the inseparable nature of Islamic religious law and ethics

(particularly bioethics) by explaining five legal rulings (i.e. 'obligatory', 'recommended', 'permitted', 'discouraged' and 'prohibited'), two key principles (i.e. 'the accruement of benefit', 'the warding of harm') and finally three 'states' (i.e. 'needed', 'comforting' and 'necessary' – particularly religion, life, sanity, property, lineage and dignity).

Ethical 'states' that are 'necessary' are further reinforced by several prohibitions, namely the 'prohibition of murder' to preserve life, the 'prohibition of intoxicants' to preserve sanity, the 'prohibition of theft' to preserve property, the 'prohibition of adultery' to preserve lineage, the 'prohibition of slander' or calumny to preserve human dignity and finally the 'prohibition of religious tolerance' to preserve religion (i.e. Islam). This last prohibition of course is a bit of blow for 21st Century interfaith religious tolerance and seems to reinforce a lack of Islamic reciprocity within the text by demanding, on the one hand, for Western medicine to appreciate the concerns and beliefs of Muslims, but asserting, on the other hand, a prohibition concerning religious tolerance towards other faith traditions (e.g. Christianity, Buddhism, Hinduism). Overlooking this intolerance, the author makes a very good point that is often missed in contemporary Western medicine and (one could argue) also neglected by modern Western theology – and that is – 'spiritual disease', which is brought about by envy, avarice, anxiety and obsessive or compulsive disorders (and, if time permitted, one could add a complexity of other factors). What the author failed to note, however, is that it is surely not just individuals who may suffer from spiritual disease but it can be argued that even a whole religion can suffer spiritual disease through envy, cupidity, various obsessions and subsequent intolerant behaviours.

The text advocates that the graciousness of Islamic bioethics and law is actually reflected in the five Islamic golden principles: 'all matters are judged based upon the intended outcomes', 'necessity permits the impermissible', '(temporary) hardship engenders facilitation', 'conditions never become (too) constricting – relief must be facilitated' and 'harm is always removed' meaning that whatever can be done in most cases to remove harm is permissible. Interestingly, one could argue that these principles tend to soften the more conservative and seemingly harsh theocratic deontological rules for which Islam is generally perceived, allowing instead (it would seem) for Islamic bioethics to parallel the more commonly recognised bioethical principles in Western society; namely 'patient permission for procedures' (i.e. patient autonomy), 'the right to refuse treatment' (i.e. patient autonomy), 'accruement of benefit' (i.e. beneficence), 'removal of/protection from harm', 'patient confidentiality' and 'avoiding medical malpractice' (i.e. nonmaleficence) and the 'right to rescue' irrespective of the person's ability to pay (i.e. justice).

Section two looks at the Muslim patient with regards to the family (Chapter 5). It emphasises Islam's 'conservative stance' arguing that the family (including the extended family) is 'a divinely inspired institution with marriage at its core'. It discusses sex, menstruation, contraception, infibulations

(sometimes called female circumcision), deinfibulations and homosexuality but notes that because of cultural taboos, issues relating to sex (while considered an act of worship) are not topics that are openly discussed or praised. The editors note several pressures within modern Western society that are affecting the Muslim family structure (e.g. dominance of nuclear family, later marriage, greater lifestyle choices) but that some social problems such as sexually transmissible diseases, cervical cancer and unwanted pregnancies may be mitigated by strengthening the traditional family structure. However an issue of concern noted within the text is that of the increasing percentage of consanguinity (intermarriage) among Muslims (particularly among British Pakastani Muslims). While consanguinity has several advantages (e.g. securing a well known partner and strengthening the extended family), consanguinity is renowned for 'an increased frequency of familial disorders' particularly among Muslim families (noted again in Chapter 6).

Chapter 6 looks at the meaning and significance of birth customs. Several practices are listed to make health care providers more aware of the various Islamic traditions at birth, namely the 'Adhan' declaration of faith ('There is no other deity but Allah; Muhammad is the messenger of faith'), the 'Tahneek' (insertion of a date or honey onto the upper palate of the infant), 'Taweez' (little prayer bag tied around the infant's wrist or neck), circumcision, 'Aqiqah' (sacrifice of a sheep), shaving of the infant's birth hair at 7 days (the equivalent weight of silver is given to charity), the Iqamah prayer (funeral prayer - reminding that life is short and should be spent wisely) and naming ceremony (based on a naming system). This chapter also notes the high percentage of 'handicapped' children found among the Muslim community due to deprivation, consanguinity (noted earlier in Chapter 5) and the general reluctance of Muslims to abort foetuses with congenital disorders due to such children being seen 'as a test from Allah' or 'retribution' for past sins and even as a blessing since it is better to be punished in this world than during the next life. The editors note that because of language and cultural barriers that often allied health services (e.g. occupational therapy, speech pathology, social work) is somewhat limited, but even so Muslims often fail to attend therapy sessions concerned about the publicity. Interestingly, while Islam belief discourages abortion, Muslim authorities hold that termination is acceptable in such circumstances before the 'ensoulment' of the foetus (before the 120th day of life). The editors argue that 'whatever is eventually decided, parents have the right to be supported in their final decision, even if this goes against professional or religious opinion'.

Chapter 7 considers managing the fasting patient, particularly given that healthcare professionals are increasingly likely to come into contact with fasting when caring for Muslims – the majority of whom observe the fast of Ramadan and subsequently may not attend medical appointments during such holy months. The suggestion is for health clinics to have a multicultural calendar so that appointments are made around the numerous important religious festivals and thus, one

presumes, encouraging a more efficient, effective and inclusive health service. The chapter notes the reasons why Muslims fast (i.e. sincerity to please Allah, consciousness of the Divine, empathy towards the less fortunate, teaches moderation and self-discipline and inculcates a spirit of social belonging by observing the same ritual together). This chapter also notes however that Muslims are exempt from fasting if it poses a health risk or, alternatively, several case studies are presented (i.e. epilepsy, glaucoma, chronic rheumatoid arthritis and psychiatric treatment) to consider ways of altering treatment or dosage times to collaborate with Islamic requirements — if it is safe to do so.

Chapter 8 describes the 'Hajj', a once in a lifetime obligation for all adult Muslims (who are physically and financially able) to journey to The Sacred Mosque of Mecca. This chapter notes that over 2 million people globally perform the Hajj each year gathering together from all over the world. However there are several common health risks that have been identified each year with this pilgrimage (e.g. heat exhaustion and stroke plus infectious diseases such as meningitis, hepatitis A and B, malaria, influenza and pneumonia). Injuries are also common (sometimes fatal) for those, for example, involved in the ancient Mina stoning rite. Fortunately sexually transmitted diseases are minimal as relationships are prohibited during Hajj – even between husband and wife.

Chapter 9 provides an exploration and meditation for death and bereavement. It notes the importance of the extended family and friends having a hands on involvement in the dying, death and bereavement process that, to avoid family anguish, requires extended hospital visiting hours. While Muslim bereavement is an under researched area, the editors note the several 'blockages' in the Western system of health care that often delay the religious requirements for a quick burial that can affect the bereavement process. Post-mortems are considered unacceptable and there are mixed views among Muslims with regard to organ transplants.

Chapter 10, the conclusion, notes the importance of breaking barriers and building bridges. This is perhaps the most forceful chapter defending Islam and Muslims. It notes the misunderstandings, discrimination and prejudices against Islam that are commonly held within Western Society as a

result of the recent wave of terrorist attacks inflicted by those (Moslem terrorists) who 'pervert the true teachings of the Islamic faith'. It is this chapter that clearly reveals the editors to be apologists on behalf of Islam. It would, however, have been helpful, as part of their apologia, to have noted (following their defence of Islam) some suggestions as to how Islam and Muslims could develop or improve their own contribution within the Western health care system. That is, for example, rather than the authors simply protesting against Western society's reaction to terrorism and requesting the Western health care system to be more accommodating and respectful of Islamic practices, it would have been beneficial for the editors to have explored some of the possible policies. models and practices that Muslim leaders could develop with regard to contributing to the health care system and reciprocal interfaith relationships with other faith systems that have been contributing and working within and alongside the Western health care context for centuries.

Overall, I recommend this text. With its wealth of general interest information about Islam, it includes practical advice in order to avoid breaking religious laws and has some very useful key point summaries at the end of each chapter forming a valuable book for introducing Islam, caring for Muslim patients and the importance of being inclusive of spiritual health as one of the dimensions to healing. It makes an excellent 'sister' text alongside *Caring for Hindu Patients*, also co-edited by Aziz Sheikh and colleagues (Thakrar *et al.* 2008) and reviewed in a previous edition of this journal (Rathinam and Carey 2009).

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