
EXPERIENCES IN MIDDLE EASTERN POPULATIONS

Ethical Dilemmas and the Dying Muslim Patient

Kassim Baddarni

Abstract

All health care providers may be confronted by a Muslim patient, but many health care professionals are lacking basic knowledge on the Muslim faith and medical ethics based on Islamic law (Shariah). One must endeavour to differentiate between ethnic customs and Islamic tradition. It is important for staff to have a general understanding of the principles of Islamic beliefs and actions to attain better cultural competency and improved patient care. Terminally ill cancer patients are vulnerable and require sensitive care of their physical, psycho-social, cultural and spiritual aspects and needs. Muslims believe that the purpose of life is a test from God with the objective of full obedience, the outcome being purification of the soul and the resultant judgment after life to be directed to heaven or hell. The Muslim goal is to live and die in accordance with God's will, as revealed in the Qur'an and practiced by the Prophet.

Keywords: Islam - medical ethics - spiritual care - terminal cancer illness - death

Asian Pacific J Cancer Prev, 11, MECC Supplement, 107-112

Introduction

Islam faith encompasses approximately one-fifth of humanity, while its adherents reside in almost every country of the world. Over 90% of Arabs are Muslim but Arabs constitute only 25% of the Muslim population. Muslims constitute two major subgroups, Sunni majority (85%) and Shi'a minority (15%) with some similarities and differences in theological, legal and political interpretations of the Qur'an, and Tradition (Suneh). There are different Islamic sects and rulers, and some medical ethics issues are ruled differently and even oppose each other (Sachedina 2005). The Holy Qur'an was revealed from God through the archangel Gabriel. It consists of a cosmology, a theology and an elaborate eschatology. Over 19 million Muslim have made their homes in the West. These communities are heterogeneous in many aspects – in terms of dress, diet, language and ethnic origin (Sheikh 2007). Consequently, more doctors and nurses will administer to Muslim patients in the course of their work. This review of the Muslim life cycle, beliefs and needs of the Muslim patient will open the door to fruitful communication between Muslim patients and their health care professionals. The outcome will insure improvement of care and mutual respect, while preventing embarrassment and confrontation.

Religion controls many aspects of health and medicine through religious ruling (Fatwa) or the setting of laws on such as: contraception, fertility, cloning, medications, resuscitation (or DNR), brain death, organ donation, euthanasia, death and life after death. Thus, it is vital to be culturally competent if doctors are to improve the care (physically, mentally, socially and spiritually) of the

Muslim patient. Poor communication and language barriers may lead many Muslim patients to avoid seeking medical attention until their diseases have reached an advanced stage and they are feeling less comfortable. Cultural competence of the Muslim spiritual and religious beliefs constitutes a critical component of total care.

Health and Sickness

The purpose of life is to pass the many tests that we must undergo during our sojourn here on this earth "Who hath created life and death that He may try you, which of you is best in conduct" Qur'an 67:2. If we pass these examinations or trials, then there will be eternal rewards, but woe to us if we should fail them. Among the many possible tests, one examination that tries us is wealth or poverty. While it surely is nice to have material wealth because of the ease and comfort it affords us, there is hidden deception in it, so it is actually one of the more difficult tests for us to bear. Wealth, by its very nature, has the potential to lead one astray far more easily than poverty ever could. Other tests include- "Be sure We shall test you with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give glad tidings to those who patiently persevere" Qur'an 2:155. Between the human being and God are just two veils "health and wealth" all other veils come from these. Those who are healthy do not look for God and do not see Him, but as soon as pain afflicts them they cry out, "O God! O God!", calling out and surrendering to God. Therefore, health is their veil and God is hidden in their pain. As long as people have wealth, they gratify their desires and are preoccupied night and day with pleasures. The

moment poverty appears, their spirits are weakened and they turn to God. Muhammad (pbuh) said: "*No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that.*"

Sickness awakens people from heedlessness, guides them to relinquish their sins, makes them think about the Hereafter, leads them to pious foundations, makes them more thankful to Allah, and teaches them the necessity of taking better care of their health and making better use of their life - something they didn't realize before. Sickness also teaches them to better understand other sick and pained people and feel sorry for them and help them, and this raises their ranks and degrees higher in the Hereafter.

Perceptions of Illness: The Islamic teaching encourages Muslims to seek treatment when they fall sick (Al-Shahri 2005), "Seek treatment, because Allah did not send down a sickness but has sent down a medication for it, except for death." Muhammad (pbuh). The majority of traditional scholars view medical treatment as permissible in cases of chronic illness, and an obligation in cases of emergency in which loss of life would occur if an individual was not treated (Sheikh 2007).

If treatment has proven to be effective, Muslims are encouraged and in some cases obliged to seek such treatment. Several traditional beliefs regarding health and illness still prevail among many Muslims. One example is the phenomenon of the "evil eye", as one of several supernatural origins of disease and misfortune. Evil eye is suspected when any form of admiration is given from a blue-eyed person or by a woman without children (Leininger 2002) especially when a child is sick.

In terms of treatment options, Muslim patients resort to modern medicine, spiritual healing, and traditional healing practices. These spiritual healing practices include recitation of verses of the Noble Qur'an and specific Prophetic supplications, and the use of Zamzam water obtained from the well in the Holy Mosque located in Makkah, Saudi Arabia (Al-Shahri 2005).

Health staff should ensure that Muslim patients always have a copy of the Qur'an within reach and placed in such a way that it stands out from all other reading material. They should also be mindful of touching the Qur'an only with clean hands and should never put it on the floor (Mauk 2004).

During Illness: 1. Muslims are expected to seek God's help with patience and prayer, increase the remembrance of God to obtain peace, ask for forgiveness, give more in charity, and read or listen to more of the Qur'an. 2. Muslim repeats the saying "To God we belong and to Him is our return" to ease the shock of death. Although Muslims may consider illness atonement for their sins, they do not consider illness a punishment from God. They believe that dying is part of living and entrance to the next life. 3. Atonement (tauba): this is done by experiencing a genuine sense of remorse for one's transgressions and a removal of the unhealthy effects of that state by turning to God and seeking divine grace through prayer, charity and a sincere resolution not to return to the destructive patterns

of the past.

Muslim scholars have significant stature and are supposed to be central in the daily life of Muslim people, particularly in difficult conditions like end of life. Moreover, mosques are frequently used for health promotion in Islamic and even non-Muslim countries (Ghoury 2005).

Some patients not only want to be free from pain and suffering as they die, they also wish to have the opportunity to make peace with God, to resolve personal conflicts, and to make financial plans before death (Zahedi 2007).

Modesty: The hospital should provide a long-sleeved gown or allow a patient to wear his or her own clothes. Exposure of the patient's body parts should be limited to the minimum necessary for treatment. Unnecessary touching between non-related people of the opposite sex should be avoided. The left hand is considered unclean, so it is preferred that the right hand be used for feeding or administering medications (Gulam 2003). Questions to a single, widowed or divorced patient regarding sexual habits should not be asked, as extramarital sex is absolutely forbidden.

A Muslim patient (male or female) should not be placed in a room with patients of the opposite sex. Staff should try to avoid eye contact not shake hands with female patients in order to prevent unnecessary embarrassment. Hospital staff needs to respect a patient's privacy by first knocking on a door before entering, announcing their arrival, and not touching while talking to the patient. Same gender care is an effective way to ensure female modesty. Muslim women may have language problems. Take time to explain tests, procedures and treatments to the patient. Women may prefer not to make decisions alone or to sign a consent form for an operation, without first discussing with a male member of the family.

A beard is considered a very important symbol to the Muslim male patient, and therefore permission is needed to shave any part of the beard, and should be done by a man (Gulam 2003).

Visiting the sick: strong emphasis is placed on the virtues of visiting the sick by relatives, neighbors and friends. These visits constitute a social caring obligation to the point that illness often becomes a social gathering, strengthening and renewing of social ties (Leininger 2002). Consequently, the Muslim patient is anticipated to have many visitors, and this should be recognized rather than criticized, as a cultural need. For the Muslim, visiting and assisting the indisposed person is a basic form of worship to bring one closer to God. The number of visitors can sometimes exceed what available space can accommodate, thus, healthcare practitioners are encouraged to express a high degree of sensitivity if it becomes necessary to interfere in such situations. The family feels responsibility to visit, particularly in the terminal stages of a patient's life, and not being able to provide this care is a stigma or a sin.

Cancer: considered to be the result of Divine Will or a spiritual trial (not a product of a carcinogen or risk behavior). Cancer is often referred to as "that disease"

followed by "God keep it away". Cancer is kept confidential, for instance, in a case of a daughter, due to the fear that it may affect her marriage.

Truth-telling: Telling lies is considered a great sin according to the Islamic faith. The Prophet (pbuh) said "*the signs of a hypocrite are three: whenever he speaks, he tells a lie; whenever he promises, he breaks it; and if you trust him, he proves to be dishonest*" (Al-Shahri 2005). Pain: the concept of pain, according to the Islamic philosophy of life, is a transcendental dimension to pain and suffering. According to a Muslim's belief, pain is a form of test or trial, in order to confirm a believer's spiritual station (Zahedi 2007). Suffering is considered a part of life, and forbearance of hardship is greatly rewarded in Islam. In particular, forbearance of an illness leads to expiation of sins in Islam (Hedayat 2006). The Qur'an tells us that those who claim to believe in Allah will not be left alone after proclamation of their belief, and asserts that believers will be put to the test in various ways. "*Be sure that we shall test you with something of fear and hunger, some loss in goods or lives or the fruits of your toil, but give glad tidings to those who patiently preserve*" Qur'an 2:155. Pain relief by analgesics to prevent suffering includes morphine, which is allowed and recommended, even if it hastens the death, actions judged by intention. Muslims believe that pain and suffering deletes sins. "*And bear in patience whatever (ill) maybe fall you: this, behold, is something to set one's heart upon*" Qur'an 31:17. The Prophet (pbuh) said "When the believer is afflicted with pain, even that of a prick of a thorn or more, God forgives his sins, and his wrongdoings are discarded as a tree sheds off its leaves". This interpretation helps patients and families to cope with serious and life-limiting illnesses. Islamic teachings consider the relief of suffering of man and animal to be highly virtuous (Al-Shahri 2005).

The caring physician should keep the balance between alleviating the suffering while maintaining a level of consciousness that enables a patient to worship God till death.

For the irrational response: "*I can't take this anymore*", Muslim patients should believe: Islamic reframe "*no soul is burdened with more than it can bear*". A Turkish study (Kuzu 2002) that examined the effect of colostomy verses sphincter-sacrificing surgery for rectal carcinoma on quality of life in Muslim patients found that: 1. Study: 178 Muslim patients completed an interview 3 years after colorectal carcinoma surgery; 2. Goal: to examine the effect of colostomy on prayer and fasting; 3. Findings: decrease in prayer ritual in mosques (social isolation) and private prayer (insufficient cleanliness) and fasting compared with colorectal carcinoma patients with sphincter-saving treatment; 4. Recommendation: preoperative counseling for patients having stoma surgery

Spiritual Comfort: The severely ill person, who might be distracted by his pain, greatly appreciates a companion who can read the Qur'an to him and remind him of God. A family member may wish to remain with the patient at all times, if medically appropriate.

In Islam, there is no distinction between religion and

spirituality. Muslim patients understand that illness and suffering are part of life, while death is part of a journey to meet God. Muslims believe in divine predestination and attribute the occurrence of pleasure and suffering to the will of Allah (Al-Shahri 2005). Spirituality is often defined as the experience of meaning and purpose in our lives, and a sense of connectedness with people and things in the world around us. The terms "religiousness" and "spirituality" are often used interchangeably. Religiousness is adherence to the beliefs and practices of an organized place of worship or a religious institution. Spirituality provides a sense of coherence that offers meaning to one's existence as a human being (Syed 2003).

Palliative care, and especially de-escalation of care, is seen as "giving up" or shirking one's duty to heal. Furthermore, immigrant Muslims may feel that inferior care is being given because of the patient's religion or ethnicity or level of insurance, or that the physician is lying to the family, exaggerating a poor prognosis to end care sooner and make way for other patients (Hedayat 2006). When death is inevitable, Islam directs that the patient be allowed to die without heroic measures. Muslims disapprove of any medical care that may hasten the death of a patient. Members of the immediate family will often stay by the bedside reciting from the Qur'an, and this assumes an even greater role in times of suffering and distress.

Terminally ill Muslim patients experience fear and loneliness during serious illness most of the time, which generates spiritual crisis requiring special care. Spiritual care can play an important role when cure is not possible. Terminally ill patients usually question the meaning of life, and the approach of death may stimulate serious spiritual questions that contribute to psychological symptoms such as anxiety, depression, hopelessness and despair. Spiritual care is not necessarily religious, but religious care, at its best, should always be spiritual (Asadi 2008).

Neither passive nor active euthanasia is allowed in Islam. The two ultimate causes of death are cessation of cardiorespiratory activity or brain death. Withdrawing care is permissible in only two circumstances, the first being when a diagnosis of brain death has been made, and the second when the current treatment, be it curative or palliative, is no longer curing or palliating suffering but merely prolonging a natural and inevitable death (Hedayat 2006).

The Prophet quoted saying "None of you should wish for death because of a calamity befalling him; but if he has to wish for death he should say: O Allah! Keep me alive as long as life is better for me and let me die if death is better for me". Most Muslims consider it important that when death approaches, the dying patient is helped to sit up or at least turn to face Mecca and to pronounce the Shahada. This little ritual is important for the parties present, the dying patient, and those witnessing the death. It will consolidate the dying person's expectation that death is not the end, and that he or she is now entering the world of the divine with the proper attitude. For the survivors, it means defying the certainty of death by taking a first step towards continuation (Parkes 2000).

When a Muslim is dying, several things may be comforting to the patient and the family: (a) turning the patient on his/her right side to face Mecca; (b) letting those visiting the patient recite the prayer of allegiance to Allah, encouraging the dying person to recite it also, if possible. If the patient is unable, another Muslim should recite it; (c) having the friends and loved ones pray that mercy, forgiveness, and the blessing of Allah be given to the deceased; (d) reading specific verses from the Qur'an; and (e) helping the dying person overcome the fear of death (Ott 2003).

Soul and Spirit: The relationship among the three is as follows: spirit (ruh) is like energy, which enters the light bulb of the body (jism). The light that is the product of this relationship is the soul (nafs). When the energy is cut off, the light dims and the bulb is no longer functional (Hedayat 2006). When suddenly faced with a serious illness and possible fatal outcome, a patient who otherwise is not so religious, sometimes turns to God to answer some difficult questions (why me?), and then finds support through his spiritual beliefs, even outside the context of an organized religion. Spirituality, as measured by inner peace and meaning of life, helps the terminally ill patient to avoid despair, avoid suicidal tendencies or wanting to die, as compared to similar patients without spirituality. Health care providers should incorporate psychological and spiritual elements into the palliative care of dying patients (McClain 2003).

Death: Death of a human signals the separation of the soul from the body and the termination of all bodily functions and activities. Death in Islam is an active process, a transition of the soul from the material world to a spiritual world of purgatory (Hedayat 2006). The earth is described as a resting place for the purpose of worshipping God and doing good deeds (Qur'an 2:20-21). Death is inevitable and occurs only with a command from God: "Every soul shall have a taste of death: in the end to Us shall you be brought back" Qur'an 29:57. It also states "Wherever you are, death will find you out, even if you are in towers built up strong and high" Qur'an 4:78.

When a Muslim obeys God during life he can be ready to meet him: "When you were born, everyone was smiling, but you were crying. Live such a life that when you depart everyone is weeping, but you are smiling" (Sa'di of Shiraz – died 1292). It is believed that at the moment of death the angel Izrael appears to the dying person to remove his or her soul. The appearance of Izrael is described as a devastating experience. Persons close to death are believed to suffer a burning thirst and the devil (shaitan) attempts to induce them to give up their faith in exchange for a sip of water (Dessing 2001). The Qur'an emphasizes that death is only a transition from one state of existence to the next future life. The Qur'an always affirms the unlimited mercy and forgiveness of God, but links future life to performance in the present life, from birth to death (Sarhill 2001).

The concept of death: the whole of life constitutes a trial and a test for the human being with respect to how

his final destiny is determined. "It is God who creates you and takes your souls at death" Qur'an 16:70. The life to come is the eternal abode where one will reap the fruit of one's endeavors on earth. For Muslims, death is the return of the soul to its Creator, God, and the inevitability of death and the Hereafter is never far from his consciousness. This serves to keep all of his life and deeds in perspective as he tries to live in preparedness for what is to come. Death should not be resisted or fought against, but rather something to be accepted as part of the overall divine plan (Sheikh 1998).

When death approaches, the close family and friends try to support and comfort the dying person through supplication as well as remembrance of Allah and his will. Their attendance is to help the dying person to iterate his commitment to unity of God.

Origin and Purpose of Death: 1. The origin of death: the original sin of Adam and Eve, and the punishment: "In the earth you will live, and in it you will die." Qur'an 7:24. Also stated: "From it (the earth) did We create you, and into it shall We return you, and from it shall We make you appear once again" Qur'an 20:55; 2. The will of God: God causes people to die. "It is not possible for a soul to die except with the permission of God at a term set down on record." Qur'an 3:139. The only guarantee that comes along with birth is death. "To God we belong and to Him is our return" Qur'an 2:156. Death is unpredictable and can happen at any time and as such Muslims should always be prepared for the inevitable and for what is about to occur; 3. Time of death: predetermined by God. "When their time comes they cannot delay it for a single hour, nor can they bring it forward by a single hour." Qur'an 16:61. It is but a gateway from this short but mortal existence to a life of immortality in the afterlife.

Death is seen as something predestined by God. It is only the beginning of eternal life. Death for the Muslim is a passage between two segments of a continuous life. Furthermore, this transition is portrayed by the Qur'an as a smooth and satisfying passage for faithful people and a difficult experience for the wicked because they did not believe in an afterlife. For them, the only life they practiced is ending, and it was spent carelessly and unwisely (Gatrad 1994).

Preparation for death: preparation for death is not to make prior funeral arrangements for this is viewed as interference in God's will. Muslims prefer to die at home if possible with the family providing comprehensive physical and spiritual support. The hospital environment restricts the gathering of the whole family, the recital of prayers aloud, and the family duty towards caring for a dying relative. The dying person should sit up or lie with their face towards Mecca. Ideally one should die with the declaration of Faith on the lips (Shahada). During the last days, many people come to forgive the dying for their sins and in return want to be given forgiveness; this ceremony "sulha" is extremely important in the life of family and community.

Procedure at death: eyes and mouth should be closed; all connected tubes and needles removed; all limbs flexed and the body straightened; lower jaw supported to avoid

gaping, the large toes tied together and the head turned towards the right shoulder, in order to bury the body with the face turned to Mecca (Neuberger 2005). The body should not be washed at this time, but labelled and covered totally with a plain sheet. The body should be released as soon as possible, since Muslims prefer to bury the dead without unnecessary delay. The body must be handled with utmost respect and gently by a person of the same sex. Muslims believe that the soul remains close to the body until burial. Death is the decision by God to end a person's physical life on earth. It is a shift from one mode of life to another. Death is not regarded as permanent; the physical body decays, but the soul (nafs) moves on to a new plane. The Qur'an describes Heaven as a place of beauty where "rivers flow" (Qur'an 98:9), and describes Hell as "a fire burning fiercely" (Qur'an 85:5). Muslims believe that after death, which is seen as a transformation into a new phase of existence, Allah will judge their good and bad deeds, including their charitable giving, and their final utterance of the Shahada in the hope of mercy in the afterlife (Finegan 2007).

Burial and Funeral: Muslims believe that at birth and death, every human is equal; they come with nothing and leave with deeds. When death is announced: 1. Prompt issue of the death certificate will allow the burial to take place rapidly; 2. Washing: a same-sex member of the community ritually washes the body. The body is covered with a white unsown shroud (3 pieces for men and 5 for women) without knots, since these could obstruct the liberation of the soul. Camphor is often put in the armpits and in the orifices. Muslims are buried without a coffin, never cremated; 3. Muslims do not believe in reincarnation or soul transfer to other body (Al-Shahri & Fadul 2007). 4. Burying the body without a coffin should be as soon after death as possible. The body is buried on the right side, facing Mecca; 5. Women are not allowed to attend the funeral, while non-Muslim men may attend. Some men abhor women's reaction to their loss, and try to suppress any overtly-expressed emotion by keeping the women apart from men, or forbidding them to attend the funeral for fear of excessive crying or tumultuous senses (Parkes 2000); 6. The dead body should be treated with gentleness and respect (because it will be restored on the Day of Resurrection); 7. Announcement: in rural settlements the news of a death is made public in the morning, together with the call for prayer from the village minaret by a loud speaker announcing the name of the dead person and the time and location of the funeral; 8. Prayers over the dead (the four takbirs: proclamations of God's greatness). Family may recite the whole Qur'an if possible; 9. Mourning tent: the family establishes a tent large enough to host all guests and to recite the Qur'an, using amplifiers; 10. Children: they are not supposed to know anything about the deceased Muslim. They are sent to the neighbors almost immediately. They are not allowed to take part in the farewell ceremony or indeed to participate in the funeral procession (Parkes 2000); 11. Grief is normal and mourners are permitted to cry but should not be excessive, as this would disturb the dead and show lack of acceptance of God's will and purpose regarding death. Muhammad (pbuh) himself wept on the

death of his son Ibrahim, pronouncing these words "Ibrahim, our eyes shed tears and our hearts are filled with grief, but we do not say anything except that by which Allah is pleased" (Atighetchi 2007).

Period of mourning is 3 days. A wife mourns her husband for 130 days. "Those who die and leave wives, their widows shall wait four months and ten days" Qur'an 2:234. She is not to remarry, leave her home, or wear decorative clothing. She may remarry after childbirth, if she was pregnant, and her child must bear the name of the deceased.

Family duties after their beloved deceased:

1. Payment of funeral expenses.
2. Payment of his/her debts.
3. Execution of his/her will if it exists.
4. Distribution of the remaining estate.

Life after Death: "To Allah we belong, and to Him is our return." Qur'an 2:156. Our souls sleep and do not awaken until a blast from an angel at God's command. The first blast signals the end of the world and kills any remaining souls on earth. It is followed by a second blast that causes all of the souls to be resurrected. Each soul is judged upon its beliefs and actions, which are weighed in the scales of divine justice. Muslims believe that body resurrection will be at the time of the coming of the Messiah, when no law will be necessary because truth will prevail everywhere (Neuberger 2005).

The Day of Judgment inaugurates the "Afterlife" in which God rewards and punishes, with respect to human obedience to His will. The concept of Life after Death (Afterlife) is one of the Major beliefs in Islam. Without belief in "Afterlife", Islam is an imperfect religion, as all the teachings and commandments of it rest on belief in Afterlife; so, if there is no "life after death" then no one could know other beliefs to be true respectively. Death is exactly like sleeping; complete with dreams. The period between death and resurrection passes like one night of sleep. The angel of death gathers those who are due to die, Qur'an 32.10/9-11. The body is buried and decays while the soul escapes the body and is, in a suspended state.

If the Muslim passes this first phase of the afterlife, the experience of the grave is pleasant, and he or she is given glimpses of the pleasures of paradise and the spirit will stay at Barzakh, (partition, barrier) a temporary stage of waiting, until the time of resurrection. If however, the deceased Muslim does not pass this phase, then the grave is the first stage of chastisement with a squeezing grave. After this, the soul sleeps and does not awake until a blast from an angel at God's command.

The Prophet Muhammad (pbuh) taught that three things continue to benefit a believing person, even after death:

1. Charity given during life which continues to help others;
2. Knowledge from which people continue to benefit, and;
3. Supplication on his behalf by a righteous child.

Conclusions

Health care professionals should adopt cultural competence and sensible awareness when caring for

Muslim patients and family. A holistic approach to care needs understanding of Islamic belief (internal and external), religious practice, spiritual beliefs, cultural mores and social background. With the 'open borders' strategy and the population shift from East to West, it is crucial that physicians and nurses be transcultural, with sensitivity to spiritual needs of their patients. Improving communication and mutual respect is the basis for achieving the best possible medical treatment with reduction of stress and conflict for the patient and family, and more satisfaction and reward for medical practitioners and care givers. Spiritual history and assessment are vital to implementing holistic care, preventing confrontations and embarrassment, and finally ensuring a better quality of life for both acute or terminally-ill Muslim patients and their families.

References

- Al-Shahri M, Al-Khenaizan A (2005). Palliative care for Muslim patients. *J Support Oncol*, **3**, 432-6.
- Al-Shahri Z, Fadul N, Elsayem A (2007). Death, dying and burial rites in Islam. *Eur J Palliat Care*, **13**, 164-7.
- Asadi-Lari M, Madjd Z, Goushegir S (2008). Gaps in the provision of spiritual care for terminally ill patients in Islamic societies - a systematic review. *Adv Palliat Med*, **7**, 73-80.
- Atighetchi D (2007). *Islamic Bioethics - Problems and Perspectives*. The Netherlands, Springer.
- Dessing N (2001). *Rituals of Birth, Circumcision, Marriage, and Death among Muslims in the Netherlands*. Belgium, Uitgeverij Peeters.
- Finegan W, McGurk A (2007). *Care of the Cancer Patient*. Oxford – UK, Radcliffe Publishing.
- Attrad AR (1994). Muslim customs surrounding death, bereavement, postmortem examinations, and organ transplants. *BMJ*, **309**, 521-3.
- Ghouri N (2005). Health fair in a mosque - putting policy into practice. *Public Health*, **119**, 197-201.
- Gulam H (2003). Care of the Muslim Patient. Australian Defense Forces – *ADF*, **4**, 81-3.
- Hedayat K (2006). When the spirit leaves – childhood death, grieving, and bereavement in Islam. *J Palliat Med*, **9**, 1282-91.
- Kuzu A, Topcu O, Ucar K, et al (2002). Effect of sphincter-sacrificing surgery for rectal carcinoma on quality of life in Muslim patients. *Dis Colon Rect*, **45**, 1359-66.
- Leininger M, McFarland M (2002). *Transcultural Nursing - Concepts, Theories, Research and Practice*. USA, The McGraw-Hill.
- MaClain C, Rosenfeld B, Breitbart W (2003). Effect of spiritual well-being on end-of-life despair in terminally-ill cancer patients. *Lancet*, **361**, 1603-7.
- Mauk K, Schmidt N (2004). *Spiritual Care in Nursing Practice*. USA, Lippincott Williams and Wilkins.
- Neuberger J (2005). *Caring for Dying People of Different Faiths*. UK, Radcliffe Medical Press.
- Ott B, Al-Khadhuri J, Al-Junaibi S (2003). Preventing ethical dilemmas - understanding Islamic health care practices. *Pediatric Nursing*, **29**, 227-30.
- Parkes C, Laungani P, Young B (2000). *Death and Bereavement across Cultures*. New York, Brunner-Routledge.
- Sachedina A (2005). End-of-life: the Islamic view. *Lancet*, **366**, 774-9.
- Sarhill N, LeGrand S, Islambouli R, Davis MP, Walsh D (2001). The terminally ill Muslim - death and dying from the Muslim perspective. *Am J Hospice Palliative Care*, **18**, 251-5.
- Sheikh A (1998). Death and dying - a Muslim perspective. *J Royal Soc Med*, **91**, 138-140.
- Sheikh A, Gatrad R (2007). *Caring for Muslim Patients*. Oxford, UK, Radcliffe Publishing.
- Syed I (2003). Spiritual medicine in the history of Islamic medicine. *J Int Soc History Islamic Med*, **2**, 45-9.
- Zahedi F, Larijani B (2007). Cancer ethics from the Islamic point of view. *Iran J Allergy Asthma Immunol*, **6**, 17-24.