
GUEST EDITORIAL

Palliative care is treatment for Muslims who wish to be faithful

I have been studying Islam, either as a philosopher or as a nurse, for over 20 years. Never have the words “Islam” or “Muslim” been so charged as they are today. The words, most often now used in a political context, strike fear in some people in American and European countries and disdain in others. At the same time, 1.6 billion Muslims go about their daily lives, wondering, too, whether they are safe and, for those who live in countries in which the discourse often turns toward the hateful, whether they are despised. Amid this uncertainty and (for some) misunderstanding, non-Muslims and Muslims alike are diagnosed with cancer. When they are diagnosed with cancer, they, too, face the existential questions that we know all people face when they hear the word “cancer.” And they, too, need whole-patient care, care that addresses their existential as well as their biomedical concerns.

This issue of *Palliative & Supportive Care* has five articles dedicated to the human side of cancer care for Muslims, who come from the world’s fastest-growing religion (Pew Research Center, 2009; Pew Forum on Religion, 2010). Two of these articles, “Caring for terminally ill Muslim patients: Lived experiences of non-Muslim nurses” by Ghassan Abudari and colleagues and “Islamic theology and palliative care principles” by Mohammad Al-Shahri, grew out of a conference at the MacMillan Center for International Studies at Yale University in October of 2015. Palliative care clinicians (physicians, nurses, social workers, psychologists, and spiritual care providers), scholars of Islam, students, and interested public gathered to learn from Mr. Abudari, a palliative care nurse coordinator, from Dr. Al-Shahri, a palliative care physician from the King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia, and from Dr. Omar Shamieh, a palliative care physician from the King Hussein Cancer Center in Amman, Jordan.

We learned that Muslims face the same crises that other patients face. They worry about whether the

cancer they have been diagnosed with will lead to their demise. And, of course, they want the best possible care. But they want care that meets their needs. Non-Muslim nurses caring for patients in Saudi Arabia, we learned from Mr. Abudari’s study, expressed concern over providing quality palliative care for their patients. This concern is not only about being able to speak Arabic, the language of their patients. Rather, it is also about understanding the traditional practices Muslims engage in around the end of life. Dr. Al-Shahri, in his review article, tells us some of those practices.

Traditional end-of-life practices, he teaches us, include not only prayer and recitation of the Qur’an, but also the use of holy water and honey and Nigella seeds. More so, though, it also helps us to understand that, for Muslims, illness is a test of faith and patience sent by God. One way to pass this test is to submit to treatment. This notion of submitting to treatment is deeply embedded in the religious psyche of Muslims. Islam, after all, is a religion based on submission to the will of God. The word “Islam” means “submission.” Muslims submit to God and to God’s will. If God has sent illness in one’s direction, then one must submit to the treatment available for it. When anticancer treatment becomes ineffective, the move to palliative care can become troublesome for patients: they may believe that they have been unfaithful, and out of fear of being unfaithful by not submitting to treatment, they may request ineffective anticancer treatments rather than receive appropriate end-of-life care. It is for this reason that palliative care needs to be introduced early on in the course of treatment of Muslims with advanced cancer. They need to understand that palliative care *is* treatment—it is treatment for the whole patient. Advanced cancer patients need treatment for their emotional, social and family, and spiritual concerns, not just their tumors. The more that non-Muslim clinicians can help Muslim patients to see palliative care as treatment for their illness that

they can submit to, the more non-Muslim clinicians will help Muslim patients to be faithful. Being faithful is, perhaps, the greatest desire for Muslim patients, and indeed for devout patients of any religion.

We see in the other articles in this special section—the article on a Persian translation of the Muslim Religiosity Scale, a Turkish translation of the EORTC's palliative care quality-of-life scale, and a cross-sectional study on the quality of life of palliative care patients in Saudi Arabia—that researchers in Muslim-majority countries are building the tools and describing the lay of the land necessary to build robust palliative care services. Muslims everywhere—those in Muslim-majority countries and those in Western countries—need treatment for their emotional, social, and spiritual well-being, not just

their tumors. Introducing palliative care early on in the course of anticancer treatment will help Muslim patients to see that palliative care is treatment for their whole selves.

REFERENCES

- Pew Research Center (2009). *Mapping the global Muslim population*. Washington, DC: Pew Research Center.
- Pew Forum on Religion (2010). *Tolerance and tension: Islam and Christianity in Sub-Saharan Africa*. Washington, DC: Pew Forum on Religion.

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