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section

## Guidelines for health services

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## 1. Communication issues

The 2006 census showed that more than 70 per cent of Queensland's Muslim population was born overseas, with the majority of people coming from a non-English speaking country. Queensland Health staff should be aware that many Muslim patients may not be proficient in English.

If a patient is assessed to have inadequate English, health care providers must engage a professional interpreter. Queensland Health provides a statewide interpreter service that can provide onsite, telephone and video remote interpreters in more than 100 languages.

Other staff resources include:

- *Language Identification Card* – a card/poster which can assist health care providers to identify more than 60 languages

- *Guidelines on working with interpreters* – a comprehensive guide for health care providers on how to work with interpreters
- *Ward Communication Tool* – a booklet which features 30 words commonly used in health care, translated in 30 languages, with an accompanying graphic.

More information about communicating with patients from a culturally and linguistically diverse background is contained in the Queensland Health *Multicultural Clinical Support Resource* folder.

[www.health.qld.gov.au/multicultural/support\\_tools/mcsr.asp](http://www.health.qld.gov.au/multicultural/support_tools/mcsr.asp)



## 2. Interpreter services

All Queensland Health patients have a right to an interpreter at no charge. Queensland Health policy is to always use a professional interpreter and to only use friends or family in an emergency. People under 18 years of age are never to be used as interpreters under any circumstances.

Queensland Health staff can request interpreters online through the Interpreter Services Information System (ISIS). Queensland Health staff should contact their Health Service District Interpreter Coordinator for more information.

[www.health.qld.gov.au/multicultural/interpreters/QHIS\\_contact.asp](http://www.health.qld.gov.au/multicultural/interpreters/QHIS_contact.asp)



## 3. Patient rights

Queensland Health supports and implements the Australian Charter of Healthcare Rights.

The charter specifies the key rights of patients and consumers when seeking or receiving healthcare services.

[www.health.qld.gov.au/cpic/hlthcr\\_exp\\_improve/australiancharter.asp](http://www.health.qld.gov.au/cpic/hlthcr_exp_improve/australiancharter.asp)

Under the charter, all patients have seven health care rights:

- **Access** – a right to access healthcare services to address healthcare needs.
- **Safety** – a right to receive safe, high-quality health services provided with professional care, skill and competence.
- **Respect** – a right to be provided with care that shows respect to culture, beliefs, values and personal characteristics.
- **Communication** – the right to receive open, timely

and appropriate communication about health care in a way that can be understood.

- **Participation** – the right to participate in making decisions and choices about care and about health service planning.
- **Privacy** – a right to the privacy and confidentiality of personal information.
- **Comment** – the right to comment on, or complain about care and have concerns dealt with promptly and properly.

There are three guiding principles which describe how the charter is applied in the Australian health system:

1. Everyone has the right to be able to access health care and this right is essential for the charter to be meaningful.
2. The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
3. Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

These rights apply to patients from all cultures and faiths in the health care setting.

## 4. Religious observance

Islam places the responsibility of practising religion on the individual and, as a result, it is important that health care providers discuss religious observance needs with each patient.

Some topics that health care providers may wish to discuss with their patients include ablution and bathing, prayer, dietary needs and chaplaincy services.

### Ablution and bathing

- Before prayer, a Muslim is required to perform ablution with water. Washing with water is also required after urination or defecation. A full bath is required after seminal discharge or after menstruation and post-natal bleeding.
- If washing with water or having a bath is not medically advisable or possible, an alternative method of purification, called Tayammum, can be performed. In Tayammum, the patient strikes the palms of both hands on any unbaked earthly matter (e.g. stone or sand) and symbolically washes in two simple steps.

## Prayer

- Muslims are required to pray five times a day. Those who are cognitively incapacitated are exempted. Women at the time of post-natal discharge and during menstruation are also exempted.
  - Prayers are said while facing Mecca, which in Queensland, is located roughly west, north-west.
  - Prayers are usually performed on a prayer mat and include various movements such as bowing, prostrating and sitting. It is not necessary for an ill patient to make all of the usual prayer movements. Therefore, prayers can be performed in bed or while seated.
  - Those who are not physically or medically restricted to bed could be provided with a space to pray in a secluded, clean and quiet place. A hospital chapel may be used provided there are no religious icons present.
- Permitted: Meat and derivatives that have been killed ritually (*halal* meat); fish; eggs; vegetarian foods.
  - Patients can request *halal* food in most of Queensland's major metropolitan hospitals. Where *halal* menu options are available, patients may need reassurance that the food is *halal* and can be confidently consumed.
  - Utensils which have been used in the preparation of pork products or non-*halal* dishes should not be used to prepare food for a Muslim patient.
  - Muslims are required to wash their hands before and after meals. Bed-bound patients may require portable hand washing facilities.
  - Muslims will prefer to use their right hand for eating and drinking. If health care providers are required to feed a Muslim patient, the use of the right hand is preferred if they are required to touch the food, but either hand is acceptable if utensils are used.

## Dietary needs

- Muslims are required to follow a *halal* diet. *Halal* means lawful and is used to designate food which is permitted in Islam.
  - Not permitted: pork and any other pork product (e.g. bacon, ham, gelatine); meat and derivatives not killed ritually; alcohol.
- Health care providers should discuss the available chaplaincy services with patients.
  - If suitable chaplaincy services are not available, the Islamic Council of Queensland can assist health care providers with locating appropriate services. See *section three for contact details*.

## Chaplaincy services



## 5. Administration of medicines

Some medicines may not be suitable for Muslim patients because they contain alcohol or are of porcine or non-halal origin.

The *Queensland Health Guideline on Medicines/ Pharmaceutical Products of Animal Origin* states that health care providers should inform patients about the origins of their proposed medication if it is derived from animals and no suitable synthetic alternative exists. Patients should be encouraged to make informed decisions regarding their treatment.

[http://qheps.health.qld.gov.au/medicines/documents/general\\_policies/prods\\_anim\\_origin.pdf](http://qheps.health.qld.gov.au/medicines/documents/general_policies/prods_anim_origin.pdf)  
(Queensland Health staff only)

The guideline provides a list of pharmaceuticals of animal origin by brand name in tables for products of porcine, bovine, equine, hamster, murine and other animal origins.

The manufacturer's 'product information' gives details about the composition of the medicine (i.e. listing the active and inactive constituents/ingredients) and provides a description of how the medicine was produced (e.g. whether manufacture of the product included exposure to animal derived materials).

If no alternative is available, these medications may be used in order to preserve or enhance life.

## 6. Medical examination

- Modesty is very important in Islam. Muslim men and women may be shy about being naked and very reluctant to expose their bodies to a stranger. Some Muslim patients may not wish to have physical contact with, or expose their bodies to, the opposite sex.
- Muslims (both men and women) may be accustomed to being examined by a health care provider of their own gender, and if possible, this should be arranged. In the event of this not being possible, health care providers should show sensitivity and understanding for modesty concerns. Women may be especially reluctant to be examined by a male health care provider for sexual or reproductive health matters.

- Health care providers should explain the need for more invasive examinations, particularly when the request for a same-sex clinician cannot be accommodated.

## 7. Hygiene

- Islam places great emphasis on hygiene, in both physical and spiritual terms.
- Muslims must maintain a level of ritual cleanliness before prayer (see *Section 1: Religious observance*).
- Muslims must also follow a number of other hygiene-related rules including:
  - washing with water after urination or defecation
  - the removal of armpit and pubic hair
  - keeping nostrils clean
  - keeping fingernails trimmed and clean.
- Toilets should be equipped with a small water container to assist with washing.
- A beaker of water should be made available to a bed-bound Muslim patient whenever they use a bed pan.



## 8. Maternity services

- As soon as a child is born, a Muslim father may wish to recite a prayer call into the baby's right ear followed by a second prayer call into the left ear. This will not take more than five minutes and, unless the newborn requires immediate medical attention, health care providers should allow this to take place.
- Another rite which is performed shortly after birth involves placing a chewed/softened date on the palate of the infant. If dates are not available, honey or something sweet may be used as a substitute.
- Health care providers should advise parents that feeding honey to infants below the age of 12 months is not recommended in Australia due to the risk of infant botulism.
- Muslims are required to bury the placenta (which is considered part of the human body and therefore sacred) after birth. If there are clinical reasons for not providing the placenta to the parents, this should be explained.
- Circumcision is performed on all male children. The timing of this varies but it must be done before puberty.
- A foetus after the age of 120 days is regarded as a viable baby. If a miscarriage, an intra-uterine death after 120 days, or stillbirth occurs, Muslim parents may wish to bury the baby.
- The removal of the new-born's hair soon after birth is practised by many Muslims. This is usually done seven days after birth. This can be performed at a later date (every seven days) if the baby requires a prolonged stay in hospital.
- All other rituals for newborns can be delayed and are usually performed at home. For babies requiring a prolonged stay in hospital, communication with the parents about other rites and practices is important.

### Foster care and adoption

Foster care and adoption, especially of orphans, is encouraged in Islam. However, under Islam, the child must always retain the family name of the biological family.

### Breastfeeding

Islam requires mothers to breastfeed their children for two years.

If a woman breastfeeds a child aged two years or less, the relationship between the woman and that child is considered to be like mother and child. The woman's biological children are also considered brother or sister to the breastfed child. However, the relationship between the child and its biological mother is not changed.

Because of this, Muslim women may be reluctant to donate breast milk or to have their child fed from a milk bank.

## 9. Community health services

### Home visits

- If a home visit is required, it is advisable for health care providers to be modestly dressed to avoid embarrassment.
- As Muslims often pray on carpeted areas, health care providers should ask if shoes should be removed before entering a carpeted area. As this may not be possible for Workplace Health and Safety reasons, alternatives should be explored (e.g. wearing plastic shoe covers, bringing an alternative pair of shoes that have not been worn outside since being cleaned).

### Rehabilitation issues

- Self care practices involving eating or drinking are ideally performed with the right hand. Health care providers should be aware that where a patient has lost the ability to use their right hand, sensitivity may



be required. Similarly, loss of function in the left hand may affect the patient's comfort with bathing and washing habits.

- The Islamic Women's Association of Queensland (based in Brisbane) can be contacted as the lead Islamic organisation for a range of home and community care, respite and other care services for men and women. *See section three for contact details.*

## 10. Visiting arrangements

- Visiting the sick is an important part of a Muslim's duties and is required by Islam.
- It is considered a communal obligation and a virtue to visit the sick.
- Muslim patients may have large numbers of visitors, including those from outside their immediate family.
- Health care providers should discuss with the patient, or their family, the possibility of large numbers of visitors and the impact this may have on rest or care requirements, or other patients.

## 11. Care of older persons

- Islam emphasises respect for all older people, with children having a special responsibility towards their parents.
- It is considered a communal obligation and a virtue to care for the elderly, even for extended family members.
- Health care providers should take this into account when developing care plans.

## 12. End of life issues

- The preservation of life is considered paramount in Islam. However, Islam recognises that death is an inevitable part of human existence.
- Islam does not require treatment to be provided if it merely prolongs the final stages of a terminal illness.
- Health care providers should discuss advance care planning and end of life issues with patients and their families.



- In medically-futile situations where life support equipment is used to prolong organ functions, the condition needs to be carefully explained to the family to ensure there is no confusion between ‘do not resuscitate’ orders and euthanasia.
- If death appears imminent, a Muslim patient’s family may wish to perform certain customary religious rites.
- There is no elaborate or complicated ritual to be performed at the death bed. The simple practice which Muslims follow is to sit near the bed of the patient and read some verses from the Qur’an and pray for the peaceful departure of the soul.
- If the patient is in a state of consciousness, they may wish to recite the Shahadah (declaration of faith) and pass away while reciting these words.
- If the patient’s family is not present, health care providers should contact the Islamic Council of Queensland who can arrange for an appropriate person to attend. *See section three for contact details.*

### 13. Deceased patients

- Relatives may want the face (or the whole body if possible) of their deceased family member to be turned towards Mecca (in Queensland – west-north-west).
- The whole body and face of a deceased person should be covered by a sheet.
- If possible, health care providers should handle the body of a deceased Muslim as little as possible. Muslims believe that the body ‘feels’ any pressure that is applied after death. Muslims also believe that the soul remains close to the body until burial.
- If possible, the body should only be handled by a person of the same sex.
- Religious icons should not be placed on the body.
- Muslim burials are performed as soon as possible after death, sometimes on the same day.
- If possible, the body should not be washed. Relatives or people from the Muslim community will wish to make arrangements for the washing, shrouding and burial according to Islamic requirements. If no relatives are available, health care providers should contact the Islamic Council of Queensland. *See section three for contact details.*

### 14. Autopsy

- Islam forbids the disfigurement of dead bodies and, on these grounds, some Muslims may not wish for an autopsy to be performed.
- However, if an autopsy is required under Queensland statutory laws, it is permitted.
- Muslim burials are usually performed as soon as possible after death, sometimes on the same day, and autopsy may affect this practice.
- Health care providers should consult with the family of a deceased Muslim before proceeding with an autopsy.