Dying in Isolation: An Islamic Perspective on End-of-Life Care During COVID-19

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COVID-19 has taken 1 million lives as of March 22, 2022. The restrictions and enforced social distancing imposed because of the COVID-19 pandemic adversely affected the way people die, often alone in hospitals without their family members or loved ones by their side. Religious and cultural beliefs predominantly influence every aspect of people's lives, especially during the end of life (EOL). Islam is the fastest growing religion worldwide after Christianity and the third most practiced religion in the United States. The Islamic religion specifies how Muslim practice health and wellness, death, and EOL care. Islamic teachings provide a roadmap on EOL practices and death rituals that must be followed by the practicing individual. Scarce empirical studies exist on practices and rituals of Muslims near death and dying. Therefore, the aim of this case report is to provide a practical framework for health care practitioners to understand essential Islamic EOL practices and provide resources to guide clinical practice.

KEY WORDS
COVID-19 pandemic, death and dying, end-of-life care, Islamic resources, Muslims, Quran

There are estimated 1.8 billion Muslims in the world, and 3.45 million are living in the United States.1 Muslim account for approximately 1.1% of the current US population and is projected to more than double to reach 10 million by 2050 (2.0% of the US population).1 Pew Research Center estimates that there are at least 2.15 million Muslim adults in the country.1 Islamic practices are a way of life for most Muslims. As a minority religious group, American Muslims may be victimized by the stigmatization, discrimination, and structural inequalities in health care. Health care providers need cultural sensitivity training to improve the health care experiences for Muslim patients and their families.2,3

Standards of practice related to end-of-life (EOL) care have been identified by accrediting bodies. The Joint Commission considers cultural competency a core requirement for hospitals and health care providers to address the cultural, religious, and spiritual needs when planning EOL care for patients.4 Therefore, it is essential for health care providers to learn about the dying patients' and families' needs to support EOL care for all diverse patients. Although health care entities have been making strides in meeting these standards, the COVID-19 global pandemic stalled these efforts and rendered them hard to sustain. With the massive influx of patients, a shortage of providers, and enforced restriction on visitations, the priority shifted to “crisis-focused” care. One million lives were lost to COVID-19 of which too many died in the hospital, in isolation away from their families.5 Separation has become common practice as hospitals struggle to contain the spread of COVID-19.6 The change in practice imposed by the pandemic has impacted patients and, to a greater degree, those with specific religious needs at EOL care. Using a case report, this article will (1) highlight the beliefs and practices of dying Muslim patients and their families, (2) illustrate the impact of COVID-19 on Muslims' EOL care, and (3) provide useful strategies for health care providers to meet these patients' religious needs that are important to achieve optimum health care outcomes.

THE CASE REPORT

The following case report illustrates deficiencies in EOL care for a Muslim patient. Mrs S is a 69-year-old Muslim Palestinian woman who migrated to the United States at the age of 25 years from Jerusalem. Her 3 sons were born after she settled. She lived in the United States for a long time, spoke English fluently, and maintained her routine Islamic
and Middle Eastern culture and practices. She prayed 5 times a day, prayed Friday’s prayer at the mosque (masjid), recited the Holy Quran daily, and fasted during the month of Ramadan and voluntarily fasted twice a week, every Monday and Thursday. After retirement and the death of her husband, she continued to live independently at her home and enjoyed a social network of her son’s families and friends until she fell and broke her hip and had to undergo hip replacement surgery. After the completion of rehabilitation, Mrs S’s children decided to place her in an assisted living facility to ensure her safety, where she stayed connected and enjoyed her social network and visits. While in rehabilitation, the COVID-19 pandemic emerged, resulting in visitation restrictions. Despite the restrictions, Mrs S contracted the virus from one of the staff members and had to be hospitalized because of complications. While in the hospital, Mrs S could not visit with any of her family or friends because of visitation restrictions. Her condition continued to deteriorate, and she died alone in her isolation room after 2 weeks. Her family and friends could not be with her during her last moments of life to say goodbye or to provide her with the Islamic EOL care, which includes having the family present, and offering comfort and assurance by providing prayers and reciting the Holy Quran. Because of her COVID diagnosis, she was transported directly from the hospital to the grave site to be buried without the required prefuneral body preparation, which includes ghusl (the washing ritual), and this caused a great deal of psychological pain and agony for the family and friends who were not able to provide Islamic EOL rituals intended to ensure a peaceful death transition for Mrs S.

THE PERSPECTIVE OF LIFE AND DEATH IN ISLAM

Life for Muslims is seen as a brief time, whereas the afterlife is believed to be where the real eternal life begins after death. Health is viewed as a gift and a blessing from God (Allah), whereas illness, suffering, and dying are a normal part of life and a test from God. Islam views the individual as a whole and emphasizes the importance of all aspects of physical, psychological, spiritual, and social well-being. Now more than ever, because of the pandemic, EOL care and needs of the Muslim population have faced a new rising challenge for the health care system. Illness, suffering, and dying are viewed by Muslims as part of life and require the practice of patience, meditation, and prayers through this time.

Death is a phenomenon that is shared by all humans. For many, it is a journey to the unknown that they must embark alone, leading to pain and feelings of loneliness, anxiety, and despair. Death is a critical phase in a human’s life during which holistic care is required to positively impact patients, families, and health care providers. Rituals and practices surrounding death and dying help the bereaved to overcome grief. Tayeb et al interviewed 284 Muslim men and women with different nationalities and careers to understand their top views on what constitutes a good death for Muslims. The participants identified their top “good death” definitions to include “dignity, privacy, spiritual and emotional support, access to hospice care, ability to issue advance directives, and to have time to say goodbye.” Participants identified 3 main domains related to faith and beliefs: (1) principles related to self-esteem, (2) a person’s image to friends and family, and (3) satisfaction about family security after the death of the patient. Only through a collaborative approach between health care providers and the family can these needs be fulfilled. The presence of a social support system at the time of death allows a patient the opportunity for completion of social, religious, and world-related matters. In addition, having families and friends at the bedside during the EOL ensures proper implementation of religious rituals and offers the patient a peaceful death experience. The opportunity of having a Muslim figure (eg, Imam/Muslim chaplain) at the bedside would also augment the patient’s spiritual and psychological support.

THE ACTIVE PHASE OF DEATH

Islam has specific practices that take place when a person is near death. If logistically possible, the dying person is laid with his/her face toward the direction of Mecca (facing northeast). Second, the dying person should be encouraged to make the pronunciation of Shahada. Shahada is the central statement of faith affirming that Allah is the only God and Mohammad is his last prophet, as the hadith (teaching of the prophet Mohammed) promised salvation to those whose last words are Shahada before they die. If the person is unable to articulate the words, their loved one or the Imam can recite the Shahada in their presence. Third, surrounding family and friends make supplications and prayers and recite Surah Ya-sin (chapter 36 of the Holy Quran). The Quran contains chapters with sections, referred to as surahs. Recitation from the Holy Quran can also be accessed online, where numerous options are available when family members are not available. These essential Islamic practices help the dying person to leave this world in peace and serenity and enable the grieving family to feel that they were able to fulfill their required duties for the dying patient. Thus, the presence of family at the time when the patient is dying is crucial to provide the dying patient with prayers and comfort to promote a peaceful death. The presence of an Imam/Muslim chaplain, or a religious person, is not required but may extend the spiritual comfort of the patient and their family through providing
prayers, supplications, and guidance using phone or Zoom throughout the active phase of death and after the patient dies.

DEATH AND BURIAL

When a Muslim person dies, the body is washed in a specific way with water, a ritual called “ghusl,” and then a communal prayer is performed before the body is buried. Every effort should be made to have the body buried within 24 hours or less, preferably without a casket, and wrapped in a shroud known as a “kaffan.”14 In Islam, attending funerals is considered obligatory (fard) and serves to unify the whole community. Attending funerals is considered a collective obligation (fard qifayah) that must be carried out by a sufficient number of people. Islam emphasizes the importance of the community in supporting its members during times of calamities without burdening the whole. This emphasis places value of the community coming together during these difficult times, such as death, to support the family, pay respect, and make prayers (duas) for the deceased. Muslims practice 3 core Islamic burial laws: first, the ritual washing (ghusl); second, the shrouding (kafan); and, finally, funeral prayer (salat-ul janazah) Muslims are buried in an Islamic cemetery or a Muslim-dedicated section in a cemetery.15 The deceased is buried in a separate grave with the body lying on the right side with the face toward Mecca. The faithful are expected to go to the mosque to perform funeral prayers before the body is buried (salat-ul janazah) and then offer their condolences to the family.14 The emphasis is on community and mobilizing a strong support system for the bereaved manifests as a result of these rituals. Some of these practices have not been possible during the pandemic, which has caused increased distress to the Muslim families and the community (Table 1).

EOL CARE DURING THE PANDEMIC

Standards of practice related to EOL care have been identified by accrediting bodies. The Joint Commission considers cultural competency a core requirement for hospitals and health care providers to address the cultural, religious, and spiritual needs when planning EOL care for patients.4 Understanding the cultural and spiritual values encompasses knowing the differences in ideas of modesty, diet, privacy, touch restriction, and alcohol intake restriction.16 The pandemic impacted the EOL care at hospitals and all health care facilities. Hospital restrictions enacted no visitation policies during the pandemic, interfering with the religious and cultural practices of many patients. The type and quality of care provided at the EOL are of high importance for patients, families, and significant others. The pandemic altered these EOL practices, shattering the family’s bereavement process, and left the dying person feeling isolated, scared, and dying alone. This has led to an array of confusion and disorder in the already challenged health care system. The demand for EOL care during the pandemic has exposed and exacerbated the underlying gaps in access to bereavement support for patients and families.17 Persons needing comfort-focused support in hospitals have encountered insufficient access to staffing, bed space, and medications for symptom relief.5 Patients preferring in-home hospice care have experienced delays or lack of access due to COVID-19 restrictions and an overwhelming demand for community-based hospice services.5

IMPACT OF COVID-19 ON MRS S AND HER FAMILY

The case study presented in this article demonstrates the impact of the COVID-19 pandemic on meeting the religious needs of dying Muslim patients where religion plays a significant role during EOL, specifically how the family was not present to guide Mrs S through the declaration of faith by uttering the shahada, advocate to protect her privacy and modesty by requesting female providers to care for her, place her bed facing the northeast toward the Qibla/Mecca, and assist her in making ablution (wudu), which is a ritual washing before prayers. The conditions that surrounded Mrs S's EOL phase predispose her to exacerbation of anxiety, fear, distress, and possible guilt.17,18

EOL CARE BEST PRACTICES

Interventions that would have improved the care and outcomes of Mrs S include the following:

- Upon admission, conduct an intake assessment of the patients’ religious and cultural practices during EOL care.
- Identify the patient's needs by using the intake checklist that specifies the patient's preferred practices.
- Assist the patient with carrying out religious practices.
- Chart patient's preferences and share with the health care team.
- Assign a same-sex nurse to preserve the patient’s religious practices of not getting unnecessary exposure to an opposite-sex care provider.
- Move the patient’s bed to face Mecca (northeast), if possible, to accommodate prayer times.
- Assist patient in making ablution (wudu), which is a ritual washing before prayers as needed.
- Provide patient privacy to pray.
- Place a sign on the door to direct staff and visitors to consult the nursing staff before entering the patient's room.
- Provide a Holy Quran book (free Holy Quran books can be requested from any local Islamic center in English or Arabic).
Assist the patient in listening to Quran recitation on smart phone devices as needed.

As COVID-19 continues to present an obstacle with restricted visitations, schedule daily telephone calls and/or FaceTime with the family as needed and as requested by the patient and the family.

Contact an Imam (Muslim chaplain).

Ask the family about prearranged funeral services. If the patient dies, contact the family immediately to arrange necessary transfer of the body to the designated Islamic burial site; wash the deceased person's body with care ensuring dignity and privacy; use warm water and only expose the area being actively washed; and cover the body with a white loosely fitted sheet.

In summary, the nursing staff contributes to providing quality care for the patient and for the family to have closure in knowing their loved one had a peaceful death experience.

NURSING IMPLICATIONS

Nurses and nursing administrators have professional and ethical obligations to establish a plan of care that is holistic and addresses the patients’ physical and psychological needs. Health care providers should initiate care upon admission through informative assessment and learning about their patient’s preferences, especially those related to EOL needs (Figure 1). It is only through a clear understanding of what patients and families perceive as essential that optimum EOL outcomes can be achieved. Such understanding helps guide health care providers in their patients’ care.

### TABLE 1 Health Care Provider Summary Sheet of Muslim Beliefs and Definition of Terms

| Health | A gift from god and an individual must work to preserve it by refraining from smoking, drinking alcohol, or using drugs and avoiding anything that can cause health harm. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nutrition/food | Muslims do not eat pork or pork products such as gelatin or fat (lard). Consuming alcohol is prohibited in Islam because it alters the mind and can cause serious health harms to the individual. Halal is the term used for eating meat from animals that were slaughtered according to the Islamic rites. Fasting during the month of Ramadan is mandatory for healthy individuals. Patients who are sick or pregnant, or nursing an infant, are excused from the obligatory fasting.3 |
| Illness | A way of expiration of sins and greater reward in the afterlife. Sickness for the believer is not a punishment but a trial to test one’s endurance to expiate his/her sins.7 |
| Death | The termination of worldly life and the beginning of the afterlife. It is the separation of the soul from the body and its transfer from this world to the afterlife. |
| Shahada | Proclamation of faith is a statement that “there is no God but Allah, and Mohammad is his last messenger” (this is the first pillar of Islam). |
| Mecca | Mecca is Islam’s holiest city, which is located in Saudi Arabia. Millions arrive annually for the Hajj (pilgrimage) (the 5 pillars of Islam). |
| Qibla | Qibla is the direction toward the Kaaba in the sacred mosque in Mecca that Muslims face to pray. |
| Prayers | The faithful Muslims pray 5 obligatory prayers at set times of the day (second pillar of Islam). This is believed to be a direct link between the worshipper and Allah. |
| Qur’an | The Holy Book for Muslim, sent by God through the Angel Gabriel to his messenger Mohammad. The Qur’an is referred to as the book of healing. The Holy Qur’an 17:82 reads: “And We send down of the Qur’an that which is healing and Mercy for the Believers, but it does not increase the wrong doers except in loss.”15 |
| Wudu | Wudu is a purification ritual done before each prayer. It requires the person to wash his/her face, hands, arms, and feet. |
| Ghusl | Ghusl, in Islam, the “major ablution” that entails washing the entire body in ritually pure water and is required in specified cases for both the living and the dead. The ghusl, accompanied by a statement of intent, must be performed whenever a state of major ritual impurity has been incurred, for example, after sexual intercourse, seminal emission, menstruation, or childbirth. |
| The kaffan (shroud) | Shrouding should start immediately after washing the body of the deceased. It is recommended to use white sheets from inexpensive material. |
care during such a challenging and uncertain time. A knowledgeable nursing staff can effectively render culturally supportive care that meets the Muslim patients' needs.

In Islam, the family holds the primary responsibility to provide EOL and postmortem care. However, in situations where the family is not available, the individuals, staff nurses in this case report, who are present can take the place of the family and assist the patient. Therefore, nurses should be knowledgeable of the specific EOL care of the Muslim patient.13

Maintaining an open communication with the family through teleconferencing/videoconferencing is crucial for timely planning of EOL care should unexpected deterioration in the patient's condition ensue.17 If possible, the use of virtual visitation with the family through Zoom or FaceTime facilitates connection and social support and provides reassurance to the family that their loved one is well taken care of. Access or scheduled virtual contact with the mosque (Imam/Muslim chaplain) can offer patients spiritual support, assurance, and comfort. Thus, the virtual presence of the family and the Imam would have facilitated the implementation of the Islamic EOL practices discussed previously, especially at the time when Mrs S was actively dying.

Muslims believe that the dead can hear but cannot respond to people around them (Prophet M. SAWA). Thus, it is important that nurses show respect and preserve the dead's privacy and modesty during postmortem care. The body should be handled gently and washed with warm water, with minimal uncovering of the body, and strictly covering the genitalia for men and women. Women's breasts should also be covered throughout the postmortem care. The virtual presence of family during the postmortem care of Mrs S would have helped guide the providers through these practices, which in turn would have comforted the family that their patient's dignity was preserved.

The experience of EOL can be shaped by previous life events, culture, and religious beliefs and may be intensified when the patient dies in the hospital away from their home.

FIGURE 1. Muslim end-of-life care assessment and intervention.

| Questions                                                                 | Patient's Answer | Nurse’s Note |
|--------------------------------------------------------------------------|------------------|--------------|
| I have an Advance Directive on file                                      | o Yes            |              |
| I consider myself a practicing Muslim                                    | o Yes            |              |
| The Islamic practices and the rituals are important to me.               | o Yes            |              |
| I need access to the Holy Quran Book                                     | o Yes            |              |
| I need to listen to Quran recitation via YouTube or other sources using the internet | o Yes            |              |
| I require same sex provider                                              | o Yes            |              |
| I wear the Hijab (head covering/scarf). I need privacy and I must wear the Hijab if an unrelated male walks in. | o Yes            |              |
| I need a place to pray                                                   | o Yes            |              |
| I need assistance to perform (Wudu), which is a purification washing ritual done before each prayer. | o Yes            |              |
| I need my hospital bed facing Northeast to the Qibla/Mecca                | o Yes            |              |
| I do not eat pork or pork products                                       | o Yes            |              |
| I prefer that you remove or cover non-Islamic religious symbols in my patient rooms. | o Yes            |              |
| Other Religious Preferences                                              | o Yes            |              |

Nursing Comments:
and family. This case report presented several implications for hospital leadership. Hospitals should implement policies that address required EOL religious practices for specific patient groups. For Muslims, the family has an obligation to preserve the dignity of their dead by burying them as soon as possible, including on the same day if possible. Embalming is acceptable in certain situations that require the transfer of the deceased out of state or country. Unnecessary delay of burial and keeping the body at the morgue for several days especially when investigated by the coroner's office may inflict guilt and distress on the family. Thus, policies that allow timely release of the body to the mortuary are a priority for health care administrators to promote peaceful patient death and family's grieving. Such policies and including mortuary information for the family at the time of admission would have facilitated these outcomes for Mrs S. Other strategies that administrators should consider for Muslim patients include having access to copies on the Holy Quran book (provided free of charge in all local Islamic centers), the creation of a prayer room with prayer carpets, and the inclusion of EOL training in the orientation of health care and interdisciplinary providers, as well as having an Imam/Muslim chaplain as a staff on-site or on-call to initiate care for Muslim patients and families on admission. Establishing structured collaboration processes with local Islamic centers and mortuaries is similarly important to allow timely accessibility of Islamic resources to admitted patients and their families (Figure 2).

**CONCLUSION**

Health care organizations have a duty to provide appropriate religious and spiritual care to patients and families from different cultural and religious practices. Gaining awareness and an understanding of the previously mentioned Islamic practices will improve overall patients' quality of care and outcomes and will ease the family grieving process. Despite the unexpected COVID-19 challenges, through sensitivity to religious needs, health care providers could have implemented strategies that would have helped facilitate and honor the EOL needs of Mrs S and her family. Providing such care would in turn help alleviate physical and psychological suffering at the time of death. As organizations become knowledgeable, the creation of policies to guide practice is crucial to provide standardization of practice and training to all health care providers. Writing this article has revealed the dearth of the literature related to EOL care for Muslim patients and understanding the Islamic perspective concerning EOL needs in hospitals. Future research is needed to address this knowledge gap.5

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