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**Table 1: Practical measures for Muslim patients**

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**Diet:** Muslims have fairly strict dietary rules. Pork is forbidden, as is alcohol (although it can be used externally). Meat must be processed in special ways (*halal*), but if halal meat is unavailable, kosher meat (and kosher food in general) may be acceptable.

**Privacy:** Women tend to be reluctant to uncover their bodies. If possible, physicians should ask female patients to uncover one area of their body at a time; they should be particularly careful and gentle when examining breasts or genitalia, and explain in advance what they are about to do. A chaperone should be present, particularly if the physician is male. Although not absolutely necessary, many Muslim families will prefer to have a female physician for the female family members, especially for gynecological examinations, and a male physician for the male members, if circumstances permit.

**Communication:** Many Muslims will have arrived in Canada in the recent past and may have language barriers. It is advisable, therefore, to have an interpreter present who is preferably, but not necessarily, of the same sex as the patient.

**Religious observance:** In general, health concerns override all religious observances. However, the more devout Muslims and those who are physically able, along with their companions, may wish to continue some religious observances in hospital. They would need running water for ablutions and a small quiet area to place a prayer mat facing Mecca (*qibla*). Staff should avoid disturbing them during

the 10 minutes or so that it takes to pray, usually up to 5 times a day. Some patients will also frequently recite silently from the Qur'an or appear to be in meditation. During the month of Ramadhan Muslim patients may ask about fasting, even though they are not required to fast when ill. Muslims regard both fasting and praying as being therapeutic.<sup>8</sup>

**Consent:** Essentially, the principles and components of consent that are generally acceptable in Western countries are also applicable to Muslims, although Muslims (depending on their level of education, background and culture) will often want to consult with family members before consenting to major procedures. Particular care should be exercised when the consent involves abortion, end-of-life issues or sexual and gynecological issues.

**Hygiene:** Muslims are on the whole very conscious of matters pertaining to bodily functions and hygiene. Bodily discharges such as urine and feces are considered ritually unclean and must therefore be cleaned in certain ways. Ablutions are especially important before prayers, and so it is crucial to provide running water close to the patient, with sandals to wear in the toilet. Muslim patients will resist having a colostomy because it makes ritual cleanliness for prayers difficult to achieve. The surgeon therefore needs to spend more time than usual explaining the medical need and the steps that can be taken to minimize soiling.

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