EMERGENCY CARE OF THE MUSLIM PATIENT: AN EDUCATIONAL OPPORTUNITY TO DEVELOP CULTURAL COMPETENCY AND DIVERSITY AWARENESS

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None of the panelists have any to report
**Diverse Ethnically/Racially ~5-7 million**
- 20-24% Indigenous African American
- 18-26% South Asian
- 24-26% Arab

**Diverse Immigration History 65% Foreign-born, 35% Native**
- African Americans: ~20% of those in slave trade were from Muslim countries
- Arab & South Asians: 19th & 20th century skilled laborer migrations

AMERICAN MUSLIMS

Social and Educational Status:
- 87% are English-literate
- Household income:
  - 14% > $100k (16% US)
  - 45% < $30k (36% US)
- 5% of US physician workforce is Muslim

High Levels of Religiosity
- 65% Sunni; 11% Shia
- 69% say religion is very important in my life (58% US)
- 65% report praying daily
- 50% attend mosque at least once per week (36% US)
BRAIN DEATH IN ISLAMIC ETHICO-LEGAL DELIBERATION: CHALLENGES FOR APPLIED ISLAMIC BIOETHICS

AASIM I. PADELA, AHSAN AROZULLAH AND EBRAIM MOOSA

[RE]CONSIDERING RESPECT FOR PERSONS IN A GLOBALIZING WORLD

AASIM I. PADELA, AISHA Y. MALIK, FARR CURLIN AND RAYMOND DE VRIES
SPECTRUM OF END OF LIFE DECISIONS

Total deaths in the US: ~2.5 million

None - “sudden deaths” (~500,000)
Heart attacks, strokes, motor vehicle accidents, other trauma

Forgoing Life-Support by patient or surrogate (2 million)*
Withholding: ex. DNR
Withdrawing: ex. ventilator

Suicide
By individuals (40,000)
Physician-Assisted Suicide (PAS, “aid in dying”): Legalized in OR, VT, NM, and WA via legislation. Legalized in MT via court ruling

Euthanasia (Remains Illegal)
EMERGENCY MEDICINE’S ROLE

- Only 20% of EOLC in ED patients have advance directives
- ICU-level type care provided in the ED [withdrawal, hospice/palliation decisions]
- ROSC rates on the rise
CLINICAL CASE

- 35 yo. Muslim female suffers ICH from boating accident → intubated en-route → ATLS performed → presently in your ED she is hemodyamically stable & sedated

- Neurosurgery reviews CT scans:
  - Signs-off → expectant management due to massive midline shift and nearly absent brain-stem reflexes

- Hospital Admin:
  - No ICU beds available [undercurrent → why make a bed for a patient who will die shortly; withdraw in the ED]

- Family:
  - Husband bewildered and desires to know of therapeutic possibilities
  - No advance directives, no prior conversations [→ best interests standard]
Concept of wilaya ~ moral culpability and guardianship
- Prophetic narration: “each of you is a shepherd (guardian) and will be asked about those under your guardianship”
- Conveys an afterlife culpability to provide for well-being [social, physical, spiritual]
- Father for wife and children; son for widowed mother and so on

Surrogate Decision-Makers: Order of Priority
- Legally appointed guardian → spouse → adult son or daughter → Either parent → adult brother or sister → any grandchild → close friend

Our Case & Nuances
- No conflict (spouse is surrogate DM)
- Islamic Law & Culture:
  - In general among relatives of equal degree men have greater culpability/degree of responsibility (brother>sister)
  - Often familial decision-making processes and social forces lead to → consensus decision-making
Meeting with the husband:

- After explaining the clinical circumstances you broach the topic of withdrawal of life support using the phraseology “impending brain death”
- Husband uneasy with withdrawal and makes a few calls
- Returns to tell you that “Islam does not accept brain death as death” → desires continued treatment and consultation of another neurosurgeon
Religious Dimensions

- Chaplain → Muslim Chaplains are rare [only 2 programs in US] and not necessarily versed in Islamic bioethics
- Muslim MDs →
  - 79% found it more ethically problematic to withdraw than to withhold life-sustaining treatment
  - 79% never read Islamic jurists bioethics verdicts
- Local Religious Leaders often inaccessible

Practical Dimension

- Ethics Committee
- Feasibility and Ethical Duty → Without capacity no moral liability → We often lack time resources
What are Islamic ethico-legal perspectives on....?

Qur’an, Sunnah, 
Maqasid (objectives), 
Qawa’id (maxims)

“Fatwa”

Obligatory
Permissible
Forbidden
Supererogatory
Discouraged
OIC-IFA (Saudi Arabia) – BD is Legal Death
- all vital functions of brain cease irreversibly and the brain has started to degenerate

IOMS (Kuwait) – unstable life
- “if a person has reached brain-stem death some of the rulings of unstable life apply”
- Withdrawal of life support is permitted

Some Shia Authorities (Ayatollah Sistani and Khu’l in Iran)
- Brain death is not death → MUST not participate in removal of life support

TAKE HOME POINT: ISLAMIC LAW IS PLURAL; Husband voicing a legitimate view
You keep the patient on maximal support and the ICU service takes over

- No neurosurgical attending will take to OR
- An ICU doctor and member of ethics committee engages in discussion with the husband around his perception of a “duty to continue medical treatment”
OBLIGATION TO SEEK MEDICAL TREATMENT

- Prevailing positions among classical Sunni schools of law
  - Hanafi/Maliki - permissible
  - Shafi (al-Ghazali)/ Hanbali (ibn Taymiyyah) - Obligatory only when cure is certain & is life-saving

- Fiqh Academy (Saudi Arabia) in 1992
  - Obligatory when neglect may result in
    - Death, i.e. causes death
    - Loss of an organ or disability,
    - If the illness is contagious and a harm to others

- Rationale:
  - Medical treatment cannot guarantee results
  - Disease can be cured by other means (prayer)
After consultation with religious leaders

- Husband assents to team recommendation to withdraw life support because
  - Since there is no certain therapeutic option to restore wife to consciousness → there is no Islamic moral duty to provide clinical treatment
  - Continued interventions violate the sanctity of the human body
We are often resource poor → do not make hasty decisions
- Time [to gather family, to get ethics/religious support]

Recognize the language/framing matters
- Develop understanding regarding concepts of import to the community to serve
- Multiple layers of ethical/moral responsibility/duty/culpability
- Goals of care NOT can we do this!

Err to defer to family and let ICU engage in conversations
- Do not be the person who they remember as the one who did not “listen”, “take time” or “forced us” or “discriminated”
American Muslims are ethnically/racially diverse
- However, refugees and non-English speakers are a minority
- Religious values impact their health and healthcare seeking behaviors

Gender concordance is a religiously informed value for this group intersecting with multiple domains of care
- Surveyed 254 Arab, S. Asian and African American Muslim women in Chicago
  - 53% agreed with “I have delayed seeking medical care because no woman doctor available to see me”
  - However this preference is shared by many people

EOLC is fraught with tension and complexity for many however has religious implications for Muslims
- Wilaya & Religious decrees regarding BD and Withdrawal
- Few resources to assist Muslim patients → tread cautiously and with care
KEEP CALM AND STOP MUSLIM STEREOTYPES
CULTURAL ATTENTIVENESS

- Engage
- Respect
- Communicate
- Understand