

END OF LIFE & PALLIATIVE CARE FOR MUSLIM PATIENTS

*GUIDANCE FOR
SERVICE PROVIDERS
& USERS*

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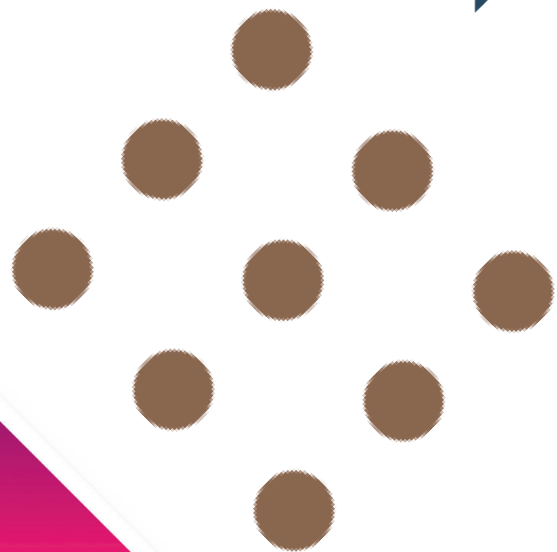


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PREFACE

Imam Mohammad Asad MBE

Whilst working over a stretch of twenty plus hospitals during the most testing times of our lifetimes: the pandemic, I came across numerous questions and queries, asking what people should be doing for loved ones at end of life stages.

It is not something you get a chance for rehearsal and neither do you want to make any mistakes because they cannot be rectified later on. Struggling to find suitable literature and resources to pass on to those that wanted to learn more, I was requested to put some general guidance together so that all can benefit from it.

Very kindly, Dr Hina J Shahid contributed to this guidance, which has proved to be invaluable, with her expertise of working in many fields and particularly in palliative care.

A guidance for 'Muslim Patients in Hospitals' has been published as well. You may refer to this for further support.

We hope that this guidance will be shared with front line health and social care working in all areas. It is intended to supplement the knowledge they already have and not to replace any local guidance or policies that are already in place. This is not a substitute for any Trust policies or mainstream government guidance.

Dr Hina J Shahid

Over the last decade, I have had the privilege of supporting culturally diverse patients with a terminal illness who choose to die at home. This is always a difficult time; for patients, families, carers and professionals. Complexity and uncertainty around such a sensitive situation can be overwhelming, and miscommunication and mistrust can make this worse. What has also been highlighted is a scarcity of faith and culturally sensitive support that encourages choice and agency for Muslim patients and strengthens trust and communication with professionals. As someone nears the end of their life, peace and comfort sadly end up being replaced with chaos and confusion.

The pandemic has taken a huge toll on the Muslim community, we all know people who have passed away. What has been made apparent through this tragedy is that patients and families often feel unprepared for end of life discussions, and carers and professionals have a desire to provide more tailored support but lack guidance.

This guide aims to support both service users (patients and families) and service providers (health and care professionals) to receive and provide care that is holistic and person-centred and respects the needs and sensitivities of Muslims at the end of life.

It is our aspiration that everyone has access to dignified and compassionate end of life care when they need it; this practical guidance aims to support that vision.

We pray this is of benefit to all those involved in caring for Muslim patients at the end of life and that Allah accepts it from us. Ameen

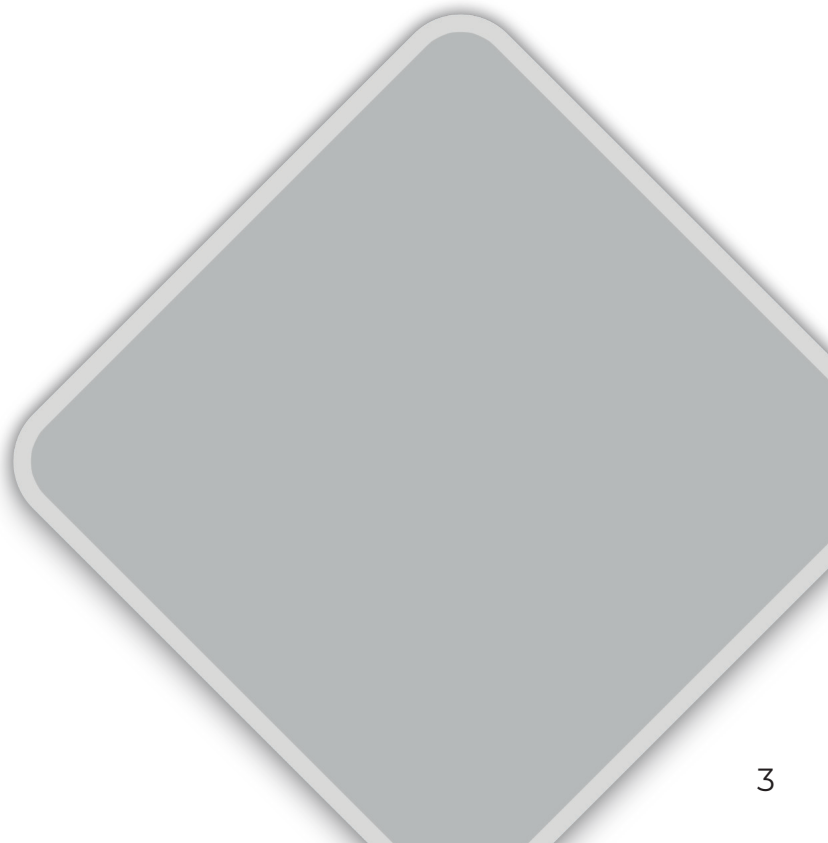
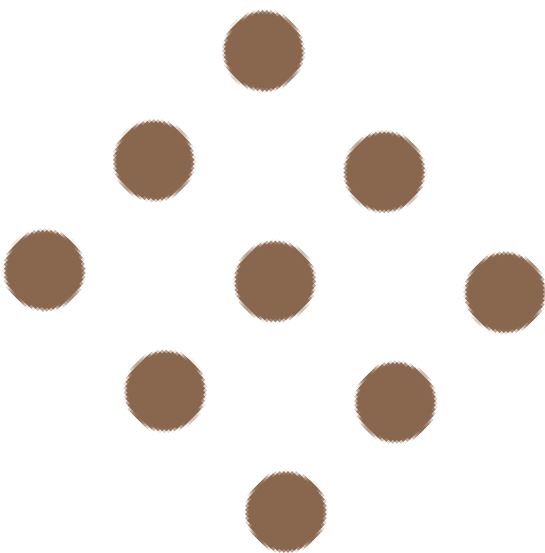




PURPOSE OF THIS GUIDE

For health and care workers to familiarise themselves with what to expect when looking after a Muslim patient at the end of life and support the provision of personalised care.

For Muslim patients and families to learn about the help and support that is available to them and refresh themselves of the Islamic teachings during the challenging period of preparing for end of life and losing a loved one.



CHAPTER 1 SANCTITY OF HUMAN LIFE



RIGHT TO LIFE

Islam guarantees the right to life for every human being, whether they are Muslim or non-Muslim. Every human life is sacred in Islam and every person has been granted God-given fundamental and universal rights at the time of their birth.

Allah said:

We have certainly dignified the children of Adam and carried them on the land and sea and provided for them of the good things and preferred them over much of what We have created with definite preference. Surah Al-Isra 17:70

The dignity that Allah bestowed upon humankind at the time of creation was the blessing of a sacred inviolability which manifests itself as the rights to life, freedom, and property. The right to life has been recognised as the first and most important universal right derived from the Sharia and classical Islamic law.



ALL LIVES ARE A SACRED TRUST

Muslim jurists recognise that all human beings are granted universal rights by default simply by virtue of being a human being, the most important of which is the right to life.

In this respect, there is no difference between the life of a Muslim and a non-Muslim since the lives of both are to be protected as a sacred trust. Someone who kills another person is guilty of killing all of humanity.

ISLAMIC MEDICAL ETHICS

In the Qur'an Allah teaches us: **"And whoever saves one soul, it is as if he had saved mankind entirely"**. (Al-Ma'idah 5:32)

The Prophet Muhammad, (Peace and Blessings be Upon Him) said, "O Allah's Messenger! Should we seek medical treatment for our illnesses?" He replied: 'Yes, you should seek medical treatment, because Allah, the Exalted, has let no disease exist without providing for its cure, except for one ailment, namely, old age.' (Tirmidhi)

The bioethical principles: autonomy, beneficence, non-maleficence and justice have been legitimised by Muslims jurists as falling into the sphere of Islamic law and have been supported by Qur'anic verses (3:104, 16:90 and 17:70)

First Principle: Autonomy – The patient has the right to refuse or choose their treatment.

Second Principle: Beneficence – A practitioner should act in the best interest of the patient.

Third Principle: Non-maleficence – Not to cause harm.

Fourth Principle: Justice (fairness and Equality) - distribution of scarce resources and the decision of who gets what treatment.



KILLING AND COMMITTING SUICIDE

The Qur'an confirms without a shadow of a doubt that homicide is absolutely forbidden, as Allah Almighty says:

Do not kill yourself:

"And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful."

(An-Nisa 4:29)

Do not kill your children:

"And do not kill your children out of poverty; We will provide for you and them."

(Al-Isra 17:31)

Do not kill others:

"And take not life, which Allah has made sacred, except by way of justice and law."

(Al-Isra 17:33)

Do not kill others regardless of religion or else you kill all of mankind:

"Thus, We decreed upon the children of Israel that whoever kills a soul unless as legal punishment for murder or for corruption in the land, it is as if he had slain mankind entirely."

(Al-Ma'idah 5:32)



CHAPTER 2 TREATMENT



PRINCIPLES OF TREATMENT

- Harm must be removed at every cost if possible.
- It is better to accept the lesser of two harms if both cannot be avoided.
- Public interest overrides individual interest.
- Prohibitions in Islam can be overridden by necessity of treatment but only when the following three conditions are met:
 - » The patient is really sick - life is in danger.
 - » The fear of losing the patient's life is not just an assumption, but a reliable doctor confirms this and treatment is not available with lawful substances.
 - » The doctor is convinced that the sickness will be cured through the unlawful substance.

PREPARING FOR THE ULTIMATE

Muslim patients look to cultural communities, religious traditions and/or scripture for guidance on how they make critical decisions about end of life care and life-limiting conditions. For Muslims the principle of preserving a life that is given by a creator and will ultimately return to its creator means that it is God who grants life and ultimately God who takes life. This leads to a deep-seated belief in prolonging life as far as is comfortable and meaningful.

The Qur'an reminds Muslims:

"Indeed we belong to Allah, and indeed to Him we will return."

(Al-Baqarah 2:156)

The focus of patients and relatives during the final weeks and days becomes worship and putting worldly affairs in order.

This means a lot of time will be spent praying and exploring their relationship with God. It must be remembered that not all British Muslims will practice their faith.

TERMINAL ILLNESS

Islam teaches that the human body is entrusted to us and there is an obligation to seek a cure. Suicide and active euthanasia are prohibited in Islam.



When inquiring about the life expectancy of a loved one, Muslim families are usually sceptical about definitive responses from healthcare professionals. They are more likely to be more comfortable with less definitive answers and even with responses like **"this is in Allah's (God's) hands, and we can never predict this accurately."** This is because Muslims believe that the longevity of every person is only known by Allah who predetermined the exact timing of death. It is, however, recommended to continually keep the patient and family informed about progression of the patient's condition and whether death is becoming imminent.

Families often appreciate being aware of this information, as they will want to be around the patient in most cases during

this period and be prepared for funeral rites. This is a very crucial period of time where many patients and the family want to feel the closeness of their Creator (Allah) even in those cases where they might not seem to be practicing Muslims.



MECHANICAL LIFE SUPPORT AND ARTIFICIAL NUTRITION AND HYDRATION

- If the patient is on life support, it is permissible to make a decision to switch off life support machine after holding informed discussions with the family and keeping them updated.
- It may also be permissible to remove tubes and indwelling devices (such as cannulas and other lines for nutrition, hydration, medication and tests) in consultation with medical experts who will determine whether any treatment is in the patient's medical best interest.
- These complex decisions are often taken as part of multi-disciplinary team with multiple specialists.
- Under no condition it is permissible to actively induce death in a patient
- Medical care should not prolong the suffering of dying patients

PAIN RELIEF

During this time it can be challenging for those involved to consider options around pain relief and medication as this can be seen as potentially impacting the patient's ability to pray and put their affairs in order before they embark upon the next stage of their journey.

Patients and families wishes and desires should be heard and informed discussions held.

Not every person who identifies themselves a Muslim will pray, either because they don't want to or because they are exempt (e.g. when females are menstruating).

TYPES OF TREATMENT



MODERN MEDICINE

The patient's GP and palliative care team may prescribe medication to provide relief from common symptoms seen in palliative care patients. These include pain, sickness, fatigue, constipation, breathlessness, oral secretions and agitation. These medications will be given in doses that are sufficient to control the symptoms to keep a patient comfortable and prevent distress. Some of these medications may have side effects such as drowsiness. As with all medication, the harms and benefits are carefully weighed up and discussed with patients, families and/or other appointed decision maker(s). For most patients the intensity of the pain and the relief brought by adequate medication is more important and dignified than the drowsiness that the medication causes.

If oral medication cannot be taken or is ineffective, patients may be given some or all of their medication by patches applied on the skin or through injections given by community nurses.

In the final stages of life, the community nurses may set up a syringe driver. This is a drip which constantly delivers medication to prevent pain, discomfort and common symptoms listed above. This is commonly set up in the final hours or days of a patient's life.

At all steps, the medical team will communicate decisions with patients and families and take their views and preferences into consideration.



SPIRITUAL HEALING

- Recitation of passages from the Holy Qur'an
- Making individual prayers or requesting an Islamic Faith Leader (Imam) to make the prayers
- Ruqyah is the practice of treating illnesses through Qur'anic verses and invocations as prescribed by the Prophet Muhammad (Peace and Blessings be Upon Him). Muslims believe it may provide a cure for evil eye, magic and physical ailments.
- The Qur'an offers perfect solace to a Muslim

TRADITIONAL HEALING METHODS



The use of traditional healing methods and folk remedies is common among Muslims from some cultural roots. Some of these are derived from Prophetic Medicine (Tibb al-Nabawai). This healing tradition derives from passages in the Qur'an, Hadith (Prophetic traditions) and Sunnah (way of life) of the Prophet Muhammad, (Peace and Blessings be Upon Him); it includes the use of dates, fig, pomegranate, capers, fenugreek, aloe, chicory, indigo, senna, dill, mustard, olive and truffle. Muslims sometimes also use olive oil, honey, or nigella sativa seeds to prevent and treat certain ailments.



USE OF ZAM-ZAM WATER FROM MAKKAH

In Islam, Zam-Zam water is a miraculously generated source of water from God, which sprang thousands of years ago when Ibrahim's (Abraham) son Isma'il (Ishmael) was left with his mother Hajar in the desert, where he was thirsty and kept crying. Millions of pilgrims visit the Zam-Zam well each year while performing the Hajj or Umrah pilgrimages in order to drink its water. It is used as a treatment for illnesses and considered a virtuous beverage to give patients in their final stages of life.



OLIVE OIL

Olive oil is the main source of dietary fat in the Mediterranean diet, which is associated with protection from cardiovascular disease, stroke, dementia and some cancers due to its anti-inflammatory and antioxidant properties.

NIGELLA SATIVA

Nigella sativa seeds and oil have been traditionally used to treat a variety of respiratory, stomach and intestinal complaints; Improve kidney, liver, circulatory and immune system function, and health in general.

HONEY

Honey has been recommended in the Qur'an and many Islamic medical texts for internal use and is widely used in folk traditions.

CUPPING

Some Muslim communities use cupping (hijama), a popular folk remedy in the Middle East and among young Muslims in the UK, to treat a wide variety of disorders including headache, jaundice, gastrointestinal complaints, sprains, musculoskeletal pain and insomnia.



CHAPTER 3

SUPPORT AT END OF LIFE

Palliative care is treatment, care and support for anyone with a life-limiting illness. Information on palliative care can be accessed through a patient's GP and other health and social care professionals. The professionals involved in a person's care depend on the type of support and care the person needs. Professionals involved in supporting a patient at the end of life include a patient's GP, district or community nurses, community palliative care team, pharmacists, social workers, care workers and spiritual care professionals. The palliative care team is usually linked to a

local hospice and consists of doctors, nurse specialists, counsellors and other allied health professionals such as physiotherapists, occupational therapists, dieticians and support workers.

Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so. Not everyone will want to make an advance care plan, but it is recommended for

- a patient with long term or life-limiting illness and/or could die within the next 12 months
- anyone over the age of 80



Advance care is especially recommended for:

- People at risk of losing mental capacity - for example, through progressive illness.
- People whose mental capacity varies at different times - for example, through mental illness. This is to ensure that their wishes are taken into consideration should they be unable to express them.

For anyone over the age of 80, or a patient with long term or life limiting illness and/or could die within the next 12 months, it is strongly encouraged to consider advanced care planning.

Muslims believe that death is decreed by God but this does not contradict the principles of advanced care planning which seeks to ensure that patients' views and preferences are taken into consideration when decisions around care are made.

CARE AT THE TIME OF DEATH

It is the responsibility of all healthcare professionals to ensure end of life care planning is in place.

This includes:

- An individual care plan which covers aspects of physical, psychological, social and spiritual well being
- Advanced care planning discussion and documentation (see below)

Other guidelines:

- It is not permissible to actively induce death of a patient
- Keeping the bedding, clothes and body clean from any impurity (such as blood, stool and urine) should be a priority so that prayers, which are recited or performed in the state of cleanliness, can take place at their intervals
- Use of fragrance or perfume can also be expected
- To appoint one member of the family to liaise with the medical team and coordinate the religious needs to avoid confusion and misunderstanding
- To seek further help and assistance from a Muslim Chaplain if need be
- Exposure of the body should be minimal
- Once deceased and if no other family members are present then the eyes and mouth should be closed, arms placed on the sides, feet together and face covered
- Sanctity of deceased person should be given priority and treated as if alive
- Organ donation can be a sensitive issue with some families agreeing to it whilst others strongly opposing. Ideally, these discussions should be had well in advance
- Testimony: It is highly recommended for a dying Muslim to affirm his/her faith by pronouncing Shahadah (a short testimony of faith). If he/she is unable to talk or move, they might still be able to affirm their faith with their index finger or facial expressions. Nothing should be enforced upon the individual at all, instead gentle reminders would be appropriate
- To make a prayer: A Muslim says on behalf of the patient / with the patient to comfort them and the relatives
- Qur'an recitation by an Imam: To comfort the soul of the patient and bring peace at a difficult time.
- Using a digital Qur'an player: Qur'an Cubes can be used to play the recitation of the Qur'an. They are like MP3 players with a built-in speaker. Audio of the Qur'anic recitation can be played on them and patients can listen to them by their bed side and benefit from the soothing and comforting recitations creating a tranquil

environment during this difficult phase in life. These are not replacement for a Muslim Chaplain but are very useful to use for longer periods of time or in the absence of anyone being able to recite the Qur'anic passages

- The patient/service user may ask for the Muslim Chaplain to visit. This should be arranged by the hospital or care home. Equally, the hospital or care home may wish to contact a Muslim Chaplain for further guidance and assistance
- If your relative has recently been discharged hospital and there is a chance that they could die in 28 days, make sure you contact your GP to arrange a review to avoid any potential delay in obtaining a death certificate and arranging an early burial

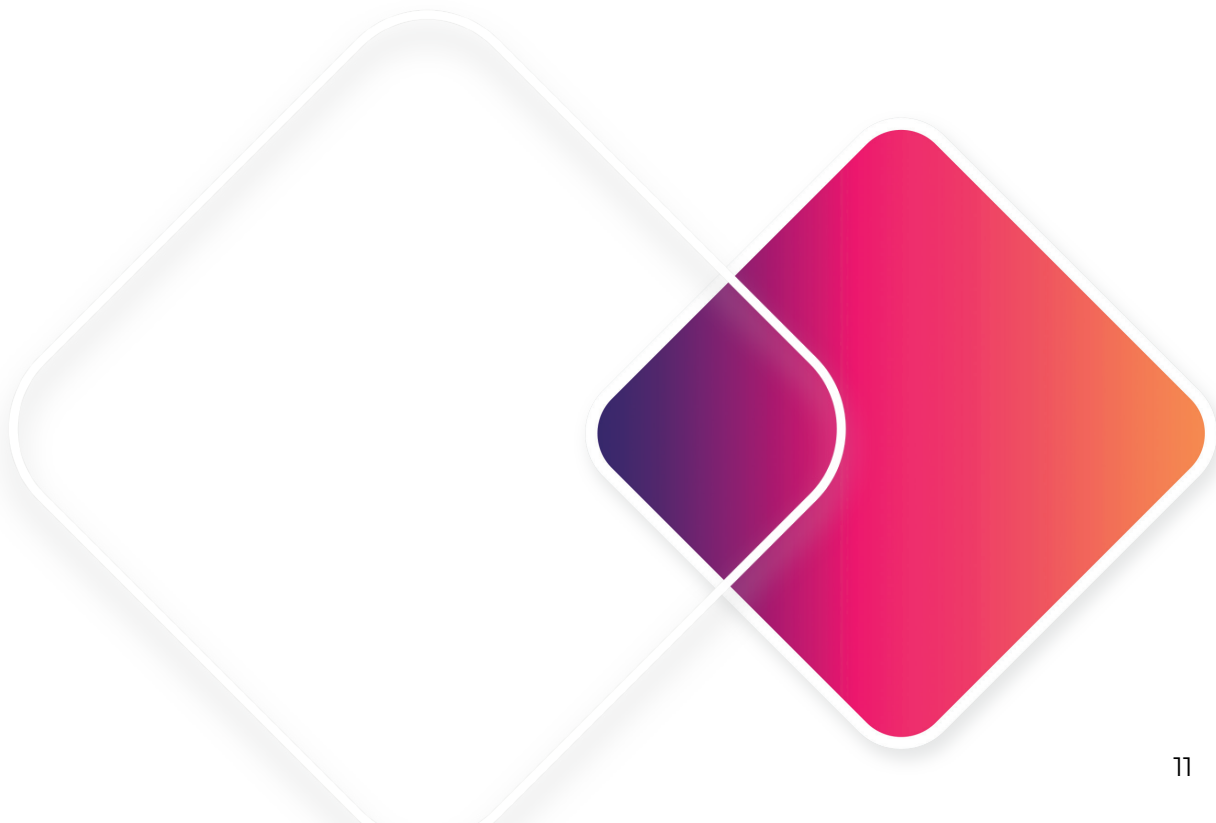
CHALLENGES

Cultural Practices – Different cultures can have different practices which might not have anything to do with religion itself. Therefore, it must not be assumed that everyone will have the same procedure. Do ask and consult the family members for clarification and their wishes.

Language barriers – For discussions about care and treatment, especially around sensitive topics such as end of life care, it is advisable for a qualified independent interpreter to be made available to ensure information is conveyed accurately and objectively. It may be helpful for interpreters to be from a similar background as they may understand the customs and practices that are important to the patient/family. Family members are likely to be closely involved in caring for the patient and it is important that they are kept informed.

Decision makers – Try to identify and appoint a named point of contact in a case where the patient cannot communicate and you have to rely on others to give you information about the patient and the patient's wishes and desires. Normally this would be the main carer or next of kin in the family. It is helpful to encourage capacitous patients to consider appointing a Lasting Power of Attorney (LPA) for health and welfare in advance (see section below).

Lack of awareness of religious rulings – It is possible that the patient wants to follow some Islamic principles but the family may lack knowledge about it. A Muslim Imam/Chaplain can be consulted where possible and would be able to guide and assist.



CHAPTER 4 PREPARING FOR DEATH

SUPPORT AT THE FINAL STAGES

End of life care is support for people who are in the last months or weeks of their life.

End of life care should help the patient to live as well as possible until they die and to die with dignity. The professionals providing the care should ask the patient about his/her wishes and preferences, and take these into account as they work with the patient to plan their care. They should also support the patient's family, carers or other people who are important to them.

Patients have the right to express their wishes about where they would like to receive care and where they want to die. They can receive end of life care at home, or in a care home, hospice or hospital, depending on their needs and preference.

Handing over admin and passwords can be overlooked when planning for end of life care. There are some resources that are available to support with this such as 'Settld' and 'Biscuit Tin'.

People who are approaching the end of life are entitled to high-quality care, wherever they're being cared for.

End of life care includes but is not limited to:

- **ADVANCED CARE PLANNING**
- **LASTING POWER OF ATTORNEY**
- **ADVANCED DIRECTIVE**
- **COORDINATE MY CARE**
- **DNACPR**

ADVANCED CARE PLANNING (ALSO KNOWN AS RESPECT)

Advance care planning involves making decisions about future care with health and social care professionals. It is a process of discussion between the patient and care providers to help patients and their families and carers prepare for illness and death.

Doctors or nurses can help explain the options and what sort of care a patient might need. It is helpful to discuss ones wishes with family or friends. These wishes can be followed if the individual is not able to make decisions in the future. In Scotland, this is called anticipatory care planning.

Advance care planning can include anything about future care. Funeral planning and preparation should be discussed as part of end of life and advanced care planning.

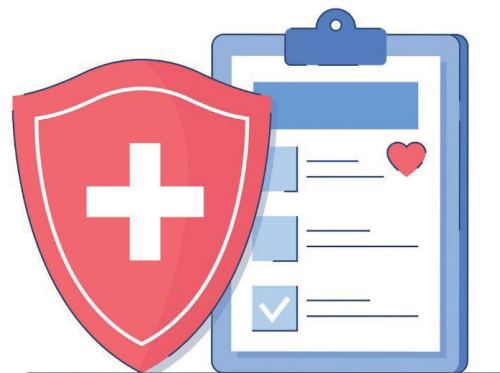
Here are some questions a person might want to think about:

1. How would you like to be looked after?
2. Where would you like to be looked after in the future and in your final days?
3. If a medical emergency arises how far would you like to go with your treatment? Would you like to be admitted to a hospital or would you prefer to be looked after at home even if this means you don't have access to the full range of investigations and treatment available?
4. Are there are treatments you would rather avoid?
5. If your heart stops beating, would like medical professionals to re-start it?
6. Are there any spiritual or religious beliefs you would like taken into account?
7. Who would you like to spend time with?
8. Who should your doctors or nurses talk to if you become unable to make decisions?
9. Do you want to appoint someone to make decisions on your behalf if you're unable to make decisions (Lasting Power of Attorney)?
10. How you would like practical matters dealt with, such as who you would like to give your final bath and shrouding?
11. Do you have any thoughts about who you would like to lead your funeral prayers, where and how?

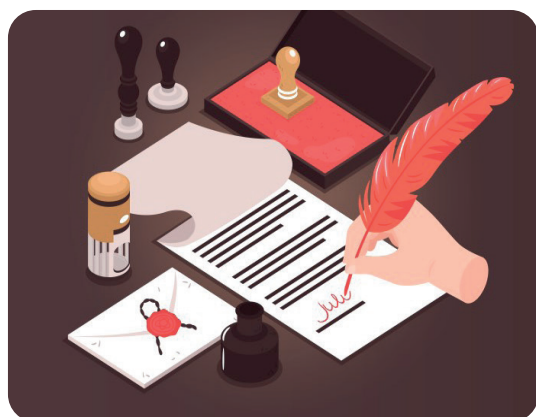
LASTING POWER OF ATTORNEY

A lasting power of attorney (LPA) is a legal document that lets the 'donor' appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This gives the donor more control over what happens to them if they have an accident or an illness and cannot make their own decisions (they 'lack mental capacity').

Generally, professionals will make decisions about the patient's health and social care, and their family or carers will decide on day-to-day matters.



If patients are unable to make decisions for themselves in the future, someone will need to make decisions for them. If they wish, they can officially appoint someone they trust to make decisions for them. This enables them to give another person legal right to make decisions about their care and welfare. They can also appoint an attorney to decide on financial and property matters.



LPAs are legally authorised to act on the patient's behalf on decisions around medical treatment, daily routine such as washing, dressing, eating and decisions such as moving the patient to a care home. Applications can be made online via the GOV.UK website or by contacting the Office of the Public Guardian for an application pack. You may want to talk to a solicitor for advice.

ADVANCED DIRECTIVE

An Advance Directive (sometimes called an "Advance Directive to Refuse a Decision" or a "Living Will") is a written document in which the patient sets out under what situations they would want to refuse certain treatments. They can write one up themselves or they can fill in templates that are available online. They do not need a solicitor to make an Advance Directive.

Health professionals are encouraged to speak to those close to the patient about their wishes and what is important to them. Patients, families and carers are encouraged to speak to the GP who can help them understand their treatment options and explain the consequences of any decisions they want to make.

If patients decide to make an Advanced Directive, it is a good idea to sign and date it and get it witnessed. It is also important to inform the GP that they have made an Advance Directive and ask them to keep a copy. A copy should also be given to anyone who would be contacted in an emergency, anyone regularly involved in their care and they should also keep a copy with them in person.

COORDINATE MY CARE – URGENT CARE PLAN

Coordinate My Care (CMC) or Urgent Care Plan (UCP) is an NHS service that helps patients record their views and preferences in an electronic urgent care plan. This plan is shared with medical professionals involved in their care so that any decision taken is in accordance with their wishes, especially in cases of emergencies where patients may be unable to express their wishes.

The doctor or nurse will create a care plan after consulting with the patient and with their consent to record it and share it. When it is entered into the CMC system it can be seen by healthcare professionals who are involved in the patient's care: GP, community nurses, hospital team, out of hours' doctors, specialist nurses, ambulance service and NHS 111. While the CMC care plan is not a legally binding document, a clinician would need to have a very good reason to ignore it.

If a patient doesn't have an electronically recorded, they can start it themselves online. Once they get to a certain point they will need to consult with a healthcare professional to complete the plan before it can be shared.

DNACPR

Do No Attempt Cardiopulmonary Resuscitation or **DNACPR** (often abbreviated as **DNAR**). DNACPR means if your heart or breathing stops your healthcare team will not try to restart it. (NHS UK)

CPR is a vigorous physical intervention and it is well known in the medical community that patients and families may overestimate the chances of success and underestimate the impact that CPR may have on quality of life if successful. In out of hospital cardiac arrest, the chances of successful CPR is approximately 10% , and diminishes further if someone has advanced and irreversible disease.

Where successful, patients may be left with long term complications such as brain damage and/or limitations to mobility, function and self-care.

It is important for patients and families/carers to understand the consequences of CPR and quality of life outcomes. Often from experience when patients and families are explained the potential long term complications and loss of independence that may arise from CPR and its success rate they may think differently about their options. Informed and shared decision-making between healthcare professionals and families/carers is vital.

Informed discussions should be held with service user and family to help them decide.



CHAPTER 5 EUTHANASIA

EUTHANASIA, ASSISTED SUICIDE AND WITHHOLDING TREATMENT

Euthanasia comes in a number of different means:

1. DIRECT EUTHANASIA

Direct euthanasia is the act of deliberately ending a person's life to relieve suffering. This may involve a doctor giving drugs with the intention to bring about death.

This type of euthanasia has three cases:

- The voluntary case, when the process is carried out at the pressing request of the patient who desires to die while they are fully conscious, or according to an already written testament.
- The involuntary case, which is the case of a capacitous unconscious adult patient. The action to end one's life is taken on the decision of the physician who thinks that ending his or her life is for his or her own good, or according to the decision of the patient's guardian or relatives who think that ending life is in his or her best interests.
- In the involuntary case where the patient is incapable of reasoning, whether a child or adult, the action is taken according to a decision made by the treating physician.

Direct euthanasia is outlawed in the Shari`ah which makes killing a patient suffering from a terminal illness impermissible for the physician, the patient's family, or the patient themselves. Major Islamic bodies therefore believe that patient, whatever his or her illness, and however sick he or she is, shall not be killed because of desperation and loss of hope in recovery or to prevent the transmission of the patient's disease to others. Euthanasia is also illegal in the UK.



2. ASSISTED SUICIDE:

In this case the patient ends his or her life by themselves according to instructions given to them by another person that provides them with the information and devices that help them end their life.

According to Islamic law, it is unlawful for the patient to kill themselves or herself and it is unlawful for somebody else to kill them even if the patient requests this. The former case will be suicide and the latter will be assisted suicide and an act of aggression against the other by killing them, for their permission does not render the unlawful act lawful. Muslims believe that a person does not possess his or her own soul to permit somebody else to take it.

The Prophetic narration (hadith) around prohibition of suicide is well known.

3. INDIRECT EUTHANASIA:

This is done through giving the patient doses of tranquilizers or sedatives to abate the severe pain. With time the doctor will have to increase the dose to control the pain and keep the patient comfortable and free from distress. However, large doses may lead to difficulties in breathing and dysfunction of the cardiac muscle, which will result in death that was not intended though anticipated beforehand.

It is impermissible to end the life of a patient for fear that his (or her) disease may be transmitted, even if they are terminally sick with an infectious disease. Consistent with the principles of medical bio-ethics of compassion, dignity and respect, the patient must be protected as a human being and their needs met until their life comes to its natural end.

The Prophet Muhammad, (Peace and Blessings be Upon Him) is reported to have said, "Allah created no disease but created something to cure it." (Bukhari and Muslim)

In another hadith narrated in Tirmidhi:

"O Allah's Servants! Seek treatment, for Allah does not create a disease but creates a treatment for it."





The hadith in Muwatta Imam Ahmad mentions:

“Allah created no disease but created something to cure it. Some may know it and some may not.”

So these Prophetic hadiths give us hope of discovering cures for what we term today as ‘incurable’ diseases.

4. WITHDRAWING OR WITHHOLDING LIFE SUSTAINING TREATMENT

Decisions on withdrawing or withholding life sustaining treatment are highly complex and always involve consultations with multiple specialists, family and carer to determine the patient’s best interests.

These may include:

- Withdrawing treatment such as the removal of the apparatus of artificial breathing from the patient in the resuscitating room or intensive care unit or ward when brain death is confirmed and there is no hope of restoring their consciousness. It may also include withdrawing artificial nutrition and hydration.

- Withholding treatment by making the decision to not offer any further therapeutic interventions.

Facilitating death by withdrawing or withholding treatments that are considered to be in the patient’s best interests where harms outweigh benefits is permissible. Islamic bioethics also affirms the autonomy of individuals to refuse treatment, including intense support, in order to facilitate other human goods such a peaceful and dignified death. Decisions that are futile or against the principles of dignity and compassion may merely prolong pain and for a patient who is clinically brain dead or in the final stages of life is permissible.

These are some general principles and practices around euthanasia, but it is possible your service user could hold an alternative understanding. It would be advised to respect the view held by the service user and their family where possible, and not to impose anything on them which they are not comfortable with

CHAPTER 6 DEATH

PROCESS OF DEATH

Etiquette

Wherever possible health care providers should be of the same sex (if not possible the another staff member or family member should be present where possible).



- Exposure of body parts should be limited where possible.
- Clothes and body of patient should be free from any impurities so that patient is able to pray, should they wish to do so.
- If possible the patient should be able to perform ritual washing (Wudhu), as this is a prerequisite for prayer. For those who cannot use water dry Ablution (Tayamum) is an option too.
- Five daily prayers except when patient is cognitively unable or chooses to abstain – choice is important.

BEFORE DEATH

- Family should be contacted and be informed of the situation and updated. The family will wish to be present in the majority of the cases. Departure from this world to the next life in the hereafter is deemed as a very crucial period in a person's life and it is likely that many family members will insist to be part of it and to be present. It is common to have many visitors; even non-relatives as visits to the sick are highly virtuous
- Will and Testament: In a Hadith it is mentioned, "It is not permissible for any Muslim, who has something to bequeath, to stay for two nights without having his last will and testament written and kept ready with him".
- Family members should urge the dying person to prepare a written Will and Testament if he/she hasn't done so already. Civil courts will not divide the inheritance of the deceased among the heirs according to Islamic guidelines. Civil courts, however, will honour wills that are prepared according to Islamic guidelines.
- Life and funeral insurance is something Muslims generally may not take out and may avoid. However, some communities form a source of their own personal assistance to cover the costs of a funeral. They will pay regularly a fixed sum of money, within a circle of friends so that if a funeral was to take place then they are handed out a lump sum. It is known by various names such a Death Committee and others.
- It is common to use perfume/incense sticks or other such things which would give a beautiful smell and create a calm and pleasantly scented environment. It is within the belief of a Muslim that angels descend to take the soul of the dying person hence all bad odours are removed.
- Once the patient is considered end of life, all foreign bodies which can be removed, should be removed. Emphasis should be given to devices that need surgical intervention, as they will need to be removed. After death, it is generally forbidden to make any incisions to the body or to remove any hair or cut nails.
- Where possible, health care providers should be of the same sex as the patient. If this is not possible then it is permissible to have a healthcare provider of a different sex treating the patient. However, it would be ideal for another family member to be present; especially when it is a male treating a female to ensure dignity and respect.
- A person on whom the signs of death are clearly seen is called a muhtadar. It is preferred to let them lie on their right side facing the Qiblah (towards Makkah, Saudi Arabia). It is permitted that they be positioned to lie on their back with their feet towards the Qiblah, and the head slightly raised with a cushion so that it faces the Qiblah. All the bed linen must be tahir (clean from any impurity). If moving the muhtadar causes them any discomfort, then leave them in any convenient position.
- It is desirable to use Loban (Frankincense), Attar (perfume) or any other aromatics that are clean, in the room.
- At this time Qur'anic passages will be recited and various prayers offered. It is desirable and virtuous to recite Chapter 36 (Surah Yasin) from the Qur'an. In a Hadith it is mentioned: "Recite Yasin (Surah no. 36), over those who are dying." (Abu Dawood). This may be done in the same room. When one is incapable of reciting the Qur'an, someone else may be requested to recite these chapters or any other portions of the Qur'an.





DURING DEATH

A Muslim believes that the life in this world is temporary and death is when the life in the Hereafter starts. It is a journey of the soul which is a common part of the Abrahamic faiths. When someone begins to die the Angel of Death (Angel Izraeel Peace Be Upon Him) comes to take the soul out of the body and takes it in a place called the Barzakh (the Stage Between this World and the Day of Resurrection).

The Qur'an mentions:

“Say: ‘The Angel of Death, put in charge of you, will (duly) take your souls. Then shall you be brought back to your Lord.’” (32:11)

“Wherever you are, Death will find you out, even if you are in towers built up strong and high!” (4:78)

The Day of Reckoning is when the Soul will be reunited with its body. Family members may wish to say prayers continuously at the bedside if the patient is expected to pass away imminently.

It can be difficult to know when someone is going to die or has died and there is no legal definition at present in the UK of death, nor an international consensus. It is generally taken to mean the irreversible loss of capacity for consciousness combined with the irreversible loss of capacity to breathe.

Dying can be a gradual process; there is gentle winding down as the body starts to 'let go' of life. If restlessness does occur, it can be treated. When someone is dying, their heartbeat and circulation slow down. This supplies less oxygen to the brain and organs and so they work less well; this may give rise to signs such as drowsiness and passing less urine. In the days before death, people may lose control of their breathing. In the hours before death, it is very common for people to be calm and peaceful, especially if they have received good care.

Not all the signs listed below will be present in everyone.



The weeks before death:

- Most people who are dying feel tired. They may want to sleep more often, or for longer periods. They may want to talk less, although some may want to talk more.
- Their appetite and thirst will decrease and they may want to eat or drink less or eat different foods since their stomach and digestive system are slowing down. This often concerns families and carers but it is a natural process and does not cause the patient any pain. Attempting to feed someone who is unable to swallow may cause further distress. A nurse can show carers how to help with mouth care.

- Someone who is dying may also lose weight and their skin might become thinner. The body finds it hard to regenerate skin cells, as well as other organs in the way it used to.

The days before death:

- A person's control over their breathing starts to decline and it becomes more irregular and unpredictable. They may breathe more slowly for a while, then more quickly. Breathing may be shallow or noisy and there may be long gaps between breaths. The change in breathing pattern is due to the accumulation of the body's waste products. Fluid can start to accumulate in their lungs, and the breathing can begin to sound quite 'rattly'. They might cough, but not very deeply.

- As coughing and swallowing reflexes slow down, saliva and mucus may collect in the back of the patient's throat, causing bubbling, gurgling or other sounds. This does not usually cause distress to the patient. To improve this, the patient's head can be lifted and supported with pillows and turned to one side. Medications can also be given to slow down the production of secretions.

- Some people have a burst of energy in the 24 hours before they die, sitting up and talking normally for a short period. This can sometimes be mistaken for signs of recovery and getting better and may lead to shock and denial when the patient passes.

- Often, people's skin colour changes in the days before death as the blood circulation slows down. It can become paler, darker, greyer or their skin can become mottled or blotchy.

- Slowing down of blood circulation can also lead to changes in body temperature. Hands, feet and legs may alternate between being cool to touch to hot and clammy. If the person indicates they are feeling cold, light bedding can be used to keep them warm. Too many bed clothes or an electric blanket may make them feel hot and restless. Good ventilation is important, which can be achieved by a fan and/or cool damp towels if the person seems hot.

- With the loss of oxygen to their brain, they might become drowsy and sleepy. They may be difficult to wake up. It is best to talk to the person when seem most alert, speaking softly and naturally, and allow them to sleep naturally when they want to. There is no need to shake the person or speak loudly. Some people have hallucinations and talk to 'people' who aren't there. It is best not to challenge them as this may cause further distress. Some become unconscious a few days before they die.



The 24 hours before death:

- Someone who is close to death will spend most of the time asleep. They may not be able to communicate when they are awake because their senses are declining. However, they may still be able to hear, so speak to them normally and be mindful of what you say around them

Physical signs that death is near include:

- A sudden burst of energy
- Mottled and blotchy skin, especially on the hands, feet and knees.
- Decrease in blood pressure
- Inability to swallow
- Reduced urine output
- Restlessness
- Difficulty in breathing
- Congested lungs

The house before death:

- As the blood supply to the body declines further, most people fade. They sleep a lot, their breathing becomes very irregular, and their skin becomes cool to the touch.

- Those who do not lose consciousness in the days before death usually do so in the hours before. Do not shake or speak loudly to them.

- Most people are very calm at this time, although some may be agitated, especially if they are finding it hard to breathe. To have a calming effect, speak to them in a quiet natural way, lightly massage the person's hand or forehead, recite or play passages from the Qur'an and make Dua (prayers) for them.

Other symptoms in the hours before death include:

- Glassy, teary eyes that may be half-open
- Cold hands
- Weak pulse
- Hallucinations
- Being fast asleep
- Gasping, or periods where breathing completely stops

When someone dies:

- In time, the heart stops and they stop breathing
- Within a few minutes, their brain stops functioning entirely and their skin starts to cool. At this point, they have died

The signs that someone has died are:

- They are unresponsive and cannot be woken up
- Their skin is pale and waxy
- Their eyelids might be half open
- Their pupils are fixed and dilated
- Their mouth may fall open
- There is no breathing or heartbeat



AFTER DEATH

It is natural to feel all sorts of emotions; from grief that they are gone to relief that their pain is over, and any number of emotions in between. It is important to take one's time and it is ok to just sit with the person who has died for as long as need be.

- Once death is pronounced, all tubes and machines should be removed gently so that the body receives no further discomfort
- The patient's eyes should be gently closed. Gently close the mouth if open by holding the head and lifting the chin up. A towel can be placed under the chin or a family member might wish to piece of cloth tied around the head to keep the mouth closed
- The feet and arms should be straightened and body should be covered. Place the toes together where possible
- The head should be turned slightly toward the right shoulder before rigor mortis begins. This is so that the body can be buried with the face towards Makkah
- Families deem it virtuous to wash and shroud the body in a white cloth after it is released from the Hospital/Care Home. The burial should take place swiftly without any cremation or embalming. Provisions made available if possible for timely death certification for patients who die out of hours, especially when they are end of life
- Sanctity of the dead person should be given priority and the body should be handled gently with care
- The death certificate should be obtained as soon as possible; this will be a priority for the majority of Muslim families. The belief is that the journey for the next life has started and there should not be any unnecessary delay in burial
- The family will need confirmation of death before body can be released therefore all assistance and cooperation from health workers is much appreciated.
- Any jewellery should be removed, such as rings, necklaces, bracelets and nose studs. Hair and nails should not be cut
- The body should always remain covered totally including the head with a clean sheet; this is so that dignity is maintained.
- Bereavement support should be offered to family and/or friends.

ISSUE AROUND MEDICAL CAUSE OF DEATH CERTIFICATION (MCCD) AND REGISTRATION OF DEATH

When someone dies at home it is expected, their GP should be called. The doctor or senior nurse can then confirm the death.

If the doctor confirming the death was the GP that attended to the patient's illness in the last 28 days (including by video), they can issue a Medical Certificate of Cause of Death (MCCD).

If the doctor attended the deceased for their last illness but they did not confirm the death, they can still issue the MCCD if they view the body after death.

However if the attending doctor did not see the patient in the 28 days before their death or if they did not view the body, they can still issue the MCCD but the coroner will need to be informed before registration either by the registrar or the doctor.

The coroner will consider if the case requires further investigation, and if not, will complete Form 100A and send this to the registrar to allow registration. Similarly, if no medical practitioner is unable to state the cause of death, the coroner will need to be notified who will determine whether further investigation is required.

Whenever the coroner is informed, the GP should ensure that the bereaved are informed.

If death occurs out of hours then what happens next depends on local arrangements.

In some cases, patient's families are given a special number to call for a doctor. In other areas where this service does not exist, 111 can be called for a clinician to confirm the death. However, they will not be able to issue an MCCD; this can only be issued by the deceased patient's own GP.





Once the MCCD has been issued, the death can be registered and a Certificate of Burial (green form) received. The funeral and burial arrangements can then proceed.

MCCDs can be scanned or photographed and sent by email to registrars as an attachment. However, **the next of kin will need to register the death in person.**

Where urgent burial is required, it may be possible for the registrar to issue the required form (green form) prior to registration. This is subject to some provisions being met and is offered by some registrars as an out of hours service; this depends on local service arrangements. Where possible steps should be taken to minimise distress to bereaved families.



When someone dies at home unexpectedly, the first thing to do is call 999 and ask for ambulance and police services immediately. When someone dies at home unexpectedly, there is the possibility that the death will be followed by a coroner's inquest. In this case it may not be possible to register the death until the coroner has confirmed the cause of death.

Your funeral director will be able to help you through every step of the process.

FUNERAL

According to Islamic law (shari'ah), the body should be buried as soon as possible from the time of death, which means that funeral planning and preparations begin immediately. If a delay is unavoidable the reasons should be carefully explained.



CHAPTER 7 FUNERAL AND BURIAL

It is one of the fundamental rights of a Muslim that when he/she passes away other Muslims should pray funeral prayers for him/her. Funeral prayer is a supererogatory prayer. If no one from the whole of the Muslim community offers the Janazah (Muslim funeral prayer), then the whole community will be considered sinful in the sight of Allah.

community will be excused from their responsibility of offering the funeral prayer, even though the reward will only be given to the participants.

If some people offer the funeral prayer, then the whole

NON-MUSLIM PARTICIPATING IN THE FUNERAL

If you are attending an Islamic funeral and you are not a Muslim, it is important to be aware of Muslim funeral practices. The funeral prayer itself can take place inside the Mosque or at the graveyard. Whilst the Muslims will be saying the prayers in Arabic, any non-Muslims participating can say any relevant prayers in any language for the deceased.

In most cases it is appropriate to wear modest, loose-fitting clothes. Males can cover their head with a cap or hat, and females could wear trousers, full-length skirts or dresses, with long sleeves and cover their head with a headscarf etc. The purpose of covering oneself is for respect, dignity and modesty.

If the funeral prayer is taking place in the Mosque, then be prepared to remove any shoes. When you enter through the main entrance you will need to take your shoes off and place them in the shoe racks provided. Shoes are not allowed on any carpeted area of the Masjid. Shoes are taken off so that the floors and carpets do not get covered with dirt or filth because Muslims pray on the carpeted area.

BURIAL

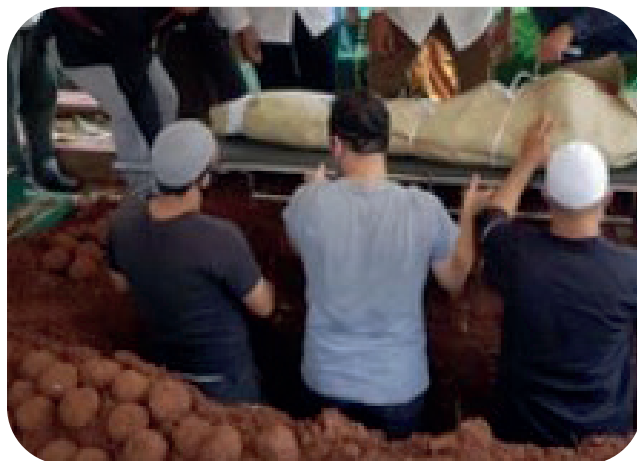
After an Islamic funeral, following the completion of the funeral prayers, the congregation will line up in rows and pass the coffin from shoulder to shoulder towards the gravesite for burial. Visitors and guests can keep a respectful social distance to allow the coffin to be carried by close family members and loved ones but they can also assist and carry if there are insufficient attendees.

In the Islamic tradition, only men attend the burial, although some Muslim communities also allow women to be present. For a Muslim burial, the grave should be perpendicular to Makkah, the Islamic holy city in Saudi Arabia, with the person placed on their right side facing Makkah. While the person is being placed into the grave and the grave is being filled with handfuls of earth, mourners recite a prayer which is a reminder that we (humans) were created from earth and we will

return back to the earth, then soon a time will come when we will arise back from this earth (on the day of Judgement).

Wood and stones are placed on top so that the soil does not come into direct contact with the person. The Imam may recite others prayers as well.

The Muslim patient is buried as soon as possible after death, as it is believed that a delayed burial is another way of causing suffering on the deceased. This increases pain and stress to the family and friends.



CREMATION

The sanctity of the dead body and the importance of religious burial is an integral component of religious practice for Muslims.

Cremation is forbidden in Islam.

Some Muslim scholars have supported the prohibition of cremation with the following hadith of the Prophet Muhammad, (Peace And Blessings Upon Him) and his family, who has been reported to have said: **“Be wary of mutilation even to a mordacious dog”** (Mustadrak al-Wasa'il, vol. 18, p.256). According to this opinion, cremation is considered a form of mutilation of the body that Islam severely condemns.

Another point worth mentioning is related to the belief of the bodily Resurrection. Cremation is not authorised by religious tradition due to the belief that the bodies will be resurrected on the Last Day. By being cremated the individual symbolically rejects this fundamental principle of faith as the voluntary annihilation of the body of the deceased through cremation would represent the rejection of faith in the Afterlife or at least an implicit challenge to the will of God.

Not surprisingly cremation has sometimes been considered an atheistic or secular ritual. It could be used to support the affirmation of being against any illusion of survival after death. Consequently, it may express the negation of the existence of God, the rejection of the eternal life.

However, according to Holy perspectives, the body cannot be treated as a cumbersome object reducible to nothing by a voluntary act. The burial of the deceased expresses the sweetness of the progressive return of the body to the earth from which it came, starting in this way a new phase of the journey towards the Lord of the Worlds in a new and totally different abode.

Allah says: “From the (earth) did We create you, and into it shall We return you, and from it shall We bring you out once again.” (Ta-Ha 20:55)

Muslims belief in the resurrection of the body after death. Therefore, Muslims are always buried and never cremated. The family and Muslim undertakers will ritually wash the body before the burial.



SHROUDING

There are different rules for shrouding male and female Muslims. To wrap a male Muslim corpse, you use three white sheets and four thin strips of cloth. After placing the mans hands on his chest, right hand on top of left hand, you wrap each sheet, right side first, over the body. To finish the shrouding, tie two strips just above the head and just below the feet, and use the other two strips to secure the sheets around the body.

For women, the wrappings are much more intricate. The corpse wears a loose-fitting, sleeveless dress, a head veil and a loin cloth. All of that goes underneath the same sheets and ropes that are used to wrap a male corpse.

Shrouding is normally done by close family members or the same sex or by extended family and friends if close family members are present. Carers can seek guidance from a Muslim Chaplain if the deceased has no family members present.

BEREAVEMENT

Traditionally, the family will gather in their home and receive guests after a Muslim funeral. Usually the community provides food for the bereaved for the first three days after the funeral. However, this is not the case in all communities.

To sympathise (Taaziat) with the bereaved is from the teachings of The Prophet Muhammad, (Peace and Blessings be Upon Him), that one should console and comfort a Muslim who is in distress. The Prophet Muhammad, (Peace and Blessings be Upon Him) has said: “He who consoles the one in distress shall be rewarded as much as the bereaved.” (Tirmidhi)

The mourning period lasts for three days but can often vary depending on the family. In can be interpreted as three days of intense mourning with relatives and friends gathering, which in some cases can be prolonged to a period of 40 days with fewer numbers of mourners being received over the longer period.



Traditionally, the period of mourning for widows is even longer, four months and ten days, in which they are instructed to refrain from unnecessary activities and outings.

Etiquettes of sympathising with the bereaved:

- One should be humble
- Express grief
- Speak less about worldly affairs
- Should not joke or laugh
- Mention the good acts and deeds of the deceased and abstain from the ill ones. The Prophet Muhammad, (Peace and Blessings be Upon Him) has said, "Mention the good actions of your deceased and abstain from the offensive." (Tirmidi)
- The time for sympathising extends for three days after the death
- Sympathising before the burial is permissible



CHAPTER 8 CONTEMPORARY ISSUES

INHERITANCE

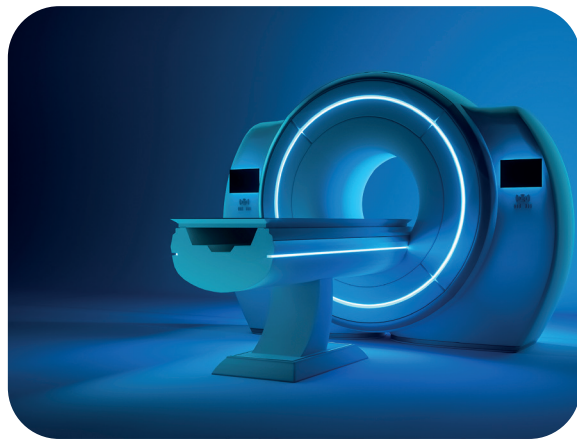
Writing a will is emphasised in Islam. The Prophet Muhammad, (Peace and Blessings be Upon Him) once said: "It is the duty of a Muslim who has anything to bequeath not to let two nights pass without writing a will." (Bukhari)

Up to one-third of the total assets may be set aside for payment of a bequest of one's choice. The beneficiaries of such a bequest may not be "fixed heirs" - family members who inherit automatically according to the divisions outlined in the Qur'an.

Making a bequest to someone who already inherits a fixed share would unfairly increase the share of that individual over the others. One may, however, bequest to individuals who are not one of the fixed heirs, other third parties, charitable organisations, etc. The personal bequest cannot exceed one-third of the estate, without unanimous permission from all of the remaining fixed heirs, since their shares would need to be reduced accordingly.

When a Muslim dies there are four duties which need to be performed. These are:

1. Payment of funeral expenses
2. Payment of his/her debts
3. Execution his/her will
4. Distribution of remaining estate amongst the heirs according to Shari'ah



POST-MORTEM (AUTOPSY)

Sanctity of the human body is highly regarded in Islam and desecration of it is strongly discouraged. However, the determination of the cause of death is a legal requirement. Therefore, the coroner is required by law to carry out a post-mortem when a death is suspicious, sudden unexpected or unnatural. The family of the deceased will not be asked for consent and have no legal standing to deny a post-mortem ordered by a coroner.

Post-mortem not requested by the coroner in most cases requires consent and cannot be carried out without consent. The next of kin of the deceased may have the right to deny consent for a post-mortem if the post-mortem has been requested by the hospital unless the deceased had himself/herself given consent.

There are two types of Post-Mortem:

- **Invasive** - During the procedure, the deceased person's body is opened and the organs removed for examination. A diagnosis can sometimes be made by looking at the organs. Some organs need to be examined in close detail during a post-mortem.
- **Non- Invasive or Minimally Invasive** – (Digital Autopsy) The process is carried out on a computer. First the body is scanned using a CT or MRI scanner then the data from the scan is then processed to create a detailed 3D whole body reconstruction of the body. Specially trained radiologists and pathologists can then examine the visual to look for clues as to the cause of death.

In cases where the next of kin is asked to consent for a post-mortem to take place, Muslims will try and avoid the invasive post-mortem whenever possible and opt for non-invasive, to avoid any desecration of the human body. However, that might not be practical in all cases due to lack of funds or various other reasons.

ORGAN DONATION

Muslims are divided upon the issue of organ donation. Some Islamic leaders accept organ donation during life (provided it does not harm the donor) and after death in order to save someone's life. Most religious leaders do not accept brain death as a criterion and consider cessation of all signs of life including heart beat as a precondition for declaring death.

Muslims believe that humans do not have ownership of their body or spirit, it is considered to be God's gift. They question whether organ donation is a noble act and if it outweighs the sin of desecrating a dead body. Additionally, some Muslims believe that all body parts must be present on the Day of Judgement and organ donations would interfere with that testimony.

Some points of view that Muslims hold are based on the Prophet Muhammad's teachings. The quote "Whoever helps another will be granted help from Allah in the Hereafter" has been interpreted by some Muslims in support of organ donation.

CHAPTER 9 AUTHORS

This guidance will be reviewed annually. Any further suggestions, updates and contributions are welcome. They can be made via info@giftformuslims.com

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Hina is active in developing and delivering community outreach programmes and is widely consulted on health issues affecting the British Muslim community. She was the recipient of the British Muslim Awards for Services to Medicine in 2017 and was named as one of the top 100 influential Muslims in Britain in 2018. She was shortlisted for the Asian Women of Achievement Awards 2018 and is an Ambassador for the Women of the Future programme connecting students with role models to inspire the future generation of females. She was also the recipient for the Royal College of General Practitioners International Travel Scholarship in 2019 for her work in Palestine. She is currently studying Arabic and is enrolled on the Islamic Sciences programme at Al Salam Institute London.

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