



The Crescent Moon and five-pointed Star became a prominent symbol of Islam from the 19th century onwards.

ISLAM (MUSLIMS)

Islam means *surrender to Allah's (God's) will* and followers are referred to as Muslims. The *Qur'an* (Koran), the Islamic key holy book, contains the stories of a number of prophets also contained in Jewish and Christian texts. These include Adam, Noah, Abraham, Moses and Jesus. Muslims view the Prophet Muhammad as the final prophet and the teachings given to him by Allah are contained in the *Qur'an*.

Islam is followed by approximately 21% of the world's population, in effect making it the largest single religion in the world.

The religious leader is referred to as an imam, literally translated as 'one who stands at the front'.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 ***Profile of Islam in Ireland:***

Muslims in Ireland come from a number of ethnic and national backgrounds. It is inaccurate to associate Islam solely with the Middle East and/or Arab culture.

2 ***Religious contacts:***

Clarify if the person is a Sunni or Shi'a follower and which religious leader should be called as necessary. Contact details for both communities are provided at the end of the section.

3 ***Ablutions and washing:***

Cleanliness is emphasised among Muslims. The bed-bound may request water for ablutions before prayer, before eating and after using the toilet and this request needs to be met.

4 ***Food and the content of medicine:***

Muslims should be served *halal* (lawful) food, which includes animals and poultry that has been ritually prepared and all seafood. In particular, pork, alcohol and any foods containing these products are not allowed for Muslims. Alternatively, food prepared to vegetarian standards will be suitable for Muslims, provided that utensils used are clean of non-halal ingredients.

5 ***Gender issues, modesty and treatment needs:***

Islam emphasises modesty for both men and women. Both men and women may prefer to be treated by a same gender healthcare practitioner, particularly for intimate physical examinations. Both gender groups may wish to remain as clothed as possible during examinations.

6 ***Death-related religious rituals:***

If death appears imminent, relatives or the designated iman should be called and given facilities to perform the customary Islamic death rites. Just before death the person should be turned onto the right side facing south east (in Ireland). When a patient is unable to be turned, they may be placed on their back with the feet in the south easterly direction and their head slightly raised.

7 ***Customs to be observed at death:***

Muslims believe that the deceased retains awareness, hence the body must be treated in a specific manner. If family is not immediately available, the appropriate Islamic Centre/imam will ensure Islamic requirements are met. Islam requires that burial take place as soon as possible; any reasons for delay should be explained to the family.

8 ***Cleaning and touching the body:***

Healthcare workers should **not** wash the body. Immediately after death only essential tasks need to be performed.

- The body should only be touched by same gender healthcare staff.
- Wear disposable gloves and maintain a quiet composure.
- Close the eyes of the deceased.
- Remove any tubes and plug any incisions that may cause a flow of blood.
- Clean any excretions, i.e. excrement, blood, etc.
- Bandage the lower jaw to the head so that the mouth does not open.
- Flex the joints of the arms and legs to stop

them becoming rigid so that washing and shrouding can be carried out properly.

- At all times the deceased's body must be modestly covered.

9 Foetal, infant and child death:

Full Islamic ritual is carried out for foetuses that have developed, stillborn babies and children. Follow the guidelines in *Essential Practice Points 6 to 8*.

Profile of Islam in Ireland

Muslims have been living in Ireland since the 1950s and over the decades have become a minority religion, many of whom are Irish citizens. Census 2006 indicates that Islam was the third largest (stated) religious affiliation in the Irish state, having increased by almost 70% since the previous Census. Islamic representatives indicate that the number of followers is approximately 45,000, which is higher than the Census figure.

There are followers of both the Sunni and Shi'a Islam in Ireland, each having their own spiritual leaders and places of worship, while both traditions share the same core beliefs.

The Irish Council of Imams brings together the spiritual leaders of both the Sunni and Shia traditions.

Essential Practice Point

1

While Islam was founded in the area now referred to as Middle East, among an ethnic group referred to as Arab, it is inaccurate to associate Islam solely with the Middle East and/or Arab culture. Muslims in Ireland come from a number of ethnic and national backgrounds.

Sunnis are in the majority in Ireland and the largest membership is from Pakistan, Algeria and Libya. The Sunni community have a number of mosques and centres around Ireland (details at end of section). There are over 2,000 Shi'a followers and the majority come from Pakistan, Lebanon, Iran and Iraq. The majority of the Shi'a community live in Dublin where there is a centre, while others live in major urban centres such as Cork and Galway.

There are also Muslims from a number of other areas of the world including Africa including Egypt, Nigeria and Somalia; Asia including Bangladesh, India and Malaysia; Eastern Europe including Bosnia and Kosovo; a Kurdish community; other Middle Eastern countries including Jordan, Kuwait, Saudi Arabia and Turkey; and Ireland including children born to Muslims who have settled here as well as Irish people who have converted to Islam.

Care of the ill

Beliefs about the treatment of illness

Islam views it as a duty to preserve life until Allah (God) decides that life will slip away. As a result Muslims will seek medical attention and co-operate with medical advice.

Religious contacts

Essential Practice Point

2

Clarify if the person is a Sunni or Shi'a follower and which religious leader should be called if necessary. Contact details for both communities are provided at the end of the section.

Religious practices

There are five pillars in the Islamic religion¹⁸, some of which have implications for healthcare practice as follows:

- *Salah*, ritual prayer, which must be performed

¹⁸ The three other pillars are a Declaration of Faith (*Shahadah*), giving alms to the poor (*Zakah*) and *Hajj* a pilgrimage to the Holy City of Mecca which a Muslim should endeavour to do at least once in a lifetime.

five times a day. Praying is preferably carried out kneeling on a prayer mat or, in the case of the unwell, while sitting or lying down. The person may wish to pray while kneeling and if a suitable prayer facility (preferably with appropriate wash facilities and free of icons of other religions) is not available privacy should be created at the person's bed.

- **Sawm**, fasting from food and liquid from dawn to dusk during the holy month of Ramadan. The Islamic religion does not require children, pregnant women or the ill to fast. Should someone decide to fast, food facilities need to be available after dusk. Equally, food facilities should be available for healthcare staff that are fasting during Ramadan.

Ablutions and washing

Essential Practice Point

3

Cleanliness is emphasised among Muslims. The bed-bound may request water for ablutions before prayer, before eating and after using the toilet and this request needs to be met.

- In relation to toileting practices, Muslims wash after toileting, both defecating and urinating. In the West they tend to first use toilet paper and then wash. Disposable cups should be made available in bathrooms to facilitate this practice. The left hand tends to be used for any washing conducted after toileting and children are socialised into the practice so that there is no soiling on the hand.
- The Qur'an directs Muslims to wash before prayer. The same section of the Qur'an allows for dry ablutions using natural substances in particular circumstances, i.e. where no water is available or is available but one cannot use it (*tayammum*).

Food and the content of medicine

- The Islamic diet law prohibits the use of alcohol, narcotics and the ingestion of blood products.
- Medicines and treatment offered to Muslims should ideally be free of these ingredients. The religion recognises that if no alternative is available the person may use these products in order to save or enhance life.

Essential Practice Point

4

- The Islamic dietary requirements categorise food as *halal* (lawful) and *haram* (unlawful). Halal food includes animals and poultry that have been ritually prepared and all seafood. Haram food includes pig meat/pork, alcohol and any foods containing these products. A section of the Islamic Foundation of Ireland website gives information about halal food and the web address is provided at the end of the section. The local Islamic Centre can indicate a local source of halal meat.
- Alternatively, food prepared to vegetarian standards will be suitable for Muslims provided that utensils used in preparation have not been used in preparing non-halal food or have been carefully washed.

Gender issues, modesty and treatment needs

Essential Practice Point

5

Islam emphasises modesty for both men and women.

- Both men and women may prefer to be treated by a same gender healthcare practitioner, particularly for intimate physical examinations. This extends to all staff including medical, nursing, technicians, etc. The opposite gender should only be present if necessary. If a same gender practitioner is not available the situation needs to be discussed with the person.
- Modesty should be observed for both men and women during physical examinations, x-rays, therapeutic treatments, etc, exposing only necessary parts of the body and covering any areas that do not require examination.
- A Muslim woman may prefer to keep her hair, arms and ankles covered as much as possible. If a hospital gown cannot meet the woman's needs she should be given the option to use her own gown.
- Some Muslims may prefer to have the right hand used for intravenous treatments due to the left hand being used for washing, hence it is useful to clarify the preference.

Blood Transfusion and Organ Transplantation

Muslims are unlikely to have any religious objection to blood transfusions or organ transplantation.

Care of the Dying

Family and community visits

A dying Muslim is likely to have a high number of visitors as family, friends and community gather to show respect, resolve unfinished business and say a final farewell. The hospital will need to manage the numbers by offering a facility whereby the numbers at the bedside can be rotated.

Death-related religious rituals

Essential Practice Point

6

- If death appears imminent, relatives or, in their absence, the iman from the person's tradition should be called and given facilities to perform the customary Islamic death rites. These rites include assisting the person to recite a declaration of faith (*Shahadah*), reciting chapters from the *Qur'an* and praying for the peaceful departure of the soul.
- Just before death the person should be turned onto the right side facing south east (in Ireland). When a patient is unable to be turned, they may be placed on their back with the feet in the south easterly direction and their head slightly raised. This is the direction of the *Ka'bah*, the structure at the centre of the Mosque in the holy city of Makkah (Mecca), towards which Muslims turn while offering daily prayers and is considered by them to be the holiest place on Earth.

Customs to be observed at death

Essential Practice Point

7

- Muslims believe that the deceased retains awareness. As a result the body must be handled gently and prepared for burial in a specific manner. If family is not immediately available to attend to this, the appropriate Islamic Centre/imam should be contacted so that they can make arrangements for the ritual washing, shrouding and burial in accordance with Islamic requirements.
- Islam requires that burial take place as soon as possible. Any reasons for delay should be explained to the family.

Cleaning and touching the body

Essential Practice Point 8

8

- Healthcare workers should not wash the body.
- Immediately after death only essential tasks need to be performed. In the absence of family or a community member any healthcare worker may conduct these tasks, as follows:
 - The body should only be touched by same-gender healthcare staff.
 - Wear disposable gloves and maintain a quiet composure.
 - Close the eyes of the deceased.
 - Remove any tubes and plug any incisions that may cause a flow of blood.

- Clean any excretions, i.e. excrement, blood, etc.
- Bandage the lower jaw to the head so that the mouth does not open.
- Flex the joints of the arms and legs to stop them becoming rigid so that washing and shrouding can be carried out properly.
- At all times the deceased's body must be modestly covered. If no relative or community member is immediately available, the family and community will appreciate healthcare staff ensuring this.

Postmortem requirements

- In Islam the body should be buried whole and unharmed, therefore strictly speaking no part of the body should be cut or harmed. Postmortems are acceptable only if law requires it. Islamic representatives view that postmortems not founded on compelling medical or legal circumstances amounts to desecration of the body.
- The family is likely to want all the organs returned to the body before burial.
- Where a death has to be reported to the coroner it is important to explain that the person was Muslim and any necessary procedure needs to be expedited.

Interment ritual

A funeral prayer, called *Salaatul Janaazah*, is usually held for the deceased by the local Muslim community, asking for God's mercy and blessings. Bodies are buried and cremation is forbidden in Islam. Muslims are not buried in coffins, but rather the shrouded body will be placed directly in the earth. The grave is usually positioned so that the body, when turned on its right side, faces Makkah.

Bereavement

- When the person passes grieving is expected, while family and relatives are generally directed to not be overly demonstrative in their grieving behaviour.
- The healthcare setting will greatly ease the minds of loved ones by respecting religious norms in the way the body is treated after death and by allowing the body to be collected as quickly as possible for washing and burial.

Religious Items and Symbols

Personal and religious items

- Muslims do not wear religious items or use any religious icons or symbols. Any items worn on the body are more likely to be of a personal nature.
- The healthcare setting could have copies of the Qur'an available for use by Muslims.

Use of religious symbols

It is not appropriate to display icons of Christianity in the mortuary area when a Muslim family is using the facility.

Additional Notes on Maternity and Paediatric Care

Birth ritual

As soon as a child is born (usually) the father recites a ritual *prayer call* into the baby's right ear followed by a second *prayer call* into the left ear.

Foetal, infant and child death

Islamic representatives have indicated that rituals pertaining to miscarriage, stillbirth and death among Muslim children depend on age/stage of development. In all cases Muslim relatives or a religious representative will manage the process.

There is no washing ritual for a foetus that has not developed to the point that body form is evident. The opinion of an iman needs to be sought to confirm the stage of development of a foetus at the earlier stages of pregnancy.

9

Essential Practice Point

Full Islamic ritual is carried out for foetuses that have developed (see last point for further clarity), infants and children. Follow the guidelines in *Essential Practice Points 6 to 8*.

Mementos of a deceased child

Muslims usually do not subscribe to the idea of keeping a memoir of a child.

Developing a Local Islamic Contact

The contact numbers for Imams throughout Ireland are provided here strictly for the purposes of providing religious services to Muslims or assisting the healthcare setting with overall Islamic-related services.

Sunni Community information and religious contacts

Dublin:

There are a number of imans in the Greater Dublin area. They can be contacted through two main Islamic centres in Dublin.

Islamic Cultural Centre of Ireland (ICCI),
19 Roebuck Road, Clonskeagh, Dublin 14.

Tel: (01) 2080000

Out of hours contact: Imam Hussein Halawa @ 087 6286223

Website: www.islamireland.ie

Islamic Foundation of Ireland,
163 South Circular Road, Dublin 8.

Tel: (01) 4533242/ 4738276

Out of office hours contact: Imam Yahia Al-Hussein @ 086 8070661

General Website: www.islaminireland.com

Halal Meat section: Click on the link 'Halal Food' on the general website page.

Galway:

Islamic Society Galway

Imam Khalid Sallabi @ 086 8778314

Cork:

Islamic Centre Cork

Imam Salem Faituri @ 087 1217608.

Limerick:

Islamic Centre Limerick

Imam Khaled Abdulghafur @ 085 1595426

Other places:

There are smaller communities of Muslims in other areas of the country while there is no designated iman available to attend to the religious needs of members in these areas. This situation may change over time. The Islamic Cultural Centre of Ireland has indicated its willingness to be a first point of contact for areas outside of those listed above and they can direct the healthcare setting as appropriate.

Shi'a Community

For general information and religious needs of Shi'a members contact:

Imam, Dr Ali Abdullah Al Saleh @ (01) 2604491/ 086 8201999 or

Dr Mustafa Alawi @ 085 7387353

The sole public worship facility for the Shi'a community is at Ahlul Bayt Shi'a Islamic Centre, Milltown, Dublin. Outside of Dublin the community pray in private facilities.

Contributors

Representatives of the Sunni and Shi'a community contributed to this section and approved the finalised content. Mr Ali Selim, Theologian and General Secretary of the Irish Council of Imams, who is based at the Islamic Cultural Centre of Ireland, contributed on behalf of the Sunni Community. Mr Selim guided us to published materials on Islam that are credited in the bibliography and provided contact information for Sunni religious leaders in various parts of Ireland. Dr Mustafa Alawi contributed on behalf of Imam Dr Ali Abdullah Al Saleh of the Shi'a Community and guided us to written guidelines on the care of Muslims in healthcare settings that are referenced in the bibliography. Dr Abdul Bulbulia, General Practitioner and Chair of the Traveller Health Advisory Committee, contributed from the perspective of the medical community.