

Islamic Bioethical Considerations for End-of-Life Healthcare

A Guide for Muslim Americans

Laila Azam, PhD, MBA^{1,2}, Arman Tahir, MD³, Fozia Ahmed, BS³, Ismail Quryshi, MD¹, Iqbal Ashraf, MS³, Abdul Hafeez, MD³, Renee Foutz, MD¹, Colleen McCracken MSN, RN¹, Ramy Salah, MD, Sondos Kholaki, MDiv, BCC, Aasim I. Padela, MD, MSc ^{1,2}



¹ Medical College of Wisconsin, ² Initiative on Islam and Medicine, ³ Muslim Community Health Center

Background

- Muslim Americans face unique challenges when navigating U.S. end-of-life (EOL) healthcare.
- Limited familiarity with advance directives and healthcare proxies reduces preparedness.
- Concerns about the Islamic permissibility of hospice, sedation, and pain relief lead to hesitation or mistrust.

Objective

- To develop an accessible, evidence-based EOL resource guide that helps Muslim patients, families, and clinicians align healthcare decisions with Islamic values and U.S. laws

Methods

- **Approach:** Multidisciplinary, community-engaged design (2022-2025).
- **Data & Framework:** Literature review, focus groups, and ethical analysis integrating Islamic principles with U.S. hospice and palliative care standards.
- **Partners:** MCW, Initiative on Islam & Medicine, Muslim Community Health Center.

Applied Outcomes: Demonstrating the Guide in Practice

Commons Myths About Hospice - And The Truth

Myth (False)	Facts (True)
Hospice is only for the last few days of life.	Hospice is appropriate for eligible patients who decide to discontinue curative treatments, instead allowing healthcare services to be directed solely at comfort and quality of life. This period can be longer than 6 months, if patients continue to meet the necessary qualifications for hospice care.
Home hospice provides 24/7 care.	Home hospice care is provided based on individual goals and care plans. Typically, the RN visits at least once a week for about an hour, is on call 24/7 for questions, aides visit twice a week, and social worker/chaplain visits vary.
Hospice is a physical place.	Hospice can be provided at home, in assisted living, nursing homes, or residential hospice facilities.
All hospices are the same.	While similar core services are offered, agencies may differ in resources and service delivery. Families are encouraged to seek details specific to each agency.
You cannot disenroll from hospice.	You can opt out of hospice care at any time.
Hospice is expensive.	Hospice is often covered by insurances such as Medicare and Medicaid. However, costs may vary depending on financial resources and insurance plans.
You cannot keep your own physician while on hospice.	You can continue seeing your primary care physician as long as they agree and feel they have the training to be your primary hospice physician.
Hospice speeds up death.	Your time of death has been pre-ordained by Allah (God). Hospice care offers a supportive team focused on providing comfort and care.
Hospice always uses morphine.	Pain management is individualized and based on the patient's needs and preferences. Patients may opt to decline medications like morphine if they wish to remain alert. However, patients and families should discuss the plan of care with the care team, as plans can vary, to ensure alignment with their goals and values.
Hospice is giving up.	Hospice shifts the focus of care to comfort when treatment is no longer effective, and natural death is near.

Checklist & Action Items

Healthcare Planning

- ☐ Complete an advance directive
- ☐ Discuss DNR/DNI status with your physician and family
- ☐ Review treatment options and prognosis with your doctor

Religious Planning

- ☐ Designate a healthcare agent familiar with Islamic values
- ☐ Speak with a qualified Islamic scholar about specific scenarios
- ☐ Write a will (*wasīyyah*) and share its location with loved ones

Family Conversations

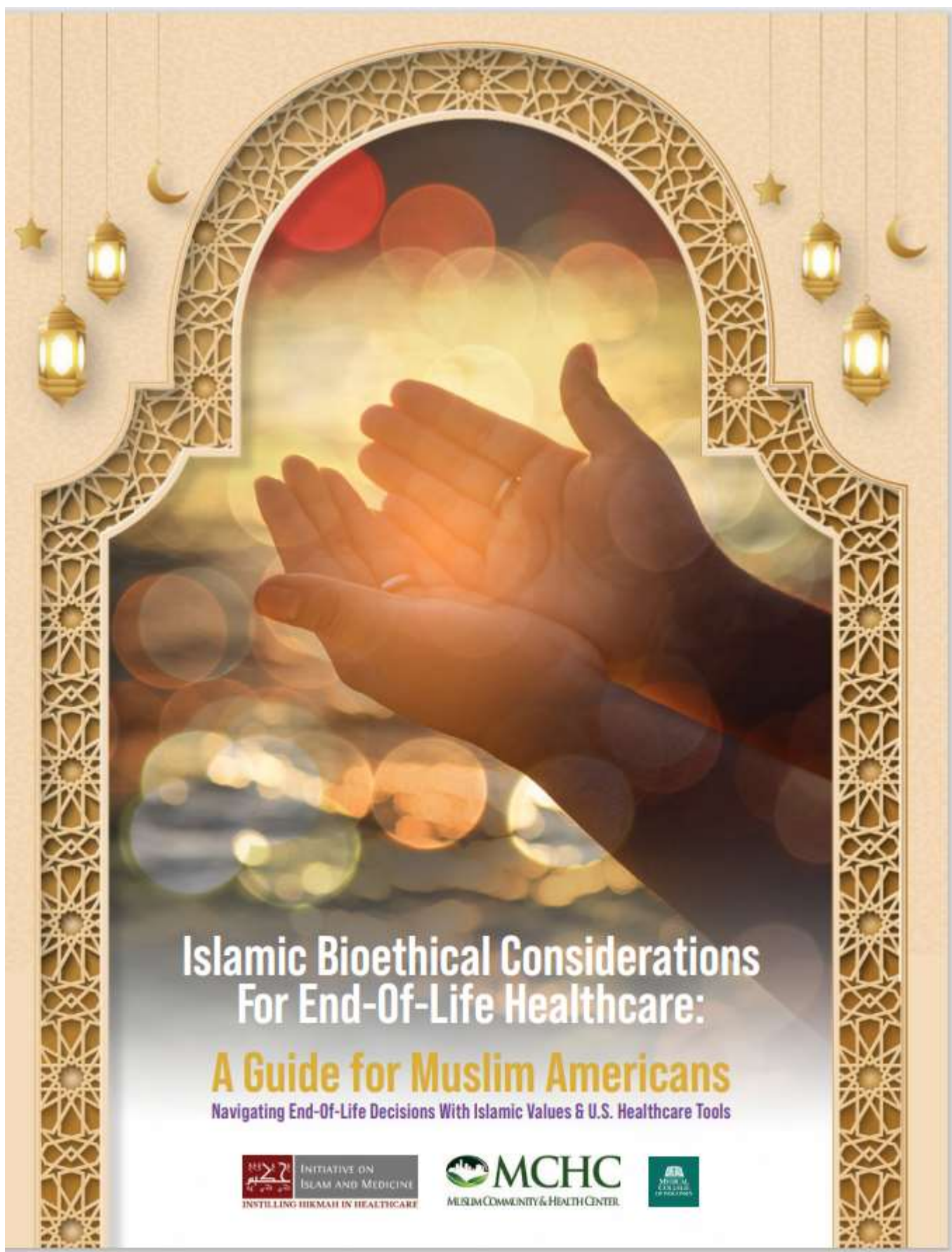
- ☐ Talk to your family about your wishes
- ☐ Use the conversation prompts in this guide
- ☐ Reassure loved ones about the Islamic permissibility of hospice

Hospice-Specific

- ☐ Schedule a hospice consultation visit
- ☐ Ask about religious and cultural accommodations
- ☐ Clarify pain management preferences with the care team

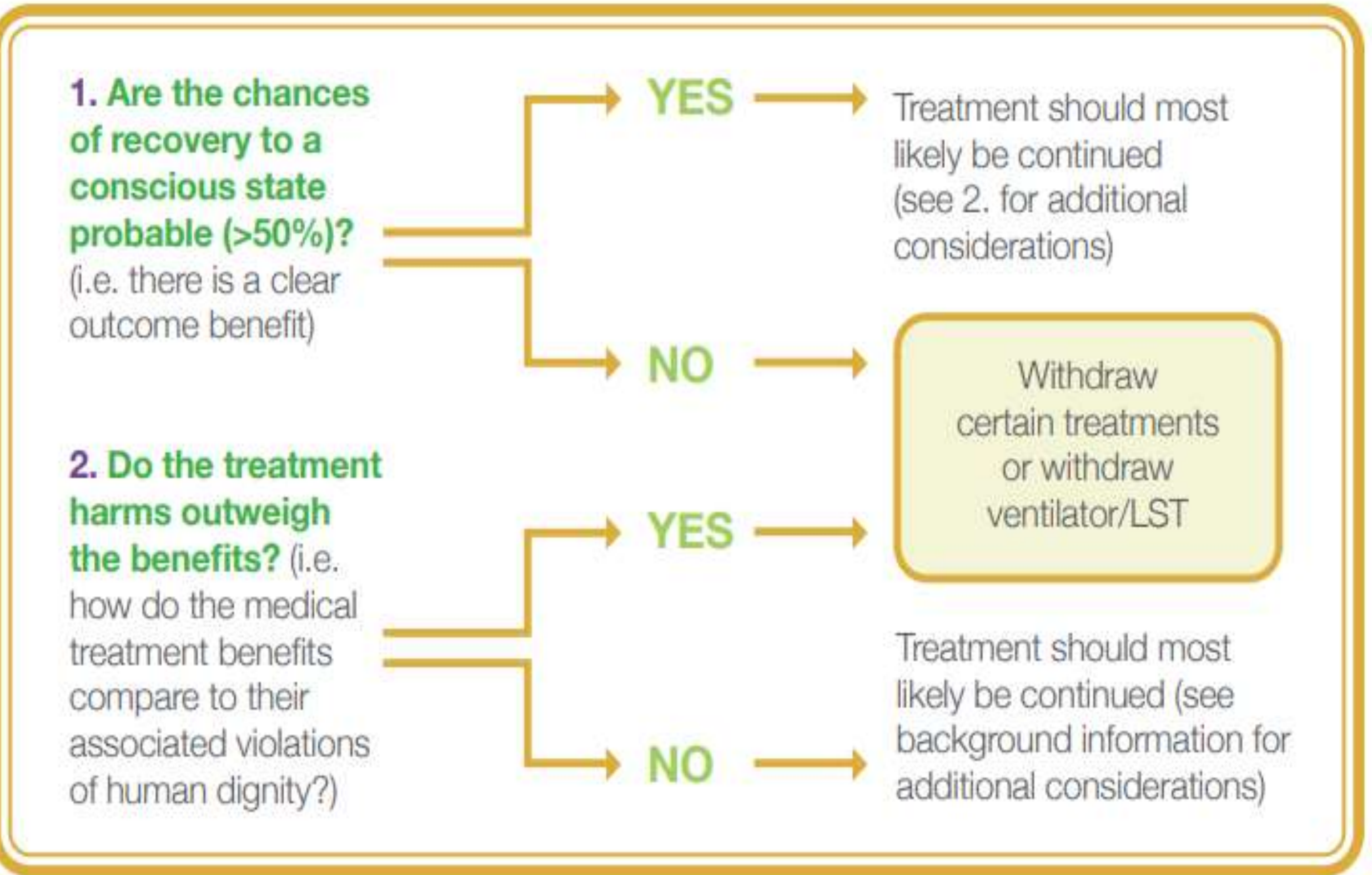
Religious Preparation

- ☐ Keep Qur'an playing in the home
- ☐ Encourage *dhikr* and remembrance
- ☐ Offer emotional presence and spiritual comfort



Being proactive ensures that end-of-life decisions align with both Islamic principles and practical healthcare needs, thereby reducing stress on loved ones.

As A Patient Of Family Member, Is It Permissible To Withdraw Life-Sustaining Treatment?



Conclusion & Next Steps

- **Outcome:** The first U.S.-based, community-informed, religiously-aligned EOL guide for Muslim Americans.
- **Next:** Dissemination via workshops, mosque-based education, and medical training modules.
- **Evaluation:** Future work will assess impact on knowledge, confidence, and decision-making outcomes among Muslim families and clinicians.

“This resource transforms Islamic scholarship into compassionate care practice.”

Acknowledgments

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