

Ethical Dimensions in Caring **4**

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Learning Outcomes:

- Discuss how the spiritual and cultural values are embedded within Islamic caring practices.
- Have an awareness of the ethical dimensions in caring within the Muslim healthcare context.
- Identify the principles of Islamic bio-ethics.
- Identify the core elements of the 'Ethical decision-making in an Islamic healthcare context'.

Reflective Activity 4.1

State whether the following statements are true or false. Give reasons for your answers.

	True	False
1 A universal set of ethical principles are applicable to all cultures.		
2 Ethical principles are culturally derived.		
3 The mother's role in the family is as the key decision maker.		
4 The Western bio-ethical perspective gives priority to the values of autonomy and patients' rights.		
5 Muslim nurses are guided by the primary principles of preserving their faith and protecting the sanctity of life.		

	True	False
6 Muslim and non-Muslim nurses approach ethical dilemmas from the same ethical perspectives.		
7 Visiting the sick is an important cultural, social and religious obligation.		
8 Spiritual and cultural values are separable within Islamic caring practices.		
9 In Islam, the avoidance of harm does not take priority over the accrual of benefit as the primary principle when determining ethical action.		
10 The psychosocial and spiritual needs of the patient and family are at the centre of nursing care.		
11 Culture determines moral belief systems, and personal and professional values.		
12 For Muslim nurses, spiritual and cultural values are separable within their caring practices.		
13 Muslim nurses must maintain their faith in all caring actions, and use Islamic teachings to guide their moral decision-making and ethical action.		

Introduction

Globally, nurses from diverse cultural and religious backgrounds care for Muslim populations from a distinctive perspective based on their worldview. The blending of cultural views leads to a healthcare environment rich in cultural diversity and complexity. However, there are similarities as well as differences in the ethical principles applied by nurses in caring for Muslim patients (Lovering, 2008). The literature guiding the care of Muslim patients, from an ethical perspective, tends to focus on the ethical issues including organ transplantation, genetic manipulation, termination of pregnancy and end-of-life care (Al-Qattan, 1992; Daar and Khitamy, 2001; Gatrad and Sheikh, 2001; Hedayat and Pirzadeh, 2001; Rispler-Chaim, 1989; Sachedina, 2005; Sahin, 1990). Within the nursing literature, there is limited discussion on Islamic bio-ethics as applied to nursing practice, with the exception of Rassoul (2000, 2004) and Moawad (2006). Understanding the different perspectives of ethical decision-making by Muslim nurses helps to reduce misunderstanding

and conflict between non-Muslim nurses and their Muslim nursing colleagues and patients.

This chapter will explore the ethical dimensions in caring for Muslim patients and examine the debate on ethical principles applied in an international context. It will present an introduction to the principles of Islamic bio-ethics and an overview of Islamic medical codes of ethics to guide practice. The ethical considerations examined in this will enable nurses to have a greater awareness and understanding of ethical decision-making while caring for Muslim patients.

Ethics: an international perspective

An understanding of what constitutes ethical decision-making is based on principles including beneficence, non-maleficence, respect for autonomy, fidelity, and justice (Taft, 2000). The foundation values that dominate ethical perspectives in the bio-medical and nursing fields include: respect for persons, the right of the person to act autonomously, respect for dignity, and the moral demand that the rightness of an ethical act depends on the action, rather than the consequences (Ray, 2010). However, these principles are derived from Judeo-Christian traditions and form the basis of international ethical guidelines such as the Declaration of Helsinki and various nursing codes of ethics of national nursing associations (Harper, 2006; Pacquiao, 2003; Taft, 2000). There is recent recognition that Western ethical principles may or may not reflect the values of developing countries or non-Western cultures (Harper, 2006; Ray, 2010; Tschudin, 2005). In the international milieu, there is debate on whether there is a universal set of ethical principles applicable to all cultures; whether culture defines ethical principles; or whether a basic set of principles exists that can be modified to fit the cultural context (Harper, 2006; Ray, 2010). Within the nursing context, it is suggested that respect for persons, beneficence and justice should be applied universally (Harper, 2006; Ketefian, 2008; Mill and Ogilvie, 2002; Olsen et al., 2003). However, this perspective is not universally agreed upon. Christakis (1992) argues that culture shapes both the content and forms of moral and ethical systems, and ethical behaviour needs to fit within the framework of the local context. That is, ethics are culturally bound.

Muslim and non-Muslim nurses approach ethical dilemmas, such as assisting with organ donation, end-of-life practices with a critically ill patient, and assisting with procedures such as abortion and sterilisation, from different ethical perspectives (Lovering, 2008). In relation to organ transplantation, this is supported by the non-Muslim (Western) bio-ethical perspective. In contrast, many Muslims believe that organ transplantation is prohibited by Islamic law.

However, a great number of Muslim religious scholars permit organ donation and this holds true for donating organs to non-Muslims as well (Ghaly, 2012). Organ donations and transplantations are examined in Chapter 16. Muslim and non-Muslim nurses face different ethical dilemmas in the decision to discontinue medical treatment for patients who are clinically dead. Non-Muslims perceive continuation of life support as causing unnecessary suffering (Halligan, 2006; Gebara and Tashjian, 2006). In contrast, Muslims believe that life is sacred and Allah decides the time of death, so life saving measures should not be withdrawn, but neither should treatment be offered that is futile and causes suffering (Aramesh and Shadi, 2007; Rassool, 2004). Muslim and non-Muslim (Western) ethical perspectives on sterilisation and abortion procedures highlight different views on the value of patient autonomy and the sanctity of life. Sterilisation is not supported in an Islamic bio-ethical view, as it is interpreted as interfering with reproduction and God's will. Abortion is prohibited, as God gives human life, and life cannot be taken away by human action. The only exception is when the mother's life is at risk, as the mother's life takes precedence over that of the unborn child (Moawad, 2006; Rassool, 2000). A reflection on the different ethical perspectives of Muslim and non-Muslim nurses highlights that the moral systems underpinning nurses' ethical behaviour are culturally determined, suggesting that there is not a universal set of ethical principles in nursing.

Islamic codes of nursing ethics

Codes of ethics for nurses have been established to guide the practice of Muslim nurses in the Middle East (Moawad, 2006). In the Middle East, the Gulf Co-operation Council (GCC) Code of Professional Conduct for Nursing focuses on the core values of accountability, dignity, privacy and confidentiality but does not articulate the principles of Islam inherent in the code of ethics. In another Islamic context, Sanjari et al. (2008) identified the need for a national code of ethics for nurses in Iran, based on Islamic principles. In Saudi Arabia, work began on a code of ethics for nursing based on Islamic teachings. Overall, while there is some discussion on the need for a code of ethics based on Islamic principles to guide Muslim nurses in caring for Muslim patients, there is yet to be such a code developed on an international or national level.

Islamic bio-ethical perspective

Islamic bio-ethics emphasises the duties and obligations of the Muslim to adhere to Islamic principles. The most important obligations for a Muslim are to preserve the faith and to protect the sanctity of life (Al-Swailem, 2007; Daar and Khitamy, 2001; Hanson, 2008). Ethical decision-making is guided by the

values of Islam, teachings of the Qur'aan and interpretation of Islamic law. Islamic principles that apply to bio-ethical decision-making include: preservation of life, protection of the species, preservation of mental faculties, preservation of wealth, and the need to maximise the good and minimise harm or evil. In addition, the principle of justice requires that benefits and burdens are fairly distributed so that individuals receive that which they deserve and which they are entitled to (Al-Swailem, 2006, 2007). According to Rassool (2000), the principles of Islamic ethics applied in nursing are the preservation of the Islamic faith, preservation of life, alleviation of suffering, promoting what is good (beneficence), and forbidding what is wrong (non-maleficence). Islamic bio-ethics speaks about the call to virtue, referring to *Ihsaan* (striving to perfection). For Muslims, *Ihsaan* is a continuous attempt to do all things well, drawing nearer to perfection.

Developing an ethical decision-making approach

There is a dearth of literature on the nursing ethics decision-making model using Islamic principles. The majority of models use a Western bio-medical rights-based approach, supporting the principle of preserving an individual's autonomy and client choice (Hook and White, 2003; Mylott, 2005; Pacquiao, 2003). Pacquiao's (2003) culturally competent model of ethical decision-making, based on Leininger's (1991) theory of culture care, supported the ethical values common to both Western and Islamic bio-ethics. Pacquiao's (2003) model aims to preserve human rights and incorporate the ethical principles of beneficence, non-maleficence and justice as part of the values of the patient, and so has consistency with the Islamic perspective. However, the model assumes that the care giver is of a different culture from the recipient, and does not appear to guide the priority of Islamic principles (preservation of the faith, protecting the sanctity of life) in ethical decision-making.

In the absence of a suitable model from the nursing literature, an illustration was produced to guide 'Ethical decision-making in an Islamic healthcare environment' (Figure 4.1). The ethical decision-making diagram evolved through discussions on the interaction of Islamic values, culture and ethical decisions, and testing the evolving diagram with Muslim nurses and an expert on Islamic bio-ethics. The diagram was used as the framework for discussion of ethical dilemmas faced by Muslim and non-Muslim nurses caring for patients in a Muslim healthcare context (Al-Swailem and Lovering, 2007).

The core elements of the 'Ethical decision-making in an Islamic healthcare environment' diagram (Figure 4.1) are Islam, culture and the patient-family unit. Islamic values are the foundation of decision-making. Islamic values impact on culture of the patient and family, and guide the practice of the nurse, the physician, and the organisation. The patient and family are located

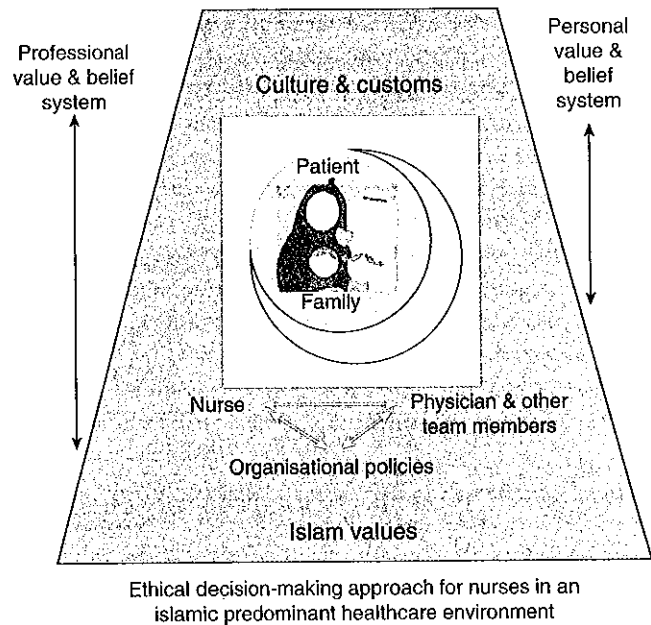


Figure 4.1 Ethical decision-making in an Islamic healthcare environment

in the centre as the focus of care, and are cradled by the crescent. The patient and family are also influenced by culture and customs within the ethical situation, and there may be conflicts between cultural and religious requirements. The nurses' professional values and personal belief systems are placed outside the core as the religious and cultural perspectives are more central to the worldview of Muslim nurses (Lovering, 2008).

Reflective Activity 4.2

The following case study highlights the ethical dilemmas faced by nurses in a paediatric intensive care setting when caring for a Muslim child and family, in the decision to donate the child's organs. The interaction of spiritual, cultural, professional and personal values in ethical decision-making is highlighted, as are the different ethical perspectives of Muslim and non-Muslim nurses.

Case Study

A six-year-old female child was admitted to the paediatric intensive care unit in critical condition following a house fire. The child had experienced severe smoke inhalation and burns; and a few days later the child was confirmed to be

brain dead. A request for organ donation was made to the family, and after long deliberations, permission was given. The child was later taken to the operating room for removal of several organs.

When nurses are faced with an ethical situation the following questions are asked to clarify aspects of the situation:

- What are the values in Islam that guide this situation?
- What are the cultural values impacting on the situation?
- What are the perspectives of the nurse, the physician, and organisational policies?
- What are the professional values that guide this situation (such as a code of ethics)?
- What are the nurse's personal beliefs?

Comments on Reflective Activity 4.2

The Muslim nurses raised this case as it was the first time they had dealt with the ethics of organ transplantation. As noted earlier, many Muslims believe that Islam does not permit organ transplantation (Daar, 1989; Sahin, 1990). The nurse caring for this child and family explained that he did not know if organ transplantation was acceptable in Islam. Consistent with the ethical principle that the Islamic faith must be maintained in ethical decisions, the nurse first went to the hospital's religious advisors to find out if organ transplantation was permitted. He was advised that there was a religious ruling (*fatwa*) giving permission for organ transplantation.

The nurse could now feel comfortable participating in the care of the patient and supporting the family. The most important obligations for a Muslim are to preserve the faith and to protect the sanctity of life (Al-Swailem, 2006, 2007; Daar and Khitamy, 2001). The nurse could discuss transplantation with the family as it was acceptable in the religion and, in turn, he could support the family in their religious beliefs. He has also met his own obligation to preserve his faith by following the *fatwa* on organ donation. After he had met his religious obligations to himself and the family, he considered the cultural needs of the family. These cultural needs included working with the family through the key decision maker of the family (in this case the father of the child), giving time for family discussion and consultation with religious experts as well as elders in the family. After meeting the cultural needs, the organisational requirements (as guided by policy for informed consent) and professional aspects were considered in planning for the eventual organ removal.

While assured there was a *fatwa* permitting organ transplantation, another Muslim nurse felt ethical discomfort with the decision for the child to be an organ donor. He explained that Muslims believe the body must be whole when meeting God on the Day of Judgement, and removing organs from the body meant violation of the sanctity of the body. He believed it was his religious and ethical obligation to protect the child's body from mutilation. In his view, there were conflicting ethical principles and obligations within his faith in caring for the child and family. However, an Islamic bio-ethics expert explained that the Islamic principles (as expressed through the *fatwa*) take precedence, and that organ transplantation did not constitute mutilation of the body as it was giving life to another, thereby meeting the obligation to preserve life and accrue benefit.

A non-Muslim nurse who professed a strong Christian belief also cared for the child and family during the decision to support organ donation. From her perspective, there were no ethical dilemmas, as organ donation was consistent within her professional and personal belief system. Her priorities for care included meeting the cultural and psychological needs of the family and the physical needs of the child. Placing the organ donation decision within the Islamic belief system for the family was not part of her caring action; however, she expressed a spiritual aspect to her caring from her Christian belief system (to provide care, as God would want her to be caring).

(1) What are the values in Islam that guide this situation?

In analysing this case study, many of the elements of Islamic bio-ethics are present. The two primary principles of maintaining the faith (ensuring that transplantation was permissible), the sanctity of life and the accrual of benefit (transplantation was to save the lives of others) guided the Muslim nurses' actions. The principle of beneficence (promoting the good) and the call to virtue (doing right in the sight of Allah) apply as well. In contrast, the non-Muslim nurse did not experience ethical conflict in her caring as the Islamic spiritual aspect (is organ donation permissible?) was not a factor. While she cared from her own sense of spirituality, the understanding of the importance of meeting the family's spiritual dimension in relation to organ donation did not inform her caring action or ethical decision-making.

(2) What are the cultural values that have an impact on the situation?

The primary cultural needs of this family related to support for the family decision-making process consistent with Muslim values. For most Muslims,

there are specific roles for family members, and the family functions as part of an extended family unit. The father's role in the family is to be the key decision-maker. The mother's role is to provide caring support to the child and the rest of the family members. Within the extended family, the elder family members are consulted on all major decisions impacting on the family (Zahr and Hattar-Pollara, 1998). For Muslims, visiting the sick is an important cultural, social and religious obligation (Halligan, 2006; Lawrence and Rozmus, 2001; Rashidi and Rajaram, 2001; Wehbe-Alamah, 2008). The nurses' actions needed to include permitting extended family members to visit the child in the intensive care unit, as well as providing an area where family members could receive visitors and provide support during the difficult decision-making time.

(3) What are the perspectives of the nurse, the physician and organisational policies?

In this case, there were conflicting values for the Muslim nurses taking care of the child, while the non-Muslim nurse did not experience ethical conflict. The physicians caring for the child were also Muslim, so also needed to confirm that organ donation was acceptable from the religious point of view. The organisational policies primarily concerned ensuring informed consent for the organ donation.

(4) What are the professional values that guide this situation (such as a code of ethics)?

The national or international code of ethics would guide the professional values. From an Islamic perspective, it is stated in the Noble Qur'aan that:

- *If anyone has saved a life, it would be as if he has saved the life of the whole of mankind. (Al-Mā'idah [The Table Spread] 5:32)*

In the context of the Middle Eastern countries, the GCC code would be applicable. The GCC code specifies the following primary values to guide ethical caring by nurses: accountability, dignity, privacy and confidentiality. The GCC code defines dignity as 'a fundamental value of nursing practice. The nurse strives to promote, protect and advocate the dignity and self-respect of those patients/clients who are vulnerable and incapable of protecting their own interests' (GCC Health Minister's Council, 2001, p. 7). Within the behavioural directive of dignity, the nurse must 'Help and support patients/clients to enable them to live with as much physical, emotional and spiritual comfort as

possible and maximize the values they treasure in life' (2001, p. 7). While not guiding the nurses on the specific cultural and spiritual requirements (such as the application of the Islamic principles requiring them to maintain the faith and preserve the sanctity of life), nevertheless the nurse is directed to place the psychosocial and spiritual needs of the patient and family at the centre of nursing care.

(5) What are the nurse's personal beliefs?

For Muslim nurses, spiritual and cultural values are inseparable within their caring practices (Lovering, 2008). As illustrated by the Muslim nurse who experienced ethical conflict over his obligation to preserve the body of the child upon death (during removal of the organs), there is inseparability of personal view, religious interpretation (which principle has greater priority) and professional obligations. Through reflection on this case study, the integration of Islamic ethical beliefs into Muslim nurses' caring is apparent. Muslim nurses must maintain their faith in all caring actions, and use Islamic teachings to guide their moral decision-making and ethical action. The beginning point for ethical decisions is determination of the Islamic principles that apply, followed by the cultural perspective. On many occasions, it is difficult to separate religious from cultural needs as Islam and most Muslim cultural practices are often inseparable (Lovering, 2008) and religious expert advice may be needed.

Conclusion

Religion determines moral belief systems, personal and professional values that guide all nurses' ethical reasoning. Nursing ethics based on the Western belief system focus on the value of autonomy (Elliott, 2001). In contrast, Muslim nurses are guided by the primary principles of preserving their faith and protecting the sanctity of life (Al-Swailem, 2006; Daar and Khitamy, 2001; Rassool, 2000). Islamic and Western bio-ethical systems consider the actions and outcomes of ethical decision-making and share the principles of doing good (beneficence); avoiding harm (non-maleficence); and fairness and equity (justice). Spiritual, cultural and professional values intertwine to guide Muslim nurses' ethical caring in their daily work. The ethical framework used by Muslim nurses has not been adapted from a universal set of principles or principles modified for the cultural context. These insights support the ethical relativist view that ethical principles are culturally bound and context dependent.

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