



Views of Practicing Moroccan Elderly Muslims in Antwerp (Belgium) on Pain Treatment

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Problem statement

Studies demonstrate the influence of culture and religion in dealing with pain (McGuire, 1995; Sorajjakool, 2006). In Belgium and in the majority of West-European countries Islam has become the second largest religion. Until now however, both on a national and international level, hardly any study exists examining the views of Muslim patients on end-of-life decisions in general and pain treatment in particular. Our research has shown how elderly Muslim patients are often badly informed about pain management. Muslim elderly migrant men are vulnerable on three levels: not only because of their age or their lack of knowledge, but also because of their being misunderstood in terms of their ethical attitudes towards pain treatment.

Aim

Interdisciplinary research about religion and end of life ethics and palliative care in contemporary multicultural and multireligious society has become one of the central research-axes of the Interdisciplinary Centre for the Study of Religion and World View. The research project presented here combines a literature study of the general framework of Islamic thinking about death and biomedical issues with an empirical study on views of Moroccan elderly men in Antwerp on these issues. This poster focuses on the empirical part of our study and deals with two research questions: Is the use of (heavy) pain medication allowed in Islam. And is it still allowed in those exceptional cases in which it might have a life shortening effect?

Methodology

<u>Design</u>	Exploratory qualitative study using in-depth interview techniques.	<u>Population</u>	Male Moroccan elderly Muslims starting from age 60
<u>Setting</u>	Self-organizations and local mosques of the Moroccan community in Antwerp	<u>Technique</u>	In-depth interviews (n=20, 2 per person, Grounded Theory Approach) against the background of Symbolic Interactionism.
		<u>Analysis</u>	In-depth text analysis using MAXqda (Verbi software)

Results

Three basic lines of reasoning were present in the answers of our respondents. The majority of our respondents stressed the freedom to choose of the patient and/or the good effect of pain medication. A few respondents however stated that potentially harmful pain treatment is forbidden.

The patient has the freedom to choose

- The patient is free to take any suitable pain medication
- He/she should not worry about a possible life-shortening effect in certain cases: the doctor/ medication do not have the power to end the life of a patient; only Allah decides upon the death of the patient
- Even in those rare cases in which heavy pain medication could have a life-shortening effect, the patient is allowed to take any medication he needs.

Emphasis on the good effect of medication

- The doctor is the expert, he knows best what medication is needed. Medication that has a good effect, i.e. medication that effectively controls the pain, can and should be taken.
- The patient has to be obedient to the doctor and accept the medication as long as it has positive results (i.e. effectively controls the pain and has no burdensome side effects).
- Basing oneself on the prophetic tradition one has to discard the use of harmful medication (including medication that has a possible life-shortening effect) and look for alternatives

Harmful Pain treatment is forbidden

- A Muslim can never agree to the use of pain medication that has a potential life-shortening effect – even if this effect is exceptional, for a person is never allowed to take his own life.
- Pain means the redemption of punishment for sins awaiting the soul after death. Enduring pain is preferred as it is a spiritual cleansing of the soul.

Conclusion

We did not find the first line of reasoning we noted – the omnipotence of God taking precedence over the physical effect of drugs – in the international literature. However, this reasoning can be of great importance for palliative care workers in Belgian situations dealing with elderly Muslims, as it leads to a fundamental openness towards the use of (heavy) pain medication. The second line of reasoning presents a middle position: based on the trust in the physician as an expert, the respondent accepts the medication suggested by the physician as an expert, but will ask for alternatives if the treatment has too many burdensome side effects. The third line of reasoning presents the idea of spiritual cleansing of the soul by undergoing pain. This interesting notion can function as a specific motivation *not* to take pain medication. Off course, one has to bare in mind that the interviews were taken in an asituational context: when confronted with actual pain at the end-of-life, the same respondent might decide to take pain medication anyhow.

This study once again demonstrates the fact that there is no such thing as *the* Muslim point of view. In palliative care ethical decisions should take the *actual* opinions, values and attitudes of the *individual* (Muslim) patient as their starting point, and not an, often simplistic, theoretical construction.

International studies (Ahlawat, 2006) have indicated the influence of gender in dealing with pain and the willingness to accept pain treatment. Currently, a follow up study is being done focusing on Moroccan elderly women in Antwerp, in order to broaden the results and to make a comparison possible.