Partnership Between Islam and Palliative Care At Swedish Health Services (First Hill and Cherry Hill)

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INTRODUCTION
The spiritual practice of Islam is considered one of the three major monotheistic religions.
There is minimal research about Palliative care and Muslim patients in both Muslim majority and Muslim minority countries.
Engaging in internal assessment of palliative care provision to Muslim patients is important for quality care.
This project aimed to examine gaps in Palliative needs assessment of Muslims in one institution.

OBJECTIVES
Assess Swedish palliative care team’s barriers to spiritual care (SC) and baseline knowledge of Islamic influences on healthcare.
Interview Muslim patients and insights from a Muslim Imam trained in chaplaincy about PC experience.
Develop system/policy/educational recommendations and resources to bridge community and hospital Imam presence Resource as well a means to sustainability.

BACKGROUND - ISLAM
5 pillars of Islamic practice: Declaration of belief, 5 daily prayers, fasting, charity, hajj to Makkah.
Serious illness is a time of increased spirituality, seeking forgiveness, repentance, and patience.
Tenants of palliative care and Islam include affirming life, easing suffering, and treating the dying with compassion and dignity.

IMPLEMENTATION
EBP MODEL: Johns Hopkins EBP Model PET 19‐step Process
Practice Question
At Swedish First Hill and Cherry Hill, are there any gaps in the palliative care services provided to Muslim patients during chronic/terminal illness and end of life transition?

Evidence Synthesis
Evidence synthesis identified 3 themes from literature:
1. Improving the Muslim patient experience
2. Patient care delivery suggestions for the provider
3. Cultural and religious barriers to analgesia use

Translation
- Interview Muslim patients in PC list
- Administered a knowledge/Barrier survey to PC team
- PowerPoint presentation to chaplains (1/27)
- Power point presentation 3/18
- Educational/resource binder of Islamic community resources

OUTCOMES
Knowledge Survey & Barriers to SC Survey Results
Patient/chaplain Interview Coded using 3 Themes Identified in Literature:
1. Imam Presence, recognizing redemptive suffering, recognizing the concept of predestination, pork sourced gelatin in medicine.
2. Religious accommodation, privacy, family in decisions, GOC conversations
3. Need for spiritual closeness to God through prayer.

RECOMMENDATIONS/RESOURCES
Resource Building:
Yearly review of the education/resource binder with Imam Qasim known to Swedish PC team.
Utilize a 5‐Part communication framework.
Monthly meeting to discuss specific cases and learnings
Prayer Kit
Imam Presence

CONCLUSIONS
This project has implications for practice including better outcome for patients/families via increased patient satisfaction and providing care that values spirituality.
Palliative care providers must take the time to engage the spiritual needs of patients as it pertains to their care. The questions can be as simple as “What is the most important practice within your religion?”
It is simply not enough to care about pain control and palliation, spirituality must be central to the palliative care of every patient that desires it.

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