

Fourth Edition



**CARING FOR
MUSLIM PATIENTS**
A Guide for
Health Care Workers and
Health Service Providers

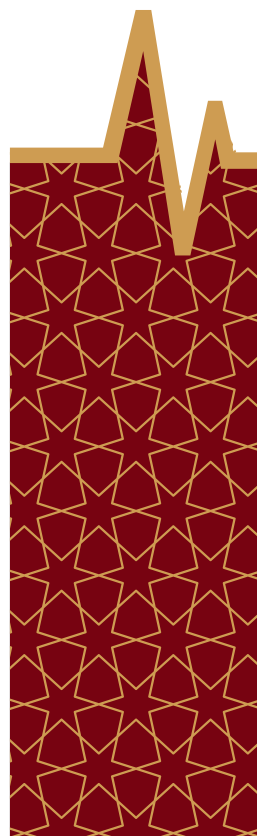


Table of Contents

| | |
|--|----------|
| FOREWORD | 4 |
| INTRODUCTION | 5 |
| PERSONAL LEVEL OF ADHERENCE | 5 |
| PRESERVATION OF LIFE | 5 |
| SECTION ONE: GUIDELINES FOR HEALTH SERVICES | 6 |
| 1. MUSLIMS IN AUSTRALIA (FACT SHEET) | 7 |
| 2. PATIENT RIGHTS | 7 |
| 3. RELIGIOUS OBSERVANCE | 8 |
| The impact of faith on illness and disease | 8 |
| Hospital Care | 8 |
| Medical Examination..... | 8 |
| Administration of Medicines | 8 |
| Prayer | 9 |
| Ablution and Bathing | 9 |
| Dietary Needs | 9 |
| Hygiene | 10 |
| 4. MATERNITY SERVICES | 10 |
| Breastfeeding | 11 |
| Foster Care and Adoption | 11 |
| 5. COMMUNITY HEALTH SERVICES | 11 |
| Visting Arrangements | 11 |
| Home Visits | 11 |
| Rehabilitation Issues | 11 |
| Islamic Chaplaincy | 12 |
| 6. CARE OF THE ELDERLY | 12 |
| Islamic Aged Care | 13 |
| 7. END OF LIFE ISSUES..... | 13 |
| Withdrawel of Treatments | 14 |
| Palliative Care | 14 |
| Terminally-ill Patient | 14 |
| 8. DECEASED PATIENTS | 14 |
| 9. AUTOPSY | 15 |
| 10. Coroners Court of Victoria..... | 15 |
| Reportable Deaths..... | 15 |
| First steps in coronial process..... | 15 |
| Release of the body and Planning for a Funeral | 16 |
| Transport and repatriation | 16 |



| | |
|---|-----------|
| SOME RECOMMENDATIONS FOR HEALTH INSTITUTIONS | 17 |
| CONCLUSION | 18 |
| SECTION TWO: ISLAMIC BELIEFS AFFECTING HEALTH CARE | 19 |
| 1. BACKGROUND INFO ABOUT ISLAM | 20 |
| The Five Fundamental Pillars of Islam | 20 |
| Prayer (Salat) | 21 |
| The Holy Book of Islam: The Qur'an | 21 |
| Prophet Muhammad SAW | 21 |
| The Ka'bah | 21 |
| 2. A GLANCE AT MUSLIM LIFE | 22 |
| The Family Unit | 22 |
| Human Relations | 22 |
| Women in Islam | 22 |
| 3. FOOD BELIEFS | 23 |
| 4. MUSLIM HOLY DAYS | 23 |
| 5. FASTING | 23 |
| 6. DRESS | 24 |
| 7. MENTAL HEALTH AND/OR COGNITIVE DYSFUNCTION | 24 |
| 8. EMBRYO EXPERIMENTATION AND STEM CELL RESEARCH | 24 |
| 9. TRANSPLANTS AND ORGAN DONATION | 24 |
| 10. SEXUAL AND REPRODUCTIVE HEALTH | 25 |
| Contraception | 25 |
| Abortion | 25 |
| Female Genital Mutilation (Female Circumcision) | 25 |
| Assisted Reproductive Technologies | 25 |
| 11. DEATH AND DYING | 26 |
| Suicide and Euthanasia | 26 |
| Grieve and Bereavement | 26 |
| Pandemics and Epidemics | 26 |
| SOME RECOMMENDATIONS FOR HEALTH INSTITUTIONS | 27 |
| Hygienic Measures | 27 |
| How to Deal with Janazah and Funerals during a Pandemic .. | 27 |
| SECTION THREE: ADDITIONAL RESOURCES | 28 |
| 1. ISLAMIC ORGANIZATIONS | 29 |
| 2. HALAL INFORMATION | 31 |
| 3. ISLAMOPHOBIA | 32 |
| 3. ISLAMIC JANAZA SERVICES | 33 |
| 4. MALE CIRCUMCISION CLINIC | 33 |
| ACKNOWLEDGMENTS | 35 |



Foreward

The primary role of healthcare professionals is improving the access and quality of healthcare for the community. They provide essential services that promote health, prevent disease, and deliver healthcare services, including diagnosis, treatment, and rehabilitation, to individuals, families, and communities. Therefore, healthcare providers should be sensitive to the various cultures, traditions, and religions of the communities they serve.

In Victoria, the Islamic Council of Victoria (ICV) recognizes the need to inform non-Muslim healthcare providers about basic Islamic knowledge relevant to their service, leading to the creation of this handbook in 1998.

The handbook is designed not only for healthcare providers but also for the Muslim and non-Muslim community. The fourth edition of this handbook provides updated statistical data and deeper guidance on End-of-Life Issues, such as treatment withdrawal and palliative care, and Islamic chaplaincy.

This handbook comprises three sections:

1. Guidelines for Health Services, which provide suggestions and things to look out for while caring for Muslim patients.
2. Islamic Beliefs, which offer basic knowledge about Islam to help healthcare providers understand their Muslim patients better.
3. Updated Additional Resources, including contacts for further information and recommendations.

Most of the topics covered in each section provide essential information that could help resolve many issues healthcare providers may encounter while attending to Muslim patients. This handbook will undoubtedly be effective and immensely beneficial to anyone who uses it, leading to more peaceful coexistence between healthcare providers, Muslim patients, and members of the Victorian community and beyond.

Tris Mardiasuty

Executive Member

ICV – Islamic Council of Victoria

Level 1, 372 Spencer St. Melbourne West
3003, Victoria, Australia.

1st November 2023

Introduction

Islam is a universal religion which is practiced in almost all countries around the world. A follower of Islam is called a Muslim.

The increasing cultural, linguistic, and religious diversity in the Victorian population means that to be safe, health services need to be culturally appropriate and responsive. Research indicates a strong link between cultural incompetence, poor-quality health outcomes and significant risks¹.

The material presented here is for the information of all who are concerned with the medical, social and welfare needs of Muslims.

A basic understanding of Islam is essential for all health providers dealing with Muslims, to improve care and attendance of patients and to achieve better compliance with medications. This publication deals briefly with those aspects of Islam, which would affect treatment of social, psychological, welfare and medical problems of Muslims.

The information contained in this booklet is of a general nature. The text has been condensed for easier reference. For more information on a particular subject, please contact the Islamic Council of Victoria.

Any questions not addressed in this handbook should be sent to the Islamic Council of Victoria.

1. Johnstone, Megan-Jane and Kanitsaki Olga (2005) Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study, RMIT University, Melbourne.

Personal Level of Adherence

As Islam places responsibility on the individual to practice his or her religion, there are personal and cultural variations that make it difficult to provide definitive rules and regulations that apply to all Muslim patients. A Muslim from West Africa may have a slightly different way of observing Islam when compared to a Muslim from Bosnia, Indonesia, or Iran.

Because of these personal and cultural variations, it is important that health care providers consult the patient about their personal level of religious observance.

However, Muslim patients should not be regarded as a 'special' group that requires additional attention from health care providers. Due to the Islamic belief that all events, including health events, are the will of God, Muslim patients may be more likely to display acceptance of difficult circumstances and be compliant with the instructions of health care providers.

Preservation of Life

Although there are many variations in the practice of Islam by its followers, there is one requirement that is common to all Muslims – **the preservation of life overrides all guidelines, rules, and restrictions**. Health care providers should endeavor to provide treatment that does not conflict with religious practices. However, in life-threatening situations, Islam allows exceptions to its rules¹.

Muslims believe in a fixed life term that is pre-ordained by God, and preservation of life is one of the primary goals of Islamic law.

However, a major goal of Islamic law is also to minimise harm, and seeking treatment for an illness is an obligation in Islam when such treatment will be beneficial.



Section 1



Guidelines for Health Services

Section One: Guidelines for Health Services

1. Muslims in Australia (Fact sheet)

According to the 2021 Australian Census, the combined number of people who self-identified as Muslims in Australia, from all forms of Islam, there are 813,392 people. This number is 3.2% of the total Australian population. In Victoria, there are 273,028 Muslims, just over 4% of the Victorian population. The Australian Muslim community is one of the most ethnically and nationally heterogeneous communities. Australian Muslims come from over 200 countries around the world of which 318,422 (39.15%) were born in Australia and 60.85% were born overseas. The majority of people coming from a non-English speaking country resulting in the improficiency of the English language. If a patient is assessed to have inadequate English, health care providers must engage a professional interpreter.

The Translating and Interpreting Service (TIS National) is an Australian Government interpreting service for people who do not speak English and for organizations (including medical and health practitioners, and emergency services) that need to communicate with their non-English speaking clients or service users. TIS National has access to interpreters across Australia, who speak more than 160 different languages and dialects. <https://www.tisnational.gov.au>

2. Patient Rights

Under the charter, all patients have seven health care rights²:

1. Access – the right to access healthcare services and treatment that meets the patient needs.

2. Safety – the right to receive safe, high- quality health services provided with professional care, skill, and competence.
3. Respect – the right to be provided as an individual with dignity and show respect to culture, beliefs, values and personal characteristics.
4. Partnership – the right to receive open, timely and appropriate communication about health care in a way that can be understood.
5. Information – the right to participate in making decisions and choices about care and about health service planning.
6. Privacy – a right to the privacy and confidentiality of personal information.
7. Give feedback – Provide feedback or make a complaint without it affecting the way that the patient treated. Have some concerns addressed in a transparent and timely way. Share experience and participate to improve the quality of care and health services.

There are three guiding principles which describe how the charter is applied in the Australian health system:

1. Everyone has the right to access health care and this right is essential for the charter to be meaningful.
2. The Australian Government commits to international agreements about human rights which recognize everyone's right to have the highest possible standard of physical and mental health.
3. Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences. These rights apply to patients from all cultures and faiths in the health care setting.

2. Australian Commission on Safety and Quality in Health Care: https://www.safetyandquality.gov.au/sites/default/files/2020-07/charter_healthcare_rights_poster_16-9_landscape_-_may_2020.pdf

Section One: Guidelines for Health Services

3. Religious Observance

Islam places the responsibility of practicing religion on the individual and, as a result, it is important that health care providers discuss religious observance needs with each patient. Some topics that health care providers may wish to discuss with their patients include ablution and bathing, prayer, dietary needs, and Islamic chaplaincy services.

The impact of faith on illness and disease

Faith exercises a very deep effect upon the soul and the body of mankind. From an Islamic perspective, disease or illness is the result of the dissociation of the harmony between the body and the soul, and faith is the ingredient that serves to maintain this balance.

Hospital Care

If a Muslim patient is admitted to a hospital, the doctor will have an important discussion with the patient about the goals of his/her care. This ensures that any medical treatment aligns with the Islamic values and preferences.

The Muslim patients should share their wishes, values and goals about their medical care with the healthcare team. This can include fulfilling any religious obligations, including prayer and other acts of devotion.

Any decisions are made very carefully, by weighing up the benefits of any treatment against its risk for the patient. The doctor would also involve the patient's family or medical treatment decision-maker (MTDM) in these discussions.

Medical Examination

Modesty is very important in Islam. Muslim men and women may be shy about being naked and very reluctant to expose their

bodies to a stranger. Some Muslim patients may not wish to have physical contact with, or expose their bodies to, the opposite sex.

Muslims (both men and women) may be accustomed to being examined by a health care provider of their own gender, and if possible, this should be arranged. In the event of this not being possible, health care providers should show sensitivity and understanding for modesty concerns. Women may be especially reluctant to be examined by a male health care provider for sexual or reproductive health matters.

Health care providers should explain the need for more invasive examinations, particularly when the request for a same-sex clinician cannot be accommodated.

Administration of Medicines

The healthcare professionals should take into consideration patients' religious beliefs and lifestyles when prescribing and administering medicines. Some medications may not be suitable for Muslim patients because they contain alcohol or are of porcine or non-halal origin.

The extent to which people adhere to their religious beliefs is a matter for the individual. However, informing patients about the origins (if animal derived and no suitable synthetic alternative exists) of their proposed medication will assist them in making informed decisions regarding their treatment. If no alternative is available, these medications may be used in order to preserve or enhance life.

Section One: Guidelines for Health Services

Prayer

Muslims are required to pray five times a day. Many patients and family members have the misconception that patients admitted to hospital are exempt from fulfilling the obligation of prayer. Prayer is the first and foremost obligation in Islam. It is not waived except in the case of complete incapacitation (inability to move at all) or extended loss of sanity or consciousness and remains an obligation till the departure of the soul. Those who are cognitively incapacitated are exempted. Women at the time of post-natal discharge and during menstruation are also exempted.

Prayers are said while facing Mecca which, in Australia, is located roughly west, north-west. Prayers are usually performed on a prayer mat and include various movements such as standing, bowing, prostrating, and sitting. It is not necessary for an ill patient to make all the usual prayer movements. Therefore, prayers can be performed in bed or while seated. Those who are not physically or medically restricted to bed could be provided with a space to pray in a secluded, clean and quiet place. A hospital chapel may be used provided there are no religious icons present.

Ablution and Bathing

Before prayer, a Muslim is required to perform ablution with water. Washing with water is also required after urination or defecation. A full bath is required after seminal discharge or after menstruation and post-natal bleeding.

For clothing and bedding, it may be easier to simply change the same rather than washing the soiled portion. If one is performing prayer on a soiled bed, then placing a clean liner

over it is sufficient for prayer to be valid for bedridden patients.

Patients using commodes or bedpans will not be able to wash themselves. In this situation, wet wipes, wet tissue or wet cloth are ideal. The soiled area should be wiped until no traces of impurity remain. Dry tissue paper should be avoided as it does not adequately remove impurity.

If washing with water or having a bath is not medically advisable or possible, an alternative method of purification, called Tayammum, can be performed. In Tayammum, the patient strikes the palms of both hands on any unbaked earthly matter and symbolically washes in two simple steps. Alternatively touching a pillow or dust with both hands is acceptable.

Dietary Needs

Muslims are required to follow a halal diet. Halal means lawful and it is used to designate food which is permitted in Islam.

- **Permitted:** Meat and its derivatives that have been killed ritually (halal meat); fish; eggs; vegetarian foods.
- **Not permitted:** pork and any other pork product (e.g. bacon, ham, gelatin); meat and its derivatives not killed ritually; and alcohol.

Patients can request halal food in most of Australia's major metropolitan hospitals where halal menu options are available. Patients may need reassurance that the food is halal and can be confidently consumed.

Utensils which have been used in the preparation of pork products or non-halal dishes should not be used to prepare food for a Muslim patient.

Section One: Guidelines for Health Services

Muslims are required to wash their hands before and after meals. Bed-bound patients may require portable hand washing facilities.

Muslims will prefer to use their right hand for eating and drinking. If health care providers are required to feed a Muslim patient, the use of the right hand is preferred if they are required to touch the food.

Hygiene

Islam places great emphasis on hygiene, in both physical and spiritual terms. Muslims must maintain a level of ritual cleanliness before prayer (see Section 1: Religious Observance). Muslims must also follow a few number of other hygiene-related rules including:

- Washing with water after urination or defecation
- The removal of armpit and pubic hair
- Keeping nostrils clean
- Keeping fingernails trimmed and clean

Toilets should be equipped with a small water container to assist with washing. A beaker of water should be made available to a bed-bound Muslim patient whenever they use a bedpan.

4. Maternity Services

A female Muslim should be cared for by females (and a male Muslim by males). This is most important during confinement/delivery when strict privacy is essential. Only female health workers should be present with a female patient. Exposure should be kept to a minimum. The position of delivery should be discussed, and the woman given the choice. There is no reason, except for personal modesty or embarrassment, that a husband should not be present during childbirth.

As soon as a child is born, a Muslim father may wish to recite a prayer call into the baby's right ear followed by a second prayer call into the left ear. This will not take more than five minutes and, unless the newborn requires immediate medical attention, health care providers should allow this to take place.

- Another rite which is performed shortly after birth involves placing a chewed/softened date on the palate of the infant. If dates are not available, honey or something sweet may be used as a substitute.
- Health care providers should advise parents that feeding honey to infants below the age of 12 months is not recommended in Australia due to the risk of infant botulism.
- Muslims are required to bury the placenta (which is considered part of the human body and therefore sacred) after birth. If there are clinical reasons for not providing the placenta to the parents, this should be explained.
- Circumcision is performed on all male children. The timing of this varies but it must be done before puberty.
- A fetus after the age of 120 days is regarded as a viable baby. If a miscarriage, an intra-uterine death after 120 days, or still-birth occurs, Muslim parents may wish to bury the baby.
- The removal of the newborn's hair soon after birth is practiced by many Muslims. This is usually done seven days after birth. This can be performed at a later date (after seven days) if the baby requires a prolonged stay in hospital.

Section One: Guidelines for Health Services

All other rituals for newborns can be delayed and are usually performed at home. For babies requiring a prolonged stay in hospital, communication with the parents about other rites and practices is important.

Breastfeeding

Islam requires mothers to breastfeed their children for two years. If a woman breastfeeds a child aged two years or less, the relationship between the woman and that child is considered to be like mother and child. The woman's biological children are also considered brother or sister to the breastfed child. However, the relationship between the child and its biological mother has not changed. Because of this, Muslim women may be reluctant to donate breast milk or to have their child fed from a milk bank.

Foster Care and Adoption

Foster care and adoption, especially of orphans, is encouraged in Islam. However, under Islam, the child must always retain the family name of the biological family. Adoption as practiced in Australia, is unacceptable in Islam, e.g. change in surname of child and child loses all connections with biological parents.

Foster care, especially of orphans, is encouraged, provided:

- The child is allowed to retain the name of the biological parents. If the name is unknown, he/she must be called a brother/sister in faith.
- The wealth of the child, if any, especially in the case of orphans, is kept separately and given to the child when he/she reaches adulthood.

- On attaining puberty, the adopted person assumes the status of a stranger in the house with all its Islamic ramifications.
- Marriage may take place between a foster person and a member of the family of the foster family, provided that the foster mother did not breast-feed both persons concerned.

5. Community Health Services

Visiting Arrangements

Visiting the sick is an important part of a Muslim's duties and is required by Islam. It is considered a communal obligation and a virtue to visit the sick.

Muslim patients may have large numbers of visitors, including those from outside their immediate family.

Health care providers should discuss with the patient, or their family, the possibility of large numbers of visitors and the impact this may have on rest or care requirements, or other patients.

Home Visits

If a home visit is required, it is advisable for health care providers to be modestly dressed to avoid embarrassment.

As Muslims often pray on carpeted areas, health care providers should ask if shoes should be removed before entering a carpeted area. As this may not be possible for Workplace Health and Safety reasons, alternatives should be explored (e.g. wearing plastic shoe covers, bringing an alternative pair of shoes that have not been worn outside since being cleaned).

Rehabilitation Issues

Self-care practices, involving eating or drinking, are ideally performed with the right hand. Health care providers should

Section One: Guidelines for Health Services

be aware that where a patient has lost the ability to use their right hand, sensitivity may be required. Similarly, loss of function in the left hand may affect the patient's comfort with bathing and washing habits.

Islamic Chaplaincy

Health care providers should discuss the available Islamic chaplaincy services with patients. Chaplaincy in Islam is an obligation. The knowledge (guidance) of Muslim chaplains are based on Quran and Sunnah-teaching of Prophet Muhammad (PBUH).

Prophet Muhammad (PBUH) established this service, practiced it, and taught his companions to do it and informed them about the reward of doing this service. He used to visit almost every sick person in Madina, even some Jewish patients.

He used to ask his companions to visit the sick regularly. Even he converted his Mosque to a dispensary for some sick companions. One of the Hadith of Prophet Muhammad peace be upon him about the rewards of visiting sick:

Narrated by Abu Hurayrah, to the effect that the Messenger of Allah (PBUH) said: **“Anyone who visits a sick person will be called from Heaven. Blessed be you and blessed be your path; get a place in Paradise!”**

The Vision of a Muslim Chaplain is derived from the saying of the Prophet Muhammad (peace and blessings of Allah be upon him) to the effect said: **“The Believer is easy to like others, and is easily liked and approached by others. There is no good in someone who does not find it easy to like others, and who is not easily approachable. The best of people are those who are more beneficial to people”³.**

3. Al-Tabarāni, al-Mu'jam al-Awsat, Hadith No. 5787

Hospital chaplaincy/pastoral has two roles:

- Spiritual
- Practical

The role of the Chaplain is to provide pastoral services to patients, family members, and staff within their area of operation.

Islamic chaplaincy is the pastoral care of Muslims within institutional settings. It primarily serves the needs of those who may be experiencing, or at risk of experiencing, spiritual, social, psychological, and physical distress.

Representatives from the ICV regularly conduct information sessions on Islam and care of Muslim patients at hospitals and various health facilities in Victoria.

Please contact the ICV office at 03 9328 2067 or on admin@icv.org.au for more information on Hospital and Aged Care Chaplaincy.

6. Care of the Elderly

The elderly in the community should be regarded with deep respect. They should be given priority in all walks of life. The Qur'an strongly advocates the care of the elderly. Therefore, the care of the elderly is regarded as an avenue to Heaven, another expression of worship.

- Islam emphasizes respect for all older people, with children having a special responsibility towards their parents.
- It is considered a communal obligation and a virtue to care for the elderly, even for extended family members.

Section One: Guidelines for Health Services

- Health care providers should take this into account when developing care plans.

Islamic Aged Care

Both religion and culture have powerful influences on how Muslims respond to the concept of aged care, as aged care decisions take on cultural and religious meanings for individuals and families. Ethnicity is a key element of identity of many Australian Muslims as they come from predominantly migrant backgrounds. However, as Muslims are essentially a faith group and not an ethnic group, religious identity is generally significantly prominent among this community⁴.

Religious identity and ethnic/national identity are important aspects of a wholesome, healthy state of being for Muslims. Together, these two identity elements create a unique cultural context that makes a strong case for a “religio-culturally appropriate” Muslim aged care.

7. End of Life Issues

In Islam, death is considered a natural cessation of the life of this world and transition to the afterlife. Illness, viewed from a spiritual point of view, is an opportunity to gain closeness to God and divine reward for patiently enduring hardship.

However, seeking treatment for an illness is an obligation in Islam when such treatment will be beneficial.

Withdrawal of Treatment

Doctors may suggest withholding or withdrawing life-sustaining support if the harms clearly outweigh the benefits.

Islamic law permits the withholding or withdrawal of treatment that will not cause benefit, including life support, from patients who are dying to allow death to take its natural course. This must be on the professional advice of doctors, and the doctors will be able to explain to the family and the Medical Treatment Decision Maker the reasons for this advice.

Islamic law also acknowledges the choice of patients and families to withdraw treatment and miss out on possible benefits to facilitate other good, such as a peaceful death.

In Islam, it may be permissible to withdraw artificial nutrition from a patient with little hope of recovery, where risk of harm outweighs any benefits. This must be on the advice of doctors.

Palliative Care

- Palliative Care involves care to minimise discomfort without changing the course of illness and without hastening death. This aligns with an important principle in Islamic Law to minimise harm and injury.
- Treatments to relieve pain, including morphines does not hasten death. These medicines can be greatly beneficial to reduce pain and discomfort. These painkillers can contribute to a pain controlled death.
- Most terminally ill patients do not suffer hunger or thirst in the final stages of their lives. There is no clear benefit from the use of artificial hydration and nutrition for patients in the final stages of their illness.

4. Ahmad, Mahjabeen, Aged Care for Muslims: Significance Religio-cultural framework. AAG' 49th Annual Conference, "Capitalising on the Ageing Dividend: Rimaging Our Future", Canberra, 2 - 4 November 2016.

Section One: Guidelines for Health Services

Terminally-ill Patient

If a patient is in a coma, it is preferred that the face of the patient be turned to face Mecca, i.e. roughly north-west in Australia. It is important for Muslims to recite the Qur'an or prayers in front of the patient or in a room close by. The relatives should be invited to pray if they wish. The hospital chapel may be used for prayers, provided no icons are present. Access to a religious leader should be made available, if not already arranged by the relatives. A family member may wish to always remain with the patient, if appropriate medically.

Euthanasia and suicide are forbidden in Islam. Euthanasia is regarded as murder by the person who is performing it and suicide by the person ending his/her life. The preservation of life is considered paramount in Islam. However, Islam recognizes that death is an inevitable part of human existence.

- Islam does not require treatment to be provided if it merely prolongs the final stages of a terminal illness.
- Health care providers should discuss advance care planning and end of life issues with patients and their families.
- In medically futile situations where life support equipment is used to prolong organ functions, the condition needs to be carefully explained to the family to ensure there is no confusion between 'do not resuscitate' orders and euthanasia.
- If death appears imminent, a Muslim patient's family may wish to perform certain customary religious rites.

- There is no elaborate or complicated ritual to be performed at the death bed. The simple practice which Muslims follow is to sit near the bed of the patient and read some verses from the Qur'an and pray for the peaceful departure of the soul.
- If the patient is in a state of consciousness, they may wish to recite the Shahadah (declaration of faith) and pass away while reciting these words.
- If the patient's family is not present, health care providers should contact the Islamic Council of Victoria who can arrange for an appropriate person to attend.

See section three for contact details.

8. Deceased Patients

The face of the deceased should preferably be turned towards Mecca. The face, and indeed, the whole body of the deceased must be covered by a sheet. The body must be handled as gently as possible. Muslims believe that the soul remains close to the body until burial. The body must be handled with utmost respect only by a person of the same sex. Relatives may wish to pray close to the body or in a room close by.

If possible, the body should not be washed. Relatives or people from the Muslim community will wish to make arrangements for the washing, shrouding and burial according to Islamic requirements. If no relatives are available, health care providers should contact the Islamic Council of Victoria. See section three for contact details.

Section One: Guidelines for Health Services

9. Autopsy

Islam permits a post-mortem examination for sound reasons, but the statutory laws of the country must be followed. However, Islam forbids the disfigurement of dead bodies and, on these grounds, some Muslims may not wish for an autopsy to be performed. Muslim burials are usually performed as soon as possible after death, sometimes on the same day, and autopsy may affect this practice. Health care providers should consult with the family of a deceased Muslim before proceeding with an autopsy. If no relatives are available, then the Islamic Council of Victoria or any Imam or Islamic society in that area should be contacted.

10. Coroners Court of Victoria

The death of a husband or a wife, child, family member friend or community member can be a difficult and painful experience. Many things will happen very quickly once a death is reported to a coroner. The Coroners Court recognise that different cultures have different beliefs and practices around death and the need for support after death in a respectful manner. The role of the Courts is to support the families during these distressing times.

Reportable Deaths

Coroners do not investigate all deaths, only deaths that are **“reportable”**. Reportable deaths include:

- those that are unexpected, unnatural or violent, or caused by an accident or injury
- those that happen unexpectedly during or after a medical procedure
- those that happen when the person who died was in custody or care

- when a doctor is not able to sign a death certificate
- when the identity of the person is not known.

First steps in coronial process

When a death is referred to the coroner, the investigation commences immediately. This means the Coroners Court of Victoria will contact you ASAP after the body has arrived at the Coroners. Staff will then talk to the **Senior next of kin** through key decisions they will need to make, identification requirements or any medical examinations requested by the coroner.

It is best to identify the Senior next of kin as soon as possible when death occurs. The Senior next of kin is usually the person's spouse or domestic partner or if they are not available, then the Senior next of kin will be (in this order):

1. an adult son or daughter (18 years and over)
2. a parent
3. an adult sibling (18 years and over)
4. a person named in the will as an executor
5. a person who, immediately before the death, was a personal representative of the deceased.
6. a person determined by the coroner to be taken as the senior next of kin because of the closeness of the person's relationship with the deceased person immediately before his or her death.

Section One: Guidelines for Health Services

You may appoint a lawyer or other representative to act for you. Your representative can communicate with the court on your behalf.

The Coroners Court may ask you to identify the person. Even if not in doubt, they need to confirm the identity of the person who has died.

Release of the body and Planning for a Funeral

Families wishing to organise the funeral of a loved one whose death has been reported to the court, do not need to wait for the coronial investigation to be completed before beginning to make arrangements.

The family needs to appoint a Funeral Director ASAP, who will then liaise with Coronial Admissions and Enquiries (CAE) about the release of the deceased body from the Coroners Court. This usually occurs within a few days. Delays can occur in certain cases due to various legal issues.

Transport and repatriation

The Courts will organise for the body to be transported to the Coroner's Court. The family in consultation with the Funeral director (appointed by the family) will organise for the deceased body to be collected and transported to funeral parlour.

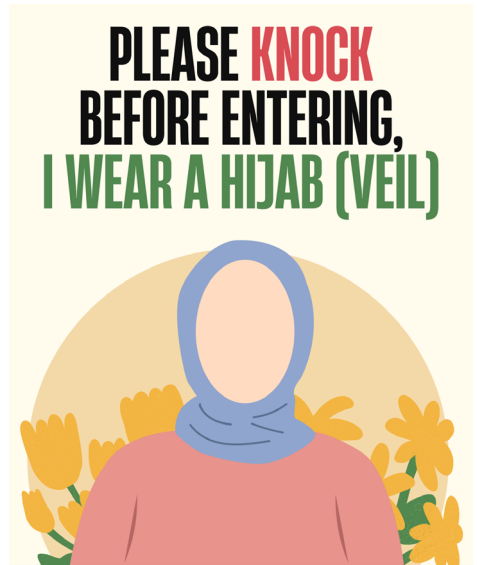
For more detail information on Coroners Court of Victoria: <https://www.coronerscourt.vic.gov.au/>

Some Recommendations for Health Institutions

1. Washing facilities should be made available in the ward and in the toilets in the form of a simple plastic container for the individual to wash his or her private parts (as discussed earlier). In patients who are bed-ridden, special care should be taken with cleanliness, especially with discharges, urine and stools and bleeding from any orifice, bearing in mind that the patient may wish to pray in bed. A beaker or ask of water should be made available to bed-ridden Muslim patients whenever they use a bed-pan. Bed baths must be given by members of the same sex.
2. If possible, a room should be made available as a prayer room. The hospital chapel may be used for this purpose provided no icons are present.
3. The hospital or health institution should know the direction of Mecca. i.e., west northwest in Australia. This could then be easily pointed out to the patient.
4. All kitchen staff should be aware that only halal meat must be given to Muslim patients. They should also be made aware that Muslims do not eat pork or other pig meat and its products (e.g. bacon, ham, sausages, gelatin, etc.). Separate utensils should be used. For example, the knife used for slicing pork must not be used to cut anything to be given to a Muslim.
5. Halal food should be made available to Muslim patients. If this is not possible, Muslims should be given the choice of having seafood, eggs, fruits and vegetables.

6. It is preferable for a female Muslim to be cared for by females and a male Muslim by males. This is most important during maternal confinement. During confinement, strict privacy is very essential. Only female health workers should be present. Exposure should be kept to a minimum. The position of delivery should be discussed and the woman given the choice. There is no reason, except for modesty or embarrassment, that a husband should not be present during childbirth.

The Health institutions are highly recommended to create or print out or a special poster for female Muslim patients to be hung by the door in order to create a respectful and inclusive environment.



Some Recommendations for Health Institutions

7. Where a choice exists, medicines containing alcohol should not be used. In emergency situations, this rule does not apply (refer to section one "Administration of Medicine"). If an alternate drug is not available, then this should be explained to the patient. If the medication is absolutely necessary, then Islam permits its use.
8. Patients should be allowed to be dressed according to their requirements. Suitable clothing should be made available so that the patient can be covered appropriately (section two, point 6 "Dress").
9. Patients must be informed that they have the right to refuse to be examined by medical students. This information should be given to them in their own language if they do not understand English.
10. Consent must not be only in English if the Muslim patient does not know or knows very little English. It must be verbal as well as written so that the issue is fully understood.
11. Maternal hospitals should employ bilingual (e.g. English/Arabic, English/Turkish English/Bosnian) Muslim health workers where possible and if demand exists. This would be an invaluable resource.
12. Present medical examination techniques should be modified where possible so that as little of the patient is exposed as possible. For example, in Ireland, great emphasis is placed on modesty, where a screen separates the woman at the waist from the examiner performing a vaginal or rectal examination. Even the legs are draped.
13. Facilities should be provided for male circumcision in hospitals, if requested (refer to section three of Additional Resources for male circumcision Clinic.).
14. A list of Muslim patients should be made available to Muslim social workers and religious leaders associated with the hospital.
15. Muslim children requiring foster care must be placed with Muslim families due to their specific dietary and life-style needs. This can be arranged through the Islamic Council of Victoria or any other Islamic organizations.
16. When dealing with a case involving a child or adolescent, a Muslim social worker should be contacted to deal with his or her specific needs.

CONCLUSION

Health professionals should be sensibly aware of Muslims' beliefs. This will help in the rapid recovery of the patient. Even a few sensitive and well-informed words might produce dramatic effects in getting the Muslim patient to relax and to establish trust in the health care system. Muslim doctors, solicitors, teachers, social workers, welfare workers, etc. are available if problems exist. The Islamic Council of Victoria should be contacted during office hours if required.

Section

2

Islamic Beliefs Affecting
Health Care

Section Two: Islamic Beliefs Affecting Health Care

1. Background Info about Islam

Islam places the onus of practicing religion on the individual. It has no clergy as such, although Muslims are supported in their faith by learned scholars (Ulama) who have been formally educated in Islamic studies and the Arabic language.

Islam literally means submission and obedience to the will of God. It aims to achieve peace with self and surroundings. Islam consists of six articles of faith and five "fundamental pillars" that distinguish someone as a Muslim.

The Five Fundamental Pillars of Islam

1. Iman or Belief in One God worthy of worship and in Prophet Mohammed (peace and blessing be upon him) as the last Messenger of God (Ash'shahadatan – the two testimonies).
2. As'salah or Prayers.
3. Az'zakah or Almsgiving: A compulsory annual excise of 2.5% on accumulated wealth, merchandise, certain crops and live-stock in agricultural societies and subterranean and mineral wealth. This compulsory excise is paid by the Muslims who attain certain nancial standards prescribed by Islam. It is used entirely for the needy (3).
4. As'sawm or Fasting during the month of Ramadan (the 9th month of the Islamic lunar year).
5. Al Hajj or Pilgrimage to Mecca and the performance of the rites of pilgrimage in the designated sacred area which surrounds the Kaaba (the house of God located in Mecca).

| Arabic | English | Description |
|----------------|---------------------|--|
| Ash'shahadatan | The two testimonies | There is no true God but Allah and Muhammad is the messenger of Allah |
| As'salah | The Prayers | Specific sayings and acts of worship said five times a day |
| Az'zakah | Almsgiving | 2.5% of personal wealth annually paid to those who need it |
| As'sawm | Fasting | Abstinence from eating, drinking and sexual intercourse from dawn to sunset during the 9th lunar month (Ramadan) |
| Al Hajj | Pilgrimage | Pilgrimage to Mecca once in a life for those physically and financially able. |

Section Two: Islamic Beliefs Affecting Health Care

Prayer (Salat)

Prayer or Salat, as called in Islam, consists of set positions of standing, bowing, prostrations and sitting positions in worship of Allah. There are five obligatory daily prayers. It is necessary to be in the state of total ablution before one can perform the Prayer. Prayer is purification outwardly and inwardly. A person performing Prayer must not be disturbed. The Prayer is always performed in Arabic.

The five daily prayers, besides remembering God, thanking Him and asking for forgiveness, act as an extremely good form of exercise for all parts of the body. Thus, it offers discipline, punctuality, meditation, relaxation and physiotherapy all together. The Prayer may be performed in a sitting position, or in a lying position if unwell. A Muslim in prayer faces the Kaaba. In Victoria, this direction is west-northwest.

The Holy Book of Islam: The Qur'an

The Quran, is recognized by Muslims to be the last revelation from God to Mankind before the end of the world, revealed to Prophet Mohammed (peace and blessing be upon him), through the Archangel Gabriel. The Quran amends, encompasses and abrogates all the earlier revelations revealed to the earlier prophets (including Adam, Noah, Abraham, Moses, David and Jesus, may peace and the blessings of God be upon them).

The Quran contains a guide to Mankind on social welfare issues, on politics, economics, standards and ethics of leading a wholesome life, behavior standards, etc. The Quran was revealed over a period of 23 years and is presented in its original form in the Arabic language. It has been translated into many languages of the world. However, when Muslims read the Quran, they read it in Arabic no matter their language background.

Prophet Muhammad SAW

Prophet Mohammed (may peace and blessing be upon him), the completing link in the chain of Prophet hood who were all sent to guide Mankind, was a living example of how Allah Almighty wants human beings to live. He could not read nor write. The Quran was revealed to him through the Archangel Gabriel and written down by scribes' word for word and letter by letter. Sunnah, on the other hand, is the sayings, doings and attitudes of Prophet Mohammed (peace and blessing be upon him) which is the application of the Quran to the practical way of life. Hence, a Muslim always endeavors to follow the Sunnah of the Prophet.

The Ka'bah

The Ka'bah (The House of God) is a cuboid structure in the size of a three-storey building. It was built by Prophet Abraham and his son, Ishmael (peace be upon them). The Muslims face the Ka'bah during Salat. In Victoria, this direction is west-northwest.

Section Two: Islamic Beliefs Affecting Health Care

2. A Glance at Muslim Life

The Family Unit

In Islam both sexes are equal. Their roles, of course, are different, as are their biological and psychological needs. The rights of women are equal to those of men, although not necessarily identical. The Qur'an strongly reproaches those who believe women to be inferior to men. In Islamic terms men are appointed protectors over women as they are responsible for providing food, shelter, and clothing for their wives and children.

Marriage is considered a solemn and sacred contract with God. Husbands and wives have definite responsibilities which are complementary to each other. They must show mutual respect at all times. Muslim men are permitted to have up to four wives. This is not a recommendation but a permission given by God under certain circumstances (for example, to compensate for the loss of men in wars; to minimize prostitution and adultery; where a previous wife is so disabled that she cannot care for her family, or where a wife is unable to bear any children). All wives must be treated equally.

Benevolence towards parents is expected and the parent-child relationship should be based on mutual love and respect. In Islam, a child has an inalienable right to life and equal chances in life. No discrimination is permitted.

Rules of family living are clearly stated in the Qur'an. Whether they live together with their children or separately, parents are usually consulted in all decision-making processes.

Human Relations

Muslims believe every human being is a member of the universal family. Because of this common bond, there is no room for racial prejudice, social injustice or second-class citizenship. Pre-marital sex and adultery are strictly prohibited. From puberty on, males and females are not allowed to mix freely. All manner of talking, walking, looking, and dressing in public that may instigate temptation, arouse desire, stir suspicion or indicate immodesty and indecency are prohibited. Sexual intercourse is forbidden during menstruation. Homosexual and lesbian practices are forbidden.

Women in Islam

According to the Qur'an men and women are equal and should be treated as such. The Muslim woman has the right to choose her husband. Both are considered equal partners in life. As a wife, she has a right to kind and just treatment by her husband, which she should reciprocate. She has a full right to participate in any decision, domestic or political. She carries her own surname and does not lose any rights after marriage. She has full rights over the money that she earns. Islam considers the raising of children, in a careful manner, with discipline to be vital. Hence, the role of the housewife and mother is encouraged and greatly respected.

Section Two: Islamic Beliefs Affecting Health Care

3. Food Beliefs

Islam has rules about the types of food which are permissible (halal) and those which are prohibited (haram) for Muslims. The main prohibited foods are pork and its by-products, alcohol, animal fats, and meat that has not been slaughtered according to Islamic rites. While most prohibited foods are easy to identify, there are some foods which are usually halal that may contain ingredients and additives that can make them haram.

For example, foods made with vanilla essence are considered prohibited because vanilla essence contains alcohol. Other foods such as ice cream may contain pork by-products such as gelatin, which is considered haram. A table, outlining halal and haram foods, is located in section three. More information can be accessed from the Islamic Council of Victoria. See section three for contact details.

4. Muslim Holy Days

The two major festivals in the Islamic calendar are Id al-Fitr and Id al-Adha. Like festivals in other religions, these are times for family reunion and special religious services. Muslim patients may wish to visit their homes during these times. The holy month of Ramadhan is a spiritual month during which most Muslims fast. However, the young, old or sick are excused from fasting if it could be detrimental to their health. Ramadhan is the ninth month in the Islamic year, which follows a lunar calendar. Friday is a significant day to Muslims and a special prayer is performed at noon.

5. Fasting

Fasting is an integral part of Islam and is seen as a means of purifying the body and the soul. While fasting during the month of Ramadhan is compulsory for all healthy, adult Muslims, Islam also prescribes other days which Muslims may choose to observe a voluntary fast. During Ramadhan, Muslims are not permitted to eat or drink anything, including water, from dawn until dusk. It is a practice for Muslims to consume a pre-dawn meal before fasting during the day.

Everyone is responsible for deciding whether to fast. Pregnant, breastfeeding or menstruating women, people who are experiencing a temporary illness and travelers are exempted from fasting but must make up for the fast at a later date. A person experiencing an ongoing illness is exempted from fasting and may offer Fidyah (provide a meal to the poor) as an alternative.

A fasting person may take the following medications/treatments without breaking their fast:

- Injections and blood tests,
- Medications absorbed through the skin,
- Gargling (as long as no liquid is swallowed).

The following will break the fast:

- Ear and nose drop
- Suppositories and pessaries
- Inhaled medications.

Section Two: Islamic Beliefs Affecting Health Care

Diabetes Australia has a comprehensive guide for health care workers on fasting and diabetes titled *Diabetes and Fasting for Muslims: A Resource for Health Professionals*. <https://www.diabetesaustralia.com.au/blog/pre-ramadan-diabetes-assessment/>

6. Dress

Islam requires both men and women to dress modestly when in public or in the presence of nonfamily members of the opposite sex. The Quran clearly denotes this and also details the family members in front of whom she may appear without her head cover. One may find various adherences to this dress code depending on the individual.

For Muslim men, this usually means keeping the area between the navel and the knees covered, and for Muslim women, only the face, hands and feet are usually left exposed. This standard may not be followed by all Muslims. Some interpret the requirement for modesty to mean dressing modestly relative to the norms of the surrounding society.

The requirement for modesty can affect health care as some patients may be reluctant to expose their bodies for examination or to expose areas not directly affected. Some female patients may prefer a family member to be present during an examination.

7. Mental Health and/or Cognitive Dysfunction

A person diagnosed as having a cognitive dysfunction, such as a severe mental illness or an intellectual disability, is absolved from all the obligatory requirements in Islam. For example, they are not required to say prayers, fast or perform their pilgrimage. The patient's immediate or extended family is usually responsible for the patient.

Further information about mental health care for multi-cultural communities can be accessed through the Victorian Trans-cultural Mental Health (VTMH) <https://vtmh.org.au/>

8. Embryo Experimentation and Stem Cell Research

Embryo experimentation, genetic testing and stem cell research are acceptable in Islam under certain conditions.

Stem cell research may only be conducted on stem cells that are derived from:

- Frozen embryos that were created for the purpose of in vitro fertilization and would otherwise have been destroyed
- Adults.

Genetic testing and gene manipulation is acceptable for therapeutic purposes only.

9. Transplants and Organ Donation

There are strong views among Muslims about the permissibility of transplants and organ donation. There are some different opinions within the Muslim community; some view these procedures as acceptable, and others believe they are unacceptable.

Transplants of various human organs are acceptable in Islam. This would include blood transfusions. Certain conditions have to be fulfilled, namely:

1. The donor must not be at risk while alive (e.g. blood transfusion, kidney transplants).

Section Two: Islamic Beliefs Affecting Health Care

2. The donor and/or family's permission has to be obtained. Organ donations should not be the outcome of compulsion, family embarrassment, social or other pressures or exploitation for financial or other reasons.
 3. No vital organ is to be removed while the person is alive. In heart transplantation, the donor has to be clinically dead before the heart is removed.
1. Abortion is permissible at any stage of pregnancy even after 120 days if the pregnancy poses any exceeding danger to the mother, this must be conrmed by a qualified and trustworthy medical report. Such threats include the life of the mother being at serious risk.
 2. Abortion before 120 days of conception is treated on a case by case basis, with the previous rules kept in mind. Such a case is the permissibility if the mother health is in danger or if the fetus is examined to have an abnormality that is lethal or will cause severe disability.

Further information about the permissibility of transplants and organ donations is available from the Australian National Imams Council (ANIC) and Australian Fatwa Council.

See section three for contact details.

10. Sexual and Reproductive Health

Contraception

Muslims are permitted to use temporary contraceptive methods under certain conditions. However, permanent contraceptive methods such as vasectomy and tubal ligation are only allowed where the woman's health is at risk from additional pregnancies.

Abortion

In Islam, life is sacred and highly valued, and for this reason, it must be honoured and promoted. The preservation of life is one of the basic necessities and purposes in the Islamic law. Therefore, abortion is considered unlawful regardless of the stage of pregnancy. However, in other cases, Islam considers the permissibility of abortion in the following circumstances:

Female Genital Mutilation (Female Circumcision)

Genital mutilation (not the same as female circumcision) of young females is totally forbidden in Islam. This act, which came originally from some pagan tribes in Africa and China, is considered a major sin and a big crime according to Islamic teachings. In case some ignorant Muslim parents insist on doing it to their daughters, health care professionals should explain to them that this practice is illegal in Victoria and that Islam totally forbids it. The Islamic Council of Victoria might be contacted in case more information is required on this issue.

Female genital mutilation comprises all procedures involving partial or total removal of the female external genitalia, or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons.

Assisted Reproductive Technologies

The use of assisted reproductive technologies is generally permitted in Islam.

However, there are some techniques and practices that are not permitted:

- The use of donor sperm is strictly prohibited

Section Two: Islamic Beliefs Affecting Health Care

- The use of sperm that has been cryo-preserved is prohibited if the father has died
- Surrogacy is not permitted.

11. Death and Dying

Muslims believe that death has been predestined by God. As a result, Muslims will often be accepting of death and illness.

Islam does not require treatment to be provided to a Muslim patient if it merely prolongs the final stages of a terminal illness.

Under these circumstances it is permitted to disconnect life supporting systems even though some organs continue to function automatically (e.g. the heart) under the effect of the supporting devices.

Suicide and Euthanasia

Islam considers human life sacred and suicide and euthanasia are forbidden. However, if a patient is suffering from a terminal condition and has been assessed as having no hope of recovery, it is permitted to stop medical treatment.

Grieve and Bereavement

In Islam, public grief is allowed for only three days. This period allows for non-family members to visit and offer their condolences. After that period, the family is left to grieve privately.

Pandemics and Epidemics

Islamic Principles on Pandemics and Epidemics.

Muslims believe in what the Prophet Muhammad (saw) had advised in the event of a disease breakout.

They include the following:

Quarantine: The prophet (saw) said that if a plague hits a land, do not go into it and if a plague breaks out in a land in which you are present, do not leave it. The prophet has encouraged quarantine and Muslims try their possible best to adhere to it.

- Avoid consumption of pigs, rodents, insects, reptiles and other potential disease carriers as they are part of all forms of *alkabai'ith* (evil and unlawful as regards things, deeds, beliefs, persons, foods);

Allowance of selective slaughter of animals

- to stop the spread of the disease outbreak;

Potential vaccine systematic investigations to curb the virus;

- The prophetic practice which contains forms of personal hygiene including: covering the mouth when sneezing; performing ablution and washing seven times a day for prayers;
- washing hands upon awakening; washing before/after eating; constant cleansing of the private part, etc;

- Constant *du'a* (prayers) and the belief that absolute cure is from Allah;

Islam encourages immediate burial, the wisdom behind which is to contain and curb any disease in the carrier from being passed on. (See section: Dealing with Janazah)

- A human becomes infected only by the permission of Allah, nonetheless, Muslims are encouraged to be cautious and take
- extra precautionary measures (which will be enumerated in the next page)

Some Recommendations for Health Institutions

Hygienic Measures

In the awakening of a pandemic or epidemic, there is the need for a temporary modification of social interactions like shaking hands, hugging, sharing meals or essential hygienic items, holding hands, etc. This will make the virus less severe in its effects. These simple measures should be taken and adopted in order to protect those who are more prone to the virus like the elderly and those who are immune-compromised.

- Looking after oneself- personal hygiene, exercising, maintaining a healthy diet, drinking lots of water, getting good sleep;
- Thorough washing of the hands, as often as possible, with soap and water, for at least 20 minutes. If that cannot be accessed, a hand-sanitizer can be used in its place;
- Avoid large crowds and practice social distancing. Try to avoid going out except when absolutely necessary (in the case of emergencies) and in doing so, protective gears should be worn such as face masks, hand gloves etc. Make arrangements to work from home.
- If one is feeling unwell and showing symptoms, such as fever, headache, running nose, sore throat, stay out of public mix, self-isolate and seek a GP's advice.
- Look out for those most at risk – the elderly and those with underlying health conditions including people taking immune-suppressant medications for illnesses such as rheumatoid arthritis and cancer. We should be extra-vigilant towards these people.

The Victorian Health and Human Services has released the following precautionary strategies in an effort to minimize public health risks and to prevent the spread of diseases. Please refer to link: <https://www.health.vic.gov.au/covid-19/coronavirus-covid-19>

How to Deal with Janazah and Funerals during a Pandemic.

In response to concerns regarding the handling of bodies due to a pandemic, presently the COVID-19 pandemic, precautions and modifications to traditional funeral and burial arrangements are put in place for the safety of the public health. Some of these measures may impact the way the Muslim community fulfils the rites of the deceased in accordance with Islamic tradition. If the body of a deceased person is confirmed or suspected to have COVID-19 or the pandemic present at the time, the following precautions should be taken:

- The preparation of the body will only be performed by the funeral service employees who are trained in infection control principles.
- The body must be placed in a leak-proof body bag during transportation to the mosque and cemetery.
- Social distancing principles will result in limitations and restrictions on attendees.
- A body must be buried in a body bag. This is based on the recent fatwa from the Australian Fatwa Council on the permissibility of burying infectious bodies in body bags during disease outbreaks.

For further enquires please contact the ANIC body.

section

3

Additional Resources

Section Three: Additional Resources

1. Islamic Organizations



Islamic Council of Victoria (ICV)

66-68 Jeffcott Street, West Melbourne, Vic. 3003 Australia
Tel: +61 3 9328 2067
www.icv.org.au



Australian National Imams Council (ANIC)

Suite 3 20 Worth Street Chullora NSW 2190 Australia
1300 765 940
www.anic.org.au



Board of Imams VIC Office (BOIV)

945 Sydney Road, Coburg North VIC 3058
0433 924 197
www.boiv.org.au



Australian Federation
of Islamic Councils

AFIC

Address: 932 Bourke Street, Zetland Sydney NSW 2017
Tel: 02 9319 6733
<https://afic.com.au/>

Section Three: Additional Resources

Benevolence Australia

2/125 George St, Doncaster East, VIC 3108 (Benehouse)
0405 361 953
<https://benevolenceaustralia.org/>



BENEVOLENCE

Australian Muslim Women's Centre for Human Rights (AMWCHR)

(03) 9481 3000
reception@amwchr.org.au
<https://amwchr.org.au/>



Centre for Muslim Wellbeing (CMW)

12 Dimboola Rd, Broadmeadows, VIC 3040
0472668010
<https://cmw.org.au/>



Centre for
Muslim
Wellbeing

Australian Islamic Medical Association

admin@aimamed.com.au
<https://aima.org.au/contact-us/>
(link to contact form is on the AIMA website)



Section Three: Additional Resources

2. Halal Information

| Halal (Approved) | Haram (Prohibited) |
|--|--|
| Meat and Substitutes | |
| <ul style="list-style-type: none">■ Chicken, beef and lamb slaughtered according to Islamic dietary law■ All sea foods■ Eggs■ Dried beans, lentils and nuts | <ul style="list-style-type: none">■ Pork and all pig products (bacon, ham, salami etc)■ Foods containing blood or blood products■ Meat from animals not slaughtered according to Islamic dietary law |
| Milk and Milk Products | |
| <ul style="list-style-type: none">■ Milk, yoghurt, cheese, coconut milk■ Ice-cream made with halal-approved gelatin or without animal fat (e.g .tofu ice-cream, sorbet gelatin) | <ul style="list-style-type: none">■ Cheese, yoghurt and ice-cream made with animal fat, vanilla or non-halal gelatin |
| Fruit and Vegetables | |
| <ul style="list-style-type: none">■ All fruits and vegetables | <ul style="list-style-type: none">■ Any fruits or vegetables prepared using animal fats or alcohol |
| Bread and Cereals | |
| <ul style="list-style-type: none">■ All breakfast cereals■ Bread, cakes and biscuits■ Rice and pasta | <ul style="list-style-type: none">■ Pasta sauce made with wine or other alcohol■ Rice, bread, cakes and biscuits made with animal fats |
| Fats and Oils | |
| <ul style="list-style-type: none">■ Butter, vegetable margarine■ All vegetable oils■ Mayonnaise | <ul style="list-style-type: none">■ Lard, dripping, suet and other animal fats■ Any food made using animal fats |

Section Three: Additional Resources

| Halal (Approved) | Haram (Prohibited) |
|--|---|
| Beverages | |
| <ul style="list-style-type: none">■ Tea and coffee■ Water, cordial and fruit juice■ Soft drinks, mineral and soda water | <ul style="list-style-type: none">■ Alcohol■ Beverages with alcohol content (e.g. bitters, vanilla essence) |
| Milk and Milk Products | |
| <ul style="list-style-type: none">■ All soups made with vegetables or halal meat | <ul style="list-style-type: none">■ Any soup made with pork, hambone stock or non-halal meats |
| Fruit and Vegetables | |
| <ul style="list-style-type: none">■ All desserts made without alcohol, lard, dripping, suet or animal fats■ Desserts made with alcohol-free vanilla flavor or powder, or halal-approved gelatin | <ul style="list-style-type: none">■ All desserts made with alcohol, lard, dripping and other animal fats■ Desserts containing gelatin or vanilla essence |
| Bread and Cereals | |
| <ul style="list-style-type: none">■ Spices, pickles and chutney■ Jam, honey and sugar | <ul style="list-style-type: none">■ Gelatin, lipase, pepsin |

3. Islamophobia:

The ICV understands that our role is to provide support to, and advocate for, the wellbeing and rights of Victorian Muslims. We recognize that Islamophobia disrupts socio-cultural harmony and negatively

affects the wider Victorian Muslim community, compromising their well-being, identity and sense of belonging. The ICV is committed to rejecting Islamophobia, empowering communities and promoting social inclusion.

Section Three: Additional Resources

4. Islamic Janaza Services

1. ABIC Deer Park

ABIC Funeral Services
285 Station Rd, Albanvale VIC 3021
Phone: 03 9310 8811
Email: miirel.hajder@gmail.com

2. Albanian Sakie Islamic Society of Dandenong

8 Dalgety St, Dandenong VIC 3175
Funeral Director: Imam Ismail
Mobile: 0413 650 803
Email: ismailalbania@yahoo.com

3. Emir Sultan Mosque (Dandenong)

139 Cleeland Street, Dandenong VIC
Ali Uygun: 0413 499 444
Email: contact@emirsultanmosque.org

4. ISV Janaza Services

Islamic Society of Victoria
90 Cramer Street, Preston VIC 3072
Jamal Mohammed: 03 9470 2424
Mobile: 0417 889956 Fax: 03 9471 0250
<http://www.prestonmosque.org/index.php/islamic-burial-service>

5. ISOMER Janaza Services

273. Wellington Road, Lystereld, VIC 3156
Phone: 03 9752 9977
Yuseof Davis: 0401 349 984
<http://www.isomer.org.au/janaza-service>

6. UMMA Centre Janaza Services

United Muslim Migrant Asso. (UMMA) Inc.
72 George Street, Doncaster East 3109
Mustapha: 03 98488283,
03 97925688, 03 98420016
Mobile(s) 0413 454 987
<http://www.umma.org.au/funeral-services/>

7. Islamic Society of Geelong Janaza Services

Islamic Society of Geelong Inc.
45-47, Bostock Ave, Manifold Heights
VIC 3218
Yasir: 0431 015 852

8. Cyprus Turkish Islamic Community (Sunshine Mosque)

618 Ballarat Rd, Sunshine VIC 3022
Osman Kemal: 0418 525 500, or
Mehmet: 0413 322 561

9. Islamic Education and Welfare Association of Dandenong (Hallam Mosque)

131-133 Belgrave-Hallam Rd
Narre Warren North VIC 3804
Mohammed Janif: 0417 709 081
Email: info@iewad.org.au

10. Australian Islamic Centre (Newport Mosque)

23-27 Blenheim Rd, Newport VIC 3015
Phone: 0449 951 905

5. Male Circumcision Clinic

Coburg Family Medical Centre

Cnr. of Bell St. & Sydney Rd. Coburg, VIC 3058
Phone: 9354 4042
1

195 Specialist Centre

8/195 Thompsons Rd, Bulleen 3105
Phone: 8850 5300

Chandler Road Medical Centre

127 Chandler Road, Noble Park
Phone: 9791 1122

Camberwell Road Medical Practice

124-126 Camberwell Rd. Hawthorn East
Phone: 9834 7600

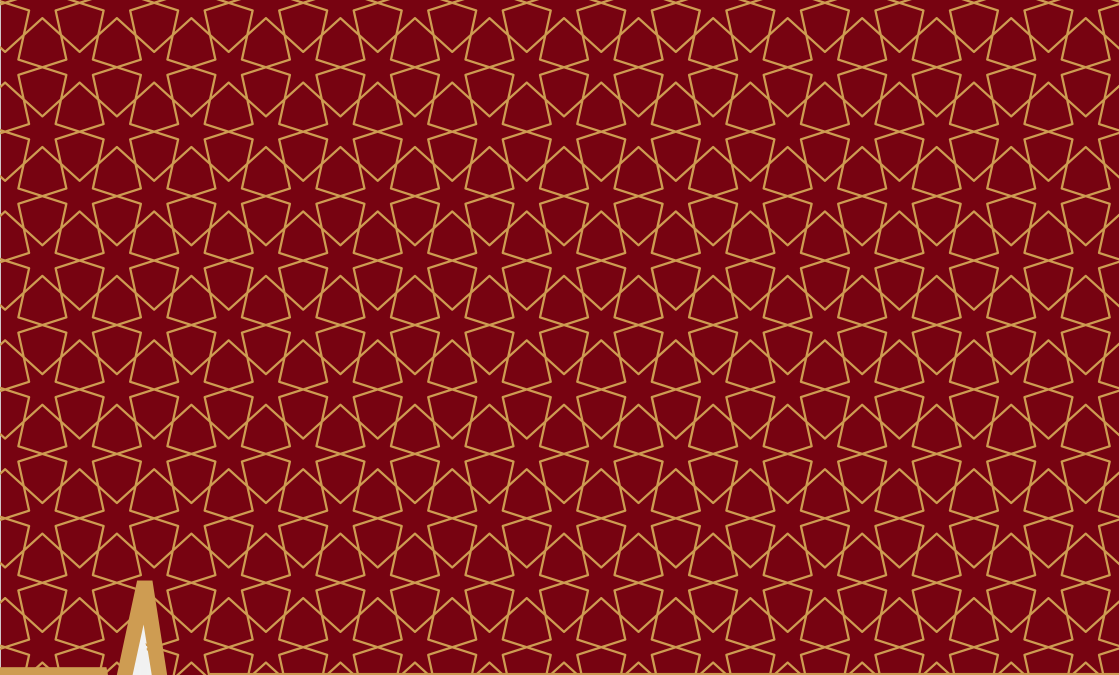
Acknowledgement

This publication has used material from The Muslim Patient - a Guide to Health Care Workers (Second Edition) published by ICV (Islamic Council of Victoria) and The Health Care Providers' Handbook on Muslim Patients (Second Edition) by Queensland Health and the Islamic Council of Queensland.

No Copyright Notice

The ICV permits the use of this brochure, with no copyright restrictions, subject to the following: Content must not be altered or misrepresented in any way.

Reference must be made to the ICV as the source of the content.



ISLAMIC COUNCIL OF VICTORIA