A STUDY INITIATING A HOSPITAL VISITING PROGRAM IN METRO-TORONTO FOR MUSLIM PATIENTS

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ABSTRACT:

Experience gained from an empirical three year study to initiate and investigate a hospital visiting program in Metro-Toronto, suggests a need to co-ordinate effort that may fulfill a badly needed Islamic duty. The paper explains the experiences, methodology and the recommendation to the Islamic Medical Association.

INTRODUCTION:

Metro-Toronto Population 2.3 million is the second largest urban centre in Canada, but having the largest single Muslim population in the country. Approximately 55,000 Muslims live in the greater Toronto area, arriving from over 27 different countries. In 1967 the Muslim population was estimated to be only 5,000 and only one Islamic centre to serve the Islamic need.

Prophet Mohammed has been reported to have said that "visit the sick and look after people in need." Islam being a religion of mercy to all mankind, particular emphasis is placed on Muslims to visit the sick, infirm and assist the indigents. In the North American setting, the socio-economic pressures coupled with the lack of proper facilities and personnel has precluded many Muslims to fulfill the Sunnah of our Prophet. Therefore, in Metro Toronto, a group of M.S.A. workers initiated a hospital visitation program in 1967.

Persons entering hospital seek a variety of services including assessment, treatment and care. Each brings his own unique sum of human needs. It is the meeting of this sum of needs which provides the care which will restore him to health and wholeness in living.

One of these needs may be the strengthening of his religious faith during some of the exigencies of treatment. Religion deals with the ultimate questions of the purpose and meaning of life, suffering and death. A crisis in health often brings these questions in focus in the persons' life. They may hold these ultimate questions or unsatisfactory answers to them in the form of:

Why did this happen to me?
What is going to happen to me now?
Am I suffering for something I did wrong?

Each Muslim patient whould be offered the opportunity to feel that he is in an Islamic atmosphere even in hospital. Islamic ideal is to aid the person to live constructively in his total physical and human environment.

METHOD:

In 1967, a group of five M.S.A. workers met at the University of Toronto, designed and agreed upon a plan to initiate a hospital visitation for sick muslims in Toronto hospitals.

Each member of the group, (may be called as Khuddams) agreed to the following:

1. to keep records of all visits
2. to contact the hospitals in metro Toronto, (25 in all) contact would be the hospital administrators
3. to call on, in person, each hospital administrator and discuss with him/her, Islam as a religion, and to hand them an Islamic Information kit containing:
   Dr. Mubin Akhters' book.
   Copy of Holy Qur'an
   List of phone numbers of Khuddams

Following, the 25 calls on hospital administrators, and experiences gained, an information sharing session was held, and concluded that:

1. the visits to the patient would be to create and generate for the Muslim patient his Islamic family atmosphere.
2. the visits should provide assurance and trust. Hence assisting in relieving anxieties.
3. the visits to provide liguistic and cultural ease
4. the visit to assist in translating medical or paramedical orders, thus easing communication

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barriers between hospital personnel and the patient.
5. the visit to ensure that Islamic dietary regulations are carried out and in conformity with the treatment.
6. the visit to assist in financial or domestic needs
7. The visit to avoid discussion on medical or surgical problems. But if patient insists, arrangements, if possible could be made for a Muslim doctor to visit the patient, all such matters discussed with the attending as well as consultants physicians.

Thus the above experiences were classified as:

a) community liaison and resource
b) consultants
c) educational

OPERATIONAL STEPS:

Each hospital in the area was contacted and an internal hospital memo from the administrator's office was sent to the admitting and emergency departments stating that if any person identifies his religion as being: Mohammadan, Islam or Moslem, should be considered as belonging to the Islamic faith.

Thus the hospital records were properly recorded, and dietary departments informed.

2. Hospital participating undertook to provide the patients with the phone number of Muslims to contact if needed. It was left to the patient to take the initiative or in certain emergency cases, hospital personnel did inform us.

3. No records of repeat visit were maintained.

RESULTS:

It was a unique experience for all of us who were part of the team. We worked in harmony.

During the first three years approximately 335 patients were visited.

PATIENT	MALE	FEMAL	CHILDREN
335	100	210	25

The high proportion of Female visits indicates Ob/gyn cases (therefore a heavy call load was placed on the wives and sisters of Khuddams).

MALE PATIENTS:

The disease pattern amongst males varied from cardiovascular (45%) to miscellaneous (30%)

CHILDREN:

The hospitals were mostly visited by parents and relatives, except the 25 cases, where the parents felt (after hearing of us by the grapevine) that a Khuddam could be of assistance in communicating, unemotionally with the hospital personnel. As Dr. de David Buda states (1) "women and children with such a background are easily frightened by physicians and hospitals".

In addition to visiting the patients members of our Khuddam team spent considerable time with the Dietician, ("it is useless just to translate the diabetic menu") and the Nurse, emphasising that the patient must learn to adjust his food habits, etc.

The OB/GYN NURSES - explaining Islamic and cultural points of view with respect to such subject as hysterectomy, tubal ligation, birth control (devises). This aspect of our work, we found was most difficult and even our wives and sisters felt inadequate to handle such subjects. Every visit was discussed amongst Khuddams, after Friday prayers, exchange of views provided insight and understanding to our work.

Unfortunatley, due to the mobility of some Khuddams, new Khuddams were invited to join in and finally since 1971, most of the khuddam force have moved away. A new co-ordinated program has not been initiated.

CONCLUSIONS:

I feel that the three years experimental study to initiate a hospital visiting program could be better co-ordinated. Recently guidelines from Ontario Hospital Association states that "each religion is advised to give official permission in writing to do chaplaincy (pastoral work in the hospital) 2 Thus placing constraints on the type of programme initiated in 1967. The challenges of the seventies are different, and provides opportunities for Islamic Associations/centres etc., to officially initiate this Islamic work.

RECOMMENDATIONS:

The Islamic Medical Association, therefore should form a task force to meet the challenge and to assist communities with the following mandate:

a) to initiate, co-ordinate and guide all large Muslim communities (large, being defined as having more than 1,000 muslims - thus Canada, for example, about ten centres) for the need of developing hospital visiting programs.

To accomlish the above, there is a need to visit and discuss with each centre, collate all pertinent information necessary to develop and meaningful

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program.

b) to set up a committee to write and publish brochures/pamphlets aimed for Muslim patients (containing Islamic fundamentals - telephone numbers to contact etc.)

c) to organize and train Muslims in hospital visitation with respect to Islamic and hospital codes only (to discuss treatment, a definite no -no)

d) to approve a budget to meet the above.