



Religious aspects of end to life issues of three major religions: A systemic review

Dhrubajyoti Bhuyan¹, Sabita Dihingia², Atreyee Dutta³, Khushpreet Kaur^{4*}, Jibananda Das⁵

¹Associate Professor and HOD-in-charge, Department of Psychiatry, Assam Medical College & Hospital, Assam, India.

²Associate Professor and HOD-in-charge, Department of Psychiatry, Nalbari Medical College & Hospital, Assam, India.

^{3,4}Postgraduate Trainee, Department of Psychiatry, Assam medical College & Hospital, Assam, India.

⁵Assistant Professor, Department of Psychiatry, Assam Medical College & Hospital, Assam, India.

***Corresponding author:** Khushpreet Kaur, Department of Psychiatry, Assam Medical College & Hospital, Dibrugarh, Assam, India, Email: puarkhush@gmail.com

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ABSTRACT

Background and objective: The objective of our study was to examine the religious beliefs of devotees of the three major religions in the world about commonly met medical conditions at the end of life (EoL). We conducted a systematic review of a few observational studies that investigated the role of religion in frequently occurring end-of-life situations.

Materials and methods: The review utilized several databases, including Pubmed Central, Cochrane Library, MEDLINE, and EMBASE, to retrieve studies. The studies included analysis from healthcare practitioners, case studies, reviews from the general population, and other observational studies. Articles that had only a philosophical/ hypothetical focus were not included in the review. We examined European and Indian studies published in peer-reviewed journals between 2007 and 2020 where we identified 65 articles, which generated 456 references. From these references, we selected 20 articles for review. Significant heterogeneity within religions was observed, which could be attributed to variations in beliefs across different communities and cultures.

Results: The results of our study provide insight not only into the primary end-of-life concerns from a religious viewpoint but also contribute to understanding how religious doctrines and beliefs impact real patient decision-making and healthcare practices.

Conclusion: Prospective studies utilizing validated tools are necessary to obtain a comprehensive understanding of the effect of spirituality and religion on end-of-life outcomes.

Keywords: *spiritual, beliefs, terminally ill, DNR*

INTRODUCTION

The physical aspects of healthcare has been more focused than the spiritual and psychosocial needs, in general and more so at the end of life.¹ It has been seen that mostly, spiritual matters often occupy the minds during the end of life and in order to die and be at peace, patients wishes to re-examine and regain their faiths and beliefs. The majority of religions require adherents to submit to a higher power, and offer instructions on how to lead a meaningful life, along with ceremonies that provide solace and affect the well-being of individuals and their ones during their final moments. [1,2] Healthcare professionals may experience unease when discussing spirituality because they may not be familiar with initiating such talks, owing to inadequate knowledge or a lack of cultural comprehension.¹ By delving into the major religions of India, they can take a moment to contemplate and consider how to offer care that is culturally appropriate and successful.[2- 4]

The medicalization of palliative and end-of-life care has garnered attention from various quarters, including the media and politicians.[2, 3] Despite the compelling evidence and abundant data regarding the benefits of suitable spiritual and religious end-of-life care, its integration into standart clinical practice is insufficient, and it has been observed that there is a deficiency in the available literature concerning the management of diverse religious convictions during the end of life. To tackle this matter, we performed a systematic review of the factual data concerning end-of-life beliefs and practices within the three major global religions: Christianity, Islam and Hinduism. To the best of our knowledge, this is among the limited systematic reviews on the spiritual dimensions of end-of-life care, which could assist healthcare providers in examining the unique belief structures of the three most prominent global religions.

MATERIALS & METHODS

An initial exploratory search was carried out for

original studies published between 2007 and 2020 in Pubmed central, Cochrane Library, MEDLINE, EMBASE using the key words “Religious beliefs of end-of-life care”. Next, the text words and index terms were analyzed tofill in the PCC framework. The reference lists of all chosen papers were reviewed for any further papers that appear pertinent to the research question. After completing the searches, the references were gathered, organized and handled using Microsoft Excel. Following the compilation of all search outcomes and the elimination of the duplicates, the abstracts of papers from 65 studies were evaluated. After examining the abstracts for relevance, the complete articles of 20 papers were scrutinized and the data from the selected studies was extracted. The information to be extracted from these papers include the author(s), country of origin, year of publication, aims/purpose, sample size, study population,. All the results were summarized and elaborated.

RESULTS AND DISCUSSION

Islamic faith

At present, there are 1.7 billion followers of Islam, who represent 23% of the world’s population. In the next 34 years, around 2050, Muslims are anticipated to grow rapidly than any other religion in the world. In the Muslim religion, there is no system of ordained clergy.[5] Nonetheless, individuals who are recognized as Islamic scholars may provide instruction on the holy Quran.

The following are the five fundamental principles of Islam: 1) Belief in only one God, Allah, and Mohammed, His messenger, (When practicing Muslims utter the name of the Prophet, they also say, “Peace be upon him”, which is a sign of reverence, 2) Performing daily prayers five times a day, and 3) Observing fasting for the duration of the sacred month of Ramadan, 4) Providing to charity as much as one is capable, and 5) Undertaking the pilgrimage to Mecca (Hajj) no less than once during one’s lifetime, provided one is physically and financially capable.[6]

TABLE 1: Religious beliefs of end-of-life care in Islam faith

Author	Study population	Finding	Conclusion
Leong M et al (2017)[6]	11 palliative care clinicians	Respondents were unfamiliar with customary washing and the pilgrimage to Mecca	Authors presented a framework for this intervention, which can be effortlessly replicated.
Abudari G et al (2016)[7]	10 non-Muslim nurses	The nurses experiences was constituted by three themes: family problems, end-of-life practices, and confrontations faced. Religious practices, cultural values, and a family approach influenced nurses’ experiences. “Concerns linked to the lack of palliative care incorporation and the unavailability of associates of the interdisciplinary team had also greatly influenced their experiences.” They were short of cultural knowledge of some of the practices due to a shortage of knowledge of cultural diversity and the lack of formal artistic education.	Provision of culturally expert care at the end of life for Muslim patients requires an attentive understanding of religious and cultural practices as well as awareness of the role of the family throughout the care process.
Mogadasian S et al (2014)[8]	306 Iranian nurses	Participants showed their willingness to learn more about Do not resuscitate (DNR) orders and calls attention to the value of respecting patients & their kins in DNR orders. In contrast, in a lot of key items, the participants reported their negative attitude towards do not resuscitate orders.	Nurses had increased readiness to learn about DNR guidelines, advocated patient autonomy, and questioned decision making by Health care providers.
ur Rahman M et al (2013)[9]	86 Physician members of the Pan Arab Society of Critical Care	Religion was a significant factor in 59% of physician’s decisions to make a DNR (Do Not Resuscitate) order; In 40% of cases, DNR was viewed as being equal to palliative care; the majority desired physicians to have the final say in making decisions regarding DNR.	

Table 1 shows religious beliefs of end-of-life care of Islam faith as found in different studies

Before Death (Leong M et al [6])

- Muslim teachings recognize that suffering is not a chastisement from Allah.

The importance of alleviating suffering whenever possible, and allow the use of pain medication for this purpose. In cases where a Muslim is sick and unable to execute the ritual washing (wudu), it is permissible to use as an alternative, a dry ablution kit. Muslims are also allowed to choose a do not resuscitate (DNR) status, and in certain circumstances, the removal of life sustaining treatment is tolerable.

Suicide, however, is not tolerated, and cessation of artificial nutrition & hydration is permissible only when they are likely to cause more damage than good. Finally, it is recommended that a dying person recites the Shahadah, which is the testimony of faith, immediately before passing away.[6]

Christianity

The principles of palliative care align with the Christian belief in the sacredness and worth of the human life, which is valued from the instant someone is conceived until they naturally die. In Christianity, every person is considered to be created in the reflection and likeness of God, and so retains their innate dignity, regardless of their condition in life, including in old age and

sickness. It is this fundamental conviction that encourages Christians to provide care for the unwell and the dying.[10]

Palliation offers Christians an opportunity to show compassion and demonstrate God’s

boundless love for those who are terminally ill or nearing the last days of their lives. It is an expression of the Christian commitment to respect the dignity of every human being, and to help ease the bodily, emotional and spiritual agony of the dying.[10]

TABLE 2: Religious beliefs of end-of-life care in Christianity

Author	Study population	Finding	Conclusion
van Wijmen MPS et al (2014)[11]	1402 Christian-orientated Nederlandse Patiënten Vereniging population	A greater part of the Dutch people (62-87%) and NVVE members (88-99%) sought to give up the different treatments in both the scenarios, while associates of the NPV generally wanted to keep on treatment (46-73%).	Christianity orientated group was less probable to refuse resuscitation at the end of life, when they were matched up to the less religious group.
Sharp S et al (2012)[12]	2678 Christian patients	No statistically significant difference was found when traditionally defined religious denominational groups were compared.	Fundamentalist Catholics and Protestants were expected to support life-prolonging management in terminal illness, when matched up to their non-fundamentalist counterparts.

Table 2 shows religious beliefs of end-of-life care in Christianity

End of life care in Christianity [13]

Christians are of the opinion of the resurrection of the departed and everlasting spiritual union with God and that a good demise is component of this process.

When caring for Christian patients at the end of their lives, it is important for the clinicians to recognize that there are diverse theological perspectives within the Christian faith that may impact their decisions.

For example, Christians view life as a sacred gift from God and therefore do not support euthanasia or assisted suicide. Protestants and Roman Catholics both and may desire a visit from the member of their church, with Roman Catholics possibly requesting the sacrament of the sick anointing. Christians generally support organ

donation but may have dissimilar views on the definition of death and the timing of organ donation.

Funeral practices also vary among different Christian traditions and may include readings from scriptures and eulogies. These services are typically viewed as celebrations of the person’s life, expressing gratitude for their faith and memberships in God’s family.[13]

Hinduism

The belief system of some people holds that death or passing away is rather a transition to another existence through reincarnation, leaving in heaven with a divine being or merging with Brahma, the ultimate reality and not the end of life. [14] They hold a concept of a desirable death, which involves dying in a particular way and dread the idea of a bad death. According to this belief, good deeds lead to a favorable rebirth while bad deeds result in an unfavorable one.

When nearing the end of life, some individuals may choose to decline medication to die with a lucid mind and perceive pain as a means of purifying themselves of wrongdoing.

Engaging in suicide as a result of selfish motives is not only morally incorrect, but it can also lead to a negative afterlife experience. Hindu good death offers a model for how death can be approached optimistically without much dread.[15] In a study of Hindu physician’s attitudes and convictions (employed in the United States of America), 80% of the subjects accepted talking initially with patients regarding DNR decision making & 70% of them had involved family members in the discussions. 60% of them wanted DNR to be permitted in Hinduism, and 86% of the physicians did not think that withdrawing supportive measures was contrasting to their religious beliefs. It is noteworthy that a only a handful of the Hindu

physicians (6%) included identified themselves as being deeply pious [16]

In a study by Kumar M et al (2009)[17] it was found that compared to non-hispanic whites, Asian Hindus (Indians) are more inclined to reject life-supporting treatments and are more prone to independently make decisions regarding advance directives. One key reason for the significance of having an advance directive in place is to alleviate the load of decision-making that often rests on family members. According to a study conducted by Doorenbos and Nies (2003)[18] , 44% of the Hindu participants (Asian Indian) communicated a willingness to complete finishing an advance directive. Furthermore, the wish to complete an advance directive was found to be negatively associated with the significance of religious beliefs & a decision-making approach that prioritizes the family unit.

TABLE 3: Religious beliefs of end-of-life care in Hinduism

Author	Study population	Finding & Conclusion
Mohankumar D et al (2009)[17]	200 Indian Hindus (Asian) staying in the USA	They were more prone to refuse life-supporting treatment procedures & more likely to play an active role in independent decision making.
Ramalingam VS et al (2015)[19]	293 Hindu physicians living in USA	Majority of the physicians (80%) spoke first with patient concerning DNR decisions, of which 60% considered it to be permitted in Hinduism; of the physicians, 86% did not experience any kind of conflict between religious principles and administration of sedation in the terminal stage or removal of life support
Sharma RK et al (2011)[20]	44 geriatric Indo-Caribbean Hindus	Respondents mostly had an optimistic attitude regarding ADs but an off-putting attitude toward life-supporting managements in the background of terminal illnesses.
Doorenbos AZ et al (2003)[18]	45 Hindus (Asian Indian) living in the USA	Less than the majority (44%) of the subjects had wished to complete an Advanced Directive; and the chance of the ownership of an AD was related conversely to the significance of religious faiths and rites.

Table 3 shows religious beliefs of end-of-life care in Hinduism

TABLE 4: Compilation of views on religious beliefs of 3 different religions on end-of-life care:

Aspects	Islam	Christianity	Hinduism
View on demise/death	The prevalent agreement is that brain death has ensued and that it cannot be reversed.[6]	Christians support brain death as actual death	Hindus generally recognize brain death as actual death

DNR/ DNI	Authorized in certain situations	Usually accepted if further treatments would be pointless or taxing to the family members of the patients.[21]	Mostly allowed if treatments will deter or interfere with natural death
Rituals	<ul style="list-style-type: none"> - Ceremonial washing and covering of the body by family members are done - Burial is usually carried out within 24 hours if possible - Cremation is not allowed .[6] 	<ul style="list-style-type: none"> - Prayers - Burial or cremation allowed within 24 hours 	<ul style="list-style-type: none"> - They generally desire to die with support of kin at home - Offerings of prayers, hymns etc are done - Cremation is usually completed within 24 hours

Table 4 shows compilation of views on religious beliefs of 3 different religions on end-of-life care

Source of funding

Nil

CONCLUSION

This systematic review aspires to fill the gap in the literature on addressing religious beliefs during the nearing of death of three major global religions i.e. Christianity, Islam & Hinduism. The search was conducted on various databases and 20 papers were reviewed. The results indicated that in order to provide culturally proficient end-of-life care to patients from different religious background, there should be a careful comprehension of spiritual and cultural customs, and also an awareness of the family’s function throughout the care journey. The study also highlighted the willingness of healthcare professionals to learn about DNR orders and respecting patients and their families' autonomy. There is more need of conducting prospective studies that employ validated instruments for measuring spirituality and religion so as to create a comprehensive illustration of their effects on both life expectancy as well as quality of life during the last part of life.

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CONFLICT OF INTEREST

Nil

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