

Health Care Insights: Refusals to Accept Drugs & Procedures

A HEALTH CARE CHALLENGE: Refusal to Accept Drugs & Procedures:

- 1) This occurs when a patient has religious objections to specific drugs and procedures due to religious obligations such as fasting, preferences to use alternative medicine, or religious dietary objections.
- 2) **Examples:**
 - a. A Buddhist patient refuses to use pain medication. He believes that having an unclouded state of mind at death influences one's rebirth.

NOTE: One of the Five Precepts of Buddhism (the basic Buddhist code of ethics) is that adherents should abstain from intoxicants that cloud the mind. Therefore, some Buddhists may be hesitant to take medication that is believed to alter their state of consciousness, including medications containing either alcohol or narcotics. Some Buddhists may also prefer to meditate to ease pain before they consider taking medication.

RECOMMENDATION: If a patient is uncomfortable with pain medication as a method of pain relief, providers should discuss alternate methods with the patient and ask what strategies, if any, he or she has used in the past to manage pain. It may also be helpful for the patient to speak to a Buddhist spiritual leader. The subject should be revisited periodically, to assess whether the patient changed his/her mind.

MORE INFORMATION: pg. 104 of *The Medical Manual for Religio-Cultural Competence*

- b. A Muslim family objects to physicians using a porcine skin graft to treat a burn on their daughter's arm. Pig products are considered haram (forbidden).

NOTE: Islam teaches that certain foods have been declared by Allah to be either halal (permissible) or haram (forbidden). Pork or anything containing pig products is haram. The use of porcine material is considered permissible when it concerns saving a life, although some patients will refuse porcine products in any instance, making a non-porcine alternative preferred when available.

RECOMMENDATION: When animal-derived surgical implants are to be used, it is essential to communicate with the family to identify any religious concerns they may have. A non-porcine alternative, if available, should be offered. The patient and family may wish to consult with an imam or someone from pastoral care before making a decision.

MORE INFORMATION: See expanded case study on next page and more on pg. 89 of *The Medical Manual for Religio-Cultural Competence*.

Supplementary Case Study

The Case: A 14-year-old Muslim girl receives a first-degree burn on her elbow from hot cooking oil that spilled. She has extensive surgical reconstruction, and her arm is slowly healing with a skin graft. While her family visits, they overhear the surgeon say that the pigskin graft is adhering well. Family members become distraught that they were not advised of the use of pigskin tissue. They demand that the graft be removed. It had not occurred to the doctor that he should mention the use of a pigskin graft when discussing the surgery with the family. The patient's parents feel that the pigskin graft is against their religious beliefs and are furious that they were not informed of its use before the surgery.¹

Discussion Question: What questions should the family have been asked, and when, so that communication about the treatment plan could have been improved?

Recommendations:

- When animal-derived surgical implants are to be used, it is essential to communicate with the patient or family to identify any religious concerns they may have. In a situation where the family already feels a lack of control, failing to communicate the specifics of a procedure or treatment that could have implications for their religious beliefs and practices may result in a breakdown in trust.
- Notwithstanding possibly having personal feelings about the situation, it is important to show the family you acknowledge and understand their beliefs.
- Avoid accusatory questions such as, "Don't you want what's best for your daughter?" Understand that, for the family of the patient, adherence to their interpretation of their faith is not optional. Adherence, first and foremost, may be what they believe is best for their child.
- If there are no halal treatments available, the patient and family may wish to consult an imam or someone from pastoral care before deciding whether to consent to the treatment. They should be made aware that this is an option. Religious leaders should be invited to meet with both the family and attending physician together to avoid misunderstandings as to the patient's medical condition, proposed treatment and final choices.

Outcome of Case: After failed negotiation attempts between the hospital staff and family, the child is sent back to surgery, where the graft is removed. Afterward, the child experiences almost complete loss of function of her arm. Nonetheless, the family is satisfied and relieved that their personally non-negotiable religious and cultural requirements were upheld.

Tanenbaum is a secular, non-sectarian nonprofit that systematically tackles disparate health treatment for people based on their religious beliefs, religious bullying of students, harassment in workplaces, and religious violence and hatred by working with Peacemakers in armed conflicts.

More information about Tanenbaum's offerings can be found here: <https://tanenbaum.org/>

¹ Linnard-Palmer, L. (2006). When parents say no: Religious and cultural influences on pediatric healthcare treatment. Indianapolis, IN: V.G. Reed & Sons.