

Islamic Academy Coventry

# Guidance for Carers

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Islamic Academy of Coventry

Guidance for Carers

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## Foreword

**D**eep into the winter season I was called out for a home visit of an elderly patient of mine on Christmas eve. I deemed this as a routine visit for a typical seasonal illness. I was led into a small 1930s semi-detached house by an adorable short and stocky old woman in her mid-80s. Hair as white as snow, dressed in modest clothing, glasses that made her eyes appear twice the original size and a cardigan that appeared to have been hand made. She ushered me into her living room and it resembled 1960s furniture and décor. On the wall was a series of pictures of war veterans that served in the Second World War, all of which were members of her family, including herself.

She rambled on for a few minutes expressing her symptoms. I was puzzled as her symptoms did not follow a typical clinical picture nor was she particularly coherent. I paused, knelt to her level, looked deep into her eyes, and asked, “Are you ok?” She wept. Once she gathered herself, she profusely apologised for calling me out in between two busy clinics unnecessarily. There was nothing clinically wrong with her. She was lonely. Her children called her earlier that day to say that they will not be visiting her for Christmas. A picture of her late husband serving in World War Two along with pictures of her and her contributions to her King and country hung sombrely on the wall. She just wanted someone to talk to as she lives alone and has had no real contact with a fellow human for months on end.

During an A&E shift an old gentleman in his late 70s was admitted to the unit following a mechanical fall resulting in a head injury. He also lived alone. His daughter attended to the unit 30 minutes after his admission to A&E. It was a

Saturday night, roughly 11pm, she was dressed to go out with her partner. Clinically, he was fit for discharge from the A&E unit so long as her daughter could keep an eye on him overnight. After my suggestion of this option she refused as she made plans for the evening. All the while her father looked to the ceiling as he lay on the bed in the cubicle with tears streaming down his cheeks.

This is not uncommon, in fact, I have cared for many elderly patients whose children or grandchildren are well known politicians, celebrities and the very wealthy. In my experience, the less wealthy the wider family, the more the family rally together to take good care of their loved ones, often at a further financial & self-sacrifice. A phenomenon that is telling. As if the wealthy amongst us are not willing to lower their standards of living, lifestyle or change their schedules for their own kith and kin.

Age UK data suggest that just under a million older people in the UK are lonely and a quarter of a million pass the week without speaking to a family member or friend. This is a national problem and despite our rich tradition of treating our parents and the elderly with excellence, unfortunately this trend is seeping into the Muslim community.

My beloved friend, benefactor and probably senior most student of the great Shaykh al-Islam, Ḥaḍrat Maulānā Mufti Muhammad Taqi Uthmani, may his shadow be extended over us, Ḥaḍrat Maulānā Mufti Muhammad ibn Adam al-Kawthari, responded very adeptly to a question posed to him in reference to children who are capable of, yet, not willing to care for their parents during old age:

*It's quite unfortunate to hear that children are unwilling to take care of their parents, especially at a time when looking after one's elderly parents is most needed. Imām al-Mawsili (Allāh have mercy on him) stated in his al-Ikhtiyār: "Allāh Most says: "We*

have enjoined on man kindness to parents” (al-Ankabūt, v: 8), meaning one should do good for them, and surely leaving them suffering despite having the capability of fulfilling their needs is not considered doing good to them.” (al-Ikhtiyār li Ta’lil al-Mukhtar, 2/232).

Sayyidunā Abū Hurayrah رَضِيَ اللَّهُ عَنْهُ narrates that the Messenger of Allāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said: “Let him be humbled into dust; let him be humbled into dust; Let him be humbled into dust. It was said: O Messenger of Allāh! Who is he? He said: He who sees either of his parents during their old age or he sees both of them, but he does not enter Paradise.” (Ṣaḥīḥ Muslim, no: 2551)

The meaning of this Hadith is that serving one’s parents especially when they are old is a means of entering paradise, hence the one who missed this opportunity of entering paradise by serving them has indeed incurred a great loss.

A great loss indeed. I would consider it a colossal loss for a child to have even a hint of suspicion that their parent leaves this world distraught and saddened at their children’s neglect on this matter.

Between the ages of 8-18 I lived with my grandparents and witnessed first-hand, with experience, what it means to be a carer. My father could not tolerate the concept of his parents living alone when they were in need of support and care. His lifelong devoted companion in life, my mother, wholeheartedly assisted my father in this chapter of their life. This was alongside caring for my father’s elder sister who had Down’s Syndrome who was completely mute since childhood. They became their full-time carers – from waking until sleep – every aspect of care that was required. My parents sacrificed everything & as children we also rolled up our sleeves and helped. The effluence of blessings and goodness were palpable during this blessed decade of our lives. I am certain my grandparents, and my aunt with Down’s Syndrome despite her inability to articulate, would consistently supplicate for

us all from the depths of their heart. The blessings of which we as a family are still receiving. May Allāh reward my parents with the best of rewards for being living examples of self-sacrifice, altruism, resilience and demonstrating how to care for parents and a disabled sister with excellence and in the spirit of our tradition. Virtues are not learned except through experience. The less frequent families take on the role of being a carer for their loved ones the art of caring will vanish.

My dear friend, who is the silent proof-reader and editor of most of my written works, Maulānā Ebrahim Noor of Islamic Academy Coventry has compiled a succinct yet important text covering the scope of the carer's journey, responsibilities, remit, and virtues of care. I believe there is no manual like this for Muslims, and he must be congratulated for taking it upon himself to publish such an important handbook. The attention to detail on matters that can easily be overlooked or even not considered is now at in the palm of your hand and can act as a reference point for all matters that arise during the caring role – for both the carer and the cared for. Maulānā Ebrahim has skilfully merged the concepts of faith, health and social care matters related to this role. May Allāh make it a means for his forgiveness and salvation.

I wholeheartedly recommend this manual to every Muslim – young or old – as at some point in your journey of life it is highly likely you will take the role of a carer. And what a blessed role. 20 years ago during my first 3 months as a junior doctor I really struggled with the psychological impact of being a young medic. I sought counsel from my late Shaykh and spiritual mentor, Ḥaḍrat Shaykh Yusuf Motala رَحِمَهُ اللهُ for my predicament and his response has been imprinted on my heart since: *Listen to me, you are in the service of people, and there is nothing greater in honour than being in the service of others – remember this.*

Dr Zakariya Goga - General Practitioner

10<sup>th</sup> Rabīʿ al-Awwal 1447 (3<sup>rd</sup> September 2025)

## Introduction

I begin in the name of Allāh **سُبْحَانَهُ وَتَعَالَى**, Lord of the Worlds and sending Peace and Salutations on our beloved Rasūlullāh **صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ**. Allāh **سُبْحَانَهُ وَتَعَالَى** is the Creator. Everything apart from Allāh is His Creation, and the best of creation is our beloved Rasūlullāh **صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ**.

As humans, Allāh **سُبْحَانَهُ وَتَعَالَى** brings us into this world. We begin our temporary journey, helpless, reliant on others to survive. We start to develop and reach the heights of our strength and intellect, after which we go into decline. Allāh **سُبْحَانَهُ وَتَعَالَى** mentions this in Sūrah at-Tīn:

لَقَدْ خَلَقْنَا الْإِنْسَانَ فِي أَحْسَنِ تَقْوِيمٍ ﴿٤﴾  
ثُمَّ رَدَدْنَاهُ أَسْفَلَ سَافِلِينَ ﴿٥﴾

“We have created man in the best composition, (4) Then We turned him into the lowest of the low.” (5)

There will be many times and situations where we will be required to care for others. This care could be temporary, like when we bring up our child or help nurse someone through a temporary illness. The care could also be permanent, like looking after elderly parents, or someone with a life-long condition which requires help and assistance.

The degree of care will also vary, ranging from helping with daily chores to full time care where a person is unable to do anything for themselves.

Recently I was contacted by a someone who asked if I had any information which could help Muslims who work in the care sector. At the time I did not have any detailed information, but I had been thinking about this subject for a while. I thought to myself there would be many questions people have from

an Islamic perspective when providing care (whether this is for someone in their family or privately), some of which are:

- Are they allowed to bathe people, what if they are of the opposite gender?
- What is ruling behind looking and touching the 'Awrah (private parts) of a person they need to change\bathe?
- Can you help a person perform ablution if they are unable to do so themselves?

Alḥamdulillāh, after finding a window in my schedule between Academic years, I decided to start working on this booklet. Taking firsthand experiences into account and scenarios which I have come across with others who are providing care, I have collated this information here along with related Islamic Rulings primarily from Islamicportal.

This document will Inshā Allāh provide general guidance as well as Islamic guidance, which can be given to help carers provide effective and proper care adhering to Islamic rulings.

Although I do not work in the healthcare sector myself, many members of my immediate family and close friends do, ranging from doctors and pharmacists to professionals working in the palliative care sector. I have consulted them as necessary when seeking clarification on medical matters. Furthermore, as mentioned earlier, I have provided care in the past and am presently also providing shared care, so have included many topics which we have had to address during these times.

Much of the practical advice will be from a personal perspective, and there are many different ways to complete a particular task. The main objective is to complete the task in the most efficient way for the patient and for yourself.

By including a wide range of topics in this book, it may highlight some areas which may have been overlooked by some carers.

Regarding the person in care, I have used the term patient and person in care interchangeably, so both mean the same. Later on in the book when I discuss palliative care, I have also used the term Muḥtaḍar, which is the Islamic term for someone who is approaching the end of their life.

We must remember as Muslims it is our duty to help look after others. In modern times, unfortunately, we see more people are becoming self-centred and refuse to adjust their own timetables to help provide care for family members when they are in a position to do it.

Many people have assisted in the compilation of this booklet, directly and indirectly. The many scholars whose rulings have been referenced as well as the friends and medical professionals who have reviewed it and provided valuable advice. However, I would like to specifically mention my immediate family, including my wife, children, and siblings, who through their selfless actions have provided inspiration to many of the topics discussed and continue to help and support those in need, within our family and beyond.

I pray that this booklet gives encouragement and guidance to help those who provide care and may Allāh ﷻ also reward them greatly for putting the needs of others in front of their own.

Ebrahim Noor

22<sup>nd</sup> Ṣafar 1447 (17<sup>th</sup> August 2025)

## Types of Caring

Caring can be of many different types. It could be looking after somebody who has a temporary illness, a person with a permanent condition or even palliative care, where a person is end of life.

The age of the person who requires care will also vary. Normally young people who require care will be those who have special needs or disabilities. The most common care case would be an elderly person who due to illness or even old age, is no longer able to look after themselves.

The level of care required can also vary widely. It could be just assisting with general tasks a few times of day, or regular assistance covering a wide range of duties.

In all cases, it is imperative that the correct level of care is given, ensuring that the Islamic rights of the person in care are fulfilled. Islām places great emphasis on helping others. There is a comprehensive Ḥadīth narrated by Abū Hurayrah رَضِيَ اللَّهُ عَنْهُ in Ṣaḥīḥ Muslim which mentions a number of virtues for that person who aids another as follows:

مَنْ نَقَّسَ عَنْ مُؤْمِنٍ كُرْبَةً مِنْ كُرْبِ الدُّنْيَا نَقَّسَ اللَّهُ عَنْهُ كُرْبَةً مِنْ كُرْبِ يَوْمِ الْقِيَامَةِ وَمَنْ يَسَّرَ عَلَى مُعْسِرٍ يَسَّرَ اللَّهُ عَلَيْهِ فِي الدُّنْيَا وَالْآخِرَةِ وَمَنْ سَتَرَ مُسْلِمًا سَتَرَهُ اللَّهُ فِي الدُّنْيَا وَالْآخِرَةِ وَاللَّهُ فِي عَوْنِ الْعَبْدِ مَا كَانَ الْعَبْدُ فِي عَوْنِ أَخِيهِ<sup>1</sup>

Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said, “He who alleviates the suffering of a believer out of the sufferings of the world, Allāh will alleviate his suffering from the sufferings of the Day of Resurrection, and he who finds relief for one who is

<sup>1</sup> Ṣaḥīḥ Muslim 2699a

hard-pressed, Allāh will make things easy for him in the Hereafter, and he who conceals (the faults) of a Muslim, Allāh will conceal his faults in the world and in the Hereafter. Allāh helps his servant so long as the servant is helping his brother.”

We can see from this Ḥadīth the many virtues a person gets when they assist a fellow Muslim in different ways.

A quality of Muslim is that they show Mercy to all the creations of Allāh **سُبْحَانَهُ وَتَعَالَى**. There are many Ḥadīth which show the reward for those who display this positive trait, however there are also narrations warning those who do not. We must remember, if we are in a position where providing care is an Islamic Right upon us, it must be discharged accordingly. If we do not, then this will be a deeply reprehensible action. Jarīr ibn ‘Abdullāh **رَضِيَ اللَّهُ عَنْهُ** narrates that Rasūlullāh **صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ** said:

مَنْ لَا يَرْحَمُ لَا يُرْحَمُ<sup>2</sup>

“He who is not Merciful upon others, will not be treated Mercifully”

We must put ourselves in the position of the person who requires care and think how would we like to receive care? The answer will be the way you should care for them. When providing care, always be patient and never make the person who is being cared for feel like a burden. It is actually an opportunity for us to earn great reward, so we should be grateful and supplicate to Allāh **سُبْحَانَهُ وَتَعَالَى** that we can discharge this duty correctly and to the best of our abilities.

رحمة

<sup>2</sup> Ṣaḥīḥ al-Bukhārī 6013

## Relationship of Carer to Person Being Cared for

The Islamic rulings may differ due to the relationship the carer has for the patient. It could be that a person is caring for their child, sibling, parent, or spouse. It could be a person is looking after their friend or neighbour, or in some circumstances where professional care is being given, the person could be a complete stranger.

In Islām, the private parts of a person are referred to as the ‘Awrah. For a male, this is from the navel to below the knees. For a female, it is the entire body excluding the hands (up to wrists), feet (below ankles) and the face<sup>3</sup>.

The rulings of ‘Awrah will change depending upon who the person is with i.e. If a male or female is in the company of their spouse, if a female is in the company of males who are Maḥram<sup>4</sup>, if the female is in the company of other Muslims females etc.

There will be scenarios when providing care, which will involve the ‘Awrah of the person in care i.e. when giving them a bath, clothing them, cleaning them after answering the call of nature etc. In a Shar‘ī (Islamic) time of need there is allowance in this matter, however as far as a person can help it, they should refrain from looking directly at the ‘Awrah and keep their gaze away.

As each case of caring is individual, it would be advisable for the carer to speak to a Scholar who could advise accordingly, to clarify the ruling pertaining to their particular scenario.



<sup>3</sup> This is according to the Ḥanafī school of thought. Some other schools of thought also include the feet in the ‘Awrah as well.

<sup>4</sup> Those relatives to whom marriage is impermissible

## Planning the Care

First and foremost, we must ensure that the care provided is efficient and fulfils all the requirements in question. It might be beneficial to create a list of tasks which require assistance. It may also be the case where a person is looking after more than one person, in which case, create a list for each person.

The tasks maybe time sensitive i.e. giving medication and feeding, or they may be adhoc, like helping a person to answer the call of nature, giving them a bath etc. Hence, multiple lists may also be beneficial depending on the time frame of the tasks i.e. daily, weekly, monthly etc. The tasks may also not be directly related to physical care, but other things which need to be done, like paying the bills, shopping etc. so these should also be included.

When compiling the lists, be as comprehensive as you can, and add all information which may be helpful, no matter how mundane it may seem. Some example task lists are given below, but they can be adapted in whichever way you see fit.

### Daily Tasks

Task	Time (if applicable)	Further Information
Breakfast	08:00	Detail of food eaten at breakfast
Morning Medication	08:00	List of Medication Also include if they require any drops, inhalers, external creams, or ointments
Morning Blood Check (If Diabetic)	08:00	Manual check using machine or scan if using sensor
Bath\Shower\clipping nails		Bathing the person (frequency will vary according to person).

		If it is a male, and they are able to get to the Masjid with assistance, try and take them for Jumu'ah, in which case help give them Ghusl just before.
Change clothing	After bath\Shower	Detail where clothes are kept and what is normally worn if person in care is unable to explain this
Lunch	1:00pm	Detail of what food is eaten at lunch
Afternoon Medication	After lunch	List Medication
		Also include if they require any drops, inhalers, external creams, or ointments
Afternoon Blood Check (If Diabetic)	08:00	Manual check using machine or scan if using sensor
Dinner	07:00pm	Detail of what food is eaten at dinner
Evening Medication	After dinner	List Medication
		Also include if they require any drops, inhalers, external creams, or ointments

The person in care will still need to fulfil their religion obligations like Ṣalāh unless they are excused from a Shar'ī perspective. Tasks for daily Ṣalāh have not been added to the above chart but can be added. The person in care may also need assistance with Wudū, this will be covered later on.

## Weekly Tasks

- Food Shopping – get list of items required
- Cleaning the House
- Washing clothes & putting them away
- Putting out bins for collection

## Monthly Tasks

- Order Repeat Medication
- Pay monthly bills (more information later)
- Organise any visits they would like to go to



## Location of Care

When providing care, one of the most important aspects is where the patient will receive care. There are many factors which will determine this, some of which are:

- Does the patient live with someone else i.e. spouse, children etc.
- Does the patient live in the same house as the primary carer/carers?
- If the patient lives alone, could they cause themselves harm if they do not have a carer with them at all times? i.e. if they have a memory related condition, could they forget to turn appliances off, forget to eat, drink or take medication, leave the house at any time etc.
- If the patient lives alone, is it possible for a carer/carers to live with them if required?
- Would the patient ever need extra care above and beyond the existing primary carer?
- Will moving the patient to a new environment have an adverse effect on their physical and mental wellbeing?
- If the patient has no one to care for them

## Home of the Patient

Ideally if the patient can be cared for in their own home and surroundings, this would be ideal. They will be familiar and comfortable with the location of rooms, used to going to the bathroom, using the kitchen etc. They will also have a level of independence and privacy. If they require care around the clock and carers are able to facilitate this, then this would be best for the patient.



## Home of the Carer

There maybe other cases where even if a carer moved into the home of the patient, there would be instances where they would require additional support. An example of this would be a person who regularly falls, and the carer is not physically able to help them back up. Another example is the carer works from home and cannot keep an eye on the patient at all times. If the patient moved into the house of the carer, the household of the carer could provide the additional support as and when required.

## Alternative Locations

There also might be instances where a person has no friends or family at all to be able to provide care in which case the authorities should be contacted. If we become aware of any such people in our communities, we should assist them as best we can, by helping them find the best care possible.

When deciding the location of the care, the patient and family should discuss the options and see which one would be the best for the patient. The carers should try their best to facilitate the care ensuring they have access to additional help if required.

## Adapting Home

**D**ue to mobility issues, homes may need to be adapted to ensure the safe living and movement of the person in care. Here are some points for consideration.

- Ensure sleeping\living quarters are close to a bathroom.
- If there is a downstairs bathroom, consider converting a room or part of a room downstairs into a bedroom, so patients do not need to go up and down the stairs.
- If a patient cannot get out of bed without assistance, consider an electric bed which can help raise the upper body and move them to a sitting position.
- Making room for the easy and safe usage of mobile aids i.e. Zimmer frames, walkers etc.
- Installation of handles\bars for assistance in moving.

There may also be a requirement for changes to the layouts of certain rooms as follows:

- Person cannot get into a bathtub anymore so needs a wet room\shower installing.
- Access for wheelchairs to bathrooms and other chairs through installation of ramps.
- Stair lifts to go up and down between floors.
- Adapting toilets\sinks for ease of use.

If certain people in care have a mental condition i.e. Dementia, Alzheimer's, memory loss etc. this will require additional measures to ensure they can live a normal life as possible. There are many resources online which can give valuable advice on how to provide care.

## Telling the Time

A patient who suffers from memory related issues can easily forget what time of day it is and not differentiate between the morning and afternoon. In this case, special clocks can be purchased which will display the part of the day as well as the time.



## Personal Alarms

If the person lives alone, an alarm can be given which can be used in times of emergency and they must be advised on how to use it. The issue here is that they could easily forget to carry it with them or forget how to use it unless it can be put on their person in some way.

One solution is a pendant\watch alarm, which can be worn on the wrist or neck. There are a number of plans which can be purchased depending on the need of the patient. In case of emergency, the patient will be able to raise an alarm from their device and also have the ability to speak through a base unit. Some plan also have fall detection, so if the patient is unable to press the button, the Care Team are informed. Further details can be found on the website below:

<https://careline.co.uk/pages/about-us>

If the person in care lives with another person who is able to raise an alarm, then this will be beneficial. Giving them access to a mobile phone and teaching them how to use it will be beneficial.

## CCTV

In some cases, the installation of CCTV cameras could be beneficial if the person in care is living alone or with another elderly person. There are many systems nowadays where the live camera feeds can be viewed online via mobile devices or personal computers. Permission must be obtained before installation and try and keep them in the most common areas without invading the personal privacy of the people who live in the home, as there could be other people living there as well. Also ensure access to the feed is restricted accordingly.



## Occupational Health

Assistance may be available from local councils and other organisations to help with adapting homes and providing mobility aids. This will normally involve consultation with an Occupational Health specialist to assess the needs of the person in care. If any meetings are arranged, it would be beneficial to have supporting evidence from the local doctor, like medical history, conditions, and list of medication. It would also be worth conducting an assessment yourself to see where help is required. To give you an idea, some of the items which could be provided are as follows.

- Mobility - Walking aids i.e. zimmer frames, walkers, walking sticks, bars & handles
- Assisted Mobility – Wheelchairs, Electric wheelchairs
- Assistance with bathroom – Commode (chair with toilet), electric seat (used in a bath tub to assist person get in and out of the bath). Shower seat, shower chair with wheels (easy to transport person in care to and from the bathroom)

The items which are given by Occupational health are mostly on a loan basis so should be looked after and returned if no longer required.

Note: Many areas have self-access/family access to local resource services for equipment such as zimmer frames, commodes etc. Enquiring as self-refer could save time and be quicker than going through a GP.



## Sharing Responsibility for Care

**T**aking care of a person can be a very demanding task. Especially if the carer has a job, family of their own and other commitments as well. There may be cases where they are the sole carer and there is no one else available who can assist. This could be the case of a single parent looking after a child with special needs, a spouse looking after their partner, or even a single child looking after a parent.

There may be assistance available where some of the tasks can be conducted by professional carers i.e. if the person in care is bed bound, carers could be arranged to come at regular times to help clean and clothe the person.

There may be other tasks as well which can be taken care of, although there will most probably be a cost involved i.e. cleaning the house, including washing clothes and dishes, cooking meals, shopping trips etc.

If there are multiple people who are able to provide care i.e. a number of children to look after parents, or siblings to look after a brother or sister, the responsibilities should be shared equally. There will be situations where it will be difficult for some of them to share the workload due to personal commitments, or geographical distance, but every effort must be made.

If a child lives abroad or far away, and their parents need care, this does not absolve them of their responsibilities. It may even be necessary to move back closer to them to fulfil their duties. By sharing the care, the great reward for caring will be Inshā Allāh obtained by everyone. Those involved will develop more love and understanding between themselves and have no hard feelings or resentment towards others.

One issue which may arise is providing care during certain periods of the year like school holidays. Many people like to go away during these times with

their own families and there is nothing wrong in this, however this should be planned so there is always someone available to look after the person who requires care. It would also be unfair for the same person to keep on taking time off whilst other carers are unable to do so. A solution to this is to share the holidays, so each year, all of the carers are able to take an equal amount of time off during the holidays.

## Yearly Caring Planner

To ensure adequate care is provided all year round, a monthly and/or yearly caring planner can be made. Each carer is then able to mark out any days they are unavailable due to commitments like work, holidays, appointments etc. They are also then able to mark in the days they are available to provide care.

The planner can also be used to ensure the care time is divided equally between the carers. If any of the carers is able to provide more time happily without any issues, then this is commendable. It could be that they are geographically closer to the person who needs care and there is less impact on their own lives as they would be able to get back to their own house each day. On the other hand, if some of the carers are unable to give as much time and have a genuine reason i.e. health issues, childcare, then the other carers should not take this negatively.



Another point to note here is that if the person in care is being looked after by their children and one child is providing a greater level of care, this does not give that child a greater entitlement to any inheritance. There are many situations where some children live with parents and after their demise the house is given to them, and the other children are not given their rightful share. This is incorrect and goes against the guidance Allāh ﷺ has given in the Qur'ān. If unsure, always speak to a Scholar for assistance.

## Available Assistance & Charities

Providing care for a person could sometimes mean the carer has to leave work themselves or reduce their working hours. This will obviously result in a reduced income and have a financial impact. If you spend at least 35 hours a week caring for someone with an illness or disability, you may be eligible for extra money called Carer's Allowance. Further information on this benefit can be found on the site below:

<https://www.gov.uk/carers-allowance/eligibility>

Depending on the nature of the illness/condition of the patient, providing care can be challenging. There are many organisations and charities which provide valuable advice when it comes to care. This ranges from how to carry out regular caring tasks, discussion forums, and assistance in filling out forms. The following site has some useful information:

<https://www.carersuk.org/help-and-advice/financial-support/filling-in-forms/>

If you need help, reach out to one of the charities/organisations that can provide assistance. If you know anyone else who also has a similar care scenario, then reach out to them as well. You never know what advice will be valuable and help you in your tasks. If you are taking care of an elderly person, the following site is an excellent resource:

<https://www.ageuk.org.uk/>

If you are in a position to help advise someone else, then do so. This is also a very rewarding and commendable action. Sometimes talking to someone who is in a similar situation can help greatly and creating a support group where ideas and tips can be shared will be very beneficial.

## Flexible Working

**A**s mentioned earlier, many carers will also be balancing personal commitments with caring. Many will be in employment and trying to provide care around their working day. For those who have the option of working from home, if you live with the person in care or close by, you can try and fit the tasks in before, after, and during work breaks.

Another option is working from the residence of the person who requires care. Ensure there is a suitable internet connection and obtain permission from the person who pays for the internet.

There will also be many people who do not have the opportunity to work from home and have to go into the workplace. This can prove challenging. With



many companies promoting work life balance and flexible working options, speak to your employer and explain the situation. They may allow for homeworking some days or adjustment in working hours to accommodate the care. Many people are too shy to ask in

this situation, but they should ask. They should also take a look at their employment rights and terms and conditions of employment, as this may already allow certain allowances. The link below provides some useful information for anyone who wants to look into this:

<https://www.carersuk.org/help-and-advice/work-and-career/your-rights-in-work/>

## Reducing Working Hours

If a carer is financially stable, reducing working hours/days may also be an option you need to exercise. We must remember, we only live once and we need to ensure we have fulfilled the rights of those who are in care. We do not want to have any regrets later on in life. Allāh سُبحَانَهُ وَتَعَالَى will Inshā Allāh help through means you did not even expect or even imagine.

There will be occasions where people are able to afford to sacrifice financially to provide care, but they do not do it. This could result in looking at other avenues for care, like care homes, or even the hiring of private carers. We need to think of the psychological repercussions of our actions on the person who is being cared for. Sending them away to an unfamiliar environment, away from their friends and families. Not being sure of the level of care they are receiving, restricted visiting times, high costs (sometimes being taken out of the carers finances), the list goes on.

We must remember we are all answerable to Allāh سُبحَانَهُ وَتَعَالَى.

عَنْ عَبْدِ اللَّهِ قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ " كُلُّكُمْ رَاعٍ وَكُلُّكُمْ مَسْئُولٌ  
فَالْإِمَامُ رَاعٍ وَهُوَ مَسْئُولٌ وَالرَّجُلُ رَاعٍ عَلَى أَهْلِهِ وَهُوَ مَسْئُولٌ وَالْمَرْأَةُ رَاعِيَةٌ عَلَى  
بَيْتِ زَوْجِهَا وَهِيَ مَسْئُولَةٌ وَالْعَبْدُ رَاعٍ عَلَى مَالِ سَيِّدِهِ وَهُوَ مَسْئُولٌ إِلَّا فَكُلُّكُمْ  
رَاعٍ وَكُلُّكُمْ مَسْئُولٌ " <sup>5</sup>

‘Abdullāh ibn ‘Umar رَضِيَ اللَّهُ عَنْهُ narrates that the Prophet صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said, “Every one of you is a shepherd and every one of you will be questioned (for his wards). A ruler is a shepherd and will be questioned (for his subjects); a man

<sup>5</sup> Ṣaḥīḥ al-Bukhārī 5188

is a shepherd of his family and will be questioned about them; a wife is a shepherd of her husband's house and she will be questioned about it; a slave is a shepherd of his master's property and will be questioned about it. Beware! All of you are shepherds and all of you will be questioned (about his wards).”

All of us are shepherds and will be questioned about our wards. In matters like these, older members of the family could also become our dependants. When we are questioned by Allāh سُبْحَانَهُ وَتَعَالَى would we truly be able to say that we provided care to the best of our abilities to those who had rights over us?



## Managing Financial affairs

If a person in care starts to lose their mental faculties then the responsibility of running the household will fall upon their family members. First and foremost, all of the household bills must be documented, ensuring all the required information is noted down as follows:

- Description of bill (council tax)
- Reference (customer reference)
- Amount (£'s)
- Payment Frequency (monthly)
- Account from which payment is taken (Name on account, Account number sort code)

To arrange payment on behalf of the person in care or to access their funds, you will have to speak to their bank and get the relevant permissions to manage their finances.

Many times, there will be some payments which are easily missed out. A good way to find out is to access the Bank Statements and/or Credit Card Statements of the person in care and note down the payments. If any are no longer required (subscriptions to non-essential services) they should be cancelled. The payments could also be consolidated to a single account to make them easier to manage. Examples of common payments are given below:

- Rent\Mortgage
- Council Tax
- Energy (Gas & Electricity)
- Water Rates
- Home Insurance
- Charity Payments, Subscriptions (including TV License)

## Cars

If the person in care owns a personal car and they can no longer drive it and there is little or no probability they will be able to drive in the future, then it should be sold. Ensure the insurance is also cancelled and any outstanding finance on the car also settled if required.

## Driving License

If the person in care is no longer able to drive, then the Driving License must also be returned to the DVLA. Further information on this can be found on the link below:

<https://www.gov.uk/giving-up-your-driving-licence>

## LPA's – Lasting Power of Attorney

It is recommended that LPAs are obtained for any person in care who could lose their mental faculties and become unable to make any decisions for themselves in the near future. This must be done whilst they still have the ability to understand they are granting another person\persons the LPA. The two types of LPA are as follows:

- health and welfare
- property and financial affairs

Further information on how to obtain these can be found on the link below:

<https://www.gov.uk/power-of-attorney>

There is a fee involved for both LPAs. Once the LPA has been granted, the applicants will be able to make important decisions on behalf of the person in care. If there is a possibility of multiple applicants, they should consult each other and decide who would be the best person/persons to carry out this responsibility.

## Administration of Medication

**M**any people in care will have medical conditions which require the regular administration of medication. Many things need to be considered, some of which are as follows:

- Which medicine needs to be administered and at what time
- Is the person in care able to administer the medication themselves or is there a risk they may make a mistake?
- If they are diabetic, can they take their own blood readings?
- If they are diabetic, can they administer their own injections?
- If they require eye drops, can they put these in themselves?
- If they require an inhaler, can they use this themselves?
- If they require dressings to be changed, creams/ointments to be applied, can they do this themselves?

Once the above information has been obtained, a plan can then be made on how to ensure the medication is administered correctly and regularly. This can be added to the daily plan.

If the person in care takes a lot of medication, there are pharmacies which provide 'blister packs' where the tablets are arranged in separate strips, one for each day, and within the strip, separate compartments for the different times of the day. If this is unavailable, you can purchase the strips yourself and if someone is familiar with the medication, they can make the strips themselves for the person in care.

There are also now 'Automatic Pill Dispensers' which are lockable smart devices designed to help people take their medications correctly and on time. They have timed alarms with rotating compartments, so can be configured to open at the required time of the day. The



medicine can then be taken from the associated compartment. Depending on how often the patient takes medication, these dispensers could potentially store up to 4 weeks of medication.

**Note:** Make sure they do not run out of medication

## Ordering Repeat Medication

Medication is normally only supplied every 4 weeks so it must be re-ordered. A simple way to do this would be to register an NHS account for the patient. The patient will have selected a local pharmacy who will dispense the medication. Once ordered and approved by the GP, the medication can be collected. Some pharmacies also offer a delivery service which could be used.

## Monitoring

People in care may also need to have regular monitoring. The most common forms are blood sugar level tests for Diabetics and blood pressure monitoring.

If the person in care struggles to monitor their blood levels, sensors can also now be prescribed, where the blood level can be checked with a simple scan from a phone or special device. If you think the person in care could benefit from this, speak to your Diabetes Nurse/Consultant.

Keep a check on the levels and if there is anything abnormal speak to the GP right away and arrange an appointment/consultation.

## GP Surgery & Health Departments

There will be many instances where the person in care will require attention from the doctor. They may also be limited in their capacity to effectively communicate with the relevant health departments. In cases such as this, one of the carers should take on this responsibility and inform the GP, obtaining the relevant permission off the person in care to be able to arrange appointments and also speak on their behalf.

## Organizing and attending Appointments

All appointments should be put into a planner and arrangements made for the patient to attend. All appointment letters should be filed in a folder so they can be easily accessed prior to the appointment by the patient and/or the person taking them.

If the patient requires a vehicle to attend the appointment, ensure it is fit for purpose i.e. If they struggle to get into a low car, ensure a vehicle with easy access is used. The patient may also be entitled to a Blue Badge, which will allow them special parking privileges. The badges must only be used for the patient; any abuse of usage could result in the loss of the badge.



There may be also special circumstances where the patient is entitled to Motability benefits enabling themselves or their carers the use of a car or an allowance towards a car.

As mentioned, many work places will enable flexible working when needing to attend appointments with people in care. Working hours can be adjusted so the time can be made up before or after if required.

## Do not be a Single Point of Failure

The care of a person can cover many different aspects and if a single person has all the knowledge and practise of the tasks, this could cause issues if anyone needs to takeover due to the primary carer being unavailable.

Ensure all tasks are not only documented, but all carers have knowledge and practise on how to conduct the tasks. In this way, the unavailability of any carer, whether this is sudden or planned, will not cause any issues with providing effective care for the patient.

It is always good practice to keep useful information in a central place. In today's times, a shared online repository which is accessible by everyone



works well, however a paper-based system with files is also easy to manage and readily available. It will also be easier for people who are not technically literate as others (like elderly parents) to be able to access this information when required. Shared messaging groups can also prove to be effective.

The point of this section is do not be the single point of failure! Ensure relevant knowledge transfer of tasks takes place between all carers and update all planners\documents as and when necessary, so at any time, all carers are able to conduct all tasks effectively and correctly.

## A Very Rewarding Duty

Allāh سُبْحَانَهُ وَتَعَالَى has created human's as social beings. We live with our families, communities, friends, and neighbours. Each of these have rights over us. Allāh سُبْحَانَهُ وَتَعَالَى tells us in the Qur'an:

وَأَعْبُدُوا اللَّهَ وَلَا تُشْرِكُوا بِهِ شَيْئًا وَبِالْوَالِدَيْنِ إِحْسَنًا وَبِذِي الْقُرْبَىٰ وَالْيَتَامَىٰ  
وَالْمَسْكِينِ وَالْجَارِ ذِي الْقُرْبَىٰ وَالْجَارِ الْجُنُبِ وَالصَّاحِبِ بِالْجَنْبِ وَابْنِ السَّبِيلِ  
وَمَا مَلَكَتْ أَيْمَانُكُمْ إِنَّ اللَّهَ لَا يُحِبُّ مَن كَانَ مُخْتَالًا فَخُورًا <sup>6</sup>

“Worship Allāh, and do not associate with Him anything, and be good to parents and to kinsmen and orphans and the needy and the close neighbour and the distant neighbour and the companion at your side and the wayfarer and to those (slaves who are) owned by you. Surely, Allāh does not like those who are arrogant, proud.” (36)

From this Verse and many others, we can see that it is an obligation upon us from Allāh سُبْحَانَهُ وَتَعَالَى to fulfil the rights of other people, and that will constitute as an act of worship. All acts of worship are very rewarding. There are many examples in the Ḥadīth and Ṣīrah where Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ encouraged others to provide care for family members.

عَنِ ابْنِ عُمَرَ رَضِيَ اللَّهُ عَنْهُمَا قَالَ إِتَمَّا تَعَيَّبَ عُثْمَانُ عَنْ بَدْرِ فَإِنَّهُ كَانَتْ تَحْتَهُ بِنْتُ  
رَسُولِ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ وَكَانَتْ مَرِيضَةً. فَقَالَ لَهُ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ  
إِنَّ لَكَ أَجْرَ رَجُلٍ مِمَّنْ شَهِدَ بَدْرًا وَسَهْمُهُ <sup>7</sup>

<sup>6</sup> Sūrah an-Nisā Verse 36

<sup>7</sup> Ṣaḥīḥ al-Bukhārī 3130

‘Abdullāh ibn ‘Umar رَضِيَ اللَّهُ عَنْهُ narrates that ‘Uthmān رَضِيَ اللَّهُ عَنْهُ was absent from Badr because he was married to the daughter of Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ and she was ill. The Prophet صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said to him, “You shall get the reward of a man who was present in Badr and also get his share (from the war booty).”

During the battle of Badr, ‘Uthmān رَضِيَ اللَّهُ عَنْهُ had been told by Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ to stay behind and look after his wife Ruqayyah رَضِيَ اللَّهُ عَنْهَا, who was the second daughter of Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ. Even though ‘Uthmān رَضِيَ اللَّهُ عَنْهُ did not take part in the battle, he was still counted amongst the Badriyyīn, who held the highest status amongst the Companions رَضِيَ اللَّهُ عَنْهُمْ.

We also hear the story of Uwais al-Qarnī رَحِمَهُ اللَّهُ, who due to caring for his ailing mother, was unable to visit Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ. When ‘Umar رَضِيَ اللَّهُ عَنْهُ was going for Hajj, Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ told him to find Uwais رَحِمَهُ اللَّهُ and ask him to supplicate for him. Such was his status, that looking after his mother made him become a person whose supplications would be answered.

أُوَيْسُ الْقَرْنِي

## The Supplication of Parents

One of the most common cases of care will be for a parent being looked after by their child/children. There is great reward in looking after one's parents

عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ  
ثَلَاثُ دَعَوَاتٍ مُسْتَجَابَاتٌ دَعْوَةُ الْمَظْلُومِ وَدَعْوَةُ الْمُسَافِرِ وَدَعْوَةُ الْوَالِدِ عَلَى وَلَدِهِ<sup>8</sup>

Abū Hurayrah رَضِيَ اللَّهُ عَنْهُ narrates that Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said,  
“Three supplications are answered without a doubt, the supplication the oppressed, the supplication of a traveller and the supplication of a father (parent) for his child.”

When a person looks after their parents, the parents will supplicate for them. We cannot even comprehend how many blessings exist in our life due to the supplications of our parents. On the other hand, the displeasure of our parents will lead to grave consequences.

عَنْ عَبْدِ اللَّهِ بْنِ عَمْرٍو عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ  
" رِضَا الرَّبِّ فِي رِضَا الْوَالِدِ وَسَخَطُ الرَّبِّ فِي سَخَطِ الْوَالِدِ " <sup>9</sup>

‘Abdullāh ibn ‘Amr رَضِيَ اللَّهُ عَنْهُ narrates that the Prophet صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said,  
“The pleasure of the Lord lies in the pleasure of the parent, and the anger of the Lord lies in the anger of the parent.”

We can see from the above, the effect of a parent's happiness and anger also have a direct relationship to the happiness and anger of Allāh سُبْحَانَهُ وَتَعَالَى.

<sup>8</sup> Jāmi‘ al-Tirmidhī 1905

<sup>9</sup> Jāmi‘ al-Tirmidhī 1899

## Shopping & Preparing Meals

**M**any people in care will have special dietary requirements due to medical conditions such as diabetes etc. The effect of food has a direct effect on their health. Carers must ensure balanced meals are prepared in accordance with their requirements. There may be instances where they request food which is not part of their normal diet and could have a detrimental effect, so take the necessary precautions.

It is good practise to prepare a shopping list, so anyone can get the shopping. Online shopping is also an option for regular food items. The shopping can be purchased from money which belongs to the patient. A good idea is to keep a float handy and use money from that when shopping. Other options are to do bank transfers if the patient or their relative has access to internet banking.

### Meals & Snacks

Timing of meals is very important, especially when medication needs to be taken before, during or after meals. Having breakfast on time will bring a good start to the day and make it easier for the rest of the day to flow.

As carers, we might find it easier to buy processed foods which could be warmed in the microwave or air fryers or even buy takeaways to save time and effort. Once in a while is not an issue but having these types of foods on a regular basis is not healthy and could have an adverse effect on the health of the person being cared for.

Nutritious, balanced meals which can be prepped quickly and easily should be the order of the day. If rotis or bread are part of the diet, they can be made in advance and stored, then heated up when required.

Take into account the preference of the person in care and any special conditions which need to be addressed i.e. a person has no teeth so cannot eat

food which is hard to chew, a person has a condition with their digestive system so only certain foods can be consumed, the person has an allergy to a particular food so ingredients must be checked before food is prepped etc.

Healthy snacks should also be given at certain times. There may be instances where a person who has diabetes has low blood sugar levels during night time. Seek guidance from the Diabetes Nurse/Consultant/qualified medical practitioner on what can be given to them before they sleep to prevent this condition.

## Hydration

It is imperative that the patient remains hydrated during the day. If they have a memory effecting condition, it may be better to have a large water bottle\jug close to them and keep reminding them to drink. Other non-sweetened drinks can also be given to them during the day.



## Taking Patients to the Toilet

There may be instances where the person being cared for will need assistance when they want to answer the call of nature. We need to assess how much aid they need. Some of the questions we need to find answers could be:

- Can they get to the toilet themselves?
- Can they remove their clothing?
- Can they wash themselves after?
- Do they wear incontinence pads/briefs? If so can they remove\wear them unaided?
- Do they need to use commode?

After answering the call the nature, if the patient is required to fulfil their religious obligations, we need to ensure we get the patient to a state where they will be ritually pure to perform Wuḍū and conduct any associated prayer actions. This means care must be taken with the purity of their bodies as well as their clothes.

### Assistance in removing clothes

If the patient can get to the toilet but is unable to remove their clothes, then the carer should assist them. Manoeuvre them to a position over the toilet and remove their lower garments, keep your gaze away from their private parts (ʿAwrah). Once they have finished and washed themselves, you can help them put their lower garments back on. An easy way is to move them, so they have their back towards you, and then you can lift up their clothes into place.

### Assistance in washing the private parts

If the patient is unable to wash themselves, you can assist by wearing a pair of gloves and using tissue first to clean their private parts, then water. Again

keep your gaze away when doing this. You can use tissue paper after washing to ensure the area is now clean. Pouring water over the front private part will suffice if they have urinated.

If the patient has an issue with drops of urine leaking afterwards, try and do *istibrā'* to the best of their abilities. This is the process by which all of the urine comes out of the private part and can take various forms like pouring water over the private part, walking around, waiting a while etc.

Note: If a patient requires *Istibrā'*, and they need to perform *Wudū'*, it will be better if they waited a short while after answering the call of nature. Once they are confident all the urine has come out, they can perform *Wudū'*.



## Using a Commode

When a patient is unable to get to the toilet, they may need to use a commode, which is a chair which the person can sit on and answer the call of nature. The patient may need assistance on removing their clothes and also sitting on the commode itself. Ensure there is sufficient privacy in the room, and the commode is moved to the side when not in use. When required, bring it into position.

Ensure the commode is clean before the person uses it. Some common advice is to put a little water inside and some tissue paper which will make it easier to clean after.

After the person has used the commode, if they need assistance in washing, then as per the guidance before, you can use gloves and tissue first, then water later. Once they have finished, dispose of the uncleanliness and clean the pan.

## Incontinence Products

The patient may also need to wear incontinence pads/briefs/products due to their medical condition. Nowadays they are disposable, and some are pull ups so easy to take off and put back on again. If the incontinence products have not been soiled, they do not need to be removed each time the patient has been to the toilet. If they have been soiled, then they should be changed.

## When is a Patient Considered Excused?

There may be situations where the patient has a lot of discharge, this may be urines or faeces. They may even have an issuing of passing gas very often. How can a person like this do Wudū and pray Ṣalāh? The information below has been taken from 2 answers, one by Mufti Muhammad ibn Adam and the other by Mufti Ebrahim Desai رَحِمَهُ اللهُ. I have adapted the answer from Mufti Muhammad to relate to this scenario.

A Ma'dhūr (Excused person) in relation to the laws of purity is the one who experiences the continuous exiting of ritual impurity from his/her body, such as continuous nose bleed, chronic vaginal discharge (istihādḥā), continuous exiting of blood from a wound or the dripping of urine continuously, etc. in a way that it remains for the period of one complete Farḍ Ṣalāh time and that one does not find sufficient time wherein Ṣalāh can be offered.<sup>10</sup>

So if a person cannot stay clean (due to urine or blood coming out) for the duration it takes them to read 2 Rak'ah Ṣalāh (within one complete Ṣalāh time i.e. between Zuhṛ and 'Aṣr), then they will be considered as excused.<sup>11</sup> This means, as each new Ṣalāh time sets in, they will perform a fresh Wuḍū. They

<sup>10</sup> <https://islamqa.org/hanafi/daruliftaa/8353/rules-related-to-an-excused-person-madhur/>

<sup>11</sup> [https://www.askimam.org/public/question\\_detail/15278](https://www.askimam.org/public/question_detail/15278)

will then be able to pray Ṣalāh, read Qur'ān etc. until the time for the next Ṣalāh starts. The patient will then have to perform Wuḍū again.

**Note:** If the person breaks their Wuḍū due to another reason, i.e. they cut themselves and bleed, then they will have to renew their Wuḍū.

**Question:** When will the person no longer be counted as excused?

**Answer:** When the condition which made the person excused in the first place does not occur for the duration between 2 Ṣalāhs.

**Example:** Suppose 'Umar had a problem of urine coming out constantly. He kept on leaking drops of urine to the extent that he could not find sufficient time wherein he could perform ablution and offer his Ṣalāh (this of course would be known by waiting until the end of the time of Ṣalāh prayer). Due to this, 'Umar will be classified as a Ma'dhūr.

When 'Aṣr time came in, the drops of urine only occurred once and not throughout the 'Aṣr time, even then he will remain a Ma'dhūr. The same was the case with Maghrib prayer. In the time of 'Ishā prayer, however, the urine drops stopped altogether and did not occur even once. Due to this, 'Umar now will no longer be classed as a Ma'dhūr (Excused) person. In other words, the condition to be classified a Ma'dhūr is the occurrence of drops of urine coming out throughout the time of a Farḍ Ṣalāh. The condition for one to remain in such a state is the occurrence of these urine drops coming out once in the times of the other prayers, and the condition for one to come out of this state is that the urine drops do not come out at all during a complete Ṣalāh time.

## Cleaning & Washing

It is essential the person being cared for maintains a good level of personal hygiene. This means regular bathing and also changing clothes when required. The patient should not be made to stay in the same clothes for an extended period of time. If they wear underwear, this should be changed daily.

In Islām, as per the saying of Rasūlullāh ﷺ, purity is half of faith. A quality of a Muslim is that they remain ritually pure and maintain an excellent level of personal Hygiene. As well as bathing, we are required to wash ourselves after we answer the call of nature, perform Ablution for reciting Ṣalāh and wash our hands before/after eating. Our Ṣalāh will also not be accepted if our bodies and clothes are not ritually pure.

### Bathing - Ghusl

If the patient is unable to bathe themselves, and requires assistance, they should be given a bath – ghusl according to the Sunnah method. If the patient has mobility issues getting to the bathroom, then consider use of a wheeled bath chair, which can be taken to and from the bathroom. The patient can also be bathed whilst sitting on top of it. A couple of towels will be helpful so they can be placed over the private parts of the patient.

Once the patient has been moved into position, if they are able to remove their clothes themselves, then get them to do so, if not assist. Once the clothes have been removed, a towel can be placed around the ‘Awrah – private parts.

Warm the water as necessary, using shower or bucket. start by washing the hands of the patient. Once done, pour water over the private parts of the patient and if they are able to do so, get them to wash the area with soap. Once they have finished, pour water/shower over the private parts again.

After this, help the patient perform Wudū but do not wash the feet. Do this at the end. After this wet the entire body and shampoo the head\beard. Clean the body with soap and rinse the entire body. If the patient is able to temporarily stand, get them to do so (hand rails will be beneficial). Clean the body once more (using a bath sponge will help). Get the patient to clean the front private parts once more and then assist with cleaning the rest of the body. Once complete, rinse entire body and get them to sit down again. Use another towel to cover the private parts once again.

The final step will be now to wash both feet. Once complete, dry the entire body of the patient, use deodorant, and clothe them, as necessary.

There may be instances where the patient is unable to remove bodily hair due to being too ill or weak. The hair under the armpits can easily be removed, but what about the public hair? The question below has been answered by Mufti Yusuf Shabbir on Islamicportal.<sup>12</sup>

**Question:** My father is extremely elderly and unable to shave his pubic hair himself. Is it permissible for me to shave it for him?

**Answer:** It is permissible based on need. You should keep your gaze lowered as far as possible.

To do this practically, a towel can be first placed on the private part itself. Then soap\shaving foam can be applied to the areas around the private parts. Once done, use a clean razor to remove the hair. Wash the area and repeat if necessary.

**Question:** How often should the pubic hair be removed?

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<sup>1212</sup> <https://islamicportal.co.uk/shaving-pubic-hair-of-elderly-father/>

**Answer:** It is recommended to remove the pubic hair once a week. If this is not possible, then it is permissible to remove it every fifteen days. If this is not possible, then the maximum permitted time limit is forty days. It is prohibitively disliked exceeding this time limit of forty days.<sup>13</sup>

### Cleaning Bathing Area – Avoiding Hazards

After the patient has been given a shower/bath, ensure the area is clean of water as it could cause someone to slip and fall. This could be done using a mop, towel or even a suction device like a window cleaner. The washing area should also be cleaned. If the bathroom has a fan, leave this on for a while and also leave the windows open.

Any items used during cleaning i.e. soap, shampoo, razors etc. should be placed back.

### Performing Ablution

There may be cases where the patient is unable to perform ablution themselves or unable to wash certain parts of the body due to lack of mobility. A common scenario is for a person not to be able to wash their feet. If they try to do so, they could risk falling and causing themselves injury. What should a person do in this case?

If the person is able to sit down and perform Wuḍū, and if there are lower-level taps in the bathroom, they should perform Wuḍū sitting down and wash their feet themselves.



<sup>13</sup> <https://islamicportal.co.uk/removing-pubic-hair/>

**Note:** High stools/holding aids can be acquired which will assist the person near the sink. Alternatively, a shower chair with lockable wheels is also helpful in this situation.

If they are unable to wash their feet themselves, then after they have completed their Wuḍū apart from their feet, they should be made to sit down, and their feet should be washed for them. If lower-level taps are not available, use a jug to pour water over the feet and a large container/bucket to collect the water after washing.



If the patient is unable to do Wuḍū themselves at all, what should you do? Mufti Yusuf Shabbir has answered this question.<sup>14</sup>

**Question:** My father is extremely elderly and unable to perform ablution himself. Is it necessary on us children to make him do ablution or will Tayammum suffice?

**Answer:** It is necessary on the children, or anyone present to make him perform ablution as long as this does not harm his health. If he struggles with movement, then a sponge can be used. If, however, no one from the family is present, or using water is harmful for his health, then Tayammum will suffice.

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<sup>14</sup> <https://islamicportal.co.uk/is-ablution-necessary-for-he-who-cannot-perform-ablution-himself/>

## Wearing Masaḥ socks

If washing the feet is proving difficult, the patient can use Masaḥ socks. After they have performed Wudū, they can put on the Masaḥ socks, or someone can put them on for them. As the patient will most probably be a resident, they will be able to keep them on for 24 hours from the moment, they first break their Wudū after putting on their socks. Each time they need to do Wudū in that period, they will just need to wipe their hands over their socks.

As well as the traditional Khuffayn ‘leather socks,’ there are many more socks available on the market now which will satisfy the Shar‘ī criteria and can be worn. If you are unsure of any socks, then consult your local scholar who will be able to help.



## Accidents

There will be instances where the person may have an accident and urinate and or defecate in a place other than the toilet. This could be due to not being able to control themselves, incontinence, or a mental condition. This is very common in patents who have dementia.

We must first understand that the patient may not have the capacity to understand what they have done so do not get angry at them. Keep calm and do not make the situation even more stressful. The patient may already be suffering from anxiety so do not make this situation worse. Clean up the area and also clean the patient. Bathe\shower them and change their clothes.

If the patient does not wear incontinence products, then this may be something to consider. Contact their GP and discuss the option available. If

the patient does wear incontinence products but still has difficulty, then these are some of suggestions:<sup>15</sup>

- Have a toileting schedule. Take the patient at regular times according to the frequency they need to use the toilet.
- If they resist coming to the bathroom with you, rather than telling them to go, ask them to come with you and change your approach in the request.
- The patient may need more assistance inside the toilet to ensure they can remove their clothes, put them back on, sit in the right place etc. You can get them the water they need to perform Istinjā (cleaning after going to the toilet) and also flush the toilet for them later on.
- If the patient gets confused as to where the toilet is, a sign can be put up on the door. Leave clean clothing, spare tissue paper, incontinence products etc. in places where they will be easy to find.



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<sup>15</sup> Dementia Careblazers

## Falls

There are many factors which could lead to a patient having a fall. It could be due to illness, weakness, dizzy spells, a sudden loss of strength, or even a dementia patient forgetting to use their mobility aid and losing balance. The fall could also take place in difficult places, like the bathroom, or between a bed and a cupboard, or they could even take place outside. The patient will probably be in shock after they have fallen so behave patiently with them and leave the inquest till later as to why they have fallen. The priority at this time would be to check on the wellbeing of the patient and call for assistance if required.

There are steps which can be taken to minimize the risk of falling inside the house, some of which are as follows:

- Remove any clutter or obstacles which could cause trips or falls
- Install mobility aids such as handles in hallways, stairs, and bathrooms
- If the distance to the bathroom is quite far, have a place in between where the patient can take a rest if required
- Encourage and remind the patient to use their mobility aid if they are reliant upon it
- Accompany the patient when they are walking and provide assistance if required



If the patient falls, it may be difficult to get them back up, especially if they are heavy. If you feel the patient may have injured themselves, then call 999 and ask for assistance. If you feel the patient is ok, then help them back to their feet. This might take a while, and you may need to put them in a seated position on the floor first or a kneeling position whilst they recover and then move them to their feet using aids like chairs. You may also need assistance to do get them back up as it can be quite difficult, especially if the patient is heavy.

**Note:** There are many lifting techniques which can be used, seek professional guidance regarding this as you do not want to risk injury to yourself as a carer when trying to lift up the patient.

Check the patient for any bruising or injuries from the fall. If required, call the NHS helpline for guidance if you are unsure. For head injuries, it is advisable that the patient is checked as they could be suffering from concussion. For any small cuts and bruises, apply plasters\bandages as required.

Most local areas also have a falls clinic which is a specialist physiotherapy falls service available to people aged 65 years or over, who have fallen, or are at risk of falling. A link to the local service in Coventry is given below:

<https://www.uhcnhs.uk/our-services-and-people/our-departments/community-services/physiotherapy-falls-service/>

## Keeping the House clean and tidy

**W**hen acting as a carer, many times, it is not just the patient that needs taking care of, but also the place where they live. Making sure the house is clean and tidy, free of dust and clutter. It is important the patient lives in a clean and comfortable environment.

To keep on top of this task, as well as everything else, it would be beneficial to have a timetable, details what cleaning tasks need to be done on which days. An example is as follows:

Day	Task
Monday	Vacuum House & Dusting
Tuesday	Wash Clothes & Ironing
Wednesday	Change & Wash Bedsheets
Thursday	Clean Bathroom
Friday	Clean Kitchen
Saturday	Clean fridge/larder cabinet and dispose of out-dated food items
Sunday	

To aid in the household tasks, you could consider hiring a cleaner to aid with some of them to lighten the load upon the carers.

## Cleaning up after cooking\feeding

Once the patient has had their meal, ensure that all utensils, plates, cutlery etc. are washed and put away. Do not wait for the washing to fill the sink before cleaning the dishes. Also, do not leave food items outside and keep any food that requires chilling in the relevant fridge department.

If there is spare food which the patient does not want to eat again, then it should be stored in the fridge\freezer if possible so it can be eaten later.

Try and prepare regular and different meals so the patient does not get bored of the same foods causing them not to eat.

## Decluttering

Many patients will be living in houses which were once home to large families but now it may only be the elderly parents or even a single elderly parent. They no longer require the same amount of Household items which were once used. It would be a worthwhile task to declutter and only leave essential items in the house. Some of the items which could be removed are:

- Pots and Pans
- Cutlery, spoons, knives, forks etc.
- Plates
- Serving dishes
- Drinking utensils, glasses, cups, mugs etc.
- Clothes (many will no longer fit the patient)
- Shoes

This should be done with the consent of the patient as it is their belongings. They should also decide what should be done with the items i.e. sent to charity shops, given away to other people etc.

**Note:** Many of the items could have sentimental value or even be valuable so be sensitive and careful at this time and ensure that patient is consulted accordingly before any decisions are made on how they should be disposed.

There are many lists available on the internet which give an excellent idea of the items which can be removed, on a per room basis.

## Visitors & Recreation

**M**any patients look forward to company. This could be from family, friends, and neighbours. When someone comes to visit them, it takes their mind away from any illnesses they may have and gives them some temporary relief. For elderly patients, especially those who are suffering from a mental illness, meeting old friends and family, recalling old times, will be very beneficial and should be encouraged.

The family of the patient should not stop people from coming to visit them, especially if the patient would like to see them. Visiting a person who is ill is a very rewarding actions and is from one of the rights of a Muslims as can be seen from the Ḥadīth below:

عَنْ أَبِي هُرَيْرَةَ أَنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ  
حَقُّ الْمُسْلِمِ عَلَى الْمُسْلِمِ سِتٌّ . قِيلَ مَا هُنَّ يَا رَسُولَ اللَّهِ قَالَ  
إِذَا لَقِيْتَهُ فَسَلِّمْ عَلَيْهِ وَإِذَا دَعَاكَ فَأَجِبْهُ وَإِذَا اسْتَنْصَحَكَ فَانْصَحْ لَهُ وَإِذَا عَطَسَ  
فَحَمِدَ اللَّهَ فَسَمِّتْهُ وَإِذَا مَرَضَ فَعُدَّهُ وَإِذَا مَاتَ فَاتَّبِعْهُ

Abū Hurayrah رَضِيَ اللَّهُ عَنْهُ narrates that Rasūlullāh صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ said, “The rights of a Muslim over another are six”, it was said (to him), “What are they O Rasūlullāh”, he said, “When you meet him, you greet him, when he invites you, you accept the invite, when he asks for your council, advise him, when he sneezes and praises Allāh (says Alḥamdulillāh), say Yarḥamakullāh (May Allāh have Mercy upon you), when he is ill, visit him, and when he passes away, follow him (attend his Janāzah).”

## Arranging Visiting Times

If someone wants to visit, ensure they come at a time when the patient does not normally rest. This way they can see them when they are awake and spend some quality time with them. If the patient has no fixed time or spends most of their time sleeping, then ensure the times are suitable for the carers who will also have to be present when they visit.

## Make Visitors aware of Behaviour Patterns

Many times, we see people who are friends and family after a long time and notice changes in their physical and mental states. Sometimes, the behaviour of a patient could be very different to how they used to behave. They may have no filter, say things they do not mean, or even forget who people are.

For people who are visiting, it would be advisable to inform them beforehand of any of the patient's behaviour patterns which could potentially be a cause of alarm or worry. If needed, the visitor should be made to understand the patient does not mean what they say, and they should not take any offence if something is said to them.

## Regular Exercise & Recreation

If the patient is able to walk, with or without a mobility aid, they should be encouraged to go for regular walks. They may need to be accompanied if there is a risk of them taking a fall, getting tired etc. Plan short routes of which they are physically capable. It could be a shopping trip or a walk down the road to see a friend, or even to the Masjid as we will discuss next.

Whether the patient is mobile or not, effort must be made by the carers to take them out on trips. This could be to local parks, gardens, shopping, visiting friends and family etc. This will not only be beneficial for their physical wellbeing but also their mental wellbeing as well.

## Going to the Masjid

If the patient is male and if they are able to go to the Masjid assisted, they should be taken. Going to the Masjid could be a physically exhausting task due to the condition of the patient, so arrange visits accordingly. If they are able to go for Jumu'ah Ṣalāh each week, then this should be arranged. Some of the suggestions for the Masjid visit is as follows:

- Give the patient a bath according to the Sunnah method before Jumu'ah
- Clip their nails
- Dress them in nice clean clothes and apply perfume
- Get them to read Sūrah al-Kahf
- If they require special seating or special access to the Masjid, arrange this beforehand
- Take them to the Masjid early so they can listen to the talk
- Have someone sit next to them, in case they require assistance
- Have a suitable chair for the patient (arm chairs may help stop the patient from falling)
- Give them some time after Ṣalāh to meet friends



## Acts of Worship

We have discussed assisting the patient when performing Ablution, but what about when it comes to the acts of worship like praying Ṣalāh. Ṣalāh is an obligation which must be fulfilled. We must ensure the patient is reminded to pray Ṣalāh and assist them in the way Sharīʿah has allowed.

### Ṣalāh of a Dementia Patient

In the case of a patient who has dementia, when will they be excused from praying Ṣalāh? This question has been answered Mufti Abdul Waheed and can be found on the JKN Website.<sup>16</sup> To summarise, if the patient has all the following conditions, they will not need to pray:

- The intellect must be completely inhibited (salb)
- He is not able to distinguish between right from wrong or make out what is being said to them, and
- A prolonged or permanent state

The vast majority of times the patient will not be experiencing all the conditions above so should be encouraged to pray. If they are forgetful of what the need to pray or how many Rakʿah they have prayed, the following may be useful:

- Create flashcards which detail how many Rakʿah are in which Ṣalāh, which type (Farḍ, Sunnah etc.) and what is read in each Rakʿah. These can be kept close by to where the patient prays, so they can look at them before Ṣalāh
- Before Ṣalāh, remind the patient what they need to pray

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<sup>16</sup> <https://jknfatawa.co.uk/how-should-a-person-suffering-from-dementia-perform-salah/>

- For Farḍ Ṣalāh, the patient can read behind an Imām and follow the postures
- Someone who is not praying can remind the patient whilst they are praying what Rak‘ah they are in.

## Other Acts of Worship

The patient should also be encouraged to carry out other acts of worship on a regular basis if they are able to do so. Some acts will be easier to do i.e. doing Dhikr (remembrance of Allāh (سُبْحَانَهُ وَتَعَالَى)), listening to Qur’ān or Islamic lectures, reading Islamic books etc. If the patient is able to recite the Qur’ān, then they should be encouraged to do so regularly. Try and get them into a routine where they carry out these acts of worship. As per the saying of Rasūlullāh ﷺ:

عَنْ عَائِشَةَ رَضِيَ اللَّهُ عَنْهَا قَالَتْ قَالَتْ سُبُلُ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ  
أَيُّ الْأَعْمَالِ أَحَبُّ إِلَى اللَّهِ قَالَ أَدْوَمُهَا وَإِنْ قَلَّ<sup>17</sup>

‘Ā’ishah رَضِيَ اللَّهُ عَنْهَا narrates that the Prophet ﷺ was asked, “Which acts are most beloved to Allāh”, he said, “The ones which are consistent, even if they are few.”

Note: If the patient is unable to fast, confirm with a Scholar if they need to pay Fidyah and discharge, as necessary. (Fidyah is normally paid when the patient has a condition which they have no realistic hope of recovering from to be able to keep the missed fasts. i.e. Diabetes which needs medication throughout the day to control blood sugar levels).

<sup>17</sup> Ṣaḥīḥ al-Bukhārī 6465

## Palliative Care

If a patient is palliative i.e. end of life, then this could entail extra care in the form of carers and/or district nurses. The end-of-life care could consist of syringe drivers which could contain a variety of medication ranging from pain relief to sedatives.

From an Islamic perspective, if the patient is approaching the end of their life, the patient and family must prepare accordingly. One aspect which is unfortunately often neglected in our community, is the preparation of an Islamic Will. This has been discussed in detail in my book Funeral Rites in Islām<sup>18</sup> along with other aspects related to this time, however for reference, I have included some detail in this section.

The person who is approaching death is known as the Muḥtaḍar. There are number of signs which will signal that the end of the life of the Muḥtaḍar is close, both classical and medical signs. As the time approaches, the following should be done:



- Inform the GP and pre-plan the required certification. New laws have now introduced the Medical Examiner who will scrutinise the MCCD (medical certificate of cause of death certificate) and this could potentially delay the burial if there are issues. Have a conversation with the GP to pre-empt any actions required.
- Inform local Islamic Funeral Director

<sup>18</sup> <https://islamicportal.co.uk/xxxxxxx>

- Position the bed if possible so the right-hand side is facing the Qiblah (If possible turn the Muḥtaḍar on their right-hand side), or the Muḥtaḍar's feet are facing the Qiblah, with the patient sitting up slightly. If moving the bed or patient causes them discomfort, then leave them as they are
- Recite Sūrah Yāsīn and Sūrah Ra'ad
- Refrain from worldly talk near the patient
- As the time of death approaches, perform the Talqīn, where a person recites the Kalimah near the head of the Muḥtaḍar.
- If the Muḥtaḍar recites the Kalimah, the Talqīn should then stop
- If the Muḥtaḍar says anything worldly after reciting the Kalimah, the Talqīn should be repeated
- When the Muḥtaḍar passes away, close the eyes, tie the head if required to keep the jaw in place, and tie the toes together if required
- Obtain relevant paperwork to proceed with the funeral
- Bathe & Shroud the deceased.

## DNAR

DNACPR stands for do not attempt cardiopulmonary resuscitation. It is sometimes called DNAR (do not attempt resuscitation) or DNR (do not resuscitate) but they all refer to the same thing.<sup>19</sup> The patient may be considering a DNAR decision, what is the Islamic Ruling regarding this?

Mufti Yusuf Shabbir has answered this question.<sup>20</sup>

**Question:** Mum's health is slowly deteriorating and has asked us not to resuscitate her. If this is her wish, shall we comply?

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<sup>19</sup> <https://www.nhs.uk/tests-and-treatments/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/>

<sup>20</sup> <https://islamicportal.co.uk/do-not-resuscitate-request/>

**Answer:** You can comply with the request, and you can also resuscitate her. It is also advised to take into account medical advice and the views of other family members. For further information, refer to our earlier answer entitled: Is medication necessary?.

If the patient decides to opt for a DNAR, ensure all forms are signed early and visible/accessible at home as healthcare professionals are obliged to resuscitate if no DNAR form is present at home.

### Is Medication Necessary?

Another Scenario is where a patient decides to not undergo any further treatment or take medication. What is the Islamic ruling regarding this?

Mufti Yusuf Shabbir has answered this question.<sup>21</sup>

**Question:** In the following two scenarios, is it necessary upon a person to undertake medical treatment from an Islamic perspective:

1. A fit individual with acute respiratory failure from severe pneumonia. If he does not undertake medical intervention (medicine and ventilation), there is almost 90% chance he will die. With medical intervention, there is a 95-99% chance of survival.
- 2) A 50 to 60-year-old has a fully strangulated bowel. If he does not undertake surgery, his condition is not compatible with life. With surgery, he has a 95-99% chance of survival.

**Answer:** The default position of the majority of scholars is that it is permissible to undertake medical treatment. However, it is not necessary because it is not certain that the person will be cured via the medical intervention. The percentages illustrate that for

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<sup>21</sup> <https://islamicportal.co.uk/is-medication-necessary/>

some people the medical intervention does not yield the intended benefit, and absolute certainty cannot be guaranteed. Likewise, medical opinion is not always unanimous and different medical systems exist across the world. In addition, there are other reasons why a person may decide to avoid medical intervention such as cost, treatment pain and post-treatment pain.

Therefore, if a person decides not to undertake medical treatment, he will not be sinful. (This, of course, is on the assumption that the above medical conditions have not impaired his mental capacity and ability to make an informed decision). However, if medical advice suggests that there is a strong chance of survival via the medical intervention without adding any additional complications, as in the two scenarios in question, and the cost is bearable, then it is strongly recommended to undertake the treatment. This, if Allah wills, shall enable a person to spend more time in worshipping Allāh.



### Assisted Dying Bill

A question was recently asked by the National Burial Council (NBC), UK regarding the Assisted Dying Bill, where it would become legal for over 18s who are terminally ill to be given assistance to end their own life. Mufti Yusuf Shabbir has answered the question.<sup>22</sup>

**Question:** Proposals to give terminally ill people in England and Wales the right to choose to end their life has been introduced in a Private Member's Bill in Parliament. The bill is proposing to legalise

<sup>22</sup> <https://islamicportal.co.uk/assisted-dying-bill/>

assisted dying (sometimes called assisted suicide). The bill seeks to allow adults who are terminally ill to be provided with assistance to end their own lives. It will be first debated and voted on in the House of Commons on 29 November 2024. If the proposals are successful, they will fundamentally change a society's relationship with the health and social care sector. People will go from receiving a duty of care to feeling a duty to die if they are concerned about being a burden to loved ones. What is the Islamic perspective on assisted dying and the sanctity of life? What is the Islamic teaching on coping with end-of-life changes and the challenges faced by patients as well as carers and loved ones? Can treatment be withdrawn if the patient is technically dead or where the treatment is considered futile?

**Answer:** Islam has placed huge emphasis on the sanctity of life and prohibited suicide and assisted suicide. Allāh Almighty says in the Qur'ān (4: 29): “and do not kill yourselves, indeed Allāh is Merciful with you.” In another verse, Allāh Almighty says (5: 2), “Cooperate with one another in goodness and righteousness, and do not cooperate in sin and transgression.” There are severe consequences mentioned in the Ḥadīths for someone who commits suicide. It is therefore prohibited for a terminally ill patient or otherwise to end their life via medicine or any other means, or to support a patient to do this. Patients must exercise patience (Ṣabr) and family members and carers should regard it an honour to serve and look after them. The Assisted Dying Bill should therefore be opposed.

In relation to the withdrawal of treatment, the default Islamic position is that a person is not obliged to undertake medical treatment. Therefore, it is

permissible to withdraw treatment especially if medical experts confirm that there is no benefit in continuing the treatment. Patients and their family members however should not be pressured into doing so. The decision should be left to them. This not least because there have been cases where patients have survived despite medical advice suggesting otherwise. Nevertheless, the withdrawal of treatment is permissible, and this will not be regarded as suicide. Food and water however should not be stopped.

## Summary

The purpose of providing care is to give the patient a better quality of life by assisting them in tasks they find difficulty with. This may also involve relieving them of stressful tasks involved in running the household, cooking, cleaning, paying the bills etc.

If the patient is able to carry out some tasks by themselves, they should be encouraged to do so, so they can maintain a level of independence and not become reliant. There are cases where even when the patient can carry out tasks themselves, they are 'over cared' for and this could result in them developing expectations of assistance for all tasks, which may not be available at all times.

Each care case will be unique and adapted according to the needs of the patient. As Muslims, it is a right upon us to provide care to our family members to the best of our abilities. The responsibility should be shared if possible and no one person should be left with having to do the majority of the work.

There may be situations where you would be able to assist others, like members of your extended family, neighbours or even friends. This is very commendable and if you have the time and capacity to provide assistance then you should do so.

Allāh ﷻ in His infinite wisdom has only given us one life on this earth. We have one set of biological parents, some of us have spouses, siblings, and children. We need to ensure we fulfil the rights of all those who have rights over us. Many times this will mean us coming out of our comfort zone, having to do things which we are not comfortable with i.e. bathing someone, helping to clean them after they have gone to the toilet etc. Once you have done these tasks a couple of times, they will become second nature and normal.

We must ensure we do not provide care begrudgingly and consider it a burden upon ourselves, rather think of it as an opportunity to help others and earn great reward. Never lose patience with the person in care, show anger towards them, or say anything which could upset them. The truth of the matter is, if they had a choice, they would rather do things for themselves, but Allāh ﷻ has other plans for them. Always approach them with love and affection, take care when cleaning and clothing them, even slight movements could be a cause of great pain to them.

Providing care can be a very humbling task and beneficial for one's own self. It will make us appreciate our own good health more and also realise the transient nature of our lives. If Allāh ﷻ chooses to test us with old age, or illness, we could soon be the recipient of care.

The final advice would be to spend quality time with the patients, visit them, talk to them, take them out. Sit and eat with them, include them in your tasks if you can and make them feel useful. There is nothing they probably enjoy more than having company and someone to talk to. It is easy at times like this to neglect fulfilling the obligations of Allāh ﷻ as it may be too difficult to make them perform ablution, pray Ṣalāh etc. however if these are still obligations on the patient, then assist them in fulfilling them.

Always remember yourselves and the people in care in your supplications to Allāh ﷻ. Pray for their good health and that Allāh ﷻ gives you the ability and all the other carers out there, the ability to provide the best care whilst fulfilling the obligations of Allāh ﷻ of the patient.

## Appendix A – Emergency Contact list

**K**ee a list of emergency contacts handy which can be used by the patient or one of their carers. This could be a printed-out sheet hung up near the phone or contacts on a mobile saved in a special contact list. The table below gives some examples of the types on contacts whose numbers should be saved:

Contact	Number
GP	
Pharmacist	
Diabetes Nurse	
Consultant	
Occupational Therapist (If applicable)	
District Nurse (If applicable)	
Carer (If applicable)	
Family Member 1	
Family Member 2	
Neighbour 1	
Neighbour 1	
Friend 1	
Friend 2	
Cleaner (If applicable)	
Cook (if applicable)	

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# Guidance for Carers

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