

Readiness to Engage Advance Care Planning in a Diverse Islamic Community

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Statement of the Problem: There is little focus or materials available in Muslim communities regarding advance care planning (ACP) or death and dying.

Background/Literature Review: A literature search from 2010 - 2020 provided little information regarding ACP in Muslim communities in the United States. Generalized projects directed towards minority communities suggest there may be interest if information was available.

Purpose/Objectives: To develop a culturally sensitive community engagement program on ACP and assess readiness to complete ACP documents post session completion.

Methods: In March 2020, a twenty-minute PowerPoint presentation was provided at a southern California mosque discussing the importance of ACP and choosing a healthcare proxy. The presentation was followed by a 1½-hour question and answer (Q&A) session with a panel of four healthcare experts (critical care physician, chaplain, emergency room nurse, and pediatric intensive care nurse); three panelists were Muslim. Attendees were invited to complete the ACP-4 Engagement Survey post program.

Findings/Results: Of 24 attendees, 71% completed the survey. The average participant was female (82%) and 44 years (range 19-75). There was a diverse mix of race and ethnicity, representing six different countries. The majority (94.1%) thought the presentation was effective; 87.5% said there should be more discussions regarding ACP in mosques. Respondents (52.9%) said they were contemplating completing paperwork and having discussions regarding their plans in the next six months; 35.6% of attendees had already completed an ACP.

Conclusions: Muslims effectively engaged in ACP discussions, demonstrated readiness to complete ACP, and would like to see more presentations about the topic in their mosques. The format of a presentation followed by a Q&A with a diverse panel of healthcare experts was well received and allowed for various perspectives to be heard. This model can be adapted by other religious, spiritual, or community settings to improve ACP in underserved populations.