

Readiness to Engage Advance Care Planning in a Diverse Islamic Community

Misty D. Lahti, RN, BSN; Shada Abubaker, RN, BSN; Sondos Kohelki, MDiv; Jean Abbott, MD, MH, University of Colorado Anschutz Medical Campus



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The Problem

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

Purpose

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

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 and underserved communities suggest there may be interest if information was available.

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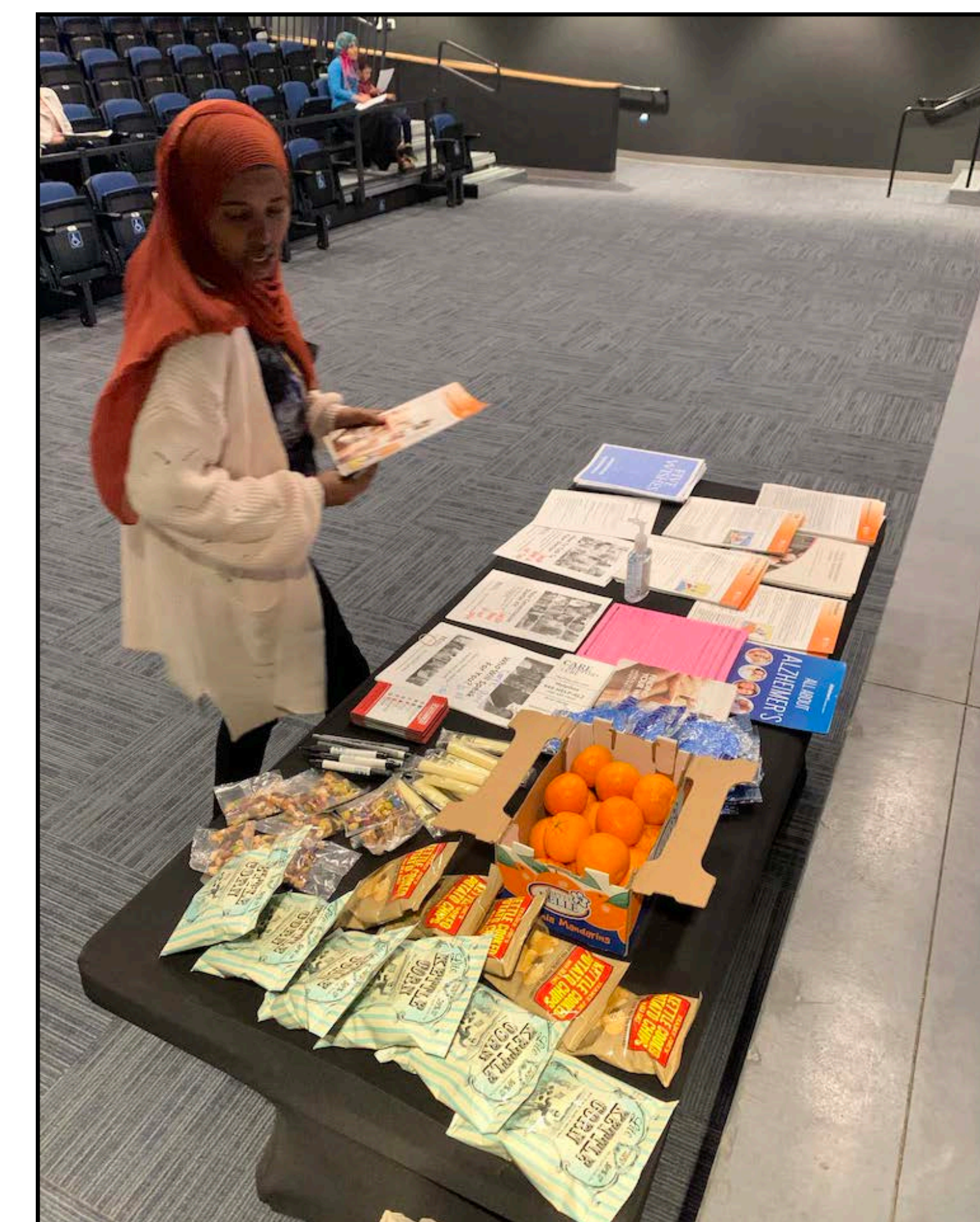
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Methods

In March 2020, a 20-minute PowerPoint presentation and handout were provided at a Southern California Muslim community center discussing the importance of ACP and choosing a healthcare proxy.



Attendees were invited to complete the ACP-4 Engagement Survey post program.

This was followed by a 1½-hour 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.

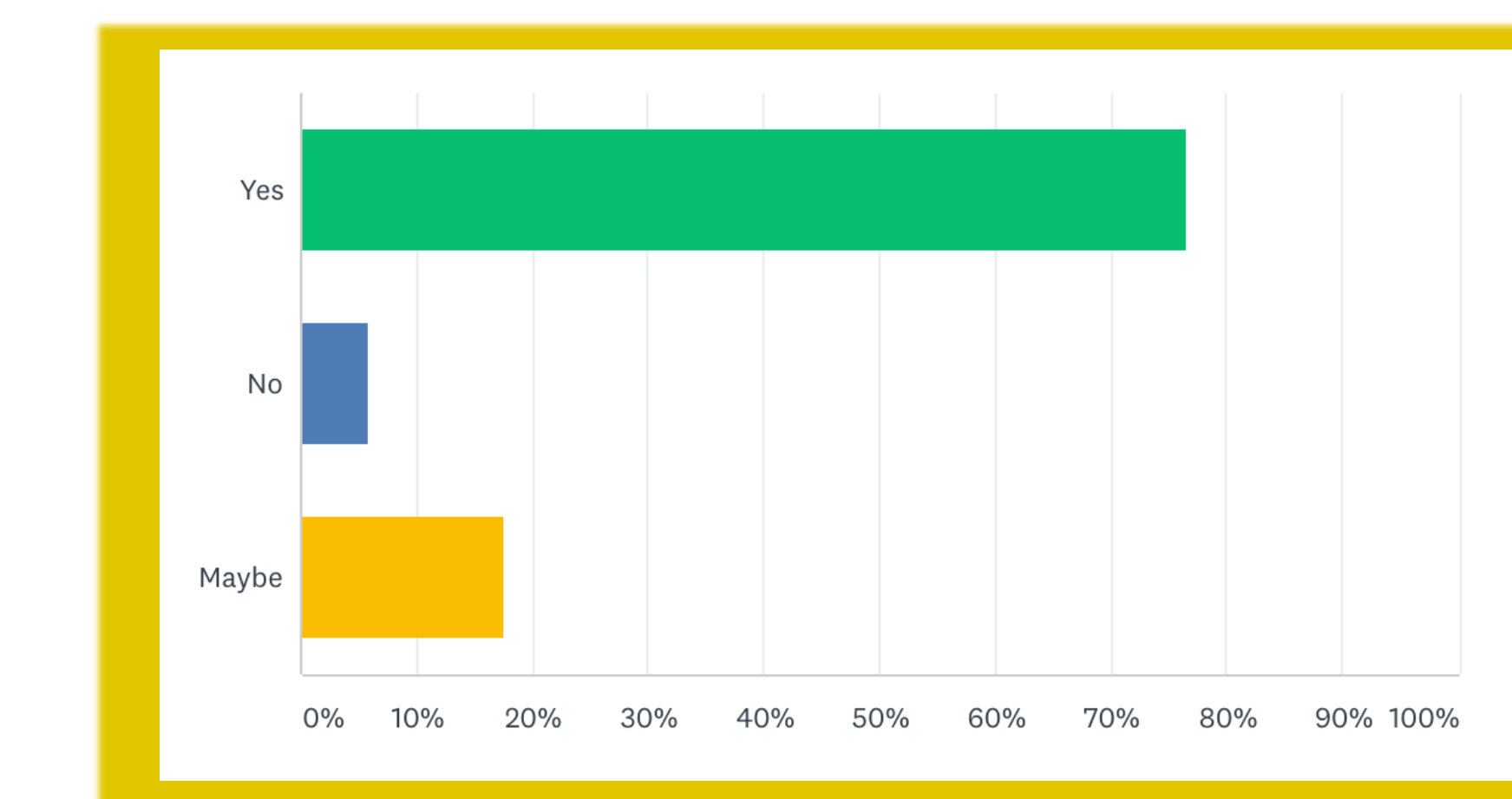
Limitations

- Single Institution
- Class has not been repeated

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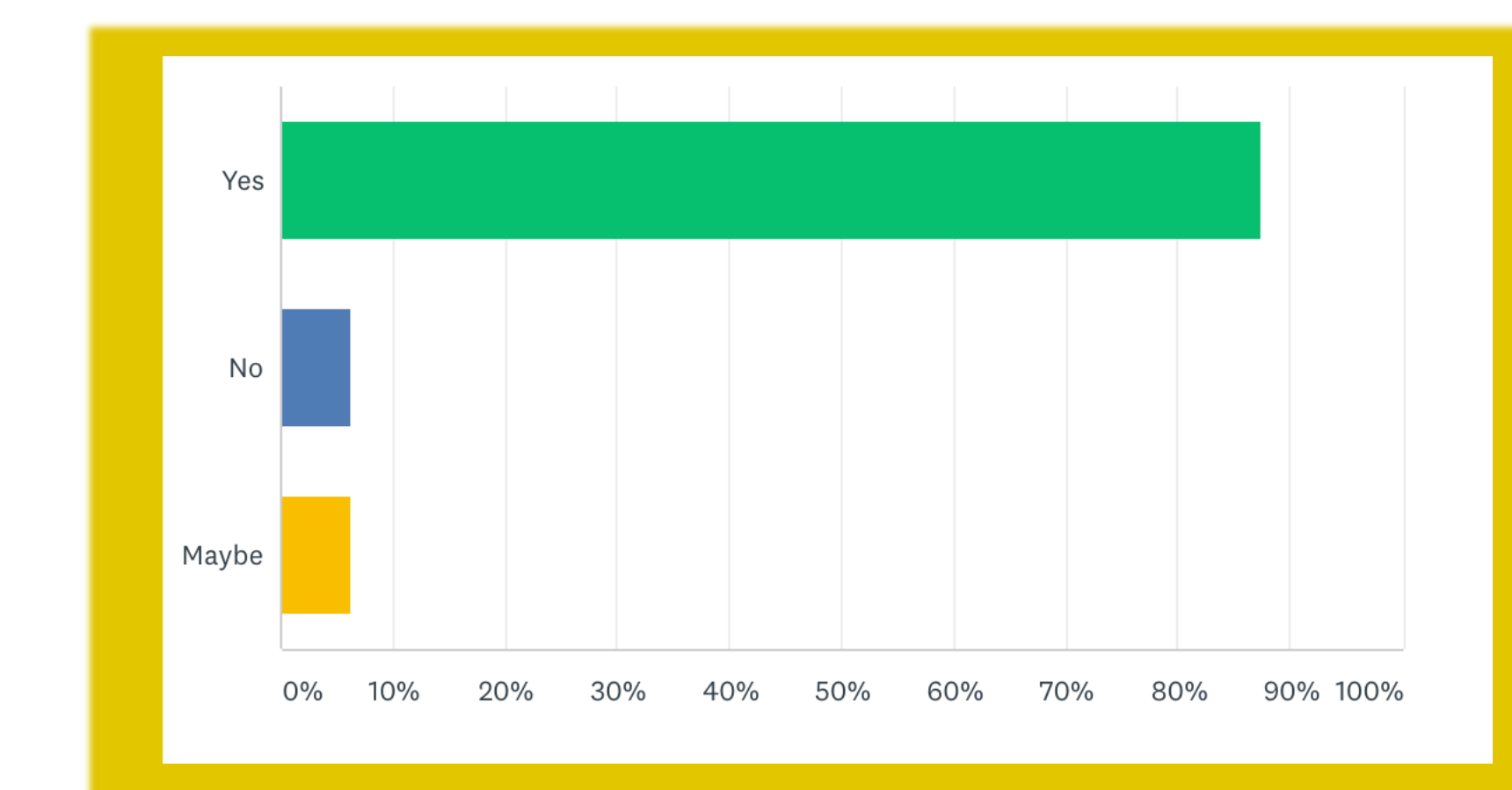
Results

- 17/24 attendees completed the survey
- 82% female; mean age 44 years (range 19-75)
- Diverse race and ethnicity, representing 6 different countries
- 94% thought the program was effective
- 52.9% were contemplating completing ACP paperwork in the next 6 months
- 35.6% had already completed ACP



76.5% said they would like to participate in more ACP workshops

87.5% thought there should be more talks about ACP in context to Islam in mosques & masjids



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 short 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.