

Ramadan Health Factsheet 2020

Fasting in the month of Ramadan is obligatory on all adult Muslims. Many patients and staff will be fasting or wanting to fast in Ramadan, which is expected to commence this year from **24th April 2020*** (*Subject to the sighting of the moon)

It helps if NHS frontline staff are aware of, and respect this important religious obligation, and how such beliefs may affect the different elements of care, particularly in light of the Covid-19 pandemic, which has seen more staff return to the frontline, a change in the way the NHS operates and a surge in the use of personal protective equipment.

What is a fast?

The fast lasts between dawn and sunset. It is compulsory for all healthy adult Muslims (who are otherwise not exempt) on reaching puberty; it is a total fast, with complete abstinence from both food and drink.

Who is exempt from the fast?

1. All those who are unable to fast due to illness (physical or mental) or being very frail
2. Women menstruating or with lochia discharge
3. Pregnant or lactating women who have credible concerns about their own or their child's health
4. Travellers
5. Healthcare staff required to provide care to Covid-19 patients at real risk of dehydration and making clinical errors due to wearing PPE and long shifts

(Despite being in the above categories, some prefer not to miss these fasts in view of the special blessings and spiritual benefits during this time.)

How does fast become void/broken?*

When an agent of consequence reaches the throat, stomach, intestines, or a cavity that has a path, immediately or via another cavity, to any of these three and settles therein the fast is broken. An agent of consequence is one that has nutritional or medical benefit or has been introduced by oneself. Thus this includes:

1. Eating or drinking intentionally
2. Oral and nasal medication including inhalers, nebulisers, nasogastric intubation and bronchoalveolar lavage
3. Smoking
4. Rectal suppository
5. Food/medication administered via gastrostomy or jejunostomy

**There may be differences of opinion amongst the different schools of jurisprudence. Therefore, we advise people to refer to scholars of their choosing for their specific cases.*

The Patient's perspective

1. The patient's choice should be respected and advice should be offered on medical grounds. The Muslim Chaplain/Imam should be consulted where available.
2. If possible, hospital appointments should be given at appropriate times (i.e. outside prayer times – the Muslim patient will be aware of these times) or at the ending of the fast.
3. Arrangements for breaking of fast – availability of a quiet prayer space at prayer times would be appreciated.

What does not break the fast?

1. Injections (Intravenous, intramuscular, intracardiac, intraosseous, intradental and subcutaneous)
2. Bloods taken (thumbprick or intravenous)
3. Eye or ear drops (unless tympanic membrane is perforated)
4. Vaginal pessaries, urethral infusion, transdermal patch (i.e. nicotine patches), concentrate oxygen, epidural analgesia and haemodialysis
5. Eating and drinking out of forgetfulness

Beginning and end time of fast

Fast starts from dawn, and finishes at sunset. A Ramadan timetable can be obtained from the local mosque.

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For any questions related to healthcare and fasting, you can email the British Islamic Medical Association at: info@britishima.org



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