Disability and the Muslim Perspective: An Introduction for Rehabilitation and Health Care Providers

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Abstract
[Excerpt] This monograph offers an introduction to and overview of a broad spectrum and diversity of Muslims with disabilities and chronic health conditions who come from a variety of backgrounds and circumstances. The perspective provided here also highlights larger issues of human rights. Given the current immigration trends in the United States, it is critical that service providers work across cultures and systems to help Muslims access disability and health care services and resources in their communities. Over the years, service professionals and researchers have come to recognize that individuals with disabilities and health conditions do not always hold the same health beliefs, understandings, objectives, and priorities as the service providers they encounter. The result is an intercultural gap in understanding between clients and providers that may result in a poor treatment or rehabilitative outcome. This monograph will use the terms client, consumer, and patient interchangeably to denote those seeking disability services, medical services, or both. We emphasize that to bridge the gap between Muslim service users and mainstream U.S. service systems, service providers in disability and rehabilitation systems need to increase their sensitivity and ability to accommodate differences between their services and the needs of their clients.

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Medical Rehabilitation Services for PWDs

The hospital offers diagnosis, treatment, and medical rehabilitation for PWDs and potential PWDs. The hospital provides low-vision care in cooperation with ophthalmologists, orthoptists, and Instructors of Social Adjustment Training as well as professionals in the field of visual impairment in other departments at the NRCD, including the Rehabilitation Services Bureau, the College, and the Research Institute, the Hospital’s most outstanding feature. Improving and maintaining health in persons with disabilities and chronic diseases can be a challenge. We focus on preventing secondary disabilities and obstacles to independent life, and on nutrition and exercise guidance targeting obesity and physical deterioration in PWDs. Providers’ perspectives on collaboration. Coping of health care providers with the death of a patient. How to Accumulate National Capital: The Case of the “Good” Muslim. Provision of abortion by mid-level providers: international policy, practice and perspectives. This study aimed to review the TFHCOP good death perception to determine its validity for Muslim patients and health care providers, and to identify and describe other components of the Muslim good death perspective. Subjects and Methods: Participants included 284 Muslims of both genders with different nationalities and careers. We used a 12-questionnaire based on the 12 principles of the TFHCOP good death definition, followed by face-to-face interviews.