

Podiatry and Muslim Patients

Traditionally, Muslims believe healing to be derived from divine intent, requiring an act of faith in god, in a relationship in which both patient and physician operate within a common spectrum of ethics and Islamic expectations. This is the norm in the majority Muslim countries but not so for the 2.6 million Muslims/Muslim Americans living in the United States. Considering there are only roughly twenty thousand practicing physician and over 2.6 million Muslims, how would this affect care?

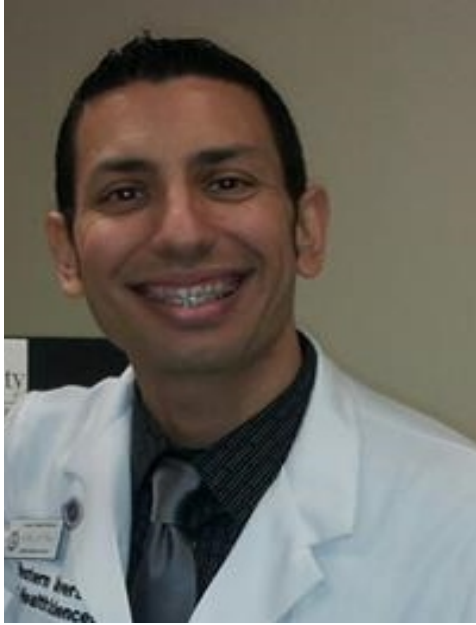
I volunteered at the Hawthorne Islamic Center Community event this past weekend specifically for the reason of interacting with fellow Muslims to try and get a sense for how healthcare is perceived/affected by religious beliefs in a contemporary setting. More specifically, how female patient interactions would unfold, as I have had experiences with this type of population in the past, in which only a female practitioner would be allowed to treat them. Our first patient was an elderly female accompanied by her daughter. This lady seemed comfortable with the setting right from the start. She did not mind having about 10 students gathered around her, allowed a male student to interview and assess her, and had a very pleasant attitude toward the screening. This lady had unfortunately had several musculoskeletal issues including bilateral TKRs and back issues, so I figured that she had simply been desensitized to receiving treatment from a male non-Muslim practitioner.

The clinic got subsequently busier and we started having more females coming in; old, young, pediatric patients. I treated a woman in her 50's for fifth metatarsal pain secondary to over supination, in addition to a couple of episodes of falling while walking on level terrain. This lady was forthcoming with all the information requested of her. She was respectful and appreciative of the care she was receiving. I then treated her 30 year old daughter for plantar fasciitis. Both these women seemed very comfortable with a male practitioner treating them.

After the event, I had a discussion with my colleagues about our interactions with patients that day. It turns out there were no issues with any male practitioners treating females. This came as a pleasant surprise to me as I thought that tradition would play a role and pose some sort of conflict between male practitioner and female patient. The question that remained was whether this trend was due to a global increase in awareness of importance of health regardless of who is providing it, or if this is an isolated finding given the fact that the women we saw that day lived in a more open society that is non-traditional and not predominantly Muslim. I am more inclined to choose the latter.

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