

Integration of Maqasid As-Shariah in Nutrition Nursing: Potential Role of Nurses

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Dear Editor,

Nutrition is an important element emphasized by our nursing theorist, Virginia Henderson and Orem in their nursing models that each patient needs to be assisted particularly when they are sick(1,2). Several nutritional aspects commonly monitored by the nurses include anthropometric, biochemical, clinical, dietary and nursing history data(3). The minimal baseline information taken when a patient attended any clinical setting in Malaysia are the weight and height to calculate their current body mass index (kgm^{-2})(3). Later, biochemical investigations such as blood urea serum electrolyte (BUSE), full blood count (FBC), renal function test (RFT) or liver function test (LFT) are carried out for monitoring and early detection for malnutrition risk (3). These parameters are helpful for the healthcare professionals (HCP) such as physician, pharmacist, nurses and dietician to monitor their client progress, administration of enteral or parenteral feeding and adherence with prescribed diet (4,5).

On the other hand, nurses do perform history taking and basic physical examination such as skin turgor, hair and nails structure, mucous membrane and level of activity during nursing care (3). Thus, comparison can be made throughout patient's stay in the clinical setting on their dietary status after relevant intervention prescribed. Furthermore, if there is suspicious of *dysphagia*, a swallowing study is performed which may include *videofluoroscopic* swallow or *x-ray* to evaluate the structure and function of the gastrointestinal tract (6).

However, previously mentioned approach of treatment modalities is more on biomedical model which lack the integration of spirituality or religious perspective to compliment current nutrition care. Malaysia is recognized as Muslim countries with multiracial citizen living together harmoniously, sharing certain believe and culture on food(7). Thus, it is vital to integrate *Maqasid As-Shariah* elements in nutrition nursing in understanding certain issues behold by our patient and their family members. This is in line with the Sustainable Development Goals (SDG) partnership held by our nation to ensure good health and well-being (SDG 3) along with establishing peace, justice and strong institutions (SDG 16) among the citizen (8,9). *Maqasid As-Shariah* is about rules and regulation being set based on Quranic revelation and Prophetic Muhammad SAW recommendations to safeguard human being in many aspects of living which not only benefits the Muslim but the other believers (10,11). There are five domains addressed in *Maqasid As-Shariah* that may associate with nutrition nursing which includes protection of life, protection of religion, protection of intellect, protection of lineage as well as protection of an individual and public properties (11).

Nurses is supposed to be the earliest to detect slight changes on patient's nutritional status since we perform nursing care to the patient in routine. This is actually reflecting the preservation of life as addressed in *Maqasid As-Shariah* whereby a nurse must act diligently to notify relevant HCP about patient's poor progress in daily nutritional intake(10,11). Apart of that, when a patient requested certain food due to their cultural

practice, perhaps due to respect, a nurse may arrange with necessary family members to prepare suitable meal to fulfil patient's preference. The act of a good Samaritan is recommended by the *Maqasid As-Shariah* in protection of an individual and public properties (10,11). A nurse may allow family members to bring patient's favourite food to improve patient's satiety if it is not against the standard operating procedure (SOP) of the clinical setting.

Thus, I wish to highlight that the issue on nutrition nursing is not merely fulfilling the basic needs of an individual patient. Integrating the *Maqasid As-Shariah* in nutrition nursing may be a potential role in the near future of nurses although we are actually had been doing this in routine. The scope is broadened than what we think. Perhaps, arranging a patient having meal together with their family members could be a therapy for them. Certain clinical institution may loosen up their SOP by allowing outside food into the ward during patient stay. If the food safety and quality aspects are the main concern, it can be intervened by having variety of food to be purchased by the family members in the clinical setting itself at an affordable price.

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