

Islamic Ethical Paradigm on Poor Compliance in the Management of Bronchial Asthma

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ABSTRACT

Childhood asthma is known to cause heavy economic burden due to increased hospital visits and prolonged hospital care due to its exacerbations. Despite the advancement of in-hospital management to control asthma, poor compliance has been an astounding problem in the management of the acute asthma attack. An 8-year-old boy, who was known as persistent bronchial asthma since 5 year of age, have had frequent visits to the clinics and hospital due to poorly controlled asthma symptoms. During this episode, he presented with worsening shortness of breath. He often misses his daily medication due to parental assumption that the patient is able to manage asthma by himself. His non-compliance towards medications has led to patient's absenteeism from school and deterioration in his academic performance. Islam is a religion that emphasizes on provision of individual's and community's health. This is achieved through taking an optimal care of one's health and aimed at maintaining disease control state. Parents have the duty to provide their children with good and healthy living throughout the childhood period, and not to neglect them in any way. Islam stresses the importance not only self-care in the society but also preservation of others' health especially by the Muslim doctors. Conservation and protection of individual's right to health especially children require group effort of both parents and medical personnel.

KEY WORDS: bronchial asthma, children, poor compliance, Islam, ethics

INTRODUCTION

The International Studies on Asthma And Allergy (ISAAC) has shown that the prevalence of bronchial asthma among school age children is 10% and increasing.^{1,2} Asthma is defined as chronic airway inflammation leading to increase airway responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing particularly at night or early morning.³ Asthma remains as the most common cause for paediatric hospital admission.⁴ Prospective study done to establish reasons for Emergency Department's outpatient management of asthma patients presenting with an exacerbation found that 11% did not comply with the consensus guidelines, and asthma knowledge was poor.⁵

Childhood asthma can place considerable limitations on the physical, emotional, social, and professional lives of sufferers, and these may be greater when symptoms are not adequately controlled. This is a major concern as children can become very distressed by their disease, with considerable absences from school and reduced participation in family life. Pharmaceutical and clinical research is

likely to develop new drugs and therapies for the secondary prevention of asthma. It is incumbent on clinicians to ensure that current knowledge and treatments of asthma are utilized to their maximum effect. This case report illustrates a case of asthmatic paediatric patient with non-compliance to medication and discusses on parents' responsibility towards their child as well as the Muslim's physician role.

Case report

An 8-year-old boy, who is in Standard Two, with underlying bronchial asthma was referred from Accident and Emergency Department Hospital Tengku Ampuan Afzan Kuantan with chief complain of fever and cough 5 for days and worsening shortness of breath prior to admission. The fever was associated with productive cough and yellowish sputum. He also had difficulty to expectorate the sputum. One week prior to appearance of his symptoms, his mother had cough and sore throat. Otherwise, all the other systems were unremarkable. He started to develop shortness of breath on the day of admission, which was gradual in onset associated with noisy breathing during expiration. It was relieved by taking inhaler for once and with rest. Upon taking inhaler, he was able to expectorate sputum and it was yellowish in colour. During the night, patient started to cough and had shortness of breath again. It was aggravated by cold weather as he slept in air-conditioned room. His mother

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claimed that he could only speak in short sentences. He was again given inhaler once, however it did not resolve. Worried about her son's condition, he was then brought to Accident and Emergency Department (AED) for further management. At the AED, patient was given nebuliser twice, an IV infusion and antibiotics. Upon receiving the nebuliser, the shortness of breath still persisted. He was then admitted to the ward. The patient also has not been tolerating orally well as he only ate minimal amount per meal. He also claimed that it was painful to eat. Patient had difficulty to sleep during the night. Moreover, his mother also claimed that he appeared lethargic and was only lying in bed during the day.

On examination, the patient was sitting in a propped position and was alert. He was in respiratory distress with evidence of nasal flaring and dyspneic. Otherwise his vital signs were stable. The chest was symmetrically expanding during respiration. Resonance sound was heard on percussion on both lung. Bronchial breath sound and generalized rhonchi were heard on auscultation. Blood investigation results showed high white cell count suggesting infection.

Patient has been diagnosed with asthma one year ago at *Klinik Kesihatan Beserah* when he presented with an episode of shortness of breath associated with noisy breathing and productive cough. He was given metered dose inhaler (MDI) Budesonide since then. This is his third hospitalization due to the same reason. Throughout the disease, he claim that he always had shortness of breath one to two times per week and need to use inhaler once or twice per week. Occasionally, if the inhaler does not relieve the shortness of breath, he was then brought to the nearest clinic for nebuliser for at most 5 times in a year. The shortness of breath was triggered by cold weather, exercise, shrimp and dust. He was on two inhaler medication however claims that he always forget to take it daily. His last attack was one month ago while he was playing football with his cousins. However no hospitalizations were needed. Patient also abstained himself from playing and exercising due to his asthma. He often misses his daily medication due to parental assumption that the patient is able to manage asthma by himself. His non-compliance towards medications has led to patient's absenteeism from school and deterioration in his academic performance. His mother, sister and brother had asthma since childhood and was on MDI salbutamol.

DISCUSSIONS

Asthma exacerbations are episodes characterized by progressive increase in symptoms of shortness of breath, wheeze, chest tightness and cough. Exacerbations usually occur in response to exposure to external agents. Patients are aware of increasing chest tightness, wheezing, and dyspnea that are often not or poorly relieved by their usual reliever inhaler. In severe exacerbations patients may be so

breathless that they are unable to complete sentences and may become cyanotic.³ Relevant history includes identifying the likely triggers of the acute attack, duration of the attack prior to presentation and prior drug treatment including dosages, delivery method, frequency of use, time of last dose and response to therapy. A history of coexisting medical conditions and other lung diseases is also important. In this case, patient had features that suggests the diagnosis of acute exacerbation of asthma.

He initially had 3 days history of upper respiratory tract infection which were accompanied by cough, runny nose and sore throat. Later, he had worsening shortness of breath that did not resolve with the usage of inhaler. The patient is an 8 year-old child with frequent visit to the clinics and hospital due to poorly controlled asthma. His parents also agreed that he only occasionally take reliever, which he was supposed to take every day. Due to non-compliance towards medications, the disease is affecting the patient and parents' life as he had to skip schools. It could be affecting his social skills as well.

Narrated in a hadith, "Your body has a right over you".⁶ Islam has always prioritized the importance of having a healthy body, mind and environment and it celebrates the activities enhancing the health of individuals. Protection and maintenance of health are genuine Islamic concepts, as Allah says: "And make not your own hands contribute to (your) destruction".⁷ The Quran and the Sunnah outline the teachings that show every Muslim how to promote and protect health and live life in a state of purity. Indeed; daily prayer, dietary restrictions include diet and nutrition, fasting and prohibition of intoxicants and the instructions to perform ablutions before any prayers indicate the importance of maintaining one's physical health.⁸⁻¹³

The duty of parents

In children, parents have the primary responsibility for managing asthma on a day-to-day basis, and therefore understanding the management of asthma by parents is important to nursing practice. Merely acknowledging the disease that their child is suffering from is not sufficient. Brown et al stressed that parents need to understand the treatment of asthma, able to monitor and respond to changes in condition, and guide the development of self-management responsibility in their child with asthma.^{14,15} In the eyes of Islam the status of the father and the mother is very exalted. Therefore those who attain parenthood have great responsibility on their shoulders.¹⁶ This responsibility is to Allah Almighty as also to their fellow human beings and also to their own child. Parents owe it to their children to provide them with good nutrition, urging them to take good care of their children, providing them with all that they need for good health and growing up, and not to neglect them in any way. The Prophet says: "A man is guardian of his family and is responsible for them;

a woman is guardian of her husband's house and children and is responsible for them" .¹⁷ To neglect the rights of children in such a way as to cause their loss of life is a very serious matter. Protection means protection against physical as well as moral and intellectual harm. Parents are duty bound to see that the child's personality develops in all fields. In this case study, the patient had been skipping schools due to him being unwell and occasional hospital admissions. This put the patient in difficulty in developing good social skills. It is therefore pertinent for parents to look at this as their responsibility in shaping their children into a healthy individual.

A Muslim Physician's Role

Prophet Muhammad s.a.w. delivered his last sermon reminding the people that a Muslim is a brother to another Muslim. This corresponds to another of his saying, "Whosoever has spared the life of a soul, it is as though he has spared the life of all people. Whosoever has killed a soul, it is as though he has murdered all of mankind" .¹⁸ Muslims are obligated to take care and be responsible to one another with regard to health protection and promotion. This evidence by a hadith by Muslim on rights of Muslim on another Muslim: greet him with salaam if met, accept invitation if invited, give advice when asked, say yarhamuk Allah when he sneezes, visit the sick and attend his funeral if he died .¹⁹ In addition, Islam stresses the importance of looking after others in a society. The Quran says, "They ask you as to what they should spend. Say: Whatever wealth you spend, it is for the parents and the near of kin and the orphans and the needy and the wayfarer, and whatever good you do, God surely knows it" .²⁰

With regard to this particular case, non-compliance is a serious healthcare problem, with far-reaching consequences for both parents and physician. In providing solution towards it, building rapport and fostering parents-doctor relationship are important. Parents should be given a clear and understandable information about the nature and the condition of their disease. Doctors' communication style can positively influence parents and patient and therefore lead to better adherence on recommendations.

CONCLUSION

The case of noncompliance in the management of bronchial asthma due to parental negligence has been reported. Conservation and protection of individual's right to health especially children require group effort of both parents and medical personnel.

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