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 15 May 2018*. 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. This is more important in hospitals where the services of Muslim chaplains are not available.

*Subject to the sighting of the moon.

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

Prepared by Mufti Mohammed Zubair Butt, Shariah Advisor to the Muslim Spiritual care Provision in the NHS.

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**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. Pregnant and menstruating women.
3. Lactating women who have concerns about their own, or their child’s health.
4. Travellers.

(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.

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**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.

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**What does not break the fast?**

1. Injections (Intravenous, intramuscular, intracardiac, intraosseous, intradermal 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.