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Frames of dying: A qualitative study of end-of life experiences of terminal Arab patients

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Background

- Palliative care seeks to alleviate suffering and enhance dignity at the end of life (WHO, 2020).
- In Israel, Arab citizens face unique cultural, religious, and linguistic dynamics that deeply shape their illness experiences (Al-Krenawi & Graham, 2000; Sayid Ahmad & Peled Raz, 2025).
- Despite universal healthcare, substantial disparities exist in PC access and utilization among Arab minorities compared to the Jewish majority (Shadmi, 2018; Ziv et al., 2024).

ResearchQuestion

How do religious, cultural and structural factors shape terminally-ill Arab patients' intentions to seek PC services?

Methodology

- Descriptive qualitative study
- Interpretive phenomenological approach (Smith, 2019)
- In-depth semi-structured interviews.
- Data collected between 2023 -2025.

Sample

13 terminally ill Arab patients and one family proxy

(n=14)

Conclusions

- End-of-life experiences among terminally Arab patients are strongly influenced by deeply rooted religious beliefs and spiritual worldviews.
- Family dynamics play a central role in shaping decision-making processes and care experiences.
- Structural inequalities significantly affect access to and quality of end-of-life and palliative care.
- Culturally sensitive palliative care is essential to address the unique needs of minority populations.
- Promoting trust, preserving spiritual dignity, and supporting family-centered decision-making are key components of effective car

Results

Four central themes were identified

1 God decides, but the System Fails

- Illness is perceived strictly as a divine decree and an unchangeable fate.
- This religious acceptance coexists with deep frustration and mistrust toward the medical establishment.
- This profound mistrust is often fueled by perceived ethnic discrimination and medical neglect.

"God gave us the soul, and he is the one who has the right to do with it as he will."

2 Faith, Control, and Family

- Patients attempt to seek control via alternative therapies and acts of charity (sadaqa).
- Language barriers frequently force family members into powerful intermediary roles with doctors.
- Because of this dynamic, family members occasionally override the patient's own EOL autonomy

"I know Hebrew, but I don't understand all the medical language... So, if there's something I need to understand, I bring my son..."

3 Post-Mortem Concerns

- Anxieties extend far beyond the patient's own mortality and physical pain.
- There is profound fear regarding the socioeconomic vulnerability of the family left behind.
- Patients express deep theological anxiety over the soul's transition state (Barzakh).

"My children... my children... I'm afraid to leave them because of my illness... Where will my children go?

4 The Spiritual Architecture of EOL

- Faith acts as the primary moral framework guiding the entire dying process.
- Some patients demonstrate strong spiritual resistance to sedation and morphine.
- Participants interpret the conscious endurance of suffering as a final act of surrender and spiritual integrity.

"Sedation? In my view, it's a lack of faith. I want to physically experience my dying process because it comes from God."

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