Letter to Editor





Challenges of Burying Muslim Corpses During the **COVID-19 Pandemic: Insights From Iran**

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Dear Editor

he coronavirus disease 2019 (COVID-19) pandemic affected all social, economic, and religious strata of life. An epidemic may result in the death of many people, which is more severe in the case of highly contagious diseases such as COVID-19 [1]. Corpse management of the disease victims includes a series of activities, from searching, finding, and organizing corpses to their storage, identification, documenting, and eventual delivery to their families for proper burial based on regional beliefs. Handling dead bodies is one of the most challenging aspects of the primary disaster response phase [2]. As part of the management of corpses of COVID-19 patients, all health and care principles should be observed, including hand hygiene and surface disinfection. To transport corpses to the cemetery, the handlers must use personal protective equipment, including eyeglasses, gloves, shields, and masks. The dead must be buried quickly without performing the funeral ceremony while maintaining social distance to minimize movement and contact with the body. However, traditional and religious ceremonies to respect the deceased and the survivors can interfere with this process [1, 2].

One of the primary challenges is the restricted access to mosques and Islamic centers where the funeral prayers (Janazah) are typically conducted. Although these places of worship hold great significance for the Muslim community, they should limit or suspend their services temporarily due to health and safety concerns. This limitation prevents families from observing these important rites collectively and seeking solace and support from their community members [1, 3]. Additionally, the global surge in deaths caused by COVID-19 has placed an immense burden on funeral services and cemeteries, often resulting in delays and logistical difficulties. These delays not only hinder the timely fulfillment of religious obligations but also add to the emotional strain experienced by the bereaved families [3-5].

Moreover, the precautions necessary to reduce the virus transmission, such as physical distancing, limited attendance, and the use of personal protective equipment, further complicate the grieving process. The inability of loved ones to be physically present during these difficult moments can intensify feelings of isolation and sorrow [2, 3, 5]. Besides these emotional and logistical challenges, burial practices involving the ritual washing and shrouding of the deceased have also been modified to prevent the risk of viral transmission [1-3].

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The management of the bodies of COVID-19 patients posed several challenges in various regions of Iran. However, the management of corpses became wellmannered with a better understanding of the disease and removing some concerns. The deceased were carefully placed in specialized bags, transported to the cemetery in dedicated ambulances, and disinfected after each use. Individuals with comprehensive personal protective equipment within the cemetery carefully handle and remove bodies from their containers. If the hygienic standards allow, these individuals may bathe the corpses while maintaining appropriate conditions and adhering to the necessary procedures. In these cases, individuals must wear personal protective clothing and follow established protocols to secure their protection. Post-bathing, the bodies undergo another round of disinfection, utilizing a 5% sodium hypochlorite solution. After this process, the bodies are again wrapped and placed inside nylon sheets before burial [6, 7].

In some regions, to ensure the safety of burials, a layer of lime was applied around each grave before the body was interred, and the soil used to cover the burial site was poured under sanitary conditions under the oversight of trained teams. Additionally, the level of soil added above the grave was kept at a minimum of 30 cm above the surrounding graves. Visitors were required to practice strict hygiene measures, including disinfection of personal items, avoidance of any physical contact such as handshakes, hugging, or kissing, and refraining from eating or drinking during the funeral process. Verbal consolation was encouraged instead of physical contact. Individuals over 60, those with underlying respiratory, cardiovascular, or immunosuppressive conditions, and children were advised not to participate in the funeral or related ceremonies.

Like other epidemic diseases such as Influenza, severe acute respiratory syndrome (SARS), middle east respiratory syndrome (MERS), and Ebola, the COVID-19 pandemic is neither the first nor the last to threaten humans. A lack of a corpse management plan and the failure to consider all aspects, including the religious and cultural beliefs of the victims, will result in problems in the future. As a result of the COVID-19 epidemic, Islamic societies faced the challenge of meeting their religious requirements and ensuring their nation's health. The clergy and religious leaders can play an important role during these difficult times. In addition, the capacities and resources for managing mass corpses should be improved to prevent the use of mass graves.

Investment in infrastructure, such as dedicated morgues or storage facilities, specifically designed to handle the bodies of COVID-19 patients. These measures would reduce the risk of infection, ensuring the honorable treatment of the corpses. More training should be provided to healthcare workers and funeral home staff to help them manage the bodies of deceased COVID-19 patients safely and respectfully. This training could include education on personal protective equipment and disinfection techniques. Finally, there could be more emphasis on clear and transparent communication about handling the corpses of COVID-19 patients. Providing information to families about what to expect and how their loved ones will be treated can help reduce confusion and distress, showing that their loved ones are being cared for in a dignified manner.

In sum, these lessons and guidelines have been learned and proposed for the management of corpses in such epidemic crises:

The challenges of burying Muslim corpses during the COVID-19 pandemic are not similar. Communities of all faiths have had to adapt their funeral practices to ensure public health and safety. By fostering empathy, understanding, and collaboration, we can address these challenges together and find innovative ways to honor religious traditions while facing the realities of the pandemic.

Flexible guidelines that balance public health priorities and religious obligations should be developed, allowing families to mourn their loved ones while prioritizing safety measures.

Engaging in virtual gatherings, online support networks, and educational campaigns can offer solace, share knowledge, and foster a sense of unity within the Muslim community.

References

- [1] Nejati-Zarnaqi B, Sahebi A, Jahangiri K. Factors affecting management of corpses of the confirmed COVID-19 patients during pandemic: A systematic review. Journal of Forensic and Legal Medicine. 2021; 84:102273. [DOI:10.1016/j.jflm.2021.102273] [PMID]
- [2] Khoo LS, Hasmi AH, Ibrahim MA, Mahmood MS. Management of the dead during COVID-19 outbreak in Malaysia. Forensic Science, Medicine and Pathology. 2020; 16(3):463-70. [DOI:10.1007/s12024-020-00269-6] [PMID]

- [3] Al-Dawoody A, Finegan O. COVID-19 and Islamic burial laws: Safeguarding dignity of the dead. Michigan: Western Michigan University; 2020. [Link]
- [4] Piwko AM. Islam and the COVID-19 pandemic: Between religious practice and health protection. Journal of Religion and Health. 2021; 60(5):3291-308. [DOI:10.1007/s10943-021-01346-y] [PMID]
- [5] Rawlings D, Miller-Lewis L, Tieman J. Impact of the COV-ID-19 pandemic on funerals: Experiences of participants in the 2020 dying2learn massive open online course. OMEGA. 2022; 302228221075283. [DOI:10.1177/00302228221075283] [PMID]
- [6] Baldovin T, Amoruso I, Paganini M, Marcato C, Boscolo Cegion R, Favaro A, et al. SARS-CoV-2 contamination of ambulance surfaces and effectiveness of routine decontamination procedure: A classic hygiene lesson for a novel pathogen. International Journal of Environmental Research and Public Health. 2022; 19(20):13646. [DOI:10.3390/ijerph192013646] [PMID]
- [7] Azadmehr F, Sistani M, Hajiesmaeilpoor A, Emami P. Hospital preparedness for the COVID-19 crisis; an overview. Iranian Journal of Emergency Medicine. 2023; 10(1):e11. [DOI:10.22037/ijem.v10i1.40251]

