



ISLAMIC FIQH ACADEMIES ON END OF LIFE CARE: HISTORICAL JOURNEY

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Disease in Islam

- Islam considers disease as a natural phenomenon and a type of hardship that **expiates sins**.
- Not only the patient who suffers will be **rewarded** in the hereafter, but also his/her family who bears with him/her the agony.

Intensive Care Units

- **Some Muslim patients spend their last days or weeks in the Intensive Care Units which can provide an excellent care for the patients who could be revived.**
- **Terminally ill patients may suffer a miserable life and consume significant resources.**



End-of-Life

- Muslim patients and families are often reluctant to discuss and accept fatal diagnoses and prognoses.
- Many Muslims believe in God's **miraculous cures** even if the treating physicians believe that the case is futile or hopeless.
- In many instances, **aggressive therapy** is requested by a patient's family, prolonging the life of the patient at all costs.

Seeking remedy

- Seeking remedy in Islam may be:
 - **obligatory** (mandatory) in certain lifesaving situations
 - **encouraged or preferred** (Mandoob) in other situations.
 - It may be **optional**,
 - or it may be **Makrooh, i.e., not preferred.**
 - In certain situations or types of prohibited treatment, it may be **Haram, i.e., not be allowed.**

Saudi J Kidney Dis Transplant 2007;18(4):629-637
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**Saudi Journal
of Kidney Diseases
and Transplantation**

Special Article

**Seeking Remedy, Abstaining from Therapy and Resuscitation:
An Islamic Perspective**

Mohammed Ali Albar

Bioethics Center, International Medical Center, Jeddah, Saudi Arabia

Seeking remedy

- Many companions of the Prophet Muhammad (PBUH) refused therapy **in their last illness**, as they felt it would be futile, e.g. Abubaker Assidiq-the First Caliph and Muath ibn Jabal.
- The current medical advances made it possible to restore health and sustain the life in situations previously regarded as hopeless cases.

Brain Death

Death

- **Muslims believe that death is the departure of the soul from the body by divine decree and marks the beginning of the journey in the life, hereafter that is perpetual and infinite.**

قال تعالى: "تَبَارَكَ الَّذِي بِيَدِهِ الْمُلْكُ وَهُوَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ (1) الَّذِي خَلَقَ
الْمَوْتَ وَالْحَيَاةَ لِيَبْلُوَكُمْ أَيُّكُمْ أَحْسَنُ عَمَلًا وَهُوَ الْعَزِيزُ الْغَفُورُ [الملك 1-2]

S u r a h a l-M u l k (T h e S o v e r e i g n t y)

الَّذِي خَلَقَ الْمَوْتَ وَالْحَيَاةَ لِيَبْلُوَكُمْ أَيُّكُمْ أَحْسَنُ
عَمَلًا وَهُوَ الْعَزِيزُ الْغَفُورُ

[67:2] Who created death and life that He may try
you-- which of you is best in deeds; and He is the
Mighty, the Forgiving,



اللَّهُ يُتَوَفَّى الْأَنْفُسَ حِينَ مَوْتِهَا وَالَّتِي لَمْ تَمُتْ فِي مَنَامِهَا فَيُمْسِكُ الَّتِي قَضَىٰ عَلَيْهَا الْمَوْتَ وَيُرْسِلُ
الْأُخْرَىٰ إِلَىٰ أَجَلٍ مُّسَمًّى ۚ إِنَّ فِي ذَٰلِكَ لَآيَاتٍ لِّقَوْمٍ يَتَفَكَّرُونَ

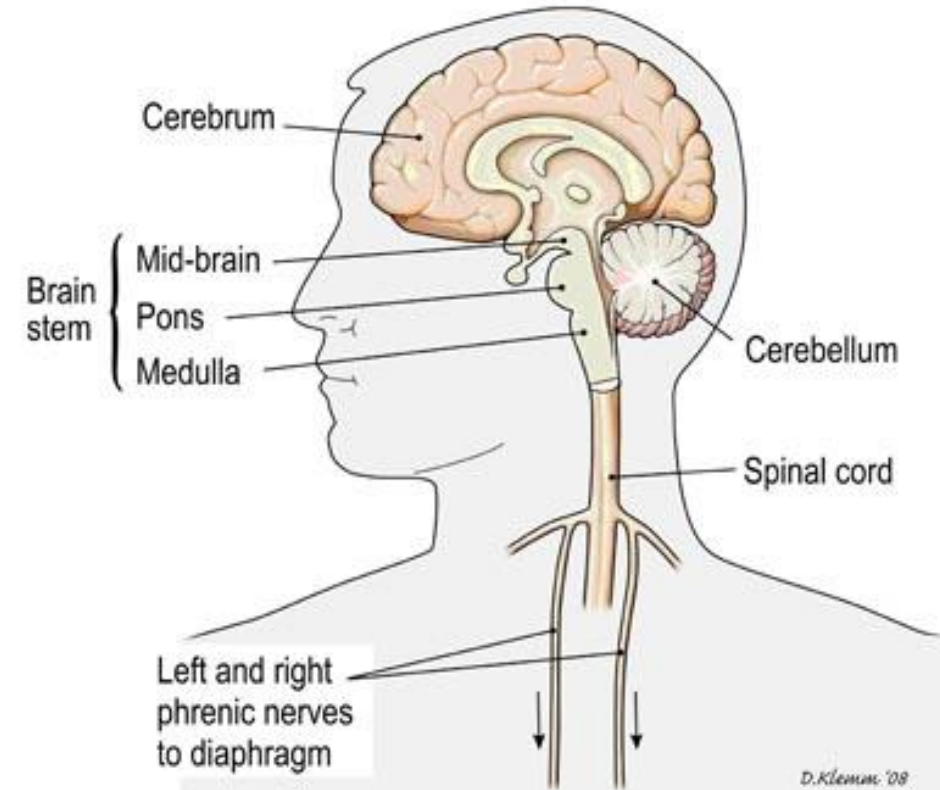
Allah takes the souls at the time of their death, and those who have not died, in their sleep. Then He retains those for whom He has ordained death and releases the others until a specified time. There are indeed signs in that for a people who reflect.

Definition of Death

1. The departure of the soul.

2. Cardiac death.

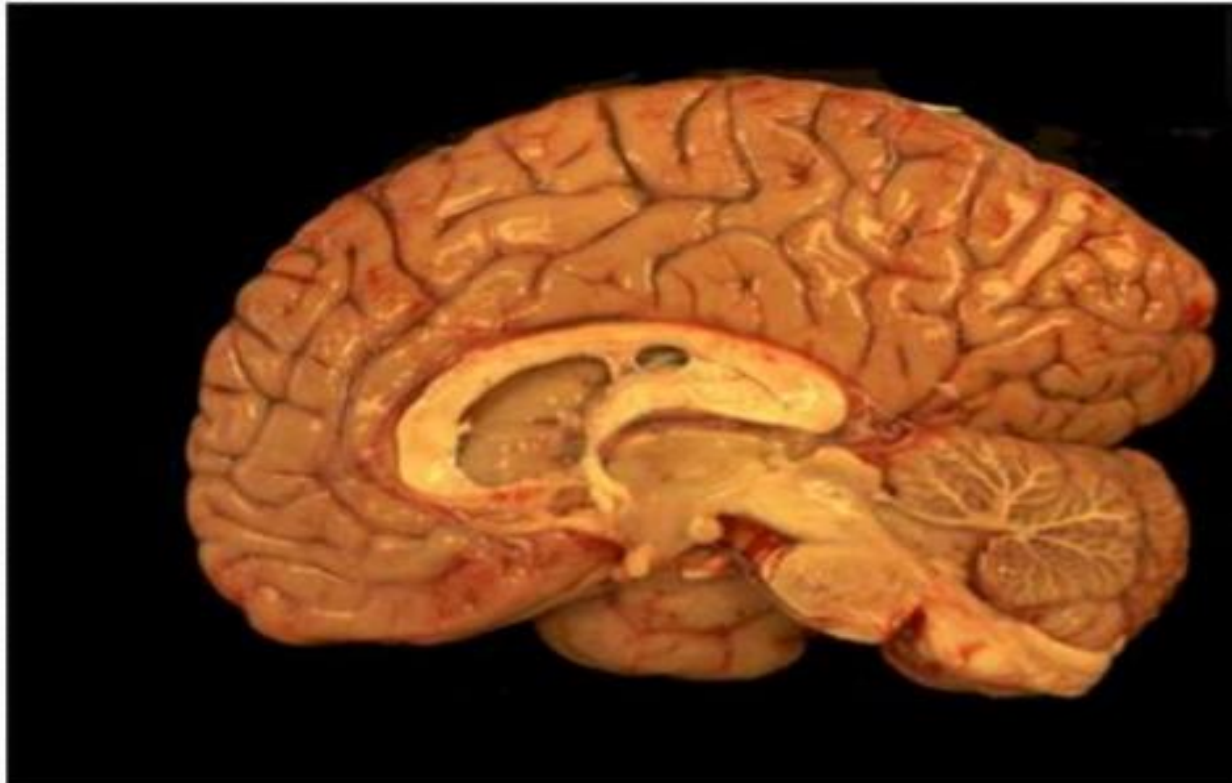
3. Brain death - *Whole Brain*
- *Brain Stem*



Definition

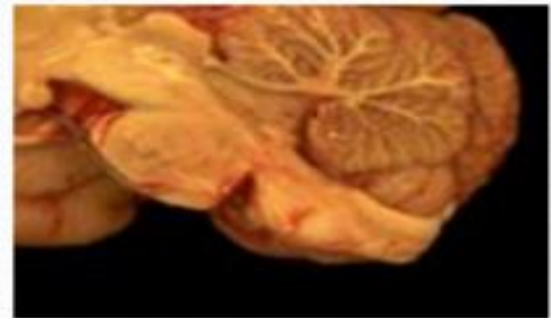
U.S. standard

- Complete and **irreversible** loss of entire brain and brainstem activity.



U.K. standard

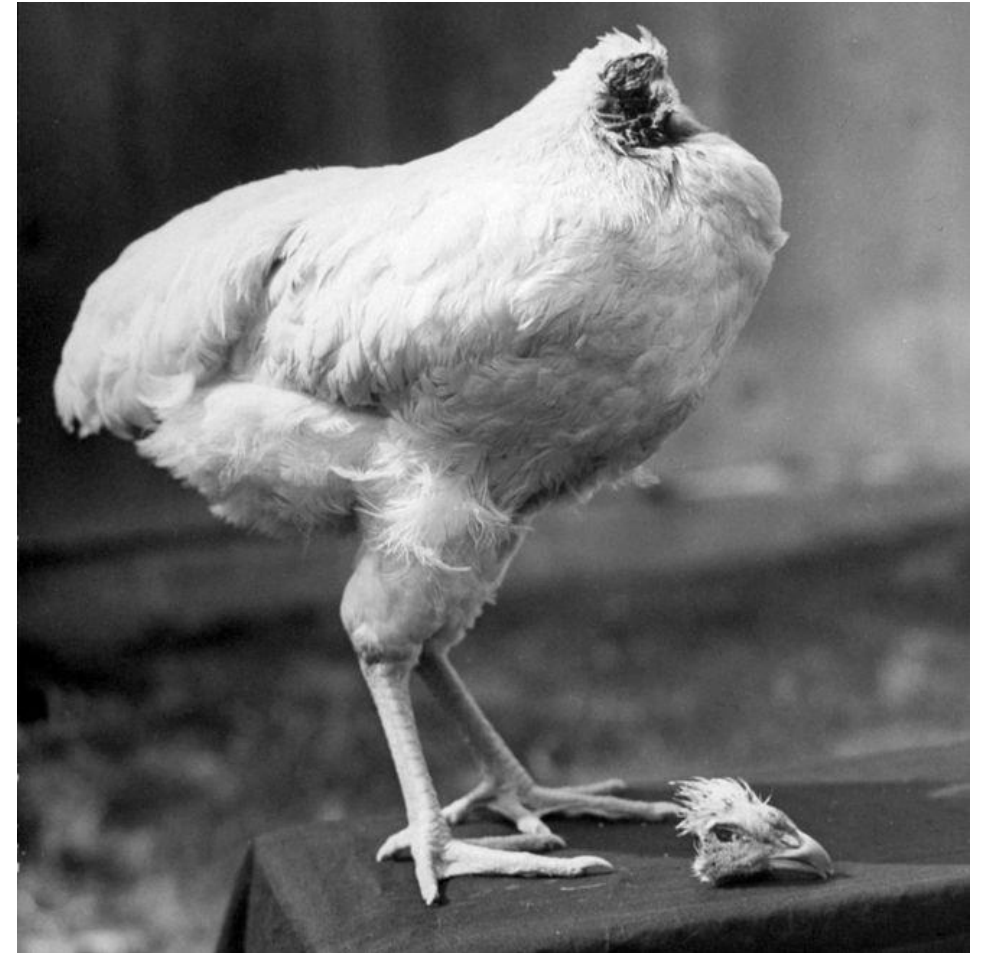
- Complete and **irreversible** loss of brainstem function.



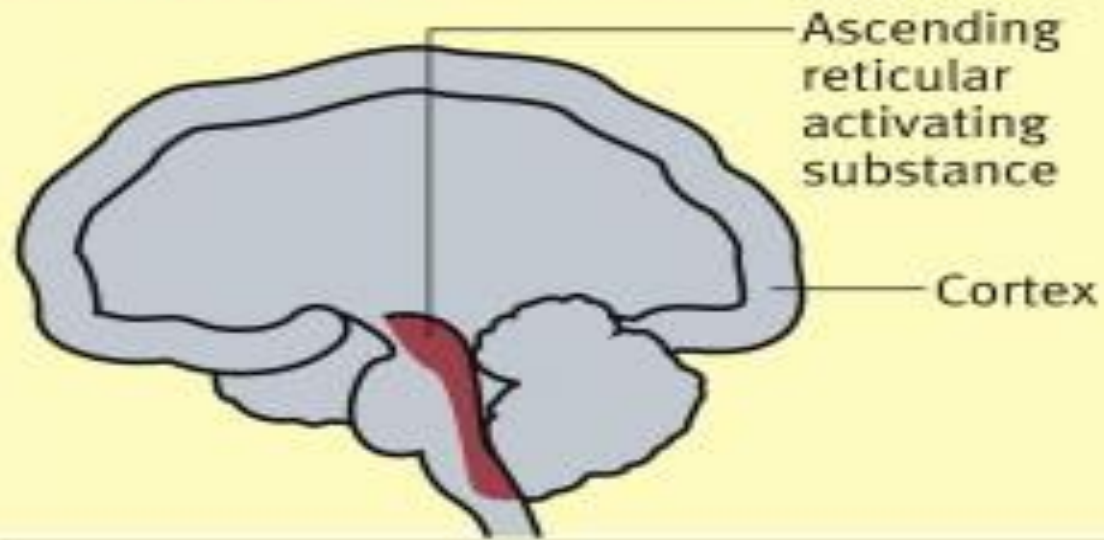
Mike the Headless Chicken (April 20, 1945 – March 17, 1947)

The chicken that lived for 18 months without a head

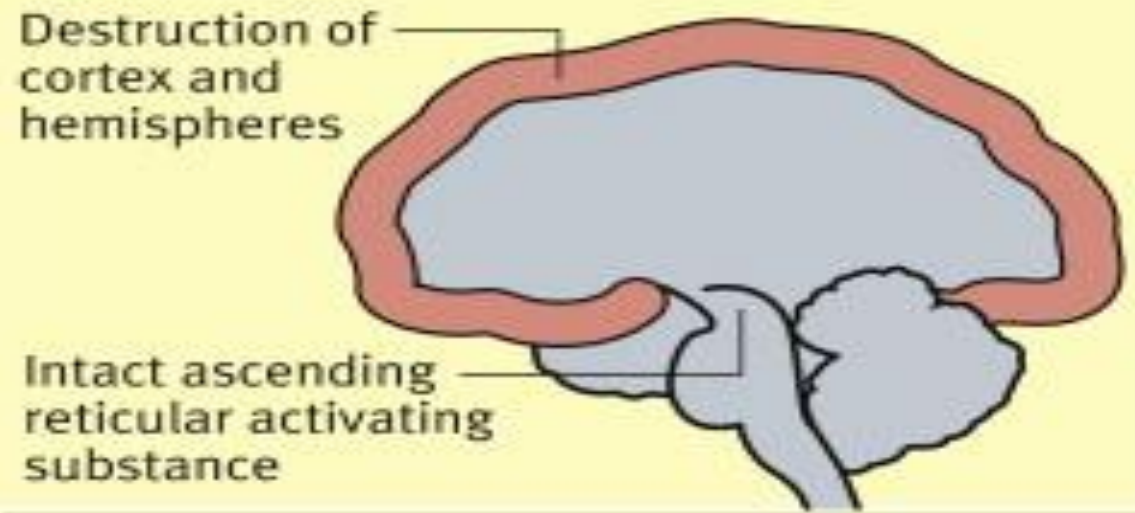
- **Although most of his head was severed, most of his brain stem and one ear were left on his body.**
- **Since basic functions (breathing, heart rate, etc.) as well as most of a chicken's reflex actions are controlled by the brain stem, Mike was able to remain quite healthy.**



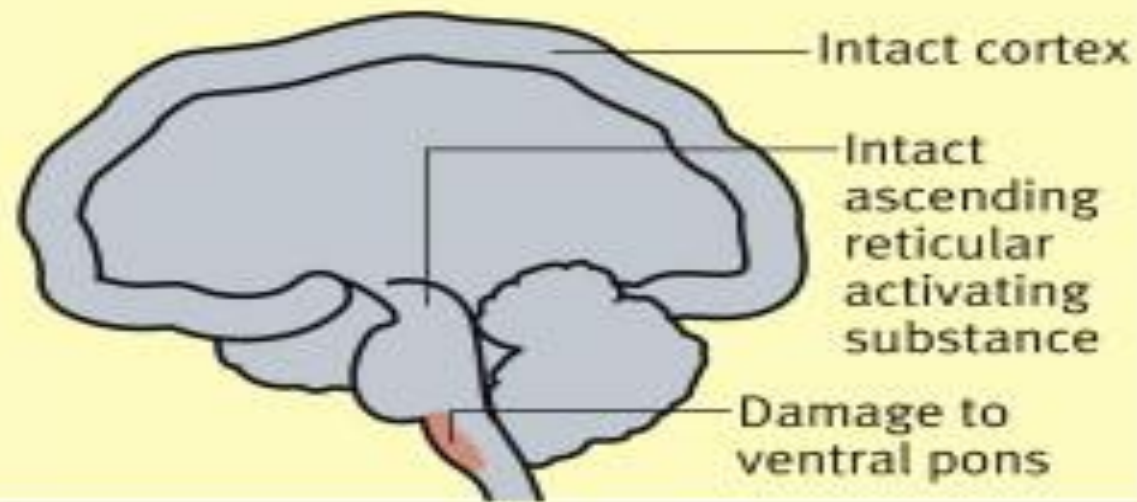
Normal consciousness



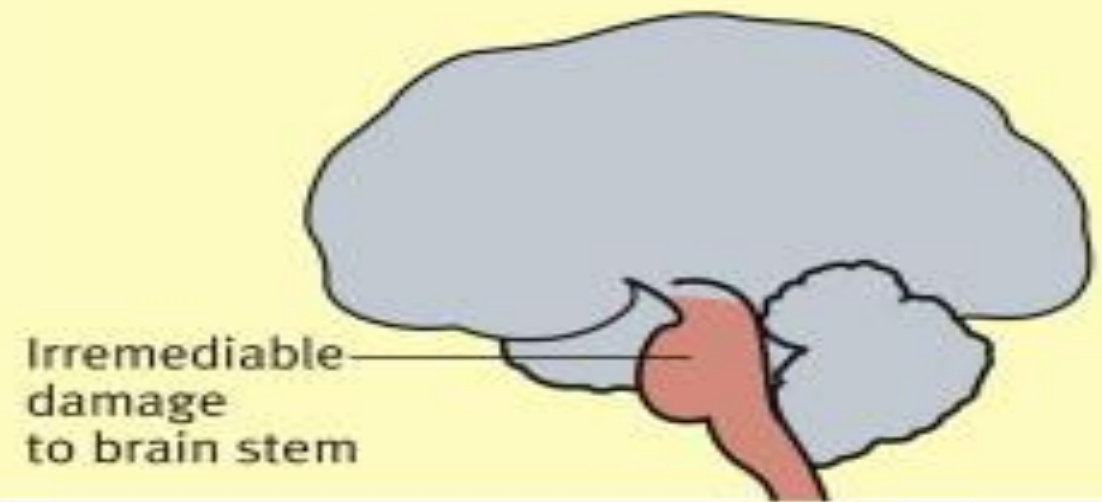
Vegetative state



Locked-in syndrome



Brain stem death



- **Brain death has been acknowledged as representing true death by many Muslim scholars and medical organizations, including the Islamic Fiqh Academies (IFAs) of the Organization of the Islamic Countries (OICs), and other Islamic medical organizations, and considered as legal rulings by multiple Islamic nations.**
- **Consensus in the Muslim world is **not unanimous**, and an appreciable minority accepts death only by cardiopulmonary criteria.**

Miller AC et al. Chest 2014;146:1092-101

**The Permanent Committee for Research & Fatwa,
Fatwa No 6619 on 15/2/1404 (1983) Riyadh**

Q. If a person is on life support measures, but it was proved that his **brain has stopped functioning irreversibly, is it permissible to remove the life supporting machines?**

A. In such a case, it is **permissible to stop the life support machines, as he is **considered dead**. The movement of the heart and respiration are only through the machines working on a person with no life. But it is imperative to **ascertain his death after lifting** the life support machines, and before declaring death.**

مَجْمَعُ الْفِقْهِ الْإِسْلَامِيِّ الدَّوْلِيِّ

International Islamic Fiqh Academy
Académie internationale du Fiqh islamique



The Third International Conference of Islamic fiqh Academy of the OICs (in Amman Jordan, October 11–16, 1986)

It is legally and (religiously) considered that a **person has died** and henceforth all the rules regarding dead persons as considered in shariah (Islamic law) are to be imposed, if one of the following occurs:

- 1. The heart and respiration** have completely ceased to function and the specialist doctors have decided that the complete loss of function is irreversible and irremediable.

The Third International Conference of Islamic fiqh Academy of the OICs (in Amman Jordan, October 11–16, 1986) (cont)

2. If **all the functions of the brain have been totally and irreversibly lost**, and the specialist doctors have decided that this loss of the function is total and irreversible, and that the brain of such a person had already **started to show autolysis**.

In such a condition, it is **allowed to remove the resuscitative measures including ventilators** hooked to the patient; even though some organs, like the heart may be still pumping blood as a result of the work of the machine.

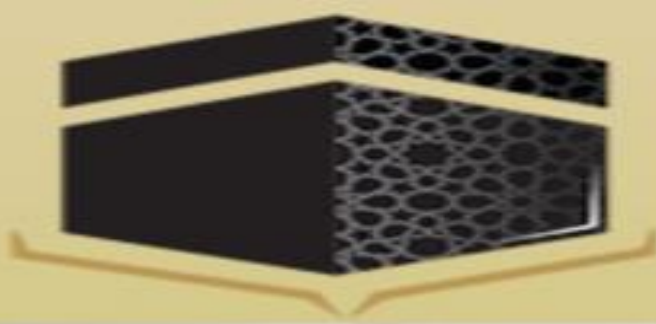
“An individual who has sustained either :

(1) irreversible cessation of circulatory and respiratory functions, or

(2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead.

The determination of death must be made in accordance with accepted medical standards”.

- This Fatwa is **a landmark** since it equated brain-death with complete irreversible cardio pulmonary arrest.
- It was passed with majority of votes and allowed the **start of cadaver organ transplantation** in Saudi Arabia and other gulf countries.



المجمع الفقهي الإسلامي

The Islamic Fiqh Council



Islamic Fiqh Council of Makkah

Al Mukkarammah

10th Session (Oct. 17-21, 1987), Resolution No. 2

- The **life support Equipment could be lifted** from the patient **whose brain functions have completely and irreversibly stopped**, and has been decided by three specialist Physicians, even though the heart and respiration are still functioning (with the help of machines).
- However such a person **will not be considered legally dead until his respiration and circulation stop irreversibly** after lifting the life support machines.

- **This Fatwa, although looks similar to the Fatwa of Amman in allowing the removal of supporting equipment from brain-dead persons, **does not allow procuring organs from heart beating cadavers.****
- **It indicated that the heart and circulation should stop irreversibly before allowing harvesting of vital organs.**



**HUMAN
ORGAN
FOR TRANSPLANT**

ORGAN TRANSPLANTATION IN ISLAM

WHAT DOES ISLAM SAY ABOUT ORGAN DONATION?

What is the Time Frame for Transplanting Organs?

ORGAN TIMEFRAMES

Each organ has a different timeframe between recovery and recipient transplant.

**4-6
HOURS**

HEART



LUNGS

**4-6
HOURS**

**8-12
HOURS**

LIVER



KIDNEY

**24-36
HOURS**

ADDITIONAL TIMEFRAMES:

CORNEA - 48 HOURS
INTESTINES - 8-16 HOURS
PANCREAS - 12-18 HOURS
TISSUE - STORED UNTIL NEEDED

- **Although many Muslim countries have, particularly those with active organ donation programs, adopted the OIC-IFA view and legislate neurological criteria for death, others defer.**

Transplant Direct. 2020 Feb 18;6(3):e536.

Muslim opponents of brain death concept criticize it in several points:

They claim that the 2010 update of the American Academy of Neurology guidelines for determining brain death fails to meet the three essential requirements stated in the Islamic definition of death:

- (1) Total cessation** of all brain functions,
- (2) irreversibility** of cessation, and
- (3) onset of disintegration of the brain.**

Rady MY, Verheijde JL. HEC Forum 2009;21:175-205

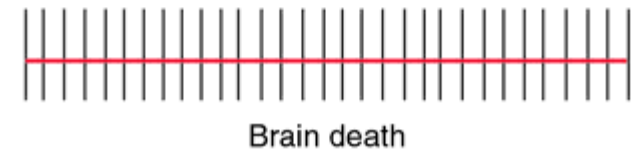
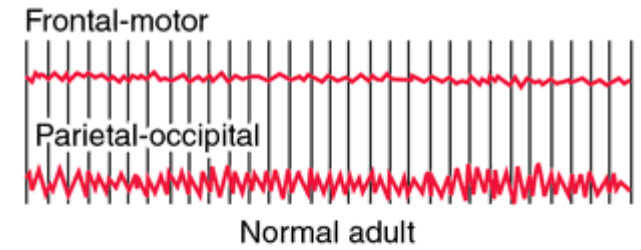
**Twenty-second session of the Islamic Fiqh Council in
Makkah Al-Mukarramah from 21-25 Rajab 1436 AH
corresponding to 10-14 May 2015 CE**

The council decided the following:

- **First - The Council confirms the decision of the Fiqh Council in its tenth session, held in Makkah al-Mukarramah on Safar 28, 1408 AH, October 21, 1987 CE, and its content is the permissibility of lifting life support equipment if it is proven conclusively that brain death is confirmed.**

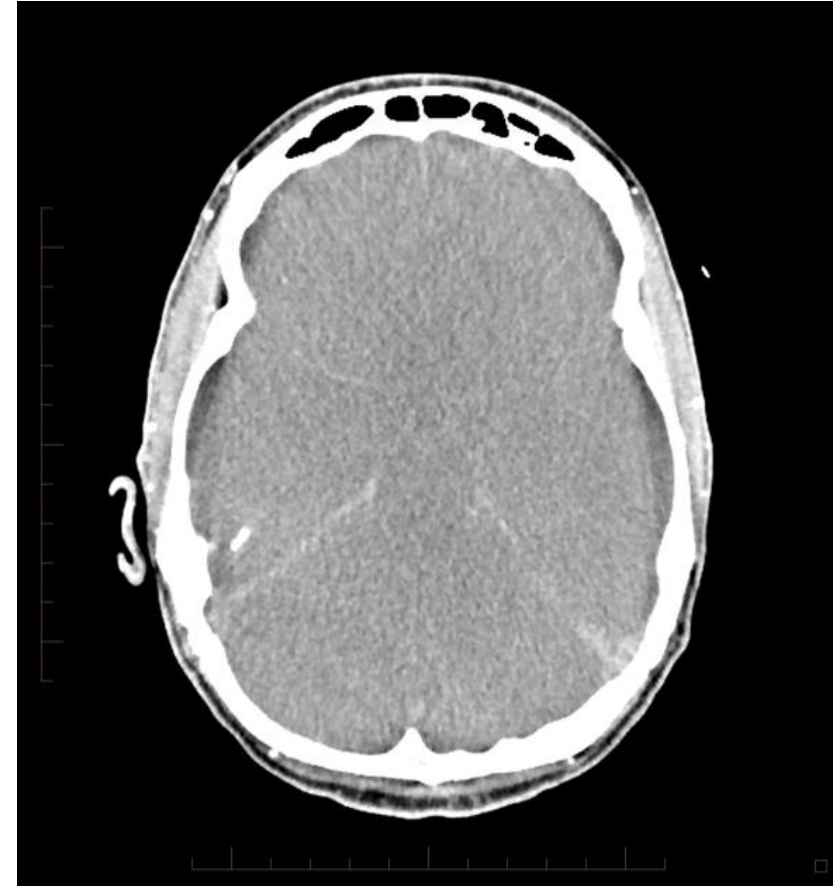
Confirmatory Tests

- 1) Electroencephalogram (EEG)
- 2) Transcranial Doppler.
- 3) Cerebral Blood Flow measurements
- 4) Cerebral Angiography (4 Vessels)

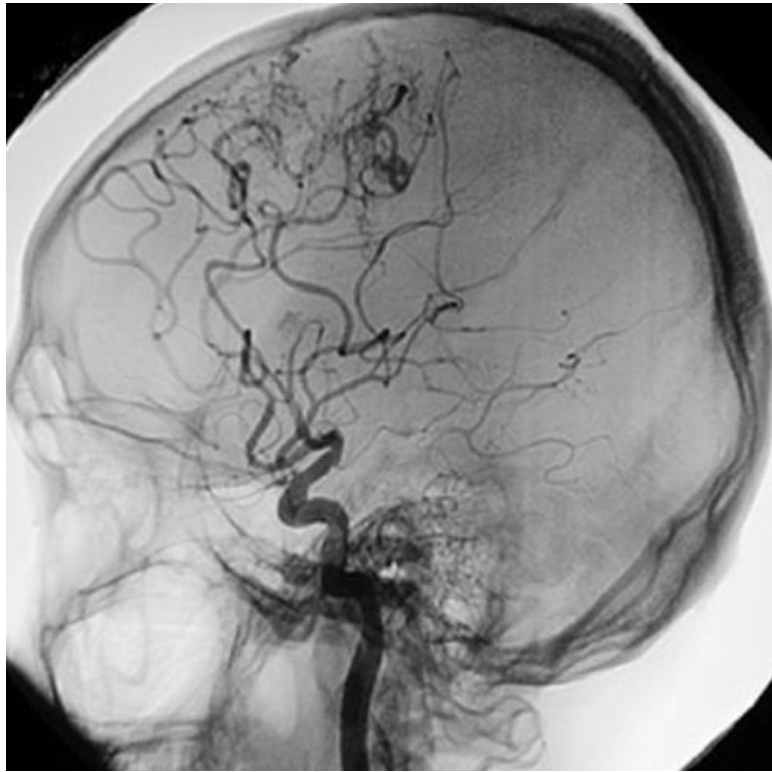


Brain death: CT angiography

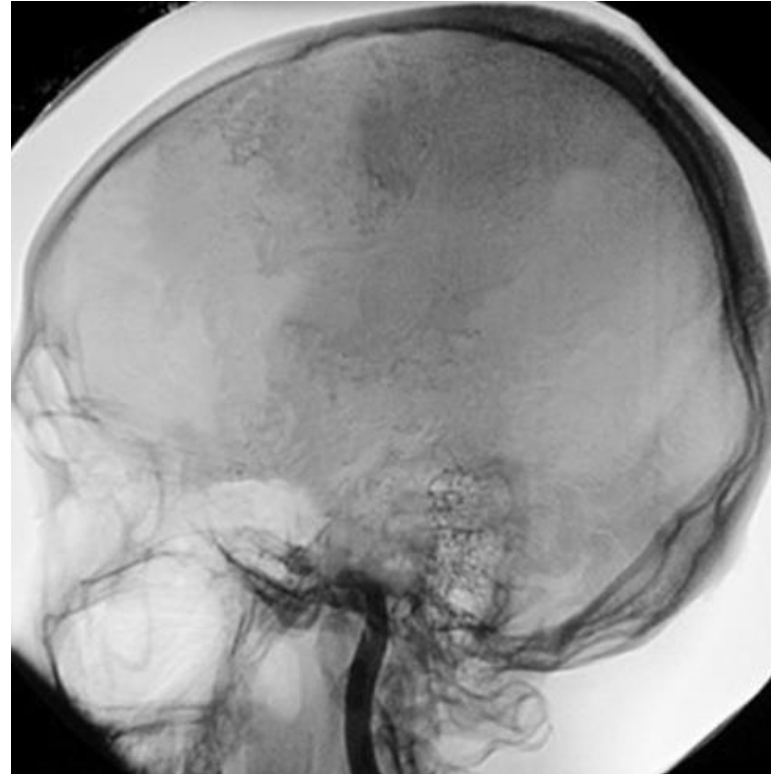
CTA showing good filling of scalp arteries and **no intracranial arterial filling** is diagnostic of absent blood flow to the brain - i.e. brain death.



Cerebral angiography



Normal cerebral flow



Brain dead: No cerebral flow

Following the established **guidelines scrupulously** can maintain the foundation of a transplantation system that saves thousands of lives a year.

Pediatr Crit Care Med 2013;14:98-9.

Strict adherence to the principle of “total cessation of cerebral functions will establish the diagnosis of brain death without any doubt.

J Crit Care 2014;29:875-7

Although guidelines are available in many countries to standardize national processes for the diagnosis of brain death, the current variation and inconsistency in practice make it imperative that an **international consensus is developed.**

Transplant Direct. 2020 Feb 18;6(3):e536.

OPEN

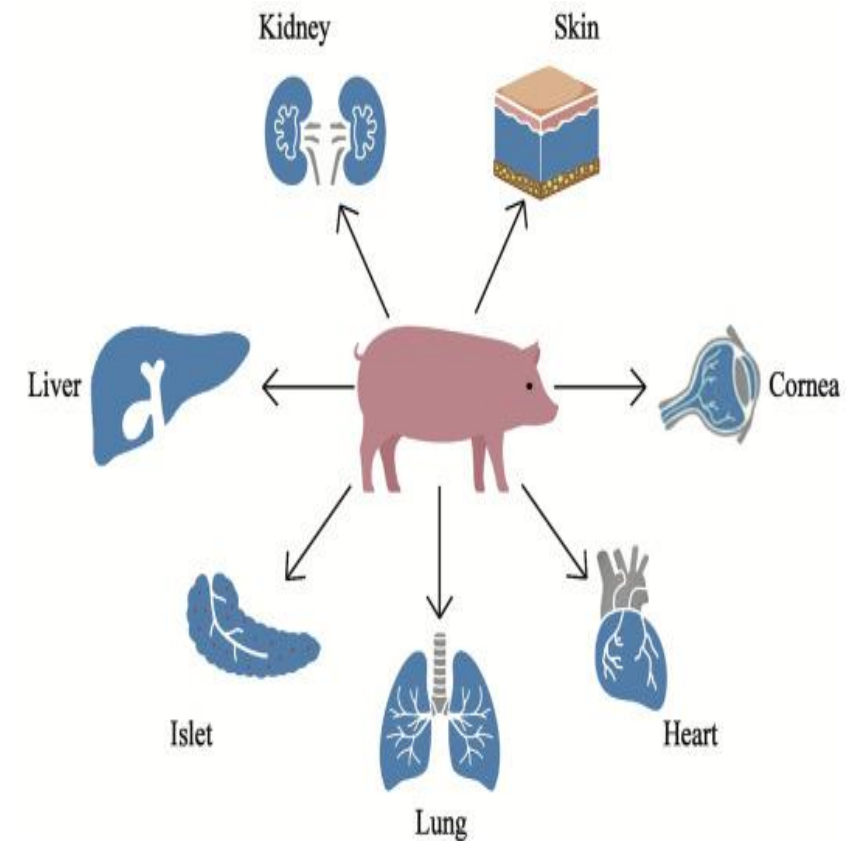
The Moral Status of Organ Donation and Transplantation Within Islamic Law: The *Fiqh* Council of North America's Position

Aasim I. Padela, MD, MSc^{1,2,3,4} and Jasser Auda, PhD^{5,6}

- **FCNA judges organ donation to be morally permissible from the perspective of Islamic law and ethics, subject to several conditions.**
- **These include first person authorization, that donation occur either while living or after circulatory declaration of death, harm to the donor is minimized, reproductive organs are not donated.**
- **Organ transplantation, in general, was also deemed licit.**

Xenotransplantation

- Ethics of using porcine products for human purposes remains controversial within Islamic law.
- Should pig organs become a viable renal replacement therapy alongside allografts and dialysis, jurists will need to reexamine the harm/ benefit calculus according to Islamic ethico-legal conventions.



Transplant Direct. 2020 Feb 18;6(3):e536.

Avicenna J Med 2017;7:35-45

REVIEW ARTICLE

Do not resuscitate, brain death, and organ transplantation: Islamic perspective

Hassan Chamsi-Pasha, Mohammed Ali Albar¹

Department of Cardiology, King Fahd Armed Forces Hospital, ¹Department of Medical Ethics, International Medical Center, Jeddah, Saudi Arabia

Do Not Resuscitate



DO NOT RESUSCITATE

- **Cardiopulmonary resuscitation (CPR) is routinely performed on any hospitalized patient suffering cardiac or respiratory arrest.**
- **Advanced invasive procedures and treatments that may sustain life may not confer any predictable benefit and may cause further suffering to the patient and his/her family.**

“Do not resuscitate” (DNR)

- Frequent performance of CPR on terminally ill patients **raised concerns** that these resuscitations were often **utilized inappropriately**.
- This led to the emergence of “do not resuscitate” (DNR) policy identifying patients **who will not benefit from CPR**.
- DNR is a medical order to provide no resuscitation to patients, for whom resuscitation is not warranted.

- **Futile treatment** may be requested by relatives.
- Many Shariah scholars do not advocate treatment if it merely prolongs the final stages of life.
- Delaying death with futile or hopeless treatment is unacceptable by many Islamic scholars.
- **Miracles can rarely occur**, but Islamic jurists do not make their rules and fatwas upon such very rare occurrence.

- **Treatment can be withheld in patients with a terminal illness such as widespread metastatic cancer.**
- **Reversible illnesses (e.g., pneumonia) should normally be treated.**

The Permanent Committee for Research and Fatwa, Fatwa No. 12086 on 28/3/1409 (1989)

Question from Military Hospital (N.W. region) on using resuscitative measure on the following cases:

Q. 1. If a person arrives to the hospital **already dead?**

A. 1. There is no need to use any resuscitative measure in such case.

Q. 2. If the medical file of the patient is **already stamped: “Do not resuscitate”, according to the patient’s will or his Proxy’s and the patient is **unsuitable for resuscitation**.**

A. 2. If three competent specialized Physicians agree that he is unsuitable for resuscitation, then there is no need of such measure.

**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any _____
 Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name _____

Q. 3. If three physicians have decided that it is inappropriate to resuscitate a patient who is suffering from a **serious irremediable disease, and that **his death is almost certain**.**

A. 3. If the disease is irremediable and his death is almost certain, as witnessed by three competent physicians there is **no need to use resuscitative measures.**



Grievous and Irremediable Medical Condition

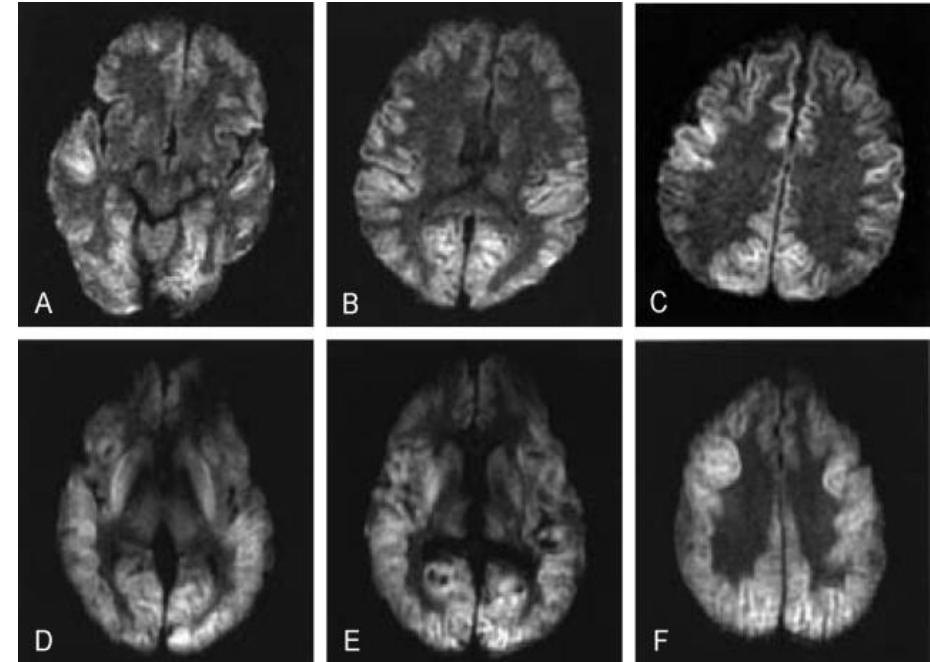
A person has a grievous and irremediable medical condition if they meet all of the following criteria:

- a. Serious and incurable illness, disease, or disability
- b. Advanced state of irreversible decline or capability
- c. State of decline causes enduring psychological or physical suffering, intolerable to them, and not relieved by means acceptable to them
- d. Natural death is reasonably foreseeable, taking into account all of the medical circumstances, but not requiring a specific prognosis

Q. 4. If the patient is mentally or physically incapacitated and is also suffering from stroke, or late stage cancer or having severe cardio pulmonary disease or already had several cardiac arrests.

A. 4. If the condition of the patient is as described, and the decision not to resuscitate has been reached by three competent specialist physicians, then it is permissible not to resuscitate.

- **Q.5. If the patient had irremediable brain damage after a cardiac arrest?**
- **A.5. If the condition is authenticated by three competent specialist physicians, then there is no need for the resuscitative measures as these will be useless.**



Q.6. If the treating Physicians decided that resuscitation will be **useless in a certain patient, **is it permissible not to resuscitate even though the patient or his relatives asked for resuscitative measures to be carried on.****

Family opinion

A.6. If resuscitative measures are deemed useless and inappropriate for a certain patient in the opinion of 3 competent specialist physicians, then there is no need for resuscitative measures to be carried.

The opinion of the patient or his relatives should not be considered, as it is a medical decision and it is not in their capacity to reach such a decision.

- If the patient is **competent enough**, DNR should be discussed with him/her.
- If the patient is **not competent enough**, DNR should be discussed with the family members, especially the most appreciative and comprehending person.
- Clarify to the patient or his/her guardian that this does **not mean abandoning the treatment** in the meantime, it does **not deprive the patient of receiving suitable** health care, and it **respects his/her dignity** at all times.

DNR

- The DNR Form is valid only when it is **signed by three** qualified physicians (mainly two consultants and one staff physician) and only acceptable **within the hospital during the patient's admission.**
- The “Fatwa” should be explained to the family. If the family still insists on doing everything possible, then they should be offered the option of **transferring** their patient to a hospital accepting the patient.

The image shows the Illinois Department of Public Health Uniform Do-Not-Resuscitate (DNR) Order Form. The form is titled "UNIFORM DO-NOT-RESUSCITATE (DNR) ORDER FORM" and includes the following sections:

- Patient Directive:** A section for the patient to state their wishes regarding resuscitation.
- 1. FULL CARDIOPULMONARY ARREST (When both breathing and heartbeat stop):** A section with a checked box for "Do Not Attempt Cardiopulmonary Resuscitation (CPR)".
- 2. PRE-ARREST EMERGENCY (When breathing is labored or stopped, and heart is still beating):** A section with a checked box for "Do Not Attempt Cardiopulmonary Resuscitation (CPR)".
- Other Instructions:** A section for additional instructions.
- Patient Directive Authorization and Consent to DNR Order:** A section for the patient to authorize the DNR order.
- Witness to Consent:** A section for two witnesses to sign and date.
- Physician Signature:** A section for the attending physician to sign and date.

The form also includes a footer with the text "Send this form or a copy of both sides with the individual upon transfer or discharge."

- **The Islamic Medical Association of North America (IMANA) believes that when death becomes inevitable as determined by physicians taking care of terminally ill patients, the patient should “be permitted to die naturally with only the provision of appropriate nutrition and hydration” and any medications and procedures that are necessary to provide comfort and alleviate pain.**

Islamic medical ethics: The IMANA Perspective October 2005

- **IMANA does not believe in prolonging misery on mechanical life support in a patient in a **vegetative state**, when a team of physicians, including critical care specialists, has determined that no further attempt should be made to sustain artificial support.**
- **Even in this state, the patient should be **treated with full respect, comfort measures, and pain control**.**
- **No attempt should be made to enhance the dying process in patients on life support.**

Withholding or Withdrawing Therapy

Futility

- Many patients were kept alive with futile medical therapy leading to further worries about the **financial and emotional burdens** inflicted on the patients and their families.
- These invasive measures may sustain life for a while but ultimately may not confer any genuine benefits to the patient.

Futility

- Futility at end-of-life can be difficult to define.
- The American Thoracic Society states that treatment should be considered **futile** if it is **highly unlikely that it will result in “meaningful survival”**
- Clinicians have little difficulty in estimating prognosis, although they mostly overestimate survival.
- Some Muslims strongly believe in **God’s miraculous cures** even if the physicians believe the case is futile or hopeless.

“Baby K”

- A well-known example of futile cases from USA is a baby, known as “baby K” born in Virginia in 1992, and diagnosed prenatally as having **anencephaly**.
- Mother insisted that life support is continued.
- The physicians believed that ventilatory support was not warranted as the baby would never recover consciousness, and sought legal authority in the federal court to forgo it.
- “Baby K” continued to receive high-quality medical care and survived **for two and a half years** before succumbing to an infection.



Review article:

Futility of Medical treatment

Albar MA¹, Chamsi-Pasha H²

- **Futile treatment is often requested by relatives.**
- **Delaying death with futile or hopeless treatment is unacceptable in Islam.**
- **Muslims believe all healing comes ultimately from God and that no cure is possible without God's will.**

Withholding of Life-Sustaining Treatments

- Withholding medical therapy in terminally ill patients is widely accepted around the world on medical, legal and ethical grounds.
- In most Muslims cultures, illness is considered a **family affair**, and **family members** requesting not to tell their loved ones about a life-threatening diagnosis or prognosis.
- They may even want to be the **decision makers** regarding end-of-life medical decisions and may often request heroic measures for their patients.
- Unfortunately, this may subject the patients to medical interventions that may be contrary to their wishes and beliefs

- **Terminally ill Muslim patients are permitted to have life-sustaining treatments **withheld or withdrawn** when the treatment is deemed by the expert physicians to **be futile**, does not lead to any improvement in the quality of life, involves significant **complications** and prolongs the dying process and suffering.**
- **Delaying the inevitable death of a patient is neither in his interest nor in the interest of public's resources.**

Review articles:

Withdrawing or Withholding Treatment

Chamsi-Pasha H¹, Albar MA²

- **Basic human rights of the patient, including food, water, nursing and painkillers, should be maintained, and can be done at home or hospice.**
- **Patient should be allowed to die peacefully and comfortably.**
- **Role of social workers and religious affairs personnel at such stage cannot be overemphasized.**


**Twenty-second session of the Islamic Fiqh Council in
Makkah Al-Mukarramah from 21-25 Rajab 1436 AH
corresponding to 10-14 May 2015 CE**

- **Third - it is not permissible to stop the patient's treatment unless three trustworthy specialist doctors decide that the **treatment harms the patient and has no effect on improving** his condition, with the importance of continuing to care for the patient represented in feeding him and removing or relieving pain as much as possible.**

RESEARCH ARTICLE

 OPEN ACCESS  Check for updates

When can Muslims withdraw or withhold life support? A narrative review of Islamic juridical rulings

Afshan Mohiuddin^{a,b}, Mehrunisha Suleman^c, Shoaib Rasheed^d and Aasim I. Padela ^{a,e,f}

- A systematic review to aggregate rulings from Islamic jurists and juridical councils on whether, and when, it is permitted to withdraw and/or withhold life-sustaining care.
- A total of 16 fatwās were found, 8 of which were single-author rulings, and 8 represented the collective view of a juridical council.
- Nearly all Fatwas judge that Islamic law, provided certain conditions are met, **permits abstaining from life-sustaining treatment**

- **The analyses suggest that while notions of futility greatly impact the bioethical discourse regarding with holding and/or withdrawal of treatment, the **conceptualization of futility lacks nuance.****
- **Clinicians, Islamic jurists, and bioethicists need to come together in order to unify a conception of medical futility and relate it to the ethics of withholding and/or withdrawal of treatment.**

Glob Bioeth. 2020 Mar 22;31(1):29-46.

Nutrition and Hydration

Nutrition at End of Life

International Journal of Human and Health Sciences Vol. 01 No. 01 January'17

Review article

Artificial nutrition and hydration

Albar MA¹, Chamsi-Pasha H²

- **Muslim families tend to express major concern when the nutritional intake of their patient has deteriorated.**
- **Some families may demand a kind of intervention to compensate for this decrease in nutritional intake.**
- **Referring them to the teachings of the Prophet (PBUH) on this matter may alleviate their concerns.**

- The Prophet Muhammad (PBUH) discouraged forcing the sick to take food or drink.

"لا تُكْرِهُوا مَرَضَاكُمْ عَلَى الطَّعَامِ وَ الشَّرَابِ ، فَإِنَّ اللَّهَ يُطْعِمُهُمْ وَ يَسْقِيهِمْ"

صحيح الجامع 7439

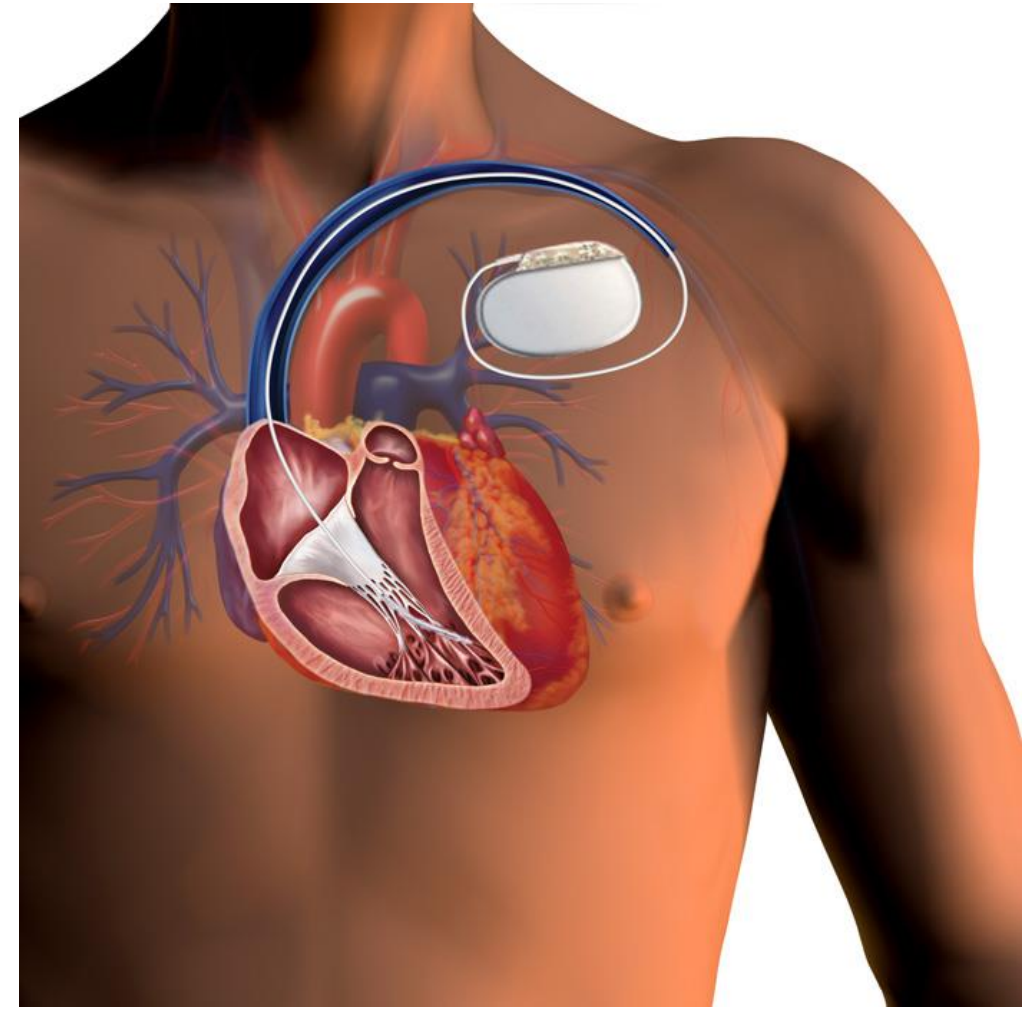
"Do not force your to eat and drink, for God feeds them and gives them water."

Sahih Al-Jame 7439

- **A study of American physicians showed that Jewish and Muslim physicians are more likely to oppose withholding ANH.**
- **Another study showed that the majority of Muslim physicians in the Middle East believe in feeding DNR patients (ur Rahman et al., 2013).**

- In Islam, nutritional support is considered basic care and not medical treatment.
- It is a duty to feed people who are no longer capable of feeding themselves.
- Islamic law, **does not allow the withholding or withdrawal of basic nutrition** because this would lead to death by starvation, which is a crime in Islamic teachings .
- The IMANA states that: When death becomes inevitable, as determined by a team of physicians, the patient should be allowed to die without unnecessary procedures. However, no attempt should be made to withhold nutrition and hydration

Deactivating Cardiac Devices





Deactivation of Cardiac Devices in Terminally Ill Patients

- At the end of life, most chronic heart failure patients become increasingly symptomatic and may have other life-limiting comorbidities as well.
- Implantable cardioverter defibrillator (ICD) is the treatment of choice for patients with poor left ventricular function who are at risk of sudden cardiac death due to ventricular arrhythmias.
- Patients who have an ICD often denied the chance of sudden cardiac death and instead are exposed to a slower terminal decline, with frequent DC shocks that can be painful, resulting in major distress for the patient and family.

- When a patient with an ICD approaches the end-of-life stage, discussion concerning the **termination of ICD treatment** may be indicated.
- **Deactivating an ICD or not performing a generator change** is both legal and ethical and is supported by both American and European guidelines.
- When the battery reaches its end of life, then it may not be changed, in accordance with **The Saudi Ulema Fatwa (Fatwa No. 12086)**.
- Patient has the **right to refuse any treatment or to withdraw a previous consent to treatment** if it no longer satisfies his/her health care goals.
- There is **disagreement** within the medical community on deactivation.

- **Rady et al. consider such an act either patient-assisted suicide or euthanasia.**
- **In Islam, seeking a remedy is facultative (optional) where the benefit is not proved or even doubtful and where ill effects of that mode of therapy are uncertain.**
- **The patient should dictate his/her decision, whether to accept or refuse that modality of treatment.**

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HOT TOPIC

Ethical Challenges of Deactivation of Cardiac Devices in Advanced Heart Failure

**Hassan Chamsi-Pasha • Mohammed A. Chamsi-Pasha •
Mohammed Ali Albar**

Advance Directive

Advance Directives

- **Two types of advance directives:**
 - a **living will** (Advance directive) and
 - a **durable or medical power of attorney**.
- **Advance directives are legal documents which dictate future health care choices and inform both the health care professionals and family members about an individual's wishes and the type of care to receive in case they cannot express themselves.**
- **This document helps the physician to withhold or withdraw certain medical procedures and allow the patient to die naturally.**

**Advance medical directives: a proposed new approach
and terminology from an Islamic perspective**

Hamdan Al-Jahdali · Salim Baharoon ·
Abdullah Al Sayyari · Ghiath Al-Ahmad

- **Living will** cannot form part of the (wasiyyah) since what is incorporated in the (wasiyyah) will be executed only after one's demise.
- In **the durable power of attorney**, patients unable to make health care decisions **can call upon an authorized representative** to express his or her wishes, and thus make treatment decisions on behalf of their best interest.

Advance directive practiced by the Prophet!!

- The Prophet, in his terminal illness, used a certain notion that would conform to the concept of advance directive.
- He asked his wives, in his terminal illness, **not to pour medicament** in the side of his mouth (Ladood), should he become **unconscious, but his wives did.**
- When he came around, he scorned them and asked them to do the same for themselves.

(Sahih AlBukhari)

Islamic living will

- A prototype of an “Islamic living will” developed by the Ethics Committee of the Islamic Medical Association of North America (**IMANA 2005**).
- Advance directive should not only be limited to **elderly patients**, but should be also advocated among patients with **chronic disabling disease** irrespective of their age, social, cultural or economic status.

Euthanasia

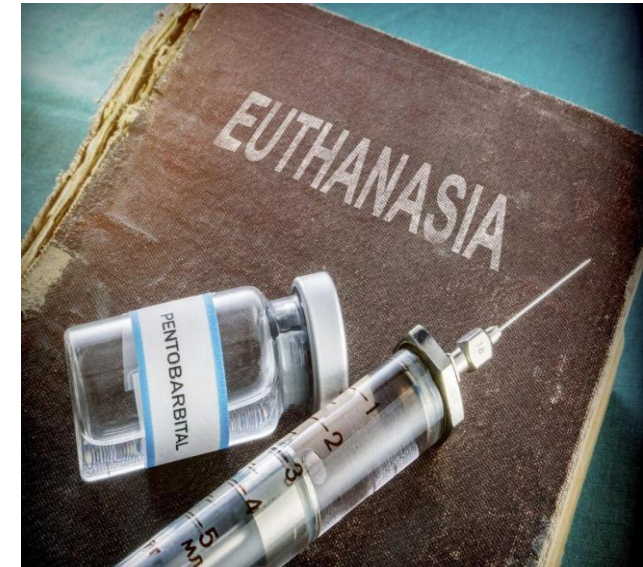
Case History

- **An 82 y male with advanced cancer has severe pain not responsive to morphine, and asked the doctor to kill him to save him from suffering.**
- **The doctor refused, claiming that he could not commit illegal homicide.**
- **The doctor also refused to give the patient any advice about suicide.**
- **Upon the patient's insistence, the doctor agreed to **stop hydration and nutrition** to enable slow death.**

Types of euthanasia:

- **Voluntary euthanasia:** “The intentional administration of lethal drugs in order to painlessly terminate the life of a patient suffering from an incurable condition deemed unbearable by the patient, **at the patient’s request.**”
- **Non-voluntary euthanasia** is defined as: “The intentional administration of lethal drugs to painlessly terminate the life of a patient suffering from an incurable condition deemed unbearable, **not at the patient’s request.**”

- Euthanasia, assisted suicide, medical assistance in dying, death with dignity: terms are used around the world
- Euthanasia is a Greek word composed of two syllables: **eu** means **good or easy**, **Thanatos** means **death**.
- The meaning becomes “good death” or “easy death”, and nowadays proponents like to call it “**mercy killing**.”



- **Physician-assisted suicide** intends to provide the patient with adequate knowledge about means and resources, i.e., lethal drugs, and counseling to commit suicide.
- **Assisted dying is increasingly advocated in public discourse as a humane response to a terminal prognosis and distress on the part of selected patients, and their care providers.**

- **International momentum** to permit some form of assisted dying within legal processes, with the Governments in Australia, Germany, Ireland, Portugal, Spain, and New Zealand.
- The British Medical Association **recently dropped its opposition to assisted dying** in a narrow vote at its annual meeting with 49% in favor, 48% opposed.
- In USA, less than 20% of physicians received requests for euthanasia, 5% or less have complied.



Islam and Euthanasia

- Life is given by God and cannot be taken away except by Him or with His permission.
 - Taking away life should be the domain of the One who gives life.
 - The Qur'an emphasizes that **“it is the sole prerogative of Allah to bestow life and to cause death.”**
 - Preservation of life is **one of the five basic purposes** of the sacred law.
 - Human beings are considered to be **responsible stewards of their bodies**, which are viewed as gifts from God.
- “Do not take life which God has made sacred except in the course of Justice”**

- **The Prophet (PBUH) said:**

“Whoever kills himself with an iron instrument will be carrying it forever in hell. Whoever takes poison and kills himself will forever keep sipping that poison in hell. Whoever jumps off a mountain and kills himself will forever keep falling down in the depths of hell”.

“Albukhari and Muslem”

- Pain-relief or withholding or withdrawing of life-support, with intention of allowing a person to die when the disease is causing untreatable suffering, are permissible.
- Terminally ill patients should **receive the appropriate palliative medication**, utilizing all measures provided by God and one should not despair of Allah's mercy, and doctors should do their best to support their patients morally and physically, irrespective of whether these measures are curative or not .



- **The Islamic Jurisprudence Council held in Jeddah in May 1992 declared a strong rejection against Euthanasia under all circumstances.**

**Twenty-second session of the Islamic Fiqh Council in
Makkah Al-Mukarramah from 21-25 Rajab 1436 AH
corresponding to 10-14 May 2015 CE**

- **Fourth - hastening the death of the patient by an act that ends his life, which is what is called euthanasia, which is forbidden by Sharia in any form, whether at the request of the patient or his relatives.**

- The **Islamic Medical Association of North America (IMANA)** is absolutely opposed to euthanasia and assisted suicide in terminally ill patients by healthcare providers or patients' relatives.
- A fatwa by the **European Council for Fatwa and Research** (2008) states: The patient whatever his illness and however sick he (or she) is shall not be killed because of desperation and loss of hope in recovery or to prevent the transfer of the patient's disease to others, and whoever commits the act of killing will be a deliberate killer.

Assisted dying: Islamic Perspective

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conclusion

- **Many dying Muslim patients suffer protracted and painful deaths, receiving unnecessary, invasive and costly care, which may create a strong impact on their physical, psychosocial and spiritual integrity.**
- **In Islam, the sanctity of human life is extremely valued, but life support is not required if it prolongs the agony and suffering associated with final stages of a terminal illness.**
- **Islamic law permits withdrawal of futile treatment and considers it a clear medical decision by at least three physicians.**
- **The removal of basic necessities of life such as food and water will amount to actively killing the patient.**

Conclusion (2)

- **Islamic juridical deliberations around brain death largely took place over 30 years ago.**
- **The debates within Muslim bioethics need updating and deepening concerning the early rulings on brain death.**
- **A clear and well-defined policy from the ministry of health regarding do not resuscitate, brain death, and other end-of-life issues is urgently needed for all hospitals and health providers in most (if not all) Muslim and Arab countries.**

Do not resuscitate, brain death, and organ transplantation: Islamic perspective

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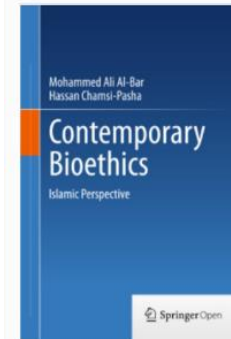
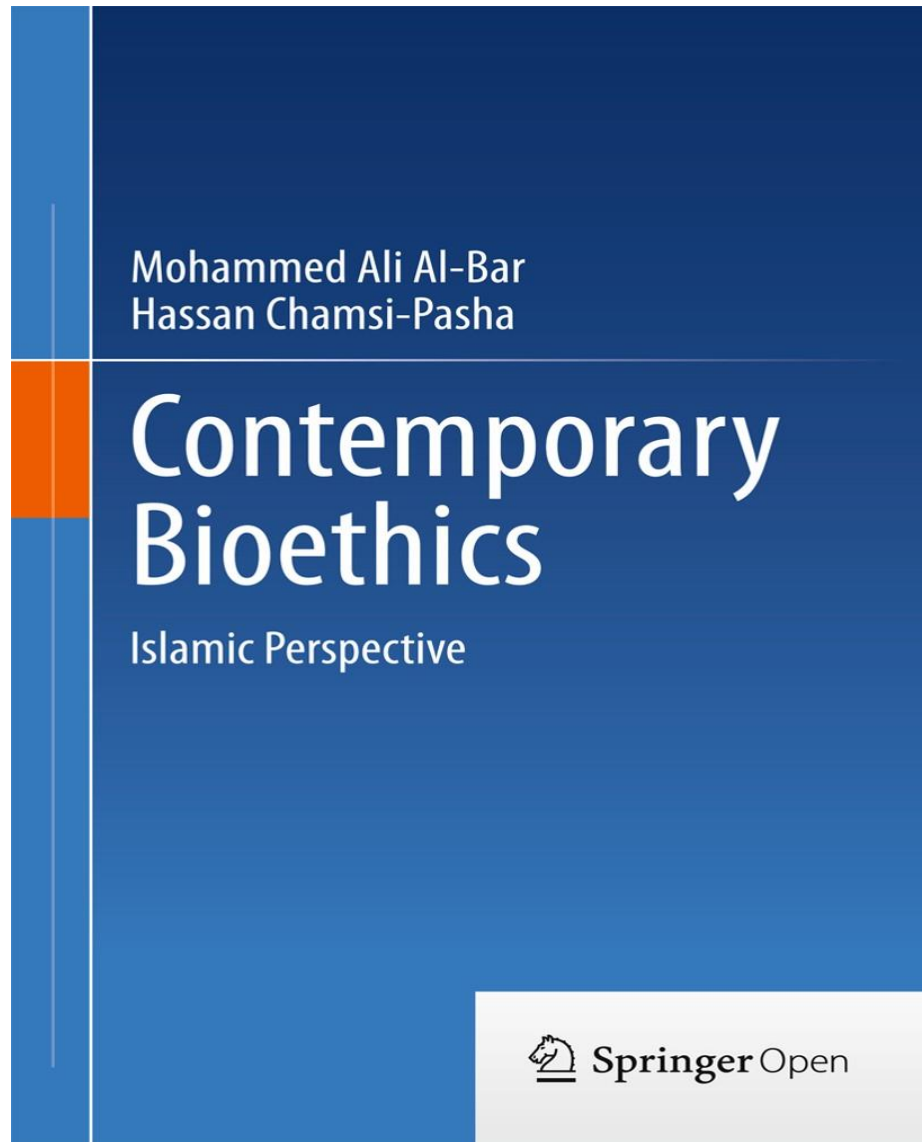
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Contemporary Bioethics

Islamic Perspective

Authors ([view affiliations](#))

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The authors combine Islamic textual analysis with juridical methodology to engage dominant secular bioethics in the Muslim healthcare institutions

The book integrates Islamic textual resources with medical information in order to provide careful analyses of the political, economic and cultural terrains that are necessary for bioethicists to effectively promote social justice

Timely book for medical professionals

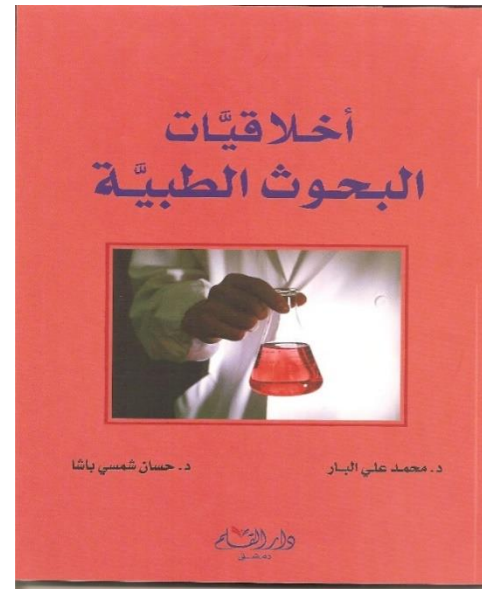
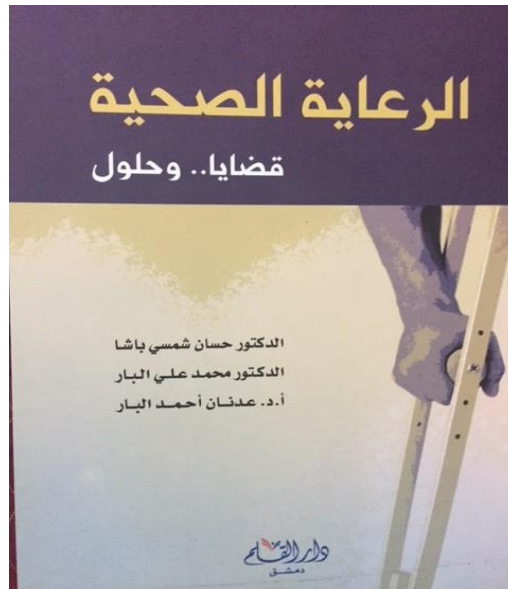
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A vibrant night cityscape featuring a tall, illuminated skyscraper with a unique top section. The scene is filled with colorful fireworks exploding in the dark sky. In the foreground, a waterfront promenade with palm trees and streetlights is visible, with the city lights reflecting on the water.

God bless you

www.drchamsipasha.com