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END OF LIFE DECISIONS: AN ISLAMIC PERSPECTIVE



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Introduction

Because of recent advancements in medical technology and in the pharmaceutical industry, some people who in an earlier era would be dead are alive and doing well today. Others are alive now but in a coma or a chronic vegetative state. By prolonging lives of some patients, medical technology has created as many problems in bioethics as it has solved many physical issues and prolonged the lives of many people.

Advanced medical technology and new drugs have greatly contributed to the treatment of seriously ill patients by prolonging their lives (van der Heide, et al., 2003), and therefore; increasing the number of individuals who suffer from several chronic health conditions. At the end of life, priorities of health care may shift and prolonging life may not become the ultimate goal of care and the goal may shift to caring rather than curing (van der Heide, et al., 2003). In recent years, extension of life is not an appropriate goal of medical practitioners and it should be replaced with other goals that aim to prevent and alleviate suffering and to improve quality of life of patients and their family members. These new goals should guide the decision making process at the end of life care (Sepúlveda, et al., 2002; van der Heide, et al., 2003).

On the other hand, the growing number of older people and others who suffer from serious medical conditions that cause pain and suffering have become concerned with the right to exert some control over the way their lives end; should they suffer from a terminal illness or non-terminal chronic conditions that result in a very low quality of life, a life that is characterized by pain and suffering, immobility, extreme dependency, and the like? At the very least, they wish to avoid prolonging their lives through onerous and ultimately futile medical treatment. At the other extreme, some wish to use active means to bring life to an end. This concern is becoming translated into actions through various ways such as active euthanasia, passive euthanasia, and physician assisted suicide (Romero, et al., 1997). As a result, “end-of-life decision making became

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recognised as a part of modern health care for many patients who are approaching death” (Onwuteaka-Philipsen, et al., 2003, p. 395) and in some cases, taking some means to hasten death can be accepted or it can be appreciated by other people (van der Heide, et al., 2003).

Indeed, at present time, withholding and withdrawing treatment are generally acceptable and under certain restraints, it is thought to be ethically acceptable and they don't contradict with the principles of bioethics including autonomy, non-maleficence and the sanctity of life. Therefore, the practice of withholding and withdrawing treatment become a common practice in many Western hospitals (Onwuteaka-Philipsen, et al., 2003; Stewart, 2007). Furthermore, some countries took some legal steps to legalize some of these actions. For example, euthanasia is now legal in Netherlands, Belgium, Luxemburg, and some states in Australia; while physician assisted suicide is legal in the states of Washington and Oregon in the United States of America (Best, 2010). In many countries, such acts are not allowed.

In Islamic countries, where the Islamic Regulations are the main source for legislations, most of these acts are not allowed. In this paper, the authors aim to provide a reference for Muslim and non-Muslim health care providers and Muslim family members about the perception of Islam at some of end of life decisions especially those related to euthanasia and physician-assisted suicide. This is really important for Muslim health care providers and family members as there is inadequate and scarce information regarding withdrawing and withholding life support of some patients at the end of life that could help them in the process of decision making (Bülow, 2008).

Definition of Terms

The word euthanasia comes originally from two Greek words; eu, which means good or well, and thanos, which means death. Therefore, it means good death (Best, 2010). Euthanasia is defined by the World Medical Association (World Medical Association, 2012, Par. 1) as “the act of deliberately ending the life of a patient at the request of the patient or at the request of close

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relatives” or it can be defined as “death resulting from medication that is administered by a physician with the explicit intention of hastening death at the explicit request of the patient (van der Heide & Onwuteaka-Philipsen, 2007, p. 1958). Active Euthanasia is to take purposeful action to end a person's life, in a sense it is an aided suicide and it covers taking active steps to hasten the death of another person (Baume, O'Malley, & Bauman, 1995). In contrast, passive euthanasia is defined as the “refusal to use life-sustaining medical equipment to prolong life when there is no prospect of recovery” (Goring, 1995, par. 3). In this case, specific allopathic treatment (but not symptomatic care) is withdrawn or not commenced. On the other hand, in physician-assisted suicide the means are made available by a practitioner of medicine to someone wishing to end his/her own life (Baume, et al., 1995). In this case the doctor is “intentionally helping a person to commit suicide by providing drugs for self-administration, at that person’s voluntary and competent request” (Materstvedt, et al., 2003, p. 98).

The choice among these alternatives to end one’s own life has created many ethical dilemmas to health care professionals. It is not unusual to find the family and the medical team very hesitant about the next step they should take for a patient under mechanical ventilation who is in a persistent vegetative state or brain dead. In Islam, brain death doesn’t necessarily equate death. The actual definition of death in Islam is the separation between the spirit and the body, so that death occurs when the spirit leaves the body. Some Muslim religious scholars believe that death occurs when the respiration and heart functions cease, while others think that it will be acceptable to consider brain death as a sign for death (Khan, 1986; Lapidus, 1996). At these critical times, the common and hard question that will face family members and health care providers is, shall we withdraw treatment and mechanical ventilation? Or shall we continue? A few decades ago, in the absence of mechanical ventilation, such a question had no place.

This is a very hard question to answer, especially since health care providers perceive the primary goal of their professions is to promote life and not to enhance death. There are many

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things that might affect the decision which needs to be made. Bioethics, morals, culture, and religion are factors that affect this decision (Sprung, et al., 2003; Pochard & Abroug, 2005; Sprung, et al., 2008; Weng, et al., 2011). These factors will add to the confusion, hesitation and inability of the health team and the family members to make a decision.

As religion is one of the most important factors that affect such decisions, in this paper, the authors will discuss how Islam views the practice of active euthanasia, passive euthanasia, and physician-assisted suicide.

In fact, most established religions, including Islam, greatly value human life and most of established religions (the Anglican Church of Australia, the Roman Catholic Church, Judaism, Islam, but not the Uniting Church in Australia) disapprove of active voluntary euthanasia and physician-assisted suicide (Baume , et al, 1995). The disapproval of the established religions is congruent with the American Nurses Association (ANA) Code for Nurses (American Nurses Association, 1985). The ANA believes that the nurse should not participate in assisted suicide and active euthanasia. Such an act is a violation to the Code for Nurses with Imperative Statements (Code for Nurses) and the ethical tradition of the profession (American Nurses Association, 1994). On the other hand, withdrawing or withholding life sustaining therapies or risking the hastening of death through treatments aimed at alleviating suffering and/or controlling symptoms are ethically acceptable and do not constitute assisted suicide. There is no ethical or legal distinction between withdrawing or withholding treatments, though the latter may create distress for the nurse and others involved (American Nurses Association, 1994) especially that withdrawing treatment is an active act which may impose stress and emotional burden to nurses and other members of the health care team. In general, withholding treatment is psychologically easier to be done than withdrawing treatment (Kasule, 2008).

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Throughout history, religious beliefs have influenced the seeking, acceptance, and refusal of medical treatment. Ethicists and law makers have worked diligently to balance the free exercise of religion with various secular government agencies (Grodin, 1993).

Sanctity of life in Islam

Human Life is sacred and very valuable in Islam; as sanctity of human life is a basic concept in Islam. One of the basic beliefs in Islam is that GOD (ALLAH) is the Creator of all of mankind and the Real Owner of all lives. He created Adam from mud and He gave him life and He is the One who started our lives from conception. Therefore, He is the only One who will end it through natural death at a predetermined time. The moment of death of every creature on this earth is predetermined only by the Creator and only He knows when this time will come. There are many verses in the holy Quran and Sunnah [words and actions of Prophet Mohammad (PBUH)] that emphasize these core beliefs of Islam (Katme, 2013). For example, the following verses from Quran reflect the sanctity of human life in Islam:

“We ordained for the Children of Israel that if any one slew a person - unless it be for murder or for spreading mischief in the land - it would be as if he slew the whole people: and if any one saved a life, it would be as if he saved the life of the whole people” (Chapter 5, verse 32).

"Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29).

"....take not life which Allah has made sacred" (Chapter 6, verse 151).

Furthermore, sanctity and value of Muslims' lives were reflected in Prophet Mohammad's (PBUH) words as he mentioned that “Demolishing the Kaaba (the holiest place to Muslims at Mecca where they do pilgrimage) completely is much more preferred to Allah Almighty than shedding the blood of a Believing Muslim” (Words of Prophet Mohammad, 2013)

On the other hand, there are many verses in the holy Quran that emphasize that our lives will end at a fixed, predetermined time that only God know and we don't know.

“It is not given to any soul to die, but with the permission of Allah at an appointed time”

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(Chapter 3, verse 145).

“And no person can ever die except by Allah’s leave and at an appointed term” (Chapter 3, verse 145).

These two notions (sanctity of life and that life will end at a time that is predetermined by God) are two basic beliefs in Islam that we will make the base to judge end of life decisions.

Islamic Perspective of End of Life Decisions

Islam deals with active euthanasia as if it is murder since there is a belief that the spirit in each one’s body does not belong to that person, we are only trusted to take care of it for our time on Earth. So he/she has a duty to preserve and to keep that trust and that spirit. God (Allah) mentioned in the Holy Quran (Chapter 5, verse 32) that if any one slew a person - unless it would be for murder or for spreading mischief in the land - it would be as if he slew the whole people. And if he saved a life, it would be as if he saved the life of the whole people (Ali, 1992).

Muslim religious scholars believe that active euthanasia is unacceptable in Islam, and considered as a sin, even though it has a merciful intent by hastening the death of the ill person by giving him/her a lethal injection or by any other means that hastens death. In all ways it is considered a murder, which is forbidden in Islam and considered one of the greatest sins. Even though the drive behind such an action is mercy and alleviating the suffering of the patient, it does not remove this action from being considered murder since the physician is not more merciful for that patient than Allah who created him/her (Al-Kardawi, 1992; Zaloum, 1997).

In fact, it is not acceptable in Islam for someone to wish death for him/herself, so actually killing him/herself is even more offensive. It was mentioned that Prophet Mohammad (PBUH) said: “None of you should wish for death because of a calamity befalling him; but if he has to wish for death, he should say: “O Allah! Keep me alive as long as life is better for me, and let me die if death is better for me.” (Words of Prophet Mohammad, 2013-a).

Physician assisted suicide is also forbidden in Islam. There are some evidences in the Holy

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Quran and from the words of Prophet Mohammad (PBUH) that provide support for that. Allah forbids us to kill ourselves "Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29). Prophet Mohammad (PBUH) said that he who kills himself with a thing will be punished on the Resurrection Day therewith (Karim, 1979). In another occasion, other words of Prophet Mohammad (PBUH) mentioned that there was a man among those who were before you received a wound. It became unbearable. Then he took a knife and cut off his hand therewith. Whereupon blood began to ooze out, so much that he died. The Almighty Allah said: My servant hastened himself to me and so I made Paradise unlawful for him (Karim, 1979). From these two sayings of Prophet Mohammad (PBUH), it appears that the sin of suicide is not less than that of murder. The one who commits suicide will permanently reside in Hell, as though he/she killed a soul, whatever the reason or intent for his/her action was.

The last thing to be discussed in this paper is withdrawing and withholding treatments. This topic used to cause religious and ethical dilemmas for Muslim health care providers, patients, and patients' families. They did not know if withdrawing or withholding treatment is a sin or not, or if it is considered a direct or an indirect act of murder or not.

Well, if we can answer the question "is seeking treatment a must or an obligation in Islam or not" this could help. In fact, Muslim religious scholars have argued about answering this question and some of them believe that seeking treatment is a 'Must' while others think that seeking treatment is not a 'Must.'

Those who believe that seeking treatment is a must are basing their argument on the words of Prophet Mohammad (PBUH). A group of people came to Prophet Mohammad and asked him: Shall we seek treatment? He replied: Yes, you slaves of Allah seek treatment. Allah did not create any disease without creating a treatment for it." Furthermore, one of the basic beliefs in Islam is that healing and cure from illness come from God so that they need to search out for medical treatment (Mavani, 1998). Based on this, some Muslim religious scholars concluded that seeking

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treatment is a MUST or an obligation and they consider Prophet Mohammad's words as an order for Muslims to seek treatment. Therefore; they consider that withdrawing and withholding treatment is not allowed (Al-Kardawi, 1992; Katme, 2013).

Others believe that seeking treatment is not a must or an obligation and that Muslims can choose between seeking treatment and not seeking treatment. They base their arguments on several quotes from Prophet Mohammad (PBUH) also. It was mentioned that a woman who had seizure came to Prophet Mohammad (PBUH) and asked him to pray to Allah to cure her. Prophet Mohammad (PBUH) told her if she wants to be patient and therefore go to Paradise or if she wants him to pray to Allah to cure her and Allah will cure her. The woman chose to be patient (Al-Kardawi, 1992).

Also it was reported that Prophet Mohammad (PBUH) went to visit a woman and he inquired: "Why you are trembling?" "Fever," she replied, "May Allah not bless it." He said: Do not abuse fever, because it takes away the sins of the children of Adam just as the bellow removes the dross of iron" (Karim, 1979). In another place, Prophet Mohammad (PBUH) mentioned that, "Seventy thousand people of my followers will enter Paradise without accounts, and they are those who do not practice Ar-Ruqya (physical healing with Quran) and do not see an evil omen in things, and put their trust in their Lord" (Words of Prophet Mohammad, 2012-b).

The previously mentioned stories reveal that seeking medical treatment is not something that a Muslim 'Must Do'. A Muslim can choose patience, which will take away his/her sins, therefore; he/she will go to Paradise, or he/she can choose seeking treatment. Many Muslim religious scholars think that seeking treatment and cure is not a "Must," but it is something that the individual may choose to do or may not do. Actually, some religious scholars were challenging each other about this matter. Some prefer treatment because it alleviates pain and leads to cure from illnesses. Others prefer patience, because it takes away sins and because Allah promised people who are patient will reside in Paradise (Zaloum, 1997). In fact, there are many

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verses in the holy Quran and words of Prophet Mohammad (PBUH) that encourage patience and promise good rewards for those who choose it:

“Those who patiently persevere will truly receive a reward without measure” (Chapter 39, verse 10).

“And bear in patience whatever (ill) maybe fall you: this, behold, is something to set one’s heart upon” (Chapter 31, verse 17).

Prophet Mohammad (PBUH) mentioned “When the believer is afflicted with pain, even that of a prick of a thorn or more, God forgives his sins, and his wrongdoings are discarded as a tree sheds off its leaves.”

Therefore; if seeking treatment is not considered a must, then it will be inferred that withholding and withdrawing treatment is allowed in Islam. Muslim religious scholars think that withholding or withdrawing treatment is not considered a sin, even though it may lead to the death of the ill person. Others believe that death is the final destination of the journey of life and it is the gate or a transitional period from this life to an everlasting life. Since death is considered as the final destination of this life and it signifies its completeness, they believe that no attempts should be made to prolong it by stretching the process of death (Khan, 1986; Hedayat & Pirzadeh, 2001).

In cases that are considered hopeless (such as in brain death or persistent vegetative state), the treatment, whether it was in the shape of hydration and glucose, mechanical ventilation, or by any of the new technological means that we have today or that we will have in the future, will prolong the period of illness, stretch the dying process, and keep the patients in pain for a longer period of time. It is better and preferred not to seek medical treatment in such cases (Al-Kardawi, 1992; Zaloum, 1997; Sachedina, 2007; Sachedina, 2009). It will be better for those patients who are in critical conditions and with no hope to be cured and attached to mechanical ventilation to remove them from mechanical ventilation and to withdraw these futile means of treatment. Keeping them on mechanical ventilation will increase their pain and slow their death rather than letting them die in peace and dignity (Khan, 1986; Khater, 2011).

Religious scholars also consider that withdrawing mechanical ventilation off patients is

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permissible, especially for patients diagnosed with brain death or being in a persistent vegetative state, since these patients have no hope to be cured and to be brought back to life. Although there are some systems (e.g. heart) still working, there is still no hope in such cases. The physician who stops mechanical ventilation and/or the family member who decides to stop it are not considered sinners.

Actually, some think that it is a must not to seek or to continue medical treatment in such cases (Al-Kardawi, 1992). According to Islam, death is an inevitable phase of human life and medical treatment should not be given for the sole purpose of prolonging final stages of terminal diseases or prolonging the period of suffering during the dying process (Khan, 1986; Hedayat & Pirzadeh, 2001). Therefore, the principles of allowing death to take place and discontinuing futile treatment is allowed in Islam while the use of overzealous treatment is reprehensible when physicians are certain about the futility of treatment and inevitability of death (Sachedina, 2005; Bülow, 2008).

In cases of brain death and persistent vegetative states, it might become a must to stop treatment as it will waste scarce resources, especially in developing countries. Some may argue that the purpose of preserving life may contradict with the purpose of preserving resources. In ordinary cases, preserving life comes on top of resources in our priority list. However, this applies to expenditure on ordinary procedures that may lead to good and reliable results that will improve that patient's condition and not heroic procedures of doubtful values in terminal illness. Such expenditure is considered a form of waste of wealth and resources especially if there are other competing demands for these scarce resources (Kasule, 2006). Therefore, it may become unacceptable to continue such treatment which will seriously disadvantage other patients who may have better chances to be cured and survive (Khan, 1986). Athar (1996) argued that Muslim physicians have the duty to alleviate pain and suffering of their patients and they are not encouraged to prolong the misery of those who are in vegetative states.

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Islam does not encourage wasting of resources "... and do not spend wastefully. Indeed, the wasteful are brothers of the devils, and ever has Satan been to his Lord ungrateful." (Chapter 17, verses 26-27). Furthermore, the Islamic Medical Association (IMA) believes "that when the treatment becomes futile, it ceases to be mandatory. This would reflect on the administration or continuation of medical treatment (including the respirator)" (Athar, 1996, par. 7).

Indeed, at present time, withholding and withdrawing treatment –passive euthanasia- is generally acceptable and under certain restraints, it is thought to be ethically acceptable and it does not contradict with the principles of bioethics including autonomy, non- malfeasance and the sanctity of life. Therefore, the practice of withholding and withdrawing of treatment becomes a common practice in North American hospitals (Stewart, 2007).

Relevance to nursing

The issue of end-of-life decisions based upon religious beliefs of the patients and families is of vital importance to the profession of nursing and other health care professions. In Muslim countries, religion plays a major role in people's lives. Islam is the base for the legislation, what goes with the religion's rules and regulations, people do, and what does not go with the rules and regulations, people don't do. Therefore, it is imperative that nurses and other health care providers to be familiar with religious beliefs, rules, and regulations as well as the ethical principles and resources available to help them in evaluating and making some decisions and determinations in the domain of nursing practice.

Knowing what is allowed and what is not allowed in Islam help Muslim societies and Muslim nurses in solving some ethical dilemmas when some decisions should be made toward the end-of-life. When the religion tells that active euthanasia and physician assisted suicide are forbidden, it is no longer a dilemma, because neither the patient nor the nurse would be involved in something against the religion. While withdrawing and withholding treatment still be considered as

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a dilemma because according to the religion regulations both seeking or continuing treatment is allowed and not seeking or withholding treatment is allowed. Here the dilemma is left for the patient or his/her family to make the decision, which absolutely is not an easy one to be made.

Conclusion

End of life decisions are causing many ethical dilemmas for health care providers, patients, and their families. According to Islam, a doctor or a health care provider should not take away life or help in assisting anyone to end his/her life even when he/she is motivated by mercy. This is prohibited because this is not one of the legitimate indications for killing. Therefore, active euthanasia and physician-assisted suicide are forbidden in Islam.

On the other hand, seeking treatment is not a must that every Muslim should do. Therefore, withholding and withdrawing treatment are not considered sins, even though it may lead to the death of the ill person. In some cases, such as in brain death and persistent vegetative state, withdrawing mechanical ventilation from patients is permissible. Others think that withdrawing mechanical ventilation is a must in these cases, since these patients have no hope to be cured and to be brought back to life. Continuing treatment in these cases is considered a waste of scarce resources that might be needed by others who could benefit from it.

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