

End-of-life: the Islamic view

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Islam, the youngest of the three monotheistic faiths, shares its basic doctrines about God, the need for prophets to guide humanity, and the final Day of Judgment with Judaism and Christianity. Muslims believe they were created to discover God's work in the universe and to appreciate and serve God's ends for His creation. Although shouldering the great responsibility of serving God, the Merciful and the Compassionate, human beings often forget their purpose. To overcome this tendency, God from time to time appoints prophets as reminders and guides to lead people to the right path of success in this world and the next. Muslims consider the prophet Muhammad (d. 632), founder of Islam, to be the last in the line of prophets sent to different communities around the world. Muhammad proclaimed the message about the unity of God and the need to build an ethical order on earth as a fulfilment of one's submission (literal translation of *islam*) to the will of God. Muslims believe that God revealed this message in the Qur'an, presented to Muhammad by archangel Gabriel. The Qur'an and Muhammad's exemplary life (*sunnah*), constitute the foundations of religious life among Muslims. The five pillars of Islam, which outline the Muslim faith and religious practices are: declaration of faith (*shahadah*) in God and the mission of the Prophet, undertaking of the canonical worship (*salat*) and fasting (*saum*) during the month of Ramadan, supporting of the underprivileged through charity (*zakat*), and completion of the pilgrimage (*hajj*) to Mecca, money and health permitting, at least once in a lifetime.

Here, I discuss the underlying principles and the rules of practical ethical guidance in Islamic tradition in the context of end-of-life decisions, and address the conceptual difficulties faced by Muslim jurists in suggesting a moral action under the sacred law of Islam (the *Shari'ah*).

Principles and rules for ethical-legal decisions

To ascertain the contemporary response to ethical dilemmas from a Muslim point of view in the crosscultural context of bioethics, questions about what constitutes appropriate behaviour in Islam first need to be addressed. Mere presentation of practical judgments or the legal rulings (*fatawa*) on issues such as abortion, organ donation, and euthanasia is insufficient, since there is a lack of unanimity among Muslim jurists of different schools of Islamic law. As such, the underlying principles and rules of practical ethical guidance in Islamic tradition should be consulted before any solution to an ethical dilemma is presented.^{1,2}

For every ethical dilemma, Islamic juridical tradition seeks to address and accommodate the demands of

justice and public good. Legal doctrines and rules in addition to analogical reasoning based on theoretical cases enable a Muslim jurist to resolve ethical dilemmas about issues such as autopsy, organ donation, and dignity of the dead. The *fatawa* reveal the insights of a jurist who has been able to connect cases to an appropriate set of linguistic and rational principles and rules that provide keys to a valid conclusion for a case under consideration.

In Muslim countries, religious scholars—the *ulema*—are not actively involved in day-to-day deliberations about formulating modern national health policies within the moral and legal limits provided by the Islamic scriptural sources. New technologies are often imported from industrialised countries without due respect for the political, economic, communal, social, and individual lives of the population. Furthermore, such technologies can contravene people's rights to adhere to their cultural beliefs and practices; the effect of medical technology and its moral accompaniments cannot be contained within geographical or cultural boundaries. Some issues pertinent to contemporary secular bioethics have filtered in to the Islamic world, where strong paternalism and doctors' undisputed authority have led to medical authoritarianism, inflicting harm and loss of respect for individual and family wishes and choices. The solution to this predicament offered by Muslim jurists unfortunately leads to the furthering of such paternalistic policies. In most practical judgments, Muslim jurists defer to the experts in the medical profession, almost surrendering to a physician's opinion in every case of an ethical dilemma faced in treating, for instance, a terminally ill or brain-dead patient. This approach indicates the jurists' inability to equip themselves with minimum technical information related to a medical condition and its treatment, and to search for appropriate principles and rules in the legal theory to formulate more just decisions.

It is noteworthy that even when the source of normative life was revealed by God in the *Shari'ah*, the procurement of a judgment (*hukm*) and its application were dependent on reasons used in moral deliberation. This deliberation took into account particular human conditions that affected the way Muslims justified an action as moral. In other words, Islamic law developed its rulings within the pluralistic cultural and historical experience of Muslims and non-Muslims living in different parts of the Islamic world. The law recognised the autonomy of other moral systems within its sphere of influence, without imposing its judgments on people whose cultural beliefs and practices were at variance with its own. Furthermore, it recognised the validity of differing interpretations of the same scriptural sources

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This question has important implications for the administrators of justice who have to make justifiable legal rulings, which can be defended against accusations of arbitrariness. There is a deep-seated fear of reason in deriving the details of law. The fear is based on the presumption that if independent human reason can judge what is right and wrong, it might rule on what God could rightly prescribe for human beings. In other words, human reasoning could take over the function that was in large measure within the jurisdiction of the revelation. However, although revealed law can be known through reason and help human beings to cultivate the moral life, human intelligence is not capable of discovering the reason for a particular law, let alone show the truth of a particular assertion of the divine commandment. In fact, as theologian-jurists assert, the divine commandments to which one should adhere if one is to achieve the specific end prescribed in the revealed law are not objectively accessible to human beings through reason. Moreover, judgments of reason are arbitrary, hence they contradict each other, and reflect personal desire of the legal expert.

Nevertheless, with modern medical developments and their universal implementation, Muslim legal scholars are under pressure to respond to the questions—moral and legal—pertaining to health care of terminally ill patients. In their regular deliberations under the auspices of the Islamic Juridical Council (IJC), as an organ of the Organization of Islamic Conference (OIC), jurists belonging to all schools of legal thought in Islam attempt to formulate responses to situations. These deliberations and the final decisions approved by the Council are published in the IJC quarterly journal *Majallah Majma'al-Fiqh al-Islami*.

Importantly, the decision to solve an ethical problem in a particular way is open to debate, so that if new relevant information becomes available the decision can be revised. Accordingly, when I refer to a specific ruling connected with the end-of-life decision, I do not advocate a juristic position, especially in matters that are open to various interpretations and judgments.

End-of-life issues: who decides?

End-of-life issues are religiously, emotionally, and politically charged topics. As Islam teaches, everyone will face death, and the way we and those we love die is of great individual importance. For Muslims, life is sacred because God is its origin and its destiny. Death does not happen except by God's permission, as dictated in the Qur'an. Nevertheless, there is recognition of the fact that diseases and trauma cause death. In Islam, health-care providers must do everything possible to prevent premature death. But, is their aim to maintain life at any cost or merely to provide comfort so that death can come as quickly and comfortably as possible? This question evokes different and often competing ethical values, which affect the course of action taken; on the

within the community, thereby giving rise to different schools of legal thought and practice in Islam. In the absence of an organised church, or a theological body that speaks for the entire tradition or the community, as a source for the normative and paradigmatic religious system, Islam was and remains inherently discursive and pluralistic in its methods of deliberation and justification of moral actions.

In view of the normative Islamic tradition for standards of conduct and character, Muslim scholars must have recognised the importance of decisions derived from specific human conditions as an equally valid source for social ethics in Islam as the scriptural sources such as the Qur'an and the *sunnah*, which prescribe many rules of law and morality for the community. In the 8–9th century, the jurists conceded that the scriptural sources could not easily cover every situation that might arise, especially when Muslim political rule extended beyond the Arabian peninsula and rules for urban life, commerce, and government needed to be added for advanced countries. But how exactly was human intellectual endeavour to be directed to discover the effective cause (*'illa*), the philosophy, and the purpose behind certain paradigm rulings (known as *asl*, plural *usul*) provided in divine commandments, to use these to formulate rational deductive principles for future decisions?

one hand, there is the obligation to save and prolong life, and, on the other, there is a call to limit life-sustaining treatment because of a lack of resources; an issue that is especially pertinent in developing countries. Who, therefore, makes the final decision between the personal values and beliefs of the people, and the more objective medical analysis made by health-care providers? Should the financial burden of life-sustaining treatment ever dictate its termination?

The role of those who provide religious guidance in these and other matters related to critically ill patients is to speak authoritatively about death and about self-imposed limits at the professional level. Medical judgments about death are based on probability; a doctor can predict the end of life with certainty, for example, only very close to the time of death. Hence, the Qur'an offers a sober reminder that there are times when human beings need to recognise their own limits and entrust nature to take its own course (Qur'an 39:42). Refusal to recognise the inevitability and naturalness of death leads to more aggressive life-saving interventions, but to withhold specific interventions at the most critical time results in deliberate avoidance of responsibility in administering the right treatment to save a patient's life.

At several IJC meetings held in Mecca, Jeddah, and Amman, Muslim jurists of different schools ruled that once invasive treatment has been intensified to save the life of a patient, life-saving equipment cannot be turned off unless the physicians are certain about the inevitability of death. However, in the instance of brain death, which is caused by irreversible damage to the brain, including loss of spontaneous respiration, the jurists ruled that if three attending physicians attest to a totally damaged brain that results in an unresponsive coma, apnoea, and absent cephalic reflexes, and if the patient can be kept alive only by a respirator, then the person is biologically dead, although legal death can be attested only when the breathing stops completely after the turning off of life-saving equipment.³

During the past three decades people worldwide have struggled to identify the right circumstances under which life-sustaining medical treatment should be discontinued. The rapid advances in medical technology have not allowed for the concomitant development of adequate procedures and processes to regulate their introduction and use in critical-care settings. Religious and psychological factors play a major part in any decision that leads to termination of life. Muslim scholars have debated the issue in the context of braindeath and retrieval of organs.⁴ Although there seems to be a consensus among legal experts from different schools of Islamic law about braindeath that results from irreversible damage to the brain, the question that remains to be answered is a theological one connected with the location of the human soul at the time of death. The classical legal definition of death connects death with the traditional signs, including

complete cessation of the heartbeat. For most jurists, this factor is the sole criterion for legal (*shar'i*) death. Biological data about the function of the heart and other major activities, however, connect life with the brain. In a detailed study,⁵ Husayn Habibi, physician and ethicist, compared the scientific information with the juridical definition of death, and convincingly argued that the brain is the location of the soul, the active principle of life endowed with consciousness. This discrepancy between the religious and scientific definitions of death has generated even greater challenges for families and health-care professionals who have to make decisions about the withholding of a life-saving medical intervention, for instance, in the treatment of cardiopulmonary arrest. Cardiopulmonary arrest is the final common pathophysiological event in the dying process; without cardiopulmonary resuscitation, involving external chest compression and some form of artificial respiration, death is certain.

In Islamic ethics an individual's welfare is intimately linked with his or her family and community. Accordingly, the principle of autonomy (which affords the individual liberty and capacity to make a decision without coercion or other conditions that restrict one's options) is not invoked to determine a course of action in matters related to end-of-life decisions. Whether or not a doctor can prolong life by introducing aggressive invasive treatments without causing further harm is a joint decision made by all associated with the patient. In some instances the matter is even referred to the religious leaders, who provide prescriptive rulings for the families' consideration.

Right to die?

"How fortunate you are that you died while you were not afflicted with illness",⁶ said the Prophet addressing the person whose funeral rites he was reading. Such an assessment of death without illness, coming from the founder of Islam, indicates the importance attached to a healthy life in Muslim culture. Good health is God's blessing for which a Muslim, whenever asked, "How are you [How is your health?]" responds, "All praise is due to God!" This positive appraisal of good health suggests that illness is an evil that should be eliminated at any cost, and no doubt illness is seen as an affliction that is to be cured. In fact, our search for a cure for every disease is founded on the unusual confidence generated by the divine promise that God has not created a disease without also creating its cure.⁷ Hence, the purpose of medicine is to search for a cure through the application of human knowledge and scientific endeavour, and to provide the necessary care to those afflicted with diseases. The primary obligation of a Muslim doctor is to provide care and alleviate pain. Decisions about ending the life of terminally ill patients at their request are beyond a doctor's moral and legal obligations: "it is not given to any soul to die, save by the leave of God, at an

appointed time.” (Qur’an 3:145) “By the leave of God” in this instance means the destiny that is fixed by God for every individual. Moreover, “God gives life, and He makes to die” (Qur’an 3:156). Hence, “A person dies when it is written” (Qur’an 3:185, 29:57, 39:42). However, persons are generally compelled to end their life when in severe discomfort, and when all advanced medical treatments have not restored the hope of a return to good health. How is pain, therefore, viewed by Islam? And to what point is life worth preserving?

Stewardship of the body and pain

A person is merely a “tenant in this temple [ie, the human body] for Him Who made him to dwell therein and stipulated that in lieu of the payment of rent for his dwelling he take care of its upkeep and preservation, its cleaning, repair and use, in a manner which would help him in his search for happiness in both this world and the next world.”⁴ As caretakers, human beings are charged with taking all the necessary steps to preserve their body in a way that will assist them in seeking the good of both this world and the next. To seek the good of this world requires Muslims to pay attention to their health by maintaining a balanced diet and exercise. Muslim sources^{6,9} ascribe numerous traditions with respect to food and drink (*at’ima* and *ashriba*) to the Prophet Muhammad, who advises his followers to avoid overeating to remain healthy, to take a walk after their evening meal (suggesting the need to digest the meal before one retires), and to play sports and learn to swim and ride. The Qur’an also points out, however, that pain is a form of test or trial, to confirm a believer’s spiritual station:

“O all you who believe, seek your help in patience and prayer; surely God is with the patient . . . Surely We will try you with something of fear and hunger, and diminution of goods and lives and fruits; yet give thou good tidings unto the patient who, when they are visited by an affliction, say, ‘Surely we belong to God, and to Him we return’; upon those rest blessings and mercy from their Lord, and those—they are the truly guided.” (Qur’an 2:153–57)

As such, pain functions as an instrument in revealing God’s purpose for humanity and in reminding us that ultimately we belong, and will return to, God. Accordingly, pain from this perspective cannot be thought of as evil. Indeed, the Prophet said: “No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he received from a thorn, but that God expiates some of his sins for that.”¹⁰ He also prayed: “O God, do not let Your trial be the cause of misguidance for me!” In other words, afflictions in the form of a trial should not lead a person to lose hope because despair stems from lack of trust in the divine mercy. Some also recognise a religious purpose in illness and underline the reason for it, as for other forms of pain, as being God’s trial of the people and the cleansing effect

of illness. Hence, the Prophet explains that the patient earns merits under these trials and can attain the rank of a true believer: “When God intends to do good to somebody, He afflicts him with trials.”¹¹

In addition to this spiritual and moral dimension, pain has an educational purpose. In this instance, pain is caused by misconduct and is a form of punishment to compensate for a sin. Disbelief in God’s power to heal and restore health is the major source of human desperation, and is also regarded as the source of human denial of the rights of God. Severe and untreatable pain caused by illness serves as a reminder of the effect of being deprived of the divine blessing of good health through one’s disbelief in God. As such, pain is a means to self-purification after sinful behaviour. When afflicted with illness Muslims are, hence, advised to beseech God to forgive their sins. Rather than thinking about ways to end one’s life, either by refusal of treatment or by asking someone for help to die, a Muslim is required to pray for an opportunity for a fresh start with restored health.

This religious and spiritual assessment of pain does not, however, answer the important question of whether a person should try to alleviate their pain when possible and endure it otherwise? In general, Muslims have tended to respond actively to remove the cause of pain. The notion behind this active response is that since persons are the cause of their own pain, they should undertake to do righteous acts to rid the world of pain. According to the Qur’an: “surely the good deeds will drive away the evil deeds [which cause suffering].” (Qur’an 11:114). Contrary to this proactive approach, there is an attitude of resignation among some Muslims, who believe that since God is testing the human faith and purifying it through affliction, the pain should be endured. Nevertheless, even in this passive response the Qur’anic promise that good works alleviate divine punishment generates some endeavour to overcome pain. Both attitudes are justified in Muslim theology. Even when all Muslims agree that God is the omnipotent and omniscient being, there are those who believe justice to be the fundamental attribute of God. As such, they regard human beings as God’s free agents, endowed with volition and ethical cognition, and, hence, responsible for their acts. Accordingly, they should exercise their will in overcoming difficult and unbearable situations. That said, some maintain omnipotence to be the essential attribute of God, and do not believe that a person has the volition to act independently of the divine predetermination. Hence, pain should be endured with patience and perseverance. Life is a testing ground for humankind. Those who submit to the will of God attain prosperity. God’s plans will justify and vindicate the righteous in the end.

End-of-life decisions in Islam

In Islam, the *Shari’ah* does not recognise a patient’s right to die voluntarily because life is a divine trust and cannot be terminated by any form of active or passive

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human intervention, and because its term is fixed by an unalterable divine decree. As such, suicide (*intihar* or *halakat al-nafs*) is judged irrational and an act that should not be committed. However, Muslim scholars interpret suicide as being committed under conditions a person is unable to cope with, which indicates a factual, even condoning attitude. Furthermore, in classical sources (*al-Muqtabasat*) cases of men who committed suicide under tragic circumstances are discussed to bring out the ethical and legal issues connected with a person's decision to end his or her life. The cases discussed represent unbearable situations under which these individuals made the decision to commit suicide. Most of these compelling circumstances are culturally specific; that is, they are the product of cultural expectations to maintain relationships. Thus, some Muslims might consider a man who commits suicide because of social isolation as magnanimous and unfaltering, having found a way to free himself from the long, drawn-out misery of loneliness and poverty. The decision to commit suicide though remains difficult to justify from a religious point of view, since the act results in escape from a dreadful situation into, according to Islam, a considerably more appalling one of much longer duration. In the *Shari'ah* such and similar actions are forbidden, and even the undertaking of much lesser deeds, such as self mutilation, is prohibited. Suicide is forbidden because a person might commit the act in an unbalanced state of mind; on arrival in the next world, that person would realise the baseness of his action and the mistake made, which could not then be repaired, corrected, or retracted.

A person who commits suicide breaks established customs, opposes entrenched opinions, and plays God. Reason has determined that people must not destroy themselves, for they are not their own masters. However, with an emphasis on the principle of *istislah* (promoting or seeking what is in the best interest of all

concerned), Muslim jurists have noted that a collective decision not to prolong the life of an ill person through consultation with all those involved in providing health care, including the attending physician and the family, is possible. Besides the principle of *istislah*, the ethical rule—"No harm shall be inflicted or reciprocated in Islam"—expounded by the Prophet Muhammad is evoked when matters concerning critical care are under consideration. This rule allows for important distinctions and rules about life-sustaining treatments in terminally ill patients; the distinctions on which ethical decisions are made include the difference between killing (active euthanasia) and letting die (passive euthanasia). This distinction often underlies those between suicide and foregoing treatment or between homicide and natural death. But the rule goes beyond preventing harm. It raises an important moral question about the intention of the health-care providers in foregoing life-sustaining treatment, whether such a decision can be regarded as a form of killing, and, if so, whether it is assisted suicide or a homicide. There is no immunity in Islamic law for the physician who unilaterally and actively decides to assist a patient to die.

There are, however, two instances that could be interpreted as passive assistance in allowing a terminally ill patient to die, but that would not result in criminal charges. A doctor can administer pain relief that might shorten life, but which is given to relieve physical pain and psychological distress and not to kill, since the physician's motives are virtuous. Similarly, the law permits a patient to refuse a death-delaying treatment or a doctor, after consultation with the patient, their family, and others involved, to withdraw futile treatment on the basis of informed consent. The reason in this instance is that delaying the inevitable death of a patient through life-sustaining treatment is neither in the patient's nor the public's best interests because of limited financial resources. Moreover, the principle of juristic preference protects the doctor by authorising a departure from the established practice, which prohibits euthanasia. The incurable pre-existing conditions of the patient make it possible for the doctor to avoid any rigidity and unfairness and to administer passive medical procedures that allow the patient to die.

Withdrawal of life-sustaining treatments in such instances is seen as allowing death to take its natural course. Notwithstanding a fine line between having and not having an intention to cause death in such instances, Islamic law permits withdrawal of futile and disproportionate treatment on the basis of the consent of the immediate family members who act on the professional advice of the physician in charge of the case. Some Muslim jurists recognise as legal a competent patient's informed refusal of treatment or a living will, which allows a person to die under circumstances in which there are no medical reasons to continue treatment. However, even in such rare

recognition of the patient's autonomy in Muslim culture, the law takes into consideration the patient's long-term treatment relationship with a physician whose opinion, in the final assessment, serves as the grounds for turning off the respirator, for example. In this instance, death is recorded as caused by the person's underlying disease rather than the intentional act of turning off the respirator; a fact recognised by the *Shari'ah*.

Conclusion

In Islam, the killing of a terminally ill person, whether through voluntary active euthanasia or physician assisted suicide, is judged an act of disobedience against God. However, pain-relief treatment or withholding or withdrawing of life-support treatment, in which there is an intention of allowing a person to die when there is no doubt that their disease is causing untreatable suffering, are permissible as long as the structures of consultation between all the parties concerned about the wellbeing of the patient are in place.

Conflict of interest statement

I declare that I have no conflict of interest.

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