



End-of-life care ethical decision-making: Shiite scholars' views

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Abstract

Recent advances in life-sustaining treatments and technologies, have given rise to newly-emerged, critical and sometimes, controversial questions regarding different aspects of end-of-life decision-making and care. Since religious values are among the most influential factors in these decisions, the present study aimed to examine the Islamic scholars' views on end-of-life care.

A structured interview based on six main questions on ethical decision-making in end-of-life care was conducted with eight Shiite experts in Islamic studies, and was analyzed through deductive content analysis.

Analysis revealed certain points in Islamic views on the definition of death and the persons making decisions about end-of-life care. According to the participants, in addition to conventional criteria (*'urf*) such as absence of heartbeat and respiration, the irreversible cessation of human voluntary acts (as a sign that the soul has control over the body and the faculty of thinking) are considered to be the criteria in establishing death. The participants also recognized physicians as the main authorities in verifying signs of death. Furthermore, it was emphasized that life preservation and continuation of care must be sensible, and the patient can request not to have death-prolonging procedures started or continued.

In the view of participants, patient's autonomy cannot be the sole basis for all measures, but Islamic ethical and jurisprudential principles should be relied upon to make correct and sensible decisions whether to continue or stop terminal patients' care. Final decisions should be made by a team of experts, and physicians must be at the center of such a team. Finally, we suggest that a guideline in keeping with Islamic norms on human life and death, purpose of life, God's will, boundaries of man's authority, and the physician's ethical duties and obligations should be developed.

Keywords: *Islamic views, secular views, death, life, terminal patient*

Introduction

The overall burden of diseases has changed in the past century, and emerging, hard to cure and chronic illnesses have appeared in modern societies. Many people become dependent on advanced medical care at some point in the course of their illness and life. In some cases the patient is kept alive despite multiple organ failures, and he or she is deprived of a normal, active life and only continues to have heart and lung function with the help of medical devices and special care. These are referred to as terminal patients, and such measures are called end-of-life care. There are different definitions for terminal patients in various areas of the medical science, but there is consensus that there is no real cure for their underlying illness (1).

Considering that 85% of the 56 million annual deaths occur in developing countries, if in each case a minimum of 5 caregivers or friends and family members are involved, a simple estimation shows that 300 million people will be engaged in performing end-of-life care worldwide every year. This shows the importance of end-of-life care as a global public health problem (2), and therefore, terminal patients' care and treatment expenses can be of great significance (3, 4).

In view of the increase in population growth during the past decade in Iran, it appears that our nation will experience an aging of population in the future (5), which will in turn lead to an increased rate of conditions that specifically affect the elderly (6). In Iran, it is estimated that more than 35 thousand deaths occur due to cancer every year, and that is the second largest number of deaths in the World Health Organization Mediterranean Region (7-9). Such diseases entail important economic, social and political outcomes, and will greatly influence the health services industry on account of their dependence on additional resources and the personnel needed to provide care to patients in the final stages of life (6). Although there is no accurate estimation of these expenses in Iran, a number of cross-sectional studies on some of these diseases, for instance cancer, confirm this fact (4). According to a recent qualitative study, Iranian oncologists believed that financial problems were the most influential of issues affecting end of life care decision making and treatment withdrawal of terminal patients (10).

Access to various treatment and care possibilities has transformed end-of-life decisions and care. Today, discussions on life and death from thousands of years ago have been revived, and a newfound necessity to pay deep attention to them is felt. Healthcare providers are once again concerned with questions such as: What indicates death? How long and how far should life go on? Can patients' wishes put an end to all these decisions and

discussions? Or must there be limits to the extent of patients' wishes?

Ethical issues in end-of-life decision-making are extensive and have their roots in the four key principles of biomedical ethics, namely autonomy, non-maleficence, beneficence and justice. Revival of the topic of end-of-life decision-making confirms the inadequacy of previously existing answers. This is linked to numerous factors, including culture, religion, convictions and beliefs, with religious values being among the most influential (11).

Acquiring an ethical and legal stance on the subject of end of life in various ethical schools and religions greatly depends on their perception of "dignity of human beings" (11). Clearly, perspectives on stopping life-prolonging treatments are contingent on evaluation of the assumed fundamental ethical principles in taking human life (12).

From the Islamic viewpoint, human life is so valuable that the Holy Quran equals saving one life to saving the life of all mankind. On the other hand, people's lives do not belong to themselves, but are divine loans entrusted to them for safekeeping, and must be protected as an indisputable obligation.

Posing questions and studying views enable us to see the issues that are discussed in this sensitive area in a new light, and to find more accurate and useful answers. This may be a novel attempt at establishing forbidden realms in the practice areas of those offering health services and care to terminal patients.

Therefore, in extensive research, it is essential to analyze end-of-life issues based on Islamic principles of ethical medical decision-making, and to examine the views of Shiite Muslim thinkers. Research and knowledge in this respect is of great importance to healthcare providers.

Consequently, a study was developed to evaluate Islamic views on answers to the questions about ethical decision-making in end-of-life care by conducting interviews with experts in Islamic Sciences. The six axes of these questions included: indicators of death in religious concepts and the individuals who could determine them, criteria for starting or continuing life-prolonging treatments such as cardiopulmonary resuscitation in terminal patients and the decision-maker in this respect, the patient's role in decision-making, the financial burden of treatments borne by the patient's family, and the criteria for choosing between two patients when offering treatment and care. The objective was to clarify answers to these questions from the Islamic point of view.

Method

This study is part of a dissertation for a PhD degree in medical ethics approved in the Tehran University of Medical Sciences and authorized by the Medical Ethics Research Committee. The dissertation was developed in three sections, and what is presented here is part of the second stage of the study.

A deep structured interview with Shiite experts in Islamic Sciences was arranged. Participants were initially selected from among Islamic experts in areas of jurisprudence (Fiqh) and Islamic law, philosophy and ethics by consulting the dissertation advisor and committee member. Participants were well-known professors in the above-mentioned fields employed in accredited universities and research centers of Tehran, and all had research experience in the topic of discussion.

A text was then developed on the importance of the subject in the area of medical ethics. Additionally, six main questions on ethical decision-making in end-of-life care were devised and developed according to the objectives of the research. A package consisting of the above-mentioned text, the questions, a number of related articles, and a letter requesting participation in the interview were sent to the participants' workplace.

Approximately 2 to 4 weeks after the package was sent out, appointments were made with each of the participants in their workplace. Consultation meetings and deep semi-structured interviews were held between one principle researcher and eight of these respected experts. After gaining their consent to audio recording, the interview was conducted which lasted 60 to 90 minutes, and was mainly structured around the 6 afore-mentioned questions. Audio recordings were transcribed, typed and laid out for content analysis. For the purpose of confidentiality, audio recordings and hard copies were filed in a safe place with restricted access.

Content analysis was performed using the deductive method¹. In this study we aimed to examine Islamic viewpoints on ethical decision-making in end-of-life care, and to acquire a novel method and approach in a new context to ask some well-known experts in Islamic sciences questions on the subject, and retest existing concepts.

The content analysis process was conducted in three main phases: preparation, organizing and reporting. After the interviews were conducted and implemented, the words and discourse were classified into smaller content categories. The preparation phase started with selecting each

question as a unit of analysis. The most suitable unit of analysis was therefore all the texts related to the question. During the process of analysis, we read the texts several times in order to become immersed in the data.

The next step in the analysis was to develop a categorization matrix. In this study, the structured categorization matrix was prepared based on the questions (Tables 1 through 6). After developing the matrix, once more the data were reviewed for content and coded for correspondence with two or more concepts or typical exemplification of the categories. Based on the analysis, the general response to each question was extracted. Credibility, reliability and transferability methods were used to increase scientific reliability and validity of the results².

Results

For this study, experts in Islamic Sciences were identified, and the following were then interviewed: three researchers in Islamic philosophy from the Institute of Wisdom and Philosophy, two experts in Islamic Law and Jurisprudence from the University of Tehran and Shahid Beheshti University, two experts in Islamic Philosophy and Ethics from Humanities and Islamic Research Centers in Tehran, and one Islamic Ethics expert from the Faculty of Traditional Medicine of the Tehran University of Medical Sciences. The above-mentioned experts were selected based on their expertise and research backgrounds.

The participants' respective responses to each question are presented below.

¹ Deductive content analysis is used when the structure of the analysis is prepared beforehand, and the research objective is to test a theory, so it moves from the general to the specific. In fact, the researcher aims to retest existing data in a new context. Thus, new concepts, models and hypotheses can be tested (13).

² Constant involvement, integrated research, supervisor reviews, probing for contrary evidence and credibility of the researcher were measures that were taken to increase research credibility. The researcher tried to follow the data as an outside evaluator by including his personal views within parentheses, reviewing and continuously perfecting his notes, and fully comprehending them. Regarding reliability or accuracy criteria of the present study, a detailed report on the research process has been presented, and the researcher has tried to fully explicate all stages of the research from data collection to content analysis and formation. As regards transferability, a precise and extensive description of the research process and the methods of attaining data make it possible for the reader to evaluate applicability of the results to similar contexts. Therefore, in addition to clarification of the area under study, necessary information on the participants and direct quotes were measures taken in this respect (14).

Question 1: What is the criterion for death in religious concepts? Who can determine this criterion and how?

The participants' views on this question were classified under four categories: jurisprudence (Fiqh), philosophy, law and medicine (table 1).

In response to this question, various criteria were proposed for determination of death. Among them were the traditional indicators such as

absence of heartbeat and respiration, presence of human voluntary acts as a sign that the soul has control over the body, faculty of thinking, and the medical criteria for death. One thing stands out in the viewpoints expressed by the participants though, and that is the emphasis they place on joint decisions and expert opinions. In fact, the people interviewed in this study all agreed that death should ultimately be verified by a physician.

Table 1. Classification matrix of question 1

Field	Opinions
Jurisprudence (Fiqh)	<p>“In the past, before the concept of brain death existed, the fatwa of fuqaha (Islamic experts) was quite clear. They would look for signs of death, for instance the body becomes cold, the heart stops beating, breathing stops, and the combination of these symptoms would indicate death.” “They typically consider the heart.”</p> <p>“In jurisprudence (Fiqh), sometimes common conventions apply and sometimes individual principles. In cases of conflict of the commandments, however, matters can be so complicated that the common conventions may not be sufficient, and therefore expert opinions are required...”</p>
Philosophy	<p>“The ability to perform voluntary acts is the criterion for being considered alive. As long as the soul has control over the body, the person is alive in my opinion.”</p>
Law	<p>“Brain, faculty of thought and intellect can be quite helpful in resolving end of life issues. The power of thought and its sanctity has been much discussed and emphasized in Sharia. Thinking is what preserves humans and brings them responsibilities.”</p>
Medicine	<p>An expert must determine whether a patient is dead or alive, and that expert is undoubtedly the physician here. Medical Science must verify death.</p>

Question 2: What are the determining criteria for starting or continuing life-prolonging treatments in terminal or dying patients?

The participants' responses and viewpoints in this respect were divided into four categories: jurisprudence (Fiqh), law, ethics and medicine.(Table 2)

Regardless of their standpoints, the participants believed that life-prolonging treatments should not aim at keeping the patients alive only to save their lives, and health care providers need to take other factors into account as well. From the point of view of Islam and jurisprudence (Fiqh), for instance, it was mentioned that life is considered valuable and therefore needs to be saved, although this is a sufficiency duty, and conventional wisdom must be applied so that it is done in a rational manner. On the other hand, it was pointed out that according to Islamic commandments, prolonging death must be avoided by all means. From the legal standpoint, presence of human intellect in the patient was the determinant for continuation of life prolonging treatments. What stood out in this section of the interview were the responses from the ethical perspective, as those indicated the most important

criteria to be the moral obligation to save the patients' lives and respect their wishes. They also emphasized that in this stage of life, spiritual values, human development and dignity, and other ethical values be considered, and decisions be based on the totality of the situation. The decision to stop life-prolonging treatments should therefore not be confused with or compared to euthanasia.

Question 3: In cases where there are doubts or disagreements about resuscitation, or if life prolonging treatments entail great expenses, who should make the final decision?

The responses were divided into two categories: jurisprudence (Fiqh) and medicine (table 3).

In general, the participants believed that based on Islamic teachings, people cannot endanger their lives and request a do-not-resuscitate (DNR) order, euthanasia, or hastened death, but if there is no cure, they can refuse death-prolonging procedures. The ultimate decision-maker, however, is a physician-centered team of experts, as physicians would know best whether the patient should be saved or not. Opinions of a number of other experts in fields such as religion (faith) and philosophy must be solicited in this respect as well.

Table 2. Classification matrix of question 2

Field	Opinions
Jurisprudence (Fiqh)	<p>“Resuscitation is a moral obligation and one decreed by Sharia, and to answer the question of how long it should go on, I would say until there is no more hope.”</p> <p>“Life inherently belongs to God. God is the one who gives it, and the one who takes it. And if someone has the ability to save a life, he or she is responsible for doing so. The criterion here is conventional wisdom (<i>Aghle Urfi</i>).”</p> <p>“The obligation here is to avoid prolongation of death.”</p>
Law	<p>“When a person is alive, they should be protected, and nothing should be done to hasten their death. Therefore the stance of legislators and God Almighty on human dignity is an entirely spiritual one, as is stated in the verse ‘We created man dignified and superior’. This spiritual life originates from intellect, and if we are incapable of restoring this faculty to the patient, we are tormenting her/him.”</p>
Ethics	<p>“Under ideal circumstances, it is unethical to disregard the patient’s will. It is a moral obligation to listen to them and act on their will, unless a greater predicament arises, which should then be resolved by a committee similar to a jury. Such a predicament is not a medical issue; it depends whose case is being discussed, what the hospital conditions are, and what the cultural situation is. Prioritization of the case components is essential, for instance the value of human dignity, life preservation, and unbiased resource allocation. The results, however, cannot be predicted by any kind of algorithm.”</p> <p>“The obligation to save a life, when it is unstable (<i>Ghayr- Mustaqarr</i>) and will not last, in case of an ailment that is incurable... does the obligation apply to saving such a life? Saving it is definitely preferable, but as for obligation, I believe it is not obligatory. Obligation applies to cases where life is stable (<i>Mustaqarr</i>), and if it is not in conflict with other moral obligations. It also depends on whose life needs to be saved: it might be a person who plays an important role in the society, and therefore it is important to extend his life, even if for only 10 more days.”</p>
Medicine	<p>Life should be sustained for as long as it is sustainable. Human life is dignified. Decisions need to be made based on the patient’s situation.</p>

Table 3. Classification matrix of question 3

Field	Opinions
Jurisprudence (Fiqh)	<p>“One must be prepared and write a will for the sake of one’s family. Sometimes a patient says that if the sickness gets to a stage where there is no cure, the family does not need to spend money and should just let the process of dying not be prolonged.”</p> <p>“Conventional criteria for prolongation of the dying process are definitely noted by fuqaha”.</p>
Medicine	<p>“The authority here is the person who knows better than anyone else whether this should be done. In the absence of respiration, a medical committee must be appointed to determine whether or not to start life saving procedures.”</p>

Question 4: What is the patient’s role in consenting to or refusing life prolonging treatments? Can a person make recommendations or decisions regarding future healthcare treatments beforehand, or write a will in this regard?

The statements of participants were categorized under the four groups of jurisprudence (Fiqh), law, ethics and medicine (table 4).

It appears that there are disagreements as to the role of the patient in making decisions about future care and life prolonging treatments. From the jurisprudence (Fiqh) and legal point of view, it is clearly stated that such patients have no authority

over their bodies and cannot make decisions about ending their lives. Patients can ask health care providers not to prolong the process of dying only if there is no cure, and this is considered to be among the patients’ rights. From the ethical stance, however, a completely different theory was proposed: that patient autonomy was rather important and that the patient’s wishes had to be respected. All respondents agreed on the significance of informing the patient, however, and believed that the final decision must be made by the physician.

Table 4. Classification matrix of question 4

Field	Opinions
Jurisprudence (Fiqh)	<p>“Truth telling and the manner in which the direness of the situation is revealed to the patient is very important. The patient can make decisions about care and refuse a particular treatment. He or she does have a say in methods and extent of health care and similar matters.”</p> <p>“Patients themselves cannot make decisions about saving their lives, that is, their decisions cannot prevail as they are not theirs to make.</p>
Law	<p>“It is the patient’s right to refuse treatment, and he or she can exercise that right through a will.”</p>
Ethics	<p>“It is unethical to disregard the patient’s wishes, so I believe the general philosophical principle of autonomy and having control over one’s body is fundamentally defensible, unless circumstances deem it inapplicable.”</p>
Medicine	<p>“Decision makers in this respect should be those who are informed about saving lives, so the responsibility falls mainly to the physicians, and they are the ones who should pass the final verdict.”</p>

Question 5: What should be done if the financial burden of treatment is too much for the family to afford?

Three components of health system, patient and family were recognized in the responses of participants (table 5).

By application of Islamic Jurisprudential principles, our participants examined strategies to avoid such expenses from the stance of the health system and the patient’s family, and maintained that if the patient can afford the expenses, end-of-life treatments should be continued to a reasonable

extent. If the patient’s family or the health system is paying for the treatments, their resources must be considered in addition to sensibility of care. If they cannot afford the treatments, they cannot be held responsible, and financial hardships (*al-‘usr wa al-h.araj*) imposed on the family releases them of their Sharia obligations to keep the patient alive. Nevertheless, the moral obligation to save lives and its value in the society were mentioned, and it was emphasized that financial hardship should be determined by a team of experts and a judge who rules in accordance with Sharia.

Table 5. Classification matrix of question 5

Field	Opinions
Health System	<p>“If the system has the capacity, then treatments should be continued, and if not, it falls under the category of unbearable financial hardship (<i>al-‘usr wa al-h.araj</i>).”</p>
Patient	<p>“Patients should not continue to remain uninformed and use up all their possessions and deplete their family’s means. Informing patients of the direness of their situation must occur in a responsible manner.”</p> <p>“In my opinion, financial hardship cannot be confirmed by just anyone, and it should be determined by a judge who rules in accordance with Sharia.”</p>
Family	<p>“If my father is the person in this situation, I must say I feel a sort of moral obligation toward him that I do not feel toward many others. It is ethically quite valuable if the society believes that people must try and save their parents’ lives under such circumstances.”</p>

Question 6: If limitations in resources necessitate choosing between two patients, what are the criteria for making this choice and offering health services?

The responses were placed in three categories: jurisprudence (Fiqh), ethics and health system (table 6).

Our participants believed that there should be certain criteria for determining which of the two patients had to be saved. From the standpoint of jurisprudence (Fiqh), these criteria were regulations on dispensing public funds, and the jurisprudence (Fiqh) principle of the most important and the important (*Aham va Mohem*). From the ethical

viewpoint, moral values and obligations were mentioned, and that life preservation should not be the only objective; other matters that need to be considered are human dignity, fair allocation of resources and other moral values, and that preserving life must be done in a sensible manner. Likewise, it was emphasized that the capacities and regulations of the health system should be taken into account, and conventional precepts must be acted upon. Therefore, although the participants adopted different stances on the subject, they noted the limitations and stated that in complex situations a team of experts must be the joint decision-makers.

Table 6. Classification matrix of question 6

Field	Opinions
Jurisprudence (Fiqh)	<p>“Regulations regarding the dispensing of public funds can be specified through fatwa, which will be based on what is conventional (<i>urf</i>). Resuscitation is an obligation, but it is contingent on the circumstances and facilities.”</p> <p>“If there are medical limitations, conflicts (<i>Tazahom</i>) may arise. For instance, continuing to dedicate medical equipment to a terminal patient will deprive other non-terminal patients from it. This is a conflict between two important things, but one is more important than the other. It is therefore acceptable if the physician stops life prolonging treatments for the terminal patient and lets the other patient use the medical equipment. Fuqaha unanimously believed that such an action is permissible.”</p>
Ethics	<p>“The criterion here is conventional wisdom (<i>Aghl urfi</i>). Choices must be made based on priorities. At this point, spiritual principles and the society’s welfare from the point of view of human development are the criteria. According to determination criteria, the right to live is also a form of spiritual development, so it should be determined whether saving such a life will lead in that direction.”</p> <p>“This should be done if it does not conflict with other moral obligations. There are criteria of this sort, criteria of intellect, and there must be no cases of extremes, such as saving someone’s life when it is entirely senseless to do so.”</p>
Health System	<p>“If public funds must be expended and insurance is in effect, there should be regulations. The best reference is the medical ethics committee, as it acts according to the regulations and functions of the health system. Limitations in human resources result in the responsibility being assigned to human intellect.”</p>

Discussion

In the present study, participants mentioned different jurisprudential, legal, philosophical and ethical standards in answering the questions.

In speaking of death, generally the definition and criteria for death are mentioned. From the Islamic point of view, death is defined as the separation of the soul from the body that happens in the real world and indicates death of the human body (15). The exact moment of death can be determined through clinical symptoms, and even the Imams have pointed these symptoms out (16, 17). The true nature of the relationship between body and soul is the main topic of discussion in determining the criteria for death. The soul is a sign of life (18, 19). The immaterial soul can have control over the body and bring about manifestations of faculties such as thought, resolution and free will, and while its command continues, human life carries on (20, 21).

It is essential to determine a criterion for death to indicate that the body and soul are separated. From the point of view of jurisprudence (Fiqh), common conventions (*urf Aam*) are observed, so absence of heartbeat or respiration are viewed as indicators of death (20, 22, 23). Also participants in our study mentioned common conventions (*urf Aam*). With the emergence of current diseases and new treatments, these conventions have been questioned. Physicians believe that all parts of the human body work together as a whole organism and when vital organs stop functioning, life cannot go on (18, 24). On the other hand, physicians are now able to prolong life by using medical devices and facilities, and this adds to the confusion about the criteria for death.

There certainly exists no doubt in considering cardiac death as a criterion for death in any of these

areas. What is not so certain is the case of brain death, as well as those patients considered terminal, as cardiac or brain death do not apply in their case, while they cannot continue to exist as an organism either, unless medical devices and facilities are used to keep them alive.

Another concept in jurisprudence (Fiqh) is that of stable (*Mustaqarr*) and unstable life (*Ghayr Mustaqarr*) (18, 25, 26), which may be useful in making better decisions about life-prolonging treatments in terminal patients suffering from multiple organ failure. These patients are not dead according to any of the criteria, but based on the concept of unstable life, they are already moving toward the separation of body and soul (25, 26), and therefore measures such as cardiopulmonary resuscitation cannot help them. By applying these concepts, futile care takes on a clearer meaning. Furthermore, in cases of unstable life, the patient is unable to go on living, and the process of separation of body and soul has already started. The same interpretation, however, makes decision-making different in the case of patients with multiple organ failure, as any form of life is grounds for attempting to save it according to Islam.

Participants in our study considered preserving human life an obligation according to Sharia, which may necessitate using all facilities to save even moments of a person’s life (16, 22, 27). In resolving these situations, the status quo of diseases and health system facilities are naturally taken into account and affect people’s responses. The participants in our study were of the opinion that special attention needs to be paid to diseases and advantages in treatment, and therefore emphasized the jurisprudence (Fiqh) principles of illegitimacy of harm (*la darar wa la dirar*) and financial hardship (*al-usr wa al-haraj*), and stated that life

cannot go on indefinitely, but it has to be done sensibly, and capacities must be taken into consideration.

One of the most important points that Muslim thinkers have always referred to regarding patients' resuscitation and life preservation (16, 22, 27) is sanctity of human life, and respect for all people's right to live; moreover, it is emphasized that life is a gift from God: He gives and takes life, and all life and death come to be by His permission (28). These valuable concepts can be found in a number of verses in the Holy Quran³. For this reason, decisions in this respect cannot be left to patients, their families, or the physician alone (22, 27) and must be based on suitable criteria. They declared that correct decisions can be made about such patients by referring to valuable Islamic teachings, including those stating that the process of dying should not be prolonged (29), and that accepting death as the Will of God is something that Muslim physicians must keep in mind (28, 30). They can use Islamic teachings to determine the advantages and objectives of treatments for different patients in addition to the medical science (31, 32). Several studies have cited jurisprudence rules such as the principle of illegitimacy of harm (*la darar wa la dirar*), and encourage Muslim physicians to use procedures that are useful and beneficial (33). Nevertheless, studies show that there is no clear directive on the do not resuscitate order in Islamic sources, and this issue has not been fully resolved (34). Sources have repeatedly pointed out, however, that physicians are permitted to stop offering futile treatments (18, 23, 35-37). Like the participants in this study, these sources leave the decisions about complicated cases, especially terminal patients, to a team of experts in various fields, who would make the decision to continue or stop life-prolonging treatments by examining the situation thoroughly and respecting the patients' and their families' requests (18, 35, 38, 39). Furthermore, this issue has been observed in the Iranian Patient's Rights Charter and there is emphasis that the aim of care should be the comfort and welfare of patients who are terminal and their death is inevitable (40).

Regarding the challenges of the patient's right to making choices and decisions, one respondent stated that a person's autonomy extends as far as God will allow it. God limits the patients' autonomy for ending one's own life, and requires them to decide based on their best interests. There seems to be disagreements in this respect among the participants in our study.

It was emphasized that physicians must tell incapacitated patients the truth about their conditions,

and patients should have the right to decide against life-prolonging treatments, and it was considered the patients' right to voice their opinions in such cases. In agreement with our participants, other scholars believe, however, that patients cannot ask for their lives to be ended, even though Muslims' wills and wishes are greatly respected in Islamic sources (29, 39). A will should not be valid in case of incapacitated patients (41). It appears therefore that from the Islamic point of view, such decisions cannot be left to patients simply on account of autonomy and free will, and wills cannot be written on the subject beforehand. Nevertheless, the patient's wishes regarding prolongation of the dying process, particularly in the case of incurable diseases, must receive careful attention from the medical team.

In discussions surrounding end-of-life care, one challenging issue is the expenses borne by families and the health system. Such as the results of this study, other Islamic resources have emphasized that the patients' welfare must not be the only focus of attention. Saving such patients' lives will be in conflict with their families' interests and can pose financial hardships (*al-'usr wa al-haraj*) (42). Considering the principle of illegitimacy of harm (*la darar wa la dirar*), the patients' interests should not result in harm to their families, so they will not be responsible to save the patient's life. It is emphasized that stopping such patients' treatment must not be confused with euthanasia, as they have no hope for a cure or normal life (30, 43). On the other hand, saving one's parents' lives was applauded as a moral value in a society.

Limitations in the resources of the health system bring us face to face with prioritization and choosing between patients when offering health services. Particularly in cases where patients suffer from incurable diseases, choosing to continue treatment or allow the normal process of dying to take place is a great challenge for physicians, the society, and the patients' families. Islam also focuses on saving lives sensibly and the capacities of the health system. In Islamic sources there is emphasis on the principle of greater importance (*Aham Va Mohem*) (42), based on which the level of importance is measured, and facilities that must be dedicated to patients whose lives can be saved sensibly. Some sources consider limitations and recommend use of invasive procedures and better allocation of resources (44). The experts we interviewed also emphasized that in addition to unbiased resource allocation, man's spiritual growth and development must be considered and keeping patients alive should not be the only principle. In other words, Islam lays emphasis on the benefits of treatments and considerations on their futility in choosing between patients.

Limitations of this Study: Interviews were conducted with a limited number of experts in

³SuraAl-Ma'ida, Verse 23
SuraAl-Hadid, Verses 1 & 2
Sura Al Imran, Verse 145
Sura Al-Baqara, Verse 258

Islamic Sciences due to accessibility issues. Almost all participants were Usuli⁴. Considering the fact that our social studies and information on end-of-life care are limited on the level of patients, the society and the health system, we tried to ask fewer questions so that the initial evaluations could be performed in a practical manner.

Conclusion

The aim of examining ethical issues in end-of-life care in an Islamic society is achieving a process for making correct and accurate decisions when treatments are futile to start or continue. Such a process must be in keeping with the principles of the society and the health system, and should be capable of offering quantitative and practical solutions. Ultimately, ethics committees and multi-specialized teams in medical centers must be consulted in complicated cases, and the need for complaints to authorities must be minimized through the above-mentioned process.

With this approach, value-orientedness is not a hindrance, as it guides us in our path and helps healthcare providers for making better decisions. Thus, considering the sanctity of human life and the value of man's existence, treatments that bring about severe consequences and violate human dignity are not continued. Terminal patients or those with multiple organ failure will not be subjected to futile and invasive procedures such as cardiopulmonary resuscitation or surgeries. Value-orientedness leads to a balance in offering health services.

In Islamic viewpoint, although patient autonomy cannot be the basis for all measures according to Islam, ethical and jurisprudential principles can be used to make correct and sensible decisions whether to continue or stop terminal patients' care.

It seems necessary to develop a guideline that can assist decision-makers regarding end-of-life care through emphasis on Islamic principles and Islam's valuable notions of human life and death, purpose of life, God's will, boundaries of man's authority, and the physician's ethical commitments. Such a guideline can be used to clarify limitations and solutions to the ethical problems posed by end-of-life care, and offer recommendations on making the right decisions about starting or continuing procedures that seem futile based on scientific considerations.

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Conflict of Interest

The authors declare that there is no conflict of interests.

⁴ "Usulis are the majority Shiite Muslim group. They use of ijtihad i.e. reasoning in the creation of new rules of jurisprudence (Figh). They believe that the [Hadith](#) collections contain traditions of varying degrees of reliability, and that critical analysis is necessary to assess their authority" (45).

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