In this issue of JIMA, Dr. Saleem Saiyad presents a case study where a non-Muslim physician referred to him a Muslim patient after he had recommended a Do Not Recussitate (DNR) order, which the patient’s family rejected. This prompted him to investigate methodically the Islamic point of view of how he should advise the patient and her family.

This scenario is not uncommon and requires a very careful approach, as was emphasized by the widely publicized case of Terry Schiavo. It also emphasizes the dire need among Muslims residing in the United States and other Western countries to have a declaration of their wishes made in such situations should they, God forbid, face a similar problem. I therefore urge all Muslims to have a living will or an advanced directive or similar document executed properly after consultation with a physician.

It goes without saying that all Muslim physicians should implement that in their own practices with their patients, especially Muslim patients.

Muslim patients, like their non-Muslim counterparts, need to be assured about the necessity of DNR orders in certain situations, as well as the fact that

1. DNR status does not imply the physical, psychological, or spiritual abandonment of the patient.
2. This order is contemplated only if and when the prognosis for the patient’s recovery is poor.

We, as physicians, know that stopping a life-sustaining treatment is emotionally more difficult than not starting it. The same holds true for the family. Time spent explaining this to your patients is well spent and in my opinion real “doctoring” that has become dust-covered due to the dominant role of business characteristics in today’s physician practice because of administrators who dictate how physicians run their businesses.

Let us, as Muslim physicians, place patient care as our priority, as was done by our forefathers.

References