

Islamic Perspectives

Do Not Resuscitate: A Case Study from the Islamic Viewpoint

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Abstract

Physicians practicing in the West are encouraged to discuss advance directives, including the Do Not Resuscitate (DNR) order, with their patients or their patients' families, especially when the prognosis is poor. From an Islamic standpoint, there are no clear guidelines on DNR orders for a Muslim patient in a setting of a nonterminal illness. A literature review on this topic was carried out, including a search of religious texts on the subject. It resulted in the following conclusion: It is imperative to seek remedy in life-threatening situations. When treatment benefit is doubted, seeking remedy becomes optional. If the treatment is futile, then it is not recommended to continue such treatment. It is encouraged for Muslim patients to have a living will, but they are discouraged from putting in a DNR order that covers all situations. In other words, they should be full code if there is a reasonable chance of recovery.

Key words: Muslim perspective, Do Not Resuscitate, life support

Case Scenario

Ms. M. was a 56-year-old woman whose care I took over from a physician friend who cared for her in the hospital for 145 consecutive days. He stated that he had some disagreements with her family and, therefore, would like to pass on the case to someone else. In addition, this patient was Muslim, and he thought my being a Muslim physician would place me in a better position to understand and manage the social issues that had become challenging in the care of this patient.

The reason she was in hospital for so long was that she had developed multiple complications after being admitted initially for abdominal pain and anemia. She used to be an otherwise alert and functional woman, although she did have a previous stroke. After being admitted, she had a bout of sudden hypotension that probably was triggered by a gastrointestinal (GI) bleed secondary to erosive gastritis. She then received blood transfusions and aggressive hydration that triggered fluid overload, respiratory failure, and then nosocomial pneumonia. She subsequently had multiple other infections with full-

blown sepsis that led to acute renal failure requiring dialysis. She finally ended up having a tracheotomy, peg tube feeding, and continued hemodialysis. She appeared to have recovered her mental function to some extent, and was often able to follow commands. She still persisted to have *Clostridium difficile* (C. diff), methicillin-resistant *Staphylococcus aureus* (MRSA), and vancomycin-resistant *Escherichia coli* (VRE) colonizations after recovering from recurrent pneumonias and, therefore, no nursing home or extended care facility would admit her.

The challenges I faced as the new attending were multiple but predominantly concerned the proper disposition of this patient. I had to wait until she showed progress with weaning from the tracheotomy and for cessation of dialysis, as these were interfering with her placement. Hospice consultation and code status discussions were initiated many times, but the family insisted on continuation of all treatments and refused to further discuss hospice or palliative care.

She was clearly not in a vegetative state, nor did she have a terminal condition, unless we consider

her renal failure as a terminal diagnosis. Her ongoing treatments were keeping her alive and stable and could not be considered futile. On the other hand, her quality of life was poor, and her case deserved consideration of a Do Not Resuscitate (DNR) status, which is an important issue when practicing in Western countries. The family's disagreement ended the discussion of initiating DNR status. Nevertheless, I was stimulated to explore the suitability of a DNR status on this and similar cases from an Islamic standpoint.

Methods

Relevant sources of information were searched on the internet, such as the National Library of Medicine (Pubmed), Google Scholar, and Yahoo! Search. The reports of the American Medical Association's Council on Scientific Affairs and Council on Ethical and Judicial Affairs were reviewed.^{1,2} Two articles published in the *Journal of the Islamic Medical Association* were found.^{3,4} The Glorious Qur'an's English translation by Yusuf Ali and the English version of the *Hadith Sahih al Bukhari* by Dr. Muhammad Muhsin Khan were studied. Fatwas and discussions found posted on available Islamic web sites were reviewed.

Discussion

A DNR order is a physician order that cardiopulmonary resuscitation (CPR) not be initiated on a patient for cardiac or respiratory arrest.

The DNR order became well-established in the United States with the advent of CPR training and defibrillators in the 1970s. Such an order may be instituted on the basis of an advance directive from a person or the decision of such a person's agent by health care proxy. Such orders can also be initiated in some jurisdictions by a team of physicians when resuscitation would not alter the ultimate outcome of a disease. This is designed to prevent unnecessary suffering and reduce futile care. An any-state DNR order requires the patient or proxy's signature with the witnesses and doctor's signatures in order to be valid. Any person who does not wish to undergo resuscitative treatment in the event of cardiac or respiratory arrest can get a DNR order, although a DNR order is more commonly carried when a person with a terminal illness wishes to have a more natural death without painful or invasive medical proce-

dures.

According to The Patient Self Determination Act of 1990, physicians must write a DNR order if requested by a patient or his or her surrogate. If the attending physician disagrees with the patient's request, and the differences cannot be resolved, the patient then should be transferred to the care of another physician.^{5,6} Medical students and doctors are encouraged to be realistic in discussing this while presenting the code status choices to the decision makers⁷ and make an effort to confirm the status with involved family members. The patients, in turn, have the responsibility to make their wishes clearly known to their doctor, family, caregivers, and institution where they are living.

The most typical DNR order forbids cardiopulmonary resuscitation and intubation and permits treatment for infections and other treatable conditions, intravenous nutrition and fluids, pain management, and comfort care. The rules differ in various states. The Uniform Health-Care Decisions Act (1985, revised 1989) has been recommended as a uniform regulation in the United States, and many states have passed it. This law allows a person to declare a living will specifying that, if the situation arises, he or she does not wish to be kept alive through life support if terminally ill.⁸

Islamic Perspective

The first-ever use of mechanical ventilation was reported in the second century after *hijra* in the book *Ṭabaqāt al-aṭibbā'*. A court physician, Ṣālīḥ ibn Bahla, resuscitated the life of the cousin of Harūn al-Rashīd (149-193 H / 766-809 AD) by using bellows and a sniff called El Kundus through the patient's nose.⁹

Qur'anic Perspective on End of Life

Allah ﷻ said:

تَبَارَكَ الَّذِي بِيَدِهِ الْمُلْكُ وَهُوَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ الَّذِي
خَلَقَ الْمَوْتَ وَالْحَيَاةَ لِيَبْلُوَكُمْ أَيُّكُمْ أَحْسَنُ عَمَلًا وَهُوَ
الْعَزِيزُ الْعَفُورُ

Blessed be He in whose hands is the Dominion, and he has Power over all things. He who created death and life that He may test which of you are best in deed, and He is Exalted in Might, Oft-Forgiving.¹⁰

أَوَلَمْ يَرَ الْإِنْسَانَ أَنَّا خَلَقْنَاهُ مِنْ نُطْفَةٍ فَإِذَا هُوَ خَصِيمٌ مُبِينٌ
وَضَرَبَ لَنَا مَثَلًا وَنَسِيَ خَلْقَهُ قَالَ مَنْ يُحْيِي الْعِظَامَ وَهِيَ
رَمِيمٌ قُلْ يُحْيِيهَا الَّذِي أَنشَأَهَا أَوَّلَ مَرَّةٍ وَهُوَ بِكُلِّ خَلْقٍ
عَلِيمٌ

Does not man see that it is We who created him from a small drop of fluid? Yet behold! He stands as an open adversary! And he makes comparisons for Us, and forgets his own creation. He says who can give life to (dry) bones and decomposed ones? Say, 'He will give them life who created them for the first time, for He is versed in every kind of creation.'¹¹

وَمَا كَانَ لِنَفْسٍ أَنْ تَمُوتَ إِلَّا بِإِذْنِ اللَّهِ كِتَابًا مُؤَجَّلًا

No soul can die except by Allah's permission.¹²

Thus, in Islamic belief, death as an event is under the complete control of Allah ﷻ.

Definition of Death in Islam

In shariah, a person is considered to be dead and therefore subject to all the rulings concerning the deceased, when either of the two following signs is noted:

إذا توقف قلبه وتنفسه توقفا تاماً وحكم الأطباء بأن هذا
التوقف لا رجعة فيه إذا تعطلت جميع وظائف دماغه
تعطلاً نهائياً، وحكم الأطباء الاختصاصيون الخبراء بأن
هذا التعطل لا رجعة فيه. وأخذ دماغه في التحلل

1. When the heartbeat and breathing stop completely, and the doctors decide that they cannot be restarted.
2. When all the functions of the brain stop completely, experienced doctors and specialists confirm that this is irreversible and the brain (as a whole) has started to disintegrate.^{14,15}

Current Approaches to DNR among Muslims

Cardiopulmonary resuscitation is a form of medical treatment. It should be offered as long as it can help cure the patient or relieve suffering. If, however, such an effort on a terminally ill patient will be futile in the expert opinion of the physician and may indeed inflict more harm, it is then religiously permissible for a Muslim physician to fulfill a legally executed DNR request.¹⁶

From the Islamic perspective, there is a general consensus that DNR and even withdrawal of support is acceptable in cases that meet the definition of death or in cases where three physicians have determined that the patient is terminally ill.^{4,17-20}

A prospective evaluation was conducted of all DNR decisions in the neonatal intensive care unit at the Royal Hospital in Oman. The study included 39 neonates for whom DNRs were ordered. For 19 neonates (49 percent) in whom artificial ventilation had already commenced, withdrawal of life support was not culturally acceptable and expressly permitted in only two cases (2/19 = 11 percent). For those in whom ventilation was not commenced (20/39, 51 percent), 70 percent (14/20) agreed not to put their infants on the ventilator even if they needed it, i.e. they affirmed the DNR order.

In this study, it was found that "asking parents alone to be explicitly involved or take full responsibility for decisions involving life and death was not culturally or socially acceptable. Presence of extended family, and indirectly sounding out and taking into account their wishes, was more appropriate after assessing the resources and support services available."²¹

Takrouri and Halwani recently published their literature search on the topic of DNRs from an Islamic point of view and concluded that the general consensus on this question is still evolving in the Islamic community and that the Islamic verdicts, judicial opinions, or fatwas, were indicating the decision of medical futility to be decided by competent doctors on the case. Therefore, the issue of DNR was not fully resolved, and it was left to physicians' choices and preferences.²²

The Presidency of the Administration of Islamic Research and Ifta, Riyadh, Kingdom of Saudi Arabia (KSA), in its Fatwa No. 12086 issued on 30.6.1409(Hijra) [1988 (AD)],¹⁸ stated:

إذا كان إنعاش القلب والرئتين غير مجد ، وغير ملائم
لوضع معين حسب رأي ثلاثة من الأطباء المختصين
الثقات فلا حاجة لاستعمال آلات الإنعاش ، ولا
يلتفت إلى رأي أولياء المريض في وضع آلات الإنعاش
أو رفعها ، لكون ذلك ليس من اختصاصهم

If three knowledgeable and trustworthy physicians agreed that the patient condition is hopeless, the life-supporting machines can be withheld or withdrawn. The family members' opinion is not included in decision making as they are unqualified to make such decisions. (translation by Takrouri and Halwani)²²

This has enabled physicians in KSA, for example, to implement their own DNR orders without necessarily getting consent from the family. In the United States, this is not permitted, and physicians are recommended to follow the living will of the patient or power of attorney's consent for all practical purposes unless one is not available and there is consensus among physicians regarding futile care

Seeking Solution as per Fiqh (Islamic Jurisprudence)

The Messenger ﷺ ordered us to seek cure for disease:

إن الله تعالى أنزل الداء والدواء وجعل لكل داءٍ
دواءً فتداووا ولا تداووا بحرامٍ

Allah created disease and treatment, and He made for each disease a treatment. So seek treatment but do not use *harām* (forbidden things).²³

In a Hadith, narrated by Anas bin Malik, the Prophet ﷺ, said:

لا يتمنين أحدكم الموت من ضرِّ أصابه فإن كان لا بد
فاعلاً، فليقل اللهم أحيني ما كانت الحياة خيراً لي وتوفي
إذا كانت الوفاة خيراً لي

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."²⁴

Based on my research of the topic, one may state that it is *wājib* (incumbent) that everyone should seek remedy in life-threatening situations. In such cases, if the person is unconscious or he is a minor, there is no need to wait to obtain consent from proxy or guardian. The physician (or nurse) should do his or her best to save the life, organ, or limb without waiting for due consent.²⁵

In all cases where the ailment is going to hinder the activities and duties of a Muslim to himself, his family, and his community, seeking remedy is encouraged and *mandūb* (preferred) to the extent that knowledgeable experts expect therapy to be successful, regard harm from that mode of therapy as unlikely, and the mode of therapy is *mubāh* (permissible).

To the extent that knowledgeable experts doubt the benefit of treatment, seeking remedy for non-threatening yet hindering ailments becomes permissible (*mubāh*). To the extent that knowledgeable experts believe that the side effects and inconvenience of treatment are more than the expected benefits, pursuing the treatment is discouraged (*makrūh*). To the extent that knowledgeable experts consider treatment to be futile, pursuing the treatment is also discouraged (*makrūh*).

Conclusion

The DNR order in the case of terminal illness is encouraged in Islam. In the absence of terminal or futile care situations, the Muslim patient or family should seek medical treatment, including resuscitation, until recovery or the stage of inevitable death (terminal illness) or vegetative state is reached.

It is imperative to seek remedy in life-threatening situations. When treatment benefit is doubted, seeking remedy becomes facultative. If the treatment is futile, there is no need to continue.

It is encouraged for all Muslims to have a written living will and make their choices known to their next of kin. Islam encourages Muslims to be "full code," meaning agreement to use all recognized therapies, given there is a reasonable chance of

recovery.

The family in the case described in this report followed Islamic guidelines in refusing a DNR for the patient. This patient continued to survive for a few more months in the hospital on dialysis and continued tracheotomy care. She ultimately died from worsening sepsis. She was made DNR when the doctors had a consensus that she was terminally ill. The family agreed for the DNR order at that time.

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