

Islamic Perspective

DNR: An Islamic Formulation

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Abstract

A Do Not Resuscitate (DNR) order would be similar to many of the decisions a physician faces daily if it did not call for ethical and legal considerations. To comply with the intent of the order, a physician must be certain that further resuscitation is futile and is a waste of resources. Abuse of the intent of the order can result in passive euthanasia. The author is of the view that a DNR order should be signed by an attending physician if four competent colleagues agree with his assessment of its need. It is preferable to get consent from the patient, if competent, or from family proxies if otherwise.

Key words: cardiopulmonary resuscitation, advanced cardiac life support.

The Do Not Resuscitate (DNR) order is a professional decision by a physician, who has determined that no further intervention should take place, based on the doctrine of futility. It should not be based on a patient request without medical and scientific justification. A DNR order is, however, surrounded by so many related legal considerations that it ends up being highly controversial. These issues include certainty about the futility of the resuscitation, waste of medical resources, the role of the family, and the potential for its abuse as a form of euthanasia. Additional issues arise in the technical details of the order, i.e., who makes the order, how long is it binding, and what is the exact technical formulation?

We shall analyze these issues using the Islamic theory of ethics based on the five purposes of the law (*maqāṣid al-sharīʿa*),¹ ethical principles based on the principles of the law (*qawāʿid al-fiqh*)² and other applicable Islamic legal provisions.

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Certainty

A DNR order is legally valid if a certainty exists that cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS) would have no net benefit to the patient and that the patient would succumb again soon after the attempt. Islamic law recognizes four levels of certainty, the highest being absolute certainty (*yaqīn*), which is difficult to achieve using existing knowledge and technology. The second highest of these, legally termed *ghalaba(t) al-zann* (predominant conjecture), is the practical level at which decisions can be made. When there is preponderant clinical evidence that there will be no net permanent benefit from the resuscitation, the evidence must be interpreted in the context of previous institutional experience that finds patients in such a condition had no net and lasting benefit from CPR or ACLS. As an additional measure, at least four specialist physicians familiar with such situations should concur before the attending physician signs the DNR order. Islamic law considers four persons as *jamāʿa* (a community); therefore, such a decision has the legal effect of being *ijmāʿ* (a binding communal consensus), or evidence that cannot be challenged.

Waste of Resources

Resuscitating a patient who will receive no lasting net benefit from the procedure is repugnant because it violates the fifth purpose of the law, which is *hifz al-māl* (preservation of resources). This is balanced against the second purpose of the law that requires preservation of life (*hifz al-nafs*). In normal circumstances, life takes precedence over resources, but when the certainty of life is absent, consideration of preserving resources takes precedence.

Consent

DNR decisions are ordinary medical decisions made by the attending physician that require informed consent by the patient or, if incapacitated, by a proxy decision maker, usually a member of the patient's family. Informed consent is required under the principle of *lā ḍarar* (preventing harm) because only the patient and close relatives have the patient's best interests at heart. Patient consent and the DNR order need constant review and renewal, preferably weekly. The order should be formulated according to guidelines set by each institution and be very exact in describing the conditions under which it will be applied. The family has an inherent interest in the welfare of the patient and can challenge the DNR order, even if the patient consented. My view is that the family challenge should be respected. This should, however, never be interpreted to mean that the family has a right to impose a DNR order on an unwilling competent patient.

Abuse

The Islamic law principle of *al-qaṣd* (intention) stipulates that actions are judged by underlying intentions. A DNR order can be legal and permissible

if the underlying intention is not to waste resources because of the futility of further resuscitation. It is, however, illegal if it is based on other intentions such as being enacted as an easy form of euthanasia by the patient, the physician, or the family. It may happen that all concur not to resuscitate a patient to save him or her from further suffering or pain, knowing that he is not terminally ill and that he or she may survive if resuscitated. These circumstances constitute euthanasia. It is illegal because Islamic law considers its active and passive forms as *ḥarām* (prohibited). It is, however, difficult to tell when the DNR order is genuine or is being used for euthanasia, because the intentions and motivations of humans are known only by Allah. We, as humans, judge only by what we see or hear. If there is an expressed intention of committing euthanasia, the DNR order becomes legally void and issuing or executing it becomes a legal infraction.

Conclusion

A DNR order is permissible in cases of a high degree of certainty that resuscitation is futile and will not result in net and lasting benefit to the patient.

References

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