Ethical Hazards of Modern, Advanced Medical Technology in Promoting Euthanasia: A Resolution from Islamic Perspective

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Abstract

Proponents of active euthanasia argue that in cases where the modern, advanced medical technology has prolonged death of many miserable terminally ill patients, active euthanasia can put end to their suffering; hence active euthanasia should be permissible. Against this line of thought, the researcher argues that much of the suffering which terminally ill patients go through occurs because of the misapplication of the advanced medical technology. Therefore, mishandled, mistreated, or over-treated patients become alleged subjects of debate on active euthanasia. It may be argued that consensus on permitting active euthanasia has remained so far impossible because of ethical, cultural, and religious reasons, yet there is possibility of attaining consensus on the appropriate use and employment of advanced medical technology. This research argues that to avoid any legal and moral risks which may emerge from the inappropriate employment of the advanced medical technology to terminally ill patients, it is important to make the very initiation of advanced medical treatment in regard to the terminally ill patients subject to moral and legal analysis. This paper has basically two arguments: moral and preventive law arguments, and their links with Islamic perspective, leading eventually, to the Islamic perspective on the issue so as to suggest an ethically sound and rationally valid alternative.

Keywords: Advanced Medical Technology, Terminally ill Patients, Active Euthanasia, Bioethics, Islamic perspective.

Abstrak

Penyokong euthanasia aktif berhujah bahawa dalam kes-kes dimana teknolgi perubatan yang moden dan canggih boleh memperpanjangkan pesakit yang menderita dari penyakit terminal, euthanasia yang aktif boleh menamatkan penderitaan mereka; oleh itu euthanasia yang aktif harus dibenarkan. Menentang pemikiran ini, para penyelidik berpendapat bahawa banyak penderitaan yang dilalui pesakit terminal berlaku kerana penyalahgunaan teknologi perubatan yang canggih. Oleh itu pesakit-pesakit yang dikasari atau pesakit yang di rawat terlalu lebih

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menjadi subjek perdebatan mengenai euthanasia yang aktif. Ia boleh dikatakan bahawa persetujuan untuk membenarkan euthanasia yang aktif kekal mustahil setakat ini kerana sebab-sebab seperti etika, budaya dan agama, namun ada kemungkinan untuk mencapai persetujuan tentang penggunaan sesuai teknologi perubatan yang canggih. Kajian ini berpendapat bahawa untuk mengelakkan dari sebagai risiko undang-undang dan moral yang mungkin muncul daripada penggunaan teknologi perubatan yang tidak sesuai kepada pesakit-pesakit yang menderita, ia adalah penting untuk membuat rawatan permulaan perubatan yang canggih berkenaan dengan pesakit-pesakit yang tertakluk kepada moral dan analisis undang-undang. Karya ini mempunyai dua hujah: hujah undang-undang moral dan pencegahan dan hubungannya daripada perspektif Islam yang akhirnya akan membawa kepada perspektif Islam mengenai isu-isu bagi mencadangkan alternatif yang beretika dan rasional sah yang kukuh.

Kata Kunci: Teknologi Perubatan yang Canggih, Pesakit Terminal, Euthanasia yang Aktif, bioetika, perspektif Islam

Introduction

One of many reasons the proponents of active euthanasia advance in favor of their position is the presence of the eventual, decisive, and adverse implications of modern, advanced medical technology that has ruined health of many terminally ill patients and in many cases has prolonged their death. Many cases of terminally ill patients have become dilemmas caught up between painful life and prolonged death. Therefore, the supporters of active euthanasia suggest killing of such terminally ill patients as an easy solution and an end to their suffering. However, intentional killing of terminally ill patients or active euthanasia has yielded an unresolved debate among ethicists. Therefore, achieving consensus on the issue has so far remained impossible because of many philosophical, moral, cultural, and religious reasons. Different from what has been said on the subject, it seems that arguing for and building consensus on rectifying the use of modern, advanced medical technology would be potentially acceptable to the opposing parties who are camped for and against active euthanasia; it is because major clinical cases cited as qualified subjects for active euthanasia are the cases of those terminally ill patients who were and are sustained by advanced medical technology. In other words, bringing employment of advanced medical technology to terminally ill patients under ethical analysis

is indispensable. Therefore, in the beginning, an argument is constructed which shows how the largely felt desperation for active euthanasia is for the most part an emergent consequence of the inappropriate use of advanced medical technology. The position derives its support from the fact that among moral hazards of advanced medical technology is that its misuse allows prolongation of death especially in the cases when the patient's death is prolonged by artificial life sustaining machines. This paper argues that to avoid any legal and moral risks which emerge from the employment of advanced medical technology to terminally ill patients, it is important to make initiation of advanced medical treatment to terminally ill patients subject to moral and legal analysis, providing two arguments: moral argument and preventive law argument, and connecting the argument with Islamic perspective on the issue.

Moral Hazards of Modern Advanced Medical Technology

The most crucial and serious part of the issue of active euthanasia is connected to the role which modern, advanced medical technology plays in treating terminally ill patients. Unfortunately, those who forcibly argue for permissibility of active euthanasia ignore the role of advanced medical technology. James Rachels, while defending active euthanasia, avoids any criticism of medical technology that contributes to the painful conditions of terminally ill patients and, in some cases, prolongs their death. Without dealing with the basic reasons which lead to the need of active euthanasia, he remains limited to making suggestions to both doctors and courts on the ways and methods by which terminally ill patients could be killed.[1] The similar thinking patterns are common among many supporters of active euthanasia.

The spirit of advanced medical technology is of modernity. Modernity is characterized with unprecedented advancement and progress of science and technology; and it is centered at discovering natural causes and devising technological tools and machines which could allow imitation

[1]James Rachels, "Euthanasia: A Rebuttal of Sullivan," http://www.rrcc-online.com/~harolda/onethic/ethics/module3/rachels2.htm.

of natural processes to bring nature ultimately under control. The scientific and technological development has brought comfort and progress to humanity in various ways and on the other hand it has caused hazards in various domains on variety of levels and degrees. Medical science is considered the most beneficiary of the modern science. However, the misuse of medical technology has led to new ethical problems. Joseph Fletcher has put the case succinctly: "Most of our major moral problems are posed by scientific discoveries and by the subsequent technical know-how we gain, in the control of life and health and death. Ethical questions jump out at us from every laboratory and clinic".[2] And among these ethical problems is active euthanasia.

Participation of advanced medical technology particularly in prolongation of death of terminally ill patients is because of two main reasons. First, in the past most people died in their homes, the vast majority of them now die in medical institutions such as hospitals and nursing homes. This shift happened in an unprecedented way during the twentieth century when death moved out of homes into medical institutions. This is particularly true about the developed countries such as the United States. In 1983, President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, a report about US, stated that "as medicine has been able to do more for dying patients, their care has increasingly been delivered in institutional settings". By 1949 institutions were the sites of 50 per cent of all deaths; by 1958 the figure was 61 per cent; and by 1977 over 70 per cent. Perhaps 80 per cent of the deaths in the United States now occur in hospitals and long-term care institutions such as nursing homes.[3] Similar trend is being reported in other

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[2] Joseph Fletcher, "Sanctity of Life Versus Quality of Life," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), p. 88.

[3] "Deciding to Forego Life-Sustaining Treatment. A Report on the Ethical, Medical and Legal Issues in Treatment Decisions," ed. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioural Research (Washington, D.C: U.S. Government Printing Office, 1983), p. 17.

countries; briefly, the developed countries top the list.[4] As economical conditions have become better in developing countries and countries with economies in transition, more and more dying people are hospitalized as a trend in line with developed countries. Similar to maternity, death and dying has become now very much a "medical business".

The second reason is that most people now die in modern hospitals, which usually provide advanced medical technology including sophisticated resuscitation equipments and life sustaining machinery; and the dying persons become very often subjects of these tools. Sharon R. Kaufman comments: "Today, more Americans die in hospitals than anywhere else, and the most frequent response to critical illness there is to try to stave off death with the most sophisticated technological means available. Approximately one-quarter of all hospitalized patients are treated in intensive care or cardiac care units before they die".[5] Intensive care and employment of high technology complicates the process of dying and in fact prolong the process of dying in an unnatural way. Max J. Charlesworth (1989) has depicted the scene as follows:

> In a sense the high technology hospital creates its own special ethical problems simply because it has the technology to artificially sustain and prolong the lives of gravely disabled newborns and others. The Karen Ann Quinlan case was a product of such a hospital situation in that since the life-sustaining technology was at hand it had to be used. Had Karen Ann been sent to a remote country hospital, nature would have quickly taken its course and she would have died. What is 'ordinary' run-of-the-mill treatment in a large high technology hospital is often quite 'extraordinary' beyond-the call-of-duty treatment in a smaller country hospital. In hospitals with

[4] Clifton D. Bryant, *Handbook of Death & Dying* (Michigan University of Michigan, 003), p.205.

[5] Sharon R. Kaufman, *And a Time to Die: How American Hospitals Shape the End of Life* (Chicago: University of Chicago Press, 2005), pp.1-8.

> sophisticated medical technology physicians would be culpably negligent if the complex medical technology were not used. As a result the tendency in such hospitals is to sustain people's lives just because the technology is available.[6]

As a result, the use of advanced medical technology has given the sense to humans that they are no more helpless onlookers in the presence of death; they are now "increasingly able to intervene in the dying process, using technological resources to direct or delay the inevitable".[7] Furthermore, the "human medical interventions have interrupted the natural death process to such an extent that very few illnesses can be said to have a natural course".[8] These interventions have led to prolongation of death and suffering. With this in mind, Omar Mendez states: "Sometimes, because of legal issues, we are driven to the point of doing the inhumane by… artificially maintaining a body that has no cognitive functions despite the family's requests and even the previously expressed wishes of the patient".[9] This role of advanced medical technology which started from the developed countries has paved its way to developing countries and underdeveloped countries where privatization in medicine and special hospitals for high income people is not lesser than those of their equals in standards in the developed countries. As the economic well being of many countries improves, they will most probably follow the developed countries in using advanced medical technology in handling dying persons.

The abovementioned health care settings signify that a dying person in the hands of clinicians goes through three stages. First, he is hospitalized. Second, he is kept under high intensive care laid on life sustaining machines. Third, the process of death is intervened by artificially life sustaining machines. These matters are at the foundational level of the process of the prolongation of the death which leads ultimately to consider the choice of

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[6] M J Charlesworth, *Life, Death, Genes, and Ethics: Biotechnology and Bioethics* (Crows Nest, NSW ABC Enterprises for the Australian Broadcasting Corp., 1989), pp. 64-65.

[7] Robert M. Veatch, *Death, Dying, and the Biological Revolution: Our Last Quest for Responsibility* (New Haven: Yale University Press, 1989), p.2.

[8] Omar Mendez, "Death in America," *Critical Care Clinics* 9, no. 3 (1993): p. 614.

[9] Ibid.

intentionally killing many terminally ill patients on the alleged grounds of mercy.

It seems that the above chain of stages deserve a serious thought by ethicists and normative legalists. However, contrary to that, supporters of active euthanasia avoid criticizing the medical situation of terminally ill patients which has actually become a set of unnatural settings and has made terminally ill persons vulnerable on every front. Instead of correcting and making normative deliberations on the use of advanced medical technology, proponents of active euthanasia appear to surrender before the undesirable consequences of mishandled and medically mistreated or over-treated patients. The unfortunate condition of these patients which largely exists because of the abovementioned reasons is exploited on an emotional level in the name of mercy as a public support booster in defense of active euthanasia movement and rationalization of mercy killing. Because of the painful condition of the patients, arguments on the grounds of mercy are made in a misguided way. Intellectuals and patients both seem to have contributed in one way or the other to the strength of the argument. There seems an intellectual helplessness growing in face of the circumstances and its depiction is vivid in what Van Den Haag remarked as follows:

> More and more people reach advanced age. But for many, disability makes life a burden. Yet even when life is no longer desired, or consciously experienced, medicine can now prolong it. Although still fallible, diagnoses have become far more reliable than in the past; prognosis is fairly certain. Miracles--medical or religious--are rare. It is reasonable, then, to allow physicians to actively help end life when the patient so desires.... We should no longer ask whether assisted suicide, or mercy killing, should be allowed, but rather under what conditions.[10]

Alongside the surrender of intellectuals to the circumstances and consequences of advanced medical technology, the desperation of terminally ill patients who are kept alive against their wishes is not less at

[10] W. H. A. Carr, "A Right to Die " *The Saturday Evening Post* 1995, pp. 50-51.

all. Their desperation could be understood by the deaths of Rev. Henry Van Dusen and his wife, Elizabeth. Several years ago, the Rev. Henry Van Dusen and his wife, Elizabeth, who were in unbearable pain with no prospect of recovery joined in a suicide pact. The deaths were front-page news in The New York Times and most other newspapers because Van Dusen was president of Union Theological Seminary and one of the most respected theologians in the world. In the suicide note, Elizabeth Van Dusen wrote: "There are too many helpless old people who, without modern medicine, would have died, and we feel God would have allowed them to die when their time had come".[11]

Terminally ill patients whose death is unnecessarily prolonged are unfortunate cases of mishandling of advanced medical technology. They would have rather died naturally, had they not kept alive artificially. However, the question arises about those terminally ill patients who are artificially kept alive by life sustaining technology and their recovery is unattainable without any cure. Are such patients suitable subjects for active euthanasia? A careful understanding of their cases would show that they are not subjects of active euthanasia. Active euthanasia in fact is a forced category which does not fit the natural state of terminally ill patients. A terminally ill person whose dying process is prolonged by life sustaining medical technology and extraordinary means is most of the time thought to be subject of active euthanasia. To avoid application of active euthanasia to such cases, they ought not to be kept alive by life sustaining and extraordinary means against their wish or wish of their guardians; if the suggestion is followed, any need of actively killing such cases will not arise and death will happen naturally due to illness. The cases which are most of the time illustrated to be subject of active euthanasia are the cases which are actually mishandled or mistreated by medical technology.

Active Euthanasia is Killing Mistreated Patients

The alleged need for active euthanasia is actually a consequence of man's mishandling the natural laws within the medical sciences. The actual

[11] Ibid.

natural law of medicine is that 'the living ought never to be treated as if they were dying, nor the dying as if they were living'.[12] The law has been adversely affected by the misuse of advanced medical technology. The crucial shortcoming in supporters of active euthanasia such as James Rachels is that they try to find the solution for mistreated patients to stop their suffering, but, deliberately, ignore the causes of such suffering. The problem as such creates a dilemma how could we allow doctors to modify nature and then "plead for nature to run as unhindered". The proper way is to handle terminally ill patients in the beginning in the right way which will continue in the right way until the end. And if we get it wrong in the beginning then we have to keep committing wrong until the end to make it look better; we cannot get it right in the end when the whole matter is based on a wrong and mistaken foundation. The mistreatment of patients by employing advanced medical technology is succinctly shown by Kenneth L. Vaux (1988/ 1989) as follows:

> In recent years the qualities that morally distinguished the living from the dying have been blurred. With our life-prolonging techniques and medications, we have transformed death; we have taken it out of the acute, natural, and non interventional mode and made it more into a chronic, contrived, and manipulated phenomenon. Deaths as inevitable as Debbie's have been protracted by a range of interventions, including chemotherapy (disrupting the cellular-pathogenic process), analgesia (altering the release of natural body endorphins and narcotics), the administration of intravenous fluids and nutrients, and hospitalization itself. Logically and emotionally, we cannot intervene at one phase and then be inactive at another, more

[12] K. L. Vaux, "Debbie's Dying Mercy Killing and the Good Death," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), p.32.

> painful phase. We cannot modify nature and then plead that nature must be allowed to run its unhindered course.[13]

As indicated above, the need for active euthanasia is artificially manipulated. The doctors at one phase start prolonging death and at the point when the prolongation becomes costly on all fronts then disposal of the patient in an unnatural way becomes eminent.

The above problem which shows the role of advanced medical technology in worsening the condition of dying people can be well illustrated by the most famous and well documented cases debated in the modern and contemporary history of euthanasia: Karen Quinlan, Nancy Cruzan, and Terri Schiavo. The 21-year-old Karen Ann Quinlan collapsed at a party after swallowing alcohol and the tranquilizer Valium on 14 April 1975. Doctors saved her life, but she suffered brain damage and lapsed into a "persistent vegetative state." She remained in a coma for almost 10 years in a New Jersey nursing home until her death in1985.[14] Like Karen Ann Quinlan, Nancy Cruzan became a public figure after entering a persistent vegetative state. A 1983 auto accident left Cruzan permanently unconscious and without any higher brain function, she was kept alive only by a feeding tube and steady medical care. The Cruzans stopped feeding Nancy in December of 1990, and she died later the same month. [15] On 25 February 1990, 26-year-old Terri Schiavo suffered severe brain damage when her heart stopped for five minutes. Schiavo spent the following years in rehabilitation centers and nursing homes but never regained higher brain function. In 1998 her husband, Michael Schiavo, filed a legal petition to have Schiavo's feeding tube removed, saying that his wife had told him before her medical crisis that she would not want to be artificially kept alive in such a situation. After long court battle, in March of 2005 Schiavo's feeding tube was removed, and after two weeks without food and water,

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[13] Ibid.

[14] C. E. Koop, "The Case of Karen Quinlan," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989b), pp. 33-42.

[15] Bette-Jane Crigger, "The Court & Nancy Cruzan," *The Hastings Center Report* 20, no. 1 (1990): p. 38.

Schiavo died of dehydration on 31 March 2005.[16]These cases vividly show that how the death of these people was prolonged for years and how they were kept alive by artificial means either in a coma or in a persistent vegetative state. The unfortunate situation of these terminally ill patients is very clearly stated by John J Paris (1997):

> We have come to believe that the "miracles" of modern medicine are able not only to defeat disease but to conquer death. With the rise of technological medicine, lives that once were beyond rescue can now be saved. Sometimes, however, that success comes at too great a price: a life of suffering, pain and despair. Patients like Karen Ann Quinlan or Nancy Cruzan may now lie trapped by a halfway technology, one that can ward off death but not restore health, in a situation worse than death itself--an endless prolongation of their dying.[17]

It is not necessary to employ medical technology to prolong the process of death of terminally ill patients as it mostly happens “almost at the will of the physician”[18]; such patients would have died easily in a natural way.

The biological and moral hazard which advanced medical technology has brought seems unresolved problem to many intellectuals and supporters of active euthanasia. The reason which they give for their position is that since misuse of medical technology has created the problem, as an implication, therefore, it is unavoidable not to surrender to the consequences. The problem with the supporters of this argument is that instead of pleading to correct the use of medical technology, they plead for

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[16] "Schiavo Case," in *The Columbia encyclopedia* (New York: Columbia University Press, 2007), p. 43060.

[17] John J. Paris, "Autonomy and Physician-Assisted Suicide," *America* 176(1997): pp. 11-14.

[18] C. E. Koop, "The Right to Die: The Moral Dilemmas," in *Euthanasia: The Moral Issues* (Buffalo, New York: Prometheus Books, 1989a), p.72.

the permissibility of active euthanasia. As an example, this line of thinking could be easily traced in the following statement of Gerald A. Larue (1989):

> We acknowledge that techniques developed by modern medicine have been beneficial in improving the quality of life and increasing longevity, but they have sometimes been accompanied by harmful and dehumanizing effects. We are aware that many terminally ill persons have been kept alive against their will by advanced medical technologies, and that terminally ill patients have been denied assistance in dying. In attempting to terminate their suffering by ending their lives themselves or with the help of loved ones not trained in medicine, some patients have botched their suicides and brought further suffering on themselves and those around them. We believe that the time is now for society to rise above the archaic prohibitions of the past and to recognize that terminally ill individuals have the right to choose the time, place, and manner of their own death.[19]

Larue's statement as mentioned above is quite evident to show that those patients who are considered subjects of active euthanasia are the patients who are medically mishandled, over treated, or mistreated. Their death is being prolonged and once they become problematic the active euthanasia is being sought. Therefore, instead of reasoning for active euthanasia, it would be far better to reason against the inappropriate use of medical technology. Because, "If biomedical acts of life extension become acts of death prolongation, we may force some patients to outlive their deaths, and we may ultimately repudiate the primary life-saving and merciful ethic itself".[20]

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[19] Gerald A Larue, "The Case for Active Voluntary Euthanasia," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), p. 160.

[20] Vaux, "Debbie's Dying Mercy Killing and the Good Death," p.32.

Correcting Use of Advanced Medical Technology

In light of all the above details, there seems pressing need to stop prolongation of death by the excessive and misuse of advanced medical technology, and to allow withholding withdrawing, and refusing extraordinary medical care that is employed to terminally ill persons. These suggestions are founded on two arguments: the slippery slope argument linked with the initiation of medical treatment and the use of preventive laws or ethical code associated with medical treatment.

As far as the slippery slope argument is concerned, many opponents of euthanasia have used a kind of slippery slope argument which indirectly justifies prohibition of active voluntary euthanasia by arguing that allowing it may lead to abuse. Different from the argument, I argue that initiating medical treatment to those patients to whom it is extraordinary, heroic, and futile leads to the possibility of keeping a patient in such a state from which recovery is not possible. And by doing so prolongation of death becomes unavoidable. In cases like these, supporters of active euthanasia find more convincing reason for their position by citing and referring to painful and miserable cases of terminally ill patients. Therefore, to save the patients from deteriorating to such a point, there is need of an ethical code which regulates the very initiation and activation of advanced medical technology towards the patients, so the misuse or abuse of the technology may not lead to a state where terminally ill patients may butcher their suicide and intentionally killing them would become an unavoidable excuse for some that may come on the expense of morality, law, and nature of medical profession. This slippery slope argument may be named as the moral argument of the case as it shows what is good and bad about the medical treatment.

Argument using preventive law considers the legal aspect of the case. Preventive laws avoid befalling of legal risks. In case of those terminally ill patients to whom recovery is unexpected, implementing advanced medical technology to them would lead to many legal risks, resulting negative impact on many rights and duties and emergence of financial and emotional consequences. The legal risk which emerges from the initiation of futile

medical treatment to terminally ill patients is precisely about the permissibility of intentional killing of those patents. So far, only a few countries could allow it such as Holland and Belgium, and most of the countries have not approved it on both secular and religious grounds. Therefore, so far, no consensus has been reached on the issue. A better solution to the problem seems possible if the initiation of medical treatment is legalized and moralized in a way which may not lead to prolongation of death and may not cause legal risks; by adopting this approach a universal consensus on the issue is hopefully possible.

The abovementioned criticism and the two arguments made against the inappropriate use of medical technology could be based on ethical guidelines that emerge from Islamic sources. The author believes that Islamic perspective on the addressed issue provides a sound resolution of the issue.

Islamic Perspective: A Viable Alternative

Islamic perspective on the issue draws from the basic sources of Islam: the Qur'an and the Sunnah. As shown in the preceding sections, the issue regarding terminally ill patients is between two choices – either to approve euthanasia or to correct the use of medical technology.

Qur'anic verses on the prohibition of killing explicitly substantiate a clear position on euthanasia. They include: prohibition of killing, prohibition of helping on prohibited acts, consenting to self destruction, and suicide. The similar themes are well supported by Sunnah. Regarding the prohibition of killing, the Quran prohibits unjustified killing: "And do not kill anyone whose killing Allah has forbidden, except for a just cause…." (the Qur'ān, 17: 33). Furthermore, intentional killing is highly prohibited: "And whoever kills a believer intentionally, his recompense is Hell to abide therein, and the Wrath and the Curse of Allah are upon him, and a great punishment is prepared for him" (the Qur'ān, 4: 93). In the similar way, the Qur'an prohibits resorting to self destruction and suicide: "... And do not kill yourselves (nor kill one another). Surely, Allah is Most Merciful to you" (the Qur'ān, 4: 29). The Qur'an prohibits helping and cooperating on conducting sinful acts: "And do not help each other in sin and aggression"

(the Qur'ān, 5:2). Killing an innocent human being is one of the major sins in Islam. These injunctions derived from the very first source of Islamic guidance and legislation i.e. the Quran clearly prohibit killing, and these injunctions in an aggregated manner prohibit all types of killing involved in mercy killing.

However, the debate on active euthanasia in many cases goes around those cases of terminally ill patients who are put over life sustaining machines, and they remain sometimes over those machines for years. In some cases, these patients die in the same situation while trapped by tubes, or sometimes the related parties feel ultimately forced by various circumstances to discontinue such artificial support and let the patients die. This form of death is sometimes termed as passive euthanasia, though the suitability of the term is debatable and controversial. Nevertheless, it leads to a very important question i.e. when and in what circumstances it is not appropriate and, in fact, counterproductive to use advanced medical treatment. On Islamic lines, answers to such a question could be formulated mainly on many Prophetic traditions and their understanding by classical jurists and contemporary scholars engaged in the area.

The Sunnah as a collection of the traditions of the Prophet Muhammad is comprehensive in providing an Islamic approach to medication in general and to unavailing medicinal treatment in a particular way. Among these traditions are those which encourage medical treatment such as "…O slaves of Allah seek medicine, for Allah has not Created a disease except that He Has Created its cure…"[21] Furthermore, the Prophet said, "There is no disease that Allah has created, except that He also has created its treatment".[22] On the other hand, there are traditions which allow refusal of medication such as the narration of 'Āi'shah in which she tells about an incident before the demise of the Prophet. She states: "We put medicine in one side of his mouth, but he started waving us not to insert the medicine into his mouth. We said: He dislikes the medicine as a patient

[21] Imām Aḥmad ibn Ḥanbal, *Musnād,* 4/278.

[22] Al- Bukhārī, *Sahīh al- Bukhārī*, trans. Muhammad Muhsin Khan, 71:582, accessed August 20, 2011, http://www.searchtruth.com/hadith_books.php.

usually does. But when he came to his senses he said: Did I not forbid you to put medicine (by force) in the side of my mouth…." [23]

On the basis of the above traditions and many other Prophetic traditions on the subject, the discourse on Islamic position on medication has been subject of Islamic jurists since very early times. The majority of scholars among Ḥanafī and Mālikī schools of law said that medical treatment is *mubāḥ* (permitted). The Shāf'īs, al-Qāḍī ibn 'Aqīl and ibn al-Jawzī among the Ḥanabīls, said that it is *mustaḥab* (recommended). For the Shāf'is, treatment is *mustaḥab* when there is no certainty that it will be beneficial, but when treatment is certain to be beneficial, then it is *wājib* (obligatory). In summary, therefore, seeking a treatment or cure is not obligatory according to the scholars, unless – according to some – it will definitely be of benefit. 'Alī al-Bārr after discussing many opinions of fuqhā' on the status and scope of medication in Islam concludes that there is no doubt that a patient has a choice in having and not having medication in some special situations. Even withholding medication is better for the patient and his guardians when medicine is doubtful in providing benefit, or there is dominant guess that it will be useless and its harm is clean-cut. For example, when cancer has taken hold of all body in such a case the dominant guess is that medication by surgery, rays or drugs will not be helpful, but may just increase pain, and expenses will become burdensome.[24]

Taking a comprehensive view of the traditions of the Prophet Muhammad (may peace be upon him) and the opinions of jurists based on such traditions, it seems that Islam encourages medication; however, when medication is seemingly useless, refusing, withholding, withdrawing and discontinuing such medication is allowed. This view is gaining more and more favor in writings and researches on the issue. For example, Islamic Code of Medical Ethics which was endorsed by the 1st International Conference on Islamic Medicine held in Kuwait 1981gives the following guidance on the issue:

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[23] Al- Bukhārī, *Sahīh al- Bukhārī*, trans. Muhammad Muhsin Khan, 71:612.
[24] Momd bn Aly al-bār, *Ahkām Al-Tadāwy* (Jidah: dār al-mnārt, 1416h), 43.

> ...If it is scientifically certain that life cannot be restored, then it is futile to diligently keep the patient in a vegetative state by heroic measures, or to preserve the patient by deep freezing or other artificial methods. It is the process of life, the doctor aims to maintain and not the process of dying. .. [25]

The similar view is expressed by many Muslim scholars in statements and fatwās. For example, Yūsuf al-Qaraḍāwī, while taking different opinions of Islamic scholars on medication into consideration, formulates the following position regarding the permissibility of suspension of treatment:

> As for the suspension of medical treatment via preventing the patient from his due medication which is, from a medical perspective, thought to be useless, this is permissible and sometimes it is even recommended. Thus, the physician can do this for the sake of the patient's comfort and the relief of his family … in cases when sickness gets out of hand, and recovery happens to be tied to miracle, in addition to ever-increasing pain, no one can say treatment then is obligatory or even recommended. Thus, the physician's act of stopping medication, which happens to be of no use, in this case may be justified, as it helps in mitigating some negative effects of medications, and it enhances death…[26]

Regarding withholding medical treatment from terminally ill patients, Standing Committee for Academic Research and Issuing Fatwas with attestations of Shaykh 'Abd al-'Azīz ibn 'Abd Allah ibn Bāz and Shaykh 'Abd al-Razzāq 'Afīfī allowed "Do Not Resuscitate" (DNR) in the following cases:

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[25] *The International Islamic Code for Medical and Health Ethics* Medical Behavior and Physician Rights and Duties Social Issues (1981).

[26] Yusuf Al-Qaradawi, .Islam.s Stance on Euthanasia,. N.d. http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503544774.

> (1) If the sick person has been taken to hospital and is dead. (2) If the patient's condition is not fit for resuscitation according to the opinion of three trustworthy specialist doctors. (3) If the patient's sickness is chronic and untreatable, and death is inevitable according to the testimony of three trustworthy specialist doctors. (4) If the patient is incapacitated, or is in a persistent vegetative state and chronically ill, or in the case of cancer in its advanced stages, or chronic heart and lung disease, with repeated stoppages of the heart and lungs, and three trustworthy specialist doctors have determined that. (5) If there is any indication in the patient of brain injury that cannot be treated according to the reports of three trustworthy specialist doctors.(6) If reviving the heart and lungs is of no benefit and not appropriate because of a certain situation according to the opinion of three trustworthy specialist doctors.[27]

Likewise, Islamic Medical Association of North America makes statement that supports discontinuing life support in a vegetative state; however, the statement does not allow withholding nutrition and hydration.[28] A very well codified position on the issue is present in *The Islamic Code of Medical Ethics*, issued by the First International Conference on Islamic Medicine held in Kuwait, in 1981. In its Article Sixty-Two, the code states that "the following cases are examples of what is not covered by the term "mercy killing":

> **a.** the termination of a treatment when its continuation is confirmed, by the medical committee concerned, to be useless, and this includes artificial respirators, in as much as allowed by existing laws and regulations; **b.** declining to begin a treatment that is confirmed to be useless; and **c.** The intensified administration of

[27] Standing Committee for Academic Research and Issuing Fatwas, *Fataawa al-Lajnah Al-Daa.imah* (25/80).

[28] IMANA Ethics Committee, "Islamic Medical Ethics: The Imana Perspective," *Journal of Islamic Medical Association* July 37(2005): 33-42.

> a strong medication to stop a severe pain, although it is known that this medication might ultimately end the patient's life. [29]

The above mentioned discourse, which is basically founded on traditions of the Prophet and their understanding by Islamic jurists and its further materialization into medical codes, resolutions, and fatwa literature, help in resolving major issues where advanced medical technology is being used inappropriately. Thus, it seems permissible on the part of a terminally ill patient to refuse medical treatment when he is sure that the medication is useless and futile. It also seems permissible to do pain medication if such medication may hasten death as a side effect. Furthermore, initiating life support to dying people is not encouraged. Similarly, keeping patients in vegetative state is also discouraged by allowing discontinuing artificial support; however, it is not permissible to discontinue food and hydration.

Conclusion

Much of the sufferings terminally ill patients go through are because of misuse of the advanced medical technology. Mishandled, mistreated or over treated patients become alleged subjects of active euthanasia. It is necessary to bring the use of advanced medical technology under ethical and legal analysis. There is no consensus possible on active euthanasia. There is yet possibility of attaining consensus on the use and employment of advanced medical technology. The Islamic perspective provides a viable alternative in replacing Western approach to medication by a better sustainable approach that does not go against the basic purpose of the medical profession i.e. to restore health and not to prolong death. This approach while being close to the very nature of humans and their biological quality provides unmistaken principles in handling terminally ill patients without leading to undesired ethical problems and legal risks.

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[29] *The International Islamic Code for Medical and Health Ethics* Medical Behavior and Physician Rights and Duties Social Issues (1981).