

Editorial

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'End-of-life care' - An Islamic Perspective

End-of-life (EOL) care is the total care of patients with advanced, progressive, incurable or life limiting diseases which are not responsive to curative treatment. It encompasses all aspects of care to attain maximal quality of life through control of physical, psychological, social, and spiritual distress of the patient and the family.¹ How physicians prioritize it may vary among individuals and across cultures. According to the Joint Commission, cultural competency is a core skill required for EOL care as religious and cultural beliefs predominantly influence patients' lives, especially during the dying process.² Physicians must respect patient autonomy by keeping them central in all decision making in EOL care, however, the concept of nonmaleficence and justice should take precedence, since the avoidance of inflicting harm takes priority over doing good. EOL care issues range from attempts to prolong the life of dying patients through highly sophisticated technologies, to efforts to terminate life prematurely through euthanasia and medically assisted suicide. In between these extremes lie numerous issues regarding the initiation or withdrawing of potentially life-sustaining treatments (LST), the advisability and use of advance directives etc.

EOL care decisions are difficult but necessary subject to broach upon, with the potential to prevent unnecessary suffering if delivered appropriately. Impediments to good EOL care include misconceptions about legal and ethical issues as well as unfamiliarity with the practical aspects of implementation. There are many EOL issues that we commonly encounter in our daily practice in Malaysia which includes cardiopulmonary resuscitation (CPR), ventilator support, ICU admissions, dialysis, artificial nutrition, drug therapies etc. Many dying patients receive unwarranted, expensive, and invasive care threatening their physical, psychosocial, and spiritual integrity. For example CPR a lifesaving technique for victims of sudden cardiac arrest is routinely performed on any hospitalized patient in the ward or emergency department who suffers cardiac arrest. It potentially has low chances of success among patients with terminal illness, multi organ failure, advanced pulmonary diseases or severe brain damage.³ Furthermore those surviving initial attempts albeit for a short time, may spend days in an ICU only to die later. CPR should not be attempted if, in the judgment of the treating physician, an attempt to resuscitate the patient would be futile or it may result in a short period

of significantly impaired quality of life.^{4,5} The challenge is to identify those situations in which over-treatment is occurring (or is likely to occur) and to respond with treatment that is both clinically appropriate and consistent with the patient's wishes.

Clinical uncertainty creates ethical dilemmas and challenges for physicians and other healthcare workers providing care for dying patients who have a moral duty to provide treatment that is beneficial to the patient.⁶ Most religions uphold the sanctity of human life. Saving of a life is considered one of the highest merits and imperatives in Islam and the unwarranted taking of life a grave sin. Furthermore, seeking medical treatment for disease is conducive to the preservation of life, which is one of the main objectives of Islamic law. On the other hand, there are many verses in the holy Qur'an that emphasize that our lives will end at a fixed, predetermined time that only Allah swt knows.⁷ These two notions (sanctity of life and that life will end at a time that is predetermined by Allah swt (God)) are two basic beliefs in Islam that influence Muslim attitudes towards EOL decisions. For a believer, death means a transition from one form of existence to another, looking forward to be in the presence of God. Islam deals with active euthanasia as if it is murder even though it has a merciful intent by hastening the death of the ill person by giving him/her a lethal injection or by any other means that hastens death.^{8,9} Most moral people recognize it as a form of murder; regardless of the alleged merciful motives.¹⁰

Indirect euthanasia refers to administering opiates or high doses of painkillers that may endanger life, with the primary intention of alleviating pain. This doctrine of double effect is justified provided that only the good effect was intended and the bad effect was merely foreseen.¹¹ Similarly withholding or withdrawing artificial ventilation/ LST the so called passive euthanasia is ethical and medically appropriate and sometimes even recommended for the sake of the patient's comfort and allowing death to take its natural course.^{8,9} However the ambiguities of so called indirect euthanasia and passive euthanasia only confuse public. According to Malaysian and Islamic law, hydration and nutrition are basic necessities of life rather than medical treatment and should continue until the patient dies as stoppage of such, will amount to actively killing the patient (even if treatment has been withdrawn in a terminally ill patient).¹² However it can be

withdrawn if it is consistent with the dying patient's wishes or in the terminal stage of one's disease.

The goal of medical care is not always to preserve life that is ultimately doomed to failure, which is simply proven by the fact that all patients eventually die. It is the physician who plays an essential role in clarifying the goals of medical treatment at the EOL, educating patients and families, helping them deliberate and recommend a treatment plan which is reasonably achievable and realistic. He should make an honest, accurate, and early disclosure of the poor prognosis of the patient to the family and the patient if capable. They should discuss the imminence of death, and clearly explain the benefits and harms of specific interventions and the appropriateness of allowing natural death. In Islam AD is permitted as it is an effective way of resolving the dilemmas of EOL care by keeping the patient in charge of his or her own medical treatment as long as the intentions are to abide by Islamic rules.¹³

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