

## DO NOT RESUSCITATE (DNR) ORDER: ISLAMIC VIEWS

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<b>Abstract</b>	<p><i>Performing Do Not Resuscitate (DNR) order by means of withholding resuscitation procedures such as cardiopulmonary resuscitation (CPR), intubation, defibrillation, mechanical ventilation, and cardiac drugs in end-of-life care is a process of accepting natural death to take its own course. The DNR order is proposed by medical team in cases of medical futility and when death is inevitable. There are many controversial ethical challenges that arise in the management of the death and dying. One of the issues is concerning the religious and cultural background of the patient. All patients irrespective of their religious beliefs should be treated with human dignity and respect. In Islam, Muslims believe that life is sacred and must be preserved and protected. Development of modern medicine and technology enables the prolonging of one's life which resulted in prolonged misery and suffering of the dying patient who is terminally ill with incurable disease. In this instance, the DNR order will usually be initiated by a physician. However, end-of-life issues and DNR still leave moral and ethical dilemma to physicians and next of kin. It is vital to understand the issues arising from DNR and from the Islamic perspective. There is also a dire need for recommendations from the guiding principles of Islamic jurisprudence such as the Quran, the tradition of Prophet Muhammad, and juridical opinions from past and current Muslim scholars. This paper will attempt to elaborate Islamic views on issues pertaining to DNR.</i></p> <p><b>Keywords:</b> <i>Do Not Resuscitate, end-of-life, mercy killing, Islamic jurisprudence.</i></p>
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### INTRODUCTION

End-of-life care is a type of healthcare provided for patients at the advanced or terminal stage of illness (Zahedi, Larijani, & Bazzaz, 2007). In end-of-life care of a patient, medical treatment no longer focus on curative therapy. This is because of the therapy that being used to eliminate illness and diseases incapable of achieving its goal. It reflects that physician capability to treat the patient is overwhelmed by the advanced phase of the illness. At certain point, when do not resuscitate (DNR) is an order to withhold resuscitation attempts such as performing cardiopulmonary resuscitation (CPR), intubation, the use of defibrillator and vasoactive drugs to patient whom cardiopulmonary arrest or respiratory arrest.

DNR is usually carried out when a prognosis stated that even though resuscitation will be successful, the disease cannot be cured and death is inevitable, or in the case of dying person, resuscitation only prolongs the death process (Rustom, Palmer, & Thomas, 2010), and even if it successful, it would result in a poor quality of life such as the occurrence of impaired cognitive function (Lippert, Raffay, Georgiou, Steen, & Bossaert, 2010). The severe and irreversible impairing cognitive function causes him to continuously rely on medical care without any recovery benefit (Inbasegaran, 2014).

This poor quality of life condition can be observed in patients with certain conditions such as persistent vegetative state. It is a complex neurologic condition in which patient appears to be conscious but no sign of awareness of himself and the environment surrounding him (Monti, Laureys, & Owen, 2010). Patient in this condition is unlikely to regain recovery and will continuously live in this worse state. Some intensivists refuse to manage such patients in intensive care unit as it brings no benefit to these patients (Inbasegaran, 2014).

From the situation that had been mentioned, when patients constantly rely on medical care, it results in unnecessary cost burden for family and patient as well as causing inappropriate use of resources (Deakin et al., 2010). Medical resources should be used with clear goal which is to benefit patients (Kasule, 2012; Rathor et al., 2011; Santonocito, Ristagno, Gullo, & Weil, 2013). If it is unnecessarily channelled to patients who will not benefit from it, it is afraid that it will cause overutilization of medical resources and ultimately put future needs of medical resources at risk of exhaustion (Kasule, 2012).

In order to execute DNR, the physician is obliged to follow certain policies that involve: (1) concrete prospective outlook on benefits, risks and cost, (2) therapeutic efficacy of resuscitation, (3) medical futility studies and (4) patient preference of treatment (Horsted, Rasmussen, Lippert, & Nielsen, 2004).

Performing DNR order is a huge dilemma among medical practitioners (Rustom et al., 2010). This is due to issues that may arise from DNR namely: (1) physician's qualification in confirming medical futility (2) procedural issues of DNR, (3) challenges in decision making process and (4) doctor-patient communication barrier. The issues must be taken care of to ensure execution of DNR complies with ethics and morality. On top of this, carrying out DNR order must also take into consideration the cultural background and beliefs of the patients (Lippert et al., 2010).

In Islam, when it comes to life and death or benefits and harms, Islamic jurisprudence plays a big role in determining what is permitted and what is not. Although there is a lack of specific discussion on DNR among Islamic scholars, there are some guidelines that can be referred to by physicians in dealing with Muslim patients with regards to DNR. This article attempts to address issues and approaches towards DNR from the Islamic perspective.

## **GENERAL ISLAMIC VIEW IN RELATION TO DNR**

DNR is considered as a contemporary issue especially when it is discussed within an Islamic framework. There is no specific discourse among classical jurists of Islam that ever specifically mentioned about DNR. Therefore, in the process of indicating Islamic view on DNR, the author would like to link this topic with the available discussions in Islamic jurisprudence. This is an important step of categorization problems into the appropriate Islamic jurisprudence discussion herewith (Khairuldin & Ibrahim, 2017).

DNR involves the act of abandoning the attempt of resuscitation. In this sense, one of the available discussions in Islamic jurisprudence that can be linked to DNR is the law of seeking medical treatment. According to consensus of The Council of Islamic Fiqh that was held in Jeddah, Kingdom of Saudi Arabia from 9 to 14 May 1992, it was stated the basic rule for all medical treatment is that it is permissible, thus, anyone who is pursuing it is permitted, neither encouraged nor discouraged (The Council of the Islamic

Fiqh Academy, 2000). However, this basic rule changes when the situation of illness changes. The changes involves:

- i. A medical treatment becomes obligatory when it is affirmed that forgoing it may lead to patient's self-destruction, or loss of organ, or permanent disability, or if the illness is contagious to other people.
- ii. A medical treatment becomes desirable if forgoing it may weaken the body without causing any of the effects that were mentioned in the first statement above.
- iii. A medical treatment becomes unnecessary if it may cause complications that are worse than having the illness to be removed.

Regarding the third ruling (the unnecessary of pursuing treatment), Mohamed Ali Albar, a physician who specialized in internal medicine and Islamic medical ethics in International Medical Center, Saudi Arabia added that forgoing a medical treatment is prioritized rather than performing it if it is no longer effective on patient who is overpowered by his advanced illness (Albar, 1995). This was also agreed by an earlier Islamic Scholar, al-Ghazali (al-Ghazali, n.d.). Therefore, from this ruling it can deduced that, when resuscitation is no longer beneficial in maintaining a patient life and only prolonging his death process the act of performing it is no longer encouraged. As a result, this will render DNR to be permissible. However, the Islamic view on DNR should not merely backed up by this argument as there is another angle in discussing it which is the Islamic demand on preserving life.

For that reason, another important issue that should be paid attention to is the result of performing DNR, which is the death of patient. In this sense it is necessary for author to highlight the existed law that forbid the act of causing death which is killing. In Islam, taking someone's life by means of killing is always prohibited even with the intention of alleviating one's prolonged pain. In this regard, Islam prohibits the act of mercy killing, a method of hastening one's death by administering lethal dose of drugs, even with voluntary consent (Aramesh & Shadi, 2007; Muzakarah Jawatankuasa Fatwa Majlis Kebangsaan Bagi Hal Ehwal Ugama Islam Malaysia Kali Ke-97, 2011; Rathor & Fauzi, 2012). This prohibition is in correlation with textual understanding of the Holy Quran which states that:

﴿وَلَا تَقْتُلُوا النَّفْسَ الَّتِي حَرَّمَ اللَّهُ إِلَّا بِالْحَقِّ﴾

Which means, "Do not kill the soul which Allah has forbidden [to be killed] except by [legal] right" (Al-Quran. Al-An'am: 151).

﴿وَلَا تَقْتُلُوا أَنْفُسَكُمْ ۚ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا﴾

Which means, "And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful" (Al-Quran. Al-Nisa': 29).

(Drukarczyk, Klein, Ostgathe, & Stiel, 2014). Performing DNR on a patient will result to his death, thus, making DNR appears to be similar to killing. However, DNR is not necessarily considered as killing, because its procedure involves withholding non-beneficial resuscitation to allow natural death to take place. It is not the act of murder which is defined as deliberate and intentional act of a person to end another person life (Okon, 2014). Therefore the Islamic ruling on mercy killing is not applied to DNR. Nevertheless, it is important to note that the ultimate effect of DNR, which is death, is sufficient to render Islamic discussion on it to be complicated.

Even though deciding on DNR is never easy due to ethical and moral challenges around it, Muslim scholars provide a general Islamic guidelines in dealing with Muslim patients. From the Islamic perspective, the law of practicing of medical procedures including DNR is based on in principle of intention (*al-umur bi maqasidiha*). In the case of DNR, if the intention of withholding medical intervention because of medical futility and

with consent, then it is allowed, but if it is done with the intention to alleviate pain by hastening death, then it is not permissible (Kasule, 2012).

In extension to that, there are some fatwas studies that indicate the view of Islamic jurisprudence regarding the irrelevance of performing resuscitation on patient with certain medical conditions. The Office of the Mufti of the Islamic Religious Islamic Council of Singapore (2005) ruled that it is permissible for a mentally competent individual to refuse life supporting treatment when he is in terminally ill state. According to Saiyad (2009), DNR for terminally ill patients with no hope of recovery is encouraged in Islam. Iftaa' Department of the Hashemite Kingdom of Jordan in decision number 117 of year 2006 ruled:

*"There is no prohibition in Islam to refrain from putting a cancer patient on life support or respirator or dialysis if the medical and treatment team have confirmed and are certain that there is no hope of benefit for the patient in these measures, on the condition that this report is prepared by a medical team consisting of not less than three physicians, being specialists, fair, and trustworthy."*

Regarding resuscitating a dead or incurable patient who is not fit for resuscitation, General Presidency of Scholarly Research and Ifta' of the Kingdom of Saudi Arabia has ruled:

*"Firstly, if the patient is dead at the time of arrival at hospital, there is no need resuscitate him."*

*"Secondly, if medical report of three trustworthy specialist doctors affirm that patient's condition is not fit for resuscitation, there is also no need to resuscitate him."*

*"Thirdly, if three trustworthy specialist doctors affirm that patient is suffering from an incurable illness that is not responding to treatment and their death is certain, there is also no need to resuscitate him."*

*"Fourthly, if patient is incapacitated or in a state of mental inactivity due to chronic illness, such as advanced stage of cancer, chronic heart or lung illness, or the recurrence of heart and lungs failure, there is no need to resuscitate him. It must be decided by three trustworthy specialist doctors,"*

*"Fifthly, if medical report of three trustworthy specialist doctors affirm that patient shows evidence of untreatable brain damage, there is no need to resuscitate him, as it will be of no benefit."*

*"Sixthly, if resuscitation of the heart and lungs will be ineffective and inappropriate on patient according to the medical opinion of three trustworthy specialist doctors, there is no need to resuscitate him."*

Kasule (2012) in his discourse further emphasized that DNR is permitted when patient is already in the process of dying, thus action of withholding resuscitation will not be considered as murdering. Performing DNR in this sense only involves doctors restraining themselves from intervene the natural course of death. Therefore, it can be comprehended that the permissibility to withhold resuscitation also dependent on the certainty of the occurring death process and this opinion is in line with the permissibility of abandoning resuscitation when facing untreatable conditions mentioned in the fatwas. From author perspective, Kasule's discourse provide guideline that complement fatwas especially when pointing out the need to ensure establishment of death process following the pre-death conditions highlighted by fatwas.

Most of the general views provided Islamic scholars indicate that DNR is permissible but the conditions on performing it must not be overlooked. Furthermore, issues that arise from DNR will influence its preliminary law from Islamic perspective.

#### **PHYSICIAN'S QUALIFICATION IN CONFIRMING MEDICAL FUTILITY**

In the decision making process, deciding DNR on patients must be initiated on the basis of medical futility and the inevitability of death (Da Costa, Ghazal, & Al Khusaiby, 2002). Patient's condition must be carefully evaluated before any end-of-life decision including

DNR is executed. However, proving medical futility that serves as ground to decide the treatments are ineffective and non-beneficent is never been easy. The credibility of physicians to clarify medical futility will often be questioned (Scanlon & Murphy, 2014). In that sense, it requires a group of highly specialize doctors to confirm the actuality of medical futility as well as suggesting DNR to be carried out.

In Islam, the execution of DNR must be parallel with one of the Islamic jurisprudence principle methods stating that “certainty is not shaken by doubt” (*al-yaqin la yuzalu bi al shakk*) (Kasule, 2012). At this point, certainty is important in determining the suitability of DNR execution and according to Islamic jurisprudence, responsibility of clarifying the scientific or medical situation falls on the shoulder of the specialist (Hileel et al., 2006). The specialist who has experience and broad knowledge on end-of-life care as well as certainty in his opinion and outlook plays a big role in deciding DNR.

However, it is understood that the grey area in indicating the likeliness and unlikeliness of the treatment to be successful is rather dominant compared to certainty. Thus, from author point of view, physician's judgement based on his previous experiences of similar cases is considered acceptable and as adequate as certain in justifying DNR.

### **PROCEDURAL ISSUES OF DNR**

Procedural issues that arise involve the technical and documentation procedures. According to Gendeh & Thamarseelan (2015), proper execution of DNR must contain form with standardized content. The DNR document must be easily accessed by physician in charge in the moment of need to avoid violation towards patient's wish. These two aspect are important to ensure the procedural part of DNR is smoothly taken care of. However, apparently there is a lack of clear and standardized procedure in executing DNR in Malaysia (Gendeh & Tharmaseelan, 2015). Practical approach between hospitals in the same country may vary. In this case, DNR form that is signed by patient in certain hospital will not become effective in other hospitals.

As the proper guidelines for DNR policy and procedure is still evolving, basic principle is needed in handling problems regarding the procedural matter. Islam in this regards provides a basic principle in facing problems regarding the accessibility of doctor on DNR documentation. The principle that being emphasized by Islam is avoiding the greater harm. On the issue of documentation, at the moment of patient suffering from cardiac and respiratory arrests but healthcare providers have no access to the consent due to policy reason, according to the Islamic principle that being mentioned beforehand, physician is obliged to save the patient by means of resuscitation before the document can be accessed (Kan'an, 2010).

### **DECISION MAKING PROCESS**

Often, in end-of-life care, healthcare providers face the issue of decision making process especially when it involves communication problem between doctors and next of kin which also involves patient's autonomy. In medicine nowadays, patient's autonomy is greatly emphasized resulting in the paternalistic model of decision making process being omitted over time (Lorenzl, 2013). Patient's autonomy is also evident in advance medical directive (AMD) (Kassim & Alias, 2017) which provides the patient with the choice to choose what he prefers in healthcare, including refusal of DNR.

It is agreeable that limiting the physician power in decision making is necessary to avoid maltreatment and violation towards patients. However, even though exercising patient's autonomy is “helpful” for physicians especially in end-of-life decision, one worry is that the overly emphasized manner on autonomy results in some problems such as the issue of patient's incompetency (Appelbaum, 2007) and physician's tendency to withhold their professional opinion which then ultimately leads to abandonment (Gessert, 2008).

Therefore, there are some Islamic guidelines that can be taken into account when considering DNR in end-of-life care especially for Muslim patients.

- i. The Islamic Religious Council of Singapore has ruled the permissibility of patient's autonomy utilization in establishing AMD document. The ruling specifically says: *"it is permissible by Islamic law for a sane individual to make pledge to refuse the life support treatment at the event of dire straits (terminally ill). It can be assumed that he or she decides to be patient and more willing to die naturally believing that death cannot be avoided at a certain point (Pejabat Mufti Majlis Ugama Islam Singapura, 2006)"*
- ii. The General Ifta' Department of the Hashemite Kingdom of Jordan emphasizes that, *"the patient himself has the right to abstain from treatment if he is content with what Allah has decreed for him (namely, death), and prefers patience to treatment, but it is not permissible for a physician to withhold treatment from a patient under the pretext that it is useless, and life and death are by Allah's hand only (Hileel et al., 2006).*
- iii. The Islamic Council Islamic Fiqh Academy 2000 states that, *"In medical cases, guardian or next of kin must ensure that medical methods that can bring benefits to patients under his care who had no ability to make decisions. If the guardian refuses to allow appropriate medical treatment to be performed on the patient so that his refusal to be ignored by the medical team (The Council of the Islamic Fiqh Academy, 2000)"*

The Quran and Islamic jurisdiction consensus provide multiple angles of explanation on the role of each of the involving people i.e. patient, doctor and relatives in end-of-life decision making. The first two rulings indicate the freedom for patients to make their own decision pertaining end of life. Both rulings contradict with the third ruling, which the later emphasizes the role of medical team to act based on what is beneficial for patient regardless of being opposed by relatives. Despite of this contradiction, author believe that, Islam generally grants the autonomy power to patients in deciding the type of treatment they prefer. In the event that the patient is incapable of decision making, given his condition is futile, relatives or attorney play the role of decision maker. However, in the case of DNR, the futility of treatment must be ascertained and confirmed by specialists before DNR is executed..

Consequently, it is understood that in Islam, the decision maker's role is not an exclusive right in determining DNR. The decision must be always based on the arbitration between good and harm, and in Islam the autonomy is inferior to beneficence and non-maleficence (Rathor et al., 2011). Physicians must fulfil their role in advising both relatives and patient especially when the DNR decision made by them is seen as unfit and violating principles namely beneficence and non-maleficence. There is no absolute role of decision maker in deciding DNR considering the effect of decision i.e. good or harm is a far greater concern in Islam. It is also suggested that, shared decision making, an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences, is utilized as an ideal way in end-of-life decision making process including in the determination of DNR (Elwyn et al., 2012).

## THE ISSUE OF COMMUNICATION

Talking about life-limiting illness to patients and relatives is always difficult to physicians given there is lack of training to doctors to deal with that situation (Ury, Berkman, Weber, Pignotti, & Leipzig, 2003). Even though the communication skill with patient in end-of-life care can be developed over time, the matter of life and death will always bring a great fear towards physician (Norton, Tilden, Tolle, Nelson, & Eggman, 2003). According to Tuffrey-Wijne and McEnhill (2008), the difficulty becomes severe when dealing with intellectual disability that lead to impaired social functioning and reduced ability to cope independently which started before adulthood, with a lasting effect on development (Tuffrey-Wijne & McEnhill, 2008).

In the case of terminally ill patient who are unable to express his wish, discussing DNR with relatives or next of kin is a great challenge to doctors but it still needs to be carried because performing DNR without their consent could violate their right such as the right to explore another treatment options or to obtain another medical opinion. Furthermore, according to Norton et al. (2003), relatives always want the truth about their family member's illness, thus suggesting that physicians should be open to talking about the illness especially when deciding DNR. DNR should always be decided with the consent of patient and next of kin to avoid misunderstanding and legal issues in the future. As reported by imam Muslim in Sahih Muslim, Chapter the Abhorrence of Lying, and the Goodness and Virtue of Honesty, hadith 2607, Prophet Muhammad once said: "Truth leads one to Paradise and virtue leads one to Paradise and the person tells the truth until he is recorded as truthful, and lie leads to obscenity and obscenity leads to Hell, and the person tells a lie until he is recorded as a liar" (al-Naysaburi, 1374H).

Based on this prophetic saying, Islam stresses the need for its believer to tell the truth and being honest. The responsibility of telling the truth in the case of end of life care and DNR is far greater when it involves the matter of life and death. Training and experience is important to develop the best way of delivering truth to patients or relatives so that DNR decision could be mutually made.

## CONCLUSION

Life and death is an important matter in Islam. Protecting life from any kind of harm is always being stressed by Islam. The available guidelines that being utilized to evaluate medical issues including DNR should always be revised and reviewed so that it is in line with the development of modern medicine. It is also important to be taken into account that every jurisdiction that being issued must be Islamic compliance especially when dealing with Muslim patients.

Regarding DNR some of the issues can be guided by Islam based on the general principles induced from the Quran, the Prophet's tradition and Islamic juridical opinions. However, in order to come up with a more comprehensive Islamic guidelines in the issue of DNR, there is an urgent need for Muslim jurists to carry out a specific discourse on this matter.

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