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End of Life Ethical Issues and Islamic Views

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ABSTRACT

Due to advancement and innovations in biotechnologies lunch genetic screening applications of stem cell in medicine and sophioticated life- support technologies, many bioethical challenges have been raised. Advances in medicine have greatly improved possibilities to treat seriously ill patients and to prolong life. Medical decision-making for patients with life-threatening diseases increasingly entails a balanced consideration of medical, ethical, psychosocial, and societal aspects.

Currently, end of life issues are one of the top 10 health care ethics challenges facing the public. Euthanasia, withholding and withdrawing treatments, physician-assisted suicide, do not resuscitate (DNR) orders, advance care planning, refusal of treatments, consent, quality of end of life care and advance directives are the main debates in this field.

In this paper, we have discussed briefly the main ethical issues of ending life in brief, including the religious. We have also applied a case-based approach to clarify Islamic perspective on the issues.

Key words: Assisted suicide; Advance care planning; Death and dying; End of life; Ethics; Euthanasia; Religion; Withhold/withdrawal of care; Islam

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INTRODUCTION

There are many complex ethical issues that can affect patients and families in the health care setting. Advances in medicine have greatly improved possibilities to treat seriously ill patients and to prolong life. However, their advances in modern medical technology have blurred many of the lines and distinctions that once seemed so clear; including life and death. Currently, end of life issues are one of the top 10 health care ethics challenges facing the public.[1]

End-of-life care also depletes 10%–12% of total health care costs in USA[2,3].

Decision making in terminal care is a demanding and stressful duty for all involved that can take place in any setting in which patients die in hospitals, nursing homes, hospices, and at home. End of life care is an emerging field in all countries, irrespective of their economical, cultural, or religious backgrounds.

Studies of attitudes of medical professionals towards end of life decision-making have been undertaken in many countries.[4,8] Currently, euthanasia is performed worldwide, regardless of the existence of laws governing it. The Netherlands and Belgium

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became the first countries in the world to enact a law on euthanasia.[9,10] There are different policies and rules in this issue in some countries.[11,13]

In this manuscript, we intend to review the main ethical issues in the challengeable field of end of life, considering the Islamic viewpoints. For compilation of the article, we searched articles in Google and Ovid search engines, PubMed, and IranMedex sources by using appropriate keywords. We also referred to some English and Farsi books in this field and articles referenced in other sources. We have applied a case-based approach to clarify the issues according to Islamic perspectives.

Definition of Death

Human death definition was much easier in past eras than now. When our heart or lungs stopped working, we died. Sometimes our brain stopped before our heart and lungs did, sometimes after. But the cessation of these vital organs occurred close together in time.[14] With advances in life support, the line between who is alive and who is dead has become blurred.[15] Life support technologies introduced in the 20th century have generated a new kind of patient, one whose brain does not function, but whose heart and lungs continue to work. Thus, we need to define death in order to be able to declare a person physically and legally is dead.[14] In the United States of America, the Uniform Determination of Death Act (UDDA), written in 1981, confronts the complexities concerning the declaration of death.[16] The UDDA states that a person can be declared dead when either the heart and lungs or the brain and brain stem stop functioning permanently.[16]

Advocates working to improve care for dying patients try to determine what elements are necessary for a "good death" to take place. Common elements of a good death have been identified as the following.[17,19]:

- Adequate pain and symptom managements,
- Avoiding a prolonged dying process,
- Clear communication about decisions by patient, family and physician,
- Adequate preparation for death, for both patient and loved ones,
- Feeling a sense of control,
- Finding a spiritual or emotional sense of completion,
- Affirming the patient as a unique and worthy person,
- Strengthening relationships with loved ones,Not being alone.

As mentioned, a good care for dying patients encompasses attention to spiritual issues at the end of life.[20]

MAIN ETHICAL CHALLENGES

Case 1: A middle-aged woman diagnosed with acute myelogenous leukemia has refused chemotherapy for her condition. She is educated, articulate and quite aware that she will certainly die without treatment. She is upset by her diagnosis, but is not depressed. Her close family wishes she would accept treatment because they do not want her to die, but even so, they honor her refusal. She understands that her death will likely be painful and may be prolonged and requests a supply of barbiturates that she might use to take her life when the appropriate time comes.

↳What is an appropriate course of action?

For people reaching and the end of life, continuing to suffer may appear worse than death. The suffering can be so great that the option of ending one's life through either euthanasia or physician assisted suicide may appear to be a reasonable and merciful choice.14 Euthanasia and assisted suicide involve taking deliberate action to end or assist in ending the life of another person on compassionate grounds.[7]

There are some terms in this issue that are mentioned in Table 1. Euthanasia is an act where a third party, usually implied to be a physician, terminates the life of a person; either passively or actively.[14] The modern concept of euthanasia came into being in the 20th century after the invention of life-extending technologies.[14]

With physician assisted suicide, a doctor provides a patient with a prescription for drugs that a patient could use to end his or her life.[14] The main distinction between physician assisted suicide and active euthanasia is that the doctor is not the person physically administering the drugs.

Physician assisted suicide is only contemplated by patients who are conscious and capable of making their own decisions.[14] Oregon is the only state in the U.S. that has a law that allows physician assisted suicide.[14]

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Table 1. The Definition of Terms.*

Term	*Definition*
Euthanasia	***X*** intentionally kills ***Y*** for ***Y***'s benefit (Death which is not a benefit to a person is not euthanasia)
-Passive Euthanasia	***X*** allows ***Y*** to die
-Active Euthanasia	***X*** performs an action which itself results in ***Y***'s death
--Voluntary	***Y*** requested death himself
--Non-voluntary	***Y*** has not expressed a preference
--Involuntary	Against ***Y***'s wishes
Suicide	***Y*** intentionally kills himself
Assisted Suicide	***X*** intentionally helps ***Y*** to kill himself
Murder	***X*** intentionally kills ***Y***

* Derivated from: Gillon R. Introduction to the course. The Annual Intensive Five-Day Course on Medical Ethics. 17-21 Sep. 2001, Imperial College School of Medicine, London UK.

The Oregon Death with Dignity Act passed in 1994 but did not go into effect until 1997. Swiss has also legalized physician assisted suicide since 2005. The Swiss National Ethics Advisory Commission has pursued this strategy by publishing guidelines intended to regulate their legally permissive assisted suicide policy.[12]

There are groups and individuals who make moral distinctions between actively killing a person versus passively allowing a person to die.[14] Passive euthanasia is often thought of as a "allowing a person to die"; while the action of the physician removes the supportive treatment, the life-threatening illness or medical situation actually ends the patient's life.[14] For example, withholding ventilator support for breathing may be considered an act of passive euthanasia because the person would die on his or her own without the ventilator.[14] Two of the earliest and most widely discussed cases involving the termination of life-extending treatment, or passive euthanasia were the cases of Karen Ann Quinlan and Nancy Cruzan.[21] The Schiavo story is also the latest instance of intense debates in this field. She was diagnosed as being in a persistent vegetative state (PVS) since 1990 and her feeding tube was removed on March 2005. She died thirteen days later because of dehydration. (http://en.wikipedia.org/wiki/Terri_Schiavo)

Active euthanasia requires performing some action that terminates the life of a person. An example of an active euthanasia intervention would be a situation where a physician would inject a patient with a lethal dose of a drug.[14] In cases of voluntary, active euthanasia, a competent patient who wishes to avoid suffering and a slow dying process asks a physician to terminate his or her life. The euthanasia policies of the Netherlands and Belgium are examples of voluntary, active euthanasia practices.[14] The concept of "death with dignity" or allowing patients to retain dignity as they die is a popular argument among those who support active euthanasia.[14] Proponents of euthanasia basically build their position on two reasons: the first is self determination and respect for human autonomy, and the second is compassion and kindness to the patient with incurable disease.[22] Then, terminating life at the request of an individual is not immoral because it is the individual's decision.[14] However, the opponents argue terminating human life is unethical because it violates either the moral belief that life should never be taken intentionally, or the basic human right not to be killed.[14] On the other hand, mankind, in the light of religious belief, dose not have the right to determine his of her life, but has the autonomy to do what he or she wants to improve the quality of the life. Freewill is the basis of ethical decisions and must be in service of human being to fulfill God's will, not to violate it.[22] In addition, terminating life is unethical in today's society because there are not enough protections that would allow for a just and fair practice of euthanasia.[14] Some believe that assisted suicide and euthanasia are inherently wrong from the perspective of principle-based, deontological ethics and even on a utilitarian or situational ethics analysis; because the risks and harms outweigh the benefits. [23]

Patient's suffering is usually a main reason for applying euthanasia. Pain is the most common end-stage symptom for hospitalized patients, and it has been stated that 40% of patients have moderate to severe pain in the last few days of life.[2,24] Traditionally, there has been reluctance on the part of physicians to use higher doses of narcotic analgesics in terminally ill patients because of a fear of causing death due to central nervous system depression .[20] We have to point out "doctrine of double effect" which is a principle based on the claim that there is a morally relevant

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distinction between intended effects and foreseen effects. An act which has two effects, one beneficial and one harmful, is not morally prohibited if the harmful effect is not intended. But the proponents of euthanasia sometimes use this challenging principle to justify their performance.

Case 2: Mr. S is a 65-year-old man with end-stage COPD, admitted last month with pneumonia. His course was complicated by respiratory failure needing mechanical ventilation, and multiple efforts to wean him have been unsuccessful. Awake and alert, he now communicates through written notes that he wants the ventilator taken off.

- What do you think about the best ethical decision?
- What would be the appropriate choice in an unconscious case?
- What do you do in case of ventilator shortage when you have another 15-year-old patient with Guillain Barre Syndrome that needs to be ventilated?

Medical interventions may save or prolong the life of some terminally ill patients. Mechanical ventilation is the most common life support treatment withdrawn in anticipation of death.[25] Likewise, decisions about Cardiopulmonary Resuscitation (CPR), artificial nutrition and hydration are among the most emotionally and ethically challenging issues in end of life care. Clinically, the American Medical Association does not distinguish between nutrition and hydration and other life sustaining treatments.[26] Ethical issues surrounding resuscitation may include issues of futility, withholding or withdrawing interventions, advance directives, family presence, practicing procedures on the newly dead, palliative care, and communication.[27] Some patients may seek a do-not-resuscitate (DNR) order from their doctor. Physicians' own preferences for CPR may predominate in the DNR decision making process for their patients.[28] But nearly 60-70% of seriously ill patients are unable to speak when the time comes to decide whether or not to limit treatment.[29]

Case 3: Mrs. J is a 50 year old woman with ovarian cancer which has now relapsed. She is now nearing the end of a trial of a new chemotherapy regime with no sign of improvement. Mrs. J has said to her brother that she believes in miracle although the consultant team has told her that she has only a few weeks left to live. Given her advanced disease, it is likely that vital organs will fail. Therefore, the medical team decided that, if Mrs. J has a cardiac arrest, resuscitation would not be appropriate. This is because she will die very shortly from her cancer. But Mrs. J and her children say they want everything done for her, including CPR.

- Should Mrs. J be given CPR in the situation of cardiac arrest?
- In considering her best interests, have the clinical team taken into account her personal perspective?
- Should the possible effects on medical and nursing staff of attempting CPR on a patient with virtually no chance of success be considered?

Effective advance care planning is important in providing good care at the end of life because it enhances a discussion of end-of-life issues between the patient, physician, and caregivers.20 The idea that a treatment should provide the patient with some benefit that is sufficient to outweigh the burdens has been called the principle of proportionality.14 For instance; when making decisions in the resuscitation arena, many factors must be considered, including potential benefits of resuscitation (restoring life to the patient, a sense of closure and resolution of guilt for the survivors) and potential risks (financial and resource investments, resuscitation to a suboptimal quality of life, etc).27 Medically futile treatments are those that are highly unlikely to benefit a patient.14 A workable definition describes medical futility as an intervention that will not enable the achievement of the intended goal of the intervention.20 Decisions to withhold or withdraw life-sustaining treatments are accompanied by an assessment that such treatments would be medically futile. Ethical questions surround the concept of medical futility. First, some people question whether medical futility can be defined and how to prevent futility from becoming a judgment call made by health care staff.14 Second, there is the fear that treatments that provide a smaller benefit may be eliminated.30 Finally, the biggest concern is that necessary treatments will be labeled futile in order to save money.14 This issue is of particular importance to some elderly, disabled, managed care, and socio-economically disadvantaged populations.31 The physician has a key role in carefully explaining the benefits and burdens of interventions near the end of life.[20] This concept is difficult to implement when patients or family cannot be convinced.[2]

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Some suggest the use of advance directives or living wills to avoid the ethical conflicts associated with withholding and withdrawing medical treatment. Advance directives aim to honor individual autonomy and respect individual choice. But there are ethical concerns for they involve critical decisions about end of life care. Advance directives may improperly influence health care providers to limit care; and a person frightened of becoming disabled or incapacitated may use advance directives to limit treatment; when in reality a person cannot know in advance his or her ability to cope and adapt to living with a disability.[32] On the other hand, this approach may not be useful if a medical treatment decision requires an immediate answer.[14]

In children and incompetent people, their parents and doctors may face the different ethical issues about ending life. One important question is "Who Decides?" particularly when parents or executors refuse treatment, or when they insist on non-recommended treatment. Comprehensive ethical aspects of end-of-life care are addressed in other articles by authentic authors.[7, 33-40]

RELIGIONS' VIEWPOINTS

The sacred writings and teachings of different religions contain a wealth of teachings about the critical moments of life; its beginning and its end. One of the important religious issues is that the death never concerned as annihilation and deficiency.[41] Recent advances in scientific research and technological sophistication have raised totally new possibilities for deciding about birth and death. Different religions, faiths, and customs have different views on these issues that we would briefly discuss in following paragraphs.

Hindus have specific beliefs in common that influence their attitudes to death. Most Hindus believe that there is a soul (*atman*) in all living beings, which is identified with ultimate reality, Brahman.[42] From Hindus point of view, a good death (*su-mrtyu*) occurs in old age, at the right astrological time, and in the right place (on the ground at home if it cannot be on the banks of the sacred Ganges).[42] There has been a tradition of voluntary death, and indeed of religious suicide in the Hindu community, such a self-willed death was "linked to a specific purpose: to obtain freedom (heaven or liberation) through an act of omnipotence involving the sacrifice of the self' [42]. But there is a distinction between the willing death from a spiritually advanced person and someone in great pain wishing to end an intolerable life. Suicide for selfish reasons is morally wrong and leads to hell.[42] Instead, suffering should be seen as purifying and cleansing.[42] Hindu ethics on the whole come out strongly against involuntary euthanasia, because it contradicts the principle of autonomy and can lead to abuse.[42] However, there is not a single moral position on this issue.

Buddhist teachings emphasize the ubiquity and inevitability of death, and for this reason, Buddhists tend to be psychologically prepared to accept impending death with calmness and dignity.[43] Mindfulness and mental clarity are important values for Buddhists, hence the importance placed on meditation. Buddhism emphasizes the importance of death with an unclouded mind wherever possible, because it is believed that this can lead to a better rebirth.[43] Some Buddhists may therefore be unwilling to take pain-relieving drugs or strong sedatives, and even those who are not in a terminal condition might prefer to remain as alert as possible, rather than take analgesics that would impair their mental or sensory capacities.[43] According to the most ancient authorities, death occurs when the body is bereft of three things: vitality (ayu), heat (usma), and sentiency (viana).[43] According to these principles, there is no disagreement between traditional Buddhism and modern science with respect to the status of patients in a persistent vegetative state.[43] To reject and abandon patients in a persistent vegetative state and withdraw the basic necessities of life would be a denial of the universal compassion, which Buddhism greatly emphasizes.[43] Euthanasia is also rejected by most Buddhists as contrary to the First Precept, which prohibits intentional killing. However, the prohibition of euthanasia does not imply a commitment to vitalism, namely the doctrine that life should be prolonged at all costs.[43]

Judaism's position on issues in health care stems from its fundamental convictions. Those relevant to the end of life include: the body belongs to God; human beings have both the permission and the obligation to heal; and, ultimately, human beings are mortal.[44] Because every person's body belongs to God, a patient does not have the right to commit suicide, and anybody

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who does aid in this plan commits murder.[44] In the issue of foregoing life-sustaining treatment, the strict most position restricts permission to withdraw or withhold treatment to situations for which doctors assume that the patient will die within 72 hours.[44] In the legal opinion, approved by the Conservative Movement's Committee on Jewish Law and Standards, it ruled that as soon as a person is diagnosed with incurable trauma in vital organs or a terminal, incurable disease (a *terefah*), patients and doctors have permission to withhold or withdraw drugs and machines if it is in the patient's best interests.[45] In the issue of artificial nutrition and hydration, most Orthodox and some Conservative rabbis regard artificial nutrition and hydration as food and liquids, which we all need; therefore, even rabbis who allow removal of machines and drugs request these interventions.[44] In the opinion approved by the Conservative Movement's Committee on Jewish Law and Standards, artificial nutrition and hydration are classified as medicine. Thus, we can and should use them if there is any reasonable prospect for recovery, but when that is not likely, we should remove them, they are just prolonging the dying process.[44]

End of life decisions provoke controversies among Christians.[46,47] Understanding Christian interests in decisions regarding the end of life is complicated by the dominance of Christian culture, which has framed much of the law and public policy governing end of life decisions in many countries**.** Traditional Christians recognize that there is no obligation always to postpone death, but there could be a duty to use hightechnology medicine to gain a last opportunity for repentance.[46] Knowledge of one's impending death offers a final chance to become reconciled with those whom one has harmed and to ask God's forgiveness. Traditional Christianity regards suicide as self-murder and therefore physician-assisted suicide and euthanasia as forms of assisted self-murder or direct murder.[46] Consent of the patient does not defeat the evil. At the same time, the attempt to save life at all costs is also forbidden.[46] Christianity also accepts the appropriateness of analgesia and sedation to avoid terminal suffering if this does not, by obtunding consciousness, take away a final opportunity for repentance.[46]

Fundamental to Catholic bioethics is a belief in the sanctity of life; as a creation of God and a gift in trust. In this view, we are stewards, not owners, of our own bodies.[48] The Catholic understanding of sickness, suffering, and death is grounded in a belief in Jesus Christ who, as the incarnation of God, suffered, died, and was resurrected.[47] In light of this faith, Catholics accept that sickness, suffering, and death can have a positive meaning.[47]

Within the great variety of Protestant theologies, opinions range widely.[46,49] Most Protestants are comfortable with a wide variety of life-sustaining treatments. Faced with little hope of recovery, most Protestant patients and families understand why health care providers suggest a withdrawal of aggressive interventions and often they are in agreement.[49] Some Protestant groups have clearly opposed all euthanasia forms and assisted suicide. Others are opposed to active euthanasia but accept passive euthanasia.[46] Sometimes the families argued that health care providers should not be "playing God".[49] Yet other Protestant groups accept euthanasia and assisted suicide as personal choices to be made by individuals.[46] Furthermore, some Protestants and Roman Catholics even express openness in specific circumstances to physician-assisted suicide and euthanasia. Much controversy also exists about the appropriateness of withdrawing artificial hydration and nutrition at the end of life and for people in a persistent vegetative state.[46]

Islamic Views

Islam, the youngest of the three monotheistic faiths, shares its basic doctrines about God, the need for prophets to guide humanity, and the final Day of Judgment (resurrection) with Judaism and Christianity. Belief in resurrection illuminates that the spirit in the other world frees and purifies from pains and sorrow of the nature and material world.[41] The Holy Quran states: "The angel of death, who is given charge of you, shall cause you to die, then to your Lord you will be returned. (32:11)". Such a belief in divine destiny and divine sagacity resulting in trust in Allah puts an end to the fear of death, devastation, poverty and helplessness. It rectifies the biggest weakness of man, which is fear of annihilation or wretched existence.

Since the intellectual understanding of religious realities rely on the philosophical analysis, Moslem

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philosophers have had rational deliberation on degrees of world and that how the spirit of man can elevate in these degrees. Moslem philosophers including Farabi, Avicenna, Mulla Sadra, have discussed about existential transformations of man towards perfection and transcendence and anyone who has not regarded the death as a nonexistence and imperfection. Elevations to quantitative and platonic ideas or to intellectual world have revealed this transcendence of existence.[41] Some Muslim philosophers believe in the abstraction (immateriality) of the soul. Mulla Sadra views death as the soul's desertion of the body (http://www.mullasadra.org/New_Site/English/Mullasadra/Soul-Resurrection.htm). In the Iranian Islamic gnostic literature, particularly in Rumi's *Mathnavi*, death is considered a rebirth and a gate for entering another world, and it had better to call it life rather than death. Rumi uses the words 'dying' or 'being reborn in stages' to refer to the change of the human embryo from spiritless matter into the vegetative form, then into the animal form, and finally into the human form. He maintains that the developed man can turn into an angel by death, or even go higher than angels.

Muslims believe that they were created to discover God's work in the universe and to appreciate and serve God's ends for His creation.[50] In view of the normative Islamic tradition for standards of conduct and character, Muslim scholars have recognized the importance of decisions derived from specific human conditions as an equally valid source for social ethics in Islam as the scriptural sources such as the Quran and the Prophet Muhammad's exemplary life (*sunnah*), which prescribe many rules of law and morality for the community. For Muslims, life is sacred because God is its origin and its destiny. Death does not happen except by God's permission, as dictated in the Quran: "it is not given to any soul to die, but with the permission of Allah at an appointed time" (3:145).

The sanctity of human life is ordained in the Quran[51]: "Do not take life which God has made sacred except in the course of Justice (6:151), and "… whoever slays a soul, unless it be for manslaughter or for mischief in the land, it is as though he slew mankind…" (5-32). The saving of a life is also considered one of the highest merits and imperatives in Islam.[52] Therefore, health-care providers must do everything possible to prevent premature death. Muslim jurists of different schools ruled that once invasive treatment has been intensified to save the life of a patient, life-saving equipment can not be turned off unless the physicians are certain about the inevitability of death.[50]. However, Islam recognizes that death is an inevitable part of human existence. Thus, treatment does not have to be provided if it merely prolongs the final stages of a terminal illness as opposed to treating a superimposed, life-threatening condition.[53]

The primary obligation of a Muslim doctor is to provide care and alleviate pain.[54] The Quran points out; however, that pain is a form of test or trial, to confirm a believer's spiritual station: "O all you who believe, seek assistance through patience and prayer; surely God is with the patient . . . Surely We will try you with something of fear and hunger, and diminution of goods and lives and fruits; yet give good tidings to the patient who, when a misfortune befalls them, say, 'Surely we belong to God, and to Him we return'; upon those rest blessings and mercy from their Lord, and those; they are the truly guided" (2:153–57). As such, pain functions as an instrument in revealing God's purpose for humanity and in reminding us that ultimately we belong, and will return to, God. "Every soul shall have a taste of death: and we test you by evil and by good by way of trial, to Us must you return" (Holy Quran 21:35). In addition to this spiritual and moral dimension, pain has an educational purpose. As such, pain is a mean to self-purification after sinful behavior.[50] But according to some Muslim scholars, patients in pain from terminal illnesses may receive analgesic medicine until the time of death (55).

DISCUSSION

Case 1: As mentioned, the life is a gift of God; therefore, whenever there is effective treatment, it could not be refused to give it away even by patient's request. Anybody can not compel his case to accept the chemotherapy, but his refusal is considered a big sin that would deteriorate his everlasting afterlife welfare. Human freedom, respect to autonomy and pain relief, none of them never justify impairing his futurity. However, if there are no medical explanations to continue treatment and it just prolongs dying process, Islam would probably permit *to alleviate* patients' pain

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by palliate care. This should not shorten the patient's life. If the patient is a child, Muslim parents are responsible to consider her/his interests in the best manner through consulting the physicians, otherwise they will be answerable and the court (public prosecutor) could punish them. Given the Islamic teachings, enjoyment and discomfort, both are the expressions of God in our life. Then, freedom of pain is not an acceptable justification for ending human life. On the other hand, we can not define accurate border lines for the amount of pain that could justify killing a person; either voluntary or Involuntary.

No one is authorized to deliberately end life, however, some believe that reducing suffering by analgesia, even if death is thereby hastened, is permitted, based on the central teaching that "actions are to be judged by their intentions".[56] As mentioned, Islam does not also recognize a patient's right to die voluntarily because life is a divine trust and cannot be terminated by any form of active or passive human intervention, and because its term is fixed by an unalterable divine decree.[51,52] Religious people regard suicide as abominable, while in the view of Islamic scholars suicide is absolutely prohibited, be it as a voluntary act or out of necessity, for instance in case of unbearable illness.[57] We read in the Holy Quran: "…and do not kill yourselves; surely Allah is Merciful to you"(4:29).

Case 2 and Case 3: Decision making in the issue of withholding or withdrawing treatments is a very difficult duty of health care providers, particularly when the patient or her/his family are not in agreement with the medical team's decision. The most important question is about futility; if the treatment is futile or not? According to Islamic teaching, Muslims should be completely ready for the moment of death when the known respite would come. Resorting to futile treatments in order to putting off the death is not acceptable in Islam. However, if there is any desirable reason for holding or continuing the treatment, decision making in case of resource limitation would be difficult. Islam emphasizes to help each other as much as possible. The factors for selecting the patients would not be based on age, gender, social position, etc, but medical priority and outcome. Justice should be taken into consideration in such cases. In an unconscious case, the decision should be also made based on the expected results of treatment by physicians, considering the best interests of patient. It must be mentioned that according to Islamic view of point, spiritual health, moral elevation and purity are very important in determining quality of life, in addition to physical health and comfort. Patient suffering might be the divine will for her/his purification and spiritual maturity.

Children are valued and respected in Islam as individuals with inherent rights and they have the right to be treated with respect and without violence.[52] In children, when the question of withdrawal of life support measures is raised (turning off the ventilator), we meet with near universal refusal (89%). Parents and extended family do not want to be seen as having acquiesced in their child's demise. In contrast, when the child is not ventilated but a decision of DNR or limiting vital support measures is made, none has objections to limit therapy.[56] Consultation with the family and their spiritual counselor, with clear explanation of the patient's overall state, along with consideration of local laws should all be weighed before a final decision is made.[52]

Some Muslim jurists have noted that, even in adults, a collective decision not to prolong the life of an ill person through consultation with all those involved in providing health care, including the attending physician and the family, is possible.[50] The Islamic ethical rule "No harm shall be inflicted or reciprocated in Islam" (*La Zarar va La Zerar Fil-Islam*) could be taken under consideration in this issue. This rule allows for important distinctions and rules about life-sustaining treatments in terminally ill patients; the distinctions on which ethical decisions are made include the difference between killing (active euthanasia) and letting die (passive euthanasia).[50] For instance; withholding or withdrawing treatment in a brain-dead patient would not be considered a form of euthanasia, and thus is permissible.[52] This distinction often underlies those between suicide and foregoing treatment or between homicide and natural death.[50] Some Muslim scholars suppose that patients or their guardian may refuse treatments that do not in any way improve their condition or quality of life.[55] Some believe that the law permits a patient to refuse a death-delaying treatment or a doctor, after consultation with the patients, their family, and others involved, to

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withdraw futile treatment on the basis of informed consent.[50] They argue that the reason in this instance is that delaying the inevitable death of a patient through life-sustaining treatment is neither in the patient's nor the public's best interests because of limited financial resources. Withdrawal of life-sustaining treatments in such instances is seen as allowing death to take its natural course.[50] The issue of social justice, especially of distributive justice, could be regarded in this issue. Some Muslim scholars assume that Islamic law permits withdrawal of futile and disproportionate treatment on the basis of the consent of the immediate family members who act on the professional advice of the physician in charge of the case.[50] Some Muslim jurists recognize as legal a competent patient's informed refusal of treatment or a living will, which allows a person to die under circumstances in which there are no medical reasons to continue treatment.[50]

In recent years, we have experiences of living will in Islamic countries such as Iran. Along with attention paid to medical ethics, [58-60] establishing written will or signed donor card [61, 62] has led to raising deceased organ donation in the country.[61,63]

CONCLUSION

Decisions about ending the life of terminally ill patients at their request are beyond a doctor's moral and legal obligations. There is no immunity in Islamic law for the physician who unilaterally and actively decides to assist a patient to die.[50] According to Islamic point of view; a patient was not recognized to have the right to die voluntarily. The earthy life is a divine trust and an opportunity for spiritual refinement. Then, the human life cannot be terminated by any form of active or physician assisted intervention. Also, there is a consensus on the suicide abhorrence.

There are debates about permissibility of pain-relief treatments or withholding or withdrawing of life-support treatments or allowing an end-stage patient to die when there is no doubt that their disease is causing untreatable suffering. Most Muslim jurists ruled that once invasive treatment has been intensified to save the life of a patient, life-saving equipment cannot be turned off unless the physicians are certain about the inevitability of death. Withholding or withdrawing treatment from any patient is therefore never easy and cannot be generalized. Cultural, social, and religious issues have to be taken into account for making decisions.

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