

Chapter 11

Euthanasia: An Islamic Perspective

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Introduction

Euthanasia is one of the significant bioethical issues that has grown in complexity over time because of unprecedented developments in medicine, biotechnology, palliative care, and advanced medical technology. The issue is ethical and legal; new and old. To address this issue from the perspective of Islam, responses have emerged from various sections such as organizations of Muslim doctors, independent writers, *fatwās*, and above all from the Islamic jurisprudential bodies and Islamic medical code. æ”:In this chapter, euthanasia and its types are explained. Active euthanasia is explained with related issues which come under it and ethical guidance from the main sources of Islamic jurisprudence is taken to understand Islamic ethical position on the issue. In a similar way, passive euthanasia is explained and the issues which come under it are explained and a detailed discourse is given in understanding the issues and how Islamic approach to medical treatment solves these issues.

Euthanasia: Explanation

Euthanasia, commonly known as mercy killing, is one of the pressing bioethical issues that has grown in complexity over the past few decades because of unprecedented developments in medicine, biotechnology, palliative care, and advanced medical technology. Euthanasia is both a new and an old issue. It is new because of its understanding, forms, types and the relevant legal and ethical discourse. Moreover, it is the modern advanced medical technology that has brought this issue under extensive focus of philosophers,

academics, physicians, jurists, human rights activists and religious authorities.

Availability of advanced medical technology has generated various new moral issues such as abortion, cloning, and euthanasia, therefore, a new area of study has developed in ethics called bioethics or biomedical ethics. Keeping people alive against their wishes by using life sustaining machines, e.g., in coma and persistent vegetative state, is among the significant bioethical issues. In cases like this, the use of medical technology raises questions about the moral appropriateness of sustaining life versus taking life or allowing someone to die. On the other hand, euthanasia is old because it postulates similar arguments that are historically documented on the subject of suicide and are very much present in philosophy and religion.

Therefore, historical account of the debate regarding the end of life issues has remained dominantly on the subject of suicide; and euthanasia has been considered most of the time as a part of it. Seeking a clear separation between them is, indeed, a recent development. It is mainly because of legal and ethical implications of these issues which have made a meaningful separation between them. It is because ethical and legal implications of euthanasia are far more reaching than suicide. These differences are present in Islamic jurisprudential works on the issue of suicide (*intihār*) and homicide (*qatl*), where essential differences are made between suicide, assisted suicide, and homicide. The delineations between them are mainly made to recommend different penalties for different cases. In Islamic perspective the difference between euthanasia and suicide could be made both on legal and ethical grounds. This is because it is prohibited for a person to do self killing (suicide), whereas in euthanasia it would be prohibited for both who seeks self-killing as well as who assists such a person in committing suicide. On the other hand, there are factors which make suicide and euthanasia similar such as wishing death and ending a life. The quality of life and its intrinsic value or sanctity remain central in the arguments and debates on both euthanasia and suicide. Both these issues share many common threads which bring suicide and euthanasia on parallel, if not completely, nevertheless, partially. That is why, in widespread account of the issue in written works, the

distinction between suicide and euthanasia is mostly considered irrelevant. The main thought has been that “Indeed, to justify either one, suicide or mercy killing, is to justify the other”.¹

However, the late Twentieth Century represents a classifying trend on the end of life issues. Suicide and euthanasia debate breaks into two separate discourses. Both these subjects became separate along with their subject matter and arguments; although there is an unavoidable overlap between them. The nature of euthanasia becomes special because it touches the medical profession and debate over rights of patients and duties of clinicians. Thus, euthanasia widely becomes interdisciplinary and subject of legal and moral approval and disapproval in various countries. Following this further, then what is euthanasia?

Euthanasia etymologically comes from two Greek words, *eu*, well, and *thanatos*, death, so it means a good or easy death.² In the course of time, the meaning of the term gained the connotation of ‘mercy killing’. Therefore, the common synonym for euthanasia in both lay and professional vocabularies has been mercy killing.³ In Arabic works on euthanasia, the term has been mostly rendered as *qatal al-rahmah*. Merriam-Webster’s dictionary defines euthanasia as “an easy and painless death, or, an act or method of causing death painlessly so as to end suffering: advocated by some as a way to deal with victims of incurable disease.”⁴ Similarly, the Euthanasia Society of America, founded in 1938, defines euthanasia as the “termination of human life by painless means for the purpose of ending severe physical suffering”.⁵ The American Medical Association’s Council on Ethical and Judicial Affairs (1992) defines the term as follows: “Euthanasia is commonly defined as the act of bringing about the death of a hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy.”⁶

However, there are two different uses of the term “euthanasia.” “The first is sometimes called the *narrow construal of euthanasia*. In this view, euthanasia is equivalent to mercy killing. Thus, if a physician injects a patient with a drug with the intent to kill the patient, that would be an act of euthanasia; but if the physician withholds some extraordinary and excessively burdensome treatment from a patient and allows the patient to die in a natural way, that does not count as an example of euthanasia”⁷. The second view,

sometimes called the *broad construal of euthanasia*, includes within the definition of euthanasia both mercy killing and cessation of extraordinary medical treatment, i.e. *active euthanasia* and *passive euthanasia*. Active euthanasia or euthanasia by action, also called mercy killing or positive euthanasia, is intentionally causing a person's death by performing an action such as by giving a lethal injection. Passive euthanasia or euthanasia by omission, also called negative euthanasia, is the withholding or withdrawing the unnecessary and extraordinary medical treatment. Active euthanasia is rendered as *qatl al-rahmah al-ijābī* and passive euthanasia is rendered as *qatl al-rahmah al-silbī*.

The above given definitions are not without problems and limitations. Lack of clarity and use of the term euthanasia in a diverse sense has made much of the debate "frustrating and sterile."⁸ This is because, there are still many definitions and clash of views at the conceptual level of adequately defining the terms used in the debate.

Unfortunately the above definitions have crept up in Islamic works on bioethical issues. Responses from Islamic scholars in addressing the issue of euthanasia have remained overshadowed by these categories which come from the Western bioethics. The reason is quite historical, because bioethics as a discipline started long ago in the Western countries, especially in the United States, and issues like euthanasia also appeared in the Western world. The reason may be linked with economical development and advent of health care technology. Islamic guidance on ethical matters related to medicine do date quite far back in history and even in classics of Islamic jurisprudential works there is guidance on bioethical matters; however, in a disciplined and systematic way the serious response to modern bioethical issues was given quite late in fatwa literature, medical codes, and jurisprudential conferences. Therefore, Islamic writings predominantly deliberate on euthanasia by using the same categories as set by the Western bioethics. It would be clearer in the subsequent parts of this chapter that passive euthanasia should not include some of the issues which are frequently discussed under it in widely distributed literature. Therefore, an analysis of euthanasia by making its two types, active and passive euthanasia, clear seems important before moving to normative deliberations.

Active Euthanasia and Physician-Assisted Suicide

Active euthanasia is narrow construal of euthanasia. This form of euthanasia is bluntly euthanasia because it clearly states intentional death of a terminally patient by action. To be technically correct, active euthanasia excludes suicide, assisted suicide, and physician assisted suicide.

Suicide is self-killing. Assisted suicide is when someone provides an individual with information, guidance, and means to take his or her own life with the intention that it will be used for this purpose. Likewise, when it is a doctor who helps another person to kill himself or herself it is called physician-assisted suicide. However, there is a sharp difference between euthanasia and physician assisted suicide. The AMA's Council on Ethical and Judicial Affairs (1992) states as follows:

Euthanasia and assisted suicide differ in the degree of physician participation. Euthanasia entails a physician performing the immediate life ending action (e.g., administering a lethal injection). Assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).⁹

Therefore, the definition of active euthanasia is: Physician's act that causes a terminally ill person's death intentionally for the reasons of mercy. The analysis of the definition is as follows:

Person X commits euthanasia on Person Y if

- i. X takes the life of Y
- ii. Y is suffering from a disease or injury from which Y is not expected to recover
- iii. X takes Y's life either by X's consent
- iv. the action of X's taking Y's life is intentional

In a very precise sense, active euthanasia is voluntary as per its use in the current debate on the issue. However, there are three types of euthanasia and the difference between them is mainly based

on nature of patient's consent. Three types of active euthanasia are: voluntary, involuntary, and non-voluntary euthanasia.

Voluntary euthanasia occurs whenever a competent, informed patient autonomously requests it. Non-voluntary euthanasia occurs whenever a person is incapable of forming a judgment or expressing a wish in the matter (e.g., a defective newborn or a comatose adult). Involuntary euthanasia occurs when the person expresses a wish to live but is nevertheless killed or allowed to die.¹⁰

In Islamic literature and works on bioethics, definitions which clearly try to make definitional content clearer are those given in *The International Islamic Code for Medical and Health Ethics*. The code has defined mercy killing and what it includes in article sixty-one as follows:

A physician should not take an active part in terminating the life of a patient... This particularly applies to the following cases of what is known as mercy killing:

- a. the deliberate killing of a person who voluntarily asks for his life to be ended,
- b. physician-assisted suicide, and
- c. the deliberate killing of newly born infants with deformities that may or may not threaten their lives.¹¹

From the study of the above code it appears that as long as intentional killing of a terminally patient is involved in any life ending issue that would be euthanasia (mercy killing) whether the intentional killing is directly killing a patient or assisting a patient to kill himself. Therefore, any physician, whether directly killing as in active euthanasia or indirectly killing as in physician-assisted suicide, is committing to an immoral and illegal act. The aforementioned definition in the code is a physician-oriented definition which gives an ethical guideline to a physician; however, it does not locate the position of the patient and his ethical position in the issue. The definition is a broader definition of mercy killing. It is inclusive; it includes voluntary active euthanasia, non-voluntary euthanasia, involuntary euthanasia and physician-assisted suicide. This definition is based on prohibition of killing. However, a clear demarcation between active euthanasia, physician-assisted suicide and non-

voluntary euthanasia becomes important when the cases are not just matter of ethical discussion, but have legal implications as well. Legal implications of these cases will vary on Islamic jurisprudential guidelines, and any breach of the code needs substantive laws and penal codes which cannot be formulated without making the cases conceptually and essentially distinct. For making those differences and distinctions, Islamic jurisprudential books contain enough rules and substance, mostly under chapters written on homicide.

In short, mercy killing is ethically wrong and it comes under the broader guidelines of the Qur'ān and Sunnah which are against killing innocent beings and against participating or collaborating in doing sin (*ithm*). The Qur'ān states: “*And do not help each other in sin (ithm) and aggression.*” (5:2). Therefore, the debate on what constitutes active euthanasia remains irrelevant to seeking Islamic ethical guideline on how a physician should perform his responsibilities while dealing with terminally ill patients. Therefore every act on the part of physician which involves killing of terminally ill patient, or any assistance or guidance in killing of terminally ill patient is ethically prohibited in Islam. Therefore the following relevant forms are prohibited: (1) voluntary active euthanasia (2) involuntary active euthanasia (3) non-voluntary euthanasia, and (4) physician-assisted suicide. This prohibition of killing or mercy killing is based on the conception of life and its sanctity in Islam.

Islamic Approach to Life and Its Sanctity

Islam teaches that human beings are created for a higher purpose in this world as vicegerent (*al-khalīfah*) (2: 30-31) and Allah has given human beings respect by giving them control and power over many things (22:65). Muslims are required to have *īmān* (*Faith*) and with *īmān* they are advised to have virtue of *ṣabr* (patience and endurance) (2:153). However, in taking the journey of life forward, human beings face many kinds of challenges, suffering, problems and tests and a true Muslim in face of all these issues, is supposed to have virtue of *ṣabr*. The Qur'ān states:

But give glad tidings to those who patiently persevere. Those who say, when afflicted with calamity, ‘To Allah we belong, and to Him is our return.’ They are those on whom descend

blessings from their Lord, and mercy. They are the ones who receive guidance. (2:155-157).

In addition, in facing difficulties, suffering, and hardship, a believer is not supposed to become hopeless, but should keep hope because it is not the death which is the final destiny of human beings, it is the Hereafter (*Ākhirah*) for which a believer should live. In addition to these important elements of Islamic worldview, Islam provides a cohesive social system and set of rules which keeps community of believers in warm relationships with each other, thus providing an atmosphere in which individuals are morally, emotionally and even physically supported. Regarding elderly parents, the Qur'ān states:

And your Lord has decreed that you shall not worship except Him and honour your parents. For as long as they live, one of them or both of them, you shall not speak harshly to them or mistreat them; you shall speak to them amicably. And lower for them the wings of humility and kindness and say: My Lord, have mercy on them for they brought me up from infancy (17:23-24).

In taking care of ill people, Islam provides a support system in the form of family in which duties of maintenance and compassion and kindness are to be maintained. If these notions were understood, a Muslim would never contemplate committing suicide. Adhering to these principles provides a suitable psychological support to those who suffer with ailments and terminal illness. Researchers have shown that mostly those patients have thought of suicide and euthanasia who are depressed and their isolation amounts to a greater degree to their suicidal ideation.

The Qur'ān is very clear on prohibition of killing. The Qur'ān says: “And do not kill yourselves (nor kill one another). Surely, Allah is Most Merciful to you” (Qur'ān, 4:29); furthermore, “And do not kill anyone whose killing Allah has forbidden” (Qur'ān, 17:33). These verses explicitly prohibit suicide, euthanasia, and other types of homicide. In regards to euthanasia, the verses prohibit killing by clinicians. Moreover, the Qur'ān also prohibits consenting to one's own destruction and it could be related to those terminally ill patients who give consent to mercy killing. The Qur'ān states: “And spend

in the Cause of Allah and do not throw yourselves into destruction, and do good. Truly, Allah loves the good-doers” (Qur’ān, 2:195). In light of these verses and commandments of the Qur’ān, active euthanasia is always wrong and prohibited.

The Qur’ānic verses on prohibition of killing explicitly give clear position on main facts involved in euthanasia: This includes 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 Qur’ān prohibits unjustified killing: “And do not kill anyone whose killing Allah has forbidden, except for a just cause....” (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” (4:93). In a similar way, self-killing is prohibited too: “And do not kill yourselves (nor kill one another). Surely, Allah is Most Merciful to you.” (4:29). In a similar way, the Qur’ān prohibits helping conducting sinful acts: And do not help each other in sin and aggression. (5:2). It also prohibits resorting to self destruction and suicide. The Qur’ān states: “And do not kill yourselves (nor kill one another). Surely, Allah is Most Merciful to you” (4:29). Killing an innocent human being is one of the major sins in Islam. The tradition of the Prophet states: “The biggest of Al-Kabā’ir (the great sins) are (1) to join others as partners in worship with Allah, (2) to murder a human being, (3) to be undutiful to one’s parents (4) and to make a false statement, or said, to give a false witness.”¹² Abū Hurayrah narrates that The Prophet said, “He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell-Fire.”¹³

***Fatwā* and Codes: On the Prohibition of Active Euthanasia**

Muslim *fatwās* and decrees have unanimously prohibited active euthanasia. This is because active euthanasia explicitly is about intentional killing and physician-assisted suicide is suicide; and intentional killing and suicide both are prohibited by the explicit injunctions of the Qur’ān and Sunnah. Therefore, Islamic medical

code and statements of various medical groups and large number of *fatwās* have unanimously voiced against the permissibility of active euthanasia and physician assisted suicide. For example, *The International Islamic Code for Medical and Health Ethics* makes clear prohibition of active euthanasia and physician-assisted suicide in article sixty-one as follows:

Human life is sacred, and it should never be wasted except in the cases specified by shari'a and the law. This is a question that lies completely outside the scope of the medical profession. A physician should not take an active part in terminating the life of a patient, even if it is at his or his guardian's request, and even if the reason is severe deformity; a hopeless, incurable disease; or severe, unbearable pain that cannot be alleviated by the usual pain killers. The physician should urge his patient to endure and remind him of the reward of those who tolerate their suffering. This particularly applies to the following cases of what is known as mercy killing: **a.** the deliberate killing of a person who voluntarily asks for his life to be ended, **b.** physician-assisted suicide, and **c.** the deliberate killing of newly born infants with deformities that may or may not threaten their lives.¹⁴

In a similar way, Muslim scholars have very categorically voiced against active euthanasia and physician-assisted suicide. For example, Shaykh Yūsuf Al-Qaraḏāwī, makes the following statement: "This act [euthanasia] is Islamically forbidden for it encompasses a positive role on the part of the physician to end the life of the patient and hasten his death via lethal injection, electric shock, a sharp weapon or any other way. This is an act of killing, and, killing is a major sin and thus forbidden in Islam, the religion of pure mercy".¹⁵ Likewise, Ali Goma while responding to the question: "What is the ruling in Islam for euthanasia, meaning: where the patient asks the doctor to terminate his life because of excruciating pain or disability; or where the doctor himself decides that it is better for the patient to die than to live disabled or in pain?" he responds by stating that "...euthanasia in its two forms described in the question is not permissible. It is considered a grave sin as attested in a mass of Prophetic reports. It is incumbent upon physicians to know that there is no obedience to other people in a matter that constitutes disobedience to Allah. Whenever a patient asks this of them, they

must not accede, nor [are they to] kill another person without right...As for a physician terminating the life of a patient for a reason he personally deems justifiable: it is the unlawful taking of human life..."¹⁶

Passive Euthanasia

Passive euthanasia or euthanasia by omission, also called negative euthanasia, is the withholding or withdrawing unnecessary and extraordinary medical treatment from a terminally ill patient and allowing the patient to die. There are arguments which do not treat passive euthanasia as euthanasia. Passive euthanasia is a complex category which can mean a variety of acts; some could be categorized as euthanasia and some do not mean euthanasia. Therefore, outright rejection or permission of passive euthanasia would be misleading without making it clear what it is and how different cases under it could be categorized. Passive euthanasia as described in major literature on the issue includes:

- a. Withdrawing medical treatment from terminally ill patients
- b. Withholding medical treatment from terminally ill patients
- c. Pain medication that may hasten death of a terminally ill patient as a side effect
- d. Discontinuing life support system such as ventilators
- e. Starvation, and dehydration of a terminally ill patient by discontinuing food
- f. Refusing medical treatment by terminally ill patients
- g. Do Not Resuscitate (DNR)

Passive euthanasia as explained above does not mean one single notion but a variety of options a physician and patient face in handling treatment. The issue is directly concerned with the Islamic approach to medication. Since it is unanimously held that passive euthanasia is not about failing to implement medical treatment to recoverable patients, but those patients who die due to underlying diseases; the question arises when and in what circumstances it is permissible to withhold, withdraw, refuse, and induce pain medication that will suppress the pain and as an unintended consequence in result may hasten the death. Furthermore, is it permissible to let a patient starve to death by discontinuing feeding tube and hydration? When is it

permissible for a patient to refuse medical treatment? And when is “Do Not Resuscitate” (DNR) permissible? Therefore, solutions to these issues are possible only when a well-conceived understanding of Islamic approach to medication is formulated.

Islamic Stance on Medical Treatment

Islamic guidance on medical treatment is based on the basic sources of Islam: the Qur’ān and Sunnah. Furthermore, maxims of Islamic jurisprudence (*al-qawā’id al-fiqhiyyah*) which are drawn on these sources have wider applicability in the issues which come under passive euthanasia.

The Qur’ān clearly provides injunctions and commandments which prohibit killing; whereas Sunnah as a collection of traditions of the Prophet Muhammad (may peace be upon him) are comprehensive in providing an Islamic approach to medication. Sunnah includes various traditions which are helpful in formulating 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 Imam Ahmad narrated that Usamah ibn Shurayk said:

I was with Prophet Muhammad Sallallahu Alaihe Wasallam when the Bedouins came to him and said, ‘O’ Messenger of Allah, should we seek medicine? He said, ‘Yes, O’ slaves of Allah seek medicine, for Allah has not Created a disease except that He Has Created its cure, except for one illness.’ They said, ‘And what is that?’ He said, Old age.¹⁷

It is narrated in the Masnad (by Imam Ahmad) and the Sunan of al-Tirmidhī and Ibn Mājah) that Abū Khuzamah said: I said, ‘O Messenger of Allah, the *Ruqyah* (divine remedies – Islamic supplication formula) that we use, the medicine we take and the prevention we seek, does all this change Allah’s Appointed destiny? He said, ‘They are in fact a part of Allah’s Appointed destiny.’ Furthermore, Abū Hurayrah narrates: The Prophet said, “There is no disease that Allah has created, except that He also has created its treatment.”¹⁸

On the other hand, there are traditions which allow refusal of medication such as narration of ‘Āi’shah (may Allah be pleased with

her) where she relates about an incident before the demise of the Prophet (peace and blessings of Allah be upon him). 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 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....”¹⁹ Moreover, some scholars dispute over which is better for the patient: treatment or showing endurance. Some, who maintain that showing endurance is far better, base their judgment on the narration of Ibn ‘Abbās Atā’ ibn Abī Rabīḥ said: Ibn ‘Abbās said to me:

May I show you a woman of Paradise? I said: Yes. He said: Here is this dark-complexioned woman. She came to Allah’s Apostle (may peace be upon him) and said: I am suffering from falling sickness and I become naked; supplicate Allah for me, whereupon he (the Holy Prophet) said: Show endurance as you can do and there would be Paradise for you and, if you desire, I supplicate Allah that He may cure you. She said: I am prepared to show endurance (but the unbearable trouble is) that I become naked, so supplicate Allah that He should not let me become naked, so he supplicated for her.²⁰

On the basis of above traditions, the discourse on Islamic position on medication has been the subject of Islamic jurists since very early times. The majority of scholars (Ḥanafī and Mālikī) said that medical treatment is *mubāḥ* (permitted). The Shāfi‘īs, and al-Qāḍī, Ibn ‘Aqīl and Ibn al-Jawzī among the Ḥanbalīs, said that it is *mustaḥabb* (recommended). For the Shāfi‘ī’s, treatment is *mustaḥabb* when there is no certainty that it will be beneficial, but when treatment is certain to be beneficial (such as putting a dressing on a wound), then it is *wājib* or 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. Ali Baar, 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 becomes clear. For example, when cancer has taken hold of all the 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.²¹

In addition to above, there are also some maxims of Islamic jurisprudence (*al-qawā'id al-fiqhiyyah*) which are applicable to the cases which come under passive euthanasia. Among these principles is (*al-Umūr bi-maqāṣidihā*) which means “Matters shall be judged by their objectives” or “Acts are judged by the intention behind them”. Though there are many other principles which could be related to the cases of euthanasia.

However, the aforementioned principle is without dispute applicable to almost all moral actions. This principle is well founded on the sound tradition of the Prophet in which he states: “Actions are but by intention and each person will have but that which he intended.”²² Since, in legal matters, intentionality does not play as a deciding factor, it could only be of any benefit if “ignorance of fact” is proved which could show intentionality behind acts. However, in Islam, intentionality has a major role in judging action in terms of sin and non-sin and in many cases related to passive euthanasia right intentionality is required on the part of the physician and the patient. For example, if pain medication is applied to a terminally ill patient, which controls his pain but also as an unintended consequence hastens death, in such a matter it basically depends on the intention of both the doctor and patient whether they in fact intend to hasten the death or just want to control the overwhelming pain.

Issues under Passive Euthanasia

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 favour in writings and research on the issue. For example, Islamic Code of Medical Ethics which was endorsed by the 1st International Conference on Islamic Medicine held in Kuwait 1981 gives the following guidance on the issue:

In his/her defense of life, however, the doctor is well-advised to realize his limit, and never to transgress it .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. In any case, the doctor shall not take a positive measure to terminate the patient's life!²³

The similar view is expressed by many Muslim scholars in statements and *fatwās*. For example, Sheikh Yūsuf al-Qaraḍāwī, while taking different opinions of Islamic scholars on medication in consideration, formulates the following position regarding the issue of euthanasia. He initially makes the following statement which demonstrates the prohibition of euthanasia:

This act [euthanasia] is Islamically forbidden for it encompasses a positive role on the part of the physician to end the life of the patient and hasten his death via lethal injection, electric shock, a sharp weapon or any other way. This is an act of killing, and, killing is a major sin and thus forbidden in Islam, the religion of pure mercy.²⁴

However, just after stating the prohibition of active euthanasia, Sheikh al-Qaraḍāwī makes the following statement on 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. Nothing is wrong in this, Inshā' Allah (Allah willing).²⁵

He further comments on withholding and withdrawing of the treatment and makes it distinct from mercy killing as follows:

But 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. But it's different from the controversial "Mercy Killing" as it does not imply a positive action on the part of the physician; rather, it is some sort of leaving what is not obligatory or recommended, and thus entails no responsibility.²⁶

In a similar way while explaining the importance of medication in Islam juristic opinions on the issue, Sheikh Muhammed Salih Al-Munajjid while responding to the question: "If a person was dying from a terminal illness, and treatment offered was unlikely to benefit (although a remote possibility that it could help), does the person have to take the treatment? As the treatment has many bad side-effects, and the person may not want to suffer them? In general, does have a Muslim have to take medicine for illnesses, or is it optional?" makes the following statement:

Since in the situation described in the question there is no certainty that treatment will be of benefit, and indeed it is likely to cause suffering to the patient, then there is nothing at all wrong with not giving the treatment. The patient should not forget to put his trust in Allah and seek refuge in Him, for the gates of Heaven are open to those who call on Allah. He may also seek treatment (*ruqya*) by reciting Qur'aan, such as reading al-Faatihah, al-Falaq and al-Naas over himself. This will benefit him psychologically and physically, as well as bringing him reward. Allah is the Healer and there is no healer but He.²⁷

Regarding withholding medical treatment from terminally ill patients, Standing Committee for Academic Research and Issuing *fatwās* with attestations of Shaykh 'Abd al-'Azeez ibn 'Abd-Allaah ibn Baaz and Shaykh 'Abd al-Razzaaq 'Afeefi allowed "Do Not Resuscitate" (DNR) in the following cases: (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.²⁸

In a consistent manner with the above decree, Ali Goma furthermore makes his opinion on removing life support system and allows it if the patient's recovery is not possible; however, in ordinary use of the life support system to enhance respiration he does not allow removal of such support system. He makes the following statement:

Islamic law does permit the removal of the medical equipment utilized to keep a person alive when it is no longer hoped that such a person will be cured and no progress is being made in the attempt to restore their health—due to being “clinically dead”—only when physicians advise to do so. If, however, the equipment has another purpose, like the removal of fluid to improve respiratory health, it is not permissible to deactivate them. This is different, though, from what is called “euthanasia” wherein the sick person ... is still living and their life is not dependent upon the life preserving equipment...²⁹

In agreement with the above fatwa, Muzammil Siddiqi of the Fiqh Council of North America makes a clear statement on the issue, he states:

If, however, a number of medical experts determine that a patient is in a terminal condition and there is no hope for his/her recovery, then it could be permissible for them to stop the medication. If the patient is on life support, it may be permissible, with due consultation and care, to decide to switch off the life support machine and let the nature take its own time. Under no condition it is permissible to induce death to a patient.³⁰

In like manner, Islamic Medical Association of North America (IMANA) makes statement that supports discontinuing life support

in a vegetative state; however, the statement does not allow withholding nutrition and hydration. The following statement is as follows:

IMANA believes that when death becomes inevitable, as determined by physicians taking care of terminally ill patients, the patient should be allowed to die without unnecessary procedures. While the patient is still alive, all ongoing medical treatments can be continued. IMANA does not believe in prolonging misery on mechanical life support in a vegetative state. All of the procedures of mechanical life support are temporary measures. When a team of physicians, including critical care specialists have determined, no further or new attempt should be made to sustain artificial support. Even in this state, the patient should be treated with full respect, comfort measures and pain control. No attempt should be made to withhold nutrition and hydration. In such cases, if and when the feeding tube has been withdrawn it *may not* be reinserted. The patient should be allowed to die peacefully and comfortably. No attempt should be made to enhance the dying process in patients on life support. Suicide and Euthanasia are prohibited in Islam (Qur'ān, 17:33).³¹

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 a strong medication to stop a severe pain, although it is known that this medication might ultimately end the patient's life.³²

On the issue of discontinuing life support system from those patients who are laid on it, a clearer position is found in the resolutions of Council of Islamic Jurisprudence about when such support system can be withdrawn or discontinued. In its third session held in Amman,

Jordan, on 8-13 Safar 1407 AH/11-16 October 1986 CE, the Council of Islamic Jurisprudence (*Majma' al-Fiqh al-Islami*), Organization of the Islamic Conference, after the presentation of all points of view on the topic of life support machines and listening to detailed explanations from specialist doctors decided the following: "When all his [patient's] brain functions cease completely and specialist, experienced doctors determine that this is irreversible and necrosis has begun to occur in the brain. In this condition it is permissible to discontinue the life supportive system from the patient even when some of the patient's organs like the heart are kept functional by artificial means".³³ Again, the Council of Islamic Jurisprudence (*Majma' al-Fiqh al-Islami*) restated its position on the issue during its 10th session on 24/2/1408 AH as follows:

In the case of a patient whose body has been hooked up to life support, it is permissible to remove it if all his brain functions have ceased completely, and a committee of three specialist, experienced doctors have determined that this cessation of function is irreversible, even if the heart and breathing are still working mechanically with the help of the machine.

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 which come under passive euthanasia. 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. However, regarding discontinuing artificial life support system, a careful permissible way seems when life depends mainly on such system; in the strict sense when brain functions have ceased completely and its cessation of function is irreversible. Furthermore, initiating life support to dying people is prohibited. However, it is not permissible to discontinue food and hydration.

Conclusion

Euthanasia as described and explained in Islamic literature on the bioethical issues remains divided between its two types: active and

passive euthanasia. However, active euthanasia includes physician-assisted suicide as well. On the basis of the Qur'ān, Sunnah, Islamic medical code, and *fatwās*, active euthanasia is prohibited. The impermissibility of active euthanasia and physician-assisted suicide is mainly based on the prohibition of killing an innocent person on which Islamic sources are explicitly clear. To enumerate, the following relevant forms are prohibited: (1) voluntary active euthanasia (2) involuntary active euthanasia (3) non-voluntary euthanasia, and (4) physician-assisted suicide. Therefore, any physician, whether directly killing as in active euthanasia or indirectly killing as in physician-assisted suicide, is committing to an immoral and illegal act. Regarding the second type of euthanasia, called passive euthanasia, because of its complexity and lack of preciseness, the issues which could be grouped under it are withholding, withdrawing, and refusing medical treatment; Do Not Resuscitate (DNR); discontinuing life support system; starvation and dehydration; and pain medication that may hasten death as a side effect. These issues are addressed based on the Qur'ān and Sunnah in Islamic medical codes, resolutions of Muslim jurists, and fatwa literature. In light of these sources, 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 pain is overwhelming and hastening death as a side effect is an unintended consequence. However, regarding discontinuing artificial life support system a careful permissible way seems when life depends mainly on such system; in the strict sense when brain functions have ceased completely and its cessation of function is irreversible. Furthermore, initiating life support to dying people is prohibited because it will prolong process of dying and cause misery. However, it is not permissible to discontinue food and water.

Endnotes

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- 2 Robert M. Baird and Stuart E. Rosenbaum, *Euthanasia : The Moral Issues*, Contemporary Issues in Philosophy (Buffalo, N.Y.: Prometheus Books, 1989), 9.

- 3 C. Everett Koop, "The Right to Die: The Moral Dilemmas," in *Euthanasia : The Moral Issues*, ed. Robert M. Baird and Stuart E. Rosenbaum (Buffalo, N.Y.: Prometheus Books, 1989a), 69.
- 4 "Euthanasia," in *Merriam-Webster Online Dictionary* (2008).
- 5 S.J. John A. Hardon, "Moral Theology," accessed September 3, 2011, http://www.therealpresence.org/archives/Moral_Theology/Moral_Theology_004.htm.
- 6 American Medical Association Council on Ethical and Judicial Affairs, "Decisions near the End of Life," *Journal of the American Medical Association* 267, no. 16 (1992): 2230.
- 7 James Porter Moreland and Norman L. Geisler, *The Life and Death Debate: Moral Issues of Our Time* (N.p.: Westport,CT. Publication Praeger, 1990), 64.
- 8 Margaret Otlowski, *Voluntary Euthanasia and the Common Law* (Oxford: Clarendon Press, 1997), 16-17.
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- 10 Moreland and Geisler, *The Life and Death Debate: Moral Issues of Our Time*, 65.
- 11 *The International Islamic Code for Medical and Health Ethics* Medical Behavior and Physician Rights and Duties Social Issues (N.p.: n.p. 1981).
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- 13 Al-Bukhārī, *Ṣaḥīḥ al-Bukhārī*, 23:446.
- 14 *The International Islamic Code for Medical and Health Ethics* (N.p.: n.p. n.d.).
- 15 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.
- 16 Goma, Ali. "Ethics of Euthanasia" accessed September 2, 2011, <http://www.islamopediaonline.org/fatwa/egypts-darul-ifta-euthanasia>.
- 17 Abū Dāwūd, *Sunan Abī Dāwūd*, trans. Ahmad Hasan, 28:3846; accessed August 3, 2011, http://www.searchtruth.com/hadith_books.php#abudawud.
- 18 Al-Bukhārī, *Ṣaḥīḥ al-Bukhārī*, 71:582).
- 19 *Ibid.*, 71:610.
- 20 Al-Bukhārī, *Ṣaḥīḥ al-Bukhārī*, 70:555.

- 21 Muhammad ibn Alī al-Bār, *Aḥkām al-Tadāwī* (Jiddah: Dār al-Manār, 1416h), 43.
- 22 Al-Bukhārī, *Ṣaḥīḥ al-Bukhārī*, 1:1.
- 23 *The International Islamic Code for Medical and Health Ethics* (N.p.: n.p. n.d.).
- 24 Al-Qaradawi, “Islam’s Stance on Euthanasia,” N.d. http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503544774.
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- 31 IMANA Ethics Committee, “Islamic Medical Ethics: The Imana Perspective,” *Journal of Islamic Medical Association* 37 (July 2005): 33-42.
- 32 *The International Islamic Code for Medical and Health Ethics* (N.p.: n.p. n.d.).
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