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Do Not Resuscitate (DNR) Orders from an Islamic Perspective

Hatice Kübra Memiş*

Abstract
In modern medicine and technologies, it is commonly accepted and recognized by the laws in western countries that patients have decision-making rights regarding the end of their lives. While people can choose medical cardiopulmonary resuscitation (CPR), some may refuse it for personal, moral, social, or religious reasons. Sometimes, when treatment is futile, it is possible to make an end-of-life decision with a recommendation from a doctor. Therefore, issues that must be addressed in both ethical and Islamic terms surround end-of-life decisions. One of these issues involves Do-Not-Resuscitate (DNR) orders. DNR is a decision that means treatment methods are not applied to a patient when their breathing or heart has stopped for some reason. This decision is taken either because of a testament signed by the person when they were healthy or because the doctor cannot perform any curative intervention. In this study, the status and applicability of DNR orders will be investigated from an Islamic Bioethics perspective, and *fatwas* will be cited to clarify the status of DNR orders in Islam. Additionally, because DNR is essentially the refusal or withholding of medical treatment, the provisions of Islam concerning seeking medical treatment and withholding treatment have been extensively researched. This study aims to demonstrate that DNR instructions are Islamically applicable in cases where treatment is unnecessary, considering classical and contemporary Islamic sources.

Keywords
Islamic Law, Islamic Bioethics, End-of-Life, DNR orders, Seeking Remedy, Withholding Treatment

* **Corresponding Author:** Hatice Kübra Memiş (PhD Candidate), University of Exeter, Institute of Arab and Islamic Studies, Exeter, United Kingdom. Directorate General for Higher and Foreign Education, Ministry of National Education, Ankara, Turkiye. E-mail: hkm208@exeter.ac.uk ORCID: 0000-0003-3919-153X

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Introduction

In recent decades, technological advances in science and medicine have provided many opportunities for humans to extend their lifespans. However, these possibilities also come with challenges and concerns. Considering that Islam is the second-largest religion in the world, it is essential to examine whether these possibilities are 'ethical and *jā'iz* (permissible)' according to Islamic teachings. Muslim patients, their relatives, and healthcare providers who want to preserve their lives per Islamic teachings wish to learn how to accommodate science and medical advancements within their beliefs. Islamic bioethics has been developed to find answers to such problems. Islamic bioethics has several stakeholders who provide the resources to grow and improve this discipline. Healthcare professionals, health policymakers, historians, social scientists, and scholars in Islamic studies are all watching Islamic law, medicine, and bioethics problems. Each of these stakeholders evaluates answering questions about how Islamic principles communicate with medical practice and influence them. These evaluations are used to inform Islamic scholars under Islamic Law about issuing *fatwa*s (legal rulings) on bioethical issues. Therefore, *fatwas* are used by physicians to recognize the acceptability of medical treatment, and by Islamic scholars to receive universal Islamic bioethics standards.[1]

Human lives have been extended by developments in technology, especially in the medical sciences. For example, cardiopulmonary resuscitation (CPR) is performed if a patient's pulse or breathing stops. This method came into use in the 1960s and saved many human lives.[2] The procedure aims to resuscitate a patient by using an electrical shock-powered system on the heart and supplying oxygen to assist with intubation. CPR is currently being practiced regularly in hospitals. CPR can be both beneficial and detrimental for patients. It can help save lives. However, CPR may also prolong the cycle of pain and death. CPR is vital when a person loses their life since cardiac arrest and respiratory failure are likely to occur. A CPR order has the goal of saving and prolonging lives. However, the failure of a CPR order results in the patient dying. However, some patients wish not to be resuscitated. The literature has studied this order, the Do-Not-Resuscitate (DNR),

1 Aasim I. Padela, Hasan Shanawani, and Ahsan Arozullah, 'Medical Experts & Islamic Scholars Deliberating over Brain Death: Gaps in the Applied Islamic Bioethics Discourse,' *The Muslim World* 101, no. 1 (2011): 1–2, https://doi.org/10.1111/j.1478-1913.2010.01342.x.

2 Young-Rye Park, Jin-A Kim, and Kisook Kim, 'Changes in How ICU Nurses Perceive the DNR Decision and Their Nursing Activity after Implementing It,' *Nursing Ethics* 18, no. 6 (1 November 2011): 802–13, https://doi.org/10.1177/0969733011410093.

for patients who suffer from severe burns,[3] cardiopulmonary insufficiency,[4] cancer,[5] dementia,[6] and for the elderly.[7] As of 2008, CPR has been implemented under the code blue procedure, and the right of DNR has been contested.[8]

Because CPR is considered vital and has been taken under the blue code, a doctor who intentionally or unintentionally omits CPR is considered a murderer. Until 1990, the withdrawal of CPR was regarded as a professional mistake. However, on 1 December 1991, the US Constitutional Court brought into force the '*Patient Self-determination Act*,' which states patients must decide on the treatment applied to them. The consequence, however, was the adoption of a patient-centered approach, and physicians often made these patient requests.[9] The physician usually writes DNR orders following a discussion with the patient or the patient's surrogate decision-maker. Several countries have allowed people to sign DNR orders in advance. Legislation in several countries, such as Belgium and Holland, facilitates and enforces the implementation of DNR orders.[10]

From an Islamic Law perspective, DNR directives are followed by numerous issues that have necessitated solutions. In Saudi Arabia, DNR orders were first regulated by a *fatwa* in 1988, which excluded the patient and their family from decision-making. Even though all Saudi Arabian hospitals follow the core principles

3 Yücel Yüce et al., 'Can We Make an Early "do Not Resuscitate" Decision in Severe Burn Patients?,' *Ulusal Travma ve Acil Cerrahi Dergisi = Turkish Journal of Trauma & Emergency Surgery: TJTES* 23, no. 2 (March 2017): 139, https://doi.org/10.5505/tjtes.2016.71508.

4 M. O'Reilly, C. M. P. O'Tuathaigh, and K. Doran, 'Doctors' Attitudes towards the Introduction and Clinical Operation of Do Not Resuscitate Orders (DNRs) in Ireland,' *Irish Journal of Medical Science (1971 -)* 187, no. 1 (February 2018): 25, https://doi.org/10.1007/s11845-017-1628-6.

5 Ming-Tai Cheng et al., 'Impact of Major Illnesses and Geographic Regions on Do-Not-Resuscitate Rate and Its Potential Cost Savings in Taiwan,' ed. Doris YP Leung, *PLOS ONE* 14, no. 9 (12 September 2019): 2, https://doi.org/10.1371/journal.pone.0222320.

6 Amal Al Farhan et al., 'Patient Reluctance to Accept Do Not Resuscitate Order: Impact on Clinical Care,' *Eastern Mediterranean Health Journal* 26, no. 8 (24 August 2020): 933–38, https://doi.org/10.26719/emhj.20.009.

7 Sima Mogadasian et al., 'The Attitude of Iranian Nurses About Do Not Resuscitate Orders,' *Indian Journal of Palliative Care* 20, no. 1 (2014): 21–25, https://doi.org/10.4103/0973-1075.125550.

8 Burcu Çuvalci and Sevilay Hintistan, 'DNR Order and Elderly,' *Middle Black Sea Journal of Health Science*, 28 December 2017, 1, https://doi.org/10.19127/mbsjohs.338904.

9 Engin Baştürk, 'Do-Not-Resuscitate (DNR) Talimatının Temel Etik İlkeler Açısından Değerlendirilmesi,' *T Klin Tıp Etiği-Hukuku-Tarihi* 11 (2003): 12–21.

10 Barbara A Daveson et al., 'To Be Involved or Not to Be Involved: A Survey of Public Preferences for Self-Involvement in Decision-Making Involving Mental Capacity (Competency) within Europe,' *Palliative Medicine* 27, no. 5 (1 May 2013): 419, https://doi.org/10.1177/0269216312471883.

of this policy, there is no homogeneity in its implementation.[11] However, no law directly applies to DNR orders in countries with a substantial Muslim community, such as Turkey. In many Turkish hospitals, ethics departments and consultants are not consulted before issuing DNR orders.[12] In Turkey, DNR orders are regarded as a form of euthanasia. As a matter of fact, the Turkish penal code considers euthanasia to be a crime. However, DNR orders can be issued in Turkish hospitals under certain conditions. Additionally, Turkey has no clear-cut rules or ethical guidelines regarding Do-Not-Resuscitate orders. It is, therefore, difficult for clinics to bring up DNR orders without causing ethical and legal dilemmas.[13]

This article aims to examine how Islamic and ethical approaches can be applied to these modern problems. Although there is no specific discussion among Islamic scholars, there are some guidelines that physicians can refer to when dealing with Muslim patients regarding DNR. In this study, DNR orders will be discussed in terms of Islamic permissibility. In addition, the issues of seeking treatment, withholding treatment, and medical futility, which are closely related to deciding on the DNR orders, will also be examined from the perspectives of Muslim scholars. This research aims to demonstrate that DNR instructions are Islamically applicable when a physician has determined that treatment is futile.

End-of-life decisions also contain concerns. Euthanasia, withdrawing and withholding life support, and executing DNR orders are among the most contentious of these issues. A substantial number of studies have been conducted on euthanasia and whether or not a terminally ill patient, who cannot be medically cured, has the right to end life or reject care.[14] However, it seems that today there is a consensus among Islamic scholars that active euthanasia is forbidden (*ḥaram*) in Islam.

11 Abdullah S Amoudi et al., 'Perspectives of Interns and Residents toward Do-Not-Resuscitate Policies in Saudi Arabia,' *Advances in Medical Education and Practice* 7 (14 March 2016): 165, https://doi.org/10.2147/AMEP.S99441.

12 Baştürk, 'Do-Not-Resuscitate (DNR) Talimatının Temel Etik İlkeler Açısından Değerlendirilmesi,' 19.

13 Şenay Gül, Gülcan Bağcivan, and Miray Aksu, 'Nurses' Opinions on Do-Not-Resuscitate Orders,' *OMEGA - Journal of Death and Dying*, 23 October 2020, 2, https://doi.org/10.1177/0030222820969317.

14 Hassan Chamsi-Pasha and Mohammed Ali Albar, 'Ethical Dilemmas at the End of Life: Islamic Perspective,' *Journal of Religion and Health* 56, no. 2 (1 April 2017): 400–410, https://doi.org/10.1007/s10943-016-0181-3; Mohammed Ghaly, 'Islamic Ethical Perspectives on Life-Sustaining Treatments,' *Eastern Mediterranean Health Journal* 28, no. 8 (31 August 2022): 557–59, https://doi.org/10.26719/emhj.22.044; Afshan Mohiuddin et al., 'When Can Muslims Withdraw or Withhold Life Support? A Narrative Review of Islamic Juridical Rulings,' *Global Bioethics* 31, no. 1 (2020): 29, https://doi.org/10.1080/11287462.2020.1736243.

Active euthanasia is prohibited by contemporary *fatwa* authorities like Yusuf al-Qaradāwī,[15] the Egyptian muftis,[16] the Islamic Medical Association of North America (IMANA),[17] the Islamic Medical Association (IMA),[18] and the Presidency of Turkish Religious Affairs (Diyanet).[19]

At the *fatwa* assembly meeting held at al-Azhar University, it was determined that ending a patient's life for any disease and suffering was not permissible. According to the legislature, the patient is not permitted to end their life. It is also not appropriate for physicians to cause the patient's death even with the patient's permission.[20] However, a life-support system can be stopped in the case of a patient's brain death, as agreed by the Council of the Islamic Fiqh Academy in 1986 in Amman.[21] This decision has become the basis for policy in other nations. According to this verdict, if a person's heartbeat and breathing stop irreversibly, the physicians conclude that it is no longer possible to resuscitate the patient. In addition, if the brain activity has ceased and the brain has started to die, then death can be deemed appropriate.[22] From this perspective, it can be said that it is *jāʾiz* to terminate the life support devices connected to a patient in this situation.

According to the *fatwa* on the rejection of CPR, DNR may be applied if three specialists agree that further treatment is futile and harmful for the patient. Obviously, withholding treatment that causes the patient's death is in principle, unacceptable. However, this ruling is excluded in cases where it is unnecessary or detrimental to the patient in the opinion of specialist physicians about the treatment applied.

15 Yusuf Al-Qaradawi, 'Islam's Stance on Euthanasia,' online, 2021, https://archive.islamonline.net/1005.

16 'Fatawa - Euthanasia,' Dar Al-Ifta Al-Misriyyah, 2022, https://www.dar-alifta.org/Foreign/ViewFatwa.aspx?ID=453&text=euthanasia.

17 IMANA Ethics Committee, 'Islamic Medical Ethics: The IMANA Perspective | Journal of the Islamic Medical Association of North America' 37, no. 1 (2005): 234, https://jima.imana.org/article/view/5528.

18 Mohammad Yousuf Rathor, Azarisman Shah Bin Mohamad Shah, and Sheikh Farid Uddin Akter, 'The Principle of Autonomy as Related to Personal Decision Making Concerning Health and Research from an "Islamic Viewpoint",' *Journal of the Islamic Medical Association of North America* 43, no. 1 (2011): 66, https://jima.imana.org/article/view/6396.

19 'Ötanazi Caiz Midir?,' Din İşleri Yüksek Kurulu:Dini Bilgilendirme Platformu, accessed 4 August 2022, https://kurul.diyanet.gov.tr/Cevap-Ara/992/otanazi-caiz-midir.

20 Tuğba Erkoç, 'Fikhî Açidan Hayatin Sonuna Ilişkin Tibbi Sorunlar:Ötanazi,' in *Hayatın Başlangıcı ve Sonu*, ed. Hakan Ertin and Merve Özdemir (Istanbul: ISAR, 2013), 285.

21 Majmaʿ al-Fiqh al-Islāmī, *Resolutions and Recommendations of the Council of the Islamic Fiqh Academy 1985-2000* (Islamic Research and Training Institute Islamic Development Bank, 2000), 30.

22 al-Islāmī, 30.

Abdulaziz Sachedina discusses this topic in his book *Islamic Biomedical Ethics*. He states that the 'right to die' cannot exist in Islam and explains the situation in the light of the *Mejelle* code (Ottoman civil code) (19) that *lā ḍarār wa lā ḍirār* 'no harm shall be inflicted or reciprocated.'[23] Due to this, if the medication causes new pain and does not heal the patient, it is advised to discontinue intensive care. Therefore, palliative treatment should be pursued, aiming only to relieve the patient's suffering. Nonetheless, in this case, the decision would be based on the physician's judgment that the procedure is ineffective rather than the patient's opinion.[24] As a result of this opinion, the decision of a physician who is an expert in the field should be preferred over the decision of the patient. The doctor will inevitably adopt a paternalistic attitude since the doctor's opinion will depend on whether the treatment is beneficial.

The end-of-life decision studies usually concentrate on situations where the treatment is futile. It was found that there are no comprehensive studies relevant to DNR orders in the Arab and Muslim world.[25] The studies mainly focus on the *fatwa* issued in 1988 by the Presidency of the Administration of Islamic Research and Ifta in Riyadh, Saudi Arabia.[26] In addition, it was noted that in some studies in Muslim countries, there are negative attitudes towards DNR orders.[27] It also stated that the DNR orders in these countries have conflicting perspectives.[28] In Islamic

23 C. A. Hooper, 'The Mejelle. Articles 1-100,' *Arab Law Quarterly* 1, no. 4 (1986): 375, https://doi.org/10.2307/3381414.

24 Abdulaziz Sachedina, *Islamic Biomedical Ethics: Principles and Application* (Oxford University Press, USA, 2009), 170–71.

25 Alaa Gouda, Ahmad Al-Jabbary, and Lian Fong, 'Compliance with DNR Policy in a Tertiary Care Center in Saudi Arabia,' *Intensive Care Medicine* 36, no. 12 (December 2010): 2149, https://doi.org/10.1007/s00134-010-1985-3.

26 M. Takrouri and T. Halwani, 'An Islamic Medical and Legal Prospective of Do Not Resuscitate Order in Critical Care Medicine,' *Internet J Health* 7, no. 1 (2008): 12–16; Salem Saiyad, 'Do Not Resuscitate: A Case Study from the Islamic Viewpoint | Journal of the Islamic Medical Association of North America,' accessed 1 April 2022, https://jima.imana.org/article/view/4477; Hassan Chamsi-Pasha and Mohammed Ali Albar, 'Ethical Dilemmas at the End of Life: Islamic Perspective,' *Journal of Religion and Health* 56, no. 2 (1 April 2017): 400–410, https://doi.org/10.1007/s10943-016-0181-3.

27 Mogadasian et al., 'The Attitude of Iranian Nurses About Do Not Resuscitate Orders,' 21; Masood Fallahi et al., 'The Iranian Physicians Attitude toward the Do Not Resuscitate Order,' *Journal of Multidisciplinary Healthcare* 9 (29 June 2016): 279, https://doi.org/10.2147/JMDH.S105002.

28 Fatima S Abdallah et al., 'Intensive Care Unit Physician's Attitudes on Do Not Resuscitate Order in Palestine,' *Indian Journal of Palliative Care* 22, no. 1 (2016): 38, https://doi.org/10.4103/0973-1075.173947; Gouda, Al-Jabbary, and Fong, 'Compliance with DNR Policy in a Tertiary Care Center in Saudi Arabia.'

countries, there are a limited number of DNR orders for research.[29] Despite this, the results of these studies are contradictory, and further research on this topic is recommended.[30] However, non-standard, informal, and verbal DNR orders are popular in many countries where Muslims constitute the majority of the population, such as Turkey.[31] These references show that a comprehensive study of DNR orders and related issues seeking treatment and withholding treatment will help fill the gap in this issue.

The main research problem in this work is can DNR orders be decided according to existing *fatwas* and, if so, which circumstances allow them to be signed? What are the Islamic positions on seeking treatment and withholding treatment? Additionally, to what extent have the *fatwa*s on DNR changed? In this research, I will focus on two *fatwa*s issued by the Presidency of the Administration of Islamic Research and Ifta' in 1988 and by Darul Ifta' Birmingham in 2011. It is necessary to investigate historical changes between two *fatwa*s and to what extent they add ethical concerns to their Islamic legal perspectives. Therefore, the content of this article will be limited to two *fatwa*s issued by *fatwa* authorities on the DNR orders.

The Do-Not-Resuscitate Orders

Resuscitation aims to restore the blood circulation and respiratory functions of cardiac or respiratory arresting patients. Cardiopulmonary resuscitation (CPR) is applied when a person's cardio or respiratory function has stopped. This application has a purpose: to save a patient's life by using an electrical shock-powered device on the heart and giving oxygen to aid with intubation. Nowadays, CPR is widely practiced in hospitals.[32] CPR is regularly given to any unconscious cardiac and/or respiratory arrest patient. Patient prognosis plays an important role in the success of CPR. There is also an assumption that CPR should only be extended to patients with high survival chances.[33]

29 Fallahi et al., 'The Iranian Physicians Attitude toward the Do Not Resuscitate Order,' 280; Abdallah et al., 'Intensive Care Unit Physician's Attitudes on Do Not Resuscitate Order in Palestine,' 36.

30 Mogadasian et al., 'The Attitude of Iranian Nurses About Do Not Resuscitate Orders,' 24.

31 Baştürk, 'Do-Not-Resuscitate (DNR) Talimatının Temel Etik İlkeler Açısından Değerlendirilmesi,' 19.

32 Mohammed M Jan, 'The Decision of "Do Not Resuscitate" in Pediatric Practice,' *Saudi Med J* 32, no. 2 (2011): 115–22.

33 Jonas A Cooper, Joel D. Cooper, and Joshua M. Cooper, 'Cardiopulmonary Resuscitation | Circulation' 114, no. 25 (2006): 2847, https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.106.610907.

There is concern about CPR administration for those with chronic disease or with no possibility of survival since life-sustaining and viable care for these types of patients may be useless. In addition, it may also extend patient suffering. For example, patients are less likely to recover in cancer cases. Furthermore, patients successfully given CPR will also be subjected to aggressive treatments inside intensive care units; complications such as rib fractures, neurologic problems, or impaired physical condition can result from aggressive therapies.[34] However, in severe and untreated cognitive disorders, constant medical treatment is required without any possibility of healing[35]. Moreover, there is a possibility that chronically vegetative or comatose patients (complex neurological disorders in which the patient is conscious but is not conscious of themselves and their surroundings) will experience poor living conditions.[36] The patient's recovery in this situation will not always be possible, so they will likely remain in a poor condition. Due to this, some intensive care physicians refuse to treat these types of patients.[37] This is because they are not likely to benefit from treatment since recovery will not always be possible. As a result of this futile treatment, when these kinds of patients require continuous medical intervention regularly, the hospital and their families will likely incur significant costs due to futile treatment.[38] Although there is a view that medical services should be used when helping the patient,[39] it is also assumed by physicians that if the patient is unable to benefit from medical care, the medical resources are a waste, which may result in the possibility of future exhaustion of supplies or sevices.[40] Therefore, if the treatment offered to the patient is futile, health care providers cannot administer CPR.

DNR orders are decisions made by the patient not to resuscitate, not to administer artificial feeding, and not to withdraw other forms of intensive care. DNR is

34 Jacqueline K. Yuen, M. Carrington Reid, and Michael D. Fetters, 'Hospital Do-Not-Resuscitate Orders: Why They Have Failed and How to Fix Them,' *Journal of General Internal Medicine* 26, no. 7 (July 2011): 791, https://doi.org/10.1007/s11606-011-1632-x.

35 Dato K Inbasegaran, 'Consensus on Withdrawal and Withholding of Life Support in the Critically Ill,' *Berita Anestesiologi* 6, no. 1 (2004): 1.

36 Martin M. Monti, Steven Laureys, and Adrian M. Owen, 'The Vegetative State,' *BMJ* 341 (2 August 2010): 2, https://doi.org/10.1136/bmj.c3765.

37 Inbasegaran, 'Consensus on Withdrawal and Withholding of Life Support in the Critically Ill,' 2.

38 Charles D. Deakin et al., 'European Resuscitation Council Guidelines for Resuscitation 2010 Section 4. Adult Advanced Life Support,' *Resuscitation* 81, no. 10 (October 2010): 1307, https://doi.org/10.1016/j.resuscitation.2010.08.017.

39 Omar Hasan K. Kasule, 'Outstanding Ethico-Legal-Fiqhi Issues,' *Journal of Taibah University Medical Sciences* 7, no. 1 (1 August 2012): 5–12, https://doi.org/10.1016/j.jtumed.2012.07.003; Rathor, Shah, and Akter, 'The Principle of Autonomy as Related to Personal Decision Making Concerning Health and Research from an "Islamic Viewpoint",' 31.

40 Kasule, 'Outstanding Ethico-Legal-Fiqhi Issues,' 9.

generally applied when the resuscitation is effective, but the disease cannot be healed, and death is imminent, even if it only prolongs the patient's death cycle.[41] It is a medical, ethical[42] , and legal issue, especially in end-of-life care[43] to decide on the futility of therapeutic interventions and the application of DNR.[44] DNR orders were offered as an alternative to end-of-life care in the US in the early 1970s[45] , and in 1976, the first hospital policies were published on DNR orders.[46] In Muslim countries like Saudi Arabia, *fatwa*s are accepted as a source of law on such issues, though an official fatwa was not issued until 1988 by the General Presidency of Scholarly Research and Ifta in Riyadh: Fatwa 12086.[47] Surprisingly, there is no explicit *fatwa* on this subject on either the official website of Diyanet[48] or the fatwa website of Dar al-Ifta al Misriyya[49] , established in 1895. While the Turkish healthcare system is relatively advanced, it is noteworthy that there are no explicit legal provisions or *fatwas* regarding DNR. The reasons for this situation may be subject to a detailed examination. Furthermore, as far as Do-Not-Resuscitate orders are concerned, Turkey has no clear-cut rules or ethical guidelines. Therefore, clinics may encounter ethical and legal dilemmas when discussing the DNR order.[50] As a result of the legal and ethical difficulties associated with DNR orders, they are still discussed today.[51]

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41 Christopher T. Le M. Rustom, James Palmer, and Gareth L. Thomas, 'Ethical Issues in Resuscitation and Intensive Care Medicine,' *Anaesthesia & Intensive Care Medicine* 11, no. 1 (1 January 2010): 5, https://doi.org/10.1016/j.mpaic.2009.11.001.

42 S Sahadevan and W.S Pang, 'Do-Not-Resuscitate Orders: Towards a Policy in Singapore,' *Singapore Medical Journal* 36 (1995): 269.

43 Alec Samuels, 'Do Not Resuscitate: Lawful or Unlawful?,' *Medico-Legal Journal* 84, no. 4 (1 December 2016): 191–94, https://doi.org/10.1177/0025817216664649.

44 H. Hinkka et al., 'To Resuscitate or Not: A Dilemma in Terminal Cancer Care,' *Resuscitation* 49, no. 3 (June 2001): 289–97, https://doi.org/10.1016/s0300-9572(00)00367-1.

45 George Castledine, 'Nurses Should Be More Involved in DNR Decisions,' *British Journal of Nursing* 13, no. 3 (February 2004): 175, https://doi.org/10.12968/bjon.2004.13.3.12115; Mogadasian et al., 'The Attitude of Iranian Nurses About Do Not Resuscitate Orders,' 21.

46 Laura Loertscher et al., 'Cardiopulmonary Resuscitation and Do-Not-Resuscitate Orders: A Guide for Clinicians,' *The American Journal of Medicine* 123, no. 1 (1 January 2010): 4, https://doi.org/10.1016/j.amjmed.2009.05.029.

47 Amoudi et al., 'Perspectives of Interns and Residents toward Do-Not-Resuscitate Policies in Saudi Arabia,' 165.

48 'Tıp ve Sağlık,' Din İşleri Yüksek Kurulu : Dini Bilgilendirme Platformu, accessed 4 August 2022, https://kurul.diyanet.gov.tr/Ana-Konu-Detay/1071/tip-ve-%20saglik?enc=qa%2B3h8UGDkeSyDWQQ2nyig%3D%3D.

49 'Fatawa - Euthanasia.'

50 Gül, Bağcivan, and Aksu, 'Nurses' Opinions on Do-Not-Resuscitate Orders,' 2.

51 Samuels, 'Do Not Resuscitate.'

DNR orders are one of the contemporary issues in both a medical and Islamic context. Classical Islamic jurists, therefore, do not directly address the question of DNR.[52] For this reason, it will be linked to the current debate while researching the question of DNR from an Islamic perspective. DNR instructions, which are the act of giving up resuscitation, may be linked to the search for any disease care in Islam. It is important to note that in carrying out a DNR order on a patient, they will die, which makes DNR appear similar to murder. The procedure of DNR, however, differs from killing since it involves withholding non-beneficial resuscitation to allow natural death to occur. Also, it can be contrasted to murder, which is defined as the deliberate and intentional act by which one ends the life of another.[53] As a result, the Islamic ruling regarding mercy killing does not apply to DNR. Despite this, it is important to underscore that DNR has the ultimate effect of death, and a DNR order and not using medical procedures, i.e., not starting treatment, are intimately connected. Examining Islamic scholars' views regarding seeking or withholding treatment would be beneficial to gain a deeper understanding of the fatwas issued on DNR.

Seeking Remedy and Treatment in Islam

While CPR is a treatment, DNR orders prevent this treatment from being started. To understand the position of DNR orders in Islam, it is important to examine what Islamic sources say about seeking treatment for the patient. In the Qur'an, diseases are mentioned for various reasons[54], but there is no explicit provision for treatment. Also, belief-related diseases such as profanity and shirk are mentioned.[55] Nevertheless, the Qur'an states that "a healing for what is in [your] hearts,"[56]; for believers, "healing and mercy."[57] The *rukhṣa* (concession) suggested alleviating responsibility for Muslims due to physical illnesses or excuses.[58] However, treating diseases may not be mentioned because seeking treatment is a natural and rational need. What is more, verses that state "do not throw [yourselves] with your [own]

52 Mohammad Mustaqim Malek, Noor Naemah Abdul Rahman, and Mohd Shahnaz Hasan, 'Do Not Resuscitate (DNR) Order: Islamic Views,' *Al-Qanatir: International Journal of Islamic Studies* 9, no. 1 (2 July 2018): 36.

53 Malek, Rahman, and Hasan, 37.

54 Sūra al-Baqarah, 2/184, 185; al-Nisāʿ, 4/43; al-Māʾidah, 5/6; al-Tawbah, 9/91; al-Nūr, 24/61; al-Muzammil, 73/20.

55 Sūra al-Baqarah, 2/10; al-Anfāl 8/49; al-Māʾidah, 5/52; al-Tawbah, 9/125.

56 Sūra Yunus, 10/57.

57 Sūra al-Isra, 17/87.

58 Sūra al-Baqarah, 2/185.

destruction [by refraining]," "do not kill yourself,"[59] and "in which there is healing for people"[60] have been considered evidence of the legitimacy of treatment and cure.

The Prophet points to those who are genuine in their treatment methods and states that being treated does not contradict belief and trust in God (*tawakkul*). In addition, he warns of those who are negligent about health. In this context, he said 'There is no disease that Allah has created, except that He also has created its treatment.'[61] Also, he mentioned that 'Usamah bin Shank said: "*Some Bedouins asked: 'O Messenger of Allah shall we treat (our ill)?' He said: 'Yes, o worshippers of Allah! Use remedies. For indeed, Allah did not make a disease, but He made a cure for I' - or – 'a remedy. Except for one disease.' they said: 'O Messenger of Allah! What is it?' He said: 'Old age.*'"[62] In the Hadiths, the Prophet recommended they treat but do not use *ḥaram* in treatment.

Moreover, the Prophet himself used treatment when he was sick. He also stated that health is one of the two blessings people do not know.[63] Furthermore, when the Prophet prayed to God, he wished to become healthy; he would not approve of the death wish[64] and would recommend that long life is expected to be spent with good deeds.[65] It was reported that during the Prophet's illness before his death, his doctors tried to treat him. In summary, the Prophet recommends that a remedy be found and notes that any illness other than death can be cured.[66] Several hadiths emphasize the importance of patience in the face of disease. However, this does not imply there is no need to seek treatment. In these hadiths, patience is emphasized as the central virtue of human existence.

Contemporary Muslim Scholars' Views on Seeking a Remedy and Treatment

Contemporary scholarly opinions about seeking medical remedies depend on clinical efficiency. Yusuf al-Qaradāwī (born 1926), an Egyptian Islamic theologian, has stated that treatment is necessary if severe suffering is felt, if there is the possibility of success, and if recovery is hopeful. Considering patients and their

59 Sūra an-Nisāʿ, 4/29.

60 Sūra an-Nahl, 16/69.

61 Sahih Bukhari, *Sahih Bukhari*, trans. Muhsin Khan, 1st ed., 2009, 1271.

62 Imam Hafiz Abu 'Elsa Mohammad Ibn 'Eisa At-Tirmidhi, *English Translation of Jami' At-Tirmidhi*, trans. Abu Khaliyl, vol. 4 (Darussalam, n.d.), 197.

63 Sahih Bukhari, *Sahih Bukhari*, 1431.

64 Sahih Bukhari, 1269.

65 At-Tirmidhi, *English Translation of Jami' At-Tirmidhi*, 4:362.

66 Sahih Bukhari, *Sahih Bukhari*, 1271.

families in conditions where rehabilitation is not promising, the doctor views beginning or stopping care as appropriate and legal. According to al-Qaradāwī, continuing care with life support machines and medications means sometimes prolonging the disease. He also adds that even if the patient eventually dies, respiration and blood circulation continue depending on the life-support equipment. However, the patient is unaware of this information. In this state, the treatment of the patient will incur a high cost, which causes the unit to be unable to provide care to other patients who need life support.[67] In this case, stopping the life support machines means withdrawing the permissible treatment. According to the consensus of the Islamic Jurisdictional Council in the Kingdom of Saudi Arabia in Jeddah in May 1992, the basic rule for all medical treatments is permissible. However, they have stated that the treatment provision will differ depending on the patient and if the disease causes a loss of life or limbs or if the disease is transmitted to someone else. In these cases, searching for medical treatment becomes *wājib.*[68]

However, modern jurists struggle to issue *fatwas* on novel medical problems because of new advancements in medicine and technology. For example, looking at the getting treated decision of the Islamic Fiqh Academy, it seems to be largely compatible with the views of the Shāfiʿī and the Mālikī *madhab* about the seeking treatment issue. The modern view includes the categories of amputation of a limb, disability, or a communicable disease that harms others. This decision has no information regarding the moral obligation of clinical efficacy. Additionally, it is unclear whether this council has engaged in debates regarding the epistemology of medical science or how biostatistics is used to assess clinical effectiveness.[69]

As a result, the decision is also insufficient for modern biomedicine. However, the moral status regarding the quest for medical care should be taken into account in light of the structure, epistemology, and means of contemporary biomedicine construction for the development of a holistic Islamic bioethics.[70] Otherwise, the rate of fall to errors can increase when a *fatwa* is issued on bioethical matters.

67 Yusuf Al-Qaradawi, *The Lawful and the Prohibited in Islam*, ed. Zaynab Alawiye, trans. Kamal El-Helbawy, Mohammed M. Siddiqui, and Syed Shukry, first edition (London: Al-Birr Foundation, 2003).

68 al-Islāmī, *Resolutions and Recommendations of the Council of the Islamic Fiqh Academy 1985-2000*, 139–40.

69 Mohammed Ghaly, *Islam and Disability: Perspectives in Theology and Jurisprudence* (London: Routledge, 2009), https://doi.org/10.4324/9780203865088.

70 Aasim I. Padela and Omar Qureshi, 'Islamic Perspectives on Clinical Intervention near the End-of-Life: We Can but Must We?,' *Medicine, Health Care, and Philosophy* 20, no. 4 (December 2017): 551, https://doi.org/10.1007/s11019-016-9729-y.

Muslim Scholars' opinions on withholding treatment

In Islamic law, while any issues are being settled, the five fundamental principles known as '*Maqāṣid al-Sharīʿa,*' which means the aims or purposes of the law[71], are taken into consideration. These principles are the protection of intellect (*ʿaql*), religion (*dīn*), property (*māl*), generation (*nasl*) and soul (*nafs*).[72] This verdict is appreciated in the Qur'an in *Sūra al-An'am*: "*Do not take life which God has made sacred except in the course of Justice*" (Q; 6:151). Moreover, human life is very valuable; "*Whoever kills a soul unless for a soul or for corruption [done] in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely*" (Q; 5:32). As stated in these verses, humans are entrusted with a soul and are responsible for protecting it. Furthermore, no one has the right to terminate their own life or that of others. In addition, when appropriate, the protection of life takes precedence over other principles. Consequently, many *fiqh* rulings have been made on the basis that a person who will die if he obeys the orders of religion or does what is forbidden, or a person who is threatened with death, may disobey these orders or violate these prohibitions.[73] As an example, a person who is in need and cannot find food can eat what is *ḥarām* in order not to die[74] and not even be held responsible by their religious authority if they do not follow the guidelines of their faith.

There is a comparison between the treatment status of the individual and the example mentioned above in the classical *fiqh* books. Ḥanafīs, therefore, consider treatment permissible. In some cases, however, permissible actions become obligatory. As an example, when someone is starving, thus eating becomes compulsory for them. Despite this, treatment cannot convert a permissible act, such as eating, into an obligation under certain circumstances. Accordingly, Ḥanafī scholar, al-Mawṣīli (d. 683/1284), is opposed to making *qiyās* between the necessity of eating for those who are dying of hunger and the treatment of the patient. He believes that this person must eat enough so that he does not die. It is a sin, however, to avoid eating and drinking and starve to death. Even though people cannot discuss the same situation during treatment, Mawṣīli states that he believes treatment is

71 Robert M. Gleave, 'Maḳāṣid Al-Sharīʿa,' in *Encyclopaedia of Islam, Second Edition* (Brill, 24 April 2012), https://referenceworks.brillonline.com/entries/encyclopaedia-of-islam-2/makasid-al-sharia-SIM_8809.

72 Abū Hamid Al-Ghazālī, *Al-Mustaṣfá Fī 'ilm al-Uṣūl* (Dār al-Kutub al-'Ilmīyah, 1995), 287.

73 Merve Özdemir, 'İleriye Yönelik Sağlık Talimatları (Advance Directives) ve İslam Hukuku Açısından Değerlendirilmesi,' in *Hayatın Başlangıcı ve Sonu: Tıbbî, Dinî ve Etik Sorunlar*, ed. Hakan Ertin and Merve Özdemir (Istanbul: ISAR, 2013), 213.

74 *Sūra Al-Baqara*, 2/173.

beneficial, but people can recover without treatment as well.[75] Consequently, the outcomes of the two situations are very different. In addition, the effectiveness of the treatment cannot be guaranteed. In contrast to eating and drinking, there is a possibility that one can recover without treatment.

Moreover, among the Shāfiʿī scholars, al-Ghazali (d. 505/1111) has profound views regarding treatment. Despite the possibility of treatment being high, the *abid*s and *zahid*s in al-Ghazali's book who abandoned treatment made clear that there is a certain benefit to relying on God.[76] Similar to Ḥanafīs, withholding treatment is associated with *zannī* (speculative) and *qatʿi* (definitive) evidence. Al-Qarafī (d. 684/1285), one of the Mālikī scholars, held similar views on the issue to the other two *madhab*s. According to him, it is not *wājib* for a person who is about to die to be treated, while it is *wājib* for a person to eat. This is because even though it is unknown if the treatment benefits anyone, the food will certainly benefit a hungry person. Aside from the abandonment of eating and drinking, no other cause of death is associated with it. In contrast, the situation in the treatment setting is quite different.[77] Similar to the Ḥanafīs and Shāfiʿīs, the scholars of Malik also discussed the distinction between the withholding of treatment and the acts of eating and drinking based on presumed benefits. In the opinion of Ibn Taymiyya (d. 729/1328), one of the Hanbali scholars, treatment is not essential because the patient can recover without it. Ibn Taymiyya, like the scholars of the other three madhhabs, distinguishes between eating and being treated.[78] The difference is also similar to other views, with the assumption that treatment is not certain.

In summary, classical Islamic jurists explained that eating and drinking are *farḍ* under the rule of *ḍarūra* (necessity). This is when there is a danger to life. When it comes to treatment, they do not make the same assumption.[79] In other words, the treatment may be beneficial as well as ineffective, depending on the circumstances. From the nutrition example, it can be concluded that making the treatment mandatory would be beneficial. Modern medicine, on the other hand, recognizes as futile any medical treatment or practice that the physician, patient, or their representative agrees is ineffective, useless, offers minimal or little quality

75 Abū Faḍl ʿAbd Allāh b. Maḥmud al-Mawṣīli, *Al-Ikḥtiyār Li-Taʿlīl al-Mukhtār*, vol. 2 (Risala Alamiyya, 2009), 431–33.

76 Abū Hamid Al-Ghazālī, *Iḥyāʾ ʿulūm Al-Dīn*, vol. 2 (Beirut: Dār al-Fikr, 1994), 398–400.

77 Shihāb al-Dīn Al-Qarāfī, *Al-Dhakhīrah : Al-Muqaddimāt Wa-Kitāb al-Ṭahārah Min al-Juz' al-Awwal*, vol. 12 (Kuwayt: Wizārat al-Awqāf wa-al-Shu'ūn al-Islāmīyaah, 1982), 263.

78 Aḥmad ibn ʻAbd al-Ḥalīm Ibn Taymīyah, *Majmūʻat Fatāwá*, vol. 21 (Maṭābiʻ al-Mukhtār al-Islāmī : Maktabat Ibn Taymīyah, 1983), 564.

79 Tuğba Erkoç-Baydar, 'Fikhi Açıdan Otanazi ve Tedavinin Esirgenmesi' (Thesis, Istanbul, Marmara University, 2017), 292.

of life benefit, is unlikely to meet the patient's expectations, or does not recognize a reasonable chance of survival.[80]

Medical Futility

Over the past twenty years, the notion of medical futility has become increasingly prevalent. Medical futility refers to interventions that are not likely to benefit the patient significantly.[81] There is no verbally accurate, exact, or easily identifiable measure of futility. Although different physicians have used the concept of futility, it has been demonstrated that a particular outcome could lead to different outcomes. The American Medical Association (AMA) recommends that if a treatment is ineffective, the success rate must be zero; other physicians recommend that the success rate be at least 13 percent. Similarly, according to the AMA, the perception of medical treatment goals and the evaluation criteria of the results varies among physicians. CPR serves only physiological purposes when a patient is suffering from cardiopulmonary arrest: reversing the cardiac arrest and restoring the respiratory system. When CPR is used in such a scenario, and the patient is kept alive by the first intervention, the application will be considered successful. By contrast, resuscitation is considered futile if it cannot restore vital functions.[82]

In accordance with the American Heart Association (AHA) guidelines, medical futility authorizes physicians to unilaterally suspend or cease resuscitation in the following circumstances: First, when the functions of circulation and respiration cannot be successfully reversed, despite the use of appropriate basic and improved life support. Second, the patient's vital signs worsen despite all attempts to treat the condition. Third, studies have shown that no patient survived the conditions specified after CPR was administered. In studies conducted with a series of CPR treatments administered to patients with metastatic cancer, none of the patients survived to discharge.[83] Holding or stopping resuscitation under these exact and precise conditions is appropriate.[84]

80 Nermin Ersoy, 'Yaşamın Sonuyla Ilgili Etik Konular: 1 Yaşamı Destekleyen Tedavilerin Esirgenmesi ve Çekilmesi,' in *Çağdaş Tıp Etiği*, ed. Ayşegül Demirhan, Öztan Öncel, and Şahin Aksoy (Istanbul: Nobel Tip Kitabevleri, 2003), 333.

81 'Futility | UW Department of Bioethics & Humanities,' accessed 31 July 2022, https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/65.

82 'Standards and Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC),' *JAMA* 255, no. 21 (6 June 1986): 2905–84, https://doi.org/10.1001/jama.1986.03370210073024.

83 Kathy Faber-Langendoen, 'Resuscitation of Patients With Metastatic Cancer: Is Transient Benefit Still Futile?,' *Archives of Internal Medicine* 151, no. 2 (1 February 1991): 238, https://doi.org/10.1001/archinte.1991.00400020011003.

84 Tom Tomlinson and Howard Brody, 'Futility and the Ethics of Resuscitation,' *JAMA* 264, no. 10 (12 September 1990): 1277, https://doi.org/10.1001/jama.1990.03450100066027.

Contemporary Islamic scholars and *fatwa* institutions have also focused on medical futility regarding terminating treatment. Yusuf al-Qaradāwī is among those who have suggested terminating treatment or not even beginning it if the treatment is futile. In this case, al-Qaradāwī believes that terminating or not starting treatment does not constitute an act of euthanasia.[85] In the same vein, IMANA permits the termination of treatments deemed futile by a team of physicians.[86] As discussed in the 2007 Consultation Meeting of the Presidency of Turkish Religious Affairs, it is possible for a person who suffered brain death to withhold life support.[87] Accordingly, the Turkish Religious Affairs proposes terminating treatment if brain death has occurred in a patient whose resuscitation, in the opinion of physicians, is unlikely. In their opinion, treating patients of this kind is medically futile and should not be continued.

There is no doubt that the concept of futile treatment accords with the view of Islamic scholars that the treatment of the patient can be refused if it is thought that it will be unsuccessful. Nevertheless, since determining the limits of medical futility is a matter of specialization, the decision-makers should be medical experts. Islam states that "*certainty cannot be void by doubt or speculation,*"[88] which must be respected in the DNR decision. At this point, certainty is crucial in determining the suitability of CPR practice. According to a *fatwa*, it is the expert's responsibility to clarify any scientific or medical issues that may arise.[89] Making a DNR order decision requires the expert's opinion, experience, and extensive knowledge. As a result, a physician's decision based on previous experience in similar circumstances may be accepted as a justified DNR.

Contemporary Muslim Scholars' opinions on DNR orders

Decision-making about the execution of DNR orders is not a simple process, both from a legal and moral point of view. In general, medical practice, including DNR instructions, is based on the principle of intent (*niyya*) from the Islamic perspective. In the case of DNR orders, they may be allowed in Islamic terms if

85 Yusuf Al-Qaradawi, 'Medical Issues - Islamweb - Fatwas,' Online, 2022, https://www.islamweb.net/en/fatawa/262/medical-issues.

86 IMANA Ethics Committee, 'Islamic Medical Ethics,' 36–37.

87 Mehmet Bulut, *Guncel Dini Meseleler İstişare Toplantısı* (Ankara: Diyanet İşleri Başkanlığı Yayınları, 2009), 117–53.

88 'Al-Majalla(The Ottoman Courts Manual (Hanafi)),' n.d., code, 4.

89 Hileel et al, (2006), Ruling on removing life support equipment from a patient who has no hope of recovery. http://aliftaa.jo/DecisionEn.aspx?DecisionId=236#.W2rzPC2ZNmB, decision number 117. [Consulted online on 8 August 2018].

the intent is to stop or implement treatment due to medical futility. However, in cases where the purpose is to alleviate the patient's pain, DNR is not permitted.[90] Also, some fatwas were issued showing the *ijtihād* of Islamic scholars regarding the acceptability of DNR on the patient under certain medical situations.

The Presidency of the Administration of Islamic Research and Ifta', Riyadh, Kingdom of Saudi Arabia (KSA), in *fatwa* number 12086 issued in 1988:

> "First: If the patient is dead on arrival at the hospital, there is no need to use resuscitators.
> Second: If the patient's condition is not fit for resuscitation according to the medical report of three trustworthy specialist doctors, there is also no need to use resuscitators.
> Third: If the patient is suffering from an obstinate illness that is not responding to treatment and their death is certain, according to the testimony of three trustworthy specialist doctors, there is also no need to use resuscitators.
> Fourth: If the patient is incapacitated or in a state of mental inactivity due to a chronic illness, or suffering from an advanced stage of cancer, a chronic heart or lung illness, or the recurrence of heart and lungs failure, and it is the decision of three trustworthy specialist doctors, there is no need to use resuscitators.
> Fifth: If the patient shows evidence of untreatable brain damage according to the medical report of three trustworthy specialist doctors, there is no need to use the resuscitator, as it will be of no benefit.
> Sixth: If resuscitation of the heart and lungs will be ineffective and inappropriate in a specific case, according to the medical opinion of three trustworthy specialist doctors, there is no need to use the resuscitator. No consideration should be given to the opinion of the patient's family as to whether or not resuscitation should be applied, because this is not their area of expertise."[91]

Based on this *fatwa*, the 'No Code' or 'Do-Not-Resuscitate' status policy is applied in Saudi Arabian hospitals. These policies generally focus on resuscitation and advanced life support decisions. Furthermore, these policies have been significant instruments for recognizing when aggressive life support has restricted value in patients with advanced medicinal conditions.[92] This policy includes the following statements: DNR status is applied after the approval of at least three specialists in the field, and the patient's relatives are informed about the decision taken. As a result of the DNR policy, significant reductions in futile or hopeless CPR

90 Kasule, 'Outstanding Ethico-Legal-Fiqhi Issues,' 8.

91 Hassan Chamsi Pasha and Mohammed Ali Albar, 'Do Not Resuscitate, Brain Death, and Organ Transplantation: Islamic Perspective,' *Avicenna Journal of Medicine* 07, no. 2 (April 2017): 35–45, https://doi.org/10.4103/2231-0770.203608.

92 Yaseen M. Arabi, Abdulla A. Al-Sayyari, and Mohamed S. Al Moamary, 'Shifting Paradigm: From "No Code" and "Do-Not-Resuscitate" to "Goals of Care" Policies,' *Annals of Thoracic Medicine* 13, no. 2 (2018): 67, https://doi.org/10.4103/atm.ATM_393_17.

practices in which the chances of successful resuscitation are close to zero[93] have been observed. DNR orders were written by 66% and 84% of patients who died in Intensive Care Units and wards.[94]

If the patient is conscious and competent enough, they should be informed and should take part in discussions on the treatment to be applied. Let's suppose the patient is not competent enough or in a comatose or vegetative state. In that case, the treatment should be discussed with the patient's family members, especially with the most appreciative and understanding person. However, according to the *fatwa*, the DNR order is a very paternalistic decision that does not require the patients' families. The patient's families and guardians cannot decide on the application or removal of resuscitation measures and procedures because they are not qualified in medical practice. The *fatwa* explicitly addresses this by saying that it is not their area of expertise. The DNR order is legal only if it is signed by three qualified physicians, usually two consultants and one staff physician, in Saudi Arabia.[95] It can also be accepted at the hospital only when the patient is admitted. When signed, the DNR order form is kept on the patient's registry and should be reviewed by physicians per the hospital's policy. However, this *fatwa* is contrary to the biomedical ethics principle of '*respect for autonomy.'* This principle expresses the right of the patient to decide on bodily interventions. However, it has been observed that surveys about 'end of life care beliefs among 461 Muslim physicians' do not accept more paternalist decisions than half of the participants. Moreover, about 29% of the participant physicians think that religious teachings are not clear.[96]

The second *fatwa* on DNR is found in Darul Ifta Birmingham. It is displayed on the website and based on a question-and-answer format, with the questions answered by Mufti Mohammed Tosir Miah. The DNR *fatwa* was issued by Miah in 2011, numbered 70, in the following:

> "A Do Not Resuscitate or DNR order is a written order from a doctor that resuscitation should not be attempted if a person suffers cardiac or respiratory arrest. Such an order may be instituted by the patient or his immediate relatives. In addition, there are *fatwas* of

93 Laura Landon, 'CPR-When Is It Acceptable to Withhold It? And a Hospital Survey of "Not for CPR" Orders,' *Age and Ageing* 29, no. S1 (2000): 9.

94 M. Rahman et al., 'Current Practice of Do-Not-Resuscitate (DNR) Orders in a Saudi Arabian Tertiary Care Center,' *Critical Care* 5, no. 1 (2 March 2001): 121, https://doi.org/10.1186/cc1322.

95 Pasha and Albar, 'Do Not Resuscitate, Brain Death, and Organ Transplantation,' 250.

96 Fahad Saeed et al., 'End-of-Life Care Beliefs Among Muslim Physicians,' *American Journal of Hospice and Palliative Medicine*® 32, no. 4 (1 June 2015): 391, https://doi.org/10.1177/1049909114522687.

> scholars in some medical situations not to resuscitate the patient. DNR is considered to be a form of medical treatment and the majority of scholars agree that medical treatment is not something which is obligatory but something which is *mustaḥabb* (desirable).[97] It is stated in *Fatāwa Hindiyyah* that there are three means used for removing harms:
> 1. Those that remove harm for certain such as drinking water to quench thirst and eating food to remove hunger. In this category abstaining from eating and drinking is not considered as putting trust in Allah, rather it is unlawful to refrain from using these means.
> 2. Those means where it is presumed one's health will be restored, such as medical treatment. In this category, using medication is not against putting trust in Allah and abstaining from it is not a sin.
> 3. Those means which may cure like amulets, *taweez*. In this category, complete reliance on Allah is only achieved by abstaining from using them.[98]

The conclusion we can come to is that in a situation where further treatment is futile then to pass a DNR order over the patient with the consent of the patient or his immediate relatives is permissible. Also, it will be permissible for the patient to make a will that give permission to withdraw treatment in such situations."[99]

Based on this *fatwa*, it can be said that DNR orders can be Islamically permitted under certain circumstances. It is stated that the DNR decision depends on the patient or the patient's family because the advanced treatment is futile. Also, in the *fatwa* where DNR is considered as the form of treatment, DNR orders are based on the opinion of the Islamic jurists that the search for treatment is not mandatory but recommended or desirable. As long as these conditions are met, it has been ruled that DNR decisions are permissible.

It can be clearly noted, however, that there are significant variations between the Saudi and Birmingham *fatwa*s. The first of these distinctions is that while the Saudi fatwa is based upon a paternalistic point of view, which means that it is physician-centered, the decision-making process which was adopted by the Birmingham *fatwa* is patient-centered. On the other hand, the Saudi *fatwa* is contrary to the principle of biomedical ethics, the automatic and inherent respect for autonomy, since it requires three specialists in the field to decide on DNR. However, the area of expertise of physicians is not provided in detail, nor is it specified how to ensure that they are trustworthy. Al-Bar and Chamsi-Pasha have identified the fields of doctors as being two consultants and one staff physician[100], but still, they do not go into detail. The Birmingham *fatwa* has supported patient autonomy by saying DNR

97 Mufti Nizamuddin, *Fatawa Hindiyya*, vol. 1 (Lebenon: Dar Al-Kotob Al-ilmiyah, 2000), 350.

98 Mufti Nizamuddin, *Fatawa Hindiyya*, vol. 5 (Lebenon: Dar Al-Kotob Al-ilmiyah, 2000), 355.

99 Mohammed Tosir Miah, 'Death & Burial, Fatwa Number: 70,' Darul Ifta Birmingham, 2011.

100 Mohammed Ali Al-Bar and Hassan Chamsi-Pasha, *Contemporary Bioethics* (Cham: Springer International Publishing, 2015), 250, https://doi.org/10.1007/978-3-319-18428-9.

can be allowed with the patient's or their family's consent. Similarly, although the Saudi *fatwa* says that doctors must be trustworthy, there are no guidelines provided on how such a trait might be established. To whom should they be trustworthy? Leaving this unspecified makes it difficult to determine which doctors or physicians can fulfill the requirements and formulate decisions for DNR orders.

A second major difference is that people can sign the DNR orders as an advance directive when they are healthy, according to the Birmingham *fatwa*. This option is not mentioned as available to the patient or individual under the Saudi *fatwa*; it is not specified whether it is permissible. Alternatively, this choice is inferred only as being inaccessible since the Saudi fatwa clearly states that the person and their family or guardians are not experts and are, therefore, unable to make such a decision.

A further distinction between the two *fatwa*s is that while the Saudi *fatwa* has elaborated on what conditions DNR application is permissible, albeit without providing any basis, the Birmingham *fatwa*, on the other hand, directly references a previous ruling. This is the *Fatawa Hindiyyah,* which is one of the reference *fatwa* books of Ḥanafī *madhḥab* written in India in the 1700s, and the *Nizam ul-Fatawa.*[101] Therefore, the legitimacy of the Birmingham *fatwa* was proved by using classical references.

On the other hand, The North American Islamic Medical Association (IMANA) believes that when a patient becomes terminally ill, the patient should be allowed to die without unnecessary procedures, as determined by physicians who specialize in observing terminal illnesses. If the patient is still alive, all medical treatment should be continued. IMANA does not believe in continuing a person's misery with a life support machine while they are in a vegetative state. All life support system operations may be viewed as provisional steps. When death is inevitable, as decided by a team of physicians, including critical care physicians, the patient should be allowed to die naturally without the intervention of unnecessary and ineffective procedures. Although all current medical services are underway, no further or new efforts should be pursued to ensure funding for artificial life. When mechanical assistance is provided to the patient, this can then be removed. However, the patient should be given full consideration, comfort management, and pain control. In addition, there should be no avoiding nutrition and hydration.[102] In fact, if food and water are withheld, it could be considered, in Islamic law, an act of murder. The patient will not die in peace and comfort if hydration and nutrition

101 Miah, 'Death & Burial, Fatwa Number: 70.'

102 IMANA Ethics Committee, 'Islamic Medical Ethics,' 36–37.

are stopped; on the contrary, they may suffer thirst and hunger for up to two weeks. Lethal injunction and killing the patient in minutes could be more humane, rather than torturing them for the length of these weeks. This is, however, seen as a form of euthanasia, which is certainly prohibited in Islam.[103]

In addition, Omar Kasule, who is a pioneer in integrating Islamically-appropriate medicine into medical practice and teaching, emphasized that the patient was already allowed to request DNR while in the process of dying, so the act of not attempting resuscitation would not be considered murder. In this sense, the DNR application only prevents doctors from interfering with the natural process of patient death.[104] Therefore, the termination of resuscitation depends on the precise nature of the death process. It can be said that this view is compatible with the fact that attempts at resuscitation can be abandoned when exposed to the untreatable conditions specified in the fatwas. Kasule seems to offer a guide that can be regarded as complementary to the fatwas, pointing out the need to ensure the inevitability of death, particularly after the pre-death conditions underlined by the *fatwas*.[105]

Conclusion

It is essential to be aware that a DNR order indicates that a patient is to receive all medical treatment, excluding cardiopulmonary resuscitation. In addition, all interventions designed to ensure the patient's comfort and dignity will continue. The common denominator of the *fatwa*s investigated in this study, is that the application of DNR is permissible according to Islam when – and only when – further medical care is futile or ineffective. However, there is no common consensus on who will decide the DNR decision. According to the dominant opinion in the Saudi *fatwa*, that prerogative belongs solely to three doctors who are specialists in the field and, by some measure, trustworthy. Furthermore, only the legal aspect of the DNR orders has been addressed in the fatwas, but the ethical aspect has been ignored.

On the other hand, there is a discourse parallel to the bioethical principles, which is based on respect for autonomy, found within the Birmingham *fatwa*. Accordingly, in the Birmingham *fatwa*, it is emphasized that the patient or their relatives have the authority to make decisions at the end of life. If the patient cannot make decisions, then the patient has no autonomy to decide. In this case, the patient's family or guardian should be included in the decision-making group. Islam also believes that doctors have a significant role in this decision-making process.

103 Al-Bar and Chamsi-Pasha, *Contemporary Bioethics*, 250.

104 Kasule, 'Outstanding Ethico-Legal-Fiqhi Issues,' 7.

105 Malek, Rahman, and Hasan, 'Do Not Resuscitate (DNR) Order,' 38.

In the case of seeking medical treatment, there are different rulings among the four Sunni schools of law, *madḥabs*. Nevertheless, it has been seen that their thoughts and verdicts are similar to classical views in the f*atwas* issued under today's conditions. On the other hand, it can be said that the developments in science and medicine have advanced in ways that cannot be imagined, revealing the need to revise the classical legal formulas. It would be helpful to use a holistic point of view in these reviews, including ethics, as well as Islamic and legal guidelines for medical issues, as these medical issues often include problems that need to be addressed ethically.

To conclude, DNR orders are encouraged in Islam in cases of futile treatments. Muslim patients or families should receive medical treatment, including resuscitation, until they have recovered or reached the stage of inevitable death (terminal illness) or a vegetative state. It is imperative to seek medical help in life-threatening situations. When treatment benefits are questioned, seeking treatment becomes a matter of choice. Moreover, when treatment is futile, it is not necessary for it to continue. Additionally, all Muslims are encouraged to have a written living will and to let their next of kin know their wishes. Furthermore, all hospitals and health care providers in most Muslim countries require a clear policy regarding DNR and end-of-life issu Peer-review: Externally peer-reviewed. Conflict of Interest: The author has no conflict of interest to declare. Grant Support: The author declared that this study has received no grant supportes.

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