



11-14-2011

The Implications of Religious Beliefs on Medical and Patient Care

Dana I. Al Hussein

University of Pennsylvania, dana_imh@yahoo.com

Follow this and additional works at: http://repository.upenn.edu/od_theses_msod

Al Hussein, Dana I., "The Implications of Religious Beliefs on Medical and Patient Care" (2011). *Master of Science in Organizational Dynamics Theses*. 46.

http://repository.upenn.edu/od_theses_msod/46

Submitted to the Program of Organizational Dynamics in the Graduate Division of the School of Arts and Sciences in Partial Fulfillment of the Requirements for the Degree of Master of Science in Organizational Dynamics at the University of Pennsylvania

Advisor: Adrian Tschoegl

This paper is posted at ScholarlyCommons. http://repository.upenn.edu/od_theses_msod/46

For more information, please contact libraryrepository@pobox.upenn.edu.

The Implications of Religious Beliefs on Medical and Patient Care

Abstract

Throughout history and to this date in a continuously globalized world, monotheistic religions and medicine have caused numerous acrimonious debates especially in crucial moments of life and death. Medical and nursing staff working with patients from different religions in any country in the world must adhere to and respect those patients' faiths and be aware of them to provide better patient care and in worst case scenarios, avoid litigation. Furthermore, this paper should not be treated as an encyclopedic reference; it is merely a general overview into the three monotheistic faiths to alert professional healthcare staff of the possibility of a religious implication even if it contradicts their own concerns and points of views.

In this paper, a general overview of some aspects of Judaism, Christianity and Islam's doctrines concerning informed consent, abortion, do not resuscitate -DNR, euthanasia and end-of-life care, and autopsies are highlighted and presented. After describing the Islamic viewpoint on each medical process presented herein, a final chapter from an insider's perspective will recount some examples of how the aforementioned medical processes are carried out from the standpoint of one of Saudi Arabia's societies.

Comments

Submitted to the Program of Organizational Dynamics in the Graduate Division of the School of Arts and Sciences in Partial Fulfillment of the Requirements for the Degree of Master of Science in Organizational Dynamics at the University of Pennsylvania

Advisor: Adrian Tschoegl

THE IMPLCATIONS OF RELIGIOUS BELIEFS ON
MEDICAL AND PATIENT CARE

by

Dana Ismail M Al Hussein

Submitted to the Program of Organizational Dynamics
in the Graduate Division of the School of Arts and Sciences
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Organizational Dynamics at the
University of Pennsylvania

Philadelphia, Pennsylvania

2011

THE IMPLCATIONS OF RELIGIOUS BELIEFS ON
MEDICAL AND PATIENT CARE

Approved by:

Adrian Tschoegl, Ph.D., Advisor

Jim Larkin, Ph.D., Reader

Jean-Marc Choukroun, Ph.D., Reader

ABSTRACT

Throughout history and to this date in a continuously globalized world, monotheistic religions and medicine have caused numerous acrimonious debates especially in crucial moments of life and death. Medical and nursing staff working with patients from different religions in any country in the world must adhere to and respect those patients' faiths and be aware of them to provide better patient care and in worst case scenarios, avoid litigation. Furthermore, this paper should not to be treated as an encyclopedic reference; it is merely a general overview into the three monotheistic faiths to alert professional healthcare staff of the possibility of a religious implication even if it contradicts their own concerns and points of views.

In this paper, a general overview of some aspects of Judaism, Christianity and Islam's doctrines concerning informed consent, abortion, do not resuscitate -DNR, euthanasia and end-of-life care, and autopsies are highlighted and presented. After describing the Islamic viewpoint on each medical process presented herein, a final chapter from an insider's perspective will recount some examples of how the aforementioned medical processes are carried out from the standpoint of one of Saudi Arabia's societies.

ACKNOWLEDGEMENTS

Appreciation and gratitude is extended to God for blessing me with the abilities and health to pursue my education and humility to try helping others. I would like to extend my deep appreciation to King Abdulla bin Abdul Aziz for believing in the capabilities of Saudi Arabia's youth and investing in our education, without your faith in us; we would not have succeeded. My parents, family, friends, OD staff and amazing individuals I met through my journey in Organizational Dynamics and living in Philadelphia, I thank you for all your support, guidance and warm welcome into your hearts and lives.

LIST OF TABLES

| TABLE | Page |
|--|------|
| 1. Informed Consent Perspectives Summary | 10 |
| 2. Abortion Perspectives Summary | 18 |
| 3. DNR, Euthanasia and End-Of-Life care Perspectives Summary | 28 |
| 4. Autopsy Perspectives Summary | 36 |

TABLE OF CONTENTS

| | Page |
|--|------|
| ABSTRACT | iii |
| ACKNOWLEDGEMENTS | iv |
| LIST OF TABLES | v |
| CHAPTER | |
| 1. Introduction | 1 |
| 2. Parental or Guardian Consent | 3 |
| References | 12 |
| 3. Abortion | 13 |
| References | 20 |
| 4. DNR/Euthanasia and End of Life Care | 21 |
| References | 31 |
| 5. Autopsies | 32 |
| References | 37 |
| 6. Reflections from Saudi Arabia | 38 |
| References | 43 |

CHAPTER 1

INTRODUCTION

History recapitulates many instances when there have been intense and sometimes fanatical debates resulting from people's differences in ethical, religious, social or political beliefs. In recent years, due to medical advances, some of these debates have focused on the ethics and practices associated with obtaining patients' consents, abortions, prolonging life, allowing people to die with dignity and postmortem examinations of human cadavers. Such debates shed some light on essential differences between religious beliefs on the one hand, and medical practice on the other, with positions varying across cultures, faiths and established social norms based on the rabbis, popes, and religious scholars interpretations of the holy books.

Working in the Total Quality management department as the Policy and Procedure Coordinator meant developing each and every policy the hospital needed to ensure the best possible patient care is provided. Ensuring the availability of policies such as "Do-Not-Resuscitate DNR" and "informed consent" is part of the Joint Commission International Standards which the hospital was seeking its accreditation. However, when looking into the matter, it turned out that such procedures are not commonly discussed or, sometimes, socially accepted in Saudi Arabia. Years later, when I started the Organizational Dynamics program and enrolled in "Working in the Global Market" class with Dr. Adrian Tschoegl; a light sparked and I knew I had to incorporate my passion for understanding all religions with my education to allow for cross cultural and religious communications especially in a rapidly growing global system.

In this paper I explore a number of situations where conflicts between faiths, Judaism, Christianity and Islam, and medical practice arise, including for example Judaism permitting the forceful persuasion of a patient's consent under specific conditions, Christianity's Catholic church support of passive euthanasia for terminal patients, and Islam forbidding the termination of a pregnancy unless it jeopardizes the mother's life among other reasons.

The purpose of this capstone is to point out and bring forth some of the nuances between the three aforementioned monotheistic faiths in ways that might inform healthcare professionals about critical differences and allow them to treat patients in accordance to their faiths and contemporary practice. Most importantly, this might be of relevance when the healthcare personnel's own over-riding concerns and perspectives are contradicting those of the patient.

CHAPTER 2

PARENTAL OR GUARDIAN CONSENT

Introduction

Informed consent is sometimes misunderstood as merely approving or refusing proposed medical interventions and services such as; surgery, invasive or medical procedures like anesthesia, chemotherapy, radiotherapy among many others. Still, the case almost everyone thinks of when it comes to informed consent is parental/legal guardian's consent regarding pediatrics cases. In fact, in some religions such as Islam, consent also includes spousal consent for adult women concerning their reproductive system. Another controversial topic is in Judaism and how obtaining a patient's consent through coercion is accepted in certain situations. However, in general, Informed consent has certain criteria that needs to be fulfilled to ensure its validity such as transmitting medical information, ensuring the patient's competence and his/her voluntariness in consenting to the proposed medical treatments.

One might ask what constitutes as "informed" consent? It refers to the communication that transpired between the physician and the person signing the consent form whether it's the patient or the legal guardian. In that interaction, according to the American Medical Association-AMA guidelines, the physician needs to communicate certain information to ensure the first pillar of a valid consent. Information such as the patient's diagnosis, if known; the nature and purpose of a proposed treatment or procedure; the risks and benefits of a proposed treatment or procedure; alternatives (regardless of their cost or the extent to which the treatment options are covered by health

insurance); the risks and benefits of the alternative treatment or procedure; and the risks and benefits of not receiving or undergoing a treatment or procedure.¹

Another might pose the question, when is the patient not qualified or competent to consent? All patients are qualified and competent to consent unless he/she is included in the following list. Mentally incapacitated individuals, comatose patients, as well as children under the age of 18 are not qualified to consent and thus need parental or guardian's consent. This also begs the question of the availability of any criteria used in determining the patient's competence. The patient's ability to comprehend the physician's diagnosis, recommendations and risks associated is an indication of his/her mental competence to consent.

Informed consent must be provided by the patient or the legal guardian for every medical, surgical or intervention proposed by the healthcare provider. However, among the documents patients sign on admission or in an outpatient visit, a "general consent to treatment" must be included. Some might argue that the patient's voluntary arrival to the hospital constitutes as consent to treat. However, when patients arrive at the hospital's doorstep, they might not be aware of the procedures or interventions needed to be administered to heal the patient's ailment, the severity and risks associated with those processes, or the stage the disease has reached. Therefore, informed consent, in all its shapes, is a legal document that protects both the patient and the medical team in all cases. For instance, a patient walks into the hospital, signs the required documents and while he/she is waiting for the treating physician, faints and goes into shock. In this case, the "General Consent to Treatment" covers all procedures necessary to save the patient's life. In this chapter, only certain controversial forms of informed consent, as there are

many instances where informed consent is needed, will be discussed and the religious reasons for their differences will be pointed out.

Judaism

Judaism's perspective on the sanctity and preciousness of human life as the gift of God is a cornerstone in Jewish decision-making process. Therefore, Jewish men and women are obliged to make sound and thoroughly researched decisions concerning their medical conditions in line with protecting God's gift. Judaism also gives the patient the freedom to choose whether to agree or disagree with the medical advice. Yet, the basis for the patient's decision should not be fear but proven data. Ergo, in cases where the patient refuses the proposed sound and highly successful medical treatment, forcefully persuading the patient to consent is allowed, as shown in the following response from Rabbi Moshe Feinstein, the leading halachic authority:

He [Rabbi Moshe Feinstein] clearly accepted that patient input is crucial in medical decision-making. Only in cases where the treatment is obvious and unequivocal does he advocate coercion (and clearly not physical coercion). But in cases where the patient refuses treatment, he distinguishes between the patient who is afraid of the pain associated with efficacious treatment and the patient who does not trust the judgment of his doctor (Igros Moshe, Choshen Mishpat II:73e). The former patient should be convinced to fulfill his obligation to receive the appropriate therapy. For the latter patient, we must find a physician whom the patient trusts in order to receive the patient's consent. This distinction drives home the concept that one is required to accept the rational therapy, but may refuse treatment until he is convinced that the proposed course of treatment is prudent.³

In this case, the third pillar of a valid informed consent in a secular perspective "the patient voluntariness" is jeopardized due to religious implications. Therefore, the healthcare provider, if witnessing such an action, should not intervene or interject as it

would be based on his/her own personal beliefs and must take the initiative to investigate the patient's religious obligations and respect them prior to any further action.

Also, in Rabbi Moshe Feinstein's above response, he points out that if a patient distrusts the physician and his/her recommendation then it is permissible to refuse the proposed treatment, even if it was medically proven and highly successful. How then is the trust or lack of it built between the physician and the patient? In *Halacha*, Jewish law, communicating clear and understandable information with the patient is the basis for building that trust, particularly the physician's bedside manner and extent of disclosure. As the Code of Jewish Law no. 383 "it is forbidden to tell [a critically ill patient] that which will "break his heart or upset his mind."⁴ Therefore, the physician's manner in disclosing the severity of the patient's illness to him/her and the amount of information disclosed can cause them to either plunge into a depressed mood or to build trust.

Finally, Judaism's cardinal rule of ceasing all activities for the sake of saving a human life is prevalent in regards to informed consent as well. Withholding information to reach a cure for the greater good of mankind is accepted in Judaism, explicitly when the information being withheld is not benefitting the patient and is harmful to the his/her sense of hope and positivity.

Christianity

Informed Consent is one of the patient's basic inalienable bioethical rights as it relates to human dignity and freedom of choice particularly when it comes to a patient's own body and well-being. In general, Orthodox Christians derive their decision making authority from God and Jesus Christ. They believe that disease and suffering are trials

from God to bring them closer to salvation through death and into His grace. Still and all, there are no clear objections to individuals consent or refusal to medical treatments as long as the patient has decided freely after being informed of the procedure, its risks, alternatives, their risks and the risk of doing nothing. In reaching a decision, the patient or legal guardian should be subjective, think about his/her own best interest and not be persuaded by others wishes. In all cases, verbal coercion or forceful persuasion is not accepted. However, based on the assumption that patients are sometimes in too much pain and are not objective enough to make the right moral decision, medical staff and family members are allowed to withhold certain information and persuade the patient to choose the best route to salvation and moral righteousness.

Free and informed consent for the Orthodox thus would not be value-neutral, nor non-directive. Nor would it be individualistic in attempting to treat the patient as an isolated decision-maker. It would instead seek to embed the patient in an Orthodox social context that can support the patient and properly direct the patient's choices. (Engelhardt, 2000, p.364)

So, in what situation can the patient's decision be persuaded and influenced?

Well, for Roman Catholics, one case is if the patient wishes to take part in a medical experimentation that will involve some serious risks to one's health and wellbeing, and thus need to sign a consent form, as proven on Sept. 13th 1952 when Pope Pius XII wrote in "The Intangibility of the human person; The human Body: Papal Teachings":

The patient has not the right to involve his physical and psychic integrity in medical experiments or researches, when these interventions entail, either immediately or subsequently, acts of destruction, or of mutilation and wounds, or grave dangers. (O'Rourke * Boyle, 1999, p. 223)⁶

Additionally, if the treatment being consented to is not consistent with catholic doctrines, then the patient's wishes are not to be followed by Catholic healthcare providers as

shown in the U.S. Conference of Catholic Bishops address entitled “The Ethical and Religious Directive no. 28 for Catholic Healthcare Services”:

Each person or the person’s surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person’s surrogate is to be followed so long as it does not contradict Catholic principles. (Veatch, 2000, p.87)⁵

Islam

The delivery room was buzzing with the medical staff’s hurried movements and the mother’s flaring emotions and painful screams. “THE BABY IS IN DISTRESS AND THE MOTHER’S BP IS GOING DOWN TOO FAST!! BOTH LIVES ARE IN DANGER!! WE NEED TO DO A C-SECTION IMMEDIATELY!!” the OBGYN doctor yelled and told one of the nurses to go ask the awaiting husband to sign the consent form so they can proceed with the operation. Outside, when the nurse approached the anxiously waiting father-to-be to ask for his consent on the C-section form, he adamantly refused shouting “you just want to do the C-section because you want to make more money off of me!! You know the insurance company does not cover C-sections, so you are exaggerating the complications for your own financial gains!!” the nurse tried convincing him alas to no avail. The physician in charge was called to explain the situation thoroughly but the father-to-be held his grounds. Eventually, the hospital’s CEO had to be called in to intervene and he successfully managed to obtain the consent. The whole ordeal took less than 10 minutes but it had to be done as the medical team cannot proceed without the guardian’s signed consent. If they do proceed regardless of the consent, successful legal prosecution can be filed against the hospital and said medical team.

This story is based on real events that transpired at the hospital where I used to work in Jeddah, Saudi Arabia. In said country, Islam and culture are intertwined in determining courses of action, especially in medical procedures concerning a women's pregnancy or the decision to terminate a pregnancy. In such cases in Saudi Arabia, the husband needs to be consulted and his consent is germane as he is the father-to-be, provider and the legal guardian of both mother and fetus. However, this does not rule out the mother's opinion or her wishes. It only ensures the objectivity of the decision made. When that condition is jeopardized and the decision is not sound, physicians have the right to intervene, persuade and reason with the decision maker. Still, there's a fine line between persuasion and coercion which is not accepted. Additionally, men are the household guardians and providers and their responsibility is to protect, support and maintain their families and houses in both Islam and Saudi culture. Hence, man's authority over his family's financial matters as indicated through the following verse:

Men are in charge of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. (4:34)

Plus, whenever there's a discrepancy between the parents opinions in regards to their child's treatment plan; to the contrary of the secular laws stance, the Islamic legal system sides with the father, as he is the legal guardian and provider, even when the decision made is against medical advice. Prophet Mohammed (PBUH) said "your being and wealth belong to you father."

Informed consent in Islam and in Saudi Arabia is highly supported and the above-mentioned situation is just one in many instances when informed consent is considered. For example, when the patient is under age or is mentally or physically not competent to consent, the legal guardian or one of the parents, and not necessarily the father, is

required to consent. As well as when family members are emotional and are not specialized enough to make the right decision in determining a DNR order for the dying patient, as discussed later in chapter four, three competent objective physicians take the responsibility for making such a decision without the consent of the family.

In conclusion, informed consent is highly regarded in all three monotheistic religions as it respects human dignity and freedom of choice. However, Judaism permits its medical staff to vigorously persuade and even coerce the patient into consenting but only when the proposed course of action has a high success rate with minimal risks. Judaism as well as Catholicism allows the withholding of depressing and psychologically harmful information in order to obtain a cure that will serve the greater good. On one hand, Christianity's Catholic Church empowers the patients with free informed consent but still disapproves of it if the proposed treatment is associated with major risks or contradicts Catholic values and principles. On the other hand, Islam supports informed consent in many instances and notably empowers spouses in consenting to matters related to each other's reproductive systems.

Table 1. Informed Consent Perspectives Summary

| Religion | Ruling | Clarifications |
|-------------------------|-----------------------------------|--|
| Judaism | Permitted and encouraged | When medically proven treatments are refused the patient or guardian can be forcibly persuaded to sign. Information can be withheld to ease the patients' psychological wellbeing. |
| Christianity's Catholic | Permitted unless if contradicting | Patients are prohibited from consenting on risky treatments or ones in contrast with Catholic |

| | | |
|--------|--------------------------|---|
| Church | Catholic values. | values. Information can be withheld to ease the patients' psychological wellbeing. |
| Islam | Permitted and encouraged | Spousal and parental consent is germane. When in conflict, the father's consent supersedes the mother's. |

REFERENCES

1. American Medical Association on Informed Consent, 2011. <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/patient-physician-relationship-topics/informed-consent.shtml>
2. Eisenberg Daniel. *Medical Informed Consent in Jewish Law- from the Patient's Side*, 1999. <http://www.jlaw.com/Articles/MedConsent.html>
3. Shulman, Nisson E. *Jewish answers to medical ethics question; questions and answers from the medical ethics department of the office of the Chief Rabbi of Great Britain*. Jason Aronson Inc, Northvale, New Jersey, 1998.
4. Veatch, Robert M. *Cross Cultural Perspectives In Medical Ethics*, 2nd Edition. Jones and Bartlett, Massachusetts, Sudbury, 2000.
5. O'Rourke, Kevin D. & Boyle, Philip. *Medical Ethics: Sources of Catholic Teachings*, 3rd Edition. Georgetown University Press, Washington, DC, 1999.

CHAPTER 3

ABORTION

Introduction

In 2006, amongst 1,000 American women aged 15-44 years, 16.1% had an abortion, and for every 1,000 live births, about 236 abortions were performed in the United States, according to the Centers for Disease Control and Prevention latest surveillance report on abortion¹. 50 million abortions are performed worldwide each year, with 30 million of them in developing countries. Even though some countries have legalized abortion, it still draws a plethora of controversies. People from all religions, countries and ethnicities are divided between pro-life and pro-choice. Pro-life advocates are defending the fetus's right to live no matter what the cost is and they consider abortion as murder or infanticide. Pro-choice champions are supporting a woman's choice in determining whether she wants to have the baby or not. However, there should be logical justifications for making that choice as they are mentioned in Islam and Judaism, whereas Christianity's Catholic Church as well as Conservative Protestants sides with the pro-life team regardless of the consequences. Each perspective along with its justifications will be pointed out in the following sections.

Judaism

Similar belief of the preciousness of human life carries through all monotheistic religions. Nonetheless, Judaism confers with Islam, as we will see when we discuss Islam's perspective, in recognizing that an embryo is not a human being until it has been

granted a soul. The Babylonian Talmud says that "the embryo is considered to be mere water until the fortieth day²." Furthermore, the fetus is not considered a person until birth, which is pointed out through "He [God] blew into his nostrils the breath of life, and man became a living being." (Genesis 2:7) as well as through this incident described in the Torah:

When men fight, and one of them pushes a pregnant woman and a miscarriage results, but no other damage ensues, the one responsible shall be fined according as the woman's husband may exact from him, the payment to be based on reckoning. (Exodus 21:22)

It also condones abortion if the pregnancy is affecting the mother's health and life as a result of toxemia, placenta previa, or breach position. Under the Jewish Law, when the baby is in the breach position; once its head has been delivered, it is considered as a human being and thus should not be aborted even if it is affecting the mother's life.

Another interpretation of the Jewish scriptures is that self defense is a valid reason to abort the fetus. To clarify, if the baby had been carried to term and most of the body had been delivered and it is still affecting the mother's life, then it is accepted to let go of the baby's life to save the mother's. An important step a pregnant Jewish woman shouldn't forget before she decides to abort the fetus is to get the approval of her rabbi. Moreover, Orthodox Judaism forbids abortion due to the malformation of the baby. Whereas, the Union for Reform Judaism issued the following statement in 1967 prior to the Supreme Court's ruling in the case of Roe v. Wade, that clarifies that in the case of the deformity of the fetus among other instances, it is permissible to perform an abortion:

Each year a great number of American women, many of them married, seek abortions. Most existing state statues penalize the poor who cannot afford recourse to those services which the more affluent in our society can do find. But

for the poor or affluent alike, illegal abortions yearly take a tragic and needless toll.

We commend those states which have enacted humane legislation in this area and we appeal to other states to do likewise and permit abortions under such circumstances as threatened disease or deformity of the embryo or fetus, threats to the physical and mental health of the mother, rape and incest and the social, economic and psychological factors that might warrant therapeutic termination of pregnancy.

We urge our constituent congregations to join with other forward looking citizens in securing needed revisions and liberalization of abortion laws³. (Greenhouse & Siegel, 2010, p.69-70)

Christianity

In Christianity, the bible does not state any clear judgment on abortion, but Roman Catholics as well as Conservative Protestant clergymen and scholars are basing their opinion about abortion on the commandment “You shall not murder” (Exodus 20:13). On the contrary to Jews and Muslims, Catholics and Protestants believe that life starts from the moment of conception, whereas all three religions concur on the fact that a human life is a gift from God and should be guaranteed protection from all harm. Therefore, Catholics and Conservative Protestants view abortion as murder and a despised evil. In his book *The Gospel of Life*, Pope John Paul II writes:

I declare that direct abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being. This doctrine is based upon the natural law and upon the written Word of God, is transmitted by the Church’s Tradition and taught by the ordinary and universal Magisterium...(1996, P.1)⁴

However, when Catholics base their argument on the commandment of not killing another human being and on the premise that all lives are a gift from God and should be protected at any cost, don’t they consider jeopardizing, and in a lot of cases losing, the mother’s life for the sake of the fetus as murder or intent to kill too? Is the mother’s life

less important than the fetus's? Isn't the product of sin such as rape, adultery or incest as sinful as the act itself? Not to mention the emotional and mental scars a woman will experience each day when she sees the offspring of a violent act done to her. To all these arguments, The Vatican Congregation for the Doctrine of the Faith issued a Declaration on Abortion that includes:

It may be a serious question of health, sometimes of life or death, for the mother; it may be the burden represented by an additional child, especially if there are good reasons to fear that the child will be abnormal or retarded; it may be the importance attributed in different classes of society to considerations of honor or dishonor, of loss of social standing, and so forth. We proclaim only that none of these reasons can ever objectively confer the right to dispose of another's life, even when that life is only beginning.⁵

Islam

Saving a human life is one of the most appreciated good deeds in Islam and in front of Allah. Subsequently, killing a human is equal to killing the entire human race as recited in Quran:

We decreed upon the Children of Israel that 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. (5:32)

Basing on that criterion, some might argue that abortion is considered as murder or infanticide. Furthermore, it is illegal in Sunni Islam to perform or undergo an abortion unless there are reasonable grounds such as; the pregnancy is the result of rape or its continuation is threatening the mother's life or physical or mental health as evident in Fatwa no. 9453 issued by the General Presidency of Scholarly Research and Ifta, Riyadh, Kingdom of Saudi Arabia-KSA under "The ruling on extracting the fetus to save the

mother due to hemorrhaging”⁶. Also, abortion is not justified for economic reasons such as poverty, as mentioned in the following verse from Quran:

And do not slay your children for (fear of) poverty -- We provide for you and for them --- and do not draw nigh to indecencies, those of them which are apparent and those which are concealed, and do not kill the soul which Allah has forbidden except for the requirements of justice: this He has enjoined you with that you may understand. (6:151)

Unless the pregnancy falls under the previously mentioned situations, abortion is prohibited once the fetus has its soul breathed into it. This begs the question of when during the pregnancy is it accepted to perform the abortion? A lot of scholars are still struggling on the appropriate time between 40 and 120 days of conception to abort the fetus within the limitations imposed by Islam. Up to this point of the pregnancy, the embryo is not considered a living person. However, somewhere after the 40th day of conception, it is. As Allah describes the process of creation and at the end of the following verse, it is mentioned that the embryo is “brought forth as another creation” also known as a human being:

And indeed We created man (Adam) out of an extract of clay (water and earth). Thereafter We made him (the offspring of Adam) as a *Nutfah* (mixed drops of the sperm and the egg and lodged it) in a safe lodging (womb of the women). Then We made the *Nutfah* into a clot (a piece of thick coagulated blood), then We made the clot into a little lump of flesh, then We made out of that little lump of flesh bones, then We clothed the bones with flesh, and then We brought it forth as another creation. So Blessed is Allah, the Best of creators. (23: 12-14)

By that time, it is no longer accepted to abort the baby, unless it falls under one of the two categories mentioned above. Nonetheless, in Shia’ Islam, abortion is not allowed in any case other than when carrying the pregnancy to term is affecting the mother’s life.⁷ (Sorajjakool, Carr & Nam, 2010, p.103)

To sum up, Islam and Judaism approve of abortion under strict conditions such as the danger on the mother's life, the congenital defect and deformation of the fetus, or if the pregnancy is a result of a sin, whereas Catholics and Conservative Protestants forbid abortion in all cases as it is a detestable evil that is tantamount to one of the seven deadly sins, Murder, even if that human being is only few days old and is not born yet. Here lies the difference between the religions in determining when the fetus is considered as a person and a human being.

Table 2. Abortion Perspectives Summary

| Religion | Ruling | Clarifications |
|---|---|---|
| Judaism | Permitted under strict conditions | Jeopardizing the mother's life, the pregnancy is a result of sin or rape and presence of congenital defect or deformation of the fetus |
| Christianity's Catholic Church & C. Protestants | Prohibited in all cases | Life is a gift from God and shall not be terminated for any reason. |
| Islam Sunni Shiite | Permitted under strict conditions Permitted only in one case | Jeopardizing the mother's life, the pregnancy is a result of sin or rape, and presence of congenital defect or deformation of the fetus. Jeopardizing the mother's life. |

REFERENCES

1. CDC/National Center for Chronic Disease Prevention and Health Promotion/Division of Reproductive Health, Atlanta, GA. Abortion Surveillance 2006
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5808a1.htm?s_cid=ss5808a1_e
2. Robinson, B.A., Religious Tolerance. *When does human personhood begin? Belief system 4: Jewish beliefs*. Aug, 2000. http://www.religioustolerance.org/jud_abor.htm
3. Greenhouse, Linda & Siegel, Reva B. *Before Roe v. Wade; voices that shaped the abortion debate before the Supreme Court's ruling*. Kaplan Publishing, New York 2010.
4. Rainey, Randall & Magill, Gerard. *Abortion and Public Policy: An Interdisciplinary Investigation within the Catholic Tradition*. Creighton University Press, Omaha, Nebraska, 1996.
5. The Vatican Congregation for the Doctrine of the Faith. Declaration on Abortion-14, http://www.crossroadsinitiative.com/library_article/1127/Declaration_on_Procured_Abortion_CDF.html
6. The General Presidency of Scholarly Research and Ifta, Riyadh, KSA, Fatwa no. 9453, P.292.
<http://alifta.com/Search/ResultDetails.aspx?lang=en&view=result&fatwaNum=&FatwaNumID=&ID=278&searchScope=17&SearchScopeLevels1=&SearchScopeLevel2=&highLight=1&SearchType=exact&SearchMoesar=false&bookID=&LeftVal=0>

[&RightVal=0&simple=&SearchCriteria=allwords&PagePath=&siteSection=1&searchkeyword=09911110115101110116#firstKeyWordFound](#)

7. Sorajakool, Siroj, Carr, Mark F. & Nam, Julius J. *World Religions for Healthcare Professionals*. Routledge, New York, 2010.

CHAPTER 4

DO NOT RESUSCITATE-DNR/ EUTHANASIA AND END OF LIFE CARE

Introduction

To start this chapter right, first we need to define the terms “DNR, Euthanasia and End-of-life” and specify who the candidates for such procedures are. DNR is an order where all resuscitative efforts are withheld when a cardiac or pulmonary arrest occurs. Therefore, DNR is somehow connected to Euthanasia with shadowed nuances between the two, since a DNR order gives permission to the medical and nursing staff to withhold resuscitative efforts, not perform any ordinary or extraordinary measures and just allow the patient to die in peace. While Euthanasia, also known in other cases as Physician-Assisted Suicide or Mercy Killing, is when a member of the medical or nursing staff helps the terminally ill suffering patients in ending their lives through fatal injections or an over dose of medication. Euthanasia has two forms; one is “active euthanasia” which happens when the patient’s death is accelerated through the use of drugs or other medical procedures. The other is “passive euthanasia” which is when therapy is withheld and the patient is allowed to die naturally.¹ (Hinnells & Porter, 1999, p.177) While the former, DNR, is more accepted socially and the later, Euthanasia in general, is considered as murder; the two treatments aid the patients in choosing death over life whether through fatal injections or withholding resuscitative measures. However, the line separating the two is that DNR is morally and ethically accepted because it lets the patient die in peace without any human interference with God’s Will and the natural process of dying to the contrary of Euthanasia. Candidates for these treatments are patients suffering from

progressive irreversible terminal illnesses, for whom intensive life support and cardiopulmonary resuscitation are futile. Nevertheless, these patients are entitled to end-of-life care which is a supportive, comfortable, respectful and compassionate treatment plan for the final stages of terminally ill patients, a plan that is congruent with the patient's wishes.

In countries where religion and state are separate, the above mentioned treatments are generally decided based on legal grounds. To which The House of Delegates of the American Medical Association endorsed the following statement:

The intentional termination of life of one human being by another- mercy killing- is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association.

The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family. (Larue, 1985, p. 9)²

Albeit, even in those secular countries, sometimes, religious patients request that their faith be followed in considering treatment plans and processes, especially when it's a life and death decision. Judaism, Christianity, and Islam's perspectives and dictations are all congruent on the preciousness of life and the importance of its protection. Nonetheless, there are some specific processes that each religion dictates for dealing with the dying patients.

Judaism

Jewish law, *Halacha*, values the human life above everything else and considers human beings as not the owners of their lives or bodies but as the guardians and

protectors of God's gift of life. Therefore, man is obliged to nourish one's self through food and soul through prayers and to seek a cure when that body is sick "Take ye therefore good heed to yourself" (Deuteronomy 4:15). Furthermore, saving another's life is one of the most sacred deeds in Jewish Law that even religious practices such as the Sabbath, where Jews are not permitted to do any kind of activity that resembles work, should be suspended for the sake of saving an endangered life. This is depicted in the Talmudic verse of "Neither shalt thou stand idly by the blood of thy neighbor." (Lev. 19:16)

Jewish law does not have a specific verdict on the permissibility or therefore prohibition of DNR orders per se. Nonetheless, it depicts a detailed process of caring for the dying. It specifies that when a *gosses*, a person facing death from an irreversible terminal condition, is determined to be on his deathbed, it is forbidden to do anything to him that might hasten his death even if it was the smallest gesture of closing the *gosses*'s eyes. "For whoever closes the eyes with the onset of death is a shedder of blood" (Veatch, 2000, p.72).³ The strictness of the command might be clarified in the following comparison between a dying person and a candle in the wind, "the matter may be compared to a flickering flame: as soon as one touches it, the light is extinguished" (2000, p.72) So, how is it determined that the patient is in the "dying" phase or *gesisah*? It is mentioned that if the patient's life cannot be sustained for three days then he has entered the *gesisah* phase and therefore the death process should not be interfered, interrupted or hastened. Additionally, when a patient is *gosses* there is no obligation to prolong his/her life through medical devices. As declared by The Conservative Movement's Committee on Jewish Law and Standards "Patients and their caregivers...

have the tradition's permission to withhold or withdraw impediments to the natural process of dying" (Sorajjakool, Carr & Nam, 2010, p.125)⁴ which begs the question of whether or not Judaism accepts active and/or passive euthanasia.

As mentioned above, Judaism consecrates the sanctity of life and would never condone active euthanasia which is recognized as murder and unlawful killing. Nevertheless, passive euthanasia is accepted and illustrated through heavy doses of morphine to keep patients comfortable or through prayers. Many stories have been told about servants and housemaids praying for the death of their suffering masters and were praised for doing so. As everything regarding a sensitive issue as death, there are some conditions for praying for someone's comforting death. Close family members and paid employees are emotionally involved and bound by their duty to care for their ill member all of which could lead to a more aggressive act resulting in the acceleration of the approaching death, hence these members are excluded from praying for the patient's speedy death.

Christianity

Christians, in general, and Roman Catholics in specific believe in a loving God, the sacredness of human existence and life after death. Similar to Judaism, they give credence to men's guardianship over their bodies but not ownership, and the need to seek assistance in sickness. As the U.S. Conference of Catholic Bishops' points out in their address "Ethical and Religious Directives for Catholic Health Care Services":

"We are not the owners of our lives and hence do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God."(Mackler, 2003, p.66)⁵

They affirm that death is part of the divine plan and the commencement of judgment and the afterlife. A suffering patient should be offered the respect of deciding where he or she would like to die but not how, as it interferes with God's preordained plan for each person, "A time to be born and a time to die" (Ecclesiastes 3:2). Catholics' embracement of death results in their acceptance of DNR orders and abstinence from utilizing any means that are proven to be futile and might prolong a terminal patient's life thus forcing him or her to endure more pain and suffering. Catholicism requires that a DNR order must be discussed with the patient and/or the legal guardian who then signs and acknowledges the risks and consequences.⁶

Moreover, Roman Catholics, Orthodox and Conservative Protestants agree on the prohibition of active euthanasia following The Vatican's Sacred Congregation for the Doctrine of the Faith, Declaration on Euthanasia that was issued on May 5, 1980 and includes:

It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity.⁷ (Larue, 1985, p. 37)

Nevertheless, providing the dying patients with end-of-life comfortable compassionate and pain-free care through keeping them heavily medicated, even if one of the side effects of those medications might lead to the patient's expeditious comfortable death, is acceptable. Some might argue that said procedure equates to passive or indirect euthanasia. Catholics' rebuttal is that it is as unintentional as the scars or side effects that

surgeries, chemotherapy and other medical procedures might cause to the human body.
(Sorajjakool, Carr & Nam, 2010, p. 142)

Islam

Islam teaches the acceptance and submission to Allah's will in the proceedings of the vernacular activities and specifically in the realm of life and death. "And no soul can die except by Allah's Permission and at an appointed term." (3:145) Nevertheless, Islam also teaches through the sayings "*Hadith*" of Prophet Mohammed (PBUH) the importance of preserving good health and seeking a cure for any sickness. As in the hadith, documented in Sahih al Bukhari "Allah created disease, and He made for each disease a treatment." (5354, Book of medicine, P. 2151.)⁸ Even with the advancement of medicine throughout the years, some diseases still escape the physicians' capability of healing and prove medicine's futility in some cases, hence, the invention of the Do-Not-Resuscitate orders. Religious scholars in Saudi Arabia debated on the way to accommodate this process without interfering with religion. After long heated discussions, the *fatwa* (religious declaration) no. 12086 has been issued by the General Presidency of Scholarly Research and Ifta, Riyadh, Kingdom of Saudi Arabia-KSA, on 30.6.1409 (Hijra)[1988 AD]⁹ and it has been the basis for DNR policies across the Kingdom ever since. In this fatwa, it is advised that when a terminally ill patient suffers from a cardiac or respiratory attack or when a patient is in a vegetative state, and it is medically proven that any resuscitative efforts will be of no avail, then three experienced trustworthy physicians have to decide if a DNR order should be in effect. Moreover, the fatwa dictates that the patient's family should not be consulted in the decision making process as they have no qualifications to determine such a need. Nonetheless, in most

hospitals' policies; the procedures include that after documenting this decision, the attending physician must inform the patient and/or the most appropriate family member with the agreed upon outcome in the clearest terms without any use of medical jargon, explain the reasons and evidence used to determine the order, and explicitly point out that resuscitative efforts and extraordinary measure will not be performed in the case of a cardiac or respiratory arrest due to the patient's irreversible condition.

As for Shiite Muslims to consider a DNR order, the patient has to be either in terminal stages and medical care is futile, or is suffering from a chronic condition that is foreseen to reach a deteriorated and incurable stage. In all cases, the patient has the choice to seek palliative -end of life- care or more aggressive treatments. Nevertheless, the most important contributor in this equation is the possibility of prolonging life. Shiite patients are encouraged and obliged to seek all possible treatments that might help in extending one's life unless the futility of all treatments is undisputed, then the palliative care choice is highly supported. Thus enacting Muslim's believe in God's plan, acceptance of death as an eternal rite of passage and the commencement of the afterlife.¹⁰

To the contrary of the permissibility of DNR orders in Islam, Euthanasia is forbidden in all cases and without any exceptions as it interferes with Allah's Will and the divinely ordained time for each person's death. Additionally, it is considered as suicide, which is also forbidden since it shows the person's despair and lack of faith in Allah.

In conclusion, all three divine religions concur on the sanctity of human life, the graveness of suicide, and submission to God's preordained plan thus forbidding active euthanasia with a few ongoing discussions within Judaism and Christianity about the

constitutionality of passive euthanasia. As for DNR orders, all religions also concede but on its legitimacy, Islam gives the permission to decide to a consensus of three experienced physicians while Judaism is in favor of utilizing all means to prolonging a human life unless the patient is in a *geisah*. Finally, Christianity condones the use of DNR orders but gives the decision making authority to the patient and/or the person with legal power of attorney.

Table 3. DNR, Euthanasia & End of Life Care Perspectives Summary

| Religion | Treatment | Ruling | Clarifications |
|--------------------------------------|-------------|------------|--|
| Judaism | DNR | Prohibited | Unless when in <i>Gesisah</i> . |
| | Euthanasia | | |
| | Active: | Prohibited | Follow God's Plan, tantamount to Murder. |
| | Passive: | Permitted | Through heavy doses of morphine or medications |
| | End of life | Permitted | |
| Christianity's Catholic Church | DNR | Permitted | Decided by the patient or legal guardian. |
| | Euthanasia | | |
| | Active: | Prohibited | Follow God's Plan, tantamount to Murder. |
| | Passive: | Permitted | Through heavy doses of morphine or medications |
| | End of life | Permitted | |

| | | | |
|-------|-------------|--------------------------|---|
| Islam | DNR | Permitted | Determined by three competent physicians, When medical treatments are futile & patient's chronic condition is deteriorated. |
| | Euthanasia | Prohibited in all cases. | Death is part of Allah's preordained plan. |
| | End of life | Permitted | |

REFERENCES

1. Hinnells, John R. Porter, Roy. *Religion, Health and suffering*. Kegan Paul International, London & New York, 1999.
2. Larue, Gerald A. *Euthanasia and Religion*. The Hemlock Society, Los Angeles, CA. 1985.
3. Veatch, Robert M. *Cross Cultural Perspectives In Medical Ethics*, 2nd Edition. Jones and Bartlett, Massachusetts, Sudbury, 2000.
4. Sorajjakool, Siroj, Carr, Mark F. & Nam, Julius J. *World Religions for Healthcare Professionals*. Routledge, New York, 2010.
5. Mackler, Aaron L. *Jewish and Catholic Bioethics: A comparative Analysis*. Georgetown University Press, Washington D.C. 2003.
6. Cranston, Robert E. *Advance Directives and "Do Not Resuscitate" Orders*, The Center for Bioethics and Human Dignity, 2001. <http://cbhd.org/content/advance-directives-and-do-not-resuscitate-orders>
7. The Vatican's Sacred Congregation for the Doctrine of the Faith, Declaration on Euthanasia, May of 1980. <http://www.euthanasia.com/vatican.html>
8. Al Ju'fi al Bukhari, Mohammed Ismail. "*Sahih al Bukhari*", Dar Ibn Katheer, 1993. http://www.islamweb.net/newlibrary/display_book.php?idfrom=5457&idto=5457&bk_no=0&ID=3178
9. The General Presidency of Scholarly Research and Ifta, Riyadh, KSA. Fatwa 12086, Part 25, p. 81-82. <http://alifta.com/Search/ResultDetails.aspx?lang=en&view=result&fatwaNum=&FatwaNumID=&ID=9766&searchScope=7&SearchScopeLevels1=&SearchScopeLev>

[els2=&highLight=1&SearchType=exact&SearchMoesar=false&bookID=&LeftVal=0&RightVal=0&simple=&SearchCriteria=allwords&PagePath=&siteSection=1&searchkeyword=049050048056054#firstKeyWordFound](#)

10. Brockopp, Jonathan E. & Eich, Thomas. *Muslim Medical Ethics: from Theory to Practice*. University of South Carolina Press, Columbia, SC, 2008. P. 167-181.

CHAPTER 5

AUTOPSIES

Introduction

When we think about modern medicine and its birth, we remember how scientists dissected the human body to learn its autonomy, internal organs and systems. Based on their discoveries, physicians have been able to identify the relationships between people's illnesses, their symptoms and the malfunctioning of internal organs or the intrusion of viruses and bacteria to finally figure out how to cure these diseases. Subsequently, causes of mysterious deaths and the discovery of new and emerging diseases were illuminated by autopsies. The knowledge and benefits gained from postmortem examinations are numerous. Nonetheless, the autopsy rate in most countries has declined throughout the years. Many studies showed that there are at least two main reasons for the decline; first, with the advancement of medicine and therapeutic diagnostics, most deaths are due to known diseases or old age, ergo the redundancy of performing autopsies. Second, with healthcare's dependence on insurance companies who will not cover autopsies, the cost for an autopsy is left for the deceased's family. Those family members are, most of the time, reluctant to order an autopsy on their loved one either for emotional or religious reasons, which will be discussed in this chapter.

Judaism

Judaism's respect for humans is prevalent in all its rituals. This respect does not exclude the deceased. Even though there is no clear objection to autopsies in the *Halacha*, Jewish people assume that autopsies should not be performed as they are acts of

desecration and disrespect to the human body. Some might argue that once the soul leaves the body, the remains has lost what makes it human and should be considered as a cadaver that does not have any feelings or sensations. Since burying the body on the same day is highly recommended by Jewish law: “his body shall not remain all night upon the tree, but thou shalt surely bury him the same day” (Deuteronomy 21:23), some fear that autopsies may cause a needless delay. However, many Jewish scholars and rabbinic authorities disagree with the general assumption and endorse postmortem examinations for certain situations. For example, if the results of the autopsy will advance modern medical knowledge and practice. Or, if the dissection will reveal unequivocal evidences for forensic cases such as murder, drug related deaths, or abuse among many others. Another example is if a person dies from a contagious and/or mysterious disease that others are still suffering from then it is permissible to perform an autopsy to attain a cure and respectively save another’s life. As Judaism’s cardinal rule, saving a human life takes precedence above everything else even on religious duties. Nevertheless, the examinations must be respectful to the human body, exclusive to the organs presumed to carry the answer and the body must be restored as a whole to the family for its burial.¹

Christianity

As all religions, Christianity advocates the most divine core values, good deeds and respect for human rights. Consequently, Catholics are supported and applauded by the Pope in their choice to donate their organs after death to further medicine and thus help other suffering humans, as Pope Pius XII pointed out in *The Human Body*:

The public must be educated. It must be explained with intelligence and respect that to consent explicitly or tacitly to serious damage to the integrity of the corpse

in the interest of those who are suffering, is no violation of the reverence due to the dead. (1994, p. 70)

In case the patient did not dictate his wishes to be an organ donor before dying and a postmortem examination was requested, consent must be obtained from the departed's legal guardian or next of kin. If the consenting individual refuses the request for any reason, his/her wishes must be respected and the procedure would not take place. If the autopsy was for collecting forensic evidence, then the greater good of society takes precedence.

Nevertheless, during an autopsy, the body must be treated with the utmost respect as evidenced through Pope Pius XII saying in *Moral Problems in Medicine*:

... the demands of natural morality, which forbid us to consider and treat the body of a human being merely as a thing, or as that of an animal, must at all times be dutifully respected. (O'Rourke & Boyle, 1999, p. 77)²

Islam

Along with its sibling Abrahamic religions, Islam's respect of the human body and life is evident in all its rituals and commandments for Sunnis as well as Shiites. As Muslims believe in honoring the dead by a speedy burial, some assert that autopsies are not permissible since it will desecrate the body and delay the burial. It is the family's responsibility to ensure the body of their deceased is respected. Nevertheless, when a social need "*Maslaha*" will be derived from a person's autopsy, then the welfare of society is more superior to that of the individual. Reasons that permit autopsies in Islam include but are not limited to the attainment of evidence resulting in the acquittal of an accused, the discovery of a cure, the advancement of medicine and/or the closure provided to family members in the mysterious death of their loved one. Ibn Sina, Al

Zahrawi, Ibn al Nafis and many more Muslim scientists' established medical principles and their medical discoveries a thousand years ago is still being used in modern medicine. They achieved those successes through the study of the human anatomy through autopsies. This confirms Islam's acceptance of autopsies for the welfare of society and human beings.

As for Shiite Muslims, they concur with their brothers in Islam on the sanctity of the human body, the importance of respecting it and that cutting it open equates to its desecration. According to Sayyid Mohammad Rizvi, a resident scientist at the Islamic Shia Ithna-Ashri Jamaat of Toronto (ISIJT), an autopsy is permitted by Shiite jurists under two circumstances: if it was ordered by the court to collect forensic evidence and to aid in the discovery of a cure for an illness that continues to claim other's lives. As for using postmortem examinations to further medical knowledge, the Shiite jurists are hesitant in allowing the use of a Muslim's body if a Non-Muslim has donated his/her body for science. However, if no other cadaver is found and a critical need is evident from the autopsy, then the use of a Muslim's body is allowed. Additionally, Rizvi dismisses a family's request for an autopsy based on a hope of finding a cause for their loved one's death. He counsels the family and encourages them to look past their grief and accept death as part of God's plan, as all Muslims believe.³ As Allah advises all Muslims to be patient in times of grief and accept His plan in the following verse:

"Who, when disaster strikes them, say, "Indeed we belong to Allah, and indeed to Him we will return." (2:156)

Table 4. Autopsy Perspectives Summary

| Religion | Ruling | Clarifications |
|---------------------|--|--|
| Judaism | Permitted for certain cases | Forensic evidence, cause of death, discovery of a cure, education. |
| Christianity | Permitted and encouraged for educational purposes. | Forensic evidence, cause of death, discovery of a cure, education. |
| Islam | Permitted for certain cases | Forensic evidence, cause of death, discovery of a cure, education. |

REFERENCES

1. De Blois, Jean. Norris, Patrick. O'Rourke, Kevin. *A Primer for Healthcare Ethics: Essays For A Pluralistic Society*. Georgetown University Press, Washington, DC, 1994. P.69-71.

Lauterbach, Jacob Z. *Studies in Jewish Law: Customs and Folklore*. Ktav Publishing House Inc, Jersey City, NJ, 1970. P. 247-251.
2. O'Rourke, Kevin D. Boyle, Philip. *Medical Ethics: Sources of Catholic Teachings*, 3rd Edition. Georgetown University Press, Washington, DC, 1999.
3. Brockopp, Jonathan E. Eich, Thomas. *Muslim Medical Ethics: from Theory to Practice*. University of South Carolina Press, Columbia, SC, 2008. P. 167-181.

CHAPTER 6

REFLECTIONS FROM SAUDI ARABIA

In Saudi Arabia, the majority of the population is Sunnis, both liberal and conservative, who are very passionate about their religion and abide by its scriptures in the vernacular activities of their lives. Nevertheless, most of the Saudi Arabian extremist behaviors that are attributed to Islam nowadays are not related to religion but are, sometimes, a result of tribal costumes and culture. For example, Islam dictates that women should be consulted and asked for their consent especially in affairs relating to their anatomy and life. Furthermore, to protect women from unstable and mentally ill individuals who might be provoked into assaulting a woman as a result of her voice, Islam cautions women from softening their voices when talking in public. As shown in the following verse, Allah addresses the prophet's wives and through deduction and comparison, Muslim scholars –*Olama*- inferred the inclusion of all women in the divine decree:

“O wives of the Prophet, you are not like anyone among women. If you fear Allah, then do not be soft in speech [to men], lest he in whose heart is disease should covet, but speak with appropriate speech.” (33:33)

The individuals mentioned above are men who cannot control their “*Nafs*” something that Rasul Shams describes in “A Critical Assessment of Islamic Economics” “...as that entity in the human being, which has forgotten God and seeks the fulfillment of its being solely in the pleasures of this earthen life.”¹ From that point of view along with their extremely segregated tribal culture, conservative zealous Saudi men do not allow their female family members to speak or address strange men. Therefore, a male physician should address both the female patient and her male chaperon and not be surprised if,

after whispered communications between the two, only the male, shielding the woman, responds and provides the consent on the physician's proposed course of action.

Saudi Arabian laws dictate that the patient's male chaperon or next of kin or legal guardian must be consulted and consent on any medical procedure. Subsequently, some interesting situations to contemplate are when one of the Muslim or non-Muslim females' residing in Saudi Arabia without a male chaperon or guardian falls ill and needs medical attention. Examples include but are not limited to Muslim female pilgrims traveling without a male chaperon or childless widowed Saudi females whose entire family consists of females. Also, the majority of nurses, housekeeping staff, technicians and contractors in Saudi hospitals and many other companies are expatriates with different religious beliefs which might not require the consent of anyone other than the patient's. Questions like, "Who has the authority to sign the consent form?" or "What is the process of obtaining consent?" might arise. The following process applies to all the females in the above mentioned cases. The first step in handling this dilemma is to determine the severity of the patient's condition. On one hand, if her life is endangered, then the most exigent goal superseding all rules and regulations is to ensure her life's safety irrespective of the availability of the consent or the lack of it. On the other hand, if the patient is conscious and stable, she can provide her own consent or any competent individual accompanying the patient shall be deemed adequate to sign. However, if her condition is stable for a short period of time and needs further interventions but the patient is unconscious. In this predicament, the process is to find out if the patient has listed emergency contacts who are then called, informed with the situation and asked for their consent. If the list is not available, the treating physician is responsible for calling the

patient's family, wherever they might be, informing them of the situation and obtaining their consent for further treatment. A written consent must also be faxed or emailed to the hospital as soon as possible.

When it comes to abortion, I remember one of my friends who had, one year, set her heart on performing the pilgrimage, which is called *Hajj* in Islam. Since it's one of the cornerstones of a Muslim's faith; it is required to be completed at least once in one's lifetime and, for my friend, that was her first time. She discovered her pregnancy a couple of months prior to starting Hajj. However, since Hajj is extended over a five-day period and involves extraneous activities especially for a pregnant woman, she decided to terminate her pregnancy. Some pregnant women may encounter difficulties in their first trimester, should be resting and not get involved in exercise that might jeopardize both her as well as the fetus's life. Basing her decision on all of the above information, my friend and her husband requested an abortion to be performed at one of Jeddah's hospitals and provided the physician with the needed consent forms. Therefore, one can confirm that in Saudi Arabia abortion is legal and in line with Islamic doctrines of permitting it when the mother's life will be in danger.

On one hand, in Saudi society, some believe that children are a gift from God and therefore should not be disregarded even if it is for performing one's required Hajj. They raise a valid point in saying that Allah ordered all Muslims to perform the Hajj but only if they have the means and capability for it. Ill, poor and indebted Muslims are exempt. Some see that a pregnant women that will endanger her life as well as her fetus's in Hajj, is included in the exempted list and can delay completing it for another year and if she could not perform it in the future, then it is part of the divine plan and Allah's choice for

her. On the other hand, with the advancement of medicine and the discovery of genetic testing, parents carrying genetic diseases can ascertain and avoid delivering genetically ill infants. The case also applies to the discovery of a life threatening deformity in the fetus. Even though there is no clear judgment in Islam on these instances, it is practiced in Saudi Arabia, since it will cause financial as well as emotional encumbrance on both the family and the government. Nevertheless, it still is not accepted socially and carries a stigma of unhealthy parents and that would include the entire family/tribe with it, which explains its secrecy and scarcity. Both points of views are valid and in the end, under Islamic view, it is ultimately the woman's and her spouse's choice as long as it does not contradict Islam's regulations and is within the limitations imposed by Allah.

As we have discussed in chapter four, DNR orders are accepted in Islam and determined by three experienced and competent physicians. The patient and his/her family are fully informed but are not involved in the decision making process due to their emotional state of mind and attachment. Furthermore, many examples corroborate the validity of such course of action. On one hand, if the patient is conscious, is fully engaged with his/her family during their visits to the hospital but is in a terminal stage; it becomes harder for the family members to accept sitting back helplessly as their loved one dies. Even when they know that a DNR order has been approved and any intervention will be futile; they frantically implore the medical and nursing staff to use any means necessary to save their patient. On the other hand, if the patient is in a vegetative state, it is easier for the family members to accept the inevitable and let the patient die with dignity and in peace without the use of any extra ordinary measures. The later attitude is more accepted and encouraged religiously as well as socially for both

cases as it shows one's faith in Allah and acceptance of His preordained plan for each and every one of us.

Finally, in regards to autopsies in Saudi Arabia; King Abdul Allah has dedicated the museum of the new King Abdullah University of Science and Technology-KAUST to the history of science and technology in Islam. Among many of the museum's featured exhibitions, "Human Health"² describes the many discoveries and inventions Muslim scientists contributed to human history through autopsies. Even though it is permitted in Islam, autopsies are repudiated socially unless it falls under one of the mandated categories of social *Maslaha*. Furthermore, to ensure the complete autonomy and accuracy of autopsies; the Saudi Ministry of Health-MOH preserved the right to have forensic medicine under its jurisdiction. Therefore, autopsies are performed in governmental hospitals while all private hospitals are forbidden from performing them in any case and should refer any postmortem examinations requests to the closest MOH hospital.

REFERENCES

1. Rasul Shams, “*A Critical Assessment of Islamic Economics*”, 2004 in Hamburgisches Welt-Wirtschafts-Archiv (HWWA), Hamburg Institute of International Economics, pg 5.
2. King Abdulla University of Science and Technology-KAUST, Museum of Science and technology in Islam, <http://museum.kaust.edu.sa/explore-8-life.html#fe8>