Islamic Bioethical Considerations For End-Of-Life Healthcare:

A Guide for Muslim Americans

Navigating End-Of-Life Decisions With Islamic Values & U.S. Healthcare Tools

Initiative on Islam and Medicine
INSTILLING HIKMAH IN HEALTHCARE

MCHC
Muslim Community & Health Center

Medical College of Wisconsin

Table Of Contents

About The Initiative on Islam and Medicine

The Initiative on Islam and Medicine (II&M) is a leading center for education & training at the intersection of Islam and Biomedicine. Using an innovative approach that draws insights from a diverse set of disciplinary experts, we produce groundbreaking scholarship that impacts the lives of Muslim patients, healthcare providers and religious leaders.

The Initiative on Islam and Medicine's publications do not necessarily reflect the opinions of its donors or funders.

Citation: Azam, L., Padela, A. I., Foutz, R., Kholaki, S., Salah, R., Ashraf, I., McCracken, C., Quryshi, I. (2025). *Islamic Bioethical Considerations for End-of-Life Healthcare: A Guide for Muslim Americans. The Initiative on Islam and Medicine.*

Disclaimer: This guide is intended for informational purposes only and does not constitute medical, legal, or religious advice. Readers are encouraged to consult qualified healthcare providers, legal experts, and religious scholars for personalized guidance on end-of-life healthcare decisions.

How To Use This Guide

This guide was developed to support Muslim Americans navigate end-of-life (EOL) healthcare in a way that honors both Islamic ethics and U.S. legal frameworks. It is meant to be used by:

- Patients and families preparing for serious illness
- Healthcare providers serving Muslim patients
- Chaplains, imams, and community leaders offering religious support

How It's Organized

Medical Definitions – Key terms like "hospice" and "palliative care" are defined to establish shared understanding.

Legal Context – An explanation of U.S. tools such as advance directives and DNR orders to clarify decision-making requirements.

Islamic Framework – Exploration of Islamic teachings, fatwas, and bioethical principles regarding illness, pain relief, and end-of-life care.

Application to Hospice – Insights into how Islamic ethics relate to hospice, including spiritual considerations and common misconceptions.

Family Conversations – Practical prompts to help families engage in compassionate, religiously-aligned discussions.

Pro Tip

Use this guide either cover-to-cover or as a reference. If you're in a time-sensitive situation, start with:

Section 5 (pages 14-16): U.S. Legal Tools for End-of-Life Planning

Section 10 (pages 26-29): Hospice Care & Islamic Perspectives

Islam encourages planning for all stages of life – including our return to Allah. This guide supports approaching the end-of-life with peace, understanding, and trust in Allah's mercy.

SECTION 2

Introduction: Why This Guide Matters

Navigating end-of-life healthcare can be particularly challenging for Muslim Americans, as it involves balancing complex U.S. legal frameworks with deeply held Islamic values and principles. Many Muslims remain in the '*pre-contemplation*' phase, meaning they have not yet engaged in end-of-life planning for themselves or their loved ones.[1] This lack of early consideration and thinking often results in decisional conflicts and emotional distress when faced with sudden end-of-life healthcare scenarios.

Several Factors Contribute To These Issues:

- **Cultural and Religious Sensitivities:** Discussing or planning for death may feel uncomfortable, as it involves anticipating the loss of a loved one or one's own demise. Some may also perceive such planning as conflicting with Islamic values, such as the emphasis on preserving life and the belief that the timing of one's death is predetermined by Allah.

- **Lack of Knowledge:** Many Muslims are unfamiliar with end-of-life healthcare terminology and legal tools, such as advance directives, living wills, and Do Not Resuscitate (DNR) orders. This lack of awareness and knowledge can lead to uncertainty, hesitancy, and difficulties in decision-making.

- **Concerns About Religious Accommodations:** Muslim families often worry about discrimination or inadequate religious accommodations within hospice and palliative care programs, such as access to prayer spaces, dietary considerations, and modesty-related requirements (e.g., gender-concordant care).

This guide provides Muslim Americans with insights into Islamic bioethical perspectives and U.S. healthcare laws and practices related to end-of-life healthcare. It fosters understanding and meaningful conversations to support religiously aligned decision-making.

Introduction: Why This Guide Matters (continued)

Purpose Of This Guide

Islam offers both spiritual and ethical guidance for navigating end-of-life healthcare. The Qur'an and Sunnah provide principles that help Muslims approach these decisions with timeless wisdom, trust in Allah, and a sense of responsibility towards themselves and their loved ones. Increased knowledge and awareness empower Muslims to make informed decisions that reflect their religious values. Accordingly, this guide provides:

- **Practical steps** for preparing advance directives and understanding key medical decisions.
- **Educational resources** to clarify the intersection of Islamic principles and U.S. healthcare practices and laws.
- **Religiously aligned strategies** to help individuals and families navigate these sensitive discussions based on Sunni ***madhāhib***.

Being proactive ensures that end-of-life decisions align with both Islamic principles and practical healthcare needs, thereby reducing stress on loved ones.

Why Preparation Matters

By integrating Islamic ethico-legal principles with healthcare delivery frameworks, this guide offers practical steps, educational resources, and strategies to help Muslims transition from a state of uncertainty about end-of-life healthcare to thoughtful preparation for it. Taking a proactive approach to end-of-life healthcare fosters peace of mind, ensuring that decisions are made with clarity, intentionality, and alignment with both religious obligations and health needs.

The Prophet Muhammad (ﷺ) emphasized the wisdom in remembering and preparing for death:

أَكْيَسُ النَّاسِ أَكْثَرُهُمْ ذِكْرًا لِلْمَوْتِ وَأَحْسَنُهُمْ لَهُ اسْتِعْدَادًا

"The wisest of believers are those who remember death often and prepare for it in the best manner."
(Ibn Majah 4259)

By seeking knowledge and preparing in advance, we can ease the burden on ourselves and loved ones during difficult times.

Introduction: Why This Guide Matters (continued)

The Prophet Muhammad (ﷺ) also said:

إِنَّمَا شِفَاءُ الْعِيِّ السُّؤَالُ

"Indeed, the cure for ignorance is asking questions."
(Abu Dawood 336)

This prophetic wisdom reminds us that seeking knowledge is a powerful means of overcoming uncertainty and making informed, religiously-aligned decisions.

How This Guide Was Created

This guide builds on over a decade of multidisciplinary research, community engagement, and Islamic ethical scholarship focused on improving end-of-life care for Muslim patients and families. It draws upon findings from literature reviews[2], community-based surveys, qualitative interviews[3], workshops, and *fatwa* research related to healthcare decision-making.

From 2022–2025, a multidisciplinary team advanced the work through interviews with healthcare providers, scholars, caregivers, and advocates. The guide reflects real-world needs and lived experiences.These discussions, combined with prior research efforts, highlighted several critical findings that directly informed the guide's content and structure.

Supported by: CTSI Team Science-Guided Integrated Clinical and Research Ensemble, National Center for Advancing Translational Sciences, NIH (Award 2UL1 TR001436). Content is the authors' responsibility and does not reflect NIH's official views.

The team included representatives from the Medical College of Wisconsin (Milwaukee, WI), Muslim Community Health Center (Milwaukee, WI), and local and national hospice and palliative care programs. Their combined expertise and lived experience working with the Muslim community ensure that the guide is **religiously appropriate and practically useful.**

Introduction: Why This Guide Matters (continued)

Contributors Included

- **Aasim I. Padela, MD, MSc, FACEP** (Islamic bioethics expert, clinical researcher)
- **Laila Azam, PhD, MBA** (community-academic researcher)
- **Arman Tahir, MD** (community leader, health system representative)
- **Ismail Quryshi, MD, FACP, HMDC, FAAHPM, CMD** (hospice and palliative care clinician, community leader)
- **Fozia Ahmed, BS** (community leader, health system representative)
- **Iqbal Ashraf, MS** (caregiver/patient representative)
- **Abdul Hafeez, MD** (community leader, health system representative)
- **Ishma Rizvi, MPH** (community representative)
- **Renee Foutz, MD** (hospice educator, clinician)
- **Chaplain Sondos Kholaki, MDiv, BCC** (spiritual care provider)
- **Ramy Salah, MD** (hospice and palliative care clinician)
- **Colleen McCracken, MSN, RN, CMSRN, CHPN, OCN, NPD-BC** (hospice educator, nurse)

This guide is a collective, community-rooted resource grounded in Islamic ethics and clinical expertise.

Key Terms To Know

In the US, end-of-life healthcare is guided by several legal frameworks and documents that capture an individual's wishes for treatment. It is crucial to be aware of these instruments to make informed decisions. Familiarizing yourself with standard terms can help ease the process. Below, you will find a list of terms used throughout this document:

Advance Care Planning[4]

Advance care planning involves discussing and preparing for future decisions about your medical care if you become seriously ill or unable to communicate your wishes. The most important part of advance care planning is having meaningful conversations with your loved ones. Many people also choose to put their preferences in writing by completing legal documents called advance directives.

Advance Directives[4]

Advance directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your wishes. The two most common advance directives for healthcare are the living will and the power of attorney for healthcare.

Living Wills[4]

A living will is a legal document that tells doctors how you want to be treated if you cannot make your own decisions. In a living will, you can say which common medical treatments or care you would want, which ones you would want to avoid, and under which conditions each of your choices applies.

Power Of Attorney For Healthcare[4]

Power of attorney for healthcare (POA): A power of attorney for healthcare is a legal document that names your healthcare proxy, a person who can make healthcare decisions for you if you cannot communicate these yourself. Your proxy, also known as a representative, surrogate, or agent, should be familiar with your values and wishes. It is recommended that all adults have a healthcare POA.

In the absence of a designated POA, many states have laws that establish a priority list of default surrogate decision-makers (such as spouses, adult children, or parents). However, not all states have such laws, and the process for determining who may act on your behalf can vary.

Key Terms To Know (continued)

Healthcare decisions made by a proxy are typically guided by two ethical standards:

- **Substituted judgment**, where the proxy attempts to make decisions based on what the individual would have wanted.

- **Best interest**, used when preferences are unknown, focusing on what would most benefit the individual's health and well-being

Designating a POA in advance increases the likelihood that future care decisions will reflect your personal values, religious beliefs, and family dynamics.

In Islamic tradition, this concept aligns with *Wilāya* [5] - the legal authority or guardianship over another's affairs when they are unable to act for themselves. In the context of healthcare, *Wilāya* is exercised by a guardian or family representative when a person becomes incapacitated. The order of decision-makers generally follows a familial hierarchy:

1. **Spouse**
2. **Adult children**
3. **Parents**
4. **Siblings**

Understanding both the legal and religious frameworks for decision-making can help ensure alignment with one's religion and values in moments of medical crisis.

Palliative Care [6]

Palliative care is a specialized type of medical care for people living with a serious illness. It aims to provide relief from the symptoms and stress of the illness. The goal is to improve the quality of life for both the patient and the family as they are continuing to receive medical treatments.

Hospice Care [4]

Hospice care is designed for patients nearing end-of-life who have an illness that is not responding to medical attempts to cure it or slow the disease's progression. At that time, a patient may choose to decline further treatment of their illness. Hospice care focuses on providing care to support the quality of life and relief of suffering of patients with a serious illness while honoring the natural process of dying.

Key Terms To Know (continued)

While both palliative and hospice care aim to relieve suffering and improve quality of life, hospice care is specifically intended for the final stage of life when curative treatments are no longer pursued.

Comparison of Palliative Care and Hospice Care

Feature	Palliative Care	Hospice Care
Timing	At any stage of serious illness	When life expectancy is typically 6 months or less
Treatment	Can be given alongside curative treatment	Focus is on comfort, not curative treatment
Location	Hospitals, clinics, long-term care, home	Usually at home, in hospice centers, or nursing facilities
Goal	Improve the quality of life during illness	Provide comfort and support at the end-of-life
Eligibility	Anyone with a serious illness	Patients with terminal illness not seeking curative treatment
Covered by Insurance	Varies by provider/ insurance plan	Varies by provider/ insurance plan

U.S. Legal Tools For End-of-Life Planning

Navigating end-of-life decisions requires understanding how U.S. legal frameworks interact with Islamic bioethical principles. While Islamic jurisprudence *(fiqh)* emphasizes preserving life and minimizing harm, U.S. laws prioritize individual autonomy and the use of legally binding documents. This section addresses potential areas of conflict, outlines key legal and ethical considerations, and provides guidance grounded in Islamic teachings.

Advance Directives

What Are Advance Directives?
Advance directives are legal documents that allow individuals to specify their medical care preferences in case they become incapacitated. For Muslims, these directives can be framed in a way that reflects trust in Allah's decree *(qadr)* while ensuring that end-of-life decisions remain aligned with Islamic bioethics and law.

Key considerations include:

- **Decisions about specific treatments** such as life support, artificial nutrition and hydration, and pain management near the end-of-life.
- **Ensuring decisions** meet both Islamic and U.S. legal standards.
- **Recognizing state-specific law**- legal requirements vary by state, making universal forms difficult.

Key Decisions Within Advance Directives

1. **Designation of a Healthcare Agent:** Assigning a trusted person (termed a healthcare proxy, surrogate decision-maker, or power of attorney for healthcare).
2. **Documentation of Healthcare Preferences:** Specifying preferences for medical interventions for terminal or irreversible conditions and near death.

Choosing The Right Healthcare Agent

To ensure alignment with both legal requirements and Islamic ethics, the selected healthcare agent should:

- **Be Informed:** Understand their role to make decisions for you when you cannot and agree to take on this moral and legal responsibility.
- **Be Available and Reliable:** Be reachable and capable of making timely decisions when members of the healthcare team need them to be.
- **Honor Your Values:** Choose someone who understands your values and can make decisions based on your wishes not their own emotions even in difficult moments.

U.S. Legal Tools For End-of-Life Planning (continued)

- **Understand Islamic Principles:** Your proxy will be morally liable for the decisions they make, and ultimately have to be thinking about your best interests in this and the afterlife. Thus, a general rubric of **do no harm and do no sin**[7] comes into play.

U.S. Legal Decision-Maker Hierarchy vs. Islamic *Wilāya* (Guardianship)

When a person becomes unable to make medical decisions, most U.S. states follow this order:[8]

- Decisions are made by their legally designated healthcare agent (power of attorney for healthcare or POA).
- A person can only designate a healthcare agent if they have the decisional capacity.
- If a person has not designated a healthcare agent and is unable to do so, in some states there is a hierarchy to determine who the legal decision maker will be. Commonly, the spouse is at the top of the hierarchy followed by adult children, parents, and then siblings or other relatives.
- Some states (e.g., Wisconsin) do not recognize a default hierarchy when a patient has not designated a healthcare power of attorney.
- In states without a legal hierarchy or if a person does not have next of kin to assume the role based on the state hierarchy, a court appointed guardian will need to be obtained.

The Concept Of *Wilāya* (Guardianship) In Medical Decision-Making

Definition of *Wilāya*: refers to the guardianship or authority exercised over an individual's affairs in fiqh. In healthcare, the guardian *(walī)* is responsible for ensuring that medical decisions align with Islamic ethico-legal injunctions and the patient's well-being.

ACTION STEP

Complete a Healthcare POA to ensure your decision-maker has legal authority.

U.S. Legal Tools For End-of-Life Planning (continued)

Principles Of *Wilāya* In Healthcare[9]

- **Avoiding Harm** *(Lā Ḍarar wa Lā Ḍirār)*: Decisions must avoid unnecessary harm, based on the Prophetic directive of "no harm or reciprocation of harm."
- **Acting in the Patient's Best Interest:** Prioritize well-being in accordance with Islamic ethics.
- **Respecting the Patient's Wishes:** Honor expressed preferences, provided they align with Islamic principles.
- **Consultation *(Shūrā)*:** Seek guidance from family members, advisors, and Islamic teachings for complex decisions.

Understanding End-Of Life Healthcare & Hospice

What is Hospice? Who Provides Hospice?

Hospice care is delivered by an interdisciplinary team that works together to address patient and family needs and concerns. The following is a list of core and optional personnel who may be part of a hospice healthcare team.

Core Personnel

- **Hospice physicians** oversee the patient's care plan and medical needs.
- **Nurses** coordinate the patient's plan of care. Typically, an RN will visit at least once a week to provide care, assess needs, and is available 24/7 for calls and potential urgent visits.
- **Home health aides** may assist with activities of daily living, such as bathing, dressing, grooming, and other personal care services. They may also assist with light tasks like laundry, light cleaning, and companionship. Services can vary by agency.
- **Social workers** who may assist with emotional support and find resources like medical equipment, caregiving support, and counseling services. They can also help families apply for financial assistance programs.
- **Chaplains** may offer emotional and religious support.
- **Bereavement counselors** help families through the emotional and practical challenges of their loved ones death.

Optional Providers

- **Physical and Occupational Therapists** who help patients maintain their mobility and can provide at-home care.
- **Dietary counselors** who may ensure nutritional needs are met.

This team collaborates to ensure all aspects of a patient's well-being are addressed while also providing family support. **Service hours and offerings can vary by agency and by patient. Families are encouraged to request an informational visit, often covered by Medicare, to understand specific offerings.**

Where Is Hospice Provided?

- Home Hospice Care: Home hospice care remains the preferred setting for approximately 75% of hospice patients in the United States, allowing patients to stay in familiar surroundings, supported by family and loved ones.

Understanding End-Of Life Healthcare & Hospice (continued)

In home hospice, family members or close friends provide the majority of daily care, with hospice staff visiting for a few hours each week. Typically, an RN visits once a week and is available for 24/7 calls, aides may visit twice a week, and chaplains and social workers may visit based on individual needs. Research shows that home hospice care can increase family satisfaction and improve symptom management.

This setting can be particularly suitable for Muslim patients, allowing for easier accommodation of religious practices, such as dietary needs, prayer routines, and gender-specific preferences for caregivers.

- **Nursing Homes/Assisted Living Facilities:** When home hospice support isn't feasible or affordable, services may be provided in nursing homes, assisted living facilities, or dedicated hospice facilities. Patients in these settings receive similar hospice support as those in home care.

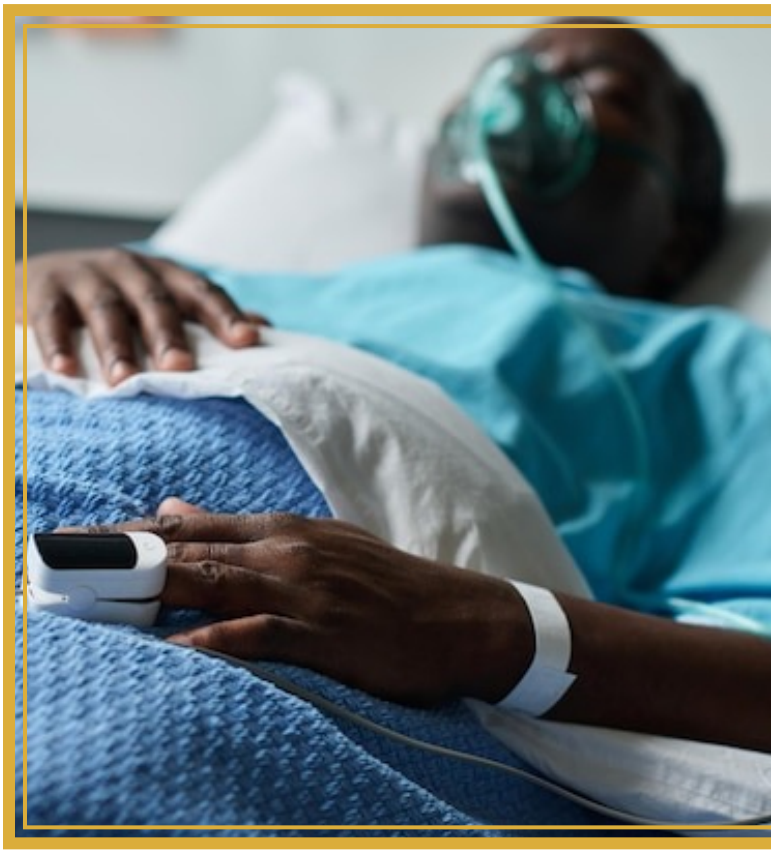
- **Residential Hospice Facilities:** Residential hospices may be an option for those with significant symptoms (e.g., pain, shortness of breath) requiring round-the-clock nursing care for symptom relief. Families should evaluate resources available in each setting to ensure they align with patient needs.

When To Consider Hospice

- When medical treatments are no longer effective in curing or significantly slowing the progression of your condition, and the focus shifts to symptom management and comfort.

- When going to the hospital or clinic visits no longer provide meaningful improvement in your condition or quality of life.

- When care is best provided in a setting that prioritizes comfort, whether at home or in a specialized facility designed to meet your needs.



Understanding End-Of Life Healthcare & Hospice (continued)

Commons Myths About Hospice - And The Truth

Myth (False)	Facts (True)
Hospice is only for the last few days of life.	Hospice is appropriate for eligible patients who decide to discontinue curative treatments, instead allowing healthcare services to be directed solely at comfort and quality of life. This period can be longer than 6 months, if patients continue to meet the necessary qualifications for hospice care.
Home hospice provides 24/7 care.	Home hospice care is provided based on individual goals and care plans. Typically, the RN visits at least once a week for about an hour, is on call 24/7 for questions, aides visit twice a week, and social worker/chaplain visits vary.
Hospice is a physical place.	Hospice can be provided at home, in assisted living, nursing homes, or residential hospice facilities.
All hospices are the same.	While similar core services are offered, agencies may differ in resources and service delivery. Families are encouraged to seek details specific to each agency.
You cannot disenroll from hospice.	You can opt out of hospice care at any time.
Hospice is expensive.	Hospice is often covered by insurances such as Medicare and Medicaid. However, costs may vary depending on financial resources and insurance plans.
You cannot keep your own physician while on hospice.	You can continue seeing your primary care physician as long as they agree and feel they have the training to be your primary hospice physician.
Hospice speeds up death.	Your time of death has been pre-ordained by Allah (God). Hospice care offers a supportive team focused on providing comfort and care.
Hospice always uses morphine.	Pain management is individualized and based on the patient's needs and preferences. Patients may opt to decline medications like morphine if they wish to remain alert. However, patients and families should discuss the plan of care with the care team, as plans can vary, to ensure alignment with their goals and values.
Hospice is giving up.	Hospice shifts the focus of care to comfort when treatment is no longer effective, and natural death is near.

An Islamic Ethical Framework For Medical Decisions

Life is a sacred gift from Allah, and it is our responsibility to preserve and protect it. Seeking healthcare, pursuing treatment, and making decisions grounded in trust in Allah's Decree reflect our duty to safeguard this divine trust. When facing end-of-life situations, decisions should be approached with respect, compassion, and adherence to Islamic principles.

The Prophet Muhammad (ﷺ) emphasized the importance of seeking medical treatment. He said:

يَا عِبَادَ اللَّهِ، تَدَاوَوْا، فَإِنَّ اللَّهَ عَزَّ وَجَلَّ لَمْ يُنَزِّلْ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً، إِلَّا الْهَرَمَ

"O servants of Allah, seek treatment, for indeed Allah has not sent down a disease without also sending its cure, except for aging."

(Sunan Ibn Majah 3436, authenticated by al-Albani)

This hadith highlights that while death and aging are inevitable, seeking treatment is part of the believer's responsibility to preserve life, trusting that its ultimate end is decreed by Allah. At the same time, recognizing our mortality – and the limits of medical interventions – is an essential part of Islamic life, with the Sunnah guiding preparation for death both individually and communally.

While seeking treatment is encouraged, Islam also teaches that returning to Allah is a certainty, and accepting this reality with patience and faith is an act of devotion. Preparing for this transition with sincerity, love, and trust in Allah's mercy allows us to face the end-of-life not with fear, but with hope and tranquility.

The Prophet Muhammad (ﷺ) relayed in a Hadith qudsi that Allah also said:

أَنَا عِنْدَ ظَنِّ عَبْدِي بِي

"I am as My servant thinks of Me."

(Sahih al-Bukhari 7505; see also Sunnah.com - Qudsi 40:15)

This powerful hadith reminds us to have good hope in Allah, especially in our return to Him. Cultivating *ḥusn al-dhann* (good opinion) of Allah is a source of comfort and spiritual strength in life's most difficult moments. Islam offers a rich tradition that prepares believers for all stages of life, including death, with a communal structure that supports individuals and families during these critical moments.

An Islamic Ethical Framework For Medical Decisions (continued)

Our Lives As An Instrument For The Hereafter

The Qur'an reminds us of the purpose of life:

وَمَا خَلَقْتُ الْجِنَّ وَالْإِنسَ إِلَّا لِيَعْبُدُونِ

"I have not created man and jinn except for worship."

(Surah Adh-Dhariyat 51: 56)

وَاعْبُدْ رَبَّكَ حَتَّىٰ يَأْتِيَكَ الْيَقِينُ

"And worship your Lord until there comes unto you the certainty (death)."

(Surah Al-Hijr 15:99)

The Qur'an provides a clear answer to the fundamental human question of life's purpose. These ayat inform a Muslim's approach to life as an opportunity to worship[10] Allah. This goal provides direction for Muslims evaluating preferences at the end-of-life, or those facing illness or nearing the end-of-life, worship takes on many forms—through patience, gratitude, and remembering Allah. Even when physical abilities decline, one's connection to Allah remains, whether through silent supplication, listening to the Qur'an, or simply intending to worship in one's heart. Islam recognizes these moments as deeply sacred, assuring believers that their struggles are counted as worship and a means of drawing closer to Him.

Prophetic Teachings On Life and Death

The Prophet Muhammad (ﷺ) advised against wishing for death prematurely:

لَا يَتَمَنَّيَنَّ أَحَدُكُمُ الْمَوْتَ لِضُرٍّ نَزَلَ بِهِ، فَإِنْ كَانَ لَا بُدَّ مُتَمَنِّيًا، فَلْيَقُلْ: اللَّهُمَّ أَحْيِنِي مَا كَانَتِ الْحَيَاةُ خَيْرًا لِي، وَتَوَفَّنِي إِذَا كَانَتِ الْوَفَاةُ خَيْرًا لِي

"Do not wish for death, for it ends a believer's deeds. The believer's life only brings more goodness. If anyone wishes for death due to hardship, let him say: 'O Allah, let me live if life is better for me, and let me die if death is better for me."

(Sahih Bukhari (5671) and Muslim 2680)

This hadith teaches that life is a blessing, providing an opportunity to accumulate good deeds, seek forgiveness, and increase in faith. At the same time, Islam encourages believers to prepare for their return to Allah with sincerity and tranquility rather than fear or despair. By making religiously appropriate decisions about end-of-life care, a believer can ensure

An Islamic Ethical Framework For Medical Decisions (continued)

that their final moments are spent in remembrance, love, and trust in Allah's mercy, preparing to meet Him with a sound heart. For both in living and dying we ask for and can find goodness *(khayr)*.

Islamic Perspectives On Seeking Care & Declining Treatment

Islam encourages seeking beneficial medical treatment that improves health and aligns with ethical care, while also recognizing that outcomes ultimately rest with Allah's decree. For many Muslims and their families, end-of-life decisions can be emotionally challenging, especially when weighing aggressive interventions against quality of life. Islam provides guidance that balances faith, compassion, and wisdom.

Pursuing treatment is an act of striving but accepting comfort-focused care when further treatment brings no real benefit reflects *tawakkul*—trust in Allah's will—not a lack of faith.

The Moral Status Of Seeking Healthcare

Understanding the moral status of seeking medical treatment, i.e. Islamic legal permissibility, is essential for making informed, religiously-aligned healthcare decisions. This guide will explore the nuanced perspectives of the **four Sunni schools of thought**—Hanafi, Maliki, Shafi'i, and Hanbali—on when seeking treatment is **permissible, recommended, or obligatory.**

Guidance on Seeking Treatment

	HANAFI	MALIKI	SHAFI'I	HANBALI
GENERAL RULING	Permissible	Permissible	Recommended	Permissible
EVER OBLIGATED	Yes	Yes	Yes	No
VIOLATES TRUST (*TAWAKKUL*)	No	No	No*	No
OTHER DETAILS	Obligation if the effectiveness of treatment (to remove illness-related harms or cure) is highly probable or certain **Seeking treatment is an act of trust. God created the sickness and its cure.*			

Padela, A. I., & Qureshi, O. (2017). *Islamic perspectives on clinical intervention near the end-of-life: We can but must we? Medicine, Health Care and Philosophy*, 20(4), 545–559.

An Islamic Ethical Framework For Medical Decisions (continued)

More Information On The Moral Status Of Seeking Healthcare

The **moral status** elevation from a **permitted or recommended** act to a **moral obligation** appears to hinge on characteristics of the disease, including its fatality, and the degree of certainty regarding the clinical efficacy of treatment in removing associated harms. A treatment becomes morally obligatory when the disease is life-threatening and the treatment offers a high likelihood of recovery or meaningful reversal of the condition. In contrast, when a treatment merely prolongs the dying process without offering significant clinical benefit or a return to baseline functioning, it is generally considered life-sustaining rather than life-saving—and thus not obligatory.

As a result, it is **generally permissible to forgo life-sustaining treatments such as ventilators. Such decisions should be made in consultation with the medical team, family members, and religious authorities.**

Conditions Under Which Treatment May Be Declined:

- **Speculative or Doubtful Success:** If medical experts determine that treatment has no chance or, little chance of, or is doubtful to improve the patient's condition, Islam allows for declining interventions that have no meaningful benefit. In common terms, if a treatment has less than 50% likelihood of benefit, then it can be abstained from.[11, 12]

- **Harm Exceeds Benefit:** If medical intervention is determined to cause more harm than benefit, it may be declined in accordance *(Lā Ḍarar wa Lā Ḍirār)* — 'Do not harm and do not reciprocate harm' *(Sunan Ibn Majah 2340)*. This judgement is in accordance with the idea that the human body is sacred *(ḥurma)* and has sanctity (*karāma*) and there must be known benefit to broach its *ḥurma* and *karāma* by healthcare interventions.

- **Imminent Death:** If a patient is in the final stages of a terminal illness or has irreversible brain damage, and further treatment is deemed medically futile — meaning it offers no meaningful chance of recovery and only prolongs pain — Islam permits withholding or withdrawing life-sustaining interventions. Instead, care should focus on pain relief, comfort and spiritual preparation for returning to Allah.

In **ALL cases**, decisions should be informed by medical expertise, balanced with Islamic fiqh and centered on minimizing harm.

Aligning Legal & Islamic Frameworks

Potential Conflicts Between U.S. Legal Decision-Making Priorities & Islamic *Wilāya*

While some similarities exist between the U.S. legal system and Islamic *Wilāya*, conflicts may arise, such as:[13]

Conflict Between a Legally Designated Healthcare Agent and the Islamic Order of Guardianship *(Wilāya)*

a. Example: A Muslim patient legally designates their sibling as their Power of Attorney for Healthcare (POA). However, upon the patient's incapacitation, the spouse insists that, according to *fiqh*, they have the primary right to make decisions.

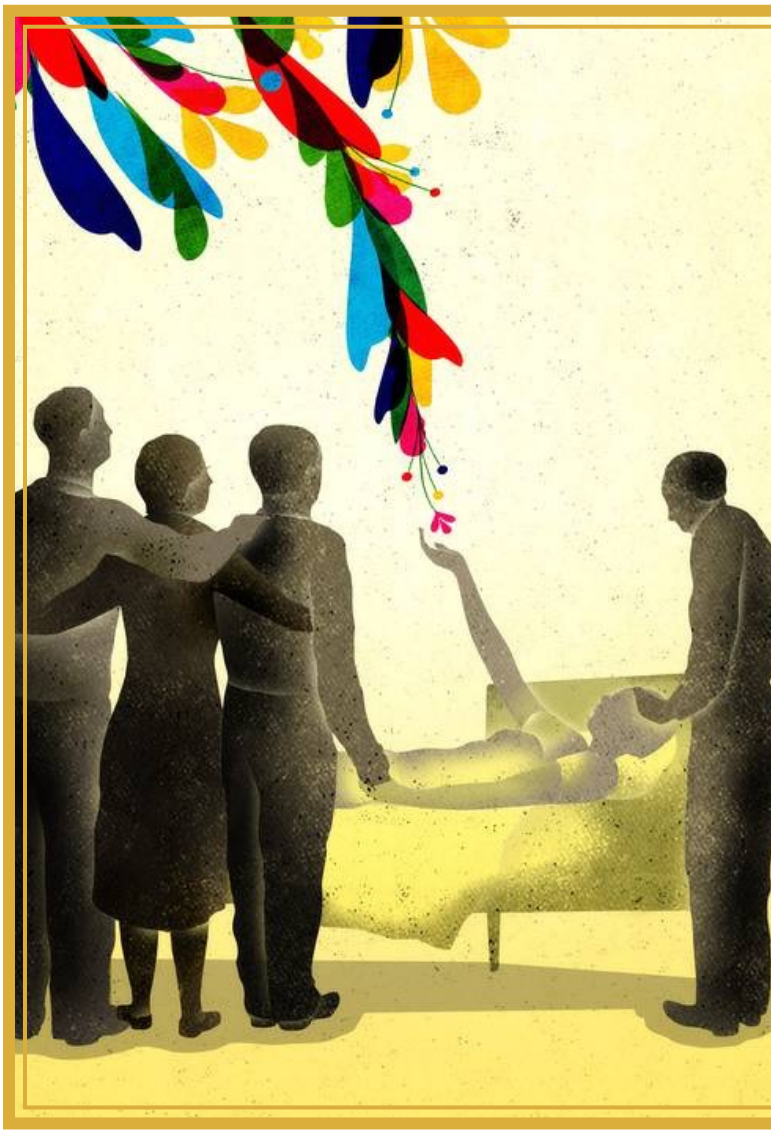
b. Implication: The potential tension arises only when there is no documented designation and family members default to *fiqh-based* assumptions. Education and advance planning are essential to avoid disputes.

Cases Where No POA Is Assigned

a. In states that lack a legal default hierarchy (such as Wisconsin), if no POA is designated, medical teams may turn to the closest family member willing to step in.

b. In Islamic *fiqh*, a structured hierarchy exists, but family members may disagree on who holds rightful authority for decision-making.

c. Implication: Without a legal designation, family disputes may arise regarding who should make decisions according to religious principles.



SECTION 8

Withholding vs. Withdrawing Treatments Life-Sustaining Treatments

In both medical ethics and Islamic *fiqh*, it is important to distinguish between two categories of end-of life decisions:[14,15]

- **Withholding Treatment:** Choosing not to initiate a medical intervention (such as intubation or resuscitation) when it is considered non-beneficial or overly burdensome.

- **Withdrawing Treatment:** Stopping a medical intervention that is already in place (such as turning off a ventilator) when it no longer serves the patient's best interest.

Islamic principles **emphasize alleviating pain and allowing the natural course to take place** without wishing for death or prematurely ending life. **Both withholding and withdrawing treatment**—when guided by medical expertise —are not seen as contradicting ***tawakkul*** but rather **respecting *qadr***.

Decision-Making Flowchart

Major Islamic juridical bodies—including the **Islamic Fiqh Academy**[16] and the **AMJA**[17]—have issued rulings permitting the withdrawal of treatment in specific cases, particularly when recovery is unlikely or treatment causes disproportionate harm. These rulings draw on foundational Islamic principles such as *maslaḥah* (benefit), *ḍarar* (harm), and *tawakkul* (trust in Allah).

The figure on the following page summarizes a decision-making flowchart based on these rulings, organized around two central questions:

1. Is there a reasonable probability of recovery to consciousness?

2. Do the harms of treatment outweigh the benefits?

This structure reflects how jurists assess permissibility and provides families and healthcare teams with a religiously-aligned tool for navigating end-of-life decisions.

Conflicts Over Withdrawal of Life-Sustaining Treatment

• In Islamic ethics, withdrawing treatment is a nuanced decision requiring consultation with scholars and medical experts, while U.S. law prioritizes the patient's advance directives or surrogate's choice.

Withholding vs. Withdrawing Treatments
Life-Sustaining Treatments (continued)

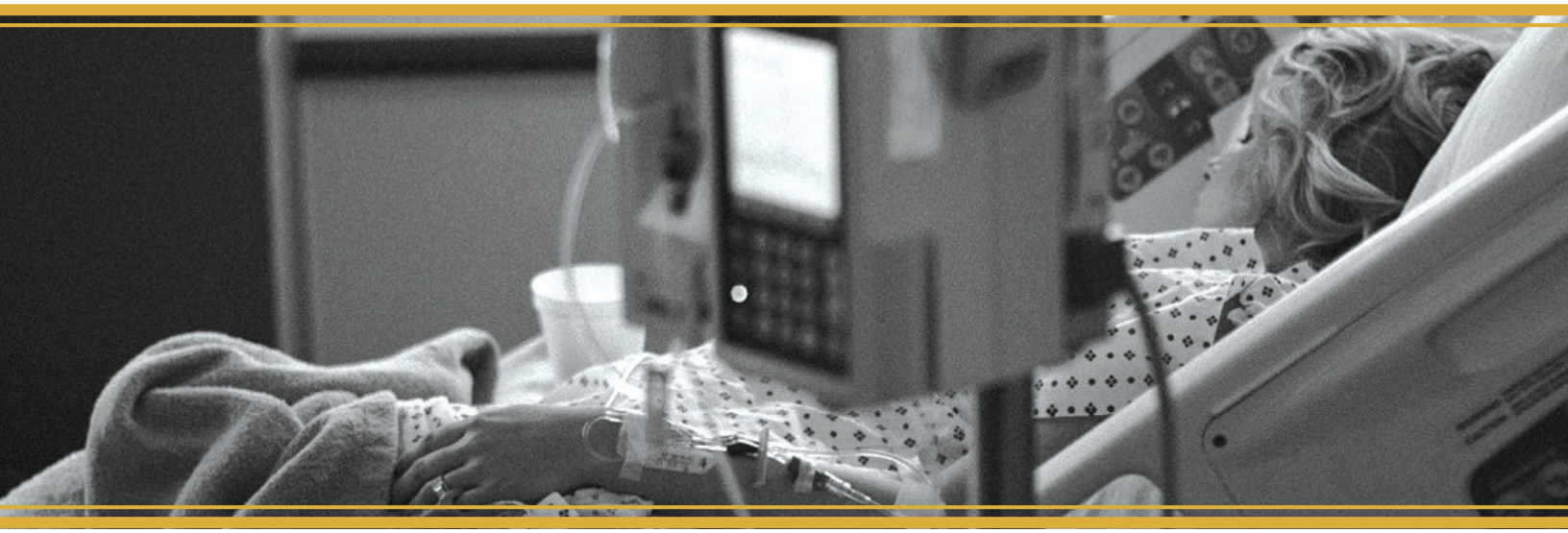
As A Patient Of Family Member, Is It Permissible To Withdraw Life-Sustaining Treatment?

1. Are the chances of recovery to a conscious state probable (>50%)? (i.e. there is a clear outcome benefit)

- **YES** → Treatment should most likely be continued (see 2. for additional considerations)
- **NO** → Withdraw certain treatments or withdraw ventilator/LST

2. Do the treatment harms outweigh the benefits? (i.e. how do the medical treatment benefits compare to their associated violations of human dignity?)

- **YES** → Withdraw certain treatments or withdraw ventilator/LST
- **NO** → Treatment should most likely be continued (see background information for additional considerations)



SECTION 9

Islamic Perspectives On DNR/DNI

Understanding DNR & DNI Orders

In many healthcare settings, Do Not Resuscitate (DNR) and Do Not Intubate (DNI) orders are combined into a single directive. These orders guide emergency medical decisions when a patient is critically ill or nearing the end-of-life:

A **Do Not Resuscitate (DNR)** order is a medical directive instructing healthcare providers **not to perform cardiopulmonary resuscitation (CPR)** if a patient's breathing and heart stops. CPR is an emergency life-saving procedure used to restart the heart and breathing and often includes chest compressions, electric shocks (defibrillation), and artificial ventilation.

A **DNI** order instructs providers **not to insert a breathing tube or place the patient on a ventilator** if they experience respiratory distress or failure.

DNR/DNI orders are typically considered when medical experts determine that resuscitation is unlikely to succeed or may cause more harm than benefit—such as prolonging pain or leading to further medical complications without meaningful recovery.

Engaging in early discussions about DNR/DNI orders with family members, healthcare providers, and Islamic scholars ensures that decisions are medically appropriate and aligned with Islamic values.

Islamic Perspectives On DNR/DNI

Islamic jurists agree that if medical experts determine resuscitation or intubation to be non-beneficial—meaning it offers no reasonable hope of benefit or may prolong pain—implementing DNR[18] and DNI orders are permissible. This aligns with the Islamic principle of avoiding harm (*lā ḍarar wa lā ḍirār*) and reflects a commitment to mercy, dignity, and trust in Allah's will.

Scholarly Endorsement

Fatwa No. 12086 (1989) by The Permanent Committee for Research and Fatwa[19] states:

- Life-sustaining measures may be stopped **if medical experts confirm treatment is futile**.
- The decision should involve at least **three competent physicians**.
- Families should be **fully informed** before implementing DNR orders.

Conditions For A Permissible DNR & DNI Order

To ensure the decision is both ethically and religiously sound, the following conditions should be met:

Islamic Perspectives On DNR/DNI (continued)

1. **Expert Medical Judgment:**

- The decision must be based on the **informed judgment of qualified physicians**.

2. **Family and Patient Involvement:**

- If the patient is capable, they should be involved in the decision-making process.
- If incapacitated, the **family or guardian** should provide input.

3. **Alignment with Islamic Principles:**

- Consultation with **Islamic scholars** ensures that the decision remains religiously **aligned**.

Addressing Emotional & Ethical Concerns

Many families struggle with the **emotional burden of accepting a DNR or DNI order**, fearing it contradicts religious duties. However, Islam does not obligate the continuation of treatments that offer no benefit or prolong pain. On the contrary, choosing to avoid aggressive measures in such cases can be an act of mercy, trust in Allah, and wise stewardship of care.[20]

For families struggling with grief and uncertainty, remember:

- You **are not giving up** on your loved one—you are **entrusting them to Allah**.
- You **are not causing death** – you are **recognizing Allah's decree while easing pain**.
- **Choosing comfort over excessive intervention** is not a **lack of faith**, but rather **compassion and submission to Allah's will**.

Legal Considerations

In the United States, Do Not Resuscitate (DNR) orders are intended to uphold a patient's autonomy by specifying their wishes regarding resuscitation efforts. However, there are instances where DNR orders are not honored due to various factors:[21]

- **Miscommunication** – Shift changes among medical staff can lead to oversight.
- **Inadequate Documentation** – If a DNR order is misplaced, default resuscitation may occur.
- **Legal Uncertainty** – Healthcare providers may fear legal repercussions for inaction.

To avoid such issues, families should:

- Ensure **clear and accessible documentation** of the patient's wishes.
- **Advocate** for the patient's religious and medical needs.

Hospice Care & Islamic Perspectives On End-of-Life Healthcare

For many patients and families, choosing hospice care can be an emotionally difficult decision, often accompanied by feelings of uncertainty, grief, or even guilt. However, Islam teaches that prioritizing dignity, comfort, and easing suffering in the final stages of life is an act of mercy.

Hospice Care: Hospice care focuses on providing comfort rather than curing illness during the final stages of life. It addresses pain management and symptom relief while offering emotional and spiritual support for both patients and their families (below we share more details about hospice). Hospice care allows families to focus on connection and spiritual preparation, rather than prolonging pain with ineffective treatments.

Key Eligibility Criteria For Hospice:

- A physician must certify that the patient has a life expectancy of **six months or less** if the illness follows its usual course.
- The patient must **forgo curative treatments** aimed at curing the illness. **All therapeutic aims** must cease, and the focus must shift entirely to **comfort-based care**.
- The patient and family agree to a care plan that prioritizes **symptom relief, dignity, and quality of life** over life-prolonging interventions.

Islamic Perspectives On Hospice Care

Permissibility of Hospice Care:

- Hospice care is generally permissible when it is clear the patient is in the terminal stages of illness, and curative treatments are no longer effective or excessively burdensome/harmful.[22]
- Decisions about transitioning to hospice care should involve consultation with medical professionals and Islamic jurists to ensure alignment with both medical and religious teachings.

To Help Families Make Informed Decisions, Here Are Key Questions To Ask Both Medical Professionals And Islamic Scholars:

Potential Questions to Ask Medical Professionals:

- What is the current stage of the illness?
- Are there any treatment options?

Hospice Care & Islamic Perspectives On End-of-Life Healthcare (continued)

- How will hospice care improve comfort and quality of life?
- What pain management options are available?
- Can hospice care accommodate religious needs (prayer, dietary, gender-concordant care)?

Potential Questions to Ask an Islamic Scholar:

- Is hospice care allowed in Islam when treatment is no longer effective?
- Can we stop aggressive treatment in this situation?
- What does Islam say about pain relief medications like morphine?
- How can we prepare spiritually for end-of-life?

Why These Questions Matter

- Helps families **make religiously aligned and informed decisions**.
- Ensures **medical care aligns with Islamic teachings**.
- Reduces stress by having clear guidance from both doctors and religious scholars.

In addition to hospice care decisions, pain management is another key consideration in end-of-life care.

Using Pain Relief In Hospice Care

Islamic teachings permit the use of pain relief medications, but these MUST be titrated to symptoms; one must use the least amount to mitigate the pain particularly when the medication is sedating. In hospice care, the selection of medications is tailored to each patient's specific needs and symptoms. The primary goal is to provide care by alleviating pain, managing symptoms, and enhancing the patient's quality of life. When managing pain, it is advisable to start with milder analgesics. If the pain persists and is not adequately controlled, stronger medications like morphine may be used.

Hospice Care and Islamic Perspectives On End-of-Life Healthcare (continued)

Medical Necessity

Morphine and other pain relief medications may be used when genuinely needed for medical purposes, such as managing severe pain under professional supervision. The key factor is the intention to relieve pain, not to hasten death.

The Prophet Muhammad (ﷺ) said:

مَا يُصِيبُ الْمُسْلِمَ مِنْ نَصَبٍ وَلاَ وَصَبٍ وَلاَ هَمٍّ وَلاَ حُزْنٍ وَلاَ أَذًى وَلاَ غَمٍّ حَتَّى الشَّوْكَةِ يُشَاكُهَا، إِلاَّ كَفَّرَ اللَّهُ بِهَا مِنْ خَطَايَاهُ حَتَّى الشَّوْكَةِ

"When the believer is afflicted with pain, even that of a prick of a thorn, God forgives his sins, and his wrongdoings are discarded as a tree sheds its leaves."

(Sahih Bukhari)

While enduring pain with patience is virtuous, utilizing permissible medical treatments, such as pain relief medications, is also acceptable in Islam. This approach aligns with the principle that actions are judged by their intentions if the primary intent is to alleviate pain.[22]

Maintaining Worship

- **Balancing Pain Control and Consciousness:** While pain relief is encouraged, Islam emphasizes preserving a level of awareness that allows for continued worship (e.g., prayer and remembrance of Allah).

- **Patient-Centered Dosing:** Healthcare providers are encouraged to actively involve the patient when determining the right balance of pain medication. Patients should be asked about their pain level and how sedation affects their ability to perform prayer and other acts of worship.

- **Adjusting Medications as Needed:** If sedation hinders worship, the medical team can adjust timing or dosage, aiming to alleviate pain without completely compromising the patient's alertness. Such adjustments may include starting with milder analgesics or exploring alternative schedules for stronger medications.

Hospice Care and Islamic Perspectives On End-of-Life Healthcare (continued)

By integrating medical advice with Islamic teachings, hospice care can provide a compassionate setting to making informed decisions that align with Islam towards end-of-life care, ensuring dignity, relief, and spiritual fulfillment for the patient.

Potential Conflict With Islamic Views

Fiqh permits both preserving life and seeking comfort and relief from pain, creating a delicate balance when making end-of-life decisions. Some families may struggle with the transition from curative to comfort care, fearing that forgoing treatments contradicts a religious duty. Thus, patients and families are encouraged to make informed decisions in consultation with both medical professionals and knowledgeable Islamic scholars. Conversations with family about the shift from curative to comfort care should be approached with sensitivity, ensuring that everyone involved understands the goals of treatment and finds peace in the process.

Making Decisions as a Family

Conversations about end-of-life healthcare can be difficult, but they are crucial in respecting your values and empowering your family find peace in knowing they are fulfilling your desires. For many Muslims, family is often a central part of decision-making, so approaching these discussions with kindness, patience, and openness is important to ensure everyone feels heard and involved. In Islamic tradition, ensuring that healthcare decisions reflect one's religion and values is a key responsibility. Early discussions provide an opportunity to seek religious guidance, educate family members, and reduce emotional stress during critical moments.

Preparing important documents, such as advance directives, before they are needed allows your family to focus on providing emotional and spiritual support rather than making difficult decisions under stress. In Islam, planning ahead — including writing a will *(waṣiyyah)* and giving clear instructions — is encouraged to protect one's rights and reduce hardship on loved ones.

The Prophet Muhammad (ﷺ) said,

يبيتُ ليلتينِ إلّا ووصيتُه مكتوبةٌ عندهُ،
ما حقُّ امرئٍ مسلمٍ له شيءٌ يوصي فيه

"It is not right for a Muslim who has something to bequeath to stay for two nights without having his will written with him"

(Sahih al-Bukhari 2738)

Starting these conversations early can feel uncomfortable, but taking the first step is important. Choose a calm moment, express that you care about honoring your religion and family values, and invite your loved ones to share their thoughts. You might begin by saying, "I've been thinking about how important it is for us to plan ahead and make sure our choices reflect our values. Can we talk about this together?"

Key Discussion Prompts for Muslim Patients and Families On End-of-Life Care

These are conversation starters designed to help patients, families, and healthcare providers explore Islamic values and personal preferences around end-of-life care. Most people haven't reflected

Making Decisions as a Family (continued)

on these topics, so these questions are meant to gently open up dialogue—not test religious knowledge.

1. "How does your understanding of qadr (divine decree) and *tawakkul* (trust in Allah) shape your approach to medical treatment at the end-of-life?"

***Goal:** Encourage patients and families to reflect on how religion guides decisions like continuing or stopping treatment.*

2. "If you were unable to speak for yourself, what would you want your loved ones and doctors to know about your care preferences?"

***Goal:** Start thinking about advance directives and making sure care aligns with values and beliefs.*

3. "Are there specific Islamic rulings *(fiqh)* you want your family to consider when deciding on life-sustaining treatments?"

***Goal:** Help families bring Islamic legal perspectives into their decision-making, especially regarding resuscitation or intubation.*

4. "What *du'as* (supplications) or acts of worship would bring you comfort in your final moments?"

***Goal:** Identify spiritual practices that are meaningful and ensure they're included as part of care planning.*

5. "What are your thoughts on pain management and medical interventions, considering the Islamic principle of preventing harm *(darar)* while trusting in Allah's will?"

***Goal:** Explore how to balance pain relief, consciousness, and religiously-based values.*

Final Moments

As difficult as it is, Islam teaches us to prepare for death with dignity, prayer, and remembrance. Instead of focusing solely on medical interventions, families can provide **religious support** by:

Ensuring their loved one hears ***(dhikr)*** **and the *(Shahada)*** in their final moments.

- Making ***du'a*** **for a peaceful transition and for Allah's mercy upon them**.
- Trusting that **Allah is the Most Merciful, and He does not burden anyone beyond their capacity** (Qur'an 2:286).

Checklist & Action Items

Healthcare Planning

- ❑ Complete an advance directive
- ❑ Discuss DNR/DNI status with your physician and family
- ❑ Review treatment options and prognosis with your doctor

Religious Planning

- ❑ Designate a healthcare agent familiar with Islamic values
- ❑ Speak with a qualified Islamic scholar about specific scenarios
- ❑ Write a will *(waṣiyyah)* and share its location with loved ones

Family Conversations

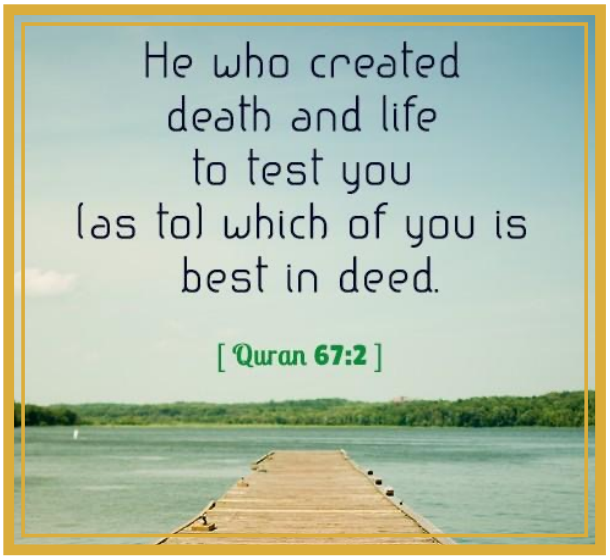
- ❑ Talk to your family about your wishes
- ❑ Use the conversation prompts in this guide
- ❑ Reassure loved ones about the Islamic permissibility of hospice

Hospice-Specific

- ❑ Schedule a hospice consultation visit
- ❑ Ask about religious and cultural accommodations
- ❑ Clarify pain management preferences with the care team

Religious Preparation

- ❑ Keep Qur'an playing in the home
- ❑ Encourage *dhikr* and remembrance
- ❑ Offer emotional presence and spiritual comfort



Closing Thoughts

Understanding both the U.S. legal framework and Islamic guidance allows Muslim Americans to make informed decisions that align with Islam about end-of-life care. It is essential to discuss these choices openly with family, healthcare professionals, and religious leaders to ensure a shared understanding and a compassionate approach. These conversations can be difficult and may bring to the surface fears, uncertainty, or painful memories. However, approaching them with patience, openness, and trust in Allah can turn this process into an opportunity for spiritual growth and deepening family bonds. Including a trusted religious scholar in these conversations, especially when complex medical or ethical issues arise, can help balance family opinions with Islamic values, fostering unity and purpose.

While Islamic legal principles are crucial in making these decisions, this process is also an opportunity for self-reflection on personal experiences and cultural attitudes toward death. For instance, previous negative experiences with hospice care or healthcare institutions may affect your perspective. Acknowledging these influences can guide you toward a more thoughtful and holistic decision-making process, aligning personal, family, and spiritual needs. Consulting an Islamic bioethics scholar can provide additional clarity, ensuring that your end-of-life care decisions honor both your religion and your individual circumstances.

For Muslims, caring for a loved one who is nearing death is not just a medical or logistical obligation; it is a deeply spiritual act with plentiful opportunities for *kẖiḏmah* (service) and *ṣabr* (patience) that carries tremendous reward. Providing comfort, maintaining dignity, and surrounding a loved one with care and remembrance of Allah can turn a difficult experience into a profound and transformative moment, both for the patient and those who care for them.

May Allah make us among those who show mercy and kindness to their sick and dying, may He grant us and our loved ones a good ending, guide us through difficult decisions with clarity and peace, forgive us and them, and admit us by His mercy among His righteous servants.

Ameen.

Footnotes

[1] Yunus RM, Duivenbode R, Padela AI. American Muslim Engagement with Advance Care Planning: Insights From a Community Survey. Am J Hosp Palliat Care. 2024 Apr;41(4):405-413.

[2] Piracha, N. Z., Nickel, L. B., Quryshi, A., Salah, R., & Padela, A. I. (2024). *Muslims and end-of-life healthcare in non-Muslim majority nations: A systematic literature review. Journal of Palliative Medicine*, 27(3), 358–367.

[3] Azam, L., Foutz, R., & Padela, A. I. (2025). *Exploring Perceptions of Hospice Care in the American Muslim Community: A Qualitative Descriptive Study. American Journal of Hospice and Palliative Medicine*. https://doi.org/10.1177/10499091251315140

[4] National Institute on Aging. https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-advance-directives-health-care

[5] Kamali, Mohammad Hashim. *Principles of Islamic Jurisprudence*. Islamic Texts Society, 2003.

[6] Center to Advance Palliative Care.(n.d.) Palliative Care. https://www.capc.org/about/palliative-care/

[7] This helpful 'mantra' is borrowed from Shaykh M. Amin Kholwadia of Darul Qasim College.

[8] American Bar Association. https://www.americanbar.org/groups/law_aging/resources/health_care_decision_making/#:~:text=Tool%20Kit%20for%20Health%20Care%20Advance%20Planning%20helps%20you%20clarify,regarding%20your%20future%20health%20care. There is no federal law, rather state law supersedes and some states have no law. The order presented above is a generalized one. Check with your own state law and/or attorney for specific orders of priority.

[9] Kamali, Mohammad Hashim. *Principles of Islamic Jurisprudence*. Islamic Texts Society, 2003.

[10] *The Qur'an*. Translated by Abdullah Yusuf Ali, The Islamic Foundation, 2001.

[11] Al-Qaradawi, Y. (1997). *Fiqh of Contemporary Medical Issues*. Al-Azhar Publications.

[12] International Islamic Fiqh Academy. (1988). *Resolution No. 26 (4/3) on Medical Treatment and Life Support*. IIFA Publications.

[13] Padela A, Mohiuddin A. *Ethical obligations and clinical goals in end-of-life care: deriving a quality-of-life construct based on the Islamic concept of accountability before God (taklīf)*. Am J Bioeth. 2015;15(1):3-13.

[14] Mohiuddin A, Suleman M, Rasheed S, Padela AI. *When can Muslims withdraw or withhold life support? A narrative review of Islamic juridicial rulings*. Glob Bioeth. 2020 Mar 22;31(1):29-46. doi: 10.1080/11287462.2020.1736243. PMID: 32284707; PMCID: PMC7144300.

[15] Rashid, R. (2021). *An Islamic Bioethical Framework for Withholding and Withdrawing Life-Sustaining Treatment*. In M. Ghaly (Ed.), *End-of-Life Care, Dying and Death in the Islamic Moral Tradition* (pp. 171–192). Brill.

[16] Islamic Fiqh Academy (OIC), *Resolutions and Recommendations of the Council of the Islamic Fiqh Academy 1985–2000*, Jeddah: IIFA, p. 59–60.

[17] Assembly of Muslim Jurists of America (AMJA). (2015). *Fatwa on End-of-Life Decisions and DNR Orders in Islam*. Retrieved from https://www.amjaonline.org

[18] Memiş, H.K. (2022). *Do Not Resuscitate (DNR) Orders from an Islamic Perspective.* darulfunun ilahiyat, 33(2), 411-437. https://doi.org/10.26650/di.2022.33.1.1096891

[19] Permanent Committee for Scholarly Research and Ifta. (1989). Ruling on resuscitating the patient if he is dead, his health condition is not fit for resuscitation or his disease is incurable. Fatwa number 12086. http://www.alifta.net/Fatawa/FatawaChapters.aspx?View=Page&PageID=299&PageNo=1&BookID=17

[20] Kasule, O. H. (2010). DNR: *An Islamic formulation. Journal of the Islamic Medical Association of North America*, 42(1)

[21] The Overlooked Do Not Resuscitate (DNR) Order. https://medlegalpro.com/the-overlooked-do-not-resuscitate-dnr-order-legal-complexities-and-the-role-of-medical-experts-in-medical-malpractice-cases/

[22] The Principles Guiding Hospice Care In Islamic Law. https://www.amjaonline.org/wp-content/uploads/2023/10/The-Principles-Guiding-Hospice-Care-in-Islamic-Law-AMJA-2023-Aysha-Wazwaz.pdf


سُورَةُ يٰسٓ
بِسْمِ ٱللَّهِ ٱلرَّحْمَٰنِ ٱلرَّحِيمِ
يٰسٓ ۝١ وَٱلْقُرْءَانِ ٱلْحَكِيمِ ۝٢ إِنَّكَ لَمِنَ ٱلْمُرْسَلِينَ ۝٣ عَلَىٰ
صِرَٰطٍ مُّسْتَقِيمٍ ۝٤ تَنزِيلَ ٱلْعَزِيزِ ٱلرَّحِيمِ ۝٥ لِتُنذِرَ قَوْمًا مَّآ
أُنذِرَ ءَابَآؤُهُمْ فَهُمْ غَٰفِلُونَ ۝٦ لَقَدْ حَقَّ ٱلْقَوْلُ عَلَىٰٓ أَكْثَرِهِمْ
فَهُمْ لَا يُؤْمِنُونَ ۝٧ إِنَّا جَعَلْنَا فِىٓ أَعْنَٰقِهِمْ أَغْلَٰلًا فَهِىَ إِلَى
ٱلْأَذْقَانِ فَهُم مُّقْمَحُونَ ۝٨ وَجَعَلْنَا مِنۢ بَيْنِ أَيْدِيهِمْ سَدًّا
وَمِنْ خَلْفِهِمْ سَدًّا فَأَغْشَيْنَٰهُمْ فَهُمْ لَا يُبْصِرُونَ ۝٩ وَسَوَآءٌ
عَلَيْهِمْ ءَأَنذَرْتَهُمْ أَمْ لَمْ تُنذِرْهُمْ لَا يُؤْمِنُونَ ۝١٠ إِنَّمَا تُنذِرُ
مَنِ ٱتَّبَعَ ٱلذِّكْرَ وَخَشِىَ ٱلرَّحْمَٰنَ بِٱلْغَيْبِ فَبَشِّرْهُ بِمَغْفِرَةٍ
وَأَجْرٍ كَرِيمٍ ۝١١ إِنَّا نَحْنُ نُحْىِ ٱلْمَوْتَىٰ وَنَكْتُبُ
مَا قَدَّمُوا۟ وَءَاثَٰرَهُمْ ۚ وَكُلَّ شَىْءٍ أَحْصَيْنَٰهُ فِىٓ إِمَامٍ مُّبِينٍ ۝١٢
هُوَ ٱلَّذِى جَعَلَكُمْ خَلَٰٓئِفَ فِى ٱلْأَرْضِ ۚ فَمَن كَفَرَ فَعَلَيْهِ كُفْرُهُۥ ۖ
يَزِيدُ ٱلْكَٰفِرِينَ كُفْرُهُمْ عِندَ رَبِّهِمْ إِلَّا مَقْتًا ۖ وَلَا يَزِيدُ ٱلْكَٰفِرِينَ
كُفْرُهُمْ إِلَّا خَسَارًا ۝٣٩ قُلْ أَرَءَيْتُمْ شُرَكَآءَكُمُ ٱلَّذِينَ تَدْعُونَ
مِن دُونِ ٱللَّهِ ۖ أَرُونِى مَاذَا خَلَقُوا۟ مِنَ ٱلْأَرْضِ أَمْ لَهُمْ شِرْكٌ فِى ٱلسَّمَٰوَٰتِ
أَمْ ءَاتَيْنَٰهُمْ كِتَٰبًا فَهُمْ عَلَىٰ بَيِّنَتٍ مِّنْهُ ۚ بَلْ إِن يَعِدُ ٱلظَّٰلِمُونَ
بَعْضُهُم بَعْضًا إِلَّا غُرُورًا ۝٤٠ إِنَّ ٱللَّهَ يُمْسِكُ ٱلسَّمَٰوَٰتِ
وَٱلْأَرْضَ أَن تَزُولَا ۚ وَلَئِن زَالَتَآ إِنْ أَمْسَكَهُمَا مِنْ أَحَدٍ مِّنۢ بَعْدِهِۦٓ
إِنَّهُۥ كَانَ حَلِيمًا غَفُورًا ۝٤١ وَأَقْسَمُوا۟ بِٱللَّهِ جَهْدَ أَيْمَٰنِهِمْ لَئِن
جَآءَهُمْ نَذِيرٌ لَّيَكُونُنَّ أَهْدَىٰ مِنْ إِحْدَى ٱلْأُمَمِ ۖ فَلَمَّا جَآءَهُمْ
مَّا زَادَهُمْ إِلَّا نُفُورًا ۝٤٢ ٱسْتِكْبَارًا فِى ٱلْأَرْضِ وَمَكْرَ
وَلَا يَحِيقُ ٱلْمَكْرُ ٱلسَّيِّئُ إِلَّا بِأَهْلِهِۦ ۚ فَهَلْ يَنظُرُونَ
إِلَّا سُنَّتَ ٱلْأَوَّلِينَ ۚ فَلَن تَجِدَ لِسُنَّتِ ٱللَّهِ تَبْدِيلًا ۖ وَلَن تَجِدَ لِسُنَّتِ ٱللَّهِ
أَوَلَمْ يَسِيرُوا۟ فِى ٱلْأَرْضِ فَيَنظُرُوا۟ كَيْفَ كَانَ عَٰقِبَةُ ٱلَّذِينَ
قَبْلَهُمْ وَكَانُوٓا۟ أَشَدَّ مِنْهُمْ قُوَّةً ۚ وَمَا كَانَ ٱللَّهُ لِيُعْجِزَهُۥ مِن شَىْءٍ
فِى ٱلسَّمَٰوَٰتِ وَلَا فِى ٱلْأَرْضِ ۚ إِنَّهُۥ كَانَ عَلِيمًا قَدِيرًا


Layout & Design by kyle k
at indevoxstudios.com