KING KHALID UNIVERSITY

# Ethical Consideration in the Care of the Elderly and End-of-Life Care

**Medical Ethics · MED 431 · Lecture 5**

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MED 431 · LECTURE 5

# By the end of this lecture you can

- Define palliative care and explain its ethical foundations
- Describe the ethical distinction between withholding and withdrawing life-sustaining treatment
- Explain medical futility and apply it to clinical decisions
- Define brain death and describe the Islamic scholarly position on it
- Explain DNR (Do Not Resuscitate) orders, advance directives and the principles governing them
- Describe the Islamic position on euthanasia and physician-assisted dying
- Apply the four principles and the Islamic framework to end-of-life scenarios
- Recognize the ethical obligations in the care of elderly patients

**READ** Applied Medical Ethics Ch. 10 — Learning Objectives husainalkhaldy.site/books/applied-medical-ethics#h116

# 1 · Dying well

The ethics of dying, palliative care, and what treatment is owed

كُلُّ نَفْسٍ ذَائِقَةُ الْمَوْتِ

“Every soul shall taste death.” Al-Imran 3:185

**Death is not a medical failure. Life is neither prolonged beyond its natural course by extraordinary means, nor hastened**

# Palliative care: redirection, not withdrawal

- The active, total care of patients whose disease no longer responds to curative treatment
- WHO (World Health Organization): “an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness…”
- The goals of care shift
  - From cure to comfort
  - From length of life to quality of life
  - From the body to the whole person: physical, psychological, social, spiritual
- **Palliative care is not the withdrawal of medicine. It is the redirection of medicine**

# The doctrine of double effect

- One act with a good and a harmful effect is permissible if
  - The act itself is not inherently wrong
  - The good effect is genuinely intended
  - The harmful effect is not the means to the good effect
  - The good effect proportionately outweighs the harm
- In practice: adequate opioid doses for pain, even if in theory they might hasten death — the intention is relief
- **Accepted in both secular ethics and Islamic jurisprudence**

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# Sanctity of life, quality of life

- Sanctity of life: life must be preserved under all conditions; vitalism, its secular counterpart, preserves organic life even when every distinctly human function is lost
- Quality of life: the goal is not mere survival but a life of function, consciousness, relationship and personal values
- The Islamic framework endorses neither extreme: it affirms hifz al-nafs (حفظ النفس), the preservation of life, but not vitalism
- **Life is sacred — and its preservation does not mean extending biological life at any cost**

**READ** Applied Medical Ethics §10.3 — Quality of Life vs. Sanctity of Life husainalkhaldy.site/books/applied-medical-ethics#h119

# What treatment is owed?

- Al-ʿilaj al-wajib (العلاج الواجب) — obligatory treatment
  - Required when it offers a genuine prospect of benefit
- Al-ʿilaj al-jaʾiz (العلاج الجائز) — permissible, not obligatory
  - Treatment that only prolongs suffering without hope of recovery falls outside obligatory care
- The Islamic Fiqh Council
  - Withholding or withdrawing life-sustaining treatment is permissible when three specialist physicians agree the condition is beyond cure and treatment only prolongs dying
- **Seeking treatment is a duty when it can help — not when it can only prolong dying**

# 2 · Decisions at the end

Brain death, withholding and withdrawing, futility, DNR orders and advance directives

# Brain death

- Irreversible cessation of all functions of the entire brain, including the brainstem
  - Absent brainstem reflexes
  - Apnoea: no breathing without the ventilator
  - Irreversibility, with no known reversible cause
- Blood and breath that continue on a ventilator are the machine’s work, not life
- The dominant ruling — Islamic Fiqh Council of the Muslim World League, OIC (Organisation of Islamic Cooperation) Fiqh Academy, Saudi Council of Senior Scholars: life support may be withdrawn, death declared, organs donated
- A minority of scholars hold that death comes only when heartbeat and breathing stop
- **In the dominant Islamic position, brain death is legal death**

# Withholding and withdrawing

- Withholding — deciding not to start a life-sustaining intervention
- Withdrawing — stopping an intervention that has already started
- The dominant position of professional bodies and Islamic scholars: morally equivalent when the clinical circumstances are the same
- If starting a treatment created a duty never to stop it, doctors would hesitate to try treatments that might help
- **The equivalence protects patients: it makes honest trials of treatment possible**

# Medical futility

- Quantitative futility — the treatment almost never works
  - CPR (cardiopulmonary resuscitation) in metastatic cancer with multi-organ failure: survival to discharge approaches zero
- Qualitative futility — it works, but not for the person
  - The physiological goal is met, with no benefit worth having from the patient’s point of view
- Decide it with
  - The multidisciplinary team and clear documentation
  - Communication with the patient and family
  - The ethics committee when there is disagreement
- **Futility is a process, not a verdict one doctor delivers at the bedside**

# DNR orders: no CPR, not less care

- A DNR order means CPR is not attempted if the heart stops
- It is not an instruction to reduce the quality of care in any other way
- Islam supports a DNR order when CPR is clearly futile — when it cannot restore life but only prolongs dying
- The hadith (Abu Dawud) establishes a duty to seek treatment — treatment, not futile intervention
- **A patient with a DNR order is owed every other care, in full**

تَدَاوَوْا فَإِنَّ اللَّهَ لَمْ يَضَعْ دَاءً إِلَّا وَضَعَ لَهُ دَوَاءً

“Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it.” Abu Dawud

## A duty to seek treatment — not futile intervention

# Advance directives: autonomy carried forward

- An advance directive extends autonomy into a time when the patient can no longer exercise it directly
- Discuss it with patients who have serious or progressive illness, before the crisis
- Document it clearly in the medical record
- Review it as values and circumstances change
- **Respect it — even when the team disagrees with the patient’s choices**

# 3 · Euthanasia, the dying, the elderly

The Islamic prohibition, care of the dying patient, and the ethics of elderly care

وَلَا تَقْتُلُوا أَنفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا

“Do not kill yourselves — indeed Allah is to you ever Merciful.” Al-Nisa 4:29

**Active euthanasia and physician-assisted suicide are prohibited (haram), whatever the consent or suffering**

# Why euthanasia is prohibited

- The sanctity of life
- The prohibition on despair of Allah’s mercy (qunut, قنوط)
- The sufficiency of palliative care: Islam does not require prolonging suffering, and gives a full toolkit of legitimate end-of-life care
- The physician’s role: to heal, to relieve suffering and to accompany the dying — not to kill
- **Relieving pain that may shorten life is permitted. Giving a lethal agent to end life is not**

# When a patient asks you to end it

- Acknowledge the suffering with genuine compassion
- Explore what drives the request: pain, fear, depression, isolation, spiritual distress — each is addressable
- Make sure comprehensive palliative care is in place
- Offer spiritual support
- Explain the Islamic position, without judgment
- **Do not abandon the patient because of the request**

# What the dying patient is owed

- Relief — pain, dyspnoea, nausea and distress controlled: a clinical duty and an ethical imperative
- The truth — false hope (“we’ll keep trying”) takes away the chance to make peace and prepare
- Faith — talqeen (تلقين), prompting the dying person to say the Shahada, and family reciting Quran, especially Surah Yasin
- Dignity — the body retains dignity after death
- **The death certificate records the true cause. Falsifying it is a serious criminal offence**

# Age alone is never the reason

- Ageism is documented: elderly patients are less often investigated or referred for surgery, and more often given DNR orders without adequate discussion
- Assess each patient’s condition and values individually
- When capacity is lost: substituted judgment — decide as the patient would have, from their known values
- Elder abuse — physical, psychological, financial
  - Document findings carefully
  - Speak with the patient privately, without the suspected abuser
  - Report to the appropriate authorities
- **Age is not a basis for limiting care**

# 4 · Four cases

For each: medical indications, patient preferences, quality of life, contextual features — and the Islamic framework

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# The ventilator decision

- An 82-year-old man with end-stage COPD (chronic obstructive pulmonary disease) and heart failure arrives in acute respiratory failure, hypoxic and confused
- His daughter, who holds power of attorney for health decisions, says he “always said he never wanted to be on machines”; there is no written advance directive
- Without intubation he is likely to die within hours; with it, his prognosis is still extremely poor
- **Discuss**
  - How do you proceed?
  - What ethical frameworks apply?
  - What role does the daughter’s account play?

# The DNR conflict

- A 55-year-old woman with metastatic breast cancer has a DNR order, documented after a conversation in which she agreed
- Her husband arrives and demands it be removed: “I don’t accept this. We are Muslims — Allah gives life and only Allah takes it. You must do everything.”
- **Discuss**
  - How do you respond to the husband?
  - What are the ethical obligations?
  - What does the Islamic framework say about the patient’s own expressed wish?

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# The euthanasia request

- A 45-year-old man with inoperable pancreatic cancer is in severe pain despite current analgesia
- He says: “Doctor, I can’t live like this. Please end it for me. I’ve heard this is available in other countries.”
- You are a Muslim physician in Saudi Arabia
- **Discuss**
  - How do you respond?
  - What specific steps do you take?
  - What does compassionate, ethically grounded care look like in this moment?

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# The brain-dead patient

- A 28-year-old man is brought to the emergency department after a severe road traffic accident
- Over 48 hours, all clinical tests confirm brain death
- His family refuses to accept it: “As long as the heart is beating, he is alive. You cannot remove the machine.”
- **Discuss**
  - How do you engage with the family?
  - What does the dominant Islamic scholarly position say?
  - How do you balance their distress with your clinical and ethical obligations?

# Key terms (1 of 2)

| Term | Definition |
|---|---|
| **Palliative care** | Active total care of patients with life-limiting illness, focused on quality of life and relief of suffering |
| **Double effect** | Permits an act with a good and a harmful effect when the good is intended and proportionate |
| **Medical futility** | Treatment that cannot achieve a meaningful goal or benefit the patient as a person |
| **Brain death** | Irreversible cessation of all brain function including the brainstem; legal death in Islamic jurisprudence |
| **Withholding** | Deciding not to initiate a life-sustaining intervention |
| **Withdrawing** | Discontinuing an intervention already started — morally equivalent to withholding |

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# Key terms (2 of 2)

| Term | Definition |
|---|---|
| **DNR order** | Do Not Resuscitate: a clinical instruction that CPR should not be attempted |
| **Advance directive** | A document of the patient’s wishes for future care if they lose capacity |
| **Active euthanasia** | Deliberate administration of a lethal agent to end a patient’s life — prohibited in Islam |
| **Talqeen** (تلقين) | Prompting the dying person to say the Shahada |
| **Sabr** (صبر) | Patient endurance — bearing suffering with faith and trust in Allah |
| **Hifz al-nafs** (حفظ النفس) | Preservation of life — one of the five objectives of Islamic law |

**READ** Applied Medical Ethics Ch. 10 — Key Terms husainalkhaldy.site/books/applied-medical-ethics#h126

# Six things to take out of the room

- Death is not a failure; suffering that could have been relieved is
- Treatment is owed when it can benefit; futile treatment is not owed
- Withholding and withdrawing are morally the same
- A DNR order means no CPR, never less care
- Euthanasia is prohibited; the answer to a request is relief and presence
- **Age alone is never a reason to limit care**

# Further reading


- Jonsen AR, Siegler M, Winslade WJ. *Clinical Ethics*. 9th ed. McGraw-Hill; 2022. Topic Three: Quality of Life
- Hussein GM, Alkabba AF, Kasule OH. *Professionalism and Ethics Handbook for Residents*. SCFHS; 2015. Module 9
- Islamic Fiqh Council, Muslim World League. Rulings on Brain Death, Withdrawal of Life Support, and Euthanasia
- Al-Bar MA, Chamsi-Pasha H. *Contemporary Bioethics: Islamic Perspective*. Springer; 2015
- World Health Organization. *Palliative Care*. WHO Fact Sheet; 2020
- World Medical Association. *Declaration on Euthanasia and Physician-Assisted Suicide*. WMA; 2019
- Saudi Commission for Health Specialties. *Code of Ethics for Healthcare Practitioners*. 2014
- Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 8th ed., Chapter 5. Oxford University Press; 2019

# Karen Ann Quinlan

- In 1975 a twenty-one-year-old woman stopped breathing long enough to leave her in a permanent coma, kept alive on a ventilator
- Her parents asked for it to be switched off; the doctors refused, fearing prosecution
- In 1976 the New Jersey Supreme Court ruled that the family could withdraw the ventilator — one of the first times a court recognised a right to let a patient die
- Once weaned, she breathed on her own and lived nine more years
- **When should treatment stop, and who decides?**