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Editorial

Optimum use of cardiopulmonary resuscitation in the Islamic world

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Death is inevitable, but it can be experienced in better or worse ways. There is broad agreement that good deaths are characterized by respect for the patient's values and autonomy and by prevention and relief of suffering (1). Cardiopulmonary resuscitation (CPR) was developed and entered common practice in Western industrialized countries in the 1960s. Within two decades, it was recognized that it sometimes provides great benefit but also risks serious harm that can outweigh any benefits (2). It some cases, it can prolong the dying process and increase the patient's suffering. Based on this recognition, the "do-not-resuscitate" (DNR) order was created to protect patients from an intervention that is unwanted or would be non-beneficial and harmful (2).

In many cultures, religious beliefs play an important role in people's inferences and decision-making about end-of-life care (EoLC) and DNR orders (3). Within the Islamic world, various religious traditions and various schools of religiously-based legal thought (*madhhab; Arabic* مذهب) exist: including two Shia schools (Ja'fari, Zaidi), four Sunni schools (Hanafi, Maliki, Shafi'i, Hanbali), and the Ibadi and Zahiri schools. Given this diversity of belief and legal and ethical thought, it is not surprising that differences of opinion and conflicts about optimum use of CPR arise among patients, family members and health care staff members (4). However, we believe that many of these conflicts are rooted in misunderstandings about CPR. In particular, many patients and family members are not aware of the evidence about CPR outcomes, resultant suffering, and the direct and indirect costs (5).

In general, the ethical principles of autonomy, beneficence and non-maleficence should enable physicians to honor the requests of patients near the end of life to be protected from CPR. This practice is consistent with the Islamic principle that dying is a stage of human spiritual life (5). Instead of conceiving human existence as having two phases, Islamic thought entails three phases: life, the process of dying, and death (5). Unduly delaying or prolonging the process of dying is considered improper (4).

When a patient clearly is dying, lack of a DNR order can result in moral distress among health care staff members who believe that CPR would provide no benefit for the patient or would be harmful without any reasonable chance of offering greater benefit. In many such cases, CPR simply is not performed when a "de facto" DNR order is circulated verbally without informing the patient or family that CPR will be withheld (4). This practice is illegal in some countries and can seriously compromise trust in physicians. Therefore, a practical national guideline on optimum use of life sustaining

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treatment is imperative for all countries. Such a guideline should be based on ethical principles, as well as scientific, cultural, and religious standards. In addition, clinical ethics committees are needed in major hospitals to resolve disagreements about use of CPR and other life sustaining treatments based upon national guidelines.

Conflicts of Interest

There are no conflicts of interest.

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