Necessary Interventions:  
Muslim Views on Pain and Symptom Control in English Sunni e-Fatwas

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ABSTRACT. While many western countries now have large Muslim communities, relatively little scholarly attention is given to the attitudes of Muslims regarding end-of-life issues. Meanwhile, we receive strong and significant signals from physicians and pastoral care teams on the difficulty of discussing pain treatment with Muslim patients. With this study of Islamic views on pain control and palliative sedation in English Sunni e-fatwas we wish to make a contribution from the field of religious studies to a better understanding of how Muslim patients balance their personal needs for pain treatment with the Islamic normative background. Using Broeckaert’s conceptual framework on treatment decisions in advanced disease, we conducted an in-depth analysis of English Sunni e-fatwas on pain control and palliative sedation. The e-fatwas were selected using Bunt’s typology of Cyber Islamic Environments and Tyan’s definition of a fatwa. We found that references to the use of sedative medication to reduce the consciousness of the patient for pain treatment were very scarce in the texts we analysed. Although the idea of patiently enduring pain is present in the e-fatwas, it does not dominate the discussion, since the alleviation of pain is equally encouraged. When the pain medication used is addictive, alters the patient’s state of consciousness or contains alcohol making it problematic from an Islamic normative point of view, the use of this type of medication can be permitted on the basis of a principle in Islamic jurisprudence: necessity permits breaking the law. The possible danger of death after the administration of high doses of pain medicine is countered based on the intention of the treating physician: he or she aims to alleviate the pain and not kill the patient. The study of English Sunni e-fatwas on pain and symptom control indicates the absence of an insurmountable ethical problem connected to the use of heavy pain medication.

KEYWORDS. Pain control, palliative sedation, fatwa, Islam, bioethics
I. INTRODUCTION

Dealing with physical or psychological pain is often an existential experience touching the limits of life itself. From a variety of religious or ideological backgrounds, people try to make sense of the suffering that overcomes them. When looking at the role of religion or ideology in the process of coping, we can make a distinction between the normative religious/ideological narrative on (dealing with) physical/psychological pain and the way in which people who are confronted with pain actually deal with it. In this article we focus on the normative discourses on pain control.

Turning to Islam, on the normative level we often find two lines of thought concerning attitudes towards physical pain. On the one hand, we encounter the view that patiently bearing pain has a positive influence on the soul’s prospects in the afterlife: since pain can be interpreted as a form of divine predestination, the patient who patiently endures it will have his or her sins forgiven in the hereafter (Al-Jeilani 1987; Sachedina 2005; Ebrahim 2001). Authors who articulate this theologically based position, however, are not led to the conclusion that pain should not be treated. On the contrary, most of them specifically argue that unlike the spiritual merits of patiently enduring pain, every patient has the right to look for pain treatment. This brings us to the second line of thought concerning attitudes towards physical pain, one that offers a rationale in which the choice to treat the pain with medication is evaluated. Two important elements were found in Islamic debates on the possibility of using high doses of pain medication. The first concerns the use of morphine, which is often thought to have an immediate addictive effect on the patient. Although Islamic law forbids the use of intoxicants such as alcohol or drugs, necessity permits breaking the law when no alternative is at hand (Boubakeur; Al-Shahri and Al-Khenaizan 2005). The second element concerns the potentially life shortening effect of heavy pain medication. Although recent studies have shown that high doses of morphine do not affect patient survival when they are properly
administered and titrated according to the level of pain (Bercovitch, Waller and Adunsky 1999; Azoulay et al. 2008; Gielen 2010), the idea of life-shortening effects connected to the use of high doses of pain medication remains alive in international ethical debates related to the question of its use (Van der Heide et al. 2003; Deliens et al. 2000; Sprung et al. 2008; Vincent 1999; Van der Heide et al. 2000). In the writings of Islamic authors, we see that they recognise the possible life-shortening effect of heavy pain medication, but often deal with the issue by stating that even if the death is hastened during the process of giving adequate analgesia, this should not be a problem if the physician has the right intention: to alleviate suffering, not to kill the patient (Gatrad and Sheikh 2000; Sachedina 2005).

The overview of Islamic opinions given above is the general view one gets from studying the literature. This, however, is still a static view in the sense that it does not contain actual advice of Muslim scholars to people in concrete situations. Put differently, the opinions of the authors we have referred to thus far represent only one array of opinions in the broad field of Islamic bioethics. A number of other channels through which Islamic opinions on these matters are spread also need to be studied.

**Background**

The field of Islamic bioethics emerged as a response to the world-wide exportation of Western medical achievements and to the growing number of Muslims who, living as minorities in Western countries, have access to far reaching medical treatments. The many-voiced nature of debate in the field is also characteristic for Islamic bioethics. Indeed, a recent study has shown that people from a multitude of professional backgrounds pronounce normative statements on Islamic bioethics (Shanawani and Khalil 2008). Not only the professional backgrounds of the spokespersons vary greatly, also the channels through which Islamic normative points of view concerning bioethical issues are presented are very diverse: reference can be made, for example, to (online) publications
of Muslim scholars, publications of Islamic organisations such as the Islamic Organisation of Medical Sciences (IOMS) or the Islamic Medical Association of North-America (IMANA), to (online) fatwas and to publications in international medical journals.

One of the channels through which Islamic normative end-of-life issues are discussed is fatwa issuing. Starting in the 1980’s, this provision of Islamic normative guidance has been the subject of extensive research from a Western scholarly perspective (Anees 1984). The study of end-of-life ethics in these fatwas is a quite recent feature in the study of Islamic bioethics (Rispler-Chaim 1993). Fatwas on this theme that have been studied in the international literature are mostly Arabic fatwas with historical importance. Contemporary fatwas and fatwas in languages other than Arabic receive distinctively less scholarly attention.

Nevertheless, the importance of Sunni fatwas in English can hardly be underestimated. International literature indicates that during the past few decades, forces of globalisation and migration have had a very strong influence on the religiosity of Muslim minorities living in non-Islamic countries (Buskens 2000; Caeiro 2009; Eickelman and Anderson 2003; Haddad 1998, 1999; Mandaville 1999, 2001; Rohe 2004; Roy 2000, 2002; Van Bruinessen 2001). Roy, Mandaville and Bunt, for example, discuss the representation of the world-wide Islamic community (Arab.: umma) on the Internet (virtual umma). Bunt analyses the representation of the umma on the Internet using his typology of Cyber Islamic Environments (CIE’s), in which he distinguishes several types: blogs, fatwa services, ritual performances, Quran translations, etc. (Bunt 2009). Of particular interest to our study are the online fatwa services: clearly they provide applied Islamic normative guidance for Muslims that is very easily available to anyone having access to the Internet (e-fatwa). Roy’s analysis of these online fatwa services demonstrates that the messages spread in these services are often uniform and ‘fundamentalist’ – i.e. only focusing on Quran and Sunna, and leaving out any reference to jurisprudential reasoning as it developed in later medieval texts (Roy 2002). Because of the rather limited number of Islamic sources (i.e. Quranic texts and...
prophetic traditions) on the one hand, and because of the repeated post-
ingings on the other, the same messages – often the same texts – are com-
municated and taken over, resulting in a uniformisation of the message (Roy 2002; Azzi 1999). The use of the English language results in the development of an alternative circuit of authoritative Islamic discourse and a stretching of the traditional concept of Islamic authority (Anderson 1997, 2000). Whereas the traditional mufti would deliver Islamic guidance restricted to a specific geographical area, contemporary authorities such as Yusuf al-Qaradawi speak out for the world-wide Islamic community and present themselves as ‘global muftis’ (al-Khateeb 2009).

The subjects that are dealt with in these online fatwa services are as diverse as life itself. End-of-life ethics, however, is a growing subject. In spite of this, the bioethical guidelines presented in the form of English Sunni fatwas published on Islamic websites have, until now, attracted little scholarly attention.

To better understand the viewpoints that Muslim patients and/or their family members in clinical settings might bring forward when confronted with the need for pain medication or sedative medication, we need to study the type of Islamic normative guidance that is available to them through online English Sunni fatwas. With this study we intend to provide insight into the search of Muslims for Islamic normative guidance that appeals to them in sometimes upsetting medical situations and in the specific nature of English Sunni fatwas on pain treatment and palliative sedation within the whole of Islamic viewpoints on the subject.1

II. M ETHOD

Islamic Websites

Many fatwa-resembling texts are available on the Internet. To distinguish fatwas from other fatwa-resembling texts providing Islamic normative guidance through the Internet, we employ a twofold point of departure:
Tyan’s definition of a fatwa and Gary Bunt’s typology of Cyber Islamic Environments. According to Tyan’s definition in the *Encyclopaedia of Islam*, a fatwa is “a non-binding clarification of an ambiguous judicial point or an opinion by a jurist trained in Islamic law (*mufti*), in response to a query posed by a private inquirer (*mustafti*)” (1965), a definition that is also at the basis of Mozaffari’s study on fatwas (1998). By demarcating the field using this definition of a fatwa, views on the topic published by Islamic organisations such as the Islamic Organisation for Medical Sciences (IOMS) or the Islamic Medical Association of North America (IMANA) are not analyzed in this article. Although they deal with the issue, they were not created as an answer to a specific question asked by a single person, dealing with a specific situation.

We started our search for English Sunni e-fatwas on pain and symptom control in Roy’s 2002 study in which he describes the concept ‘virtual umma’ and refers to Islamic websites that can be taken to be representative. Despite the overwhelming number of Islamic websites – websites that focus mainly on reporting news from Arabic speaking countries, on providing translations of the Quran and on Islamic identity issues (e.g. Islamic feasts and the wearing of a headscarf) – the majority of the websites selected by Roy no longer exist or do not provide fatwas on pain and symptom control. This prompted us to explore further using snowball sampling techniques on the links sections of Islamic websites and the hits provided by the most widely used online search robots (Google, Yahoo, Lycos) until saturation was reached. We found 9 English Sunni e-fatwas dealing with pain and symptom control on islamonline.net, islamweb.net and islamicity.com.

Although these three websites can be considered the major Islamic websites (news sites and much more) on the Internet, one should be aware of the differences between them in terms of background. Islamonline.net (Alexa Traffic Rank 7,668) was created by Sheikh Yūsuf al-Qarāḍāwī, the Qatar based al-Azhar educated and very popular jurist of ‘the middle way’ (Arab.: madhab al-waṣat; Gräf 2009). The indication
‘jurist of the middle way’ refers to the fact that al-Qaraḍāwī’s jurisprudential reasoning is not bound by one specific Sunni school of law (Ḥanbali, Maliki, Ḥanafi or Shāfi’i). His goal instead is to look for common ground between the different schools of law. His website islamonline.net aims at informing and helping Muslim minorities based in Western countries to maintain an Islamic identity by applying a form of Islamic jurisprudence (Arab: fiqh) dealing specifically with the issues relevant for minorities (Arab.: fiqh al-aqalliyat). No fewer than 180 Muslim scholars and organisations of Muslim scholars contribute to issuing fatwas as an answer to questions posed by a questioner (mustafti) on the website. Additional background concerning the individual scholars and groups is generally available on the website, although some links – e.g. ‘islamonline fatwa editing desk’, a body of scholars connected to the website – do not provide such information. Given the further anonymity of the members of the ‘islamonline fatwa editing desk’, we will refer to the group as a whole.

Islamweb.net (Alexa Traffic Rank 2,945) is a comparable website, although it is not as much focused on bringing world news as it is on providing information on Islam. The website is available in Arabic, English, French, German and Spanish. Fatwas published on the website are issued and controlled by “a group of licentiate graduates from the Al-Imaam Muhammad Bin Sa’oud Islamic University in Saudi Arabia and other Islamic educational institutes in Yemen and Mauritania”, headed by Dr. ‘Abdullaah al-Faqeeh (sic). Abdullah al-Faqih is professor of political sciences at Sana’a University in Yemen. He holds a PhD (2003) from Northeastern University (Boston, MA) and publishes internationally on democratization, Middle-Eastern politics and peace processes. Given this scholarly background, Dr. al-Faqih often provides different and more nuanced responses to ethical issues when compared to the normative viewpoints published on islamonline.net.

Islamicity.com (Alexa Traffic Rank 45,703) is a major news site established in 1995 offering several sections: ‘discover Islam’ (mosque locator, prayer times, Quran search, Q&À ask the Imam,…), a ‘multimedia
section’ (IslamiTV, prayer channel, Aljazeera TV, …) and miscellaneous ‘services’ (bazaar & shopping, hijri date converter, e-cards, cooking recipes, …). The website is “operated by Human Assistance & Development International (HADI)”. HADI presents itself as an Islamic non-profit organisation established in 1991 in Culver City (CA) and supporting several (inter)national programmes dealing with education (e.g. Center for Languages, Arts & Societies of Silk Road), ‘information’ (e.g. islicicity.com), ‘outreach’ (e.g. ICmarriage center), ‘relief’ (e.g. West Africa Food Fund) and ‘discovery’ (e.g. guided tours). It has proved to be impossible to retrieve further information on those involved or to retrieve more detailed background information on the HADI organisation.

A Conceptual Framework

In response to the prevailing linguistic confusion in international debates on end-of-life ethics, Bert Broeckaert has compiled a conceptual framework on treatment decisions in advanced disease (2006; 2008; 2009). Central to the conceptual framework is the distinction between three possible groups of treatment decisions: (i) choices with regard to curative or life-sustaining treatment; (ii) choices with regard to palliative treatment and symptom control; (iii) choices with regard to euthanasia and assisted suicide, where lethal medication is intentionally administered.

In the present article we focus on the elements in the second groups of Broeckaert’s conceptual framework: pain control and palliative sedation. Broeckaert defines pain control as “the intentional administration of analgesics and/or other drugs in dosages and combinations required to adequately relieve pain”, and frames palliative sedation as an advanced type of pain and symptom control, defining the said treatment decision as “the intentional administration of sedative drugs in dosages and combinations required to reduce the consciousness of a terminal patient as much as necessary to adequately relieve one or more refractory symptoms” (2008, 2009).
Text Analysis

Although end-of-life issues are discussed in many fatwas, we collected only 9 English Sunni e-fatwas on the specific subject of pain and symptom control. Each of these fatwas was subjected to an in-depth text analysis in order to reveal the key elements in the Islamic ethical framework regarding pain and symptom control. On the level of content, data abstraction was aimed at identifying the elements of Broeckaert’s conceptual framework of treatment decisions in advanced disease (pain control, palliative sedation) on the one hand and at tracking the procedure in jurisprudential reasoning (Arab.: ṣuḥūl al-fiqh) used by the mufti on the other. In the process of analysis, we also paid attention to the structure of the fatwa, looking for the order in which theological and non-theological arguments are used. The analysis of the data resulted in a database identifying each of the aforementioned elements (author, date, mustaftī, subject, standpoint and elements of ṣuḥūl al-fiqh), facilitating comparison on both the level of content and the structure of the fatwas. Referring to the fatwas, we have to reckon with several characteristics of online publications: not all of the e-fatwas have a clear indication of the author; some e-fatwas had disappeared from the site since the last consultation resulting in the absence of a working URL; other e-fatwas do not mention the date of online publishing. Anonymous fatwas are referred to therefore by stating the website, followed by ‘Anonymous’. The fatwas without indication of the publication date are referred to as ‘s.d.’ (sine dato). The English translation of the Quranic verses mentioned in this study is taken from Abdullah Yūsuf Ali’s translation and can be found in box 1.

III. RESULTS

Palliative Sedation

When looking at the issue of sedation, an initial finding is that references to the use of sedative medication to reduce the patient’s state of
consciousness did not occur in the fatwas published on islamonline.net or islamicity.com. Even when the term sedation is used, the fatwas found on these websites only deal with pain treatment without mentioning cases in which the consciousness of the patient is reduced. We did, however, find three fatwas in which the reduction of consciousness for alleviating pain is mentioned, each of them published on islamweb.net. All three of the said fatwas contain references to a commonly cited principle in Islamic jurisprudence: necessity permits breaking the law (Arab.: ُdarūra). We can illustrate this on the basis of a selection of quotes from the fatwas themselves.

In the 2001 fatwa entitled *Use of Sedatives and Anesthetics in Islam* (sic), the anonymous author answers the question posed by a doctor on the permissibility of using sedatives in Islam. From an Islamic normative point of view, the use of alcohol or other body and mind intoxicating substances is strictly forbidden. While the author clearly states that the use of sedatives is normally forbidden in Islam, he refers nevertheless to the views of Imam al-Nawawi and Imam Alaadin al-Hambali, who say that ‘necessity makes lawful the forbidden things’, and states that sedatives may be used in order to cure a patient on the condition that the dosage is restricted to the minimum, that it is adequate and proportional to be able to perform a medical operation. Negative side effects – such as a lethal outcome – are left up to the expertise of the treating physician. This means that if the expertise of the physician leads him or her to think that the use of sedative medication will have a lethal outcome, the use of that type of medication is prohibited in that situation (Islamweb Anonymous 2001). The fact that the author of the fatwa combines the principle of necessity with the argument of the intention of the treating physician demonstrates how the said fatwa, on the level of content, blends in perfectly with the general overview of Islamic arguments on using pain medication as found in Islamic literature. What is remarkable in the fatwa is that the *mustaftī* frames his medical question immediately within the Islamic normative framework, since he asks whether the use of sedatives does not run counter the Islamic prohibitions on the use of
intoxicating substances. From a non-Islamic perspective, this is remark-
able in the sense that the mustaftī does not seem to start from the idea
of the wellbeing of the patient, but from the idea of correct Islamic
behaviour. From a Muslim perspective, the two are very much entan-
gled. On the one hand, a holistic view of the wellbeing of the pious
Muslim patient – encompassing both the spiritual and the physical – has
to take the Islamic normative position on the use of sedative medication
into account: clearly no pious Muslim patient would deem the use for-
bidden substances to be beneficent to his or her wellbeing. On the other
hand, Islamic law is aimed at promoting the wellbeing of the person
(Auda 2008). A brief examination of the intricate status of the principle
of necessity in Islamic jurisprudence at this juncture should help clarify
the way in which Islamic law promotes the wellbeing of the person. In
the classical methodology of Islamic jurisprudence (Arab.: usūl al-fiqh), a
situation is analysed starting from the Quran and the prophetical tradi-
tion (Arab.: sunna). When no immediate answer can be found in these
two canonical sources, scholars turn to the opinions of other scholars
(Arab.: ijma) or to the use of what is called ‘analogical reasoning’ (Arab.:
qiṣāṣ). Quran, sunna, scholarly consensus and ‘analogical reasoning’ con-
stitute the four main sources in the classical methodology of Islamic
jurisprudence. If, however, the application of these four sources of
Islamic jurisprudence should result in an extreme situation that puts a
person under serious threat, the rule of necessity can be called upon to
allow the unlawful (Linant de Bellefonds 1965; Hallaq 2009). We find
clear examples of this in the fatwas analysed here: if the survival of a
patient depends on his or her using alcohol based medication, the pro-
hibition on using alcohol based nourishment can be overruled by the
necessity of the act. The element of ‘analogical thinking’ in the classical
theory of Islamic jurisprudence is but one remnant of several other
forms of rational reasoning. Many of the other forms have been excluded
from al-Shāfi‘ī’s classical theory as standard principles, among them
‘interest’, ‘juridical preference’, ‘presumption of continuity’ and ‘custom’
Historically speaking, the principle of ‘preference’ was coined by the Ḥanafi school and was rejected by the Shafi’i school of law (Hallaq 2005c). The fact that the principle of necessity does not figure in al-Shafi’i’s classical theory of Islamic jurisprudence does not prevent other schools of law from accepting it as a valuable element in jurisprudential reasoning: the Ḥanafi and Ḥanbali schools for instance accept the principle of necessity (Arab.: darūra) as a form of ‘juristic preference’ (Arab.: istiḥsān) that can be used when a rigorous application of the element of ‘analogical reasoning’ falls short in protecting the wellbeing of the person in extreme situations (Auda 2008; Hallaq 1997).

In the body of the fatwa we find references to two Muslim scholars. The first, Yahya ibn Sharaf an-Nawawi (1234-1278 CE), was a Shafi’i scholar who is best known for his collection of forty ḥadīth of the Prophet Muhammad, a collection of highly authoritative sayings of the prophet on a variety of topics (Heffening 1993). We could not retrieve background information on ‘imam Alaadin al Hambali’, the second scholar mentioned. In this fatwa, we clearly see that the anonymous author refers to a principle in Islamic jurisdiction and to historical scholars in that field: he thereby clearly follows the classical methodology of usūl al-fiqh and accepts the principle of necessity as a means to safeguard the wellbeing of the person. He also refers the mustaftī to a Muslim doctor – Mohammed Bin Mohammed Al Moctar Al Shingity (on whom we could find no further online reference) – for a deeper understanding of the topic.

We find the same characteristics in terms of usūl al-fiqh in the 2002 fatwa entitled Pain Medication for Operation. In the fatwa in question, an anonymous mustaftī inquires about the restrictions applicable to types of pain medication when undergoing surgery. The anonymous scholar states that the use of medicine containing alcohol can only be allowed when no alternative exists and only if the patient uses no more than required for the operation. The author then refers to al-Nawawi and to Ibn Rajab al-Ḥanbali, another classical historical author. Arguing on
the basis of the principle of necessity, al-Nawawi states that the use of medication causing unconsciousness is lawful in the case of a medical operation. The statement by Ibn Rajab al-Ḥanbali used by the anonymous author goes in much the same direction as it uses ‘pleasure’ as the criterion for deciding upon the lawfulness of intoxicants: when one uses intoxicants that “do not give pleasure”, it is permissible in the view of al-Ḥanbali. Again, we note the centrality of the principle of necessity (Arab.: darūra) in the reasoning developed in the fatwa. Ibn Rajab al-Ḥanbali is a Ḥanbali scholar who lived during the fourteenth century CE and is well known for his commentary on al-Nawawi’s collection of 40 hadīth (Makdisi 1971). The anonymous author of this fatwa does not give a personal opinion, but bases himself fully on the viewpoints of the classical scholars. In this sense, he is conducting what is called ‘taqlīd’, the Arabic technical term in Islamic jurisprudence for ‘imitation’: instead of giving an answer based on a personal reading of the normative sources, the scholar takes over the classical interpretation of established scholars (Calder 2002). One might wonder whether the use of this procedure in modern times maintains the dynamics of the system of Islamic jurisprudence needed for adequately dealing with contemporary issues (Hallaq 2005b, 2005a).

The anonymous author of the 2004 fatwa entitled Injecting a Patient with Morphine gives a response to the anonymous mustafī’s question on the permissibility of using morphine as a medicine to relax a patient prior to oxygen treatment. To answer the question, the anonymous responding scholar says that he did some preparatory research on the medical aspects of administering morphine. Based on the principle of necessity, he argues that it can be lawful to use morphine. In this fatwa we find the view that the use of sedative medication should be avoided because of the danger of potential addiction, but that necessity permits breaking the law: if a ‘trustworthy caregiver’ considers the use of morphine to be necessary, it may be allowed in the situation described by the mustafī. Apart from the appeal to the principle of darūra, the argument of the trustwor-
thinness of the caregiver refers to the correct intention of the caregiver in administering the medication. Interestingly enough, this third Islamweb fatwa makes no reference at all to Quranic verses, prophetic hadīth or Islamic legal principles. The overall impression of the fatwa is that it is written as a very quick response to an urgent question of the mustaftī (Islamweb Anonymous 2004).

Summarizing the three fatwas that deal with sedation, we see the same line of reasoning appearing: since it runs counter to Islamic prohibitions on using addictive or intoxicating substances, the use of sedatives is generally dismissed from an Islamic point of view. The Islamic legal principle stating that necessity permits breaking the law (Arab.: ʿardūra), however, can overrule this initial prohibition and permit the use of sedative medication. We also note that the cases that refer to the use of ‘sedatives’ do not contain situations of palliative sedation as a treatment decision. On the level of content, it is striking to see that hardly any medical-ethical questions arise in these fatwas (e.g. ethical dilemmas connected to the use of sedative medication and the possibility of shortening the patient’s life-span). What we do find are ethical elements from the Islamic normative legal framework: we see that the question on sedative medication is posed within the framework of the (im)permissibility of using addictive or intoxicating substances. The religious non-medical framework forms the basis for dealing with questions on the use of sedative medication stemming from a medical background.

Pain Control

English Sunni e-fatwas’ views on pain control provide two ways of responding to the question whether high dosage pain control is to be considered an ethical problem. The first type of response rejects the permissibility of using high dosage pain medication with a possible life-shortening effect. We find this response in four fatwas published on islamonline.net. The second type of response is found among authors
who see no problem at all with using heavy pain medication. This type of response is found in one fatwa issued on islamicity.com.

On islamonline.net, the fatwas mostly contain theological arguments without reference to the medical characteristics of pain control. We found three fatwas on the said website in which pain treatment is discussed: one fatwa is issued by Yūsuf al-Qaraḍāwī and two fatwas are issued by Muzammil Siddiqi. In the 2005 fatwa entitled *Euthanasia: Types and Rulings*, a mustaftī named ‘Fuess’ from Germany asks for clarification on the many rulings on “Islam’s stance on euthanasia”. The fatwa contains a short introduction with an etymological explanation of the term ‘euthanasia’, after which an anonymous writer quotes the fatwa on the subject that was issued by the European Council for Fatwa and Research (ECFR). Together with islamonline.net, the ECFR is an organ that was created by its chair Yūsuf al-Qaraḍāwī. The ECFR issued one fatwa on ‘euthanasia’ during its eleventh ordinary session\(^4\), which is quoted in its entirety in the fatwa *Euthanasia: Types and Rulings* as found on islamonline.net. On the level of content, we see that the ECFR makes a distinction between several types of euthanasia, presenting pain control as a form of euthanasia termed ‘indirect euthanasia’. We quote the full description of ‘indirect euthanasia’ from the body of the fatwa.

**Indirect Euthanasia:**
This is done through giving the patient doses of tranquilizers or sedatives to abate the severe pain. With time the doctor will have to increase the doses to control the pain. It is a procedure preferred by therapists, but large doses may lead to difficulties in breathing and dysfunction of the cardiac muscle, which will result in death that was intended though anticipated beforehand (Islamonline Fatwa Editing Desk 2005b).

A brief intermezzo on the wording of the above mentioned paragraph is needed. Although it looks as if the passage on ‘indirect euthanasia’ has been copy-pasted from the ECFR website, a closer look reveals a
remarkable inaccuracy: whereas the last sentence of the paragraph on ‘indirect euthanasia’ in the ECFR fatwa reads:“(…) which will result in death that has not been intended by itself though anticipated beforehand” (2008), the same text presented in the islamonline.net fatwa *Euthanasia: Types and Rulings* reads:“(…) which will result in death that was intended though anticipated beforehand.” This carelessness results in a quite different interpretation of the ‘indirect’ type of euthanasia presented in the fatwa. One might wonder whether this change in interpretation was intended or not. Since the first type of euthanasia – designated in the fatwa as ‘direct or deliberate euthanasia’ – is evaluated as totally forbidden, the use of the term ‘euthanasia’ while referring to pain control with a life-shortening effect, results in the impression that this treatment decision is equally forbidden for Muslims. Since Fuess’ question does not concern pain treatment specifically, the islamonline.net fatwa issuer does not extract a clear ruling on pain medication from the islamonline.net fatwa. What is clear in the body of the fatwa is that the issuer acknowledges the idea that large doses of pain medication have a life-shortening effect and that the procedure will result in the death of the patient that – depending on the reading ‘is’ or ‘is not’ – “intended, though anticipated beforehand”. Although the intention of the treating physician seems of central importance, the fatwa does not contain any further ethical deliberation, or a clearly outspoken decision on the permissibility of the medical treatment. The terminology used and the framework within which pain treatment is discussed clearly suggest that the act is impermissible. The fatwa contains only theological arguments and no reflections rooted in a clear case or a patient’s situation. The first fatwa by Muzammil Siddiqi is entitled *Is Euthanasia Allowed in Islam?*. The fatwa was issued in 2006 by Muzammil Siddiqi as an answer to a question posed by ‘Marian’ from the US asking whether “euthanasia (mercy killing) is allowed in Islam”. Siddiqi starts with the idea that “Islam considers human life sacred” and that “it is neither permissible in Islam to kill another human being, nor even to kill one’s own self
(suicide).” He then writes that killing a human being is permissible according to Islamic law in the case of “self-defence when under attack” or in the case of a punishment “for serious crimes such as premeditated murder.” He then clearly states that “there is no provision in Islam for killing a person to reduce his pain or suffering from sickness.” According to Siddiqi’s fatwa, adequate pain treatment is the most important step to be taken when confronted with physical suffering: “It is the duty of the doctors, patient’s relatives and the state to take care of the sick and to do their best to reduce the pain and suffering of the sick, but they are not allowed under any circumstances to kill the sick person” (Siddiqui 2006).

Once again we observe that theological arguments take precedence here over the perspective of the patient in need of treatment. Whether or not the use of pain medication with a life-shortening effect gives rise to ethical debates is not discussed in the fatwa and thus remains uncertain. The second of Siddiqi’s fatwas stems from 2005 and is entitled *Can the State Intervene to Determine the Life of Individuals?* It is a response to “Sofia” from the US, who asks for an Islamic answer to the case of Terri Schiavo, the severely brain damaged American patient in a persistently vegetative state whose case – whether to withdraw artificial nutrition – became headline news across the globe in March 2005. Here we find the same reasoning that we encountered in Siddiqi’s first fatwa *Is Euthanasia Allowed in Islam?*. As in the former fatwa, Siddiqi uses the same words to stress the duty of doctors, patients’ relatives and the state to take care of the sick and to reduce their the pain and suffering. He mentions the sacredness of life by referring to Q.6:151. Then we find the idea of a reward in the afterlife for patiently enduring pain during earthly life: “The sick person also should patiently endure the pain and should pray to Allah. If he/she is patient, there will be a great reward and blessing for him/her in the eternal life” (Islamonline Fatwa Editing Desk 2005a). It is clear that Siddiqi bases his argument here on the theological conviction relating to rewards in the afterlife for enduring physical pain. In both Siddiqi’s fatwas, we find no reference to the life-shortening effects of pain medication and
hence no discussion of an ethical dilemma connected to the use of this type of medication. Apart from the quotation of part of Q.6:151 in the second fatwa, a striking element that is common to both Siddiqi’s fatwas on islamonline.net is the total absence of quotations, even references to Quranic verses or prophetic hadīth. The very fact that Siddiqi writes a fatwa without direct references to Quranic verses or prophetic hadīth might be connected to the high status he enjoys as the president of the Fiqh Council of North-America.

We found the second type of response to the question whether the use of high dosage pain medication can be allowed in one fatwa published on islamicity.com. The primary characteristic of this type of response is its unconditional acceptance of pain medication. In the 1998 fatwa entitled Is Euthanasia Good in Islam?, we are confronted with both an anonymous mustaftī and an anonymous fatwa issuer. The fatwa contains a very clear reference to the euthanasia debate and to the ethical dilemma of using high doses of pain medication: “Muslim scholars prohibit euthanasia for any person, including terminally ill people but allow the use of pain killing drugs even if they have negative side effects.” The author takes very clear positions: such forms of medication are described as “the best alternative for a worse alternative (euthanasia)” and “the easing of pain for a peaceful and humane way of ending one’s life is totally acceptable.” In the event that the pain cannot be reduced, the Muslim patient can only patiently accept his fate, knowing that pain endured during earthly life will be rewarded in the afterlife (Islamicity Anonymous 1998). A striking fact in this fatwa is that the anonymous author starts from the patient’s perspective and seems to have a realistic view of pain treatment as he writes that the modern advances in health care have considerably improved the possibilities of fighting forms of pain that could not be relieved before. The author also refers to the theological merits of patiently enduring the pain, but only in the event that the pain cannot be abated. Again, we find no reference to Quranic verses or prophetic hadīth. Although this anonymous author refers to an ethical dilemma
connected to this type of medical treatment, it does not seem to be an insurmountable problem.

IV. CONCLUDING REFLECTIONS

Summarising the arguments on pain treatment and palliative sedation in English Sunni e-fatwas, we note that no reference whatsoever was found to the expression ‘palliative sedation’ and very little reference was made to the ethical issues related to the use of sedative medication: these issues were only referred to in three fatwas on islamweb.net. Apart from the fact that the expression ‘palliative sedation’ is a recently coined term in Western medical ethical literature (Broeckaert 2002), one would have expected the ethical issues connected to the use of sedative medication for pain treatment to be of central importance. Even when the term sedation is used, or when reference is made to the use of sedative medication, the term/expression is more often used in relation to pain treatment than the reduction of the patient’s consciousness. Authors reasoning about reducing the patient’s consciousness use the principle of necessity (Arab.: dorūna) as the general argument: only a case of necessity can overrule the initial Islamic prohibition on using substances that alter one’s state of consciousness. When it comes to arguments on the use of pain medication with a life-shortening effect in English Sunni e-fatwas, we find that some authors would describe pain treatment as a form of euthanasia, while at the same time not forbidding it. As such, it is unclear whether or not the use of heavy pain medication can be condoned. Others have argued that enduring pain is rewarding in spiritual terms, that killing a person is never allowed in Islam and that the use of heavy pain medication can be condoned in very pressing cases if the intention of the physician is to alleviate pain and not to kill the patient. The majority of the fatwas make no mention whatsoever of a problem in using heavy pain medication. Generally speaking, the often referred to principle of dorūna
provides room for allowing a patient to choose pain treatment while at
the same time being in line with the Islamic normative-ethical framework.

From the results of our study it is clear that the idea that the use
of morphine in high doses entails the risk of ending a patient’s life, delib-
erately or not, can still be found in the argumentation used in English
Sunni e-fatwas. This characteristic has to be placed in a broader frame-
work: it even appears to be common on an international level among
health care providers in general (Deliens et al. 2000; Sprung et al. 2008;
Van der Heide et al. 2000; Vincent 1999). In spite of this common per-
ception, the effects of administering high doses of morphine, Hanks et al.
describe how hypoventilation – the best known lethal side effect of high
doses of morphine use – seldom occurs in cancer patients. Furthermore,
they indicate that respiratory depression almost always occurs together
with other signals of a negative effect of the medication on the central
nervous system, such as sedation, delirium and confusion. By being
attentive to these signals, death by respiratory depression – if it occurs
– can be averted (Hanks, Cherny and Fallon 2005). Wilson et al. studied
the ordering and administration of sedatives and analgesics during the
withholding and withdrawal of life support from critically ill patients and
concluded that although large doses of sedatives and analgesics were
ordered, death was not hastened by administration of the drug (Wilson et
al. 1992). In their 1999 study, Bercovitch et al. likewise demonstrated that
hypoventilation or any other life-shortening effect did not occur in their
two year study of the use of high doses of morphine in Israeli cancer
patients (Bercovitch, Waller and Adunsky 1999). Thorns’ 2000 study also
points in the same direction (Thorns and Sykes 2000).

It is clear from our analysis that English Sunni e-fatwas on end-of-
life ethics are very much in line with Roy’s analysis of the virtual umma:
the fatwas are very eclectic in nature – often only referring to the Quran
and to the Sunna (hadith) – and are quite uniform. The fatwas found on
islamweb.net, however, form a major exception: in each of the three fat-
was found on the said website, we encountered references to one central
principle in Islamic jurisprudence being applied to the use of sedative medication. This principle states that necessity permits breaking the law: in the event that the person has looked for alternative treatments and no other alternative is available, the use of heavy pain medication with a possible life-shortening effect can be condoned. By using this classical principle from Islamic jurisprudential thinking, the authors of the fatwas on islamweb.net do not merely uphold the Islamic sources of Quran and Sunna, they also add an element from traditional Islamic jurisprudence. One might wonder whether the scholarly background of ‘Abdullah al-Faqih, the head of the group of scholars issuing the fatwas published on the website, has had its influence on the meticulousness of the fatwas published on the website.

Another element regarding the fatwas issued on these websites is the anonymity of the *mustaftī* and/or the *muftī*. Given the way these fatwas are conceived and bearing in mind the channel through which they are communicated, the anonymity of the *mustaftī* and/or the *muftī* can be explained by referring to the universal scope the fatwas enjoy. They clearly do not contain any indication of geographical limitation, but are published rather as a form of Islamic normative guidance and through a channel that can be accessed by people throughout the world. At the same time, we find no restrictions concerning the Islamic schools of law from which these fatwas are issued. This again adds to the idea of the global scope of these fatwas. Of central importance from a religious studies perspective is the impact of this anonymity. Roy’s analysis of the ‘fundamentalist’ character of these fatwa’s – only referring to Quran and Sunna – and the ease of publishing online fatwas resulting from the Internet’s anonymity, create a situation of democratization in deliberating on Islam’s normative sources. This evolution, however, also puts the fatwa requesters – especially minorities in non-Muslim countries – in a vulnerable position, opening them to being controlled by organisations with hidden agendas. The evolution towards a form of universalisation in fatwa issuing, the emergence of access to the sources by each and everyone, and the vulnerability
resulting therefrom, demonstrates the importance of integrating this type of Islamic normative material into the study of Islamic/Muslim attitudes towards pain treatment and (palliative) sedation.

The analysis of the fatwas shows how Islamic jurisprudence is aimed at the wellbeing of the patient: the principle insisting that ‘necessity permits breaking the law’ in extreme situations safeguards the physical wellbeing of the patient. At the same time, it preserves the spiritual integrity of the patient as a Muslim believer. Given the importance and primacy of the Islamic normative-ethical framework, the analysis of this contemporary fatwa material provides physicians, caregivers and nurses with the background to understand why Muslim patients, when confronted with unbearable pain, would first opt to (patiently) endure the pain and would accept pain medication only when this option seems unbearable. It also sheds light on the reasons why Muslim patients are very reluctant to accept pain medication that alters their state of consciousness, that might be addictive or is thought to have a negative effect on the life-span.

WORKS CITED


Gielen, Joris. 2009. “Ethical Attitudes and Religious Beliefs at the End of Life. A Study of the Views of Palliative-Care Nurses and Physicians in Flanders (Belgium) and New Delhi (India).” PhD diss., Katholieke Universiteit Leuven.


**Box 1.**

**Q.6:151**

“Say: “Come I will rehearse what Allah hath (really) prohibited you from”: join not anything with Him; Be good to your parents: kill not your children on a plea of want;— provide sustenance for you and for them;— come not nigh to shameful deeds, whether open or secret; take not life, which Allah hath made sacred, except by way of justice and law: thus doth He command you, that ye may learn wisdom.”

**NOTES**

1. This in-depth study of the views of Islamic scholars on pain control and palliative sedation, as they can be found in English Sunni e-fatwas, is part of the research project ‘Religion and Ethics at the End of Life. A Study of the Influence of Religious and Ideological Affiliation and Worldview on Attitudes towards End-of-life Decisions’ (promoter Bert Broeckaert), sponsored by the Research Foundation Flanders.