



**IN FOCUS**  
SERIES

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13 Rivers Trust

# **EUTHANASIA AND ASSISTED DYING: AN ISLAMIC PERSPECTIVE**

*Guidance for Muslim Families  
and Medical Professionals*

*With expert contributions from  
Dr Shaykh Mohammad Akram Nadwi,  
Dr Nadia Khan and Baroness Illora Finlay*



Supported by



**BIMA**  
BRITISH ISLAMIC  
MEDICAL ASSOCIATION



## Toolkit for Muslim Families and Medical Professionals

The *InFocus Series* of toolkits aim to address important topics related to End-of-Life care, Suicide and Assisted Dying, health and social inequalities, among other issues affecting Muslim communities in the UK. Each toolkit provides guidance for both Muslim families and medical professionals to bridge the gap in understanding and support.

### Research, Compilation and Editorial

Dr. Abdullah Faliq  
N. Ahmed  
H.D. Forman  
Nadira Huda  
Abu Hasanath

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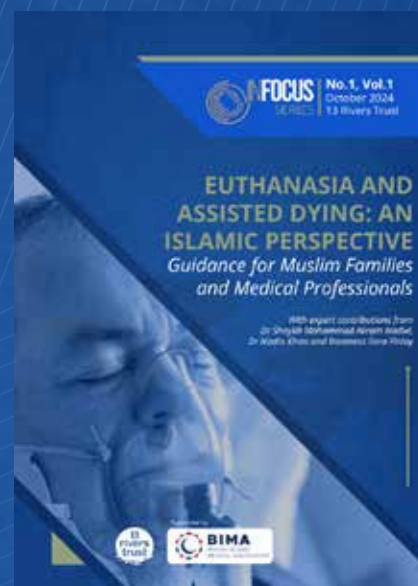
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# 13 Rivers Trust and Projects

**13 Rivers Trust** is a charitable organisation dedicated to supporting Muslim communities in the UK through various initiatives. Two of its specialist projects, Eden Care UK and the Muslim Burial Fund, have been particularly impactful in providing essential services to Muslims, including new converts, in their times of need.

**Eden Care UK** focuses on providing support to terminally ill Muslims and those in their last days. The project offers befriending services, financial assistance, and psychological support to individuals who may lack family support or are struggling with their faith during this challenging time.

[www.13riverstrust.co.uk/eden-care-uk](http://www.13riverstrust.co.uk/eden-care-uk)

**Muslim Burial Fund** works to alleviate the financial burden of funeral and burial costs for Muslim families in need. This service has been particularly beneficial for new Muslims and those facing financial hardship. The charity has also extended its support to victims of tragedies such as the Grenfell Tower fire, offering both financial and emotional support during incredibly difficult times.

[www.muslimburialfund.co.uk](http://www.muslimburialfund.co.uk)

These programmes have demonstrated significant impact for the targeted communities, especially for vulnerable members of the Muslim community. By combining practical assistance and emotional support, 13 Rivers Trust has helped large numbers of individuals maintain their faith and dignity during challenging times.



eden care







## Welcome

Welcome to the *In-Focus Series*, a toolkit designed to help and guide Muslim families and medical professionals navigate the important topics and challenges related to End-of-Life care, suicide and Assisted Dying, health and social inequalities, amongst other issues. Each of these toolkits provide guidance to Muslim families and medical professionals, to bridge the gap in understanding and support.

We are delighted to present to you the first edition of the *In-Focus Series*, focusing on **Euthanasia and Assisted Dying: An Islamic Perspective**. Whilst euthanasia or Assisted Dying may be largely a taboo or something that is not openly discussed in the Muslim community, there are rising cases of this in our communities, and the Muslim community is not immune from this. This has led to important questions being raised regarding the intersection of law, medicine, morality, and religion. We hope this toolkit, written in an easily understandable language, will help understand Islamic perspectives on these practices, drawing primarily from expert insights and scholarly analyses.

We are grateful to the world-leading Muslim authority, Shaykh Dr Akram Nadwi for his Islamic guidance on this as well as Dr Nadia Khan, a Palliative Medicine consultant and senior advisor to the British Islamic Medical Association (BIMA), for her professional insights. We are also grateful and thank Baroness Ilora Finlay for her insights on the broader issues and considerations related to Assisted Dying.

We also provide a case study of a Muslim elderly patient who found himself in the unfortunate situation where both his brain and lungs were damaged after surviving a stroke. At this critical state, rather than giving up and wishing to die, he signalled to doctors through hand gestures that he wished to stay alive. This case is relevant because whilst currently under English Law, all forms of Assisted Dying are illegal, this is close to being legalised as it gets debated in Westminster.



According to UK societal polls, the public is broadly in favour of legalising some form of Assisted Dying.

As Shaykh Nadwi and Dr Khan elucidate clearly in this toolkit, euthanasia and Assisted Dying remain firmly prohibited in Islam. While there is allowance for withholding or withdrawing futile medical treatments, the intention must never be to hasten death. Instead, the focus is on providing compassionate care, managing pain and difficult symptoms, and supporting patients and families through the natural process of dying.

This guide comes at the right time as there is increased interest and high consensus amongst the British public for Assisted Dying to be legalised. Rather than just putting out Islamic edicts prohibiting suicide and Assisted Dying, this toolkit tries to contextualise this prohibition, by offering explanation of the wider factors that need to be considered as well as societal responsibilities and support for patients, families and medical professionals.

I am proud to be part of the 13 Rivers Trust and its associated projects, Eden Care UK and the Muslim Burial Fund. Working with the community, experts and professionals, we try to befriend and help those who are terminally ill or reaching End of Life. In their time of need and anguish, we offer a hand of compassion and advocate for quality of care and enhanced life choices as well as tackling social isolation.

We hope you find this toolkit beneficial. We also welcome your constructive feedback as we embark on tackling other topics of interest.

Thank you

Rupina Begum  
Chair, 13 Rivers Trust

“*.. Euthanasia and Assisted Dying remain firmly prohibited in Islam. While there is allowance for withholding or withdrawing futile medical treatments, the intention must never be to hasten death. Instead, the focus is on providing compassionate care, managing pain and difficult symptoms, and supporting patients and families through the natural process of dying.*”

Rupina Begum, Chair, 13 Rivers Trust



## Expert Contributors

### Shaykh Dr Mohammed Akram Nadwi

An internationally recognised scholar, researcher and author of widely admired publications such as *Al-Muhaddithat: The Women Scholars in Islam*. A Research Fellow at the Oxford Centre for Islamic Studies, Oxford University for many years and the co-founder of *Al-Salam Institute*, Shaykh Nadwi was awarded the Allama Iqbal prize for contribution to Islamic thought.



### Dr Nadia Khan

A Palliative Medicine consultant in the West Midlands, providing specialist palliative care to both hospice in-patients and in peoples homes. She is interested in improving the palliative and end of life care experience for the Muslim community. She is senior advisor to the British Islamic Medical Association End-of-Life group, and has led the organisational response to the Assisted Dying issue.



### Baroness Ilora Finlay

A Consultant in Palliative Medicine at Velindre Cancer Centre and Honorary Professor of Palliative Medicine, Cardiff University. She established the Marie Curie Hospice in 1987 and the Diploma/MSc in Palliative Medicine in 1989; lead for Palliative Care in Wales 2008-2017 and developed wider bereavement support.



Regarded as the first Consultant in Palliative Medicine in Wales in 1987, she is President of the Chartered Society for Physiotherapy, Vice President of Hospice UK and of Marie Curie Care. She chairs the National Mental Capacity Forum (England and Wales) for Ministry of Justice since 2015. Baroness Finlay co-edited, *The Reality of Assisted Dying: Understanding the Issues* (Open University Press, August 2024).

## Founder's Remarks Abu Mumin



Dying is an integral element in all faiths. Despite this, it appears not enough thought and planning is given to this as we tend to only discuss this when a loved one passes away or when they are nearing death. As a community we have limited communication or input in shaping government and NHS policies in local, regional and national levels.

Traditional extended family relationships are being strained due to younger generations becoming busy with work, in education or resorting to childcare. The ever-growing overcrowding in homes means we are unable to properly take care of our loved ones -- the sick and elderly are often left alone in care homes and hospitals.

Many institutions that care for patients who are terminally and chronically ill from the Muslim community are largely unfamiliar with their patients' cultural and religious backgrounds and sensitivities. This is largely due to lack of training, awareness as well as NHS resources as priority often given to clinical care.

Every year, around half a million people die in England, and two thirds

of them are people over 75. Most of these deaths come after a period of long-term illness such as heart disease, cancer or dementia DOH.

The number of Muslims aged 65 and over is increasing steadily and is expected to reach 250,000 before 2030. (Source: Woolf Institute 2015).

There needs to be more discussion, consultation around the issue of Euthanasia and

Assisted Dying before it becomes legalised in the UK. I am delighted that 13 Rivers Trust is covering this urgent matter through its first *InFocus Series*, to help Muslim patients and families better understand the issues at play.

Thank you.

Abu Mumin  
Founder, 13 Rivers Trust



# 01

## Introduction

*“With possible changes to the UK law, this guide addresses urgent questions on Assisted Dying for Muslims and anyone interested in an Islamic perspective”*



## Introduction

The debate surrounding euthanasia and Assisted Dying has become increasingly prominent in both public and political discourse over the last two decades, raising important questions at the intersection of law, medicine, ethics, morality, and religion. This guide examines the Islamic perspective on these practices, drawing primarily from expert insights and scholarly analyses. As public and political interest increases, signalling possible changes to UK law, this guide aims to address urgent questions around euthanasia and Assisted Dying for Muslims and those interested in an Islamic perspective.



02

## Statistics

*“Legalising assisted suicide would disproportionately impact many millions of vulnerable people, who might perceive themselves as a burden on those around them and the health service... Once you can ask for assisted suicide, it soon becomes something that you feel that you ought to do. Permission slips into being duty. This does not represent true choice for all, and I worry that no amount of safeguards will ensure everyone’s safety at the most vulnerable point of their lives.”*

Justin Welby,  
Archbishop of Canterbury



## Statistics



Although all forms of Assisted Dying are currently illegal in the UK, the number of people choosing or wishing to end their lives this way is staggering. My Death, My Decision, a grassroots campaign seeking to legalise Assisted Dying in the UK, highlights some concerning statistics:

At least **one British citizen per week** travels to Switzerland for an assisted dying, costing on average over **£12,000**.



**Over 1,500** UK citizens are members of a Swiss assisted dying organisation.



**88%** of people who identify as **disabled** favour changing the law on assisted dying in at least some circumstances.



**50%** of doctors personally support changing the law as per the British Medical Association’s survey on assisted dying.



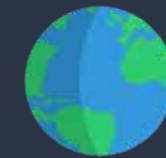
**71%** of people who identify as **religious** (not specified) support changing the law on Assisted Dying.



**92%** of people who identify as non-religious support changing the law.



## Global Statistics



More than **400 million** people around the world have a legal right to die

Assisted Dying accounts for **4% of deaths** in Canada.



In **Canada**, the vast majority of people have an assisted death because they:



**82.1%**

are **less able to engage** in enjoyable life activities

**56.4%**

are in **severe pain**

**53.3%**

are worried about their **loss of dignity**

Source: My Death, My Decision





03

## Islamic view on the sanctity of life

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### Islamic view on the sanctity of life

Islam places great emphasis on the sanctity of human life. As Shaykh Dr Mohammad Akram Nadwi, a distinguished Islamic scholar, states: "Any action which results in the death of a human being is a crime except in specific situations, such as executing a lawful decree of capital punishment or killing an active combatant in a lawful war." This fundamental principle forms the basis of Islamic opposition to euthanasia and Assisted Dying.

The Qur'an explicitly declares that taking a human life or one's own life is categorically forbidden. Muslims believe that Allah gives life and has the absolute authority of taking it. This belief extends to prohibiting consent to one's own destruction, which could be related to terminally ill patients who might consider assisted suicide and/or euthanasia. Islamic teachings emphasise that death is not the final destination of human beings but a transition point from the temporary, short-lived earthly life (*dunya*) to the eternal hereafter. Therefore, a believer should not lose hope when facing difficulties, suffering and hardship

but should seek the means to draw close to Allah through patience and worship, and seek to keep hope alive through the means of remembering His mercy.

*"Any action which results in the death of a human being is a crime except in specific situations, such as executing a lawful decree of capital punishment or killing an active combatant in a lawful war."*

This perspective provides the important underpinning framework for understanding and coping with end-of-life challenges for Muslim patients, and their carers and loved ones.



# 04

## Definitions and distinctions

### What is Assisted Dying? Important definitions and distinctions

Dr Nadia Khan, a Palliative Medicine consultant and senior advisor to the British Islamic Medical Association (BIMA), provides clear definitions used in the current discourse around Assisted Dying:

*“From an Islamic perspective, there is no meaningful distinction between suicide and Assisted Dying. Both are considered forbidden (haram) acts. All Islamic doctrines consider assisted suicide and euthanasia to be forbidden.”*

Suicide is when a patient attempts or completes the ending of their own life, without medical sanction or involvement.

*Assisted Dying is an umbrella term for two concepts:*

1. **Assisted Suicide** (health care professionals provide medications to patients with the intention to end life, which the person then administers themselves), and
2. **Euthanasia** (healthcare professionals prescribe and administer the life-ending medication to the patient).

From an Islamic perspective, there is no meaningful distinction between suicide and Assisted Dying. Both are considered forbidden (*haram*) acts. All Islamic doctrines consider assisted suicide and euthanasia to be forbidden.



# 05

## Arguments for and against Assisted Dying

*“From an Islamic standpoint, the concept of individual autonomy in matters of life and death is limited by the belief that life is a gift from God and that humans do not have the right to end it prematurely.”*

### Arguments for and against Assisted Dying

Proponents of assisted dying often cite individual autonomy and the alleviation of suffering as key arguments. However, Dr Khan outlines several objections to these arguments:

1. Devaluing of life, particularly for disabled or vulnerable individuals
2. Potential coercion of vulnerable people into choosing assisted dying
3. Lack of high-quality palliative care to relieve suffering
4. Breakdown in patient-doctor trust relationship
5. Risk of expanding criteria for assisted dying over time

From an Islamic standpoint, the concept of individual autonomy in matters of life and death is limited by the belief that life is a

gift from God and that humans do not have the right to end it prematurely.

Muslim scholars refer to the *Maqasid al-Shari'a*, or the higher objectives of Islamic law, to deliberate on contemporary ethico-legal issues including in medicine relating to reproductive technology, abortion, and genetic testing, and end of life issues such as artificial life support and euthanasia. All ethical procedures must conform to and not violate the five *Maqasid al-Shari'a* objectives which are:

1. **Religion:** Preserving faith,
2. **Life:** Preserving life,
3. **Intellect:** Preserving the mind,
4. **Lineage:** Preserving human dignity, and
5. **Property:** Preserving wealth.

These five necessities are there to ensure the welfare of individuals and society in this life and the hereafter. Accordingly, all forms of taking life are prohibited.





## Islamic perspective on medical treatment

### Islamic perspective on medical treatment

While euthanasia and assisted suicide are forbidden in Islam, there are nuanced views on medical treatment for terminally ill patients.

Shaykh Nadwi explains: "If the condition of the suffering person is so bad that any treatment is equivalent to trying to give life to a corpse, someone who has died, then it is a wrong to try and keep that person alive."

However, he emphasises that such decisions must be made by medical experts, not patients or their representatives. Shaykh Nadwi states: "It is of the utmost importance to understand that the decision as to whether a condition is curable, or incurable is a technical matter for experts to decide. It is not a moral matter that anyone can have an opinion about."

Dr Khan concurs, stating: "Most Islamic scholars have stated it is permission to withhold (i.e., not start) medical interventions that will cause more harm than good to the dying patient. Withdrawing medical intervention once it has been started, is subject to more difference in scholarly opinion but has been deemed permissible."



*"It is of the utmost importance to understand that the decision as to whether a condition is curable, or incurable is a technical matter for experts to decide. It is not a moral matter that anyone can have an opinion about."*

Shaykh Dr Mohammad  
Akram Nadwi

This perspective aligns with the findings from various studies on Islamic medical ethics. As noted in one review, "if the patient has an imminently fatal illness, withholding or withdrawing a futile medical treatment is considered permissible." (Med Sci Law, Oct 2020 Oct; 60(4): pp.278-286).



07

## Cancer patients and terminal illness

*“Some argue that assisted dying could be an option for patients facing high treatment costs or lack of family support. However, from an Islamic perspective, these factors do not justify ending a life prematurely.”*

### Cancer patients and terminal illness

For cancer patients in advanced stages with no prospects for recovery, the Islamic perspective remains consistent. Dr Khan notes: "There is no compulsion Islamically to undertake interventions or treatments that the medical team advise will not alter the end outcome or cure a terminal illness."

Shaykh Nadwi adds that in such cases, if experts agree that the patient's condition is incurable and there is no hope of improvement, "then the experts have a duty to withhold treatment except for what alleviates pain. In such a circumstance, the experts are not causing a death. They are lessening suffering and allowing the patient's body [to take its natural course]."

This approach is consistent with Islamic principles of preserving life while acknowledging the reality of death as a natural process. It emphasises the importance of palliative care and pain management in end-of-life situations.



08

## Cost and support considerations



### Cost and support considerations

Some argue that assisted dying could be an option for patients facing high treatment costs or lack of family support. However, from an Islamic perspective, these factors do not justify ending a life prematurely.

Dr Khan points out that in the UK, "NHS treatment including palliative care is free to patients who are ordinarily resident in the UK." She outlines various support options available:

**"As patients become weaker from a terminal illness, they may need more care support. Often this is largely provided by the family and can be supplemented with free limited professional carer support (usually 4 x 30-minute carer calls per day). If a person**

**needs more support than this at home, this would need to be privately funded. If the patient's nursing needs cannot be met at home, nursing home would be the alternative option. For people in the last two weeks of life, they can have the possibility of being admitted to a hospice in the UK."**

Assessment and arrangement for small pieces of equipment to help patients and carers at home can be done by the NHS and social care, however expensive adaptations such as wet-room installation are not available through the NHS.

Information is available online for potential grants and funding pockets of money via other charities.





# 09

## Guidance for Muslim patients and families

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*“Muslims are encouraged to seek solace in prayer, recitation of the Qur’an, and remembrance of Allah (dhikr). Particular supplications (ad’iya) for relief from pain and illness are found in Islamic traditions.”*

### Guidance for Muslim patients and families

For Muslim patients facing terminal illness, Dr Khan advises: "When time is limited, it is important to seek advice and information that will help a Muslim patient to make the most of their lifespan so that they meet Allah swt in the best of states."

She adds, "a patient may wish to improve their symptoms so that their pain and sickness is controlled enough to engage in *Ibadah* (worship) and meaningful time with family, or to complete important tasks, for example."

Dr Khan emphasises the importance of having sensitive, compassionate discussions with healthcare professionals who respect Islamic wishes. Muslim chaplaincy support can also be valuable for spiritual care and supporting family members, including children, in navigating loss and grief.

She further notes: "At the end of life, a person may have certain wishes such as being at home if manageable. Having honest discussions with healthcare professionals before that time is useful - they can then work proactively to put in plans for care that are in keeping with any particular goals the patient has."



# 10

## Spiritual relief and Islamic practices

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### Spiritual relief and Islamic practices

Islam provides guidance for dealing with pain and suffering. Muslims are encouraged to seek solace in prayer, recitation of the Qur'an, and remembrance of Allah (*dhikr*). Particular supplications (*ad'ya*) for relief from pain and illness are found in Islamic traditions.

The Islamic perspective emphasises that suffering in this world is temporary and can be a means of purification and drawing closer to Allah. This belief can provide comfort and resilience to those facing terminal illness or chronic pain.



# 11

## Current legislation and societal impact

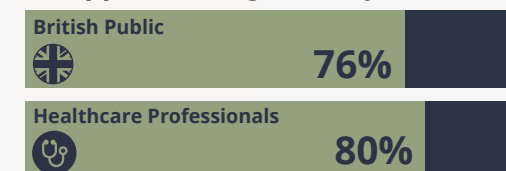
*“Research has shown that ethnic minority communities are more likely to pursue life-sustaining treatment and less likely to access palliative care.”*

## Current legislation and societal impact

Under English law, all forms of Assisted Dying are illegal, irrespective of a patient's wishes. The punishment for anyone assisting someone to end their life can result in 14 years to a lifetime in prison for manslaughter or murder. However, Dr Khan notes that it is "close to being legalised in Jersey and is being discussed further in the Isle of Man, Scotland (McArthur bill) and is expected to be discussed in Westminster imminently."

suffering should not only be legal but assisted by the NHS. YouGov revealed that three quarters (76%) of the general population and eight in ten (80%) healthcare workers think terminally ill patients should be given freedom and protection to take the choice.

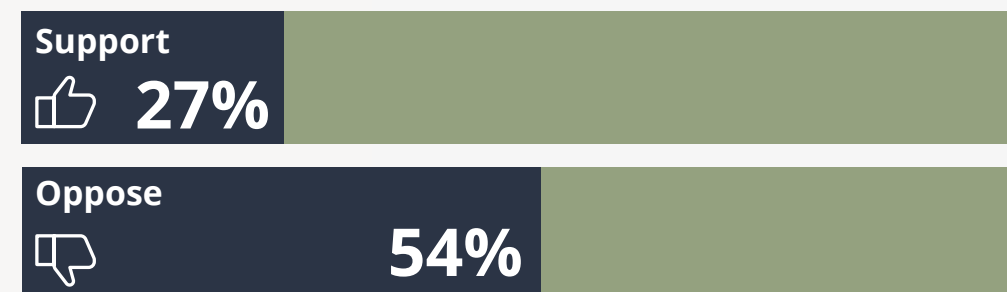
### Support for Dignitas style clinics



Dr Khan notes in terms of public opinion, UK societal polls have suggested that the public is broadly in favour of legalising some form of Assisted Dying. A new YouGov research of British adults and healthcare professionals reveals that both groups think helping a terminally ill patient to end their

In countries where euthanasia and assisted suicide are legal, like Switzerland, groups such as Dignitas offer help to those wishing to end their life. Three quarters of Britons (74%) and UK healthcare professionals (80%) say similar clinics should be allowed.

### Healthcare Professionals and their Support vs Opposition to Private Healthcare Involvement

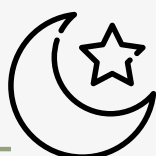
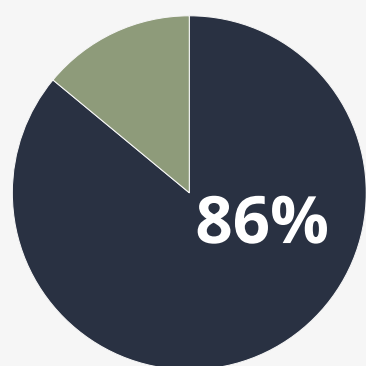


Source: Do people in the UK support euthanasia? [yougov.co.uk/health/articles/27240-public-and-healthcare-workers-support-euthanasia](https://yougov.co.uk/health/articles/27240-public-and-healthcare-workers-support-euthanasia)

The YouGov research further revealed that healthcare professionals agree that the NHS should be allowed to help anyone considering Assisted Dying – but are more strongly opposed to private healthcare being involved in the process. Over half over healthcare professionals (54%) say that private companies should have no role to play in Assisted Dying, and just over (27%) believe they should – interestingly this

opposition is equal among workers in both the private and public sectors.

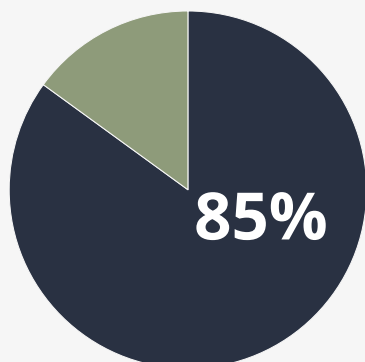
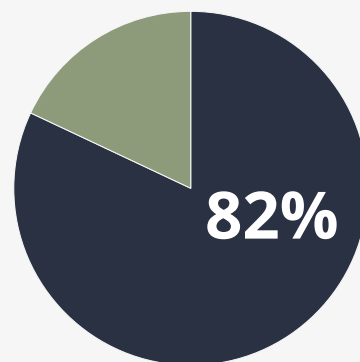
At present, there is no data or survey about views within the Muslim community. BIMA has raised concerns about the impact of legalised Assisted Dying on ethnic minority communities - a previous 2021 BIMA survey of Muslim healthcare professionals found:



**86% were concerned that ethnic minority and faith communities were not adequately aware of proposed legislative changes**



**82% had concerns about the impact of Assisted Dying on existing health inequities within UK ethnic minority communities**



**85% felt public attitude surveys had not gauged these communities' perspectives**

Research has shown that ethnic minority communities are more likely to pursue life-sustaining treatment and less likely to access palliative care. There are also concerns about medical mistrust affecting health intervention uptakes and outcomes in these communities.

Dr Khan notes that “evidence also shows that for certain communities, medical mistrust effects health intervention uptakes and outcomes.... manifested in the COVID-19 pandemic and vaccine hesitancy.”

BIMA has undertaken a snapshot survey of Muslim healthcare professionals in August 2024, to submit to the Scottish Government Assisted Dying Bill consultation. The survey results highlighted the significant majority opposition to legalising Assisted Dying, based on ethical and religious beliefs.

The survey identified concerns about vulnerable patients being coerced into assisted dying, and the expansion of assisted dying to patients with chronic illness, mental illness, and children.





# 12

## Assisted Dying: Important Issues and Considerations



**Baroness Ilora Finlay**, Wales' first consultant in palliative medicine in 1987 and appointed to the Lords in 2001, provides a helpful summary of issues and considerations related to Assisted Dying. This summary is based on information provided by Living and Dying Well and Baroness Finlay's latest co-edited book, *The Reality of Assisted Dying: Understanding the Issues* (Open University Press, August 2024)

### Legal and Constitutional challenges

The European Court of Human Rights recently determined, in the case of *Karsai vs ECHR* in June 2024, that the Hungarian lawyer with motor neurone disease had a Right to Life (article 2). He also has a right to refuse treatment, but there is no right to have his life deliberately ended by, or with assistance from, another person. In their ruling, they determined that articles 8 and 14 have not been violated by their judgement.

### International Models

"Assisted Dying" is a broad euphemism, covering both assisted suicide and euthanasia. In assisted suicide, a person is prescribed lethal drugs to take themselves at a time of their choosing, as in Oregon and a small number of other US states. Belgium legalised only euthanasia, not assisted suicide. Other countries such as the Netherlands and Canada legalised both, but euthanasia is the vastly predominant mechanism for ending life. Where euthanasia occurs, the death rates are about tenfold the rates where only assisted suicide is permitted.

Notably, in every jurisdiction that has legalised "assisted dying" the criteria have widened either through interpretation of eligibility or through legislative change or both. However, there are vigorous campaigns to further widen eligibility criteria, as seen in all countries considering this.

### Ethical considerations

Autonomy and choice are promoted as key reasons to support legalisation of "assisted dying". As Onora O'Neill has pointed out, we are interrelated and interdependent. The actions of one affect another. We are not able to exercise "mere sheer choice". People who are seriously ill need real choices in care, not driven to seek death through fear of what may lie ahead, particularly in areas where services to meet their needs are less available.



## Safeguards

So-called safeguards are in reality only eligibility criteria, which cannot be verified with legal certainty. Terminal illness is difficult to define, ranging from rapid short-term illness to illnesses of many years' duration. Prognosis is impossible to state with accuracy and many patients are alive weeks, months or years longer than their perceived prognosis. Even when expected to die within 72 hours, around 3 percent of patients outlive this. Diagnostic errors are found at post-mortem, where about 1 in 5 patients die as a result of a condition different to the condition stated on their death certificate.

## Psychiatric evaluation

Mental Capacity assessments are complex and mental capacity fluctuates in illness. Few doctors are adequately experienced in assessing mental capacity for major decisions. Expert evaluation should be part of any assessment process for eligibility to lethal drugs.

## Conscientiousness objections

Moral injury is described by many healthcare workers involved in the "assisted dying" processes. Participation must be through opt in mechanisms. Conscientious objection clauses have been found to fail several individual practitioners.

## Lethal Drugs

None of the lethal drugs mixtures have been approved anywhere in the world by the relevant licensing authorities for their use in doses and combinations to end life. The complication rate associated with such drugs is also significant. Oregon's official reports note that 9 patients have reawakened after taking lethal drugs.

## Detecting Coercion

Doctors are poor at detecting coercion. Hourglass data shows that around 1 in 6 people over the age of 65 have been affected by abuse. Domestic abuse across all age groups is unfortunately rife in our societies and remains severely under-detected. Coercion through feelings of being a burden to family, friends and care-givers is an end-of-life concern reported by 47% of Oregonians who died through assisted suicide. This is higher than those citing pain or fear of uncontrolled pain (29%) as a concern.

Even the strongest people become vulnerable when faced with serious illness. Ontario's review published this week (Reports attached) shows how easily "medical aid in dying" can become used for social problems in vulnerable groups in society.

## Palliative Care


Maintaining a clear distinction between palliative care and "assisted dying" services is an extremely important distinction. In countries where this distinction has not been made, the quality of palliative care provision has fallen.

## Suicide

Unassisted suicide rates do not fall when "assisted dying" is legalised but suicide tend to become normalised across society.

## In Summary

The Danish Ethics Council's report on Assisted Dying concluded that neither the Oregon nor the Dutch model are "sufficiently clear in their delineations, fair in their justifications for access, or sound in terms of control mechanisms". They also stated "the members consider euthanasia to be in conflict with palliative care and are therefore against the legalisation of euthanasia as long as we as a society have not exhausted the possibilities for relief."



**The Reality of Assisted Dying: Understanding the Issues**  
Julian C. Hughes and Ilora G. Finlay

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# 13

## Suicide and Assisted Dying in Islam

*“Do not take life, which Allah made sacred, other than in the course of justice.”*  
(Qur'an 17:33)

### Suicide and Assisted Dying in Islam – historical context and religious texts.

It is important to note that the prohibition of suicide and the sanctity of life have been consistent themes throughout Islamic history. This is derived from clear Qur'anic texts and the Prophetic Traditions, including:

“Do not take life, which Allah made sacred, other than in the course of justice.”  
(Qur'an 17:33)

“When their time comes, they cannot delay it for a single hour, nor can they bring it forward by a single hour.” (Qur'an 16:61)

“And no person can ever die except by Allah's leave and at an appointed term.”  
(Qur'an 3:145)

The Prophet Muhammad said: "Amongst the nations before you there was a man who got a wound, and growing impatient (with its pain), he took a knife and cut his hand with it and the blood did not stop till he died. Allah said, 'My Slave hurried to bring death upon himself so I have forbidden him (to enter) Paradise.'"  
(Sahih Al-Bukhari 4.56.669)

Islamic legal codes in various Muslim-majority countries have consistently prohibited euthanasia and assisted suicide, considering these as forms of murder or suicide, both of which are major sins in Islam.



# 14

## Balancing compassion and religious principles

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### Balancing compassion and religious principles

The challenge in addressing end-of-life issues from an Islamic perspective lies in balancing secular medical approaches to compassion for the suffering, with adherence to religious principles around compassion and respecting the dignity and sanctity of human life in all states of health and sickness.

In reality, palliative care can be practised in line with Islamic principles of medicine, where medications are skilfully used by experts to relieve suffering in such a way that do not intentionally shorten a person's life. As Dr Khan suggests, the focus should be on "achieving a compassionate and dignified ending of life for all" through high-quality palliative care rather than assisted dying.

This approach aligns with the BIMA position statement, which emphasises the need to "focus our collective societal energies on achieving a compassionate and dignified ending of life for all" rather than resorting to Assisted Dying.



A woman wearing a light-colored hijab and a purple hospital gown is smiling and looking towards the right. In the background, another person in a blue surgical cap and mask is partially visible, along with medical equipment and a window.

15

## The role of medical professionals

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### The role of medical professionals

Muslim healthcare professionals play a crucial role in navigating these complex issues. They must align their professional duties whilst avoiding conflict with religious beliefs, ensuring that patients receive compassionate care which aligns with their spiritual, religious and cultural needs.

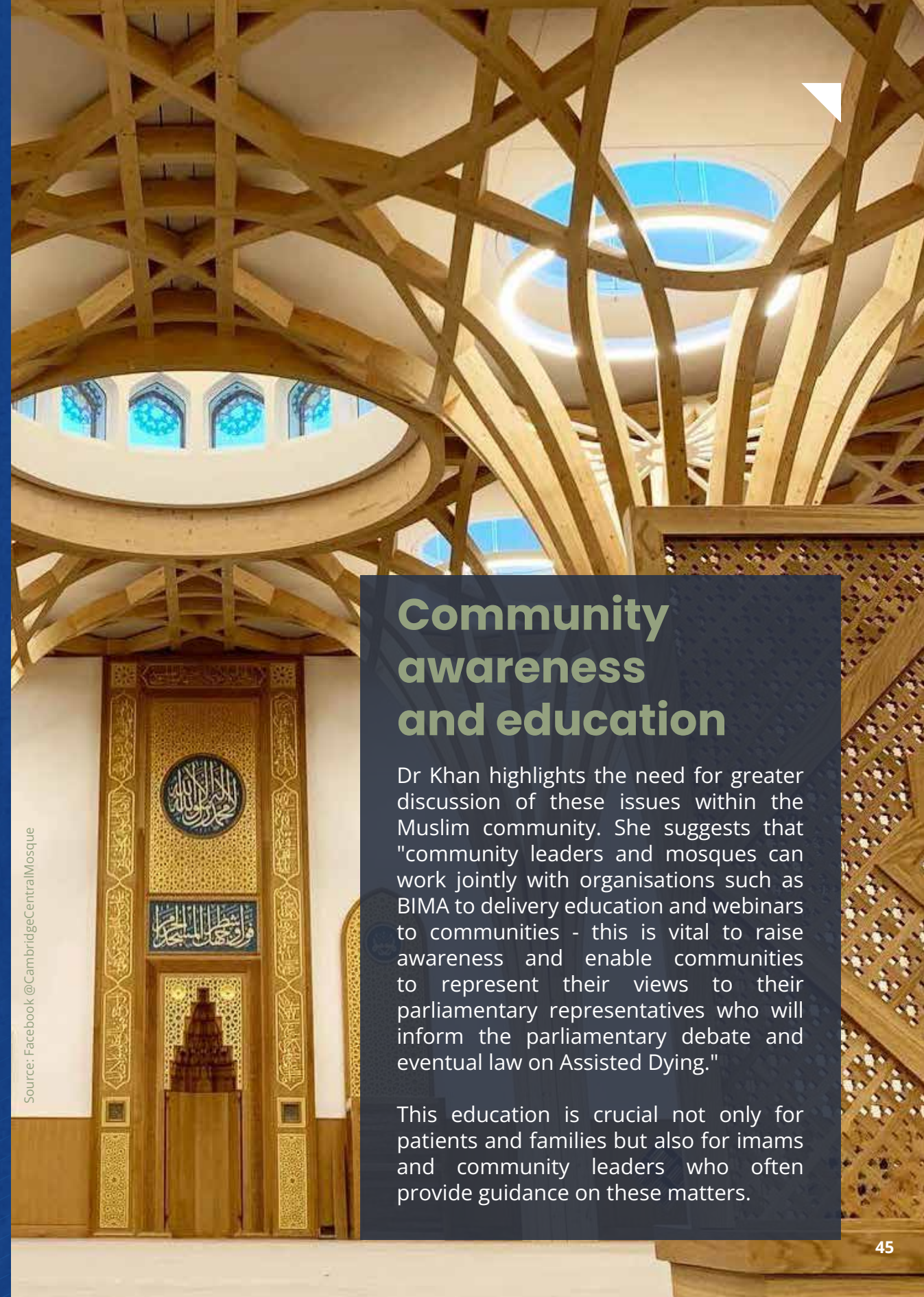
Dr Khan emphasises the importance of culturally-sensitive information for healthcare professionals, noting that the BIMA website has a specific section on Assisted Dying, including information, signposting, and recorded webinars.



# 16

## Community awareness and education

*“Community leaders and mosques can work jointly to delivery education and webinars to communities - this is vital to raise awareness and ..will inform the parliamentary debate and eventual law on Assisted Dying.”*



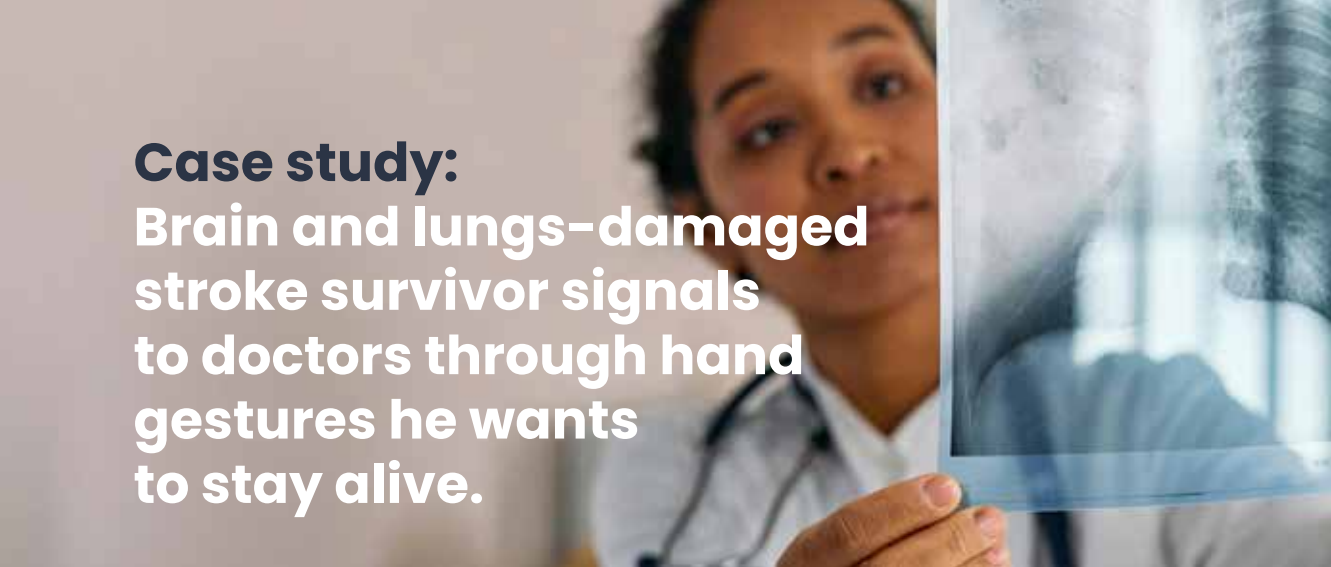
Source: Facebook @CambridgeCentralMosque

## Community awareness and education

Dr Khan highlights the need for greater discussion of these issues within the Muslim community. She suggests that "community leaders and mosques can work jointly with organisations such as BIMA to delivery education and webinars to communities - this is vital to raise awareness and enable communities to represent their views to their parliamentary representatives who will inform the parliamentary debate and eventual law on Assisted Dying."

This education is crucial not only for patients and families but also for imams and community leaders who often provide guidance on these matters.





## Case study: Brain and lungs-damaged stroke survivor signals to doctors through hand gestures he wants to stay alive.

### What do you do professionally?

I am a Tech Executive and care for my elderly father.

### Can you explain your father's illness which led to him being hospitalised? How old was he at the time of his hospitalisation?

My father contracted Covid. He was then sent to hospital and put on a ventilator. Once he came off the ventilator his brain was damaged, and he had a stroke and couldn't speak or move the right side of his body. His lungs were damaged, and he had to be on a ventilator at home 24/7 when he was discharged. He was 67 years old at the time.

### Run us through his treatment and describe his situation.

He was admitted to hospital because he contracted Covid and had shortness of breath. After some days in hospital, he became better, and we were hopeful he would be discharged. Suddenly my father texted me and told me they were putting him on a ventilator. We had no choice of

whether we wanted him on a ventilator, and they did not ask us for our consent. He survived and they took him off the ventilator after two months. However, when he regained consciousness, his brain had been damaged from being in the hospital and on the ventilator for too long, and he suffered a stroke. From then on, my father lost his ability to speak and lost total movement on the right side of his body.

We were told he would need a home ventilator because his lungs were damaged and may need to be on a ventilator for the rest of his life to assist with breathing. They were also unsure of how long he would survive.

### You mentioned the hospital asked your father if he wishes to live? How did your father react? How did you feel about it as his next of kin?

After my father survived the hospital ventilator and was waiting to be discharged, the hospital did not offer him a pill, but they asked him whether he wanted to fight the illness if it got to the point that he may die. This is because his lungs were

already badly damaged, and whether he wanted to just die naturally instead of getting help from the hospital / machines / medicine to try and fight and stay alive. He was asked about this choice in front of me and my mother, and my dad signalled to them through hand movements that he wanted to stay alive.

### Why do you think the hospital offered him that option?

I feel they thought it would be cheaper and easier, it would be less of a hassle for them if he was to pass away and not to try to keep him alive.

### Do you feel your father was in a mentally stable position to decipher what was going on and making rational a choice when asked about whether he wishes to stay alive?

No, he had been alone in the hospital for some months already and he lost his ability to speak, and his mental clarity was not how it used to be.

### What do you think made your father not opt for the dying option?

My father is a religious Muslim, and our religion teaches us to fight to stay alive. My dad is also a strong-minded type of person.

### There is a push to legalise Assisted Dying in the UK, how do you feel about this?

I feel it would not be a good idea because these patients will be very vulnerable and may not be so clear minded. Patients are

usually more emotional in these settings. Patients may make choices that they would regret if they were clear-minded and not so emotional. My dad is a very strong-minded person, and other people in his position might be more weak-minded if they were offered a solution to pass away so easily.

### What advice would you give to other terminally ill patients under severe pain and considering Assisted Dying?

I would ask them to get some counselling and consider all their options rather than resort to Assisted Dying. Also they should think about it very carefully and carefully whilst discussing the issue with their close family and friends. I would also advise them to take their time and not come to any conclusions without doing the aforementioned.

### What advice would you give to families of terminally ill patients? How can they be more involved and proactive?

I would advise families to be in regular contact with terminally ill patients, to try to get as much information from the health care providers about how to make their life more comfortable. I would also advise families to look after their mental health and reach out to people in their network for help and emotional support.

### At the time, were you able to access any help and guidance, including legal and Islamic counsel?

I was unable to access any guidance.

*Interview with the daughter of the patient, August 2024*

# 17

## Conclusion



### Conclusion

From an Islamic perspective, euthanasia and assisted suicide remain firmly prohibited. While there is allowance for withholding or withdrawing futile medical treatments, the intention must never be to hasten death. Instead, the focus is on providing compassionate care, managing pain and difficult symptoms, and supporting patients and families through the natural process of dying.

As Shaykh Nadwi succinctly states: "So called assisted dying, is strictly speaking, the taking of a life without legal justification. In situations of extreme pain, just as with illness generally the moral duty of a Muslim is to try to lessen the pain and cure the illness. If the illness is incurable, the duty to lessen pain remains."

As societies continue to debate these issues, it is crucial that diverse perspectives, including those of religious and ethnic minority communities, are fully considered. The Islamic emphasis on the sanctity of life, combined with a nuanced approach to End-Of-Life care, offers valuable insights to this ongoing ethical discussion.

The challenge moving forward will be to ensure that high-quality palliative care is available to all, regardless of background, and that the concerns and perspectives of minority communities are fully integrated into public policy discussions on end-of-life care.



# Helplines and Key Contacts

## Eden Care UK

If you are terminally or chronically ill, or if you are alone or feel isolated, we can help. Our trained team members are here to listen to you.

**T: 020 8175 9550** - Office hours  
**M: 07957 199328** - Out of hours

[www.13riverstrust.co.uk/eden-care-uk](http://www.13riverstrust.co.uk/eden-care-uk)



eden care

## Muslim Burial Fund

We are here to help Muslim families in need, especially experiencing financial difficulties to pay for funeral and burial costs.

**T: 020 8175 9550** - Office hours  
**M: 07957 199328** - Out of hours

[www.muslimburialfund.co.uk](http://www.muslimburialfund.co.uk)



## British Islamic Medical Association

The British Islamic Medical Association (BIMA) stands as a vibrant hub for the UK's Muslim healthcare community. We strive to be a powerful voice for Muslim healthcare professionals, students and patients, championing their needs and navigating the diverse challenges they face.

**T: 0203 551 2497**  
**E: [support@britishima.org](mailto:support@britishima.org) | [www.britishima.org](http://www.britishima.org)**



*"I would advise families to be in regular contact with terminally ill patients, to try to get as much information from the health care providers about how to make their life more comfortable. I would also advise families to look after their mental health and reach out to people in their network for help and emotional support."*



## Our Duty of Care

We are a group of healthcare professionals opposing the intentional killing of patients by assisted suicide or euthanasia.

*Find out more about the risks and negative impact of legalising Assisted Dying*

[www.ourdutyofcare.org.uk](http://www.ourdutyofcare.org.uk)



## Imam's Advice East London Mosque



Concerned or confused about issues related to End-of-Life and the Islamic perspective? Talk to an Imam for advice and guidance. Imams at the mosque can provide advice on a range of topics, including: Marriage, Bereavement, Family problems, and Islamic guidance.

**T: 020 7650 3000**  
[www.eastlondonmosque.org.uk/imams-advice](http://www.eastlondonmosque.org.uk/imams-advice)



Download Toolkit



# HOW EDEN CARE UK CAN HELP TERMINALLY-ILL PATIENTS?

*We befriend people who are terminally ill and those reaching End-of-Life*

*We provide dignity, care and sense of self-worth through friendship.*

*We advocate for quality of care and enhanced life choices*

*We tackle social isolation for older people through befriending and social activities*

## Befriending and Advocacy

Our Befriending and Advocacy Service engage terminally ill people and those reaching End-of-Life and enhance their quality of life. We provide a 1-1 person-centred approach.

People referred to our project are paired with a Befriender to support them with their personal, social and spiritual needs.

Befrienders offer friendship and advocacy support to help the service-user overcome issues and difficulties.



## Rapid Response

Our Rapid Response Team provide speedy support to people and their families reaching End-of-Life. Our intervention includes providing advice and guidance as well as practical help with food and transport during their hour of need.

A designated group of trained volunteers respond quickly to the needs of people and their families. We visit them in their home, hospital, care homes or hospices.



## Creative Arts

We use Creative Arts sessions to help reduce anxiety and stress amongst people who are socially isolated and those reaching End-of-Life.

We help improve cognitive and physical wellbeing. We also use artistic expression to improve mental health and wellbeing.

We deliver Creative Arts sessions from hospitals, nursing homes, hospices and day care centres.



## Raising Awareness of End-of-Life

We promote awareness of End-of-Life issues within BAME communities and create platforms through seminars and workshops as well as through dialogue between the community, practitioners, mainstream provisions and service users.

We are committed to improving existing End-of-Life Care to meet the needs of the BAME community and promote greater partnership working between voluntary sector organisations and the statutory sector.



eden care

[www.13riverstrust.co.uk/eden-care-uk](http://www.13riverstrust.co.uk/eden-care-uk)



# BIMA SURVEY ON PHYSICIAN-ASSISTED DYING



BIMA held a member survey which helped to inform the policy debate on the BMA's position on physician-assisted dying.

Full survey results available here:  
**[bit.ly/bma-survey](https://bit.ly/bma-survey)**



## Building bridges with Muslim communities

From lifesaving skills in mosques to tackling mental health, BIMA is on a mission to build a better future for Muslims in the UK with the aim of reducing health inequalities affecting Muslim communities.



## Celebrating Team Growth

Since 2013, we have grown from 85 volunteers to 300+ volunteers across 25+ health and social care disciplines.



ns Nurses  
Paramedics  
Midwives

**Whether you're navigating ethical dilemmas as a healthcare professional, seeking resources as a student, shaping policy as an influencer, or simply want informed answers about Muslim healthcare concerns, BIMA's Get Advice section is your comprehensive guide.**

Dive into our library of expert articles, case studies, and FAQs, tackling everything from Islamic bioethics to End-Of-Life care and cultural considerations.



**BIMA**  
BRITISH ISLAMIC  
MEDICAL ASSOCIATION

[www.britishima.org](http://www.britishima.org)





13 Rivers Trust, Tarling East Community Centre,  
63 Martha Street, London E1 2PA  
020 8175 9550 | [info@13riverstrust.co.uk](mailto:info@13riverstrust.co.uk)

**[www.13riverstrust.co.uk](http://www.13riverstrust.co.uk)**