

View Of Main Religions of the World On; Don't Attempt Resuscitation Order (DNR)

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Abstract

Introduction: Decision making on DNR is the only unique treatment decision that is formed before the treatment occurs. Since the decision making on DNR is dependent on moral, religious and legal issues, then, it is a complicated and difficult decision and largely depends the religious beliefs of a society.

Methods: This study was conducted by review article methodology, without time limitation, through searching electronic bibliographic information and internet databases and sites such as Medline, EMBASE, Springer, Blackwell Sengery, Elsevier, Scopus, Cochran Library and also databases including SID, Iran Medex and Magiran. In addition, a manual search was done on articles references.

Results: The Jewish religion, life is extremely valuable and no one has the right to shorten it. The only exception is when physiologic resuscitation is not possible or the patient is an imminently dying or moribund person. Most Christians believe that the patient has the right to reject trying to be revived. Muslims must take the necessary measures to prevent premature death. However, treatments that prolong life for patients who, physicians are certain, do not have a great chance of survival, can be discontinued or not initiated.

Conclusion: Decision making on DNR is the only unique treatment decision that is formed before the treatment occurs. Since the decision making on DNR is dependent on religious, then, it is a complicated and difficult decision and largely depends on communities' understanding of human dignity. Perhaps it is necessary to learn about patient's religious beliefs on admission to health systems in order to establish a better communication and plan a treatment regimen for them which suits their religions.

Keywords: Religion; Islam; Judaism; Christianity; Don't attempt resuscitation order

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Submission Date: 08/11/2015

Accepted Date: 18/02/2016

Introduction

Qualitative and quantitative advances of modern science, has prolonged the life of human beings. One of the important developments of medicine since the 1960s has been the use of cardiopulmonary resuscitation (CPR) to save human beings, which has saved thousands of lives (1). Although, CPR has helped to save lives, in some cases, has prolonged the process of death, suffering and pain in patients (2). Prolongation of the dying process, in addition to the pain and suffering that brings to patients and families, creates major challenges for the health care system (3). Transportation to hospital, hospitalization in the critical care units, use of equipment and facilities, occupation of beds in intensive care units, are some of the challenges of caring for patients who do not have a great chance of survival (4). There have been many debates on futile care and methods of not delivering them in the world, which have raised numerous legal and ethical challenges (5, 6). For instance, in 1976 the proposal for don't resuscitate (DNR) dying patients faced serious oppositions. This is despite the fact that, later in the United States of America over a period of 5 years from 1992 to 1998, the proportion of patients who asked for limited end of life care, increased from 51 to 90 percent. Currently, in Europe and United State of America, care and intervention are not being initiated or even are being stopped for more than 90 percent of dying patients in critical care units. However, DNR does

not mean that, patients are left alone or ignored (7).

The purpose of DNR or not resuscitating dying patients is in fact, facilitating a comfortable death without futile-care (8). Although, many debate about end of life care and not resuscitating dying patients, has been initiated years ago (9), the religious beliefs and values of people have had a fundamental role in the acceptance or rejection of the proposal (10,11). Religious belief is one of the most important parts of patients' rights, and is even considered in ethical and legal charters. Patients' rights in Iran, which was developed and approved in 2002 by the Ministry of Health, Treatment and Medical Education, to provide appropriate health services based on human dignity, emphasizes on respecting the values, cultural and religious beliefs of the patients (Article 1 paragraph 1) (12). Also, in nursing ethics code adopted in 2010, respecting patient, his individuality, values and dignity, have been identified as the most important nursing professional values (9). Therefore, considering people's religious beliefs and values in the provision of care and health services is particularly important. In 2012, there was) 31.5% Christian, 23.2% Muslim, 0.2% Jewish and 45.1% other religions (Buddhist, Hindu, etc.) in different countries in the world (13). Until 50 years ago, there was a greater homogeneity in each country's cultural context, and thus, providing health care services, was not complicated.

But, in the last half century, the homogeneity has undergone



many changes and the care providers are faced with more cultural and religious diversity. Therefore, they need to learn about the religion and beliefs of people in order to deliver appropriate service to them(14). This is the same for Iran, which of course, has long been the cradle of religions and cultures for different groups of people, thus, it cannot be said that, the lack of homogeneity in Iran has emerged in recent years. Currently, there are more than nine religious denominations which have different religions and beliefs in Iran. However, the main religions Iran include; Islam (Shia and Sunni), Christian (90% Catholic), Jews and Zoroastrians (15).Today, there is a higher religious and cultural diversity in the health system for many reasons such as; migration or emerge of systems which provide services to suit the demand in different cities. Therefore, the health care providers have been suddenly exposed to religious, cultural and sub cultural diversity, and in order to provide appropriate services, they are required to familiar themselves with this diversity. This literature review is part of the first phase of developing guidelines for resuscitation of dying patients in Iran, which expresses the views of the three great religions of the world in regard to; not resuscitating dying patients.

Methods

This study is part of a dissertation for a PhD degree in Nursing and Midwifery approved in the Tehran University of Medical Sciences and The dissertation was developed in two sections. This was a reviewing study as the first phase(Literature review) of development of Clinical Don't resuscitation Guidelines in dying patients. The study had no time limitation, and focused on the study main religions of the world , which were searched with an emphasis on Islamic, Christianity ,Judaism related to decision making on the DNR. To search for these studies, electronic bibliographic data sources and online databases such as Medline, EMBASE, Springer, Blackwell Sengery, Elsevier, Scopus, Cochran Library as well as databases, including SID, Iran Medex and Magiran were used. In addition, a manual search was done on articles references. Any articles containing the following key words with available full text were included in the study: DNR, Do not resuscitate, Natural Death, Not for CPR, Not for resuscitating, DNAR, Hollywood code, Code Blue, Chemical code, Show code, Slow code, Secret code, Do not attempt to resuscitate, Islam, . Christian, Jewish, Christianity, Shia, Sunni, Jewish, Muslim, Christian, Religious. The criteria for being included in the research were: using the terms specified in the title, research design, quantitative or qualitative methods of research, and the criteria of exclusion were the studies limited to abstracts and the ones which had a language other than English or Farsi. The repeated researches were excluded by software Endnote. In the first step, only studies using quantitative methods were included, but since the researcher encountered qualitative studies during the search, which had valuable information, they were also included in the study. In order to determine the quality of the quantitative researches the scale of Jaddad et al was used (16). As for quantitative studies, those that met the inclusion criteria were coded. Therefore, using this scale, rating was

based on the study design (suitable 1, unsuitable 0), sampling method (random 1, non-random 0), and description of sample loss or exclusion criteria (Yes 1, No 0). If a study was experimental with random sampling and a thorough explanation of how the sample was selected, a rating of 3 was assigned.

A total of 265 articles were found, which 30 articles met the inclusion criteria and were confirmed by Jaddad.

Discussion

Deciding to issue DNR order, is a unique treatment decision because it occurs before the treatment is delivered (17). Since the decision to DNR is related to ethical,religious and legal issues(7), it is a complicated decision (18). The decision largely depends on our understanding of human's dignity, and dignity is preserved through the understanding of people's beliefs and religions (19). There are currently three major religions in the world; Islam, Christianity and Judaism, accordingly, in this study, the views of these three religions on the issuing DNR order, have been discussed.

DNR from the perspective of Judaism:

Jewish classical definition of death is not breathing. Jews have three extensive sects;Reformist, Orthodox and Conservative which Orthodox is the most important of them all. Jewish legal system or (Halacha) based on the Bible (Tanach), makes a distinction between the active and passive interventions, and discontinuing or not initiating a treatment which can prolong life (20). Halacha does not allow the acceleration of death even for patients who are dying. However, in order to control the pain and suffering of dying patients, it allows the treatments, which prolong life, to be discontinued if only they are closely related to the death process. Of course, if the intervention is beneficial to the treatment regimen of the patient like the use of food, it is not allowed to be stopped. Active euthanasia or physician-assisted suicide, even on patient's request, is forbidden (21).

Although, in the Jewish religion, life is too precious and no one has the right to shorten it, and according to the Orthodox interpretation, all people, even when their chances of survival is very low, are obliged to try to survive. Jews believe that, at the time when recovery is not possible physiologically or patient is dying, DNR can be used (22).

DNR from the perspective of Christian faith:

In regard to Christianity, the overall decision making is almost impossible, because there are many different Christian sects. Catholic Church permits the treatments to be discontinued or not be initiated when they cause pain and suffering in dying patients (13). In 1980, pain relief was permitted for dying patients even if they shortened the life. Trying to DNR some patients is an endorsement of assisted suicide or euthanasia. UCC and the Reorganized Church of Jesus Christ of Latter DaySaints have accepted and support DNR (23).Despite allowing the treatments to be discontinued in some cases, Pope John Paul II before his death strongly opposed the discontinuation of artificial feeding of patients with vegetative life (24). Majority of Protestant Christians are not against the discontinuation of treatments, but even if there is little hope of survival, do not accept the discontinuation or not initiating the treatment and

they believe, treatments must be delivered (25). Greek Orthodox Church does not define death as a biological accident, but as a sacred spiritual mystery, and a great blessing. They believe that, the duty of the church is not to make decisions about end of life care, and Christians should only pray to God about life and death and other measures are not worthy. Also, according to orthodox Christian, any interference or decision about the death by the church is an insult to God, and to prolong or shorten the life is considered to be unethical. There is always the possibility of errors in medical decisions or miracle (19). In Iran, 90 percent of Christians are Catholic and 10 percent are Assyrian Orthodox. However, the researcher did not make any attempt to find out the Iranian Christian's views about DNR of dying patients.

DNR from the perspective of Islam:

Islamic bioethics are formed, based on Sharia (Islamic law) and tradition (from the words and conduct of Prophet Muhammad (PBUH)) resulting from the Quran. In Iran there are two large faiths (sect), Sunni (10/000/000) and Shia (65/000/000), although they may have somewhat different interpretation of Islam, but on the basis of Islamic law, they are the same.

Muslims must take the necessary measures to prevent premature death. However, treatments that prolong life for patients who, physicians are certain, do not have a great chance of survival, can be discontinued or not initiated (26). However, these measures should not accelerate the process of death. Accordingly, feeding should not be discontinued because it accelerates the death of the patient which according to Islam is a crime. Decision to discontinue futile treatment, should not affect the process of natural death. Also, this decision should be made by attending physician through obtaining informed consent, consultation with the patient and his family and the medical team (27). In many Muslim countries, it is acceptable to switch off life-support device in brain dead patients. The decision to retrieve the organs of brain death patients for organ transplantation has been made in the third International Conference of Muslim jurists in 1986 and the fourth Conference of Islamic Fiqh (jurisprudence) in 1988(28). In regard to the pain, the Quran says that, suffering is not a punishment, but a person's atonement for his/her sins. However, the use of drugs for pain relief or sedative drugs, if it does not accelerate the process of death, is permitted thus, euthanasia is strictly prohibited (28).

Muslim countries have not paid enough attention to DNR. Muslims, according to Quran, believe life and death are in the hands of God. In Holley Quran chapter Ale Emraan, versos 156 states that, "Allah giveth life and causeth death; and Allah is Seer of what ye do". Muslims believe that, when Muslims confronted with disease, God says to the angels to write reward for them as they are in jihad for us. Following that, God forgives all their sins and if they die because of the disease, God of mercy will forgive them (29).

However, in Islamic communities and laws, judicial opinions or Fatwas show that, the decision of whether the medical treatment is necessary or futile is permitted in some cases by qualified physicians. Sunni Muslims comply with the Islamic Research Center and the Fatwa of Kingdom of

Saudi Arabia No: 12086 issued on 06.30.1998 which stated that, if three trustful and competent doctors certified that, the condition of patient is not so encouraging, pro-life measures can be discontinued or not be initiated. This statement allows medical team members to carry out the DNR procedure without considering or obtaining the permits (permission) or consent of the patient's family (30). Also in Saudi Arabia, King Abdul Aziz Hospital implements policies about DNR in accordance with the fatwa (31).

In Islamic society; Islamic law, judicial opinions and Fatwas show that, medical decisions by qualified physicians in regard to futile medicine is permitted in some cases. Therefore, the issue of DNR is not completely resolved and is the responsibility of doctors who should also consider the patient's condition. Many experts believe if the side effects of treatment are greater than its benefits, continuation of treatment is not permissible (abomination) (30).

In Shia, the belief is that, life is precious and must be preserved. Thus, it is obligatory and common sense must be applied rationally. On the other hand, Islamic recommendations emphasize that; death should not be prolonged by any means. According to Islamic teachings, people cannot ask to end their lives and request to have a DNR order. If DNR order has been issued to relieve patient's suffering and pain (even with consent of the patient), or to prevent the use of medical resources and reduce the costs to society and the family without scientific justification, based on Islamic principles is unacceptable. However, if their illness and pain cannot be cured, they can refuse treatments which prolong their lives. Thus, the final decision should be made by the medical team, who are familiar with the condition of the patient, through consultation with religious experts and philosophers. In the Iranian Patients' Rights Charter, the aim of palliative care has been defined as; maintaining peace and comfort for end stage or dying patients. Considering the challenges of patients' rights to choose and decide, they have as much right to have an independence choice that God allows. God has restricted patients' independence decision to end their life. Therefore, it is necessary to make a decision which is based on the best interests of the patient (32). The provision of Islamic jurisprudence and Shia clerics' recommendation about DNR orders, are not clear, but perhaps based on Islamic principles, we can conclude that, the life of human is not something that a person or his relatives or others can decide to end it. With this view, the each vital seconds of a person's life may have immense value. Therefore, every effort should be made to protect human life.

Islam sees death as another stage of spiritual life, and everyone should accept it. Therefore, delay or prolong the dying process through the use of advanced medical equipment and facilities, cannot be justified in all cases. Of course, the DNR is a contemporary medical issue and there is no religious explicit judgment about it. Thus, according to the principle of "how does mind accept sharia law" thinking and recognition of it should be based on science and the human intellect (33) Of course, it would be possible to consider the interest of patient and use that in jurisprudence in order to make a decision. In the conflict

between the necessity to save patients with stable condition who are using medical equipment, and patients who do not have a stable condition and requires life-support devices, there are serious disagreements among experts (34). Some clerics believe if the patients reach a stage at which there is no cure for them, it is not necessary for the family to spend more money and time, and the process of prolonging life by using life-support devices should not be allowed. The criteria for patients to receive government services should be based on the necessity (17). Although, 10/000/000 of Iran's population are Sunnis, researchers did not find any documentation about Iranian Sunni viewpoint regarding the DNR order.

Conclusion

Perhaps in the past few decades, there was not the need for the healthcare service providers to understand cultural and religious diversity in the world. But today the world has become a village, and for better communication and interaction, it is necessary to have sufficient knowledge about the culture and religion of the people. Today, many providers of health systems around the world offer services to patients while they do not know anything about their religious beliefs and this, can lead to communication failures and sometimes failure of the treatment. Perhaps it is necessary to learn about patient's religious beliefs on admission to health systems in order to establish a better communication and plan a treatment regimen for them which suits their religions.

Conflicts of interest

There are no conflicts of interest.

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