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REVIEW ARTICLE

End-of-life care: a Saudi Arabian perspective

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ABSTRACT

End-of-life care (EOLC) care is a unique specialty consisting of comprehensive multidisciplinary healthcare delivery to patients with a wide range of terminal illnesses. However, this form of care raises many ethical questions, and some religions disregard several actions of EOLC. While a complete understanding of all faiths is challenging for a busy healthcare professional, a good grasp of the major religions is essential. In this review paper, we focus on the ethical dilemmas of EOLC in Saudi Arabia from an Islamic perspective, emphasizing the ethics of the right of care. This review helps to demonstrate that the literature on EOLC is global and yet inconclusive in some areas. In Saudi Arabia, there are now more than 15 comprehensive cancer centers with palliative care units. Palliative care is becoming increasingly relevant in the Kingdom as the number of patients diagnosed with severe life-threatening illnesses rises. Despite this, healthcare practitioners' awareness of palliative care remains limited.

Keywords: End-of-life care, Islamic perspective, Saudi Arabia.

Significance of the Review

Although death is an inevitable part of life, it is often viewed as a disease. As a result, many patients die alone and in agony in hospitals. Palliative care focuses on helping patients and their families make medically necessary choices by predicting, avoiding, diagnosing, and managing symptoms encountered by patients with a severe or life-threatening illness. Regardless of the condition, the primary aim of palliative care is to maximize the patient's and family's quality of life [1]. A clinician faces several difficulties when caring for patients who are actively dying. In the final days of a patient's life, symptom control is critical. As death approaches, families need support and guidance. The patient's care does not conclude with his or her death; it continues with death pronouncement, family notification of the death, autopsy discussion, and immediate bereavement help [2].

Introduction

In many cultures around the world, terminal diseases have become increasingly prevalent. The prevalence of chronic disease and increased life expectancy are two factors that have contributed to this trend. Although some people live to be healthy during old age, older people are more likely to live for two or more years with a chronic illness and suffer significant impairment before dying. Because of the prevalence of terminal diseases, the idea of end-of-life treatment has grown in importance [3]. End-of-life care (EOLC) is a distinct discipline that provides extensive multidisciplinary healthcare to patients suffering from various life-threatening and life-shortening illnesses, including cancer. The main aim is to alleviate symptoms of deprivation such as physical pain, psychosocial and spiritual issues that impact patients and their families' quality of life [4].

The World Health Organization defines palliative care as "an approach to improving the quality of life of patients and their families experiencing difficulties associated with a life-threatening illness, through the prevention and relief of distress through early diagnosis and impeccable evaluation and treatment of pain and other physical, psychosocial, and spiritual problems."

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Therefore, palliative care necessitates a wide range of skills, including not only clinical but also relational, communicative, and ethical ones [5]. Withholding or withdrawing therapy, dignified death (suicide), euthanasia, end-of-life sedation, ineffective treatment, and limited use of opioids are among the most common examples [3].

Ethics of EOLC

Ethics is derived from the Greek word ethos, which means practice or custom. Furthermore, it is a branch of philosophy concerned with human traditions, and behaviors, especially concerning the rules of conduct and their justification [5]. Medical ethics is mainly a branch of applied ethics concerned with applying moral principles and decisions to medicine. It aims to provide physicians with guidelines and codes about their duties, responsibilities, and actions, and it shares many concepts with other healthcare ethics, such as nursing ethics and bioethics [6]. The foundations of medical ethics can be traced back to antiquity. Beneficence and non-maleficence are these ideals. The principle of beneficence requires physicians to take acts that help the ill, while the focus of non-maleficence requires doctors to avoid harming patients when delivering medical treatment. The two ideals are in line with medicine's primary purpose of assisting sick people in regaining their health and reducing suffering. Since then, additional ethical standards have been adopted, such as fairness and respect for patient autonomy [3]. Since Saudi Arabian healthcare professionals come from various nationalities, cultures, educational backgrounds, and healthcare systems, it's essential to consider how these factors can influence physicians' perceptions of ethical dilemmas [7].

EOLC in Saudi Arabia

From an Islamic perspective, illness is considered as a normal occurrence and a form of misery that atones for the patient's sins. In the afterlife, not only the patient who suffers will be honored, but also his family who bears the ordeal with him; therefore, saving a life and caring for others is considered one of Islam's highest responsibilities. Muslims claim that God is the supreme savior of all physical and mental illnesses [8]. Moreover, patients and physicians have many misconceptions about palliative care. For example, it is synonymous with hospice, that it is just for cancer patients, it needs fellowship training, it requires an interdisciplinary team, and giving up on patients [9]. The services offered by interdisciplinary specialties in Saudi Arabia did not previously include EOLC. Palliative care services were subsequently assimilated into the networks, focusing on hospital organizations, but not as a national standard end-of-life quality measure [10]. Furthermore, studies indicate that people in Saudi Arabia have a low level of awareness and attitude [11]. EOLC was first implemented in Saudi Arabia in 1992, and it was the Middle East's first palliative care model. In Riyadh, a specialty unit was founded with two beds and expanded to a 10-bed service in 1995 [11].

In the Kingdom of Saudi Arabia, as is the case in most predominantly Muslim countries, all facets of life are regulated by Shari'a, itself derived from various sources such as the Qur'an, the Hadith (the sayings and commentary of the Prophet Muhammad ﷺ), and fatwas or the rulings of Islamic scholars. As a result, religion is the single most crucial factor in defining Saudi Arabian medical ethics practice, encompassing many different facets of healthcare decision-making, including end-of-life decisions [3,12] The review will first discuss the Islamic perspective on EOLC and then examine Saudi Arabia's end-of-life practices.

Islamic Perspectives

Life is a gift from God

Life is considered as sacred in Islam because it is a gift from Allah. As a result, Islam stresses the value of saving a life as a way of showing one's love for Allah and recognition of humanity's great gift. Also, good health is seen as a gift from God, implying that sickness is viewed as an injustice that must be eradicated or a disease that must be healed [3]. Islam encourages people to save lives at all costs, and everyone who salvages another person is praised to the point that their actions are viewed as saving all of humanity. However, while Islam recognizes the value of medicine for society and the imperative of life preservation, it acknowledges the limitations that doctors have in treatment and care [13].

Suicide

Suicide is forbidden in the Quran: "Do not kill yourselves" (nor kill one another) (Surah An-Nisa' 4:29). Indeed, "Allah is Most Merciful to you" [12]. Also, it is prohibited because a person will perform the act while in an unbalanced state of mind; upon arrival in the next world, they may realize the folly of their actions and the error he has made, which will be impossible to repair [14].

Compassion

Muslims are obliged to seek help wherever possible and should not put their lives in danger [8]. A terminally ill person is likely to need such consideration. Physicians and other medical caregivers in Saudi Arabia's critical care medicine and intensive care units are challenged to respond compassionately to the suffering person and aid in pain relief [3].

Every disease has a cure

Every disease has a remedy, as shown by the Hadith, "There is no disease that Allah has created, except that He also has created its treatment" (Sahih Al-Bukhari, book # 71, Hadith 582, narrated by Abu Huraira). On the other hand, the cure could be inaccessible in the patient's region, found outside modern medicine, or not yet discovered [12].

Inevitability of death

In Islam, it is untrue to say that death is the end of life; instead, the life one receives at birth is a preparation for the life after death [3]. Death is an inevitable part of life

for humans. The duty of doctors to improve the quality of life of dying patients is intrinsically tied to the care of dying patients [11].

Grieving

A Muslim does not die alone, separated from his or her family or friends. Although the faith does not allow any mediation between God and man, the focus on community means that a support group is expected to surround the dying person [3].

Loud lamentation can be interpreted as a questioning of Allah's will in Islamic culture. The Patriarch Jacob is quoted in the Quran as saying, "I only complain of my grief and sorrow to Allah" (Surah Yusuf 12:86). In the face of death, clinicians should not be surprised if Muslim families remain subdued or stoic. Muslims are instructed to persevere patiently in the Quran [12].

Saudi Arabia End-of-Life Practices

Euthanasia

When it comes to necessary treatment, the ethical precept promulgated by the Prophet Muhammad ﷺ- "No harm shall be inflicted or reciprocated in Islam"-comes to mind (Al-Sunan al-Kubrá 11,070). This law establishes essential distinctions and guidelines about life-sustaining care in terminally ill patients; among the distinctions on which ethical decisions are based are the distinctions between killing (active euthanasia) and letting die (passive euthanasia) [14].

Passive euthanasia is described as simply allowing a person to die while withdrawing supportive care by physician results in a situation in which a life-threatening illness or disease condition causes the patient's death. The removal of ventilator support for breathing is a common form of passive euthanasia since the person will be unable to breathe without it. On the other hand, active euthanasia entails taking any action that ends a person's life, such as injecting a person with a lethal dose of a drug at his or her request [3].

Use of opioids

Saudi Arabia's highly restrictive laws on pain control are another source of concern in pain treatment. According to World Health Organization 2011, the country's per capita morphine intake was about 0.35 mg. In contrast, the global average intake is 6.11 mg per person [10]. This distinction demonstrates that Saudi Arabians receive much lower pain relief doses than people in other countries. The lack of training and expertise of non-palliative care physicians in the safe use of opioids is a barrier to their availability. Saudi Arabia's primary healthcare infrastructure has not yet been entirely built. Even today, family physicians cannot write or refill palliative medications [10].

Futility

Moral values underpin the duty to care until the very last moment. As a result, healthcare providers must take every precaution to avoid premature death. However, in extreme cases, treatment may deem futile [15]. The patient's condition approaches a stage known as physiological futility when all potential therapies have been tried and shown to be ineffective. The method of treatment that is unable to yield a worthwhile or appropriate outcome or a medical intervention that is impossible to restore, sustain, or enhance a patient's life [13]. Based on the consent of immediate family members acting on the professional advice of the physician in charge of the case, Islamic law allows for the withdrawal of futile and disproportionate care [14].

The futility of EOLC can be challenging to determine due to various factors, including the impact on quality and length of life, financial costs, emotional costs, and success rates. In Saudi Arabia, for example, relatives often request futile care. Even among Islamic scholars, this is a contentious issue. Many academics oppose care if it is only intended to extend the end stages of life. In Islam, postponing death through ineffective or hopeless treatment is forbidden [8].

Withdrawing treatment

It's noteworthy that the Islamic ban on active and passive euthanasia does not forbid decisions to stop or delay treatment. New approaches to both the administration of pain relief preparations and the removal of treatment have arisen as medical care has become more widely available in Saudi Arabia and other Islamic countries. These new perspectives should not be interpreted as a product of westernization or modernization per se, but rather as a shift in perceptions about the role physicians can and should play in providing care to terminally ill and dying patients [3].

Recommendations

We suggest that more research be conducted on ethical concerns unique to each specialty, as their environments and perceptions of ethical dilemmas differ. Furthermore, medical colleges and residency training programs should respond to these concerns and prepare their students to deal with these dilemmas since they are the healthcare workers of the future [7].

Another essential element to consider is to move away from the existing physician-centered ethos and toward a patient-centered approach to end-of-life decision-making. Saudi practitioners are already committed to empathy, beneficence, non-maleficence, and justice as they should be. In addition, national policies and guidance on using advanced directives, and living wills as tools for ensuring that patients' wishes are understood and honored are being developed [3].

The best tool for improving awareness, attitude, and skills toward EOLC is to include palliative medicine as a separate rotation in both undergraduate and residency curricula. Otherwise, regular education, communication, and clinical exposure to palliative care patients can help to improve the aspects mentioned above [11].

Conclusion

This review helps to demonstrate that the literature on EOLC is global and yet inconclusive in some areas. The

information, treatment, or interventions yesterday will be replaced tomorrow as a new science, new technology, and paradigms developed, evaluated, and integrated into a healthcare delivery system. During their everyday practice, Saudi healthcare providers face significant ethical challenges due to religious and cultural beliefs. In Islam, killing a terminally ill person, whether by voluntary active euthanasia or physician-assisted suicide, is considered disobedience to God. However, pain-relieving treatment or delaying or removing life-support treatment encourages a person to die when there is no doubt that their condition is causing inevitable suffering in them. In Saudi Arabia, there are now more than 15 comprehensive cancer centers with palliative care units. Palliative care is becoming increasingly relevant in the Kingdom as the number of patients diagnosed with severe life-threatening illnesses rises. Despite this, healthcare practitioners' awareness of palliative care remains limited.

List of Abbreviations

EOLC End-of-life care

Conflict of interests

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