



PALLIATIVE CARE AND HOSPICE CARE FROM THE PERSPECTIVE OF THE MAQASID SHARĪ'AH

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ABSTRACT

It is crucial that Muslim healthcare professionals understand the Islamic perspective of life, health, illness and death issues in order to provide a holistic care to their patients, especially those who are terminally or critically ill. Terminally ill patients would inevitably require specialized treatment such as palliative care or hospice care, depending on their conditions so as to improve their remaining quality of life. Palliative care is an established approach for patients diagnosed with terminal illnesses such as cancer, where the goal is comfort care while hospice involves caring to those with a terminal illness that has become advanced, progressive and incurable. In both, the goal of care is 'comfort care'. We examined the approach used by healthcare providers in providing palliative care and hospice care from the perspective of *maqasid sharī'ah* using both descriptive and analytical methods conclude with the following statements. Islam emphasizes that Muslims should aspire for good death or *husnul khatimah* as the desirable end of life on this temporary abode. The multidisciplinary concept of care that involves experts from various disciplines to address the physical, mental, psychosocial and spiritual needs of patients and improve the quality of life is acceptable in Islam and regarded as commendable act in Islam as patients, viewed as individuals require assistance to face the reality of reaching the inevitable end of their lives from the caretakers, family members and healthcare team. As the terminal condition worsen and the inevitable end of life is deemed imminent, very often doctors need to make ethical decisions with

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consultation of patient's surrogate decision-maker, such as withholding, withdrawing of life support, DNAR and advanced medical directives. Resolving ethical dilemmas requires understanding and application of ethical principles both contemporary and Islamic ethics of the *Maqasid al-sharī'ah* before sound decisions could be made.

Keywords: *Maqāsīd sharī'ah, hospice care, palliative care*

INTRODUCTION

It is estimated that there will be approximately 32000 people die in Malaysia from various diseases requiring palliative care in their final months, weeks, days or hours. Therefore, it is necessary for healthcare professionals, including muslim healthcare professionals equip themselves with basic knowledge to deliver palliative care. As muslims, apart from the professional roles as healthcare practitioners, the practice of palliative care to the patients is very much desirable as it would also assist the dying patients toward '*husnul khatimah*'.

According to WHO (2002), palliative care is defined as "an approach that improves the quality of life of patients and their families facing the problem associated with Life threatening Illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual Palliative care". Palliative care is applied in the early phase of an illness and could be concurrently with other treatments which are intended to prolong the patient's life. It is generally provided by a team of healthcare professionals which include physicians, nurses, nutritionist, pharmacist, and social workers. In contrast to hospice care which usually targeted to patients who no longer seeking curative therapy or within last 6 months of their estimated remaining life, palliative care is accessed at any point of illness.

Hospice is a special approach of compassionate care for people suffering from a life-limiting illness. The care encompasses an expert medical care, pain and symptom management, and emotional and spiritual support which tailored to the patient's needs and wishes. On top of that, hospice care also provides the physical, psychosocial, and spiritual needs of the patient's family or caregiver. The definition of hospice comes from the NPHCO that sets out the standard of hospice, "hospice provides support and care for persons in the last phases of incurable disease so that they may live as fully and comfortably as possible. Its also recognizes dying as part of the



normal process of living and focuses on maintaining the quality of remaining life." The term of hospice has also been used in the broad sense that includes community based free standing hospices, home health agency based hospices, volunteer hospices, facility based hospices and other organizational models providing or supporting hospice care services (M.Marelli 2005). World Health Organisation (2002) come up with a more concise definition of palliative care as an "approach to improves the quality of life of patients and their families to face the problem correlate with life-threatening illness through the prevention and relief of suffering."

There are two goals intended to be achieved in hospice delivery. Firstly, hospice care aims to relieve physical suffering through pain and related symptoms alleviation as well as to relieve suffering that may burden patient's personal, emotional and spiritual energy. Secondly is to allow patient and their families on prepare in healing for the grieving of dying process (E. Quill, Timothy 2001:155). Practically, both palliative care and hospice care provide the comfort, relief from pain and other distressing symptoms. However, there are slight differences between palliative care and hospice care in term of timing of initiation of care. The beginning of palliative care could be as early as the diagnosis was made or while the treatment is ongoing while the hospice care offered to patients who had a poor prognosis after the treatment of the disease and clearly the patient is not going to survive the illness. On the other hand, palliative care most often provided along with curative treatment while hospice is designed for the situations where the patient may not possibly be cured. Palliative care could be provided in hospitals, nursing home, outpatient palliative care clinics or at home but hospice not confined to any specific place. The team palliative care and hospice are including specialist doctors, nurses, social workers, nutritionists, chaplains, spiritual advisor and trained volunteers that focused to work together with the dying person for providing medical, emotional and spiritual support as much as needed (National Institute of Aging 2017).

In the United States, hospice refers to the Medicare, sponsored program to care for terminally ill patients and their families. This program serves the support from multidisciplinary team together with nurses, social workers, clergy, physical therapist, nutritionist, volunteers and a physician consultant (E.Quill, Thomas 2001: 148). 1990 is the year that palliative care in Saudi Arabia has been active and they are providing physical, psychological and social care to the terminally ill patients and their families at the home or in hospital (in-patient unit). According to the Isbister W.H & Bonifant J, palliative care in Saudi Arabia is the most complete Palliative Care Service in the Arab World (Atigetchi, Dariusch 2009:272).

Based on study from Aljawi & Harford (2012), Malaysia is the most advanced in the category of approaching integration in palliative care. This category characterized by a critical mass of activists, multiple providers and service types, awareness of palliative care on part of health professionals and local communities, the availability of strong and pain relief drugs, and the existence of national association. In Malaysia, at least 90 organizations deliver 110 palliative care services. Among these providers, 22 NGOs account for 33 services which 20 of them are home care program. At least 20 government hospitals have well-known inpatient palliative care unit (PCU). Consequentially, by 2001, 48 governments hospitals had formed palliative care teams with 2-4 beds. This is an accomplished record for a country where palliative care just began in 1991 (Wright et al 2010).

The term *maqāṣid* specifies to a purpose, objective, principle, intent, goal, and end. Thus, the meaning of the *maqāṣid* in the Islamic law are the objectives and purposes behind Islamic rulings (Jasser Auda 2007:2). Hashim Kamali (2008) shows the meaning of *maqāṣid* from the Quran, as for example the purpose of The Messenger, "We have not sent you but as a mercy to the worlds." (21:107). The other verses had mentioned, "a healing to the spiritual (ailment) of the hearts, guidance and mercy for the believers and mankind." (10:157). The objective of *sharī'ah* is accompanied by compassion (*rahmah*), guidance (*hudā*) and realization of benefit (*maṣlahah*). He affirms that "the underlying theme in virtually all of the broad spectrum of the *ahkām* (rules) is realization of benefit (*maṣlahah*) which regarded as the summa of *maqāṣid*. For justice is also a *maṣlahah* and so is *tahdhīb al-fard* (educating the individual). The *maṣālih* (plural of *maṣlahah*) become another name for *maqāṣid* and the *ulamā'* have used two terms almost interchangeably." (p.3)

According to Ahmad Raysuni (2006: xxi) the terms of *maqāṣid al-Sharī'ah* are used in interchangeably owing to the meaning of the term in English are the higher objectives of the Lawgiver, the higher objectives of Islamic Law and legal objectives. Abu Ishaq al-Shatibi is seen as father of the discipline, focused on the study of higher objectives; as he defines the meaning of higher objectives (*maqāṣid al-shari'ah*), explicitly iterate that, the science of Islamic Law in roots and branches from both aspects which has been revealed and passed down as a textual form and from our understanding and interpretations through it. Ibn Ashur on the other hand, defines *maqāṣid* as a broader meaning that includes, preservation of order, achievement of benefit and prevention of harm, establishment of equality among people and causing to the Law to be obey and effective. The statement of Ibn Ashur is to some extent similar with Allal al-Fasi when he refers to the Law's general *maqāṣid*. However, there are statement which slightly different from



Ibn Ashur definition, Allal al-Fasi states that, "the general higher objective of Islamic Law is to populate and civilize the earth and preserve the order of peaceful coexistence therein, to ensure the earth's ongoing well-being and usefulness through the piety of those who have been placed there as God's vicegerents..."(p.xxii).

METHODOLOGY

Qualitative research design is chosen to analyze this issue involving the collection and comparative analysis of detailed information on care for terminally ill patient in palliative care and hospice in order to identify and understand the current approach of health care practitioners and related issues and challenges from Islamic perspective... Secondly, the current approaches of the healthcare practitioners in hospice and related issues and challenges were examined from the perspective of *maqāsid sharī'ah* as outlined by as Shatibi his magnum opus. *Muwāfaqat* was selected as the main reference as Shātibi is known as the master architect of *maqāsid* because of the work of *Muwāfaqat* have specific discussed about *maqāsid* systemically (Hashim Kamali 2006; Anon 2017; Luqman Tarmizi 2019). Using both descriptive and analytical method, this study has assembled the framework of *maqāsid sharī'ah* that provides the comprehensive care and practical mechanism for protection of both religion and human rights.

RESULTS

Our review on current medical literatures and guidelines has to date provide us with various issues on hospice care such as spiritual needs according to their beliefs, ethical issues on cultural diversity (Wright et al. 2010) and challenges related to implementation of hospice care and palliative care. Amongst the common issues in terminally ill patients is the tendency to develop depression as highlighted in study by Ahmad Nabil et al (2016). Another study by Meer et al. (2014) has revealed the significance of a faith identity to Muslim people in discussing or managing matters related to their health. The study has identified that religious beliefs will encourage social support whilst in promoting resilience, hopes and positive religious coping. Adams (1984) questioned about dilemma in hospice for patient may refuse treatment and how does hospice improve the quality of life?

Upon collecting relevant fundamental information related to the concept, current practices and issues in palliative care and hospice care which may directly or indirectly affect muslim's belief and practice, we then attempted to draft a framework of *maqāsid sharī'ah* using material which were synthesized from primary resources explicitly work from Islamic scholars, Shātibi. The framework of *maqāsid* is summarized in the following table below:

Table 1

Framework of *Maqāsid Sharī'ah* for Patient Care

Maqāsid Sharī'ah (Objective of law)	Preserving of faith (ibadah)	Preserving of life
Necessities (<i>Dhārūriyāt</i>)	To perform/to encourage/to guide/to empower performance of prayer.	Protecting the patient dignity self-worth and identity/sanctity of life-purpose of life
Needs (<i>Hājīyāt</i>)	Rukhsa solat, the light of exemption to people who are in illness and journey.	Support patients to seek the medical advice to comply treatment/medical advice.
Complementary norms (<i>Tahsīniyāt</i>)	Keep the hygiene and good health, covering the aurah.	To guide patients to accept the conditions, spiritual support and find the proper time to discuss about the inevitable ending.

Note. Framework based from theoretical concept of Shatibi's work.

This framework will be utilized in analyzing the concept and practices of palliative care and hospice care.

DISCUSSION

Framework of Maqāsid Sharī'ah

The interpretation of maqāsid sharī'ah is according to *Muwāfaqāt*, one of the master piece from al-Shātibi. However, the terminology in English of Shātibi's work are also cited from the translated version of this book entitled "The Reconciliation of the Fundamentals of Islamic Law" translated

by Imran Ahsan Khan Nyazee. This is to avoid misconception from originally Arabic terminology as this is a properly revised and verified version of translation.

According to the Shatibi (1997:17-23; 2014:9-11), the obligation of law (*taḳlīf al-shāri'ah*) is referring to the preservation of its purposes in relation to creation. The purpose of sharī'ah is discussed as the first, necessities (*dharuriyāt*) and the purposes are essential that exclaims as for achievement of human being spiritual and material well- being. If the necessities are missing, major bizarre happen in both world *dunya* and hereafter. Secondly, needs mean by "the requirement to attain facility and removal of constraints that usually lead to difficulty and hardships. Nevertheless, such hardship does not reach the level of normal destruction expected in the case of the five general interests." Thirdly, the complementary norms are means "the acquisition of the good things from among the practices and avoiding deceptive things that are found obnoxious by reasonable temperaments. This category covers the ethical norms." Thus, the purposes of law are related to the fundamentals from the aspect of existence (*jānib al-wujūd*) and defending against negation (*jānib adam*). There are four aspects in human life that represents these purposes as the table below:

Table 2
Fundamentals of Sharī'ah Purposes and Aspects of Human Life

	Worship	Human practices	Human transactions	Offences
Necessities (<i>Dhārūriyāt</i>)	Faith, bearing testimony twice (shahadah), prayer, zakat (poor-due), fasting, hajj (pilgrimage)	Utilization of eatables, beverages, clothing, residence and others	Relate to the preservation of progeny and wealth from positive aspect, preservation of life and intellect by practices.	Commanding the good and forbidding evil and relate the preservation of all purposes from the defensive aspect (<i>jānib adam</i>).
Needs (<i>Hājīyāt</i>)	Light exemptions with respect to the hardship accompanying illness and journey.	Permissibility to hunting and enjoyment of the good things that are lawful, whether these pertain to beverages, clothing, residence, riding	Profit sharing (<i>qirād</i>), irrigation (<i>musāqat</i>), advance payment (<i>salām</i>) and relate to contract (<i>aqād</i>)	Conviction of the on suspicion, assigning responsibility for bloodshed, collective oath, the imposition

		animals and other such things.		of blood-money on the group support and similar matters.
Complementary norms (Tahsīniyāt)	Pertain to removal of impurities, covering all forms of purification, covering of the private parts, seeking of adornment, nearness through alms and charity and other forms of seeking nearness to Allah.	Etiquette of eating and drinking and avoid of lavish eatables and injurious beverages.	Prevention of the sale of impurity things	Prevention of the execution of a freeman in return for a slave, or the killing of women, children and monks during jihad.

Note. From the book of Muwāfaqāt by Shatibi and translation by Nyazee.

Following the discussion that related to objectives of law (*maqāsid sharī'ah*), there are many researches that illustrates *maqāsid sharī'ah* through different specific issues; regarding the human rights (Hayatullah Laluddin et al. 2012; Afridi 2016), policy makers and governing (Ahmad 2018), administration of the Islamic countries (Amir Husin et al. 2012), human development (M.Umer Chapra 2007; Yasir Muhammad 2016), development index (Syed Ali, Salman & Hamid, Hasan 2014). Consequently, the *maqāsid sharī'ah* implementation has been widely discussed in various field including this study area of concern, i.e. medicine as presented by Kasule in his several works (2011, 2012a, 2012b). However, to our knowledge, there is yet any writing piece which has discuss in depth about *maqāsid sharī'ah* in relation to the discipline of medicine.

Preservation of dīn in patient care

To begin with, *dīn* is always defined as a religion. However, according al-Attas, the term of *dīn* have many significant in the Quran and Arabic language. *Dīn* is derived from the Arabic root *dal, ya, nun* that have primary significant that can be reduced as four (1) indebtedness, (2) submissiveness, (3) judicious power (4) natural inclination or tendency. These four important aspects of *dīn* contains is represent the faith, beliefs, practice and teachings by the Muslim individually and allied to the community to produce an objective as the religion called Islam. Hence, verb *dana* is referred to debt or creditor that can be conclude as the relationship of human

beings and God as we have according from Quran, (Al-A'raf: 172) that we've had a promise with God.

وإذ أخذ ربك من بني آدم من ظهورهم ذريتهم وأشهدهم على أنفسهم ألست بربكم قالوا بلى شهدنا أن تقولوا يوم القيامة إنا كنا عن هذا غافلين.

"When thy Lord drew forth from the Children of Adam—from their loins—their descendents, and made them testify concerning themselves (saying), 'Am I not your Lord?' they said: 'Yes We do testify.'"

Hence, the preservation of *dīn* according to the Shātibi (pp. 24) is "giving expression to the symbol of *dīn* like congregational prayer in the case of definitive obligations and sunan, the Friday congregational prayer..." The definition of the preservation of *dīn* is literally represent the obligatory as mukallāf.

Consequently, for the patient care, health care provider particularly Muslim doctors and nurses must aware that every Muslim have a responsibility to perform their ibadah to their best ability regardless of their health conditions. They just need to be aware of the exemption or concession given as according to their level of disability. There are many handbooks from around the world including Malaysia which highlight the concerns to facilitate patients to pray (Tuell, R.S 2010: 45; Wintz. S.K & Handzo G. 2014:16; The Council on American Islamic Relations. n.d: 3-4; Queensland Health and Islamic Council of Queensland 2010:8-9; Diana Katiman. n.d:51). Allah SWT revelations to The Messenger, Prophet Muhammad SAW to pray as the Quran had mentioned in Surah al-Baqarah verse 43.

وأقيموا الصلاة وءاتوا الزكوة واركعوا مع الراكعين

And establish prayer and give zakah and bow with those who bow (in worship and obedience).

The practical handbooks that mentioned above, had briefly stated to how ibadah for patient can be perform without any harm to the illness.

"Prayers are usually performed on a prayer mat and include various moments such as bowing, prostrating, and sitting. It is not necessary for an ill patient to make all the usual prayer movements. Therefore, prayers can be performed in bed or while seated."



(Queensland Health and Islamic Council of Queensland 2010)

The above guideline, which was extracted from of the published handbook, represent the concept of *rukhsa* in solat as Shātibi (pp.21) specified "in acts of worship these are like light exemptions with respect to the hardship accompanying illness and journey."

Thereafter, terminal ill patients should be kept hygiene and clean to avoid possible infections. This certain act is according to the *tahsīniyat* from Shatibi (pp. 22) includes this practical as disclose "in ibadat they pertain to the removal impurities-in fact covering all forms of purification."

Preservation of life in patient care

Sanctity according to the Oxford Latin Dictionary states as *sanctitas* the state of being protected by religious sanction, sacro-sanctity. The Oxford English Dictionary notes sanctity as the holiness of life, saintliness, and the quality of being sacred or hallowed; sacredness, claim to religious reverence and inviolability. The similar meaning as the Random House Dictionary writes sanctity of the holiness, or godliness; meaning to refer the act of sacred thing. These definitions suggest that sanctity have a quality that touched by divinity and untouchable for mere humans. Sanctity used to reverence life that associated with religions and bioethical as New Jersey State Catholic Conference highlight in their objection to the removal of artificial and hydration. This is particularly an interest in preserving the life on patient and preserving the sanctity of all life (Keenan. J.F 1996:1-18). Subsequently, the meaning of sanctity and dignity interconnected as an expression of God's favor and grace as Hashim Kamali (2002:1-2) concluded that dignity is from the Quran declaration that specifically endorsed with reference to the Muslim. This explanation is from Quran, Surah al-Munāfiqūn verse 8.

وَاللَّهُ الْعِزَّةُ وَلِرَسُولِهِ وَلِلْمُؤْمِنِينَ..

And honour belongs to God, to His Messenger and the believers.

Ideally, in preserving of life for patient care, Ali Al-Bar and Chamsi-Pasha (2015:253) stated that "terminally ill patients should be entitled to the respect and dignity of a good death according to Islamic tradition." The definition a good death is described as study from A.Tayeb et al (2010:215-221) to Muslim patients, that they believe there are 11 principles of a good death

which are combined as three factors; (i) aspects related to faith and relationship with Allah; this is crucial part which includes to ensure the presence of someone to prompt dying person with Shahadah (bearing witness that there is no true God but Allah and Muhammad is verily His Servant and His Messenger), and to recite chapters from Noble Quran. (ii) aspects related to self-esteem such as avoiding unnecessary post-mortem and maintaining cleanliness in the body and normal appearance after death; (iii) aspects related to concerns on family security and welfare such as to ensure their families don't have any economical burden after his death. The others following factors are described as (a) to be afforded dignity and privacy, (b) to have access spiritual and emotional support, (c) to have access to hospice and not particularly hospital, (d) to be provided with necessary measures to control the pain and other symptoms, (e) to permit discussion on issue related to advance care planning, advance medical directives and the decisions should be respected, (f) to have a time to say goodbye, (g) to be able to leave when the time is coming and don't have to live prolonged pointlessly. The study from Clarfield et al. (2003:1152) also concluded that "sanctity of life is a paramount principle, every moment of life is precious and must be preserved. Only in a rare circumstance of someone committing murder is the taking of a person life is justified. Islam recognize death is inevitable part of human existence."

According to Hashim Kamali (2002:90), dignity is premised *maqāsid sharī'ah* is in *dhāruriyāt al-khams*, (five necessities); which are the five preservation is meant to protect on the dignity of human person. However, in this category, this study also referred to the al-Kaaba, Abdul Aziz et (2015) in the Professionalism and Ethics Handbook for Residents: A Particular Guide. Interestingly, the authors come for solutions using the *maqāsid sharī'ah* in the *dhāruriyāt al-khams*, (five necessities), as for this section, they pointed out the preservation of life is a primary purpose of medicine. However, medicine cannot prevent nor postpone death since the matters are in Allah hands. Thus, by medicine treatment, it will contribute to have a quality life as possible until the time of death. This is similar with the study from the Khalilur Rahman et al. (2017:7) that stated clearly as preservation of life (this study is using self) is including human dignity and prohibition of abortion, killings, and suicides.

Seeking of medical treatment is a must for the Muslim for curable disease. In the study of Sayed Sikandar & Abbas (2017), patients should face affliction and illness as well before they seek the medical treatment. This is for understanding the suffering of illness is test and tribulation for all human beings. Allah mentioned in the Quran, Surah al-Shu'ara verse 80.

وإذا مرضت فهو يشفين

And when I am ill, it is He who cures me.

From the hadith, The Messenger, Prophet Muhammad *sallahu alaihi wassalam* said, "Allah has sent down both disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful."

(Sunan Abu Daud 3874)

In the light of the textual evidence above, this *dalīl* is clearly shows that Allah has command to seeking the medical treatment as this is particularly to preservation of life according to the Shafie and Maliki (Sayed Sikandar & Abbas 2017).

However, for the terminal ill patients, the condition and illness cannot be cured and is likely lead to the death. In this patient, there is no more hopes for their meaningful recovery but there is still a substantial role of, palliative care to provide the control of pain management in managing the physical pain and other symptom such as nausea, depression, shortness of breath, distress, vomiting, fatigue, and others (K.A Choong 2015). Therefore, Muslims are still encouraged to seek the benefit from pain relief methods that are available to diminish their pain and suffering with subsequently assist him to maintain his role as *mukallaf*. For example, pain relief can be achieved by titration by giving repeated of opioid (morphine) until the patient is comfortable. This management pain control can be seen in the guidelines for paramedics and doctors; Pain as the 5th Vital Sign (2018).

There are number of hadith the faithful to visit the sick and give them hope and comfort. Abu Hurairah is reported him as saying, "God shall say on the Day of Judgement, 'O son of Adam! I was sick but you did not visit me.' My Lord! How could I visit you when you are the Lord of the whole world, man will reply? God will say, "did you not know that so and so from among my servants (that is, human beings) was sick but you never visited him or her? Did you not know that if you had visited, you would have found me there? O Son of Adam! I was hungry but you did not feed me." How could I feed you Lord! When You are the Lord of the world? God shall answer, "Did you not know that so and so of my servants was hungry and asked you for food, but you did not feed him or her. Did you not know that if you had given food, you would have found requital here?" According to the hadith, the Prophet used to visit the sick after more than three day of



illness because the three days of sickness was taken to be ordinary, but a longer period indicated that the sickness might be more serious (Fazlur Rahman 1998:59).

In United Kingdom, Ben Baker (2017) in his writing to CNN Health agreed that patients in the ICU require a spiritual support. They have been using a spiritual board which allow the patient to manifest their feelings and their wishes. Every terminally ill patient had battle of depression such as felt helpless, useless, self-blaming and those attitudes towards death and dying or five stage that begin with denial and isolation, anger, bargaining, depression and acceptance (Kubler-Ross, E. 2003:9). The spiritual care board is helping them to figure out the conditions so it may help them to get through.



Figure 1 Spiritual care based by a chaplain from UK.

The doctors, said, “it helps the patient better contextualize their illness and think about what they need to do, psychologically, to pull themselves thought it and to get back on their feet. Furthermore, these coping mechanisms that we’ve never provided the patients before while in the ICU’s is what makes this is so exciting.” The study from Schultz et al (2012) has highlighted that Muslim should set for himself some spiritual goals. The spiritual goals are practicing Muslim in particular ask forgiveness, remembrance of the God, pray, read, or listen Quran, give more in



charity, make atonement (tawba) for seeking a guidance and sincere resolution, keep reciting, ‘*in God we belong and to Him is our return*’ as we are Muslim must remember death often. Rahmatollah Marzband et al (2016:2-3) also affirming spirituality is one of the dimensions of health. Spiritual health leads to happiness, hope, and purification of mind and soul. Concept of spirituality in Quran are good life and pure heart as God says in the Quran. There are seven concepts founded from this study a) providing comfortable prayer condition, b) guiding meaning of illness, c) giving hope to patients, d) care of relationship, e) care of patients end of life care experiences, f) care of gender consideration g) care about patient needs and nutritional care. Finally, Hamilton (2016:3) also stressed about the spirituality that is part of treatment plan for every patient.

This discussion about the spiritual support for terminally ill patients is in line to the Islamic ethics as Shātibi clearly emphasized on how the preservation of life can lead human to the happiness and virtue, "all these matters (*tahsīniyāt*) refer to the additional merits over and above the interest pertaining to necessities and needs. The reason is that their loss does not disturb either the necessary interest or the one pertaining to need; they apply to ethical norms and adornment." (pp.23).

CONCLUSION

Muslim Health care providers should be equipped with sufficient knowledge of *maqāsid sharī'ah* as *maqāsid sharī'ah* is a vital component in the Islamic jurisprudence. Understanding of *maqāsid sharī'ah* would facilitate the health care providers to formulate their approach in palliative care and hospice care in accordance to principles of Islamic teachings.

Our limited reviews indicated that the general approaches in current palliative care and hospice are fairly in harmony with the necessities in *maqāsid sharī'ah*. As a reference, hospice and palliative care is closely related with spiritual support and there are many researches that conclude the important of spiritual support in terminally ill patients. For example, in the study of Carol O. Long (2011:96-101) stated that cultural and spirituality had better be integrating in palliative care which contributed to the current incorporation of spiritual elements in current approach of palliative and hospice care. This integration of spiritual is highly encouraged in Islamic teaching as according to Islam, there is no contrast between religion and spirituality because religion is embedded with spirituality.



Finally, interdisciplinary collaboration is imperative to develop the system of patient care that includes all the factors including patients background, cultural and religiosity. Hence, we are look forward for meaningful future collaboration between academicians, healthcare professionals and religious clerics toward the establishment of a comprehensive guidelines in palliative care and hospice which closely guided by the Islamic Principles.

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