

ISLAMIC MEDICAL JURISPRUDENCIAL (*AL-FIQH AL-ṬIBBĪ AL-ISLĀMĪ*) GUIDELINES DURING THE COVID-19 PANDEMIC

Abul Fadl Mohsin Ebrahim, School of Religion, Professor Emeritus, School of Philosophy,
Religion and Classics, University of KwaZulu-Natal, Durban, South Africa

I wish to discuss some critical questions that Muslim healthcare professionals may encounter as the number of COVID-19 positive patients drastically rises in South Africa with the aim of proposing some necessary guidelines.

Scenario One

If there is an unrepresented rise in COVID-19 positive patients as is projected to surface in September 2020, in our country. Hospitals would run out of medications and ventilators and the critical question is whom among the COVID-19 positive patients should benefit from the acute shortage of such life-saving interventions? In the western world, the criterion has been to allot such resources to the younger patients, those under 60. Would that be applicable to us as Muslims in implementing this criterion? The dilemma we face as Muslims is how can we prioritise who lives and who dies by virtue of the fact that our *īmān* (belief) is that Allah is the One who controls life and death:

“And it is He who gives life and causes death, and His is the alternation of the night and the day. Then will you not reason?” (Qur’ān, Al-Mu’minūn, 23:80).

However, living as minorities in South Africa, or elsewhere in the world, it is our moral obligation to implement the medical consensus. Therefore, we have no option but to uphold the directive issued by our medical health authority to prioritize the younger COVID-19 positive patients over the elderly ones whenever we are confronted with critical medical intervention shortages, namely, medications and ventilators.

Scenario Two

In the event that the hospitalized COVID-19 positive patient suffers cardiac arrest, then the critical question is whether the prerogative for “do not attempt cardiopulmonary resuscitation” (DNACPR) should take precedent? There is ongoing heated debates in hospitals in the USA on the front lines of the coronavirus pandemic: “How to weigh the ‘save at all costs’ approach to resuscitating a dying patient against the real danger of exposing doctors and nurses to the contagion of coronavirus?” Mention ought to be made here that Northwestern Memorial Hospital in Chicago has been discussing a universal do-not-resuscitate policy for infected

patients, regardless of the wishes of the patient or their family members - a wrenching decision to prioritise the lives of the many over the one (<http://www.independent.tml>). As Muslims, the dilemma we have is that one of the higher objectives of Islamic Law is *Preservation of Life* and we are all aware of the Qur'anic imperative: “*And whoever saves one - it is as if he had saved the lives of all of humankind*” (*Qur'an, Al-Mā'idah, 5:32*). In attempting to resolve this dilemma, I propose to draw guidance from one of the Islamic Juridical Maxims (*al-Qawā'id al-Fiqhiyyah*), namely, *lā ḍarara wa lā dirāra fī al-Islām* (no harm and no harassment in Islam). This Islamic Juridical Maxim will justify adopting the prerogative for DNACPR for any COVID-19 positive patient on the grounds that lives of the attending healthcare workers should take precedent over that of the COVID19 patients in view of the following considerations:

- 1) During CPR, there is always the potential for health care workers to be exposed to bodily fluids and respiratory droplets (through coughing).
- 2) Before attempting CPR, it is recommended that the attending health care workers must be fully equipped with personal protective equipment (PPE), namely, N95 mask, gowns, gloves and eye protection. But in the most advanced countries like USA and the United Kingdom there is acute shortage of such PPE.
- 3) In the event that PPE is available, there is always the risk of self-contamination during removal of PPE after CPR.

In other words, therefore, it would not be justified to place the lives of healthcare workers at the risk of losing their lives in order to save the life of one COVID-19 positive patient by insisting on the CPR protocol.

However, I suggest Muslim healthcare professionals who are referred to as (*Ahl al-Kibrah* – Experts in Medicine) should be tasked to assess the COVID-19 patients who are admitted in our hospitals to ascertain whether they have comorbidities or are immuno-compromised. Then they should approach the families of such patients and apprise them of the fact that it would be in the best interest of their loved ones not to resort to CPR if or when they would have cardiac arrest. This would in effect be soliciting their subtle consent for DNACPR for their loved ones. The same Islamic Juridical Maxim, namely, *lā ḍarara wa lā dirāra fī al-Islām* (no harm and no harassment in Islam) would justify DNACPR, thereby allowing death to take its natural course. In the event that if patients had instructed DNACPR in their advanced medical directive, then their families and healthcare workers should honour their request.

Scenario Three

The number of deaths of COVID-19 positive patients are on the increase globally. The critical question is how to manage the last rites of Muslims. Should they be given the *ghusl* (bath), placed in the *kafan* (death shroud) and perform the *janāzah ṣalāh* (funeral prayer) for them? Such dead should be considered as *shuhadā'* (martyrs). This is evident from the following *Ḥadīth*: *Sayyidunā* Muḥammad is reported to have said, "The martyrs are of five kinds: those who pass away due to plague, stomach illness, drowning, being crushed and those who are martyred in the way of Allah" (*Sahih al-Bukhari*, Kitāb al-Jihād wa al-Siyār). Thus COVID-19 patients who passes away would, like martyrs not given the *ghusl* nor shrouded with the *kafan* and furthermore, in today's context, they would be placed in plastic bags as per the government instructions in their respective countries and placed in coffins and sealed. In some countries like the UK, the government has designated plots of land for the burial of such dead patients. Depending on the volume of corpses, they would be transported to the designate burial sites along with the stipulated number of family members that would be able to participate in their last rites. Upon arrival at that the designated sites, all the coffins would be placed on the ground above the trenches (with different trenches for males and females) which would have been prepared for their mass burial. However, before their burial, the *Imām* would perform one *janāzah ṣalāh* for all of them. Then the coffins would be lowered into the separate trenches earmarked for males and females and buried.

Scenario Four

As the coronavirus, contagion spreads in our country the chances are that stigmatization of those infected and their families may increase. As Muslims, we should all be aware of the fact that Almighty Allah mentions the following in the *Glorious Qur'ān*:

"No calamity befalls on the earth or in yourselves but it is inscribed in the Book of Decrees (Al-Lawḥ Al-Maḥfūz) before We bring it into existence. Verily, that is easy for Allah" (Qur'ān, Al-Ḥadīd, 57:22).

Thus, if any person becomes infected with the coronavirus, we should have the conviction that Almighty Allah had decreed such. Of course, we have to observe social distancing from that person or his family for the sake of protecting ourselves from the contagion, but it is not a licence for us to stigmatize COVID-19 positive individuals nor their families. *Sayyidunā* Muḥammad (blessings and peace of Allah be upon him) is reported to have said: "Believers resemble one body. When any part of the body is not well, the whole body shares the sleeplessness and fever with it." (*Ṣaḥīḥ al-Bukhārī*, Kitāb al-Ādāb, Ḥadīth no. 27 and *Ṣaḥīḥ Muslim*, Kitāb al-Birr, Ḥadīth no.66). In this regard then, it is our duty, through social media

and safe means, to render moral and any other support to such individuals and their families and to supplicate for their full recovery.

Scenario Five

A controversial question which I would like to raise here is in case the dead are so overwhelming and the corpses begin to rot and smell jeopardizing the health and lives of human beings, could such corpses be burnt? This reality may never surface in our country, but in some countries like Sri Lanka and Hong Kong, Muslims have already confronted this dilemma because cremation is forbidden in Islam. *Fuqahā'* (Muslim Jurists) in such countries have deliberated on the issue and resolved that in abnormal circumstances the Islamic juridical principle of dire necessity (*darūrah*) would kick in to justify the burning of such bodies (<https://www.islamweb.net/en/fatwa/85838/sars-victims-in-hong-kong-are-cremated>). The (proof) for such this ruling is the Qur'anic verse:

“But whoever is forced (by necessity), neither desiring (it) nor transgressing (its limit)], there is no sin upon him. Indeed, Allah is Forgiving and Merciful” (Qur’ān, Al-Baqarah, 2:173).

And Allāh Subhāna Hu wa ta`ālā Knows Best.