

End-of-Life Care, Dying and Death in Islamic Ethics

A Primer

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1 Introduction

One of the main critiques directed to contemporary Islamic bioethical deliberations is that they are reduced to a juristic discourse which aims to simply judge certain medical interventions as either permissible (*ḥalāl*) or prohibited (*ḥarām*). Consequently, the critique continues, most of these deliberations would better fit into the so-called medical jurisprudence (*fiqh ṭibbī*), with very little to do with the broad discipline of ethics that aims to unravel and analyse the very process of moral reasoning (Sachedina 2008, 25–31; Sachedina 2009, 3–23; Sartell and Padela 2015, 756). In concurrence with this critique, I argue that Islamic bioethics should not operate as a sub-discipline of Islamic jurisprudence (*fiqh*) or a sub-category of *fatwā*-literature, sometimes called medical *fatwās* (*fatāwā ṭibbiyya*). Rather, it should function as a multidisciplinary field, where bioethical deliberations engage with relevant discussions in more than one discipline, depending on the type and scope of issues at hand and the questions to be examined. Thus, there is a need to move from a thin or monodisciplinary Islamic bioethical discourse, usually dominated by a *fiqhī* approach, to a thick and multidisciplinary discourse.

Against this background, the bioethical discourse on end-of-life care (EoLC) is one of the best candidates to demonstrate that the abovementioned thick and multidisciplinary Islamic bioethical discourse is both necessary and feasible. One of the distinctive characteristics of the EoLC discourse, and cognate fields like palliative care, is underscoring the significance of addressing the needs of the “whole person” rather than those of the “patient” only. The main thesis here is that different persons may have similar health conditions with equally advanced malignant diseases, but the severity of feeling pain (viz., suffering) and quality of life would considerably vary, depending on non-clinical and non-physical factors. Thus, specialists usually discuss the need for a holistic EoLC plan that would consider not only the physical but also the emotional, social, spiritual, and religious aspects of the concerned person (Saunders 2006, 205–221; Fallon and Smyth 2008; Hutchinson 2011). Within this framework, the

EoLC ethical discourse will naturally examine a long list of issues and questions whose scope would necessarily go beyond the single discipline of *fiqh*. That is why engaging other scholarly disciplines is indispensable, but before reviewing these relevant disciplines and how they can contribute to enriching the Islamic discourse on EoLC, a systematic overview of the key ethical issues and questions will be presented under distinct headings below.

2 Main Themes and Questions

The lists of themes and questions outlined in this section are based on consulting a wide range of published works that examined moral issues related to EoLC (Watson et al. 2009; Wittenberg et al. 2015; Youngner, Stuart and Arnold 2016). Additionally, I benefited from face-to-face discussions and consultations with experts in cognate fields, including those specialised in intensive care and palliative care.¹ Whenever necessary, specific sources will be mentioned below to document particular points or perspectives.

2.1 *Eschatology*

When people feel that their own death, or that of their beloved ones, is imminent, a wide range of existential and practical questions emerge. For instance, people will ponder: What is the nature of death, and what awaits us thereafter? Why do many people fear death, and which effective mechanisms can help in addressing this fear and/or coping with it? The availability of answers and approaches to addressing these questions, in alignment with people's moral values, largely contribute to the overall wellbeing of the terminal patients and their families.

Such questions crafted the basis of a vast literature on eschatological issues, which have always busied the minds of humans at various ages and in various contexts. During the twentieth century, significant breakthroughs in medicine and EoLC paved the way to the medicalisation, technologisation and institutionalisation of death. Thus, these questions, and closely related concepts like the "denial of death," assumed new dimensions and extra layers of complexity. Literature from various disciplines, especially psychology, sociology, and medicine, examined the phenomenon of death anxiety, or thanatophobia as named by Sigmund Freud (d. 1939), and addressed many related questions (Becker

1 I hereby especially acknowledge Dr. Randi Diamond and Dr. Azza Hassan. Besides many other physicians and healthcare workers, I have learnt much from Dr. Diamond and Dr. Hassan during our work on earlier publication (see Ghaly et al. 2018).

1975; Zimmermann and Rodin 2004; Meyers, Golden and Peterson 2009, 105; Kogan 2010; Solomon and Lawlor 2011). The long list of the examined questions included: How can EoLC teams optimally address the (terminal) patients' fears of nothingness, losing loved ones and possible divine punishment thereafter? Does the patient actually fear death, although he/she never died before, or does this fear express deeper concerns related to expected pains from deteriorating diseases that modern technologies may not be able to mitigate, or is it related to one's regret for what has (not) been done in their life before, anticipating divine punishment in the hereafter, etc.?

2.2 *Medical (Non-)Intervention*

EoLC is characterised by going beyond the routine medical interventions to employ the so-called "heroic" or "extraordinary" measures. Such measures include Life-Sustaining Treatments (LSTs), like using ventilators for patients who cannot breathe naturally, and cardiopulmonary resuscitation (CPR) to assist the heart to keep beating, etc. LSTs are quite expensive and are usually employed as life-keeping measures rather than for curing diseases. Further, the health condition of the (terminal) patient is sometimes so poor that physicians would question the likelihood of these extraordinary measures to effectuate a beneficial outcome and, thus, would rather judge some cases as medical futility (White and Pope 2016).

Such situations raise a wide range of ethical questions, including: How should the goals of EoLC be determined and prioritised, e.g., treating diseases, saving life, keeping someone alive irrespective of the quality of their life, etc.? Is there a type of life whose quality is (not) worth saving by employing extraordinary measures? How should one manage the fair allocation of such scarce and expensive resources? When would medical non-intervention be, morally speaking, the better course of action? How should the boundaries between morally significant dichotomies be demarcated, e.g., ordinary vs. extraordinary measures, withholding vs. withdrawing these measures, and natural vs. unnatural death? What are the criteria to judge a certain case as futile and who has the authority to make this judgement? Would Artificial Nutrition and Hydration (ANH) fall within the scope of LSTs, or should it be classified within the category of basic needs of life that should always be given to the patient, irrespective of the quality of his/her life?

Additionally, EoLC usually involves administering analgesics and palliative sedation meant to reduce the patient's pain. Despite this benefit, such measures can also reduce or remove the patient's awareness/consciousness, which can be considered a harm from social and religious perspectives. They may also entail the risk of "hastening" death – coming closer, in the eyes of some

ethicists, to “euthanasia in disguise.” The moral questions revolving around the mechanisms of harm-benefit assessment in this context are usually analysed through the lens of the moral principle “Double Effect” (DE).

2.3 *Beyond Clinical Care*

As outlined above, EoLC specialists stress the significance of addressing the needs of the “whole person” rather than those of the “patient” only. The underlying thesis here is that different patients may have similar health conditions, but their overall quality of life would considerably vary, depending on non-clinical and non-physical factors. Thus, a holistic EoLC plan should also consider the emotional, social, and spiritual aspects. It is to be noted that spirituality here does not necessarily mean religious aspects only, but it would comprise the complex web of relationships that gives coherence to one’s life, including relationships with ourselves, significant others, groups, and communities, and with God. Furthermore, the EoLC team is frequently impelled to deal with theological questions that their patients and family members struggle with, e.g., What is the wisdom behind their pains? Does God care about them and their suffering? What would this overwhelming experience tell these patients about their fate in the hereafter? The way these questions are addressed usually have substantial impact on the patients’ and their families’ (in)ability to cope with their difficult situations (Dein, Swinton and Abbas 2013).

Other related key questions in this regard would also touch upon specific spiritual aspects, e.g., how should the EoLC plan comprise spiritual components to assist the patient and their family in finding meaning and purpose in the remainder of the patient’s life and the prospective dying process, and to facilitate and frame discussions about beliefs in what happens after death. How can EoLC holistic plans help the survivors cope with the patient’s (approaching) death and associated grief, mourning, and bereavement? How can the patient’s and family’s intense feelings and experiences be transformed into a catalyst for spiritual growth?

2.4 *Moral Agency*

Many of the EoLC questions and dilemmas have to do with our understanding of what moral agency is and with related concepts like (mental/cognitive) decision-making capacity. Besides the role of these concepts in addressing EoLC moral dilemmas, available research reveal that restoring and/or supporting moral agency can positively impact the patients’ health outcomes and their ability to cope (Kirk, Coyle and Doolittle 2015, 28; Price and Barry 2016; Fairman and Irwin 2016, 396–397).

The list of related questions here include: How far can/should support be provided to empower the patients to identify and prioritise their own values and to take decisions in alignment therewith? Which criteria should be adopted to measure the presence/absence of moral agency in an EoLC setting? Who will have this authority, and how would this affect the perception of the patient's autonomy and the whole process of informed consent? Would these criteria differ from one situation to another, e.g., decisions about withholding/withdrawing certain LSTs vs. enrolling the (dying) patient in a research trial, or the capacity to accept vs. the capacity to decline particular interventions? Who should have the right to decide on behalf of the incapacitated patients? How should the EoLC team proceed when there is more than one person (e.g., patient's family members) who disagree with each other on how to serve the patient's best interest? What is the actual moral obligation of the assigned guardian; trying to reach the right decision according to his/her own convictions, or trying to envisage what the patient would have preferred in certain scenarios, irrespective of the guardian's own convictions?

2.5 *Communication Issues*

Various researchers consider communication the *sine qua non* of EoLC and argue that effective communication among involved stakeholders, especially the patient, family, and healthcare personnel, is fundamental to good and effective EoLC (Ragan 2015).

The EoLC context is usually loaded with bad news, which can be quite sensitive and stressful for the patient and family. While communicating such news, the EoLC team find themselves divided between conflicting values that cannot be equally cherished, e.g., how to strike a balance between respecting the value of truth-telling by relaying bad news, on one hand, or cherishing the virtue of compassion by not offending the patient and his/her family, on the other hand? Should the healthcare team differentiate between communicating pieces of information related to prognosis and those related to diagnosis? What should the EoLC team do if the patient's family insists that the patient should not know all the information about his/her health condition, and what if family members disagree among themselves on this point? How should the moral worlds of each stakeholder be explained and considered to facilitate the communication process (e.g., the physician feels committed to conveying accurate information about the approaching death, whereas the patient and/or family may feel that the physician is acting like an omnipotent god who can decide the moment of someone's death)?

3 Main Scholarly Disciplines and Genres

In order to develop a thick Islamic discourse on EoLC that critically engages with the above-outlined themes and questions, insights from more than one scholarly discipline should be involved and, thus, a multidisciplinary approach becomes a must. In this section, I provide an overview of the scholarly disciplines and genres of sources that can develop such a thick and interdisciplinary discourse.

Before embarking on the detailed discussions in distinct disciplines and genres, we need to clarify that the list of disciplines and genres below is meant to be representative rather than comprehensive in nature. For reasons related to the limited space available, I selected what I believed to be relevant to the EoLC context in general and, particularly, the above-sketched themes and questions.² We will start with a review of the relevant references in the Qurʾān and Sunna, because they represent the core and raw material that was employed in the writings of the relevant scholarly disciplines and genres.

3.1 *Scriptural References*

The foundational scriptures in Islam, namely the Qurʾān and Sunna, are replete with references that have (in)direct relevance to many of the abovementioned EoLC issues and questions. Any of the abovementioned themes can hardly be examined from within the Islamic tradition without consulting specific references in the Qurʾān or Sunna or their overarching principles and governing philosophies. However, the abundance of relevant scriptural references widely differs from one theme to another. For instance, understanding the nature of death and post-death eschatological issues that usually raise the curiosity of terminal patients and/or their families are all central topics in both the Qurʾān and Sunna. On the other hand, deliberations on questions like withholding/withdrawing life-support machines would expectedly be less dependent on direct quotations from the Qurʾān or Sunna. In such cases, there is usually more reliance on the detailed discussions in relevant scholarly disciplines, especially Islamic jurisprudence (*fiqh*). That is why this section will focus on the scriptural references with relevance to the broad concept of death and related eschatological issues.

² *Adab* is an example of one of the disciplines that were not given special attention in this chapter. Interested researchers can explore how the phenomenon of death was recorded and colorfully depicted in many writings within this discipline, e.g., the poems on laments (*rithāʾ*) (see Shahin 2016).

The phenomenon of death is usually connected with a network of eschatological concepts, including the dying process (*ihtidār*), post-death time in the grave (*barzakh*), resurrection (*ba'th*), Doomsday (*yawm al-qiyāma*), the hereafter (*ākhirā*), accountability before God (*ḥisāb*), and people's final destination into heaven (*janna*) or hellfire (*nār/jahannam/jahīm*). These interrelated topics are all central to the overall message communicated by the Qur'ān and Sunna and their broad vision of the purpose of God's creation, the position of humans in the universe, and their final destiny.

Besides providing a tentative statistical overview of relevant scriptural references, this section will also refer to the main studies that elaborated on these references. Considering the scope of this study and its main purpose of providing interested researchers with helpful tools, no detailed analysis will be given to the content of these references.

3.1.1 *Qur'ān*

Numerical surveys show the occurrence of the Arabic root of death, viz., *m-w-t*, 165 times in the Qur'ān ('Abd al-Bāqī 1945, 678–680; Badawi and Abdel Haleem 2008, 903–905). Additionally, one comes across various Arabic synonyms for death and their derivatives throughout the Qur'ān. Examples include *wafāt* (e.g., Q 2:281, 3:161, 22:5), *manūn* (Q 52:30), *radā* (e.g., Q 37:56, 92:11), *halāk* (e.g., Q 4:176, 26:139, 28:59), and *ajal* (e.g., Q 6:02, 6:128, 7:185, 10:11). Death as an empirically verified phenomenon was naturally accepted by the Arabs, but the focus of the Qur'ānic message was to instill the conviction that death is not the autonomous work of time and natural forces (*dahr*), but that of God, alone, who determines its appointed time (*ajal*) (e.g., Q 45:24–26). Without using our modern technical terms, the dying process, and associated agonies (*sakarāt/ghamarāt*), are extensively described in the Qur'ān. These references are often meant to stress the omnipotence of God and the helplessness of humans who cannot avert the approaching death (e.g., Q 6:93, 50:19, 56:83–87, 75:26–36). After one's death, the intermediary phase commences between one's previous life and future resurrection on the Doomsday, named *barzakh* in the Qur'ān (32:100), a term which literally means a barrier or separation, such as the one between two seas (Q 25:53, 55:20).

The multitude of Qur'ānic references to the topic of resurrection (*ba'th*) ('Abd al-Bāqī 1945, 124–125) shows that Arabs had strong opposition to the very idea that there could be new life after death (e.g., Q 16:38, 34:7–8, 64:7). As for the Doomsday, the exact term *yawm al-qiyāma* is mentioned about 70 times ('Abd al-Bāqī 1945, 581–582) besides other synonyms like *yawm al-tanād* (Q 40:32), *yawm al-ḥisāb* (e.g., Q 38:16, 38:26, 40:27), and *yawm al-taghābun* (Q 64:09). The term *al-ākhirā* shows up more than 100 times, sometimes

independently (e.g., Q 28:70, 29:27), other times with qualifying terms such as *al-dār al-ākhirā* (abode of the hereafter, e.g., Q 2:94, 6:32, 28:38, 29:64, 33:29), and sometimes in the context of contrasting between this life (*dunyā*) and the afterlife (*ākhirā*) (e.g., Q 22:11, 22:15, 24:14, 24:19, 43:35, 59:3, 59:20).

One of the recurrent themes in the Qurʾān is that the hereafter is the time of reckoning (*ḥisāb*), because people will be held accountable for their deeds, up to the minutest details, before God (e.g., Q 99:7–8). That is why Doomsday is also sometimes called the Day of Reckoning (*yawm al-ḥisāb*) (Q 38:16, 38:26, 38:53, 40:27). Some Qurʾānic verses give details about how the process of reckoning will take place. Some verses state that each person will be given a book containing one's deeds throughout his/her lifetime (e.g., Q 69:19–29, 84:6–12) and that there is the Scale (*mīzān*) to weigh these deeds (e.g., Q 21:47). The Qurʾān stresses further that the reckoning process will not entail the slightest form of injustice or unfairness (e.g., Q 17:71, 24:24–25, 41:19–22). The whole process is even much more characterised by God's benevolence than strict justice, to the extent that one good deed will be counted as ten, but one bad deed will remain in its singular form (Q 6:106). The reckoning process will eventually divide people into two main groups, namely the saved ones whose final abode will be heaven (*janna*) and the doomed ones who will end up in the hellfire (*nār/jahannam*) (e.g., Q 3:158). Both heaven, or paradise, and hell, or hellfire, are extensively mentioned throughout the Qurʾān, where each abode has more than one name. Through various Qurʾānic verses, both heaven and hellfire are graphically described, the characteristics of the inhabitants are detailed, the (mis)deeds that lead to each of these two abodes are enlisted, the types of pleasures in heaven and pains in hellfire are expounded, etc. (Kinberg 2006; Gwynne 2006).

Despite the huge number of Qurʾānic references to death and related issues, modern scholarship has produced strikingly few studies dedicated to this topic (Welch 1977; Saleh 2008; Günther 2016).³ The *Beiträge zur Eschatologie des Islam*, published in 1895, seems to be one of the earliest studies in this regard. One chapter was dedicated to the Qurʾānic framework, as the study has a broader scope, which includes perspectives in: the Sunna, theology, philosophy, etc. (Rüling 1895). The monograph *Muhammad's Thoughts on Death* may be the only book-length contribution to the concept of death in the Qurʾān

3 Distinct chapters on death, or eschatology in general, are also missing in the famous companions to the Qurʾān (e.g., Rippin 2006; MacAuliffe 2007). The exception here is *The Oxford Handbook of Qurʾānic Studies*, which included a chapter on "Eschatology and the Qur'an" (see Günther 2020b).

(O'Shaughnessy 1969),⁴ but the author seems to have been predominantly interested in comparative religious dimensions that fall outside the scope of EoLC issues. Almost in the same vein, some later studies approached themes like *barzakh*, resurrection, and the hereafter through similar comparative lenses (Galloway 1922, 372; Tesei 2016). In his doctoral thesis on *barzakh* in the Qur'ān, for example, George Archer focused more on the intra-Qur'ānic dimensions (Archer 2015).

As for the Doomsday, the Egyptian thinker and activist, Sayyid Quṭb (d. 1966), wrote possibly the most famous work in this genre, which examined how the Qur'ān portrayed the Doomsday at the hand of specific scenes. As explained throughout the book, including the note on dedicating the book to the author's father, there is interest in showing how beliefs about the hereafter are instrumental for improving one's behaviour to achieve an overall uprightness in this life (Quṭb 2006). It seems that this work inspired other Arabic works that also studied the Doomsday and related afterlife issues in the Qur'ān (Muqbil 2011; Sa'īd 2015). Sebastian Günther has recently published a book-chapter in which he examined the Qur'ānic references to the end of time and how they formed the basis for an Islamic apocalyptic literature (Günther 2020a). Some studies particularly focused on paradise in the Qur'ān (e.g., Horovitz 1923; al-Shinnāwī 1994; Abdel Haleem 2017; Qian 2017). As for hellfire, some researchers argued that it is still awaiting more studies. One of the few available studies is a book-chapter examining the identity of Hell's angels in the Qur'ān (Lange 2016b). In *Paradise and Hell in Islamic Traditions*, Christian Lange provided a comparative overview of both heaven and hellfire in the Qur'ān (Lange 2016a, 37–70).

Various entries on death and related eschatological themes in the *Encyclopaedia of the Qur'ān* provided important insights on the concept of death and a wide range of eschatological issues in the Qur'ān, and some have also critically engaged with the abovementioned works (e.g., Borrmans 2006; Gwynne 2006; Hasson 2006; Kinberg 2006; Lalani 2006; Smith 2006; Waardenburg 2006; Zaki 2006). Also, *The Qur'an: An Encyclopedia* included several relevant entries, some of which show more awareness of EoLC context than those published in

4 Despite the important insights provided by this study and their impact on later works, the author's main questions and overall framework of the book echoed a typically orientalist perspective of his time, e.g., was Prophet Muḥammad the author of the Qur'ān? How many unique ideas did he introduce and how much did he borrow from Judaism, Christianity, or other religious traditions, etc.? Such questions are quite far from the scope of today's EoLC ethical questions and dilemmas. Further, the publication record of O'Shaughnessy shows that he had interest in broader eschatological issues (e.g., O'Shaughnessy 1961; O'Shaughnessy 1986).

the *Encyclopaedia of the Qurʾān* (Leaman 2006, 27, 114, 170–178, 194–199, 258–263, 486–488).

3.1.2 Sunna

Concerning the Sunna, the canonical collections of Prophetic traditions (*ḥadīth*)⁵ usually provide much more eschatological details than the references in the Qurʾān. For instance, the concise and indirect Qurʾānic references to *barzakh* are more elaborated in the Prophetic traditions. Besides eschatology, the Sunna also provides some important references with direct relevance to other themes, including (non-)medical intervention and communication issues.

If we follow the approach used above with the Qurʾān, viz., searching for specific terms and concepts, the famous indexed lexicon *al-Muʿjam al-Mufahras li-alfāz al-Ḥadīth al-Nabawī* will be a helpful tool in this regard. For instance, the lexicon shows that the term *mawt* (death) appears 1891 times, *ajal* 245 times, *qabr* (grave) and its derivatives 775 times, *baʿth* 152 times, throughout the nine canonical collections. These figures are indicative of the quantitative omnipresence of eschatology in the Sunna (Wensinck 1936, 1:22–23, 5:222–232, 6:282–301) (see Appendix, Table 1.1).

Besides this term-based approach, the theme-based approach seems to be a more productive and convenient way of searching for material related to EoLC questions in the *ḥadīth* literature. Canonical collections of *ḥadīth*, with the exception of the work compiled by Aḥmad b. Ḥanbal (d. 241/855), are thematically ordered in chapters, where each chapter (*kitāb*) is further divided into sections (*abwāb*). This makes it straightforward to locate entire chapters or sections relevant to the above-sketched EoLC themes. The two authoritative works, compiled by the two prominent traditionists al-Bukhārī (d. 256/870) and Muslim (d. 261/875), serve as representative examples of other canonical collections for this purpose. Each of these two collections included a number of distinct chapters, almost exclusively dedicated to EoLC issues, in addition

5 The mainstream view within the Sunnī tradition is that the two collections compiled by the famous traditionists, al-Bukhārī (d. 256/870) and Muslim (d. 261/875), comprise the most authentic traditions, and are thus widely known as the “Two Authentic [works]” (*Ṣaḥīḥān*). Additionally, the collections compiled by Ibn Māja (d. 273/887), Abū Dāwūd (d. 275/889), al-Tirmidhī (d. 279/892), and al-Nasāʾī (d. 303/915) are usually held in high esteem and viewed, together with the works of al-Bukhārī and Muslim, as the six authoritative collections (*al-kutub al-sitta*). Some scholars would also add three other collections, compiled respectively by Mālik b. Anas (d. 179/795), Aḥmad b. Ḥanbal (d. 241/855) and al-Dārimī (d. 255/869), to have a total of nine works (*al-kutub al-tisʿa*). For further information, see Abdul-Jabbar 2020. Also, a helpful research tool to surveying these nine collections was developed by a group of researchers led by the Dutch orientalist Arent Jan Wensinck (d. 1939) (see Wensinck 1936).

to small sections that were compiled to form bigger chapters with broader scope. In the work compiled by al-Bukhārī, researchers on EoLC cannot ignore complete chapters like those on “Funerals” (*janā’iz*), “Patients” (*marḍā*), “Medicine” (*tibb*), and “Softening One’s Heart” (*riqāq*) (al-Bukhārī 2001, 2:71–104, 7:114–140). As shown in the Appendix, Table 1.2, similar examples also exist in the collection compiled by Muslim (Muslim n.d.).

Additionally, one comes across a great number of relevant references scattered in various sections. Examples in the collection of al-Bukhārī include sections on “Giving Charity by the Time of Death,” and “Supplication for Death or Life” (al-Bukhārī 2001, 4:4, 8:76, 106–121). In the collection of Muslim, examples include sections on the “Recommendation to Seek Refuge [in Allah] from the Punishment of the Grave,” the “Reprehensibility of Wishing Death because of Harm or Calamity,” and on the “Vastness of God’s Mercy that Prevails over His Wrath.” Muslim’s chapter on “Greetings” also includes various sections relevant to medical treatment. A more comprehensive overview of these chapters and sections is provided in the Appendix, Table 1.2.

Hadīth literature is particularly rich with references that outline the etiquettes of dealing with pre-death sickness. For the patient, these etiquettes include details about how one can seize upon the last opportunity to correct previous mistakes or misconduct. For the group around the patient, various guidelines are provided, including the necessity of using hope-giving language in communication with the patient, not forcing him/her to take specific medicine, in addition to a long list of the duties of the living towards the dying patients and dead people, etc. In the same vein of Qur’anic references, Prophetic traditions provide graphic details about the dying process, post-death period in the grave, the resurrection, paradise, hellfire, etc.

The scholarly studies that examined relevant eschatological issues through the particular lens of the Sunna remain strikingly few. I am not aware of any study that provided analytical insights on the above-mentioned chapters and sections in the canonical collections of *hadīth*. As stated above, *Beiträge zur Eschatologie des Islam*, included a chapter on eschatology in the Sunna (Rüling 1895). Also, one of the few examples in this regard is the recently published Roberto Tottoli’s book-chapter “Death and Eschatological Beliefs in the Lives of the Prophets according to Islam,” which examined *hadīth* literature (Tottoli 2020).

3.2 *Eschatological Manuals*

The above-sketched scriptural references created a solid basis for a vast genre of works on eschatology that has been growing since the early history of the Islamic scholarly tradition. For reasons related to available space, I cannot

provide a comprehensive survey of all works that fall within this vast genre. Therefore, I will try to give a balanced overview which is representative of both early and modern seminal works, and the different writing styles and approaches adopted therein, where our focus will be on themes and questions relevant to EoLC context.

Broadly speaking, one can differentiate between two styles of writing on death and related eschatological issues. Some of the early works adopted a writing style that was a kind of extension for the chapters included in the canonical collections of *ḥadīth*. Besides the Qurʾānic verses and Prophetic traditions, the author would also add statements and/or anecdotes attributed to early Muslim authorities, especially the Companions of the Prophet (*ṣaḥāba*) and their followers (*tābiʿūn*). In this type of work, analytical remarks or comments from the author are either minimal or simply non-existing. The eschatological works attributed to the traditionist Asad b. Mūsā (d. 212/827), the prominent Sufi al-Ḥārith al-Muḥāsibī (d. 243/857)⁶ and the famous traditionists Ibn Abī Dāwūd (d. 316/929) and al-Bayhaqī (d. 485/1066) fall within this genre (Ibn Mūsā 1993; al-Muḥāsibī 1992; Ibn Abī Dāwūd 1987; al-Bayhaqī 1986).

The most prolific author for these types of works on eschatology, however, is the celebrated scholar Ibn Abī l-Dunyā (d. 281/894). He wrote a famous book on death in general, whose material addressed a wide range of topics, starting from why people hate and fear death, passing by the nature of death itself and the agonies of the dying process, and, ending with submitting condolences to the deceased's family (Ibn Abī l-Dunyā 2002). He also wrote two distinct works on the etiquettes associated with the dying process and the anecdotes of people who have gone through this overwhelming experience (Ibn Abī l-Dunyā 2012, 3:321–415, 6:309–341), in addition to one book on graves (Ibn Abī l-Dunyā 2012, 4:513–592), one book on the horrors (*ahwāl*) that will take place by the end of time and in the hereafter (Ibn Abī l-Dunyā 2012, 1:499–595), and two books on how paradise and hellfire look like (Ibn Abī l-Dunyā 2012, 3:317–499). Another important work of Ibn Abī l-Dunyā that deserves special mention here, viz., *Ḥusn al-Ẓann bi-llāh* ("Thinking Good of God"), because of its relevance to today's discussions on the psychology and psychotherapy of terminal patients and dying persons. The whole material included in the book is meant to reiterate the significance of optimism when death is approaching and to stress the idea that one should be full of hope that God's unbounded mercy in the hereafter will override human pitfalls and shortcomings in this

⁶ It is to be noted that the attribution of this book to al-Muḥāsibī is a disputed issue among those who wrote on him and/or edited his works (see al-Muḥāsibī 1992, 3–4; Maḥmūd 1998, 64–65).

life (Ibn Abī l-Dunyā 2012, 2:305–350). Overall, the works of Ibn Abī l-Dunyā represent a treasure trove and storehouse of eschatological material that can be of benefit in addressing many of today's EoLC questions.

Unlike the previous style of writing which heavily, or even exclusively, depends on quoted material, there is another style of writing which is characterised by providing in-depth and analytical insights. One of the seminal contributors to these types of eschatological writings is the prominent scholar Abū Ḥāmid al-Ghazālī (d. 505/1111). In his *magnum opus* on reviving the religious sciences, al-Ghazālī dedicated the last chapter to death and the afterlife (*dhikr al-mawt wa-mā ba'dah*).⁷ Al-Ghazālī provided a serious, and largely successful, attempt to synthesise almost all earlier eschatological perspectives and to construct a mainstream version, which later proved to be influential within both scholarly and popular milieus (al-Ghazālī 2004a, 4:448–543; al-Ghazālī 1878; al-Ghazālī 1989; Lange 2016a, 24). The list of other influential contributors to this genre includes other encyclopedic scholars. Al-Qurṭubī (d. 621/1273) wrote one of the most comprehensive eschatological manuals in Islamic history, which was the subject of further reworkings and abridgments by later scholars up to the modern time (al-Qurṭubī 1969; al-Sha'rānī 1880; al-Jundī 1997; Lange 2016a, 87). Ibn Rajab al-Ḥanbalī (d. 795/1393) also authored many eschatological works and was particularly influenced by the abovementioned Ibn Abī l-Dunyā (Ibn Rajab 2002; Ibn Rajab 2012; Lange 2016a, 87). Finally, al-Suyūṭī (d. 911/1505) is another productive scholar in this genre who is rightfully credited with the successful continuation of the eschatological tradition created by earlier Muslim scholars (al-Suyūṭī 1996a; al-Suyūṭī 1996b; Lange 2016a, 88).⁸ Various examples show the interest of orientalist to publish, translate and analyse some of the classical works in this genre (Wolff 1872; Tottoli 2008).

Broadly speaking, these eschatological manuals represent a trove of insights that can be employed to address the questions and issues outlined under the abovementioned heading “eschatology.” They provide detailed accounts of almost every single phase, starting from the dying process up to one's final destination in paradise or hellfire. This rich material can help satisfy the curiosity of terminal patients and people around them, who wonder what/where they are heading to. Besides the “is” aspects, viz., explaining how things are, this literature also elaborates on the “ought” questions, namely how patients

7 The famous work on eschatology, *al-Durra al-Fākhira* (“The Precious Pearl”) is also attributed to al-Ghazālī but this attribution is debatable (see Günther 2017, 195–196).

8 These manuals, and many others, were the subject of modern scholarship, where a great bulk of modern studies was dedicated to paradise and hellfire. Some of these studies also provided an extended list of relevant classical works (see Eklund 1941; Taylor 1968; Smith and Haddad 2002; Chittick 2008; Günther and Lawson 2016; Lange 2016a; Lange 2016b).

and/or their families should ideally behave, and the etiquettes (*ādāb*) associated with various phases. For instance, these works clarify how one can make a good end (*ḥusn al-khātima*) in leaving this life and ready themselves for the approaching death, and how people around them can be of help in this regard, e.g., by reminding him/her of the testimony of faith (*shahāda*). As for after death, the contributors to this genre also explain how far one's family and/or friends can help by doing good (e.g., fasting, pilgrimage, giving charity, etc.) in the name of the deceased. Also among the recurrent themes in this literature are themes related to the abovementioned "Communication Issues," like how to speak with terminal or dying patients and what (not) to say to them and also what (not) to say about the deceased.⁹ Finally, this literature is characterised by touching upon numerous issues, many of which are addressed in more details in distinct scholarly disciplines, such as death rituals that belong to the discipline of *fiqh* (Islamic jurisprudence), the ethics of patience and repentance that relate to the discipline of Sufism, etc. Each of these issues will be elaborated in the section dedicated to the respective discipline.

Researchers interested in EoLC need to be aware that the material of these classical manuals continue to be the subjects of modern discussions, but in various ways. From the end of the thirteenth/nineteenth century onwards, roughly speaking, modernity presented a number of challenges to religious convictions, especially those related to eschatology. The response of contemporary Muslim scholars and intellectuals to these challenges was not uniform. Some just ignored these challenges and continued presenting old works but in an accessible way to a modern audience. Others tried to reconcile old eschatological material with modern rational thinking and scientific discoveries and theories, especially Darwin's theory of evolution. For instance, the detailed and graphic descriptions of the fearsome horrors of the dying process and after-death period in the grave (*barzakh*) became much less focal in many contemporary eschatological works. These authors showed much

9 Related to this theme, but coming from another genre, are the works which detailed the proper *adab* (code of conduct or etiquettes) that a virtuous physician should stick to. These works provide rich information with direct relevance to the set of questions delineated under the heading "Communication Issues." The main representative examples of the so-called *adab al-ṭabīb* (etiquettes of the physician) genre is the seminal work of the physician al-Ruhāwī, who lived in the third/ninth century (Levey 1967). Such etiquettes and related rulings were further expounded in many of the writings on regulating the work of physicians, besides other various professionals. For more information on the contribution of this genre on professional ethics (*ḥisba*) to the practice of medicine, see Levey 1963.

more interest in demonstrating the naturalness and transitional character of death and that it should not be treated as taboo or viewed as an ultimate end in itself.¹⁰

3.3 *Theology and Philosophy*

Belief in the hereafter (*ma'ād/ākhira/qiyāma*) and related eschatological issues is integral to the main works on Islamic theology and philosophy. Although each discipline has its own distinctive approach and argumentative tools, they were grouped together here in one section because of the overlap in the relevant topics covered in both disciplines.

The hereafter is usually presented as a part of a broader worldview, where belief in the unity of God (*tawhīd*) and prophethood (*nubuwwa*) conflate with belief in the hereafter. One can hardly think of any theological or philosophical work, where the hereafter was not one of its central themes. The agreed-upon aim was to show, through religious and/or rational modes of reasoning, that this life will necessarily come to an end and that in the hereafter people will be held accountable by God for what they did in this life (al-Baghdādī 2002, 255–270; al-Bazdawī 2003, 160–171; al-Ghazālī 2004b, 115–119; al-Bayḍāwī 1991, 220–234; al-Taftazānī 1998, 5:82–174; Ibn Khaldūn 1988, 1:580–591). Philosophical insights were particularly interested in rationalising the transition from this life to the hereafter and the process of resurrection (*ba'th*) and whether this will take place through only body, soul, or both (Ibn Sīnā 1984b; Ibn Sīnā 1984a; Ibn Sīnā 1960, 423–432; Ikhwān al-Ṣafā n.d.; Mullā Ṣadrā 1990, 9:121–381). The latter point proved to be a subject of intense disagreements between various theologians and philosophers, as exemplified in the works of al-Ghazālī and Ibn Rushd (d. 595/1198) (al-Ghazālī 1958, 282–306; Ibn Rushd 1993, 324–327).

Another relevant theme for the EoLC context is the belief that people die at a fixed moment (*ajal*), exclusively determined by the omnipotent God. Within this theme, theologians discuss the cases of homicide and whether the killer could modify the *ajal* of someone else, in addition to those who die because of terminal or malignant diseases and how far such a death could change their religious status into the commendable rank of martyr (*shahīd*) (al-Baghdādī 2002, 162–163; al-Taftazānī 1998, 4:314–317). In this sense, such theological and philosophical discussions can somehow be viewed as an extension for the parallel discussions in the abovementioned eschatological manuals, by

¹⁰ For an analytical overview of the diverse contemporary eschatological perspectives, see Smith and Haddad 2002, 99–146. For critical remarks about the study of Smith and Haddad and further insights, see Ryad 2017.

incorporating eschatology into the broader belief-system of Islam and showing how neatly these issues would fit into this system.

In his major work on Islamic theology and society, Josef van Ess provided one of the most comprehensive surveys of the diverse eschatological perspectives in early Islamic history, up to the third/ninth century (Van Ess 2017, 605–626). A great number of the studies on Islamic philosophy addressed the relevant eschatological perspectives (Michot 1986; ‘Abd al-Maqṣūd 1992; Jaffer 1998; Druart 2000; Jambet 2000; Jaffer 2003; De Callatay 2012; al-Kutubi 2015). Additionally, many of the publications outlined in the previous sections examined the diverse theological and philosophical perspectives on eschatology (e.g., Rūling 1895; Archer 2015; Günther 2016; Lange 2016a; Lange 2016b). As for reference works on Islamic theology and philosophy, some did not dedicate a chapter to eschatology (Adamson 2004; Schmidtke 2016; El-Rouayheb and Schmidtke 2016), whereas others did (Hermansen 2008).

Another important possible contribution from the disciplines of Islamic theology and philosophy comes from the rich discussions on theodicy. Under broad themes related to understanding the dichotomy of pain and pleasure in life, many theologians and philosophers from different schools provided a wide range of explanations on how to understand God’s goodness, omnipotence, justice, and mercy in the light of the existence of pains and calamities that befall (innocent) people in this life (al-Ash‘arī 1977, 193–194; ‘Abd al-Jabbār 1996, 483–509; al-Baghdādī 2002, 264–265; al-Juwaynī 2009, 221–231; al-Zamakhsharī 2004, 14–16; Ibn Sīnā 1960, 414–422; al-Rāzī 1966, 387–400; al-Rāzī 1987, 4:411–427). Such questions have also been addressed in works on God’s Names and Attributes (al-Ghazālī 1987, 64). These discussions are with direct relevance to EoLC theodical questions that both patients and their families would grapple with, as outlined above under the heading “Beyond Clinical Care” and may eventually affect their overall wellbeing.

The question of theodicy and related theological and philosophical deliberations in the Islamic tradition attracted the attention of many researchers (Ormsby 1984; Inati 2000; Shihadeh 2006, 155–170; Hoover 2007; Kalin 2007; Shihadeh 2019). Some works on disability and bioethics also touched upon the question of theodicy in a way that is more relevant to the EoLC context (Sachedina 2009, 77–100; Ghaly 2009, 17–53). The studies that contextualise the question of theodicy within EoLC are still quite few and do not show sufficient awareness of the above-mentioned rich and diverse discussions (Dein, Swinton and Abbas 2013, 202–204).

Various Muslim philosophers also provided their analyses for the question of death anxiety (*al-khawf min al-mawt*), as part of their broad interest in the phenomenon of sorrows and anxieties (*aḥzān/humūm*). Some of them also

proposed practical and psychological “therapeutics” to ward off such anxiety. Examples of famous philosophers who were active in this area include al-Kindī (d. c.256/873), Abū Bakr al-Rāzī (d. c.312/925), Miskawayh (d. 421/1030) and Mullā Ṣadrā (d. c.1045/1635) (Badawī 1980, 6–32; al-Rāzī 1978, 120–123; Miskawayh n.d., 217–228; Mullā Ṣadrā 1990, 9:242–243; Van Riet 1963). The famous jurist Ibn Ḥazm (d. 456/1064) also wrote a concise treatise on this topic, in which he argued that death itself has no pain (Ibn Ḥazm 1983, 4:359–360). Some of these classical works were also the subject of translation and/or further analysis in modern publications (Butterworth 1992; Druart 1993; Jayyusi-Lehn 2002). It is to be noted here that some philosophers also explored the other side of the spectrum, namely those who are eager to terminate their life by committing suicide, sometimes because they feel that their human dignity is undermined or is completely missing (al-Tawḥīdī 1992, 215–221; Rosenthal 2015, 247–251).

Besides the mainstream philosophical works, insights of Muslim philosophers can be found in other types of literature, e.g., the famous allegorical work *Ḥayy Ibn Yaḳẓān*, where death was depicted as one of the first lessons of metaphysics (Ibn Sīnā, Ibn Ṭufayl and Suhrawardī 1952).¹¹ Also, some philosophers recorded their accounts of losing their beloved ones, such as Abū l-ʿAlāʾ al-Maʿarrī (d. 449/1057) who wrote about his mother’s death (al-Maʿarrī 1998, 28–33). Al-Maʿarrī also wrote the unique work, *Risālat al-Ghufṛān* (“Epistle of Forgiveness”), in which he provided an imaginary and derisive depiction of the afterlife world, especially paradise and hellfire, and highlighted the significance of God’s forgiveness for people’s salvation (al-Maʿarrī 2012).

3.4 *Sufism*

The history and the very nature of Sufism make its contribution to the EoLC discussions self-evident, especially when it comes to the particular themes and questions outlined above under the heading “Beyond Clinical Care.” Among many other distinctive aspects, this discipline is characterised by its distinctive approach to two main issues, both of which have direct relevance to the EoLC context.

The first issue has to do with the renunciation of this worldly life (*duynā*) and the necessity of keeping one’s focus on the hereafter. To reflect the significance of this aspect, this discipline is known by the name of “science of the hereafter” (*ʿilm al-ākḥira*) (al-Ghazālī 2004a, 1:13–16; Ibn Khaldūn 1988, 611–615). In the same vein is the famous Sufi metaphor that human beings

11 This work received incredible attention throughout history, including a great number of editions, translations, and analytical examinations (for examples, see Hourani 1956; Kukkonen 2016; Idris 2016; Somma 2021, 183–244).

experience this worldly life as if they are on a journey (*sayr*) whose destination is meeting God and ending up in paradise or hellfire. In this sense, humans should ideally behave as wayfarers (*sā'irūn*) and try to collect as much provision (*zād*) as possible to avail them when they reach their destination (al-Ḥakīm al-Tirmidhī 1992, 3:123). The Sufi literature provides comprehensive, but not necessarily homogenous, analyses of the so-called states (*aḥwāl*) and stations (*maqāmāt*) that the “wayfarer” will go through during one’s lifetime journey and how to excel in each phase. One of the evident purposes of this literature is to empower the believer to face and overcome difficulties in life, including sickness and facing the reality of death itself. Within this literature, the discussions on certain states and stations are quite relevant to the EoLC context, e.g., endurance and patience (*ṣabr*), contentment (*riḍā*), gratitude (*shukr*), repentance (*tawba*),¹² and trust in God (*tawakkul*) (al-Kharrāz 1988; al-Sarrāj 1960; al-Kalabādhī 1994; al-Makkī 2005; al-Kharkūshī 1999; al-Harawī n.d.; Ibn ‘Ajība 2004). Some modern studies have made good attempts to approach this discourse as part of a spiritual/mystic psychology (Khalil 2012; Khalil 2014; Khalil 2016; Kaya 2016; Khalil 2018), which can be further employed in addressing specific EoLC questions.

The second distinctive issue relates to the Sufi understanding of human nature, where the significance of the inner (*bāṭin*) or spiritual component overrides that of the external (*ẓāhir*) or physical part (*jasad*).¹³ While elaborating on each of the abovementioned states (*aḥwāl*) and stations, Sufi scholars highlight how the inner component of the human being can be disciplined, purified, and enhanced to overcome the various difficulties that the “wayfarer” will experience. One of the relevant psychological applications of this aspect within the EoLC context is the idea that feeling pain or pleasure is not just a physical process but something that one’s soul has control over. Like one’s body, which can be made stronger by doing physical exercises, one’s soul can also grow stronger and become more immune to pain by performing spiritual

12 It is to be noted that the concept of *tawba* received considerable attention, from inside and outside Sufism. Some scholars dedicated distinct works to the various dimensions of this concept, some of which are closely related to the EoLC context such as deathbed repentance (see al-Muḥāsibī 1977; Ibn Abī l-Dunyā 1991a; 1991b; Maḥmūd 1998, 80, 82).

13 The inner/spiritual part was given different names, with different connotations, in Sufi literature, including *rūḥ*, *nafs* and *qalb* (see al-Ḥakīm al-Tirmidhī 1998; al-Ghazālī 2004a, 3:3–5). The concept of *rūḥ* received special attention, because of its close relation to the basic concept of life and death. The Ḥanbalī scholar, Ibn al-Qayyim (d. 751/1350) wrote one of the seminal book-length works on this concept in the Islamic tradition (Ibn al-Qayyim n.d.).

exercises.¹⁴ Some works would also provide anecdotal or narrative ethics about what one may call the “etiquettes of dying,” where they narrate how Sufi masters ideally faced their approaching death (al-Kharkūshī 1999, 542–550). Another benefit in this regard is the ability of the “purified” soul, developed by few saints and well-established scholars, to perceive and realise the reality of eschatological issues, which normally belong to the invisible world (*ghayb*), whose knowledge remains inaccessible to human intellect (*‘aql*) (al-Hamadhānī 1962, 46).

Additionally, many of the statements and positions attributed to Sufi scholars about making use of medical interventions or therapeutics to cure (terminal) diseases are relevant to the above-outlined themes and questions under the heading “Medical (Non-)Intervention.” As for what is written *about* Sufis, the so-called “extreme Sufis” (*ghulāt al-ṣūfiyya*) were criticised for their anti-treatment position (al-Nawawī 1972, 14:191). However, the works written *by* authoritative Sufi scholars show a much more nuanced position, where they explain that treating one’s body should not be at the cost of one’s spiritual well-being (al-Jīlānī 2007a, 1:94–95; al-Ḥakīm al-Tirmidhī 1992, 1:250–251, 402–406).

Sufi literature also contributed to the phenomenon of the fear of death and related anxiety, by elaborating on possible reasons and suggesting “therapeutics.” One of the typically Sufi dimensions in this regard, on the one hand, is the stress on making the remembrance of, and preparing for, death an integral part of one’s daily life. The one who succeeds in achieving this is usually called the smart person (*kayyis*), or the prudent (*‘āqil*), in contrast to the one who fails to remain conscious of this fact, usually named the idiot (*aḥmaq*) (al-Ḥakīm al-Tirmidhī 1992, 1:421–425; al-Ghazālī 1964, 393–399). On the other hand, death anxiety, even when it reaches the intense level of panic (*jaza’*), was judged positively when the reason behind it was one’s concern that death will prevent him/her from performing the religiously commendable practices (*‘ibādāt*) (Ibn al-Mubārak 2010, 1:94–95).

As for eschatology, some of the Sufi writings, which collated the relevant scriptural references and statements attributed to authoritative figures in Islamic history, were mentioned above in the section on “Eschatological Manuals.” In his famous work on asceticism (*zuḥd*), Ibn al-Mubārak (d. c.119/797) also used the same writing style, which is mainly premised on quotations, and included distinct sections on death and related eschatological issues

14 For Sufi perspectives on the relationship between body and soul, how this relationship would relate to pain and suffering, how the individual can understand the underlying theodicy and how to practically instrumentalise these difficulties for spiritual growth, see al-Ḥakīm al-Tirmidhī 1980, 56; Schimmel 1976; Ghaly 2009, 54–62; Rouzati 2018.

(Ibn al-Mubārak 2010, 2:39–42, 66–131). Furthermore, many Sufi writings provided distinctively Sufi commentaries and insights. This was sometimes done by underscoring moral messages related to the fact that this worldly life is worthless and too short to make us forget the need to work on our salvation in the hereafter (e.g., al-Muḥāsibī 1937; al-Ḥakīm al-Tirmidhī 1992, 1:88–92, 123–129, 175–187, 266–268, 284–286, 377–380, 413–414, 424–425, 2:100–106, 3:92–98, 4:159–163). Other works engaged with, and were sometimes influenced by, eschatological perspectives in other disciplines, especially theology and philosophy (e.g., al-Jilānī 2007a, 1:140–155, 279–316; al-Hamadhānī 1962, 45–48; al-Suhrawardī 2010, 127–148).

One of the unique contributions made by Sufi literature was introducing a metaphorical use of eschatological terms, including death, *barzakh*, Doomsday, etc. The overall purpose here was creating particularly mystic connotations for these eschatological terms in order to frame a particular way of life that keeps the person continuously close to the spirit of the hereafter. For instance, “death” would mean severing one’s relations with other creatures, as if he/she actually died, and only focusing instead on improving their relationship with God (al-Jilānī 2007b, 61–62; Ibn al-‘Arabī 2010, 8:550–556). Yet, sometimes, the eschatological views of certain Sufis were considered so aberrant and heretic by other scholars to the extent that they were persecuted and even executed (al-Hamadhānī 1962).

As for modern studies, although the *Routledge Handbook on Sufism* did not have a distinct chapter on eschatology (Ridgeon 2021), many of the modern studies, which examined eschatological issues in the Islamic tradition, paid attention to the Sufi perspectives, especially their perception of paradise and hell (e.g., Günther 2016; Lange 2016a; Lange 2016b). Also, many of the studies on Sufism in general, or on specific Sufi scholars, examined relevant perspectives on eschatology (e.g., Chittick 1987; Chittick 1988; Corbin and Pearson 1990; Gianotti 2001; Papan-Matin 2010, 114–132; Csirkés 2011; Aminrazavi 2014, 41–44, 49–50; Lange 2014).

3.5 *Islamic Legal Theory (Uṣūl) and Jurisprudence (Fiqh)*

The health condition of the human body and one’s mental capacity form part of the core interests of two interrelated scholarly disciplines, namely Islamic legal theory (*uṣūl al-fiqh*) and jurisprudence (*fiqh*). Both disciplines explore how Muslims should implement God’s will, as expressed in His commandments and rulings, in their practical life. To enable individuals to live in accordance with His will, God tied the scope and volume of these commandments and rulings to one’s mental capacity (*istiṭā’a ‘aqliyya*), which enables the person to comprehend what God wants him/her (not) to do, and physical capacity

(*qudra badaniyya*), which makes the individual able to execute these rulings (Ghaly 2019, 260).

Against this background, the works on Islamic legal theory, especially within the Ḥanafī school, provided extensive discussions on how one's physical and mental capacities relate to key concepts like religious obligation (*taklif*) and legal capacity (*ahliyya*) (al-Dabūsī 2001, 420; al-Sam'ānī 1999, 2:373). Further, these early discussions were represented in a way accessible to the modern reader, sometimes accompanied by showing their particular relevance to people with disabilities, comparisons with related legal and judiciary systems of healthcare in the Muslim world, and also with critical revisions of the conclusions of these early works in the light of updated knowledge produced by disciplines like physiology, psychology, and psychiatry (al-Nūrī 1954; Kīlānī 2002–2003; Arabī 2004; Hilāl 2011). Engaging with such diverse discussions is indispensable to addressing many of the questions that fall within the above-sketched theme of “Moral Agency.”

As for Islamic jurisprudence (*fiqh*), one can safely say that this particular discipline has the greater share of both classical and modern works with relevance to EoLC issues. Almost all classical *fiqh* manuals have a distinct chapter entitled *al-Janā'iz* (lit. “Funerals” or “Funerary Practices”), in addition to some modern distinct works featuring the same title, which usually provides a detailed juristic commentary on the Prophetic traditions included in a like-named chapter in the abovementioned *ḥadīth* collections. The standard contents of such a chapter usually cover a wide range of issues, starting from the moment of having a (terminal) disease and feeling that one's death is approaching, passing by the etiquettes of visiting the patients and what (not) to say to them, the rulings pertinent to washing, shrouding and burying the dead, and up to what one's close relatives, friends and wider circles should (not) do with the (terminal) patient and/or the dead (Wizārat al-Awqāf 1983–2006, 16:5–46; al-Albānī 1992; al-Qaḥṭānī 2003). EoLC researchers can thus extract substantial information for Muslim patients and families who ask how to frame their response to the tragedy of death within the parameters of their religious normativity.

Another distinctive aspect of the contributions made by the discipline of *fiqh* has to do with the interdisciplinary discussions, involving both biomedical scientists and Muslim jurists, which addressed many of the above-outlined direct EoLC questions under the heading “Medical (Non-)Intervention.” These discussions form parts of the contemporary Islamic bioethical discourses facilitated by institutions like the Islamic Organization for Medical Sciences (IOMS), Islamic Fiqh Academy (IFA), and International Islamic Fiqh Academy (IIFA) (Ghaly et al. 2018).

3.6 *Tasliya (Consolation/Solace) Genre*

The EoLC context is usually marked by a multitude of “bad” news about misfortunes that many people, whether the patients or those who care about them, would name as a calamity or catastrophe (*muṣība*). Addressing the impact of such calamities on people’s wellbeing necessitates engaging with people’s inner concerns, values, and their broader moral world.

The Islamic tradition has a rich genre of works meant to console people with calamities (*tasliyat ahl al-maṣā’ib*), especially those related to (life-threatening) diseases, (approaching) death, and the demise of beloved ones. Broadly speaking, these works have a psychologically oriented agenda, viz., appeasing the bitter sorrow and anguish that such calamities can generate. Despite the non-clinical nature of their works, some authors would use plain medical language such as curing (*‘ilāj*) the adverse consequences of a calamity (*muṣība*), in addition to describing the afflicted person a patient (*‘alīl*) and the one who tries to provide help a physician (*ṭabīb*) (Ibn al-Qayyim 1994, 4:173–180).

Besides chapters of varying lengths dispersed in various books (Ibn al-Qayyim 1989, 100–107; Ibn al-Qayyim 1994, 4:173–180; Ibn al-Qayyim 2011, 2:941–950), this genre has its own distinct works dedicated to the broad concept of *muṣība* (misfortune, calamity, affliction) (al-Manbijī 1929; al-Maqdisī 1993) or to a specific calamity, the most familiar of which was the death of one’s child (Ibn al-Jawzī 1986; Ibn Nāṣir al-Dīn 1999; al-Dimashqī 1980; Gil’adi 1989). Some of these works were written in response to the calamities generated by mass death events, such as plagues (al-Manbijī 1929, 3). Closely related to this genre are the works which defended the purposefulness of diseases and calamities in general, including their expiatory role and purging effect on the believers (Ibn Abī l-Dunyā 1991a; Ibn ‘Abd al-Salām 1992). The same holds true for the literary genre known as the deliverance-after-hardship (*al-faraj ba’d al-shidda*). These works are also characterised by their hope-giving and optimism-spreading agenda, which underscores the message of the Qur’ānic verse “So truly with hardship comes ease” (Q 94:5) (al-Tanūkhī 1978; al-Tanūkhī 2019; Moebius 2008; Khalifa 2010; Pomerantz 2016). All these diverse works can be utilised to develop well-tailored counseling mechanisms and other forms of psychological support for the EoLC context of today’s world.

4 Concluding Remarks

Since its birth as a modern discipline in the second half of the twentieth century, End-of-Life-Care (EoLC) has always been seen as an interdisciplinary field

that should pay attention not only to the medical condition of the “patient” but to the overall wellbeing of the “whole person.” To properly address the various EoLC ethical questions and challenges argued in this study, Islamic ethical deliberations should be premised on an interdisciplinary approach that engages with the broad spectrum of scholarly disciplines rooted in the Islamic tradition.

In order to provide interested researchers with the necessary tools to develop such a desired interdisciplinary approach, the study started with a systematic overview of the key ethical questions and issues raised by the EoLC field. The long list of questions and issues was divided into five broad themes, namely eschatology, medical (non-)intervention, beyond clinical care, moral agency, and communication issues.

The greater part of the study was dedicated to delineating how various scholarly disciplines and genres, developed throughout the history of the Islamic tradition, can contribute to an interdisciplinary Islamic EoLC discourse. Because of their particular significance and influence on the entire Islamic scholarly tradition, this chapter began by reviewing the relevant scriptural references in the Qurʾān and Sunna. Additionally, the study elaborated on how EoLC ethical questions and issues, outlined in the abovementioned themes, can be addressed with the help of the rich literature produced respectively by eschatological manuals, the disciplines of Islamic theology, philosophy, Sufism, Islamic legal theory and jurisprudence, and the genre of works dedicated to consoling and comforting people with calamities and misfortunes. In each of these disciplines and genres, the study provided a representative repertoire of both classical sources and modern studies.

I conclude this study by stressing two main remarks with the aim of streamlining future research. First, the majority of the works reviewed in this study, although quite relevant, are still in need of “translational” studies, to borrow from the biomedical terminology, in order to integrate them within the EoLC discourse. Most of these works are written for the audience of religious/ Islamic studies, not for terminal patients, their families, healthcare professionals, bioethicists, or the broader EoLC audience. Researchers interested in EoLC questions and themes should dig into these sources and re-read them through the meticulous lens of EoLC. Second, the great number of sources outlined in this study and their interdisciplinary and diverse scope demonstrate the feasibility of the repeated calls to move from the currently thin, monodisciplinary, and *fiqhī*-dominant discourse to the desired thick and interdisciplinary Islamic bioethics discourse. The hope is that further studies will undertake this venture and apply it to other bioethical topics.

5 Appendix

TABLE 1.1 The recurrence of the term death (*mawt*) in the nine canonical collections of *ḥadīth*^a

Compiler of the collection	Number of occurrences
al-Bukhārī (d. 256/870)	241
Muslim (d. 261/875)	145
Ibn Māja (273/887)	159
Abū Dāwūd (d. 275/889)	155
al-Tirmidhī (279/892)	133
al-Nasā'ī (d. 303/915)	180
Mālik b. Anas (d. 179/795)	47
Aḥmad b. Ḥanbal (d. 241/855)	757
al-Dārimī (d. 255/869)	180
Total	1891

a The numbers given in this table are based on *al-Muʿjam al-Mufahras li-alfāz al-Ḥadīth al-Nabawī*, which surveyed the nine collections of *ḥadīth* (Wensinck 1936).

TABLE 1.2 Theme-based survey of death and related eschatological terms in *ḥadīth*

Compiler of the collection	Chapter/Section title	Relevant EoLC theme
al-Bukhārī (d. 256/870)	(A) Chapters (<i>kutub</i>)	
	Funerals (<i>janā'iz</i>)	<ul style="list-style-type: none"> - Eschatology - Beyond clinical care - Eschatology - Medical (non-)intervention - Medical (non-)intervention - Moral agency - Beyond clinical care
	Patients (<i>marḍā</i>)	
	Medicine (<i>ṭibb</i>)	
	Softening One's Heart (<i>riqāq</i>)	
Muslim (d. 261/875)	Funerals (<i>janā'iz</i>)	<ul style="list-style-type: none"> - Eschatology - Beyond clinical care
	Characteristics of the Day of Judgment, Paradise and Hell (<i>ṣifāt al-qiyāma wa-l-janna wa-l-nār</i>)	
	Paradise, the Characteristics of its Delights and Inhabitants (<i>al-janna wa-ṣfat na'īmihā wa-ahlihā</i>)	
	Repentance (<i>tawba</i>)	
al-Bukhārī (d. 256/870)	(B) Sections (<i>abwāb</i>)	
	Giving Charity by the Time of Death (<i>al-ṣadaqa 'ind al-mawt</i>)	<ul style="list-style-type: none"> - Moral agency - Beyond clinical care
	Supplication for Death or Life (<i>al-dū'ā' bi-l-mawt wa-l-ḥayāt</i>)	<ul style="list-style-type: none"> - Eschatology
	Euphemisms are Safe Alternatives to Avoid Lying (<i>al-ma'ārīḍ mandūḥa 'an al-kadhīb</i>)	<ul style="list-style-type: none"> - Communication issues - Beyond clinical care
	Repentance (<i>tawba</i>)	
	Recommendation to Seek Refuge [in Allah] from the Punishment of the Grave (<i>istiḥbāb al-ta'awwudh min 'adhāb al-qabr</i>)	<ul style="list-style-type: none"> - Eschatology
	Reprehensibility of Wishing Death because of some Harm that has Befallen Him (<i>karāhat tamannī l-mawt li-ḥurr nazal bih</i>)	<ul style="list-style-type: none"> - Beyond clinical care
	Vastness of God's Mercy and that it Prevails Over His Wrath (<i>ṣ'at raḥmat Allah ta'ālā wa-annahā sabaqat ḡhadabah</i>)	<ul style="list-style-type: none"> - Eschatology - Beyond clinical care
	Medicine, Sickness and Incantation (<i>al-ṭibb wa-l-marāḍ wa-l-nuḡya</i>)	<ul style="list-style-type: none"> - Beyond clinical care
	For Every Disease there is a Remedy, and the Recommendation to Seek Treatment (<i>li-kull dā' dawā' wa-istihbāb al-taḍāwī</i>)	<ul style="list-style-type: none"> - Medical (non-)intervention
Muslim (d. 261/875)	Reprehensibility to Forcibly Administer Medicine in the Side of the Patient's Mouth (<i>karāhat al-taḍāwī bi-l-tadūḍ</i>)	<ul style="list-style-type: none"> - Moral agency - Medical (non-)intervention

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