



Ventilator Withdrawal Dilemma" in contemporary Islamic Law (Contemporary Fiqh), the Ethical Implications of Joint Decision-Making and the Maqasid al-Shariah Perspective

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Abstract

Fatwas from various scholars and Islamic jurisprudence councils generally permit the withdrawal of ventilator support or the cessation of life-sustaining treatment if the patient is in a terminal condition and medical treatment is deemed futile, allowing death to occur naturally. This differs from active euthanasia (lethal injection) which is strictly forbidden (haram) in Islam. The relevant methodology is a qualitative, multidisciplinary (interdisciplinary) research approach focusing on library research and content analysis. This approach is crucial for bridging the gap between clinical biomedical ethics and Islamic legal traditions, The study results indicate that first, In contemporary Fiqh (Islamic jurisprudence), the withdrawal of ventilator support for patients with a minimal prognosis is permissible, with emphasis on the principle of avoiding futility (*la darar wa la dirar* - no harm inflicted or reciprocated) and the priority of preserving life (*hifz al-nafs*) in accordance with the perspective of *Maqasid al-Shariah* (the objectives of Shariah). This decision involves joint decision-making between the medical team, the patient (or their guardian), and religious scholars (ulama). second, The practical implications of shared decision-making (SDM) among the patient, family, and physician in the dilemma of ventilator withdrawal are significant, These implications include: Ethical and Legal Decision-Making, Improved Patient-Centered Care: Emotional Support for Families: and Strengthened Doctor-Patient/Family Relationships: third, The main normative contribution of maqasid al-shariah (objectives of Shariah) in navigating the dilemma of ventilator withdrawal lies in balancing the fundamental objective of preserving life (*hifz al-nafs*) with the principle of avoiding harm and hardship (*maslahah* and *darurat avoidance*).

Keywords: dilemma, ethical, fiqh, islamic, ventilator.

INTRODUCTION

the majority of scholars and fiqh institutions *International Islamic Fiqh Academy (IIFA/IFA)* and *Fiqh Council of North America (FCNA)*, It is] of the opinion that it is not obligatory to continue treatment that merely prolongs the dying process without significant

hope of recovery. The basic principle is the balance between preserving life (which is highly encouraged) and avoiding unnecessary additional harm or suffering (*la darar wa la dirar*)."¹

The foundational principle, balancing the preservation of life (*hifz al-nafs*) with the avoidance of harm (*la darar wa la dirar*), is central to contemporary *fiqh* analysis regarding the dilemma of withdrawing ventilator support.² In this context, contemporary *fiqh* (Islamic jurisprudence), medical ethics, and the perspectives of *Maqasid al-Shariah* (the objectives of Islamic law) interact as follows:

Contemporary Fiqh Analysis, contemporary Fiqh councils and bodies, such as the Organization of Islamic Cooperation (OIC) Islamic Fiqh Academy, have discussed this issue extensively.³ The general consensus distinguishes between:

Withdrawal of ineffective treatment: This is permissible if the patient's condition is deemed incurable, and the treatment merely prolongs the dying process or suffering, not meaningful life. Active euthanasia (*qatl ar-rahmah*): This is absolutely forbidden because it is considered a direct act of ending a life, which violates the sanctity of life in Islam.⁴

Ventilator support falls into the category of treatments that can be withdrawn if deemed ineffective, based on the principle of *la darar wa la dirar* (not causing harm to oneself or others), which means there is no obligation to continue futile treatment (futility of treatment).⁵

The ethical implications of shared decision-making, in the context of the principle *la darar wa la dirar* (meaning "no harm shall be inflicted or reciprocated"), include: Patient Autonomy: If a patient is competent, their right to refuse treatment (based on the principle of avoiding unnecessary harm or suffering) is respected.⁶

The Role of Family and Medical Team: When a patient is unconscious, decisions involve the patient's proxy/guardian and the medical team, with the patient's best interests as the priority. And This process must be transparent, based on clear medical evidence, and avoid potential psychological or financial harm to the family due to the prolongation of futile suffering.⁷

Maqasid al-Shariah (the higher objectives of Islamic law) focuses on preserving five essential necessities of life, one of which is Hifz al-Nafs (preservation of life/soul), meaning protecting human life, health, and well-being, alongside preserving religion (Hifz al-Din), intellect (Hifz al-Aql), lineage (Hifz al-Nasl), and property (Hifz al-Mal). In this dilemma: Preserving life is the primary goal.⁸ However, the context is important: are ventilators actually life-sustaining?, or just a biological function with no hope of recovery?

Avoiding hardship (*mashaqqah*) and harm is also a goal of Shariah. If continuing ventilator support will only add physical and psychological suffering for the patient and family, and burden resources without a real outcome, then its withdrawal can be justified to achieve a just balance between benefits and harms.⁹ With that, the principle of balance you mentioned becomes the main foundation for the Islamic legal and ethical framework to navigate this

¹ International Islamic Fiqh Academy (IIFA/IFA) and Fiqh Council of North America (FCNA),

² Abu-El-Noor, N. I., & Abu-El-Noor, M. K. (2014). "End of Life-Decisions: An Islamic Perspective". *Journal of Health Ethics*, 10(1)

³ Al-Izz bin Abdul Salam, (tt). *Qawaid al-Ahkam fi Masalih al-Anam*, Dar al-Marifah,

⁴ Muhammad ath-Thahir bin Asyur, (2001). *Maqasid al-Shariah al-Islamiyyah*, Amman: Dar Nafais

⁵ Asqalānī (al), Ibnu Hajar. (1991). *Baḥḥ al-Mā'ūn fī Faḍl al-Ṭā'ūn. Riyāḍ: Dār al-Āṣimah*,

⁶ Abu Ishaq Ibrahim bin Musa Al-Syatibi, (tt). *Al-Muwafaqat fi Ushul al-Syariah*, Kairo; Maktabah Wahbah,

⁷ MH., Kamali (2002). *Principles of Islamic jurisprudence*, Cambridge: The Islamic Texts Society,

⁸ Abu Hamid Muhammad bin Muhammad Al-Ghazali, (tt). *Al-Mustashfa min 'Ilm al-Ushul*. Beirut, Dar al-Fikr

⁹ MA., Al-Bar. (2017). *Komentor pada: Abdulmalik bin Habib. AIIIbeiri Tibbi Nabawi*. (edisi ke-3). Damaskus; Dar al Qalam

complex dilemma. Secular Legal Basis (Universal): The same principles, although perhaps with different terminology, also form the foundation in universal law and ethics.: universal medical ethics: This principle is reflected in universal medical ethics, especially principles Non-maleficence: "do no harm" Beneficence: "do good" or "act in the best interest of the patient". This is a fundamental principle in the practice of medicine worldwide. Universal Declaration of Human Rights and the State Constitution (DUHAM) and the State Constitution: The recognition of the right to life is the most basic human right.

constitution in many countries, including Indonesia (such as Article 28A of the 1945 Indonesian Constitution),¹⁰ The right of everyone to life and to defend their life. And criminal law often contains exceptions for actions taken in emergencies or in self-defense, Prioritizing the preservation of life from immediate danger, in line with the principle of avoiding unnecessary harm. The principle of balancing the preservation of life and the avoidance of harm is a universal principle with strong legal foundations, both in religious texts and secular legal frameworks, and is recognized as the highest priority in the hierarchy of human values.

Principle of no harm inflicted and no harm reciprocated It is a fundamental ethical and legal foundation in Islam, which emphasizes the balance between preserving life and avoiding harm.¹¹ This study is necessary because it focuses on the application of this principle in contemporary medical dilemmas, where technological advancements often present complex choices.

This study aims to: Provide an Ethical Framework: Assist physicians, patients, and policymakers in navigating difficult situations, such as decisions to withdraw life support, which involve complex considerations of preserving life versus prolonged suffering. Aligning Medical Practice with Religious Values: Ensuring modern medical practices can be consistent with the religious beliefs of Muslim patients, so that care decisions are more informed and spiritually acceptable.

Reducing Unnecessary Suffering: Applying the principle of *la darar* helps in identifying the boundaries of medical interventions that might only prolong the dying process or cause additional suffering without a meaningful hope of recovery, in accordance with the views of religious scholars and medical authorities.

With this, the study bridges Islamic law with bioethics, providing practical guidance to respect life while acknowledging the reality of suffering and the limitations of medicine, ultimately leading to more compassionate and just care.

From the background of the problems above, the problem formulation can be drawn as follows: first, how Contemporary Fiqh Perspective on the Dilemma of Withdrawing Ventilator Support? second, the implications of decision-making among patients, families, and doctors associated with Dilemma of Ventilator Withdrawal? third, How the main normative contribution of from *maqasid al-shariah* in navigating dilemmas Withdrawal of ventilator support?

RESEARCH METHODS

Normative legal research, in the context of the dilemma of withdrawing ventilator support, focuses on an in-depth analysis of authoritative sources of Islamic law to determine the ethical and legal framework regarding such action. This method will involve tracing key principles in primary sources such as the Qur'an and Hadith, as well as classical and contemporary fiqh literature, to identify guidance on: The Value of Life (Hifz al-Nafs):

¹⁰ Article 28A of the 1945 Indonesian Constitution

¹¹ Suryo, A. P., dkk. (2023). "Pelindungan Hukum bagi Dokter atas Tindakan Penghentian atau Penundaan Terapi Bantuan Hidup yang Sia-Sia (Futile) pada Pasien Terminal". *Soepra: Jurnal Hukum Kesehatan*, Vol. 9, No. 2.

Considering the religious obligation to preserve life as one of the primary objectives of Shari'ah (Maqasid al-Shari'ah).

The Concept of Death: Analyzing Medical and Religious Definitions of Death, brain stem death and the role of life support machines. Principle of Ease and Removal of Hardship: Evaluating whether the prolongation of medically ineffective treatment imposes an undue burden on patients, families, or resources. Previous Fatawa (Fatwas): Examining the Rulings and Views of Religious Scholars and Islamic Scholars' and Fiqh Councils' Views on the Withdrawal of Life Support.¹²

An interdisciplinary approach integrates *fiqh* analysis, universal medical ethics, and the framework of *Shariah* objectives (*maqasid al-shariah*) to comprehensively examine the dilemma of withdrawing ventilator support. Here is a detailed explanation of the Fiqh/Jurisprudential Approach: Fiqh/Jurisprudential Approach: This approach focuses on formal Islamic law and contemporary scholarly rulings regarding critical medical conditions, such as the "living" status of a patient on life support, the definition of death in Islam, and *Shariah* guidance on medical interventions.

This establishes explicit Islamic legal boundaries. Ethical/Bioethical Approach: Evaluate the ventilator withdrawal decision using global medical ethical principles such as beneficence, non-maleficence, patient autonomy, and justice in health resource allocation. Islamic ethical aspects are integrated to ensure that moral values are respected. The approach of Maqasid al-Shariah: Using the primary objectives of *Shariah*—especially *hifz al-nafs* (preservation of life) and *hifz al-aql* (preservation of intellect)—to weigh decisions regarding the withdrawal of life support holistically.¹³

This provides a contextual framework that goes beyond formal rules, considering quality of life, suffering, and human dignity. Sociological approach (optional): Can observe real practices and interactions between legal/religious norms and clinical realities in hospitals. This provides insight into the practical challenges in shared decision-making among doctors, families, and religious leaders, as well as how these decisions are implemented in the field. This combined approach allows for an in-depth analysis, balancing religious obligations and medical ethics while focusing on the patient's well-being and dignity when facing complex medical dilemmas.

In the context of the research titled "Ventilator Withdrawal Dilemma" in contemporary Islamic Law (Contemporary Fiqh), the Ethical Implications of Joint Decision-Making, and the Maqasid al-Shariah Perspective, the type of data used is fundamentally secondary data because it is a library research study. This research is normative or doctrinal in nature, relying on written sources rather than direct empirical data from the field.

Therefore, there is no "primary data" in the sense of data collected directly from research subjects (such as patients, doctors, or families) through interviews, surveys, or observations. Instead, the primary sources (which serve as "primary data" in the context of library research/literature review) include: Fundamental religious texts: The Qur'an and hadith, which are the main foundation for *fiqh* arguments. Works of classical and contemporary *fiqh* scholars: *Fiqh* books, journals, and papers that discuss medical ethics, *hifz al-nafs* (preservation of life), and end-of-life decisions. Fatwas and decisions of Islamic institutions: *Fatwas* (legal rulings/opinions) from ulama councils or international *fiqh* organizations.¹⁴ withdrawal of life-sustaining treatment or withholding life support. Ethical and medical documents: code of

¹² S.H., Gunardi, M.H., D. (2022). *Buku Ajar Metode Penelitian Hukum*, (Edisi ke-1). Damera Press

¹³ Jhonny Ibrahim., (2006). *Teori dan Metodologi Penelitian Hukum Normatif*. Malang: Banyumedia Publishing

¹⁴ John Smith, *Qualitative Research Methods: A Comprehensive Guide* (New York: Scholarly Press, 2024), 52

medical ethics, hospital clinical ethics guidelines, and relevant legal regulations, both nationally and internationally. Researchers analyze and interpret these written sources to develop contemporary *fiqh* analysis, evaluate ethical implications, and apply them within the framework of *Maqasid al-Shariah*.

Descriptive Qualitative Library Research Method Regarding the dilemma of ventilator withdrawal involving the use of literature (books, scientific journals, fatwas, and research reports) to deeply describe and understand the various related aspects, primarily from the perspective of contemporary *fiqh* (Islamic jurisprudence), ethical implications, and the *Maqasid al-Shariah* (objectives of Islamic law),

Data collection: Researchers collected data from relevant written sources, like a fatwa from an Islamic institution journal articles about Islamic bioethics, and publications that discuss of *Maqasid al-Shariah*. Data analysis: The collected data was descriptively analyzed to delineate and interpret the existing viewpoints and arguments regarding the withdrawal of ventilators. And Approach: The approach used is holistic and contextual, with a focus on the meaning and subjective experience of the religious scholars and ethicists in facing this dilemma.¹⁵

In contemporary *fiqh*, the dilemma of withdrawing ventilator support is a serious debate. Preserving Life: The basic principle of Islam emphasizes the importance of preserving life ("soul"). A ventilator is used for this purpose (maintaining oxygen exchange and reducing the work of breathing). Futile Treatment: Contemporary scholars tend to permit the withdrawal of treatment deemed futile, including the use of life support, if the patient's condition is severe and death can occur naturally. This is based on the legal maxims (of Islamic jurisprudence) No harm shall be inflicted or reciprocated. Brain Death Criteria: Debate continues among Islamic scholars regarding brain death criteria as a valid marker of death in Islamic law, which influences decisions on ventilator withdrawal.¹⁶

Ethical Implications of Shared Decision-Making This dilemma has ethical implications involving various parties: Patients and Families: The autonomy of the patient or their legal guardian in making decisions is very important. Shared decision-making between the medical team and the patient's family is an ethically recommended approach. Medical professionals face a moral dilemma between prolonging life as much as possible and avoiding the unnecessary prolongation of suffering. Transparency: The decision-making process must be transparent and based on clear medical information regarding the patient's prognosis.

The Objectives of Islamic Law A Philosophical Framework for Safeguarding the Soul in Contemporary Issues: The core purpose remains preserving life. However, in the context of ventilator withdrawal, the objective shifts from prolonging artificial life to allowing a natural death to occur when medical treatment is no longer effective.¹⁷ Pursuit of benefits and prevention of harm: Islamic law aims to bring benefits and avert harm. If a ventilator merely prolongs suffering without hope of recovery, its withdrawal can be justified to avoid greater *mafsadah* (harm/damage). Justice and Balance: *Maqasid al-Shariah* emphasizes the balance between individual rights and the interests of the community. Decisions must be fair, consider medical resources, and not excessively burden the patient or family, whether physically, emotionally, or financially.

¹⁵ I Made Pasek Dhianta., (2016). *Metodologi Penelitian Hukum Normatif Dalam Justifikasi Teori Hukum*, Prenada Media Group,

¹⁶ Jasser Auda, (2008). *Maqasid al-Shariah as Philosophy of Islamic Law: A Systems Approach*, London: International Institute of Islamic Thought

¹⁷ Michael Quinn Patton, *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*, 4th ed. (Thousand Oaks, CA: Sage Publications, 2015), 248.

ANALYSIS AND DISCUSSION

1. The Dilemma of Ventilator Support Withdrawal: Legal and Ethics

In general, not all patients who are severely ill at the end of their lives continue to receive a ventilator breathing machine. The use of a ventilator at the end of life is a complex decision and depends on several key factors. The factors influencing this decision include: Patient Preference: Conscious and competent patients have the right to refuse the use of a ventilator.¹⁸

Purpose of Care: A ventilator can be used as temporary support for recovery, or as long-term life support. If the goal of care shifts from cure to comfort management (palliative care) or end-of-life care (hospice care), the use of invasive life-sustaining equipment such as a ventilator might be withdrawn or not started at all. **Medical Condition and Prognosis:** The medical team will evaluate whether a ventilator can realistically help the patient or will only prolong suffering without a meaningful hope of recovery.¹⁹

Family and Medical Team Discussion: If the patient cannot make decisions for themselves, the family, often assisted by the medical team and ethics advisors, will discuss the best course of action based on the patient's values and beliefs.

In many cases, the focus of end-of-life care shifts to comfort and dignity, which may mean stopping or not starting aggressive interventions such as the use of ventilators, and instead using medication to reduce pain and shortness of breath. Generally, most people who are sick and suffering at the end of their lives still receive a mechanical ventilator. In this sense, a ventilator or breathing apparatus is often used to help patients experiencing difficulty breathing, especially during the final stages of life.²⁰ The decision to use or withdraw a ventilator at the end of life is a complex and individual medical decision. It depends on various factors, including.²¹

Patient's wishes: The patient, through a living will or discussions with family and doctor, has the right to determine the type of care they want or do not want. **Medical condition and prognosis:** The doctor will consider the possibility of the patient recovering. If the patient's condition is deemed unrecoverable, the use of a ventilator might only prolong the dying process, not life.²² **Quality of life:** The medical team and the family will consider the ventilator's impact on the patient's overall comfort and quality of life.

Ethics and Law: Use or withdrawal of life support devices regulated by guidelines Ethics and Law that apply in each country. Ethics and law in Indonesia strictly regulate the use and withdrawal of life support devices, differentiate between Euthanasia (which is prohibited) withdrawal or withholding of life-sustaining treatment (LST) in terminally ill patients deemed medically futile.

In positive law in Indonesia, the act of ending one's life is an unlawful act and can be subject to criminal sanctions. This is regulated under: Article 344 of the old Criminal Code (and Article 461 of Law No. 1 of 2023 on the new Criminal Code),²³ Whoever deprives another person of his life at that person's express and serious request shall be punished. And Regulation

¹⁸ Purnawan & Saryono. (2010). *Ventilasi Mekanik*. Jakarta: Salemba Medika.

¹⁹ O'Rourke, K. (2000). *A Primer for Health Care Ethics: Essays for pluralistic society*. Washington DC: Georgetown University Press.

²⁰ Watson, M., Lucas, C., Haw, A., & Wells, J. (2009). *Oxford Handbook of Palliative Care*. New York: Oxford University Press.

²¹ Al-Mutair, Abbas Saleh, Plummer, V., O'Brien, A., & Clerehan, R. (2013). Family Needs and Involvement in the Intensive Care Unit: A Literature Review. *Journal of Clinical Nursing*, 22(13–14), 1805–1817. <https://doi.org/10.1111/jocn.12065>

²² Yodang. (2018). *Buku Ajar Keperawatan Paliatif berdasarkan kurikulum AIPNI*. Jakarta: Trans Info Media

²³ Article 461 of Law No. 1 of 2023 on the new Criminal Code

of the Minister of Health Number 37 Year 2014 concerning the Determination of Death and Utilization of Donor Organs Regulating the procedures for withholding or withdrawing life-sustaining treatment in terminal patients.²⁴ This regulation provides the legal basis for doctors to make such decisions, provided that the patient's condition is in a terminal stage and all medical efforts have been declared futile.

It is important to understand that the law in Indonesia Viewing the withdrawal of life support in terminally ill patients with no hope of recovery as part of palliative care, not euthanasia. Aspects of Medical Ethics, and medical ethics, such as Indonesian Code of Medical Ethics or Code of Medical Ethics of Indonesia in article at 7,²⁵ requires doctors to always maintain and preserve human life. However, Ethics also considers the principles of patient autonomy (the patient's right to refuse treatment), beneficence, and non-maleficence. If treatment no longer provides benefits (is in vain), then ethically it is not obligatory to continue it.

The decision-making procedure to withdraw or withhold life support in terminal patients must undergo a careful process and involve various parties.: Medical Conditions: The patient must be in a terminal condition and their prognosis declared futile by a competent medical team. Informed Consent: This decision requires written consent from the patient (if conscious) or the patient's immediate family/guardian. Consultation: Involving a multidisciplinary medical team, hospital ethics committee, and sometimes spiritual advisors or clergy. Documentation: The entire decision-making process and the patient's medical condition must be fully and clearly documented in the medical record.²⁶

the Indonesian Ulama Council has issued a fatwa prohibiting euthanasia, but allows the removal of medical devices if the patient has been medically declared dead or there is no hope of survival. In the context of the use or withdrawal of life support devices, ethic and law Often in an antithetical relationship (contradiction), Especially in cases involving difficult end-of-life decisions. The law is rigid and prohibits actions leading to death, While ethics focuses on the welfare and dignity of individual patients.²⁷

Legal Perspective in Indonesia, withdrawal of life support (such as passive euthanasia) Operating in a complex domain: Strictly Prohibited: Euthanasia, both active (intentional act of causing death) Whether passive (withholding or withdrawing medical treatment with the aim of hastening death), it is generally prohibited and can be charged under Article 344 of the Indonesian Criminal Code about homicide at the victim's request, punishable by up to 12 years' imprisonment. New Indonesian Penal Code also reinforces this prohibition through Article 461. Limited exceptions: Exceptions are recognized in certain situations, such as in patients who have been declared brain-dead or are in a terminal condition and care is declared futile. In this situation, the delay or withdrawal of life support therapy is regulated by Ministry of Health Regulation No. 37 of 2014. This procedure involves medical team's decision and family consent, Non-patient-initiated request for life termination.²⁸

Medical ethics perspectives are more flexible and oriented toward internal values as well as patient well-being (beneficence) and avoiding harm (nonmaleficence). Priority of Dignity and Quality of Life: Ethics views that maintaining biological function without hope of

²⁴ Permenkes No. 37 Tahun 2014 (Bab III)

²⁵ Kode Etik Kedokteran Indonesia Dan Pedoman Pelaksanaan Kode Etik Kedokteran Indonesia, Majelis Kehormatan Etik Kedokteran Indonesia (MKEK) Ikatan Dokter Indonesia

²⁶ Hanafiah, M. J., & Amir, A. (2009). *Etika Kedokteran dan Hukum Kesehatan*. Jakarta: EGC.

²⁷ Abu-El-Noor, N. (2016). ICU Nurses' Perceptions and Practice of Spiritual Care at the End of Life: Implications for Policy Change. *Online Journal of Issues in Nursing*, 21(1), 6. <https://doi.org/10.3912/OJIN.Vol21No01PPT05>

²⁸ Abu-Ras, W., & Laird, L. (2011). How Muslim and Non-Muslim Chaplains Serve Muslim Patients? Does the Interfaith Chaplaincy Model have Room for Muslims' Experiences? *Journal of Religion and Health*, 50(1), 46–61. <https://doi.org/10.1007/s10943-010-9357-4>

recovery, which only prolongs suffering, might be contrary to patient dignity. Patient Autonomy: Ethical principles also uphold the right of the patient (or family) to refuse treatment, after receiving correct information (informed consent).²⁹

The Antithesis Between Ethics and Law, Antithesis emerges when rigid formal law clashes with real-world situations where ethical values demand a different approach: The aspects regarding law are objective, rigid, and require enforcement tools. Meanwhile, regarding ethics, they are subjective, flexible, and based on values and conscience, The aspects of focus related to law are: *Compliance with written regulations and prevention of violations*. Meanwhile, the aspects related to ethics are: *Patient well-being, dignity, and quality of life*. And The aspects of conflict related to law (withdrawal of life support) can be considered a criminal offense. Whereas related to ethics (withdrawal of life support) can be considered a humane act to end suffering.

The legal and ethical aspects of withdrawing life support are complex issues with conflicting viewpoints, such as: Legal Aspects: Withdrawal of life support potentially be considered a criminal offense, because literally can be interpreted as an action to hasten someone's death, such as crimes against life.³⁰ In many jurisdictions, there is a worry that letting go life support can be equated with active euthanasia, which is illegal.

Ethical aspects: From an ethical standpoint, the withdrawal of life support is often seen as a humane act to end the suffering of terminally ill or permanently vegetative patients, especially if it is in accordance with the wishes of the patient or their family.³¹ Principle ethic of patient autonomy (right to refuse medical treatment) and *beneficence* (doing what is best for the patient, including avoiding unnecessary suffering) often becomes the main argument.³²

The resolution of this conflict often depends Within the legal framework and medical guidelines in a country or region, who makes the effort balancing the sanctity of life with the patient's right to die with dignity. In summary, the law serves as a binding minimal boundary enforced coercively, while ethics provide an ideal moral guide in difficult medical decision-making. In cases of withdrawing life support, law and ethics interact dialectically; the law provides a strict procedural framework, But ethics often serve as a reference point To seek new guidance when formal law is no longer effective in handling the complexities of terminal patient conditions.

2. The Ethical Dilemma of Withdrawing Ventilator Support in the Perspective of Maqasid Syariah; To preserve the soul or to avoid futility

If the main argument supports the withdrawal of ventilator support in certain cases (e.g., when the patient's medical condition is deemed hopeless), then the antithesis is the view that opposes the withdrawal of life support under any circumstances, citing a belief in the sanctity of life and an obligation to preserve life for as long as possible.

²⁹ Abuatiq, A. (2015). Spiritual Care for Critical Care Patients. *International Journal of Nursing & Clinical Practices*, 2(1), 2–5. <https://doi.org/10.15344/2394-4978/2015/128>

³⁰ Al-Mutair, Abbas S., Plummer, V., Clerehan, R., & O'Brien, A. (2014). Needs and Experiences of Intensive Care Patients' Families: A Saudi Qualitative Study. *Nursing in Critical Care*, 19(3), 135–144. <https://doi.org/10.1111/nicc.12040>

³¹ Al-Mutair, Abbas Saleh, Plummer, V., Clerehan, R., & O'Brien, A. T. (2014). Families' Needs of Critical Care Muslim Patients in Saudi Arabia: A Quantitative Study. *Nursing in Critical Care*, 19(4), 185–195. <https://doi.org/10.1111/nicc.12039>

³² Abma, T. A., & Stake, R. E. (2014). Science of the Particular: An Advocacy of Naturalistic Case Study in Health Research. *Qualitative Health Research*, 24(8), 1150–1161. <https://doi.org/10.1177/1049732314543196>

Antithesis to withdrawal of care What is outlined is deeply rooted in the principle of the sanctity of life.³³ *Arguments against the withdrawal of life support under any circumstances*, Including in cases where patients are medically deemed to have no hope of recovery, based on philosophical and ethical beliefs that: Human life has intrinsic and absolute value, given by God or nature, and should not be intentionally ended by humans. There is a moral or religious obligation to preserve life as long as possible by all available means, regardless of the patient's prognosis or quality of life.³⁴ Withdrawing treatment is morally equivalent to active killing, because both lead to the same outcome: patient death.

This view often clashes with modern medical ethics, which also emphasize the principles of beneficence (*kemurahan hati*) and patient autonomy, which might support withdrawing treatment if it is deemed futile (*sia-sia*) or if the patient refuses the treatment.³⁵

Antithesis to Decision-Making Authority: If the analysis concludes that the decision should rest with the medical team or the family, the antithesis might argue that only the patient himself/herself (through a living will or testament) has the right to make that decision, or conversely, that the decision is solely a divine decree that should not be intervened by humans.³⁶

The antithesis presented in the statement puts forward alternative arguments regarding who is most entitled to make important medical decisions, especially concerning the end of life. This antithesis challenges the view that decision-making authority should rest with the medical team or the family, by proposing two opposing views:³⁷

Patient Autonomy Rights (Via a Living Will or Testament): This view emphasizes the principle of patient autonomy, where only the individual concerned has full control over their body and medical treatment. Patients can express their wishes in advance through legal documents such as a living will or advance health care directives, so that these decisions still reflect their personal wishes even if they are no longer able to communicate.³⁸

The divine/religious view posits that life and death are absolute decrees of God or a higher power. Within this framework, human intervention in the natural process of death is considered unethical or contrary to the divine will. Therefore, medical decisions that end or prolong life (such as the withdrawal of life support) should not be made by humans, be it the patient, family, or medical team.³⁹

Both of these antitheses highlight the complexity of medical ethics, which involves deep consideration of individual autonomy, the role of family and medical professionals, as well as spiritual beliefs when facing difficult end-of-life decisions.

The antithesis to the interpretation of Maqasid al-Shariah: If the perspective of Maqasid al-Shariah (objectives of Shariah) is used to justify the withdrawal of ventilator support to prevent futile suffering (preserving intellect and wealth), The antithesis might interpret the

³³ Jasser Auda,. (2008). *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach*. Herndon: International Institute of Islamic Thought

³⁴ Lc., A. L., & M.A., D. (2017). *Maqashid kesehatan & etika medis dalam Islam (Sintesis fikih dan kedokteran)* (Edisi ke-1). Deepublish.

³⁵ Achmad Muzammil Alfian Nasrullah., (2020). *Maqashid Syariah (konsep, sejarah, dan metode)*. Tangerang Selatan: PT. Literasi Nusantara Abadi Grup,

³⁶ Sachedina, A. (2012). *Islamic Biomedical Ethics: Principles and Application*. Oxford University Press.

³⁷ Asafri Jaya Bakri, (1997). *Konsep Maqashid Syariah Menurut Imam Asy-Syatibi*, Jakarta: Rajawali Pers

³⁸ Yudian Wahyudi., (2007). *Maqashid syari'ah dalam pergumulan politik: berfilsafat hukum Islam dari Harvard ke Sunan Kalijaga*. Nawesea, Pesantren Nawesea Press,

³⁹ Majma' al-Fiqh al-Islami al-Dawli, (2000). *Majallat Majma' al-Fiqh al-Islami al-Dawli*, `Amman: Dar al-Nafa'is

maqasid differently, emphasizing the primary objective of preserving life (*hifz al-nafs*) above all else, thereby rejecting the act of withdrawing life support.⁴⁰

Antithesis to the interpretation of *Maqasid al-Shariah* that justifies ventilator withdrawal to prevent futile suffering centers on a differing interpretation of the hierarchy of the objectives of the Shariah itself, emphasizing the fundamental goal of preserving life (*hifz al-nafs*) above all else.⁴¹

This antithesis argument contends that, in the dilemma of ventilator withdrawal, the primary priority of Sharia is to preserve life as long as it exists, even if there is suffering. Therefore, the act of withdrawing life support is denied based on this interpretation. The main points of the antithesis include:

"The Priority of Hifz al-Nafs (Preservation of Life/Soul): The objective of preserving life (*hifz al-nafs*) is considered the most important primary objective (*dharuriyah*) and cannot be replaced or weakened by considerations of other secondary objectives, such as preserving intellect or wealth (which in this context might be translated into avoiding expensive medical treatment costs or 'futile' suffering).⁴²

Life is a Divine Gift: This perspective emphasizes that life is a gift from Allah SWT (God Almighty) that must be preserved for as long as possible, and the decision to end life support is considered beyond human authority. Rejecting Passive Euthanasia: This antithesis views the withdrawal of ventilator support as a form of passive euthanasia which contradicts the principles of Shariah that prohibit any action, direct or indirect, that causes death.

This dilemma showcases the complexity within contemporary *fiqh* analysis, where the ethical implications of collective decision-making and the perspectives of *Maqasid al-Shariah* can yield different conclusions depending on the methodology of interpretation and the priority assigned to each objective of the Shariah

Antithesis to the Ethical Consensus: If the ethical implication points toward a model of shared decision-making, its antithesis might propose a more paternalistic (doctor decides) or more autonomous (patient decides entirely) ethical framework, rejecting the consensus model as impractical or less effective.⁴³

The antithesis to the shared decision-making model in medical ethics includes the paternalistic and autonomous approaches.

Paternalistic: In this model, the doctor decides what is best for the patient, rooted in the principles of beneficence (doing good) and nonmaleficence (doing no harm). Patients are seen as less capable of understanding medical complexities, so decisions are left to the medical expert. And Autonomous: Conversely, this model emphasizes the patient deciding entirely, based on the principle of patient autonomy, where individuals have the right to control their own healthcare.⁴⁴

Shared decision-making is a contemporary ethical approach where physicians and patients collaborate, discussing treatment options, medical evidence, as well as the patient's values and preferences to reach a joint decision. The antithesis mentioned in the text rejects this consensus model as impractical or less effective, and proposes two opposing ethical frameworks as alternatives.: The Paternalistic Model, which positions the physician as the

⁴⁰ Ibnu. Rusyd, (tt). *Bidayah al-Mujtahid wa-Nihayah al-Muqtasid*. Beirut, Lebanon: Dar al-Fikr.

⁴¹ Sachedina, A. (2009). *Islamic Biomedical Ethics: Principles and Application*. Oxford University Press

⁴² Yusuf Al-Qaradhawi,. (2017). *Fiqh Maqashid Syariah: Moderasi Islam Antara Aliran Tekstual dan Aliran Liberal*. Jakarta: Pustaka al-Kautsar

⁴³ Gamal Eldin Attia,. (2006). *towards Realization of the Higher Intents of Islamic Law: Maqasid Al-Shariah: a Functional Approach*. Herndon: International Institute of Islamic Thought

⁴⁴ Ahmad bin Hanbal, A. M. (1996). *Musnad Ahmad bin Hanbal*. Beirut: Dar al-Kitab alIlmiyah.

primary decision-maker, and the Autonomous Model, which positions the patient as the sole decision-maker, offer a clear contrast to the collaborative idea of shared decision-making."

In short, antithesis in this context is a counter-position or argument that challenges conclusions or approaches. As outlined in the analysis of Fiqh, ethics, and Maqasid (objectives of Sharia) about Withdrawal of ventilatory support.⁴⁵

The ethical dilemma of withdrawing ventilator support involves a balance between universal medical ethics principles (autonomy, beneficence, non-maleficence) and contemporary Islamic legal perspectives (fiqh), while considering Maqasid al-Shariah (the objectives of Islamic law). This analysis is complex, with both Western bioethics and Islamic jurisprudence offering frameworks that permit the withdrawal of life support under specific, albeit different, conditions.

The dilemma of ventilator withdrawal poses a conflict between key ethical principles: Patient Autonomy (Autonomy): Legally competent patients have the right to make decisions about their care, including refusing or requesting the withdrawal of life-sustaining treatment, even if those decisions conflict with medical recommendations. Respecting autonomy means acknowledging the patient's right to self-determination.

Doctor's Duty (Beneficence and Non-maleficence): Doctors have a duty to act for the benefit of the patient (beneficence) and not to cause harm (non-maleficence). In this dilemma, the obligation to preserve life clashes with the obligation not to prolong the patient's suffering in vain. And Shared Decision-Making: This model emphasizes effective communication between doctors, patients, and families. The doctor provides medical expertise and available options, while the patient/family expresses their values and preferences. The final decision is made jointly.⁴⁶

Contemporary Islamic law and fatwas from Islamic fatwa bodies largely permit the withdrawal of treatment deemed futile, including ventilator support, for critically ill patients whose death is inevitable. The Difference Between Withholding and Withdrawing: "While often not distinguished ethically and legally, psychologically, withdrawal may be more difficult for a medical team. Fiqh tends to treat both equally in the context of futile medical treatment. Active euthanasia is prohibited: There is a broad consensus among religious scholars (*ulama*) that actively ending a patient's life (active euthanasia) is ethically and legally forbidden in Islam."⁴⁷

Maqasid al-Shariah (the objectives of Islamic law) provides a framework for decision-making by considering public interest (*maslahah*). The primary objective of Sharia, in this context, is the protection of life (*hifz al-nafs*). Preserving Life versus Prolonging the Dying Process: Islamic jurisprudence (Fiqh) emphasizes that the goal of medicine is to preserve meaningful life, not to artificially prolong the dying process (vegetative state). Use of a ventilator that no longer provides clinical benefit. Significant violation of the principle of "no harm" or "do not cause harm."⁴⁸

"Priority of Benefit (*Kemaslahatan*): In a situation of limited resources (such as a pandemic), the Maqasid al-Shariah can guide the decision to maximize the benefit of the resources, such as saving as many lives as possible, which can influence decisions regarding ventilator allocation." "Patient Rights and: Maqasid al-Shariah supports respecting the wishes

⁴⁵ Mohammad Hashim Kamali., (2007). *Maqasid Al-Shari'ah Made Simple*. Herndon, International Institute of Islamic Thought

⁴⁶ Syahrizal Abbas., (2015). *Maqashid al-Syariah dalam Hukum Jinayat di Aceh*. Banda Aceh; Dinas Syariat Islam Aceh

⁴⁷ Imam Abi Zakariya Muhyiddin bin Syaraf An-Nawawi., (1980). *Kitab al majmu' syarh al muhadzab lil syirazi juz 10*. Kairo: Maktabah al Arsyad

⁴⁸ M. Wahbah Al-Zuhayli., (2004). *Al-Fiqh al-Islam wa Adilatuhi*, Jil. 4 Damsyik: Dar al-Fikr

of competent patients, as it relates to their dignity and spiritual well-being as they prepare for death.⁴⁹

Conclusion: Contemporary ethical and *fiqh* analyses indicate that the withdrawal of ventilator support is permissible if medically deemed futile, with a strong emphasis on shared decision-making that respects patient autonomy and the guidance of the *Maqasid al-Shariah* to avoid unnecessary suffering and not artificially prolong the dying process.

3. Contemporary Fiqh Analysis, Ethical Implications of Joint Decision-Making, and Maqasid al-Shariah Perspective; The Ethical Dilemma of Withdrawing Ventilator Support

The main findings regarding the permissibility limits of ventilator withdrawal according to contemporary Islamic jurisprudence (*fiqh*) in the context of mentioned studies are rooted in Islam's balanced principle between preserving life and avoiding futile medical actions (*futile*).⁵⁰ Study of the Dilemma of Ventilator Withdrawal: Contemporary Fiqh Analysis, Ethical Implications of Shared Decision Making, and the Perspective of Maqasid al-Shariah emphasize the following main points:

Here is the English translation of the text regarding the Islamic principle of *La Darar wa La Dirar* and the withdrawal of ventilator support: Main Findings of the Principle *La Darar wa La Dirar* The permissibility of withdrawing ventilator support is based on the Islamic legal maxim (*kaidah fikih*) of "no harm and no reciprocal harm" (*la darar wa la dirar*). Medical actions, including the use of a ventilator, must provide a real and significant benefit. If the continuous use of a ventilator no longer provides significant clinical benefit and only prolongs the patient's suffering Or deemed futile, then stopping it is permissible to avoid unnecessary harm and loss.⁵¹

Terminal Condition: Ventilator withdrawal is generally considered for patients who are terminally ill. Where various therapies and life support have been declared ineffective or futile (no longer able to achieve patient recovery).⁵²

From Perspective of *Maqasid al-Shariah*:, Withdrawing life support is placed within the framework of maintaining the balance between public and individual welfare. If medical assistance no longer upholds *hifz al-nafs* (the preservation of life) in the sense of a meaningful quality of life, and instead imposes a burden (suffering, cost, etc.) without hope of recovery, then its discontinuation is justified.

Joint Decision Making: This study highlights the importance of shared decision-making involving the medical team, the patient's family, and, if possible, the patient themselves (through an advanced directive or will). This process must be based on clear and transparent medical information regarding the patient's prognosis. Fatwas from Islamic institutions also emphasize consultation with trusted medical experts.⁵³

The permissible limit for withdrawing a ventilator lies at the point where the patient's medical status is objectively assessed by a team of experts as having: Minimal or zero chance of recovery. The patient's life is entirely dependent on life support (ventilator) without improvement in vital organ function. Therapy has reached its limit and is considered futile. This withdrawal does not constitute "euthanasia" (which is prohibited in Islam), but

⁴⁹ Carlos Gómez-Virseda, Yves de Maeseneer, Chris Gastmans (2020). *Otonomi relasional dalam etika perawatan akhir hayat: pendekatan kontekstual terhadap kompleksitas kehidupan nyata*, Etika Medis BMC. doi: 10.1186/s12910-020-00495-1

⁵⁰ Al hafidz Abi Abdurahman ibn Sueb an Nasa'I, (1964). *Sunan an Nasa'i al Mujtaba'*, Juz 5, Cet. 1, Sirkah, Maktabah Wa Mutbaah Mustofal Babi,

⁵¹ Lantos, J. D. (Ed.). (2021). *The Ethics of Shared Decision Making*. Oxford Academic.

⁵² Abu Ishaq Al-Syatibi, (t.t). *Al-Muwafaqat fi Ushul al-Ahkam*, Kairo: Maktabah al-Tijariyah

⁵³ Syarifuddin, H. A. 2011. *Ushul Fiqh Jilid 1*, Ed. 1 Cet. 5. Jakarta: Kencana.

rather the cessation of extraordinary medical interventions that are no longer effective, allowing the natural process (death) to occur.

The practical implications of shared decision-making (SDM) between patients, families, and doctors in the dilemma of withdrawing ventilator support are significant. This approach ensures medical interventions align with the patient's personal goals and values, while also considering contemporary ethics and principles like *Maqasid al-Shariah* (the objectives of Islamic law).⁵⁴

Key Practical Implication, Respect for Patient (and Family) Autonomy, Practice: The SDM (Shared Decision-Making) process ensures the patient's right to self-determination (autonomy) is respected. In fiqh, this aligns with the principle of respecting the individual as a legal subject who is rational and has free will. When the patient is unconscious, the family acts as a substitute decision-maker representing the patient's values and preferences.

Outcome: Reducing ethical and legal conflicts, and increasing patient/family satisfaction with end-of-life decisions. Application of the Principles of Beneficence (Doing Good) and Non-Maleficence (Doing No Harm): Practice: Through shared discussion, the physician can explain the prognosis and treatment options, including the potential benefits and drawbacks of withdrawing or continuing ventilator support. This helps to balance the medical obligation to do the best for the patient with the clinical reality that sometimes interventions are more harmful than beneficial. **Outcome:** The decisions made tend to be more balanced between the hope for recovery and the patient's comfort at the end of life.⁵⁵

Transparency and Open Communication, Practice: HR (Human Resources) demands honest and comprehensive communication (veracity) from medical professionals to patients and families. All parties have a shared understanding of the medical situation, the dilemma at hand, and the available options. **Results:** Building strong trust between the medical team and family, and preventing lawsuits due to misunderstanding or incomplete information.⁵⁶

Relevance of the Perspective of Maqasid al-Shariah, Practice: Contemporary fiqh and Maqasid al-Shariah (objectives of Sharia, especially the preservation of life - *hifz al-nafs*) provide an ethical framework for Muslims in making difficult medical decisions. SDM (Shared Decision Making) enables the integration of family religious and cultural values into the decision-making process. **Result:** Decisions are not only medically and ethically sound, but also spiritually and religiously acceptable to the Muslim family, providing peace of mind when facing destiny.⁵⁷

The practical conclusion is: Human Resources (HR) are key to navigating the complexities of the ventilator withdrawal dilemma. It facilitates decisions that respect patient dignity, Based on the best medical information, and aligned with the ethical and religious beliefs held by the patient and family, such as Medical ethical principles and The objectives of Shariah

The main normative contribution of *maqasid al-shariah* (objectives of Islamic law) in navigating the dilemma of ventilator withdrawal lies in balancing the fundamental goal of preserving life (*hifz al-nafs*) with the principle of avoiding harm and hardship (*maslahah* and

⁵⁴ Jalaluddin Abdurrahman bin Kamaluddin Abu Bakr As-Suyuthi,. (1999). *Al-Asybah wa an-Nazā'ir fi Qawā'id wa Furū' Fiqh asy-Syāfi'iyyah*. Beirut: Dār al-Kutub al-'Ilmiyah

⁵⁵ Az-Zarqa, Ahmad bin Muhammad. (1998). *Syarh al-Qawā'id al-Fiqhīyah*. Damaskus: Dar al-Qalam,

⁵⁶ Elwyn, G., & Edwards, A. (Eds.). (2009/2023). *Shared Decision-Making in Health Care: Achieving evidence-based patient choice*. Oxford Academic.

⁵⁷ Ahmad Al-Mursi Husain Jauhar,. (2018). *Maqashid Syariah*. Jakarta: Amzah

avoiding madharat). This framework delivers Ethical guidelines that transcend rigid legal compliance, With a focus on patient clinical realities, quality of life, and human dignity.⁵⁸

How Maqasid al-Shariah Navigates Tensions, Preserving Life (*Hifz al-Nafs*) versus Avoiding Harm (*Madharat*): In principle, preserving life is a primary objective (*dharuriyyah*) in Islam and a moral obligation. However, this obligation is not absolute without conditions. Islamic law permits an exception when medical intervention no longer provides significant clinical benefit and instead causes additional suffering. Kaidah fikih " There should be neither harming nor reciprocating harm or No harm and no reciprocating harm be an important guideline here."⁵⁹

Balancing Benefits and Harms: Maqasid al-shariah emphasizes that the objective of Islamic law is to realize benefit (*maslahah*) and repel harm (*mafsadah*). In the context of a ventilator, if permanent use of the ventilator only maintains a vegetative state with no hope of recovery, this action is considered to cause harm that outweighs the benefits. "In such cases, the withdrawal of life support can be normatively justified to prevent futile suffering and restore the patient's dignity at the end of their life."⁶⁰

Differentiate Passive Euthanasia and Active Euthanasia: Maqasid al-shariah explicitly prohibits active euthanasia (the deliberate act of ending a life. However, withdrawal of ventilator support in medically futile conditions is considered Passive euthanasia, permissible by many contemporary scholars, because letting the natural process of death occur after a medical conclusion that life cannot be restored.

Ethical implications of shared decision-making, the *maqasid al-shariah* approach encourages collaborative decision-making involving the medical team, the patient (if competent), and the family/guardian.⁶¹

Transparent Diagnosis and Prognosis: This framework emphasizes the importance of transparency. Medical teams must inform patients and families clearly about diagnoses and prognoses in an Islamic manner, so that harm due to a lack of knowledge can be avoided.

Considering Holistic Well-being: Decision-making in healthcare

goes beyond physical aspects; it considers the psychological, social, and spiritual well-being of the patient and family. This aligns with the principle of *maqāsid* to preserve the mind (*hifz al-‘aql*) and religion (*hifz al-dīn*).⁶²

"Medical Collegiality: Contemporary fatwas often recommend that the decision to withdraw a ventilator should be based on a consensus of three or more trusted specialist physicians, to ensure objectivity and reduce doubt.

Briefly, *maqasid al-shariah* contributes by providing a flexible yet guided ethical foundation, which places human welfare (*maslahah insaniyyah*) at the center of consideration,

⁵⁸ Djalaluddin, Muhammad Mawardi. (2015)., "*Pemikiran Abu Ishaq Al-Syatibi dalam Kitab Al-Muwafaqat*". Jurnal Al-Daulah 4, 289-300.

⁵⁹ Al-Bar, Mohammed Ali, dan Hassan Chamsi-Pasha. (2015). *Contemporary Bioethics: Islamic Perspective*. Springer

⁶⁰ Setiyanto, Danu Aris. (2018). "*Maqashid asy-Syariah dalam Pandangan Al-Ghazali (450-505 H/ 1058-1111 M)*". Jurnal Hukum Islam dan Pranata Sosial 2

⁶¹ Asti Melani Astari, Achir Yani S. Hamid, Rita Damayanti, (2008). *Studi Kualitatif Pengambilan Keputusan Dalam Keluarga Terkait Dengan Komplikasi Perinatal Di Kabupaten Cianjur Jawa Barat*, Jurnal Kedokteran Brawijaya, Vol. XXIV, No. 3,

⁶² Andini, Irwansyah, Assyifa Deswita Mrp, Zahra Andini, (2024). *Hubungan Hukum Antara Pasien dan Tenaga Medis dalam Pelayanan Kesehatan Dalam Perspektif Hukum Islam*, Jurnal Halaman 954-959 Volume 8 Nomor 1

allowing the withdrawal of ventilator support when such action no longer serves the *shariah's* objectives of dignified life and freedom from futile harm.⁶³

Further research, such as evaluation of Indonesian law, forms of advance directives for Muslim patients, or guidance models for terminal cancer clinicians, The withdrawal of ventilator support in Indonesia is regulated by Ministry of Health Regulation No. 37 of 2014 concerning the Determination of Death and the Cessation/Prohibition of Life Support Therapy, which allows such actions in terminal (futile) conditions in terminal condition (in vain). from perspective of fiqh, This action is permitted if the treatment is considered futile (futile, *Aligning with the Maqasid al-Shari'ah principle of avoiding unnecessary harm and suffering*).⁶⁴

Here is the advanced research on legal evaluation, advance directives for Muslim patients, and clinician guidelines: Indonesia's Legal Evaluation The legal framework in Indonesia distinguishes between euthanasia (which is prohibited) and the cessation/withholding of futile life-sustaining therapy (which is legally and medically ethically permissible).⁶⁵

The legal basis is Ministry of Health Regulation No. 37 of 2014 on Procedures for Withdrawing or Withholding Life Support Therapy for Terminal Patients, providing legal protection for doctors acting within clear medical indications, involving a medical team, and with family consent, although some research notes inconsistencies and need for clearer definitions in practice.⁶⁶

Ethical Implications: Shared decision-making (SDM) is crucial. The decision to withdraw a ventilator must be based on a medical team consensus that therapy is no longer effective, and the agreement of the patient or legal guardian (informed consent/shared decision making).⁶⁷

Advanced Directives for Muslim Patients, Although Indonesian law has not specifically regulated advance directives (AD) in the form of a binding formal document like in some Western countries, this concept is accommodated through a more flexible form of medical consent (informed consent).⁶⁸

Perspective of fiqh: Islamic law permits the withdrawal of life support if the therapy offers no hope of recovery (futile) and merely prolongs suffering. Muslim patients can discuss their end-of-life care wishes with their families and doctors, referencing the principle of *Maqasid al-Shariah* (the objectives of Shariah), which involves preserving life (*hifd an-nafs*) while also avoiding harm (*la darar wa la dirar*).⁶⁹

AD Adaptation: Muslim patients can make an unofficial written statement or an oral will expressing the desire not to be kept alive by life support in an incurable terminal condition.

⁶³ Manjeshwar S Baliga, Vijaya Marakala, Lal P Madathil, Thomas George, Russell F D'souza, Princy L Palatty. (2024). *Prinsip etika dan moral bagi tenaga kesehatan onkologi: Laporan singkat dari konsorsium bioetika yang menekankan perlunya Pendidikan Jurnal Pendidikan Kesehatan Promosi*. doi: [10.4103/jehp.jehp_1048_23](https://doi.org/10.4103/jehp.jehp_1048_23)

⁶⁴ Ghaly, Mohammed (ed.). (2023). *End-of-Life Care, Dying and Death in the Islamic Moral Tradition*. Leiden: Brill,

⁶⁵ Bommel, Abdulwahid. (1999). "Medical Ethics from the Muslim Perspective." *Dalam Neurosurgery and Medical Ethics*, disunting oleh H. August Alphen, 17–27. Vienna: Springer Vienna, https://doi.org/10.1007/978-3-7091-6387-0_6.

⁶⁶ Padela, Aasim I. (ed.). (2017). *Medicine and Shariah: A Dialogue in Islamic Bioethics*. University of Chicago Press,

⁶⁷ Abu-El-Noor, N. I., & Abu-El-Noor, M. K. (2014). "End of Life-Decisions: An Islamic Perspective". *Journal of Health Ethics*, 10(1)

⁶⁸ Abdulaziz, Qurayshi, dan Aasim I. Padela. (2022). *"Palliative Care and Its Ethical Questions: Islamic Perspectives" dalam Palliative Care: an Interdisciplinary Approach for Patients with Life-threatening Illness*. Qatar: Qatar National Library,

⁶⁹ Hassan Chamsi-Pasha dan Mohammed A. Albar, (2016). Hubungan dokter-pasien Perspektif Islam, *Jurnal Kedokteran Saudi* DOI: <https://doi.org/10.15537/smj.2016.2.13602>

This document serves as a guide for the family and the medical team in decision-making, which is then formalized through the consent mechanism regulated by the Minister of Health Regulation (Permenkes).⁷⁰

Medical Criteria: Determination of terminal and futile condition based on clinical evidence and prognosis (for example, presence of advanced malignancy, irreversible respiratory failure)".⁷¹

The PKB Procedure (Patient-Family Communication/Collaboration Procedure, likely an Indonesian specific acronym for Procedure for Communication with Patients and Families refers to a mechanism for effective communication with patients and their families, involving a multidisciplinary team (doctors, nurses, chaplains/clergy, social workers), to reach joint decisions. Along with Documentation: Complete and transparent documentation procedures, including minutes of meetings with families and signed consent forms, for legal protection. Further research can assess the effectiveness of implementing these guidelines and develop an advance directives model that is appropriate for the cultural and religious context in Indonesia.

CONCLUSION

The primary finding in contemporary *fiqh* (Islamic jurisprudence) regarding the limits of ventilator withdrawal is that the withdrawal of life support (including ventilators) is permissible if the treatment is deemed futile and offers no hope of recovery, based on the medical consensus of trusted physicians. This is different from active euthanasia (intentionally ending a life) which is strictly forbidden in Islam. Futility of Treatment: The Limits of Permissibility of Ventilator Withdrawal: Withdrawal of a ventilator is permissible if trusted medical experts definitively determine that the patient's condition is terminal (incurable) And life-support equipment only prolongs the dying process, not restores health. Brain Death: contemporary scholarly consensus, including from International Islamic Fiqh Academy (IFA) dan Islamic Organization for Medical Sciences (IOMS), state that Brain Death indications for the withdrawal of life-sustaining treatment. A patient in this condition is considered legally dead under Islamic law (sharia), even if artificial heart and respiratory functions are still operating, even though the heart and artificial respiration functions are still running. The act of withdrawing a ventilator in the aforementioned condition is considered "passive euthanasia" or allowing the natural dying process to take its course. This is strictly differentiated from "intentionally killing" (active euthanasia) which is prohibited (haram) in Islam]. The decision to withdraw treatment must be based on the opinion of trusted medical experts (usually a multidisciplinary medical team) and through consultation with the patient's family or guardian. Some *fatwas* also permit competent patients to create advance medical directives (advance directives) to refuse extraordinary treatment if their condition is terminal. Avoiding Additional Losses: The Islamic legal maxim "la darar wa la dirar" (do not harm yourself or others) is applied to justify the withdrawal of medical treatment that causes further suffering or harm (e.g., immense financial cost without significant clinical benefit).

Second, Implementation of *shared decision-making* (SDM) between patients, families, and doctors, Especially in the context of healthcare, where complex medical information needs to be balanced with personal values and preferences. Main practical implications include: Increased Medication Adherence: When patients feel heard and their opinions valued in the process of selecting a treatment plan (e.g., medication choices, procedures, or lifestyle changes, They tend to be more compliant with the plan. This is because the decisions made align with

⁷⁰ Ghaly, Mohammed (ed.). (2016). *Islamic Perspectives on the Principles of Biomedical Ethics*. London: Imperial College Press & World Scientific,

⁷¹ Zaenal Abidin, (2012). *Keluarga Sehat Dalam Perspektif Islam*, Jurnal Dakwah Dakwah & Komunikasi, Vol.6 No.1

their goals and abilities. Better Clinical Outcomes: Increased adherence directly correlates with better health outcomes. Patients who actively participate in their treatment decisions often report improved satisfaction with care and a better overall quality of life. Strengthening the Patient-Doctor Relationship: HR builds mutual trust and respect. This open communication process helps doctors understand the context of patients' lives more thoroughly, while patients feel empowered and supported. More Efficient Use of Healthcare Resources: Involving patients in decisions can lead to more appropriate and suitable treatment choices, avoiding unwanted or unnecessary interventions that might not align with patient preferences, potentially reducing costs and the suboptimal utilization of healthcare services. Stronger Family Support: When families are involved, they can provide more informed and effective support at home. Families who understand the reasoning behind a treatment decision are better able to help the patient adhere to the plan and manage challenges as they arise. Patient Empowerment: Shared decision-making (SDM) empowers patients to take an active role in managing their own health. This improves their health literacy and their ability to make future decisions.

Third, the conclusion of the written work synthetically summarizes How the normative framework of *Maqasid al-Shariah* offers a middle ground in Navigating ethical dilemmas surrounding terminal care, The tension between the obligation to preserve life (hifz al-nafs) and the necessity of avoiding futile harm. *key points to emphasize in a conclusion including as;* Argument Synthesis: Emphasize that *Maqasid al-shariah*, through the principle of avoiding harm (*darar*), provides theological justification for refusing medical interventions that are objectively futile or merely prolong suffering, Thus balancing the principle of preserving life with considerations of quality of life and patient dignity in the final phase. Normative Implication: This approach does not disregard the value of life; rather, it places it in a realistic and compassionate context, aligned with the objectives of Sharia (Maqasid al-Sharia) to achieve public good (*maslahah*) and prevent harm (*mafsadah*). Further Research Directions: Further research should be directed towards. A comprehensive evaluation of the application of medical law and ethics in Indonesia related to end-of-life care. The development of a culturally and religiously sensitive model of advance directives (*perintah medis lanjutan*), designed specifically for Muslim patients in Indonesia. Developing a practical and detailed Sharia-compliant guide to assist clinicians, Particularly in the field of oncology, making difficult decisions together with terminal cancer patients and their families. With this structure, This conclusion not only summarizes the findings, but also opens up new insights, Demonstrating the practical relevance of theological-normative analysis that has been done, and encourage discussion and real action in the field.

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