

Letter to the Editor

Limit of viability in Saudi Arabia: An Islamic legal opinion

The decision to remove life-sustaining care from a critically ill baby is difficult and often distressing for parents and health care providers.

Many countries [1] fail to give specific recommendations stratified according to gestational age. They recommend that resuscitation is continued as long as there is reasonable hope of survival with an acceptable quality of life, and if the burden of therapies is endurable for the infant. When this burden outweighs potential benefits, intensive care is no longer justified and redirection of care to comfort measures could be acceptable. The American Academy of Pediatrics provides suggestions for counseling but fails to give any specific recommendations for treatment stratified according to gestational age. However, it does not recommend active intervention for infants under 23 weeks or with a 400 g birth weight. [2]

In the Islamic society, the difficult ethical decisions made by families and physicians faced with such situations are strongly influenced by religion. Recently the General Presidency of Scholarly Research and Ifta in Saudi Arabia issued a legal opinion (fatwa no. 231, March 6 2008) regarding premature infants born at less than 6 lunar months' gestation that is equal to 25 weeks' gestation and 2 days. The legal opinion clearly stated that:

"In the case of infants born at less than 6 lunar months, two specialist physicians could study the infant's clinical condition and based on their opinion the infant could be offered full resuscitation if it is beneficial to the infant or he or she can be left without intervention to die but should not be deprived of nutrition or fluid."

In this fatwa, the ultimate decision is thrown on the shoulders of the treating physician, who should be

knowledgeable and up-to-date about the outcomes of these infants in order to decide on whether to offer full support or leave the infant to die without intervention. The outcome of these infants varies from one place to another depending on geographical location and the facilities available, which makes the decision difficult to make. In addition, in the delivery room the time for making such a decision is limited. Any delay will expose the infant to more hypoxia and this will negatively affect the neurological outcome. I see the main benefit of this fatwa as that there are no legal consequences regarding any decision the physician makes.

This legal opinion is in accordance with the general view among pediatricians and other professional caregivers. The fatwa could be regarded as the first step in encouraging Islamic leaders to discuss this important topic with consultant pediatricians to establish guidelines for practicing physicians to follow throughout the Islamic world.

References

- [1] M.S. Pignotti and G. Donzelli, Perinatal care at the threshold of viability: an international comparison of practical guidelines for the treatment of extremely preterm births, *Pediatrics* **121**(1) (2008), e193–e198.
- [2] Committee on Fetus and Newborn, Noninitiation or withdrawal of intensive care for high-risk newborns, *Pediatrics* **119**(2) (2007), 401–403.

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