

LETTER TO EDITOR

To:

**The Right Honourable Sir Lindsay Hoyle,
U.K. Parliament,
The House of Commons,
London SW1A 0AA, U.K.**

Dear Sir Lindsay,

In my capacity as Chairman of The Global Council for Islamic Biomedical Ethics (GCIBE), I am forwarding to you Fatwas, the essence of which has been reiterated by Grand Muftis in several countries addressing the controversial issue of “Physician-Assisted Suicide” bill awaiting voting on November 29th 2024 in The British House of Commons.

The fact that several Muslim Grand Muftis raised voice, is a sign of great concern. As indicated in the attached Fatwas (please see enclosed sample translation thereof), the concern is not only over Muslims being drawn into this scheme. It rather promulgates unequivocally great concern over human life in general. Human life is sacred according to Islamic teachings, regardless of tenet, religion, race or nationality of the potential candidates targeted by the proposed bill in question.

In principle, medicine and science in general are said to be “APOLITICAL”. The fact that your Health Minister, Mr. Stephen Kinnock, has said he will vote in favour of the assisted dying bill, which is in sharp conflict with his own boss Wes Streeting, the Health Secretary, who will oppose it, strongly confirms that principle. This shows that these two politicians have two conflicting judgement premises, resulting in a skewed equation

which could inflict unforeseen agony on a wide sector of society. Professionally, Mr. Kinnock seems to be off the basic facts of his own responsibilities as Health Minister, which include Palliative Care. Is he missing the point of view expressed by his own boss, the Health Secretary, who clearly states that his concerns are backed up by Marie Curie, who reports that one in four people in the UK die without the palliative care that they need? The Health Secretary has even confirmed in an interview that he will vote

against the Leadbeater Bill because he does not believe palliative care in the UK is good enough to give people a real choice -adding: “I worry about coercion and the risk that the right to die feels like a duty to die on the part of, particularly, older people.”

It is rather inappropriate on the part of our GCIBE, in a rational debate on a serious matter like this, to go down the subjective route others might trespass, where Mr. Kinnock is said to be merely jockeying for prominence by adopting the trend the Prime Minister is trying to establish for political gains.

That skewed equation speaks loud and clear that the issue should be addressed only by experts. These include entities of deep insight of the issue; into its etiology, social causes, outcomes and effects on the public, such as organisations of well documented records. These include for instance “The Royal College of General Practitioners”, and the “Association of Palliative Medicine”. Expert guidance points out the facts that this practice would:

- erode confidence of the public in the healthcare system,
- weaken society’s respect for the sanctity of life,
- establish the conviction that some lives (those of the disabled, mentally retarded, or of long-term chronic diseases) are worth less than others.

In addition, these entities would know far better than politicians how the proposed bill, if approved by parliamentary vote, would undermine suicide prevention, the provision of palliative care, trust in doctors, and the pressure it would impose on vulnerable people to end their lives prematurely.

Should the parliament deny all these facts, then the very humanitarian nature of healthcare would be driven down “Via Dolorosa”.

Finally, we consider the parliament too exalted to follow, obviously, the heedless steps of other countries along that route.

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Countries which initially allowed only terminally ill adults who are mentally competent to access an assisted death have expanded eligibility to include people with arthritis, anorexia, autism, and dementia. They also added children, including babies up to one year old with Spina Bifida. Canada has eroded safeguards in just a few years, expanding from terminal illness to include chronic illness and disability. And in 2027, people with a mental illness as their only medical condition will be eligible. A person with anorexia may qualify for Medical Assistance in Dying if they refuse treatment and their death is considered 'reasonably foreseeable' owing to malnourishment. In 2022, the number of people who ended their lives by assisted suicide and euthanasia accounted for 4.1% of all deaths in Canada; a total of 13,241 people.

A 2023 poll in Canada reveals a disturbing shift in social attitudes when physician-assisted suicide or euthanasia is legalised, with more than a quarter of Canadians supporting euthanasia on the grounds of poverty. The same poll also revealed that a similar

number of people support euthanasia on the grounds of homelessness, 43% support it for mental illness, and 50% support euthanasia for disabled people.

The call is yours now to defy the unethical, immoral and detrimental act, or succumb to it.

Best regards.

Amin Kashmeery

Chairman, Global Council for Islamic Biomedical Ethics

In the Name of Allah, the Most Gracious, the Most Merciful

Fatwa: The Ruling on Suicide Assisted by Others

Praise be to Allah, Lord of the Worlds, and peace and blessings be upon our Master Muhammad, his family, and his companions.

Allah, the Almighty, created mankind and granted them rights that must not be violated or transgressed. Foremost among these rights is the right to life.

According to Islamic law, as well as other divinely revealed laws, human life is sacred and inviolable. Therefore, Islam strictly prohibits the taking of one's own life (suicide) by any means and for any

reason. Allah has warned of severe punishment in the Hereafter for those who commit suicide.

Moreover, the punishment is not limited to the individual who commits suicide but extends to anyone who assists, supports, or facilitates the act. This particularly applies to medical professionals who provide or prepare medications or other means to assist in the act of suicide, leveraging their expertise and professional skills.

Similarly, those who contribute to enacting such laws, especially judges who issue rulings permitting assistance in suicide, are also considered complicit in the crime and sin.

We therefore affirm that suicide is unanimously forbidden in Islam, as human life is not owned by the individual but is a trust from Allah. Allah has forbidden the taking of life in His words: "And do not kill yourselves. Indeed, Allah is ever Merciful to you." (Quran 4:29)

The Prophet Muhammad (peace be upon him) also stated: "Whoever kills himself with something will be punished with it on the Day of Resurrection."

Thus, requesting someone else to end one's life is a grave sin and is held accountable.

As for the person who assists the suicide, whether through weapons, medication, or any other means at the request of the individual, they are considered to have committed premeditated murder and must bear full religious, legal, and social responsibility. Allah says: "And whoever kills a believer intentionally, his recompense is Hell, wherein he will abide eternally." (Quran 4:93)

This remains the case even if the perpetrator claims they were fulfilling the wishes of the individual or acting for any perceived reason.

Hence, we maintain that both suicide, whether self-inflicted or assisted, is unequivocally forbidden in Islamic law. Both the one committing the act and anyone assisting in it bear sin. Instead, individuals in distress must be supported and provided with solutions to help them overcome their hardships, not laws or assistance that end their lives. Particularly, doctors have a sacred duty to preserve life and not to take it.

Bujar Spahiu

**Grand Mufti of the Republic of Albania
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Global Council for Islamic Biomedical Ethics

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