Ethical Issues in Emergency Care and Research

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Introduction

he paper is based on the presumption that Islam has its distinct approach to medical ethics that contemporary medicoethical issues can be analyzed and resolved using tools from Islamic Law: the purposes of the Law, *maqasid al shari'at*; and the principles of the Law, *qawa'id al fiqh*₁₋₄. Four of the 5 purposes of the Law have direct relevance to emergency room care. Protection of life, *hifdh al nafs*, is the most important function of medical intervention and takes precedence over the remaining three purposes of the Law because it is meant to ensure protection of an individual's life. Protection of reproductive capacity, *hifdh al nasl*, assures continuation of the human race and ensures the life of the community. Protection of the mind, *hifdh al 'aql*, is meant to ensure the functionality of the human intellect that distinguishes humans from animals. Protection of wealth, *hifdh al mal*, is about good use of resources.

Abstract

This paper presents the perspective that conflicts between the ideal and the actual emergency room practice can be resolved by reference to the purposes of the law, *maqasid al shari'at*, and principles of the law, *qawa'id al fiqh*. The principle of necessity, *qa'idat al dharurat*, allows waiving normal practices like informed consent to protect life. The principle of intention, *qa'idat al yaqeen*, requires that all intervention and research must be based on evidence as much as is possible in an emergency. The principle of injury, *qa'idat al dharar*, requires minimizing harm while maximizing benefits in emergency procedures, protection of privacy and confidentiality. End of life decisions involving artificial life support are based on finding the right evidence-based balance between the purpose of protecting life, *hifdh al nafs*, and the purpose of conserving resources, *hifdh al maal*; the final decision guided by the principle of certainty depends on evidence of benefit of the resuscitation. Under the principle of custom/precedence, *qa'idat al 'aadat*, programmed decision-making routines, protocols and guidelines should be used in the emergency room. Under the principle of necessity, research necessary for improvement of emergency care can be carried out without prior consent by the patient or the guardians if certain specific conditions are fulfilled.

Key words: Confidentiality, Do not resuscitate (DNR), Emergency room (ER), End of life decisions (EOL), Informed consent (IC), Research.

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