

“Medical Futility” clarified by idle (Laghw) in The Holy

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ABSTRACT

A major challenging debate in medical ethics is the request for “medical futility”. The topic of medical futility requires separate examination in Iran, because at least two reasons: First, the common principles and foundations of medical ethics have been formed in the context of Western culture and Western secularism. Accordingly, implementing the same guidelines and codes of medical ethics as Western societies in Muslim communities does not seem rational. Second, the challenges presented in health services settings (health and medical care) differ across different countries. The Quranic concept of laghw was searched in the verses of the Quran. The word and its derivatives are used in 13 verses of the Quran. The 3rd verse of Surah Al-Muminūn was selected for its closer connection to the futility concept. That verse was researched in the context of all commentaries presented in special software and its glossaries. In commentaries, Laghw[idle] is known as any insignificant speech, act or thing that is not beneficial; an action from which no benefit is gained; any falsehood (that is not stable or realized); an entertaining act; any foul, futile talk and action unworthy of attention; losing hope; something that is not derived from procedure and thought; and it has also been used to refer to anything insignificant. The notes and interpretations derived from the commentaries were placed in the following categories: (A) Having no significant benefit (B) Having no specific purpose (C) Negligence (D) Having no necessity (E) Not being good (lack of beneficence).

Keywords: Idle, Laghw, Medical Futility, Holy Quran, Medical Ethics

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Introduction

Medicine and health form an inseparable domain of human life, as human beings have to always deal with the concept of health and illness in their life. Another area of knowledge that is always intertwined with human life is the domain of ethics. According to some existing definitions, ethics tells of the dos and don'ts of human characteristics and attributes and his behavior in life, and seeks to expand the worthy attributes and behaviors of humans in life and remove the unworthy ones from it. Accordingly, medical ethics is intertwined with human life in the two aspects of "ethics" and "medicine".

The topic of medical ethics can be interpreted as the establishment of the dos and don'ts of proceeding in the field of medicine, and since many factors affect the establishment of these dos and don'ts, medical ethics is an interdisciplinary field of knowledge that is associated with various domains of knowledge. The main scientific domain that deals with medical ethics is philosophy. Hence, the foundations of the philosophical school adopted play a critical role in directing recommendations, guidelines and codes of medical ethics. From the second half of the twentieth century, following the rapid development of medical technologies, medical ethics became a serious topic for debate in developed communities. However, given the profound influence of secularism in general Western culture and in the academic milieu, the foundations of medical ethics in the Western world came to be developed based on secular worldview. For example, medical ethics is said to have been secular since the Enlightenment of American and European societies (from the 18th century onwards). This medical ethics is emphasized to not be referring to God or the revelatory tradition and to just be focused on the

needs and offerings of rational discourse (1). In their "Principles of Biomedical Ethics", Beauchamp and Childress refer to Western philosophical ideas as the basis of ethical analysis (2). Although this "four-principle approach" has sought to offer general, comprehensive principles and rules for medical ethics in the form of "common morality", the religious and cultural contexts of Western countries and the aforementioned philosophical foundations have inevitably had their influence on it. Based on this framework, the principles, rules, guidelines and codes that were prepared and appropriated in specific cases (such as abortion, end-of-life care, euthanasia and medical futility), the results that came about have been consistent with that particular cultural context.

There are at least two major worldviews and attitudes in the world today, i.e. the divinity and the secular thought, and some countries are administered based on the former and some others based on the latter. The worldview and philosophical attitude of Islam and secular thought (on the basis of which the major sources of medical ethics in the world today have been drafted) have substantial differences with one another, and as the majority of the Iranian population is Muslim and Islam is the country's official religion (3), it appears that these differences of perspective should be taken into consideration in reviewing issues of medical ethics. A major challenging debate in medical ethics is the topic of requesting "medical futility". The request of patients or their families for receiving medical care that is considered futile and unreasonable by the medical team forms a major ethical issue in clinical practice. This issue can problematize the physician-patient relationship. Wasting medical resources,

eliminating or reducing the benefiting opportunities of other people in need of medical services, not trusting the medical team and the emergence of legal complexities for the medical team are only examples. Although the requests for medical futility compose only a small part of the health system in its totality, they can cause severe psychological and ethical tension for the patient, their family and the medical group. In rare cases, the problem might become so gravely complicated that the matter is taken to the legal authorities by the patient or the hospital (4).

In original or translated books and papers in Persian, phrases such as “ineffective care”, “useless care” and “unsuitable care” have been replaced. According to the authors of this paper, however, any kind of medical care will have its benefits (though only small) for the patient and the concept of “futile” and “useless” do not appear to be applicable to medical care and might lead to misunderstandings between the health personnel and the patient and/or their family. The renditions “futility of care”, “medical futility” or «futile care» therefore appear to be more appropriate. Medical futility occurs when the patient reaches a point in which the treatment proposed by the therapists does not result in the desired outcome for him or a point in which the physician or the medical team reach the decision that the care requested by the patient or his companions will not result in the desired outcome (i.e. the patient’s recovery).

The idea of requesting medical futility is not a new one. This idea is as old as medicine itself. For example, Hippocrates advises physicians in these words, “in refusing the treatment of those who have been overcome by their diseases, realize that treatment is powerless”. In the writings of Hippocrates, we read, “medicine is an

art that should utterly free patients of pain, relieve suffering from disease, and refuse to treat patients who are overcome by their diseases, to know that the art of medicine is no longer capable of doing anything here”.

If we are to analogize the health setting's confrontation with pathogenic factors to the scene of a battlefield (5), we should recognize that success and failure in this field are not always limited to one front. In this battlefield, there are times when the health domain wins and the disease is defeated by the efforts of health service providers, and sometimes the tables turn and disease overpowers. The question arises, how far and to what extent should the health setting apply its forces against the diseases and pathogenic factors? Under which circumstances should the health setting surrender to disease?

This challenge is also raised in another way, that is, the issue of “health resources allocation”. Financial, human and other kinds of resources of the health setting are not unlimited and one method of establishing the universal principle of “justice” is the prioritization of available resources. In this prioritization, the order of the importance of health schemes and the priorities of pursuing them are defined based on the main criteria of each and every society. Certainly, whenever part of the resources of the health system are economized, the opportunity for pursuing the lower priorities on the list presents itself.

But the ethical challenge aggravated when the advances made in medical technology came to provide the opportunity of life-prolonging interventions over the last 50 years. Critically ill patients in their final stages of life die in a short time without the aid of these complicated facilities and devices, but when these devices are

used in their treatment, they live longer. The prolonged life of these patients often depends on the devices during this period of time and they do not have a normal connection to the world around them. The increased possibility of interventions has raised new ethical questions. In the 1980s, a new term was coined for inappropriate interventions –“medical futility”(6).

The ethical challenge in providing care to these patients becomes more complicated when, for example, the ICU bed and the ventilator are aiding one such patient and there is a strong suspicion of the patient's imminent death. At the same time, there is a patient in the hospital with a disease capable of healing (for example, Guillain-Barré, a disease that paralyzes the muscles, including the respiratory muscles, for a while, but it is reversible and capable of healing) and there is no possibility of setting up another bed and another device. The ventilator is connected to a patient who will die within a few days while another patient is in dire need of the same device for gaining recovery.

Another factor that creates and exacerbates the issue is the increased general knowledge of medical treatments acquired through various sources including the media and the Internet. The expansion of knowledge has increased society's] expectations of what “medicine” can offer. Unrealistic expectations such as that technology can “cure all illnesses” have led to extraordinary demands on the part of patients or substitutes [alternative decision-makers] to the effect that “anything possible will be done”, which can create collisions and disagreements between the health care team and the patient or the substitute relatives (6).

The important point is that, for at least two reasons, medical futility requires a separate examination in Iran.

First, the common principles and foundations of medical ethics have been developed in the context of Western culture (7) and Western secularism and secularist values and principles have inevitably manifested themselves everywhere in them. There are fundamental differences between secular ontology, anthropology and epistemology and what is found in a religion-oriented ethical school. Based on these differences, planning, goal-setting and determining ways of achieving goals are different in these two worldviews. Therefore, the implementation of some doctrines and codes of medical ethics pertaining to Western societies in Muslim communities does not appear to be rational. Muslim scholars (in particular Iranian intellectuals) need to develop a set of ethical principles and values for the Muslim community by careful examination of traditional resources (the revelation and the tradition of the Infallible Imams) and intellectual resources. Based on these fundamental values and principles, Muslim medical ethics experts should then develop guidelines and codes of medical ethics for application within a Muslim community.

Second, challenges in health services setting (health and care) differ across different countries. In Iran, major developments occurred in health services after the Islamic revolution. The development of human resources and facilities in health services has completely transformed conditions in this sector compared to how it was years ago. Though before the Islamic revolution, Iran was a country dependent for providing its basic health services, it has now, according to reports from the Ministry of Health and the

World Health Organization, reached acceptable levels with regard to some major indicators of health services and has raised the praise of WHO experts and inspectors. Challenges emerge when instructions, policies and guidelines have not been developed concurrently with the development of these health services. In other words, the vast majority of efforts have been focused on developing the “quantity” of services and, apparently, the “quality of services” has not been addressed in proportion to this quantitative development. It should also be noted that, while medical ethics is a field that has a long history in Iran and though there are an abundance of ethical advices for physicians in the writings of ancient Iranian sages, the current knowledge of medical ethics is an emerging knowledge in the country. As of yet, Iranian intellectuals have not provided a clear framework for this field. To develop issues of medical ethics in the health system, either the same ideas and principles and codes of Western societies should be translated and instructed in Iran, or else, if it is determined that the basic foundations and values and, consequently, the codes of Western medical ethics are not consistent with Iranian culture, customs and religion and are incompatible with the principles and values of the Iranian society, then attempts should be made to prepare and develop codes of medical ethics based on principles and values appropriate to the Iranian society.

Materials and methods

This paper is a part of a thesis titled “medical futility, a comparative study from the perspective

of secular and religious ethics”. Given the subject of futility and its conceptual congruence with the Quranic concept of *laghw*, the Noor Jami` al-Tafasir 2 (The Noor Collection of Interpretations 2) software and the online software “Pars Quran” (at <http://www.parsquran.com/was>) was looked up for this word. The root word *laghw* and its derivatives are used in 13 verses of the holy Quran, including, Al-Baqarah: 225, Al-Ma'idah: 89, Maryam: 62, Al-Mu'minun: 3, Al-Furqan: 72, Al-Qasas: 55, Fatir: 35, Fussilat: 26, Qaf: 38, At-Tur: 23, Al-Waqi'ah: 25, An-Naba': 35 and Al-Ghashiyah: 11. Of these verses, the 3rd verse of Surah Al-Muminun was selected for its closer connection to the concept under examination. There is a large congruence between this verse and the subject of futility. The selected verse was examined in the context of all the commentaries available in this software. Translations, interpretations and descriptions provided in all the commentaries with regard to the subject of futility were selected from the texts. Arabic commentaries were translated. Wherever there were doubts about the translation of a word or phrase, the original text of the commentary and its translation were presented to an Arabic language and literature professor and the translations were readjusted.

Results

Verses 1-11 of Surah Al-Muminun reveal the attributes of believers. According to the third verse of Surah Al-Muminun, the second attribute of these meritorious servants is that they avoid “futility”: “And they who turn away from ill speech”¹. We have previously published and

¹. وَالَّذِينَ هُمْ عَنْ اللَّغْوِ مُعْرِضُونَ

presented its philology, in an article titled: “Conceptualization of Idle (Laghw) and its relation to medical futility” (8). Present examination showed that the available commentaries have used numerous interpretations in explaining this word. The statements used can be categorized as follows:

A) Having no significant benefit

In *Majma' al-Bayan*, this word is interpreted as: “in fact, laghw[idle] is any word or deed in which there is no significant benefit, it is thus disagreeable and prohibited and should be avoided”. Tabarsi then presents some examples of Idle[lagh], including, falsehood, all sins, lie, swearing, singing and entertainment (9).

The interpreter of *Makhzan al-Irfan fi Tafsir al-Quran* says: “The second attribute of whole believers is that they turn away from anything useless, whether speech or act, and appreciate their time far greater than to waste any minute of it doing something that is of no benefit. And perhaps the reason that he has referred this verse to the first verse is that, someone who spends the hours of his life in vain and focused on diversion and play cannot give himself fully to his prayer, because what man is occupied with, his imaginative faculty, which performs the task of visualizing what he engages in, presents him that exact image during moments of prayer, just like a dream, and makes it attractive, so how can he concentrate and have humility during his prayer, as no matter how much he wants to give his full attention, his imagination and fantasies invade and distract him. But, him whose thoughts and acts are always according to reason and religion and is focused on doing all he does for the sake of God (because if you look carefully, any act

that is not for the sake of God is vain and futile) can habitually protect himself from corrupt imagination and fantasies and devote himself fully, and only then will he have celibacy and humility. They say, everything that is not for God is redundant and what prevents you from God is inadvertent, and what has no joy in it for the servant of God is diversional and what is not from God is laghw[idle]” (10).

Tafsir Kashshaf interprets this verse saying that: “laghw[idle] is an act or speech that is of no benefit to you, such as entertainment and humor, and leaving such things deserves chivalry” (11).

In *Tafsir Al-Mizan*, Allameh Tabatabai interprets this verse saying: “a laghw[idle] act is an act that is useless and is distinguished by the distinctions between the beneficial acts that exist. Perhaps an act is futile for one affair and useful for another one. As indicated, religion holds laghw[idle] acts to be those of permissible and lawful acts that are not beneficial to the person who performs them in either this world or the Hereafter, and that don't lead to any benefits in the Hereafter, such as epicurean indulgence in eating and drinking, which is laghw[idle], since the purpose of eating and drinking is to gain power in order to obey and worship God. Therefore, if an act is not beneficial in the Hereafter, and its worldly benefits also do not last into the Hereafter, it is laghw[idle]; more precisely, “laghw[idle]” is the non-obligatory and non-recommended. The almighty God does not describe believers as those who completely withdraw from futility, rather that, they turn away from it, because every human-being, no matter how faithful, is prone to slipping and falling into error. ...That is why God praises believers who possess the virtue of turning away from futility, and turning away is apart from complete withdrawal. Withdrawal is a non-

existential matter, but turning away is an existential matter. Turning away occurs when an incentive motivates human-being to do a futile act and he turns away from it and instead turns to something else and pays no attention to the futile. And it requires man to deem his soul greater than to perform inferior acts and to want to always condone acts that are inconsistent with reputation and honor and to instead perform acts of greatness and strive for noble goals” (12).

In *Tafsir Nemooneh*, the writer also refers to this point and says: “in fact, as some of the great commentators have said, laghw[idle] is every word and action without significant benefit, and if we see that some commentators have interpreted it as falsehood, some as all sins, some as lie, some as swearing or counter-swearing, some as singing and diversion and play, and finally some as idolatry, it is because all of these are examples of that all-embracing concept. However, laghw[idle] does not only include futile words and deeds; rather, all the useless and groundless thoughts that make man neglect the remembrance of God and neglect reflection on the useful and the productive are encompassed in the concept of laghw[idle]. In truth, believers are made so that not only do they not engage in false thoughts and groundless remarks and futile acts, but also, in the words of the Quran, they “turn away from them” (13).

In *Tafsir Asan*, this verse is interpreted as: “the second attribute of true believers is that they turn away from laghw[idle] speech and behaviors that are of no benefit and seek aversion from them. Commentators have many opinions and ideas about the meaning of the word laghw[idle]. Yet, none of their words are factual and adopted from a trusted source. Although the All-Knowing God is the most knowledgeable and aware of all about

what He has said, it can perhaps be argued that, “as the word laghw[idle] has no stipulation, its style and use encompass all the words and behaviors that do not lead to any results in the Hereafter or in this world or in both (14). The author of *Moqnayat-al-Doror-va-Moltaqadat-al-Samar* provides the various statements about this word and recapitulates them saying that any work and speech in which there are no legal benefits is disagreeable and is necessary to turn away from (15). In *Irshad al-Azhan ila Tafsir al-Quran*, laghw[idle] is any act or speech in which there is no hope for benefits and that deserves to be annulled (16).

According to *Al-Tafsir Al-Vazeh*: “laghw[idle] is the same as falsehood and is anything in which there is no good and benefit. The true believer is him who is aware of his heavy responsibilities. He is aware of what is upon him for his life, homeland and religion. He knows that he is accountable for the trust bestowed on him, and will be restless until he fulfills it. Someone who behaves accordingly turns away from any amusement, enormity, futility and wasting his valuable time on worthless things. O, brother! Know that these Idle[lagh] acts are the way of indolent people of backward nations, otherwise, however extensively time is prolonged, it is not merely enough for many of that which is obligatory for you” (17).

B) Having no specific purpose

Tafsir Nemooneh interprets this verse claiming that: “The second quality that it attributes to believers after the quality of humility is that ‘they turn away from anything vain and laghw[idle]; in fact, all of their actions and paths in life follow a useful, productive purpose, as laghw[idle]

signifies acts without a purpose and useful result” (13).

Describing the purpose of man’s creation, *Tafsir Asan* notes: “... and as the Exalted God deems [laghw] speech and behavior disagreeable and abominable, He advises true believers to beware of such things and says: 'one of the good attributes and perfections of believers is to be weary and void of all laghw[idle] things', as they are incompatible with the purpose of man’s creation. In addition to the verses and traditions that hold that man has not been created for laghw[idiat], a healthy mind cannot accept for the All-Wise God to have created man for laghw[idiat]. As man’s creation for laghw[idiat] is itself a laghw[idle] act, while the Dignity of the Most Venerable God is far beyond a laghw[idle] act. Rather, it should be asserted that the whole life of human-being, even its hours and minutes, have been created for a purpose, and should be invested in reaching that exact purpose. This matter is confirmed by the following illustrative tradition of the Prophet of Islam (peace be upon him and his progeny) that says: 'On the day of Resurrection, the feet of a slave will not move away from Allah, Most High, unless He has asked him four things: "How did you while away your life? How did you earn your wealth? And where did you spend it? And He will ask him about our love, the Ahlul Bait". The commentator: the word 'muaaridoon', meaning 'those who are turning away from', is used, which is a subject noun and expresses continuity: believers are constantly seeking aversion of laghw[idiat] without any interruption in their turning away (14).

C) Negligence

Tafsir Hedayat writes of this verse that: “The believer is humble in heart, so feels accountable

with an awareness, and isn't he but completely submitted to God and doesn't he but know that soon he will be questioned for all his minor and major acts and that he will be accountable? He knows that life is serious, and there is no pointlessness and emptiness in it. While the person who does not know there is reward beyond his life and that he ought to shape his life in a way so as to be consistent with the instructions for that reward, takes life as mere amusement. When a person who has [a] serious disease passes by a group that is playing, will he play with them? Never! The same is true for a believer, because he is busy thinking about his goals and responsibilities in life, in such a way that it prevents him from trivial matters in life. Even if something pointless comes up that tries to lure him into amusement, he will disregard it. The Quran does not say of them that they do not seek pointlessness themselves, rather that, “they who turn away from laghw[idle]”, meaning that if anybody tries to affect them, they will not be affected by him and the pointlessness he offers and will turn away from it. In the words of the Imams of Ahlul Bayt (pbut), laghw[idle] is interpreted as listening to what is not lawful and allowed, including, swearing, backbiting and curiosity about the verses of God. And in another prophetic tradition, laghw[idle] has been interpreted as singing and pointless entertainments, and yet in another prophetic tradition as hearing the words of story-tellers and fantasizing narrators. However, Imam Ali (pbuh) says, “Every word in which there is no remembrance of God is laghw[idle]” (18).

According to *Tafsir Al-Tahrir Wal Tanwir*: “Turning away from the laghw[idiat] is seen as a serious mood and anyone who is serious in his work, his soul has perfected, and nothing but

beneficial acts will he offer; therefore, seriousness in deeds is an Islamic moral” (19).

D) No necessity

Tafsir Gharaib al-Quran wa-Raghaib al-Furqan considers any permissible but unnecessary act or speech laghw[idle] in addition to unlawful and abominable: “We say that laghw[idle] is any unlawful and abominable or permissible word and act that is not necessary” (20). *Marāh Labīd li-kashf ma’nā al-Qur’ān al-majīd* discusses the same thing in explaining the 3rd verse of Al-Mu’minun: “[believers] are those who turn away from all unnecessary words and acts whether in relation to religion or worldly affairs” (21).

E) Not being good (lack of beneficence)

Jawahir al-Hisan fi Tafsir al-Quran generalizes this word to whatever in which there is no good and beneficence (22).

Tafsir Safi says: They turn away from anything pointless, And anybody who is corrupted cannot do so, Anything not of God is laghw[idle], And he who turns away from it, is a selected mystic (23).

Discussion

Considering the five categories derived from interpretations and presented in Findings, it seems necessary to examine whether or not the interpretations provided for the word idle[lagh]w in the commentaries is related to the field of medical ethics, in particular the issue of futility. For this purpose, the present findings will be compared to cases that are their equivalent in health services settings, and their similarities and congruities will be discussed.

A) Having no significant benefit

In *Tafsir Majma’ al-Bayan*, *Irshad al-Azhan*, *Tafsir Asan* and *Tafsir Kashshaf*, as noted, laghw is said to be any work that has no benefit or significant benefit (9, 11, 14, 16). One of the four common ethical principles of medicine in the world is the principle of beneficence, and in clinical decision-making, if a patient’s benefit is in collision with other affairs, his benefit takes priority; thus, medical futility is wrong as it is not beneficial for the patient. The two mentioned principles are not purely in conflict with religious doctrines, but in religious morality, cases of benefit and harm and their domain is broader than what is perceived in a merely materialistic view.

From the perspective of religious morality, man is an eternal creature who will not perish with death; rather, he changes out of his skin (24). The comprehensive perspective of religion on the dimensions of human life causes the determining of the individual’s benefits to not be only grounded on bodily benefits and transient worldly life. These doctrines take other dimensions of human existence (such as the soul or Divine Pneuma) and man’s eternal life in the Hereafter as the criteria for determining gain and loss. If the treatment intended does not have a significant result and benefit for its costs for neither of the dimensions of human existence, nor a significant positive effect on man’s entire life, providing that treatment is wrong, impermissible, disagreeable and forbidden in Islamic morality and it is necessary to turn away from it.

It is now clear that the examples provided in *Majma’ al-Bayan* for the word laghw (falsehood, all sins, lie, swearing, singing and entertainment) not only have no significant benefit for man, but are also harmful and damaging and should therefore be avoided.

This reasoning is consistent with what is expressed by the author of *Al-Mizan*. He considers the Hereafter gains as the main point of reference. According to him, worldly gains should also be directed at the Hereafter gains. This expression appears to connote the nobility of life in the Hereafter over worldly life. According to this argument, he deems the non-obligatory and the non-recommended futile. If the intended treatment is necessary for providing, maintaining or improving a person's health, it becomes obligatory for the health personnel to provide it and for the patient to choose and pursue it. Also, if the treatment helps the patient's health (but is not required for it), its providing and accepting become recommended. Any health or care action that is ineffective for health, or any action with adverse effects for health, and even worse, any action that deteriorates health, are all futile and should necessarily be avoided according to Islamic morality. It is essential for both health personnel and patients to avoid futile matters that put their health at risk, which is a requirement that holds for both parties.

Makhzan al-Irfan fi Tafsir al-Quran notes that a believer's time is more precious than to waste even one moment of it on pointless work or speech (10). Resources for health services (human and financial resources and facilities, etc.) are clearly limited in many countries, particularly in countries like Iran, and spending these resources on pointless, futile services is clearly morally wrong and impermissible. When solid reasons confirm the futility of a treatment with certainty, one of the serious losses arising from its offering is the waste of time, the waste of resources and the financial loss for the patient, his family or the community.

Given the limited resources, *Tafsir Al-Vazeh* has addressed the subject of the limitation of time. Noting the heavy responsibilities that are upon the believer for his life, homeland and religion, about which he is fully aware, it says that the believer knows that he is accountable for the trust bestowed on him, and that he will be restless until he fulfills it. The author says that someone who behaves accordingly turns away from any amusement, enormity, futility and wasting his valuable time on worthless things. He then points out that however extensively time is prolonged, it is still insignificant for the many of what is obligatory for us (17). Given the limited health resources (which, in many cases, also holds true for time resources), and given the extensive scope of health needs, the more are efforts made, the further are needs met. To achieve the outlined goals in the health system, no indolence and lethargy is allowed.

The author of *Moqnayat-al-Doror-va-Moltaqadat-al-Samar* claims that any work and speech in which there is no legal benefit is considered disagreeable and should be avoided. In the words of Ayatollah Javadi Amoli, religion is a set of offerings from wisdom and narration (revelation and tradition), (25). Considering this point, in health services settings, any action that is not useful from the perspective of narrative proofs, or by employing of which no benefits ensue for the patient according to rational and empirical human evidences, or that does not come to realize its intended purpose, is disagreeable and the patient and the service providers should avoid its pursuing.

B) Having no specific target

As stated in *Tafsir Nemooneh*, all works should be done for achieving useful and productive purposes (13). In health services settings, the

main goal of treatment-diagnostic measures should always be toward the providing, maintaining and improving of health. Therefore, actions that do not follow this purpose are clearly pointless. On the grounds of *Tafsir Hedayat*, as there is no room for emptiness and purposelessness in man's life and since all his minor and major actions have an effect on his fate and since he will be accountable for all of them (18), patients and health personnel should avoid pursuing futile matters in all their minor and major treatment-diagnostic measures. Futile measures are not only limited to end-of-life care or expensive care; rather, any measure without a beneficial effect in proportion to its costs is futile and should be avoided.

Based on this commentary, it can be concluded that not only should the receiver/provider of health services not pursue futile measures, but also if others (the patient, their family and companions, pharmaceutical companies, medical devices & equipment companies, etc.) seek to have inappropriate influences on his decision and direct him to futile measures, he should turn away from it and not be influenced by wrong inductions.

This point is also emphasized in *Tafsir Al-Mizan* when it says that the verse is referring to turning away from futility. According to the author, a person might be subjected to doing a futile action and might be motivated by an incentive for that pursuit, but the true believer turns away from pursuing futility due to the dignity and grandeur that he envisions for himself (12).

In a Muslim country, faithful health personnel should take themselves accountable not only toward their patients, but also toward God and themselves. A faithful physician with strong religious beliefs respects the command and

prohibition dictated by the holy law (command and prohibition of the intellect, the book and the tradition) based on observing the right of God, and respects the patients' rights based on observance and accountability toward the right of people, and envisions such a great right of self and honor that he avoids engaging in such activities and performing treatment-diagnostic measures without documented medical reasons (particularly for the sole motivation of financial gain). *Tafsir Asan* quotes Muhammad ibn 'Abd Allāh, the Prophet of Islam (pbuh), referring to man's accountability for several matters on the day of resurrection (14). Three of the matters referred to in this prophetic tradition (the individual's life, his body and his property) are part of his health resources. Patients and service providers are therefore accountable for their manner of using the resources available to them on the day of resurrection before God's Court of Justice. It is evident that if the resources are used for treatments but in such a way that they can be considered futile, the person cannot provide an acceptable response for having wasted these facilities.

C) Negligence

Tafsir Hedayat refers to the believer's humility and his submission to God and examines man's accountability on the day of resurrection. As he is accountable for his actions and thoughts on the day of resurrection, the believer takes every moment of his life seriously and away from emptiness and futility (18). In health settings, this seriousness is doubled. The patient is accountable for his own health and should avoid anything that puts the providing, maintaining and improving of his health at risk. It is also the health personnel's duty to help patients in the providing, maintaining and improving of their

health. And any action that has no positive effect on achieving this health is considered futile and it is obligatory and necessary for both the patients and the health personnel to avoid it.

Adherence to a serious temper and seriousness in actions is an Islamic moral and helps turn away from futility. In health settings, the importance and necessity of seriousness in work is very clear. Any negligence in work might seriously endanger the health of an individual. Medical errors are currently one of the problems of the health services in Iran (26). Seriousness helps health service providers steer clear of imprudence or recklessness, to not attempt to do anything without scientific and practical skills to back it up and to observe the legal and state systems. Such an individual who keeps his seriousness in his work will not commit medical errors.

D) No necessity

According to *Tafsir Gharaib al-Quran wa-Raghaib al-Furqan*, forbidden, abominable and even unnecessary but permitted actions and words are futile (20). The futility of forbidden or abominable words and actions was previously discussed, but the issue here is that if an action or word is permitted but there is no need and necessity to do or say it, then it should be avoided. From the perspective of medical ethics, in health systems, only those actions should be pursued that are just, necessary and appropriate in terms of moral analysis, and all impermissible actions should be avoided.

Just and necessary indicate another interpretation of obligatory and recommended, and incorrect and impermissible medical measures are forbidden or at least abominable. For many reasons, such as limited resources, mere pursuing

of acts that neither improve nor threaten health (in other words, have no positive or negative effects on health) is wrong and impermissible. *Marāh Labīd li-kashf ma'nā al-Qur'ān al-majīd* reiterates the same thing and then emphasizes the necessity of turning away from unnecessary speech and action on a permanent basis (21). From the perspective of ethics and based on the concept derived from Ebn Meskavayh's definition, a state is attributed to someone's mood when it has pervaded him and become implanted in him and is manifested all over his life in the form of an "innate disposition". "Persistence" is a characteristics of professions (27). In the medical profession, health personnel are expected to behave according to the accepted principles of morality always and in all their professional interactions and on a continual basis rather than sporadically.

E) Not being good (lack of beneficence)

According to *Jawahir al-Hisan fi Tafsir al-Quran*, anything in which there is no good and beneficence is futile (22). The subject of moral analysis is an action's state of being good or bad. Therefore, in the field of medical ethics, any improper and unacceptable action is futile and should be avoided, and futile actions and words are immoral.

Conclusion

A) Having no significant benefit

One of the four principles of medical ethics presented by Beauchamp and Childress, which are accepted and well-known in many countries, is "the principle of beneficence". In addition, based on ethical policies such as the Geneva Declaration, in clinical decisions, the patient's

benefit is always a priority. In health services settings, any action that is useless based on narrative proofs, or that rational and empirical evidences have shown it to not be beneficial to the patient or to not realize its intended purpose, is unacceptable and the patient and service providers need to avoid pursuing it. As a result, since, medical futility is not beneficial to the patient, it is inconsistent with the two principles of “beneficence” and “non maleficence”, and is therefore wrong. Examples of measures which are not planned based on the prioritization of the patient’s benefit are presented: The concurrent treatment of multiple differential diagnoses remaining for the patient’s clinical status, Administration of antibiotics for common colds which are most likely viral, Administration and use of injection drugs when non-injection drugs can be used instead, Prescribing a test without checking the patient's history and making a sufficient examination, Performing endoscopy without appropriate clinical criteria, Hospitalization of a patient who can be treated and followed-up on as an outpatient without any damages incurred and Etc.

In health settings, pursuing treatment-diagnostic measures without documented medical reasons (particularly with the sole motivation of financial gain or fame) is wrong. Examples provided are instances of taking measures without a reason, which are unacceptable and impermissible according to both secular ethics and particularly from the perspective of religious ethics. A faithful physician with strong religious beliefs respects the command and prohibition dictated by the holy law (command and prohibition of the intellect, the book and the tradition) based on observing the right of God, and respects the patients’ rights based on observance and accountability to the right of people, and

envisions such a great right of self and honor that he avoids engaging in such activities and performing treatment-diagnostic measures without documented medical reasons (particularly for the sole motivation of financial gain).

When a patient visits a physician, one of the questions that need to be answered is whether the patient needs hospitalization or if he will recover through outpatient treatments without any serious complications. One of the cases that may be witnessed in health centers is the patients’ hospitalization without indication. The total costs of outpatient treatments are often less than the costs of hospitalization. The general culture in Iran (like in many Asian countries) is family-oriented. The lack of human resources (particularly the nurse workforce) in addition to the family-oriented culture necessitate the presence of a relative of the hospitalized patient in the hospital as a “companion”. The costs of unnecessary hospitalization thus distress the patient’s relatives as well. When the patient does not benefit from hospitalization, his hospitalization is morally impermissible and wrong regardless of the motivations behind it.

In religious teachings, “patience” is a moral virtue. The Holy Quran commands the Prophet of Islam (PBUH) to give good tidings to the patient (Al-Baqarah, 155), And Allah loves the steadfast (Ali Imran, 146), Indeed, Allah is with the patient (Al-Baqarah, 153 & 249; Al-Ma’idah, 46 & 66). “Patience during calamity”, which is one of the types of patience, is acceptable and worthy and disease is considered a test and a calamity. When in determining individual interests, the interests of the body and the spirit as well as the worldly life and the eternal life of man are taken into consideration, it can be perceived that requests

for euthanasia take away the opportunity of practicing patience during illness from the patient/family. Therefore, such measures are not beneficial to the patient/family and are morally wrong.

The administration of antibiotics for viral diseases (such as most common colds) is ineffective in bringing health and is therefore futile and should be avoided from the perspective of Islamic ethics.

Patient Bill of Rights, article 1.10 states, “It is the patient's right to receive appropriate health services. Health services should be provided in the timeliest manner and with respect to the patient's time”. “Given the valuable nature of the patients' time, it is essential for health personnel to provide health services in the timeliest manner while avoiding unnecessary affairs. Public health needs are extensive in healthcare centers, and faithful health personnel of a Muslim country should provide health services to the service recipients while avoiding any indolence and lethargy and in the timeliest manner. In other words, when providing services is a priority, pursuing other affairs is considered futile. The more efforts are made, the further are needs met.

B) Having no specific purpose

The most productive and useful purpose of health services is providing, maintaining and improving health. From the perspective of health systems, measures such as smoking tobacco are futile as they do not have a positive role in providing health, and since they are harmful actions, they are considered immoral and unacceptable. This argument can also be true about fast food consumption. Providing, maintaining and

improving the health of people in a society is not only the responsibility of health personnel. The patient also has a major role in this area, to the extent that a major part of diseases are developed due to the patient not abiding by a “healthy lifestyle²”. All individuals are thus responsible for their own and the others' health and should carry out their duties through “self-care” and through abiding by a “healthy lifestyle” toward the providing, maintaining and improving of their own and the others' health (28).

Medical futility can be proposed for all minor and major diagnostic-treatment measures. Futile measures are not only limited to end-of-life care, nor do they include only costly care; rather, any measure that does not have a beneficial effect in proportion to its required costs is futile and should be avoided. The unjustified administration of a simple medication (such as acetaminophen), the performing of endoscopy without acceptable empirical evidence and unjustified hospitalization are all impermissible.

Not only should health service providers not pursue futile measures, but also if others (the patient, their family and companions, pharmaceutical companies, medical devices & equipment companies, etc.) seek to have inappropriate influences on their decisions and direct them to futile measures, they should turn away from it and not be influenced by wrong inductions. If someone asks his family physician to refer him to a specialist, and there is no medical need for the referral, the physician should not be influenced by this request and induction. When a particular pharmaceutical company introduces a medication to the Food and Drug Office or to a drugstore pharmacist and

2 In health services settings, a “healthy lifestyle” indicates behaviors that are in accordance with declared

principles that help provide, maintain and improve health.

there is strong evidence that the medication is not effective, the company's inductions should not affect making the right decision.

When presented with one of the discussed cases, the morally acceptable action is to turn away from futility. Man might be subjected to doing a futile action and might be motivated by an incentive for that pursuit, but the true believer turns away from pursuing futility due to the dignity and grandeur that he envisions for himself. It is evident that if a health personnel is truly faithful, he will not attempt to do anything with unethical motivations, particularly with the sole motivation of financial gain or fame. No faithful scholar will conduct research on human beings with the main motivation of acquiring higher academic rank or gaining an income, because it is futile from this perspective. According to the narratives communicated to us through the Infallible Imams (pbut), any action that solves a problem of the servants of the Almighty God is followed by Divine consent. Therefore, only a research is not at all futile that is mainly motivated by gaining God's consent and solving the problems of God's servants in its designing and conducting. Scientific misconduct (such as forging data, data manipulation, plagiarism, forgery, etc.) has then no place during the research process, because these actions will not lead to the Almighty God's consent and will automatically become futile.

One of the definitions of medical futility lies in the “qualitative” definition of medical futility. In this definition, the main purpose of treatment is considered to be the patient’s “recovery”, and in cases of medical futility, the insignificant recovery resulted from the treatment is emphasized. A treatment that only keeps the patient in a permanent state of unconsciousness

or that cannot end his complete dependence on intensive medical care is said to be futile. In other words, any measure that cannot achieve its intended purpose, that is, a purpose that should be reasonably accessible (4). Medical futility is a complex concept that is difficult to briefly define. It is generally said that this statement refers to any medical treatment that “cannot achieve its intended purpose”, and therefore, life-prolonging medical treatments are not suggested to be provided” (29). Schneiderman *et al* differentiate between “effectiveness” and “benefit”. They believe that providing any kind of treatment necessarily has an effect on the body, although trivial, but the ultimate purpose of any treatment should be directed at improving the prognosis, comfort, physical well-being and general health status of the patient. They believe that any treatment that cannot produce such benefits is futile, even if it has noticeable effects (30).

According to the Quran, every action that is performed should be performed to achieve useful, productive purposes (13). In health services settings, the main purpose of taking medical diagnostic measures should be to provide, maintain and improve health. “According to Islam, the greatest Divine blessing is physical health, and above that, spiritual health. And the most dangerous calamity is physical disease, and above that, spiritual disease”. Imam Ali (pbuh) says on this matter: One of the plights is poverty, and more burdensome is malady, and even more burdensome are maladies of the heart; and one of the blessings is financial wealth, and superior is health, and far superior then piety of the heart” (31); therefore, anything that is directed at bodily or spiritual health is futile.

According to the Quran, there is no room for emptiness and purposelessness in the human life (which might partly be due to his living both in this world and the Hereafter) and all minor and major actions have an effect on his destiny and he will be accountable for all of them (18). Measures that meet physical needs on the surface but threaten spiritual health do not pursue a useful, productive purpose and are thus futile. Aside from their health risks, smoking and using drugs, psychotropic substances, alcohol, etc., more importantly also damage the soul. Since self-harm is renounced, not only should health personnel attempt to detoxify their patient's body of these substances, but should forbid wrong whenever appropriate and direct the patient to spiritual health.

C) Negligence

In the health system, seriousness in work is fundamental. Some seemingly minor negligences can cause irreversible harm. Negligence and lacking seriousness in providing services to patients, particularly in acute and emergency situations, can endanger the patient's life. A middle-aged patient showing to the hospital with epigastric pain might suffer from a simple digestive pain, but his pain might be due to a problem with blood flow to the heart muscle. Negligence and not taking this simple epigastric pain seriously can cause errors in the diagnosis of heart disease and put the patient's life at risk.

The patient is also accountable for his health and should be serious in avoiding what causes or aggravates his disease. The patient's negligence in not using medications properly, not adhering to the prescribed diet, not abiding by a healthy lifestyle, performing high-risk health behaviors,

etc., signify that the patient does not take the issue of health seriously.

Adherence to a serious temper and seriousness in actions is an Islamic moral and helps turn away from futility. Any negligence in work might seriously endanger the health of an individual. Not being serious in the area of health witnessed in both patients and health personnel is currently one of the problems of the health services setting in Iran (26) (32). In the case of health personnel, failing to take matters seriously is one of the reasons for committing medical errors. Seriousness helps health service providers steer clear of imprudence or recklessness, to not attempt to do anything without scientific and practical skills to back it up and to observe the legal and state systems. Such an individual who keeps his seriousness in his work will not commit medical errors.

D) No necessity

From the perspective of medical ethics, in health systems, only those actions should be pursued that are just, necessary and appropriate in terms of moral analysis. Therefore, measures that do not have a positive effect on providing, maintaining and improving the health of individuals and the society, and are not required to be taken or spoken and are unnecessary, should be avoided. Examples include, unnecessary hospitalization, unnecessary surgeries, unnecessary medicinal treatments, diagnostic measures without an examination, etc. Even in the case of a patient who has grown concerned about an issue without clear medical reasons and only based on hearsay and mixed readings (the medical student syndrome) and whose history and examination do not show signs

of a disease, if, instead of talking to him and teaching him to calm down and conducting a follow-up and re-examination, treatment-diagnostic measures are taken without any medical necessity and only to reassure him, then they are considered futile and should be avoided.

E) Not being good (lack of beneficence)

As mentioned, the subject of moral analysis is an action's state of being good or bad, being a value or a counter-value. Therefore, in healthcare and medical settings, all behaviors of members of the medical and health team are expected to be necessary, appropriate and good. This ethical behavior is expected to be persistent, and ethical principles are expected to be abided by in all professional interactions. Here, any inappropriate and unacceptable work is futile and should be avoided and any futile action and word is immoral.

References

1. Chervenak FA, McCullough LB. Ethics of research in perinatal medicine. *Seminars in perinatology*. 2009;33(6):391-6.
2. Beauchamp TL, Childress JF. Principles of biomedical ethics. 6th ed. New York: Oxford University Press; 2009. xiii, 417 p. p.
3. The constitution of the Islamic Republic of Iran, (1979).
4. Larijani B. Physician and Ethical Considerations. 1 ed. Tehran: Baraye Farda; 2004.
5. Rubin SB. When doctors say No : the battleground of medical futility. Bloomington, Ind.: Indiana University Press; 1998. x, 191 p. p.
6. Moratti S. The development of "medical futility": towards a procedural approach based on the role of the medical profession. *Journal of medical ethics*. 2009;35(6):369-72.
7. Bagheri A. Medical futility : a cross-national study. New Jersey: Imperial College Press; 2013. xviii, 294 p. p.
8. Rezaei Aderyani M, Javadi M, Nazari Tavakkoli S, Kiani M, Abbasi M. Conceptualization of Idle (Laghw) and its relation to medical futility. *Journal of medical ethics and history of medicine*. 2016;9:1.
9. Tabarsi FiH. *Majma' al-Bayan Fi Tafsir al-Quran*. 3 ed. Tehran: Naser Khosrow; 1992.
10. Amin Esfahani SN. *Makhzan al-Irfan Dar Tafsir-e Quran*. Tehran: Nehzat-e Zanan-e Musalman; 1982.
11. Zamakhshari MiU. *Al-Kashshaf An Haqa'iq Ghawamid Al-Tanzil va Oun-e Al-Aghvil fi Vojouh-e Al-Tavil*. 3 ed. Beirut: Dar al-Katib Al-Arabi; 1986 (sixth century).
12. Tabatabaei SMH. *Al-Mizan fi Tafsir-e Al-Quran*. Qom: Daftar-e Entesharat-e Islami Jame Modaresin Hoze Elmie Qom; 1995.
13. Makarem Shirazi N. *Tafsir-e Nemooneh*. 1 ed. Tehran: Dar Al-kotob Al-Islamia; 1995.
14. Najafi-e Khomeini MJ. *Asan*. 1 ed. Tehran: Entesharat-e Eslamieh; 1978.
15. Haeri Tehrani MSA. *Moqtanayat-al-Dorar-va-Moltaqatat-al-Samar*. Tehran: Dar Al-kotob Al-Islamia; 1998.
16. Najafi Sabzewari MiH. *Irshad al-Azhan ila Tafsir al-Quran*. 1 ed. Beirut: Dār al-Taāruf lil-Matbuāt; 1998.
17. Hijazi MM. *Al-Tafsir Al-Vazeh*. 10 ed. Beirut: Dar al-Jalil al-Jadid; 1992.
18. Modarresi MT. *Hedayat*. 1 ed. The Holy Mashhad: Bonyad Pajoheshhaye Eslami Astan Qods Razavi; 1998.
19. Ashur MiT. *Al-Tahrir Wat-Tanwir*. Beirut: Attarikh Al-Arabi; 1999 (Fourteenth century).

20. Nisaburi NA-DHiM. Gharaib al-Quran wa-Raghaib al-Furqan. 1 ed. Beirut: Dar al-Kotob al-Elmieh; 1995.
21. Nouvi jawī MiU. Marāḥ-e Labīd li-kashf ma'nā al-Qur'ān al-majīd. 1 ed. Beirut: Dar al-Kotob al-Elmieh; 1996.
22. Tha'alabi AiM. Jawahir al-Hisan fi Tafsir al-Quran. 1 ed. Beirut: Dar Ihya al-Turath al-Arabi; 1997.
23. Safi Ali Shah MHiMB. Safi. 1 ed. Tehran: Manoochehri; 1999.
24. The difference between the religious and secular army is that the religious army believes that death brings a new life [Internet]. Esra. June 22, 2012. Available from: <http://www.portal.esra.ir/Pages/Index.aspx?view=1&id=MTc5MA%3d%3d-r9haW3StZOs%3d&kind=1>.
25. Amoli AJ. Tasnim. Qom: Esra; 1999. 204-12 p.
26. Medical errors caused by the low quality of education have declined [Internet]. ISNA. May,26,2012. Available from: <http://tums.isna.ir/Default.aspx?NSID=5&SSLI D=46&NID=8981>.
27. Gharamaleki A-eF-e. Introduction to Professional Ethics. Tehran: Saramad; 2008.
28. The refuse of receiving subsidy is as a contribution to promote health in the community [Internet]. Ministry of Health and Medical Education, Public Relations and Information Center. April 9, 2014. Available from: <http://salamat.gov.ir/?siteid=326&pageid=32628&newsview=105466>.
29. Thompson RJ. Medical futility: a commonly used and potentially abused idea in medical ethics. British journal of hospital medicine. 2011;72(2):96-9.
30. Schneiderman LJ, Jecker NS, Jonsen AR. Medical futility: its meaning and ethical implications. Annals of internal medicine. 1990;112(12):949-54.
31. Mohammadi Reyshahri M. Encyclopedia of Medical Hadiths. Qom: Darolhadith; 2010.