



**From the Editorial Team . .  
Assalamu-Alaikum and Greetings**

Welcome to the fourth issue of The Young European Muslim Newsletter (YEM)!

We are a group of young people whose ages range from 13 to 19. We work together to produce a quarterly newsletter on 'Muslim issues' such as Hajj, Muslims in sport, Eid, Islamophobia, drugs etc. This fourth issue is based on suicide and euthanasia. Meeting on a regular basis we get together to discuss and design forthcoming newsletters.

We are constantly looking for feedback from yourselves as to what you think of this newsletter - was there any parts you particularly enjoyed? can we make any improvements? - any form of feedback will be greatly appreciated.

***So get writing!!!***

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**The Journey Through Life**

People often say that life is a journey. Some even see it as a pilgrimage. What happens if we lose our way? What happens if we are overtaken by terrifying events, enveloped in perpetual despair or caught in the grip of ceaseless pain? We may give up all hope from ever reaching the 'Holy site' to which we have made our life's pilgrimage. Whether you see life's journey as a one-off voyage from birth to death, or as part of a greater existence that continues beyond death, you may be faced at any time with issues surrounding suicide or assisted suicide (euthanasia).

The reasons that lead a person to commit suicide are as numerous and complex as the thousands of people who do so each year. You may regard suicide as a morally indefensible act, a personal

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tragedy or a powerful personal decision, but few events in life have the same impact on us as the suicide of a friend or loved one.

Every Year about 50 people in east Lancashire commit suicide leaving behind families, friends, and colleagues. The loss of a loved one, from any cause, brings about intense grief and mourning. The response and emotions felt by the bereaved following suicide are very different to those felt after other types of death. The fact that a loved ones death appears to involve an element of choice, raises painful questions which deaths from natural or accidental causes do not. Bereavement by suicide is usually prolonged. The grief is characterised by agonising, questioning and the search for some explanation as to why the death of this loved one has happened. Bereavement in this way often encompasses strong feelings of abandonment and rejection.

**Suicidal fears and feelings.**

Medical research has shown that despair is a natural part of the grieving process, but after a suicide of a loved one, the feeling of hopelessness is also combined with fears for one's own safety. Identification with someone who has committed suicide can be deeply threatening to one's own sense of security.

People bereaved through suicide are more likely to suffer anxiety more than those bereaved in other ways and more vulnerable to suicidal feelings of their own and may need extra reassurance after a suicide especially if it had been preceded by mental health problems.

**What the bereaved may experience.**

**Intense shock!**

The sense of shock and disbelief following a suicide is very intense. The most common and disturbing aspect of grief after suicide is recurring images of the death, even if it was not witnessed. The finding of the body can be a very traumatic experience. Going over and over the very frightening and painful images of the death, and the feelings these create, is a natural process of grief.

### **Asking why?**

Newly bereaved people always ask 'why?' However bereavement through suicide often involves a prolonged search for a reason or explanation to tragedy.

Most people bereaved by suicide usually come to accept that they will never know the reason why a loved one did what they did. In this search for answers, different members of the same family may have different ideas as to why this death happened, and it could strain family relationships, particularly if an element of blame is involved.

### **Could it have been prevented?**

Most people in the bereaved family circle will constantly question how the death may have been prevented. Reliving what might have been done to save a loved one from suicide, is a common experience, everything can seem painfully obvious in retrospect. The 'what ifs' can be endless. Rewinding events in ones mind or conversation is a natural and necessary way of coping with this type of grief.

### **Rejection and abandonment.**

Families bereaved by suicide may experience a sense of rejection. It is common to feel abandoned by someone who 'chose' to die. As one sister whose brother took his own life recalls : "I was upset that he had not come to talk to us. We all went through anger and grief and at some point you think how could you do this to us ?"

### **Other's reactions.**

Although attitudes to suicide are changing, there is still limitation of support that is available to the bereaved. The silence of others may reinforce feelings of shame, stigma and of 'being different'. If others are embarrassed, uneasy and evasive to talk about the way a loved one died, the bereaved may be left feeling intensely isolated. Opportunities to talk, to remember, and to celebrate the aspects of a loved ones life and personality may be denied. A strong need to protect a loved one and oneself from the judgement of others may also be felt following suicide.

### **What happens following suicide**

Firstly there is the ordeal of identifying the person who has died. A funeral director or friends and members of the family are then contacted, to make initial arrangements for the funeral. Following suicide the coroner must hold an inquest if the cause of death cannot be immediately ascertained. An inquest is opened at the earliest opportunity after the person's death. The body is identified, and is then released to the family so that funeral arrangements may be completed. The inquest is then adjourned for several weeks to enable further enquiries and reports to be made to various parties. The purpose of an inquest is to allow the coroner to establish the facts specifically, who has died, when and where they died, and the cause of death. The inquest

hopefully will help members of the family to find out more as to what has happened.

Suicide and its circumstances may be reported by the media. Attention of this kind is usually very stressful particularly where a death is reported in an insensitive or inaccurate manner.

**Sajid Razaq (19), Ovais Idris (17) and Hamid Shafaq (17).**

## **Suicide and young People**

There appears to be a reluctance to recognise suicidal feelings in young people. For every suicide recorded in the 1980s among 10-14 year olds in the UK, three other young people were thought to have died from "unsure" or "accidental" drug overdoses. It is well known that the tendency towards denying suicide occurs in most cases, but even more so in children and young people."

The Qur'an expressly forbids suicide, and the impact of this ruling still has considerable force in Islamic countries. There are virtually no officially recorded suicides in Muslim countries. This does not mean that suicides do not occur in these countries.

In Islam suicide is as unlawful as murder because Muslims believe that every soul and body has been created by Allah and therefore owned by Allah. In other words no person owns his own soul or body. This means he is not allowed to harm either, or attempt to destroy the body in which he lives

Death is beyond human control. No person can control the time of their passing unless Allah sanctions it. As it states in the Holy Qur'an Surah Al- Waqi'a (56: 81-87).

Educational pressure, family break-ups and problems in relationships are all causes of mounting stress and anxiety for young people. Young people who have been physically or sexually abused, are often at increased risk of suicide or deliberate self-harm.

The result of a suicide appears to be a dangerous time for those in close relationships, especially for those who knew the victim. The emotional upset that follows a death may encourage self-destruction. Research suggests that exposure to suicide or suicidal behaviour of relatives and friends, appears to be a significant factor influencing a vulnerable young person towards suicide.

**Hamid Shafaq aged 17.**

## Suicidal Behaviour

There is no simple explanation for suicidal behaviour. Calls to child-line show that abuse, constant rows with someone close, bullying, stress over exams and worries about the future are just some of the things that, in some young people, can cause feelings of anxiety, low self-esteem, hopelessness and isolation. This can lead to thoughts of suicide. Groups particularly at risk of suicide include the unemployed, the homeless and young people who have problems with drugs.

People who suffer from depression and anxiety are also at great risk from suicide. Depression can be caused by specific events, such as the death of a loved one, parents splitting up, an unwanted pregnancy, a relationship ending, or a traumatic or violent incident. Young people can feel deeply unhappy for no obvious reason, sometimes they believe that they will feel that way forever, although this is usually never the case.

**Ovais Idris aged 17**

### Key Facts Regarding Suicide.

There were 5,905 recorded suicides in the UK in 1996.

Suicide amongst young men aged 15-24 increased by 64% in the ten years up until 1994.

859 people aged between 15-24 killed themselves in the UK in 1994.

Suicides in young men aged 15-24 are now 67% higher than in 1982.

140,000 people attempt suicide each year in England and Wales alone.

Estimates suggest that the true suicide rate is 50-60% higher than the official rate.

75% of suicides in the UK are males.

Suicide figures are double the death toll from road traffic accidents.

Suicide is now the second most common cause of death in the UK (after accidents) for young people aged 15-24.

The overall UK suicide rate has been slowly declining since the early 1980s.

Between 1971 and 1996 the suicide rate for women in the UK almost halved.

Between 1971 and 1996 the suicide rate for men in the UK almost doubled.

People who make suicide attempts or threats are not just "attention seeking", but are at risk of harming themselves.

Most suicidal people are undecided about living or dying, and try beforehand to let others know how they are feeling, or give clues and warnings.

Older men have the highest suicide rates.

Suicide rates are higher among people with mental health problems.

Research suggests up to 70% of suicides are by people with depression.

Drug and alcohol misuse both increase the risk factor for suicide.

The suicide rate in male prisoners is six times higher than the male average outside of prison.

Overdosing accounts for 50% of female suicides and 25% of male suicides.

10-15% of people who make a suicide attempt will later die by suicide.

Young women between 15-19 are at the highest risk of attempted suicide.

The suicide rate amongst the homeless is 35 times higher than that of the general population.

Talking about suicide with someone will not make them more likely to harm themselves.

Every year around 2,000 children and young people talk to child-Line about feeling suicidal.

Under 25 year olds account for 9.26% of all suicides in East Lancashire. Of which 2.3% are of Asian heritage.

**Hamid Shafaq and Ovais Idris both aged 17**

## What is Euthanasia?

The word Euthanasia comes from the greek word Euthanatos, derived from the words eu and thanatos, which mean good and death. Therefore euthanasia means allowing an easy death, it is also defined as mercy killing which is to end the life of the terminally or hopelessly ill, as painlessly as possible.

### Euthanasia includes:

Death caused by the over administration of drugs.

The decision to withhold or withdraw potentially life-prolonging treatment.

The alleviation of pain with high doses of opiates thus allowing the possibility of death but not directly intending to cause death.

Administering to the patient, an overdose of barbiturates or a lethal injection, with the aim of terminating the life of the patient.

**Euthanasia** is in essence, the termination of life at the request of the patient, or is arguably in the best interest of the patient. Euthanasia continues to pose religious, legal and moral issues in all communities.

**Active Euthanasia** is the deliberate act which is undertaken at the request of the patient, by the attending doctor so as to cause the death of the patient. This is usually performed within a medical setting and done with the intention of terminating the life in a short period of time.

#### **Passive Euthanasia**

Passive Euthanasia is used to describe the withdrawal or with-holding of treatment to allow the patient to die.

#### **Voluntary Euthanasia**

Death brought about by a doctor at the request of a patient. The Qur'an explicitly censures such an action as it categorically states in surah (al-Nisa', 4:29). Suicide, self-inflicted or assisted, is a crime according to the shari'ah (Islamic Law) and hence constitutes a sin in the sight of Allah. The following Hadith discloses the fate of a person who terminates his life:

There was a man before you who was wounded. The pain became unbearable and so he took a knife and cut off his hand. Blood began to ooze out profusely leading to his death. Almighty Allah said: 'my servant hastened himself to me and so I made paradise unlawful for him.'

#### **Involuntary Euthanasia**

Involves ending the life of a patient without their explicit approval. Such an action is indistinguishable from murder. Claiming that 'it is in the best interest of the patient' is irrelevant.

The Qur'an forbids the taking of life, but there are exceptions e.g. in a legal execution, a just war, or legitimate self-defence. Euthanasia does not fall in the category of a just cause. Therefore if a doctor was to end the life of a terminally ill patient with or without their consent, they would be guilty of murder. Life and death are the prerogatives of Allah, and should be treated as such.

#### **Non-Voluntary Euthanasia**

The death of an individual who had no capacity to understand what was involved i.e. for someone in a persistent vegetative state.

#### **Doctor Assisted Suicide**

Like voluntary euthanasia - but the doctor prescribes rather than administers the lethal drug.

The Islamic attitude to pain and suffering  
The Qur'an advocates that those who believe in Allah will not be left alone after their proclamation of belief.

We find that Muslims in general, view illness, fatal or otherwise, as a test of their faith. In fact, such illnesses contribute in their favour, in that it helps cleanse their minor sins. This is evident from the following Hadith:

***When a Muslim is tried with a disease in his body, Allah says to the angels: write for him the good actions which he used to do. If Allah cures him, he absolves him of all sins. If Allah takes his life (as a result of this disease), he forgives him and shows mercy upon him.***

There is therefore no justification for ending the life of a person so as to relieve him of suffering. The Qu'ran clearly states that Allah does not tax any soul beyond that which it can bear, Surah (al-Baqarah, 2:286).

Muslims believe in the life Hereafter, the real and everlasting life, and it is this belief, which enables them to bear their pain and suffering with what the Qu'ran terms sabr (perseverance).

**Abdulwajid Moulvi, 19 years.**

## **Current Legislation**

There is no legislation dealing directly with 'mercy killing' or voluntary euthanasia, in fact it is the same law as for murder, which applies. This carries a mandatory sentence of life imprisonment, however in many cases of 'mercy killing', the charge has been reduced to manslaughter under S.2 (1) and (3) of the Homicide Act:

### **Homicide Act 1957**

#### ***Diminished responsibility***

S.2 (1) 'Where a person kills or is party to the killing of another, he shall not be convicted of murder if he is suffering from such abnormality of mind...as substantially to impair his mental responsibility for his acts and omissions in doing or being party to the killing.'

S.2 (3) 'A person but for this section would be liable, whether as principal or accessory, to be convicted of murder, shall be liable instead to be convicted of manslaughter.'

S.4 (1) 'It shall be manslaughter and shall not be murder for a person acting in pursuance of a suicide pact between him and another, to kill the other, or to be a party to the other being killed by a third party.'

#### **Note 1**

In their Working Party on Offences against the Person, Issued in August 1976, the Criminal Law Revision Committee suggested that as an alternative to a charge of murder, there should be a new offence which would apply to a person who, from compassion kills another person who is or is believed by him to be:

(1) Permanently subject to great bodily pain or suffering.

(2) Permanently helpless from bodily or mental incapacity.

(3) Subject to rapid and incurable bodily or mental degeneration.

### **Note 2**

The Homicide Act 1957 applies to England and Wales, and (with minor differences) to Scotland.

### **Suicide Act 1961**

Since 1961 in England and Wales suicide has not been a crime, but assisting is. The relevant parts of the law are:

S.2 (1) 'A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years.'

(2) 'If on the trial of an indictment for murder or manslaughter it is proved that the accused aided, abetted, counselled or procured the suicide of the person in question, the jury may find him guilty of that offence.'

**Abdulmajeed Moulvi, 19 years**

### **Views of the BMA regarding euthanasia**

The British Medical Association opposes the legalisation of euthanasia or physician-assisted suicide. It recognises that some doctors, having exhausted all other possibilities for ensuring a patient's comfort, may see the deliberate termination of life as the only solution in an individual case. Nevertheless, the BMA maintains that in such circumstances, the doctor should be accountable to the law and to the General Medical Council and be obliged to defend such an action.

Basically, the BMA's view is similar to that expressed by the House of Lords Select Committee on Medical Ethics. Established in the wake of a similar case which examined the ethical, legal and clinical implications involved in end of life decisions. In their report, the Committee referred to moving representations it had received from people who wanted euthanasia themselves or who had witnessed relatives dying in a distressing way. It recognised that every person hopes for an easy death, without suffering, dementia or dependence. The Lords concluded, however, with two comments that are pertinent to the BMA's position.

### **(1) Protection of vulnerable people.**

'Ultimately we do not believe that the arguments are sufficient reason to weaken society's prohibition of intentional killing. That prohibition is the cornerstone of law and of social relationships. It protects each one of us impartially, embodying the belief that all are equal. We do not wish that protection to be diminished. We acknowledge that there are individual cases in which euthanasia may be seen by some to be appropriate. But individual cases cannot reasonably establish the foundation of a policy which would have such serious and widespread repercussions. Dying is not only a personal or individual affair. The death of a person affects the lives of others, often in ways and to an extent which cannot be foreseen. We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole.'

In fact, the Lords concluded that the interests of society must overrule those of individuals. They thought that if euthanasia were allowed, the elderly, the lonely and the sick would feel pressured to request it.

### **The Lords' second conclusion was based on practical considerations.**

'We do not think it possible to set secure limits on voluntary euthanasia. Issues of life and death do not lend themselves to clear definitions, and without them it would not be possible to frame adequate safeguards against non-voluntary euthanasia if it were to be legalised. It would be next to impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law was not abused.'

The BMA maintains that, if doctors were authorised to carry out euthanasia or assisted suicide, however carefully controlled the situation, they would acquire an additional role alien to the traditional one of healer. Furthermore, the psychological context within which health care is delivered would also change, bringing about a fundamental shift in social attitudes to those who suffer long term illness or disability and who require substantial health resources. References: Report of the Select Committee on Medical Ethics, House of Lords, HMSO 1994.

**By Mubasshir Khaliq, 17 years**

### **Islam and Euthanasia**

In an Islamic setting the question of euthanasia usually does not arise, and if it does, it is dismissed as religiously unlawful. Some say that those in pain and suffering should be allowed to decide their own fate, but Islam has taught us that patience and endurance are highly regarded and

highly rewarded values. By Islamic law (Shari'a) the patient should receive every possible psychological support and compassion from family and friends, including the patients spiritual (religious) resources. The seeking of medical treatment from illness is Farz (mandatory) in Islam. According to two sayings of Prophet Muhammed (PBUH) "Seek treatment, subjects of God, for to every illness God has made a cure", and "Your body has a right on you". Human life is to be valued unconditionally, irrespective of other circumstances. When the time is right, you will die and your soul will return to Allah, but the decision is Allah's, and only his to make. The concept of a life not worthy of living does not exist in Islam. Since we did not create ourselves we do not own our bodies. We have been entrusted with them for care, obedience, nurture and safekeeping. Allah is the owner and giver of life and his rights in giving and in taking are not to be desecrated.

Attempting to kill oneself or another in Islam is a crime as well as a grave sin. As it says in the Holy Qur'an in Surah (al-Nisa 4:29).

A warning was also given by Prophet Mohammad (PBUH) : "Whoever kills himself with an iron instrument will be carrying it forever in hell. Whoever takes poison and kills himself will forever keep sipping that poison in hell. Whoever jumps off a mountain and kills himself will forever keep falling down in the depths of hell."

In Shari'a (Islamic) Law it is specifically stated that the only reason for taking a life should be for the sanctity of one's own life, when in grave danger. In other words self-defence, this does not include mercy killing or make any allowance for it.

However, in recent years euthanasia has come to light again as a controversial issue. Lobbyists across the world have protested for many decades that euthanasia should be legalised, and to some extent they have had a limited success. In the Netherlands euthanasia has gained a legal foothold. It has also been taken to the ballot box twice in two states in the USA, but rejected on both attempts. The Netherlands, total population of approx 15 million, in 1990 euthanasia accounted for a massive 9% of total deaths. To be more precise 11,800 people died as a result of euthanasia, this is the equivalent of nearly 1 in 10 people committing euthanasia.

Here are some world-wide percentages showing the categories under which people commit euthanasia: 47% schizophrenic panic, 25% alcoholism, 15% psychiatric-disorder, 7% schizophrenic, 4% organic brain syndrome and 1% drugs. The prospects of legalising euthanasia are very small at present, but this does not mean that euthanasia is not being practiced. In fact it is estimated that there are several thousand assisted deaths a year in the United States alone. There are no precise

statistics because euthanasia is illegal almost everywhere in the world.

Punishments range from large fines to sixteen years in prison, although prosecution is rare. In Germany, Denmark, Finland, Austria, Greece, Iceland, Norway, Poland and Switzerland, euthanasia is determined as a lesser crime than murder, resulting in far lighter punishments.

However in Italy the punishment is 6 - 15 years. In France euthanasia is treated as first-degree murder and sentences are appropriate to this crime. In Turkey euthanasia is punishable as deliberate murder, and treated as such.

We must all accept human life as Allah's gift to us. Passing through death into eternal life is Allah's gift. It is for Allah to determine the time of our birth and also the time of our death. We must all respect this.

**Amar Abass, 19 years**

## **The Financial Factor**

There is no disagreement that the financial cost of maintaining the incurably ill and the senile is a growing concern, so much so that some groups have gone beyond the concept of the "right to die" to that of "duty to die". In his book Jacques Atalli, *La medicine en accusation* (1981, p. 273-275), claims that when the human machine has outlived its productive span its maintenance is an unacceptable burden on the productive stratum of society. It should be disposed of, rather abruptly than allowing it to deteriorate gradually.

This logic is completely alien to Islam. Value of life takes priority over cost. The care for the weak, old and infirm is a value in itself for which people should be willing to sacrifice time, effort and money. This starts naturally, with one's own parents, as it states in the Holy Qur'an in Surah Bani Isra-il (17:25-25). Because such caring is a virtue ordained and rewarded by Allah in this world and in the hereafter. People should not look on this as a duty but as an honour. Sadly in our present materialistic world this logic is almost without meaning. When the individual cannot afford the necessary care, it becomes, according to Islam, the collective responsibility of society, and financial priorities should be reshuffled so that values take priority over worldly pleasures.

**Shamweel Mangera, 14 years**

## **Islamic Code of Medical Ethics**

The doctor provides the therapeutic measures for the relief of pain. A dilemma arises when the dose of the medication necessary to alleviate pain approximates or overlaps with the lethal dose that might bring about the patient's death.

Ingenuity on the part of the doctor is called upon to avoid this situation, but from a religious point of view the critical issue is the doctor's intention : is it to kill or to alleviate? Intention is beyond verification by the law, but according to Islam it cannot escape the ever watchful eye of Allah, as it says in the Holy Qur'an in Surah Al - Mumin (40:19). Sins that do not fulfil the criteria of a legal crime are beyond the domain of the judge but remain answerable to Allah.

The Islamic Code of Medical Ethics (1981 p.67) states: "In his/her defence of life, however, the Doctor is well advised to realize his limit and not transgress it. If it is scientifically certain that life cannot be restored, then it is futile to diligently keep the patient in a vegetative state by heroic means or to preserve the patient by deep freezing or other artificial methods. It is the process of life that the doctor aims to maintain and not the process of dying. In any case, the doctor shall not take a positive measure to terminate the patient's life".

**Suhail Mota, 15 years.**

### **Nazi Germany and Euthanasia.**

In October of 1939 amid the turmoil of the outbreak of war, Hitler ordered widespread mercy killing of the sick and disabled. Code named 'Aktion T4', the Nazi euthanasia programme to eliminate 'life unworthy of life', at first focused on newborns and very young children. Midwives and doctors were required to register children up to the age of three who showed symptoms of mental retardation, physical deformities, or other symptoms included on a questionnaire from the Reich Health Ministry.

The Nazi euthanasia programme quickly expanded to include older disabled children and adults. Hitler's decree of October 1939 typed on his personal stationery and back-dated to September 1st stated 'the authority of certain physicians to be designated by name in such manner, that persons who, according to human judgement, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death.'

**Sima Yaqoob, 15 years.**

### **I'm your Doctor, I'm here to kill you**

Barbara Simpson KSFO 560 radio talk-show host in San Francisco, has a 20-year radio, television and newspaper career in the Bay Area and Los Angeles. This is her account of her own harrowing experience. . . .

It's a strange business I'm in. I do talk radio and I write. I know about a lot of things and read everything I can get my hands on. I talk to reporters and scientists and experts and citizens with stories to tell.

Most of the time, the subjects we discuss on my programmes deal with problems and situations that affect other people. It isn't often that the subject applies to myself, or my family. That was the case. Not now.

A short time ago, I interviewed a man on my programme whom I'd interviewed before. He had written "Forced Exit," a book about euthanasia, what we used to call "mercy killing". It's a chilling account of the hidden changes in medical care in this country and more importantly, the deliberate changes in the training of doctors, nurses, ethics personnel and other health-care workers.

Remember how most of us were concerned about the wonders of medical technology keeping us alive artificially, making us slaves to tubes and machines? Remember how we all were advised to have living wills, which would designate what we didn't want done to us if we were in final and desperate straits? Remember all the money we paid to lawyers to draw up such documents and how when it was done, we felt safe. Forget it. You are not safe!

You are more at risk than ever. Not from being kept alive longer than you desire but from having your life ended sooner than nature might dictate and in fact, sooner than you or your family want. I won't mince words. What I'm saying is, you and your loved ones are now more in danger of having your life ended by doctors refusing medical care, than in having it extended artificially.

Wesley Smith, an expert and author on euthanasia, describes what is called the "Futile Care Theory." What it means in simple language is that doctors can refuse any treatment, if they decide that it's your time to die. It won't matter if the patient wants help. It won't matter if the family wants help. The answer will be "no."

When I interviewed Smith, I never dreamed that within days, I would experience exactly that situation. But I did. It is the most devastating experience you can imagine. It left me filled with raging emotions, unbelievable anger and frustration. It left me with my father dead. He died just a few nights ago. He was in the late stages of prostate cancer. We knew he would not survive that battle and we knew the end was coming.

One week ago, he was transferred to a larger hospital to have blood drained from his chest. He was conscious, rational, could eat and drink on his own and had minimal pain. His only medication was a blood pressure pill, an aspirin, a painkiller,

and an IV drip with potassium, hardly what you would expect of a "terminal" case. He was to be transferred back to his original hospital. That's when it all happened, so fast it made our heads spin.

The doctors decided on their own to discontinue all the medicines he was getting, including the IV drip. They never asked the family, it was an arbitrary decision. My poor mother, who was alone with daddy, believed them when they said it was the "best" thing for him. They were doctors after all! It was a weekend. When I found out what they had done, I demanded to have a doctor, only to be told he was not on call. They could only take daddy to the emergency room if it was an emergency and it was not, therefore they could not re-insert the IV without doctors' orders (Catch 22!)

I implored the head nurse and was told that daddy was going "through a process"! (A process?) Yes, I was told in all seriousness, my dad was "processing". That's the new way of saying that daddy was dying. The nurse also said that dehydrating daddy would be good because it would force his body to produce endorphins to kill pain. I could not believe my ears!

After much discussion, I finally got the doctor to call me. He did, but refused to reinsert the IV. They coerced my mother to agree to wait until Monday to see how daddy was. They even told her the IV would do more harm. Daddy ate and talked, right up to the end. He even ate two desserts with a good appetite. I talked to him a few hours earlier and he was his old self. Two days before, I'd asked him if he wanted to die and he said no.

You can live a couple of weeks without food but only about two days without water. The doctor removed the IV Friday night. Daddy was dead Sunday night. Two days!

The doctor expressed his regrets to my mum and said he was sorry I was so upset. "That often happens with family members who just don't understand and get very emotional", he remarked.

I don't know how he sleeps at night. I got more consolation from the vet when my dog died.

Be warned. This is not only my tragedy, this same fate awaits your family because that is what the medical system is teaching their people to do - to us, their patients, under the guise of medicine. **God help us!**

## **Support Following Suicide**

People bereaved through suicide may need different types of support. You may need to talk about the suicide. This can place the suicide in perspective and help people come to terms with the situation. . .

- (a) Get advice on practical and social concerns.
- (b) Obtain factual information about suicide and its effects.
- (c) Have a safe place to express feelings and feel better about yourself.

## **Helpline Numbers**

Some useful sources of help are :

### **Your G.P.**

Your local G.P. can help you to access counselling and psychological help if you need to talk in depth about suicide and its effect on you and your family.

### **Religious Help**

Support is also available from your local Imam, Priest or Vicar.

### **The Samaritans –**

105 New Park Street,  
Blackburn.

Tel : (01254) 662424

National Tel: (0345) 909090

### **Papyrus -**

Rosendale G. Hospital  
Union Road,  
Rawtenstall.

Tel : (01706) 214449

### **Cruse -**

Tel : (01254) 207999

### **S.O.B.S.**

#### **(Survivors of Bereavement By Suicide)**

Tel : (0121) 7044298

Tel : (01482) 610728

### **Mental Health Services**

Tel: (01254) 687100

Tel: (01282) 474194

### **National Association of Bereavement Services**

20 Norton Folgate, London.

Tel : (0207) 2470617

### **Despair After Suicide (DAS)**

Tel : (01772) 760662

## **Condemnation of Terrorist Attacks.**

Ibrahim Master, Chairman of Lancashire Council of Mosques (LCM), on behalf of the organisation says:

“LCM and the Muslim Community across Lancashire are deeply shocked and horrified at the astounding atrocities that have taken place in America. The magnitude of loss of human lives and damage to buildings is profoundly disturbing. The severity of the damage and its impact on human lives leaves us unable to adequately express our innermost sentiments of grief and pain.

Our deepest sympathies and condolences are with the people of America during this time of tragic loss. Everybody at LCM is deeply shocked and stunned at the devastation.

What we have seen is absolutely unimaginable and I am sure that the horrifying images we have seen on television will remain etched in our memories forever. We condemn such acts of violence and hope that terror of this nature is not compounded by knee-jerk reactions that would make victims of other innocent peoples of the world. This would only add to the devastation.

The Muslim Community in Lancashire has excellent relations with the indigenous population. Our work with the Churches and other faiths in building bridges between the two communities is well known and we would hope that the impact of what has happened in the USA would not undermine both the excellent work we have been doing and the good community relations.”

## **Lancashire Council of Mosques Mission Statement. . .**

Lancashire Council of Mosques, acknowledges the pivotal role that Mosques play in religious, social, economic, and community development. The aim is to promote the aspirations of the Muslim community in Lancashire.

The vision of Lancashire Council of Mosques is to facilitate equality of opportunity and involvement, on an individual as well as collective basis for all.

### **A final word from the Editorial Team**

The Editorial Team would like to thank all the young people who have contributed to this issue of the Young European Muslim Newsletter.

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