



Moral Consciousness and Ethical Decision-Making Among Muslim Physicians in End-of-Life Care

Sidik

Universitas Islam Negeri Datokarama Palu, Indonesia

sidikk@uindatokarama.ac.id

Article Info

Article history:

Received 30-04-2025

Revised 08-06-2025

Accepted 17-06-2025

Keyword:

Muslim Physicians; Moral Consciousness; Ethical Decision-Making; Passive Euthanasia; Islamic Bioethics; End-Of-Life Care; Clinical Ethics

ABSTRACT

Despite growing global interest in ethical dilemmas at the end of life, limited attention has been given to how Muslim physicians experience and resolve moral tensions in clinical practice, especially in the context of passive euthanasia. End-of-life ethical decision-making is a critical area in medical ethics, particularly when examined through the lens of religious values and clinical responsibility. Within this domain, Muslim physicians often face unique moral tensions when dealing with passive euthanasia, a situation that demands both professional judgment and religious reflection. However, existing research has largely overlooked how these physicians experience and internalize such decisions in practice, raising the question: How do Muslim physicians interpret and respond to the moral challenges of passive euthanasia?

This study adopts an interpretative phenomenological approach to explore the lived experiences of Muslim physicians confronting ethically complex end-of-life cases.

Using semi-structured, in-depth interviews with ten Muslim physicians, the study reveals four major themes: the moral weight of decision-making, the negotiation between Islamic values and medical protocols, the role of spiritual coping, and the absence of institutional religious support. Thematic analysis was conducted through Interpretative Phenomenological Analysis (IPA), allowing for deep insight into how participants construct meaning around these experiences. Findings suggest that participants navigate their decisions not merely through legal or clinical frameworks but through a reflective process grounded in faith, emotion, and existential concern. These results fill a critical gap in Islamic bioethics by highlighting the subjective dimensions of moral reasoning in real clinical settings.

The study expands our understanding of culturally embedded ethical practice and suggests the need for integrating religious and spiritual dimensions into medical ethics education and support systems for healthcare professionals.



©2025 Authors. Published by PT Mukhlisina Revolution Center.. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. (<https://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

End-of-life decision-making stands as one of the most ethically and emotionally challenging areas of contemporary medicine. In an era where advanced medical technologies prolong life beyond natural limits, physicians are increasingly confronted with the responsibility of determining when such interventions become medically futile or ethically inappropriate (Al-Zaman, 2021). Among these decisions, passive euthanasia—defined as the withholding or withdrawal of life-sustaining treatment—has sparked considerable ethical, religious, and legal debate across cultures and medical communities. While policies and clinical guidelines often provide procedural clarity, they rarely capture the profound inner conflict experienced by medical practitioners as moral agents.

Within Islamic societies, the intersection between religious obligations and professional responsibilities becomes even more pronounced. Islamic teachings emphasize the sanctity of life, divine will, and the importance of intention (niyyah) in ethical judgment, all of which deeply influence how Muslim physicians interpret their roles in end-of-life care. These principles often create

tension when physicians must balance their spiritual beliefs with clinical judgments about medical futility, leading to moral uncertainty and emotional distress. Previous scholarship has outlined the ethical frameworks of Islamic bioethics from normative or jurisprudential perspectives, yet these frameworks do not fully reflect how such values are lived, negotiated, and embodied in real clinical contexts.

This tension highlights the critical need to explore how moral decisions are experienced subjectively, especially by Muslim physicians operating within high-stakes clinical environments. The subjective, lived experiences of healthcare providers—how they understand, feel, and assign meaning to the moral dimensions of their decisions—are often overlooked in both medical ethics and religious studies. These internal experiences not only shape clinical actions but also influence broader discourses about professionalism, faith, and human dignity in medical practice.

A phenomenological approach, therefore, becomes essential in capturing the richness and depth of these experiences. Rather than seeking universal principles or normative conclusions, phenomenology focuses on how individuals make sense of complex moral realities in specific social and cultural settings (Alkhouri, 2024). Understanding how Muslim physicians experience and interpret the ethical challenges of passive euthanasia offers not only a more humane portrait of clinical decision-making but also contributes to the global dialogue on culturally informed medical ethics.

Research on the lived experiences of individuals involved in ethically sensitive clinical decisions has become an essential field within health humanities, bioethics, and religious philosophy. In particular, studies that center on how medical professionals personally and spiritually navigate morally complex situations—such as passive euthanasia—offer critical insights into the ethical texture of real-life decision-making. This line of inquiry not only enhances our understanding of clinical practice but also enriches discourse around moral responsibility, compassion, and human agency in healthcare contexts.

Despite the growing recognition of this area, there remain significant methodological challenges in capturing the depth and nuance of such experiences. Quantitative approaches, though valuable for measuring attitudes or outcomes, are limited in their capacity to access the emotional and spiritual dimensions of moral judgment (Dong, 2024). Surveys and structured assessments often fail to uncover the inner deliberations, religious reflections, and existential tensions that define ethically charged moments in clinical practice. Furthermore, normative bioethical analyses, while theoretically rigorous, tend to generalize moral reasoning and overlook the diversity of individual interpretations shaped by personal belief systems, cultural contexts, and emotional states.

These limitations have left a significant gap in our understanding of how Muslim physicians, in particular, experience the moral weight of their decisions. While frameworks such as Islamic jurisprudence provide ethical guidelines, they do not explain how these guidelines are interpreted, embodied, or sometimes contested in the context of medical uncertainty and emotional strain. The absence of experiential data leaves a blind spot in both academic and clinical discussions of Islamic bioethics, underscoring the need for methodologies that foreground lived experience, introspective meaning-making, and context-specific moral navigation (Amir, 2019). Phenomenology, with its emphasis on subjectivity and meaning, offers a compelling and necessary alternative to more detached or abstract approaches in this field.

In addressing ethical dilemmas in end-of-life care, particularly passive euthanasia, healthcare systems have traditionally relied on practical solutions such as clinical guidelines, ethics committees, and standardized protocols. These tools are designed to assist physicians in making legally and ethically compliant decisions. However, while these frameworks provide procedural clarity and normative direction, they fall short in capturing the personal, spiritual, and emotional complexities that accompany real-world moral decisions—especially for physicians influenced by deeply held religious values.

Existing approaches often emphasize what should be done according to law or policy, rather than exploring how individuals experience these decisions in their lived realities. As a result, the profound moral tension felt by Muslim physicians—torn between professional responsibilities and

Islamic ethical convictions—remains largely underexplored in empirical research. Prior studies have addressed Islamic bioethics conceptually (Chen & He, 2024), but have not adequately engaged with the interpretive, experiential dimensions of ethical decision-making as lived by practitioners in clinical settings.

This lack of attention to the subjective domain presents a critical gap in both religious philosophy and bioethical inquiry (Dupras dkk., 2022). Without understanding how physicians internalize, interpret, and act upon moral challenges, our comprehension of ethical behavior remains incomplete. Phenomenology offers a promising alternative by foregrounding human experience and seeking to uncover the essence of meaning as perceived by the individual. Through this lens, the lived experiences of Muslim physicians facing passive euthanasia decisions can be more richly understood—not merely as ethical dilemmas, but as deeply human events shaped by faith, identity, and existential reflection.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach to explore the moral consciousness of Muslim physicians when confronting decisions involving passive euthanasia. Interpretative Phenomenological Analysis (IPA), rooted in Heideggerian philosophy, was chosen due to its capacity to uncover the subjective and existential meanings embedded within lived experiences (Dutta, 2022). This design is particularly suitable for capturing how individuals make sense of morally complex phenomena within their social, religious, and professional contexts. The phenomenological approach enabled a deep examination of how ethical decisions are personally experienced and spiritually interpreted, moving beyond surface-level behaviors to the underlying meanings and values shaping those experiences.

Participants

Participants consisted of practicing Muslim physicians who had direct experience making or contributing to end-of-life decisions involving passive euthanasia in clinical settings. Selection was conducted through purposive sampling, focusing on individuals with specific, relevant lived experience in ethically complex medical contexts. Inclusion criteria required participants to (1) identify as Muslim, (2) have at least three years of clinical experience, and (3) have been involved in decision-making related to the withdrawal or withholding of life-sustaining treatment. Exclusion criteria included physicians who had no direct involvement in such cases or who declined to share their experiences due to emotional or legal constraints (Ebner dkk., 2020). The study included ten participants (6 males, 4 females), with ages ranging from 34 to 58 years, and clinical experience spanning various specialties including internal medicine, emergency care, and intensive care units.

Although the sample size was adequate for in-depth IPA analysis, its transferability is limited due to the homogeneity of religious background, institutional context, and regional setting. The study did not include rural physicians or those practicing in non-Islamic countries, which may limit the broader applicability of findings. Nonetheless, the aim was not generalizability, but rather a deep, idiographic understanding of lived ethical experiences within a specific cultural-religious framework.

Data Collection

Data were collected through semi-structured, in-depth interviews guided by an interview protocol designed to elicit rich, reflective narratives. Each interview lasted approximately 60 to 90 minutes and was conducted in a private and comfortable setting, either in person or via a secure video platform, depending on participant preference. All interviews were audio-recorded with consent and subsequently transcribed verbatim. The interview protocol consisted of open-ended questions allowing participants to describe their decision-making processes, emotional responses, and spiritual reflections related to specific end-of-life cases (George, 2020). The protocol was developed based on existing literature in Islamic bioethics and was pilot-tested for clarity. Care was taken to create a respectful and non-judgmental environment to encourage honest and introspective responses.

Data Analysis

Data were analyzed using Interpretative Phenomenological Analysis (IPA), following the systematic steps outlined by Smith et al. (2009). This involved multiple readings of each transcript to gain holistic understanding, followed by identification of significant meaning units. Codes were assigned to phrases reflecting key emotional, ethical, and spiritual themes. These codes were clustered into emergent themes that captured shared patterns across cases while preserving individual nuances. The use of qualitative analysis software (NVivo 12) facilitated the organization and refinement of thematic structures (Kouarfaté & Durif, 2023). Each theme was reviewed iteratively to ensure it accurately represented the participants' lived experiences. Reflexive memoing and peer-debriefing were incorporated throughout the analysis process to enhance credibility and depth.

Ethical Considerations

Ethical approval was obtained from the relevant institutional review board prior to data collection. Written informed consent was obtained from all participants, who were assured of their right to withdraw at any time without consequence. To maintain confidentiality, pseudonyms were used in all transcripts and reports, and any identifying information was removed during transcription. All data were stored securely and used solely for the purposes of this research (Machouche dkk., 2019). The study adhered to the ethical principles outlined in the Declaration of Helsinki and complied with national guidelines on human subjects research.

RESULTS

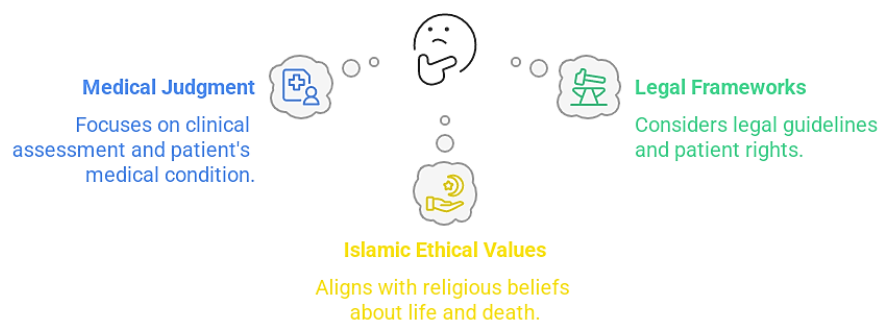
The Moral Weight of Life-Sustaining Decisions

Participants expressed an acute awareness of the moral gravity involved in decisions to withdraw or withhold life-sustaining treatments. Many experienced a profound internal conflict between their medical judgment, legal frameworks, and Islamic ethical values.

“I feel a heavy burden in my soul every time I have to decide whether to turn off the ventilator. It’s not just a medical decision — it’s spiritual and moral. I keep asking myself, am I taking a life, or am I letting God take His course?” (Participant 4)

This theme captures the existential tension between professional responsibility and theological accountability. Participants frequently referred to the afterlife, divine judgment, and the fear of committing an act akin to taking a life, reflecting the deep entwinement of ethical consciousness with religious belief.

Should life-sustaining treatment be withdrawn or withheld?



Negotiating Between Medical Protocols and Islamic Values

Several physicians described the challenges of aligning standard medical protocols with their understanding of Islamic moral teachings. While some viewed passive euthanasia as permissible under certain conditions, others expressed uncertainty or relied heavily on religious consultations.

“As a Muslim doctor, I constantly ask myself: what does the Sharia say about this? Sometimes the guidelines say stop treatment when prognosis is poor, but my heart still seeks fatwa or advice from scholars.” (Participant 1)

The data reveal an ongoing internal dialogue where physicians oscillate between professional guidelines and their spiritual conscience, often resorting to *ijtihad* (independent reasoning) or seeking scholarly guidance. This theme highlights the absence of a unified Islamic ethical stance in practice, compelling each physician to find a personal balance.

Spiritual Distress and the Need for Religious Support

Participants reported experiencing spiritual distress, particularly in cases involving young or previously healthy patients. Many physicians spoke of engaging in additional prayers (*du'a*), fasting, or seeking religious solace during morally complex cases.

“In those moments, I pray harder. I fast on Mondays and Thursdays just to cleanse my heart before deciding. It’s my way of getting closer to God, hoping for clarity.” (Participant 7)

This theme emphasizes how spiritual coping mechanisms become crucial tools for moral discernment. Religious rituals serve not only as sources of emotional support but also as methods of ethical clarification in decision-making.

Institutional Ambiguity and Ethical Isolation

Several respondents expressed feelings of ethical isolation due to a lack of institutional support in resolving morally challenging cases. While hospitals provided medical protocols, few offered Islamic bioethical consultation or moral debriefings grounded in religious contexts.

“No one in the hospital discusses these things from a faith perspective. It’s like we’re expected to leave our beliefs outside the ICU.” (Participant 3)

This theme points to the institutional gap in integrating religious ethics into clinical practice. Participants noted a need for more structured support systems that acknowledge the spiritual dimensions of end-of-life care, particularly in predominantly Muslim settings.

The findings reveal that Muslim physicians’ ethical decision-making in cases of passive euthanasia is a profoundly spiritual experience shaped by moral ambiguity, personal faith, institutional context, and theological interpretation. Rather than relying solely on external ethical frameworks, participants internalize and reinterpret Islamic principles to guide their actions in morally uncertain terrain. The results highlight the need for integrative approaches that respect both clinical judgment and spiritual consciousness in medical ethics.

DISCUSSION

The findings of this study reveal that Muslim physicians experience profound moral and spiritual tension when facing decisions about passive euthanasia. These experiences are deeply rooted in their religious identity, personal ethics, and professional obligations, reflecting a complex interplay between faith and medical practice that answers the study’s central question: how do Muslim physicians make sense of ethical decisions in end-of-life care?

The study’s results directly address the research question by uncovering how participants interpret passive euthanasia not simply as a clinical act, but as a deeply personal and spiritual event. Physicians negotiate their decisions through prayer, reflection, and internal dialogue, revealing that their ethical reasoning extends beyond institutional protocols. Rather than relying solely on religious rulings or hospital guidelines, participants engage in a process of meaning-making shaped by lived faith and emotional responsibility (Meiring, 2020). This demonstrates the unique contribution of phenomenology in illuminating how moral consciousness is formed through experience rather than doctrine alone.

These findings align with and extend previous work in Islamic bioethics. For instance, (Nishakanthi, 2019) discussed the importance of integrating Islamic values into healthcare but focused largely on normative frameworks. Similarly, (Singh dkk., 2023) analyzed Islamic positions on euthanasia from a jurisprudential lens, offering limited insight into the subjective moral struggles faced by clinicians. By contrast, the present study reveals how physicians internalize and operationalize those values through their own reflective practice, thereby complementing and deepening the existing discourse. Moreover, the emotional and spiritual dimensions identified here resonate with (Singh dkk., 2023) observations on moral reasoning, but this study goes further by emphasizing the existential weight of such decisions and the solitude in which they are often made.

The findings of this study carry important implications for both professional medical ethics and culturally informed healthcare practice. By illuminating how Muslim physicians confront end-of-life decisions not only as medical professionals but also as moral and spiritual individuals, the study underscores the need for ethics training and support systems that acknowledge religious consciousness. These insights suggest that healthcare institutions—especially in Muslim-majority contexts—should integrate spiritual counseling, culturally sensitive bioethics education, and moral reflection forums into clinical practice. On a broader scale, the research highlights the social value of acknowledging spiritual narratives in bioethical debates, which are often dominated by secular frameworks that neglect deeply personal dimensions of moral reasoning.

This study, while offering valuable insights, is not without limitations. The use of purposive sampling and a relatively small number of participants, though consistent with phenomenological methodology, may limit the transferability of findings to all Muslim physicians. Additionally, the data were drawn from participants within a specific cultural and institutional context, which may not reflect the diverse realities of Muslim clinicians globally (Soekiswati dkk., 2024). As phenomenology emphasizes depth over breadth, the intention was not to generalize, but to offer a rich understanding of a particular lived experience. Nonetheless, these contextual and methodological boundaries point to areas where broader investigations are still needed.

Future research may build upon these findings by examining how similar moral tensions are experienced in different regions, specialties, or religious traditions. Longitudinal studies could further explore how physicians' ethical reasoning evolves over time with increased exposure to end-of-life cases (Suherman dkk., 2019). Additionally, comparative studies across cultural or interfaith medical settings could provide valuable contrasts and deepen theoretical models of moral consciousness in clinical practice. Ultimately, this research opens new pathways for understanding how personal belief systems and ethical identity shape professional behavior in high-stakes healthcare environments.

CONCLUSION

This study explored how Muslim physicians experience and interpret ethical decision-making in cases involving passive euthanasia. The findings revealed that these decisions are deeply influenced by spiritual beliefs, emotional responsibility, and the tension between medical ethics and Islamic moral values. Participants described moral dilemmas not only in professional terms but as profound personal and religious experiences that existing normative frameworks fail to fully capture. By using a phenomenological approach, the study addressed gaps in the literature that overlooked the subjective and existential dimensions of clinical ethics among faith-driven practitioners. These insights offer valuable contributions to culturally sensitive healthcare practices and bioethics education. Future research could extend this inquiry across diverse religious or cultural settings to deepen understanding of how moral consciousness develops in ethically complex environments.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article. All ethical standards were followed, and no competing financial or personal relationships influenced the conduct or outcomes of this research.

REFERENCES

- Alkhouri, K. I. (2024). The Role of Artificial Intelligence in the Study of the Psychology of Religion. *Religions*, 15(3). Scopus. <https://doi.org/10.3390/rel15030290>
- Al-Zaman, M. S. (2021). Social media and COVID-19 misinformation: How ignorant Facebook users are? *Heliyon*, 7(5). Scopus. <https://doi.org/10.1016/j.heliyon.2021.e07144>
- Amir, S. (2019). Contempt and labour: An exploration through muslim barbers of South Asia. *Religions*, 10(11). Scopus. <https://doi.org/10.3390/rel10110616>
- Chen, Z., & He, Y. (2024). Correlation of Christian ethics and developments in artificial intelligence. *Technology Analysis and Strategic Management*, 36(7), 1635–1645. Scopus. <https://doi.org/10.1080/09537325.2022.2106422>
- Dong, L. (2024). Home, History, and the Postsecular: A Literary–Religious Inquiry of Disgrace. *Religions*, 15(7). Scopus. <https://doi.org/10.3390/rel15070842>
- Dupras, C., Birko, S., Affdal, A. O., Haidar, H., Lemoine, M.-E., & Ravitsky, V. (2022). Governing the futures of non-invasive prenatal testing: An exploration of social acceptability using the Delphi method. *Social Science and Medicine*, 304. Scopus. <https://doi.org/10.1016/j.socscimed.2020.112930>
- Dutta, S. (2022). Becoming equals: The meaning and practice of gender equality in an Islamic feminist movement in India. *Feminist Theory*, 23(4), 423–443. Scopus. <https://doi.org/10.1177/14647001211023641>
- Ebner, K., Ostheimer, J., & Sautermeister, J. (2020). The role of religious beliefs for the acceptance of xenotransplantation. Exploring dimensions of xenotransplantation in the field of hospital chaplaincy. *Xenotransplantation*, 27(4). Scopus. <https://doi.org/10.1111/xen.12579>
- George, J. M. (2020). Stocktaking in the time of a pandemic: Atypical philosophical, theological, and other observations. *Journal of Dharma*, 45(2), 259–278. Scopus.
- Kouarfaté, B. B., & Durif, F. (2023). Understanding Consumer Attitudes toward Cultured Meat: The Role of Online Media Framing. *Sustainability (Switzerland)*, 15(24). Scopus. <https://doi.org/10.3390/su152416879>
- Machouche, S., Bensaid, B., & Ahmed, Z. (2019). Crossroads between Islamic spirituality and the instruction of science. *Kemanusiaan*, 26, 23–45. Scopus. <https://doi.org/10.21315/kajh2019.26.s1.2>
- Meiring, A. M. (2020). An apocalyptic agenda for mission in our time. *Verbum et Ecclesia*, 41(1), 1–8. Scopus. <https://doi.org/10.4102/VE.V41I1.2144>
- Nishakanthi, G. (2019). The Shortage of Malaysian Stem Cell Ethics in Mainstream Database: A Preliminary Study. *Asian Bioethics Review*, 11(4), 437–460. Scopus. <https://doi.org/10.1007/s41649-019-00102-5>
- Singh, H., Haghayegh, A. T., Shah, R., Cheung, L., Wijekoon, S., Reel, K., & Sangrar, R. (2023). A qualitative exploration of allied health providers' perspectives on cultural humility in palliative and end-of-life care. *BMC Palliative Care*, 22(1). Scopus. <https://doi.org/10.1186/s12904-023-01214-4>
- Soekiswati, S., Rizka, R., Herawati, E., Alam, A., Budiono, A., & Wardiono, K. (2024). Exploration of the Impact of Religious Activities on Waste Management Behavior: An Analysis of the Understanding of Environmental Ethics. *WSEAS Transactions on Environment and Development*, 20, 46–58. Scopus. <https://doi.org/10.37394/232015.2024.20.6>
- Suherman, U., Budiman, N., Suryana, D., Yudha, E. S., Ahmad, A. B., & Bin Saper, M. N. (2019). Dimension of peace culture based on Al-quran values. *Universal Journal of Educational Research*, 7(10), 2171–2178. Scopus. <https://doi.org/10.13189/ujer.2019.071015>