SPECIAL COMMUNICATION

Fasting During The month of Ramadan For People With Diabetes: Medicine and Fiqh United at Last

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Abstract
Fasting during the lunar month of Ramadan is a religious obligation for all adult Moslems. Under certain circumstances, a few groups are exempt from fasting such as being "sick" as judged by an experienced doctor. Recent collaboration between the International Islamic Fiqh Academy and The Islamic Organization for Medical Sciences produced a comprehensive guidance based on extensive review of the evidence of possible risk to diabetic patients if they observe fasting. The new guidance categorized people with diabetes into 4 groups according to their risk. Group 1 and 2 are exempted from fasting as they have risk from fasting. These included patients with poor glycemic control or with complications and serious coexisting illnesses in addition to type 1 patients and pregnant women with diabetes. Patients in groups 3 and 4 are those with moderate to low risk of harm from fasting. These are exemplified by uncomplicated patients with stable control on oral drugs not associated with excess risk of hypoglycemia. These groups of patients have no harm but may even benefit from fasting. Doctors and religious scholars have a joint responsibility to properly assess and advise patients to choose to fast or not to fast in line with these recommendations. The advice should be given with no complacency with the potential health risks but with great sensitivity to the patients religious feelings.

Introduction
Daytime fasting for 29-30 days during the lunar month of Ramadan is compulsory for adult Muslims. Being one of the five pillars of Islam make it a very sacred duty. There are several groups who are exempt from fasting. Being "sick" is one of these exemptions (1). However, for many years medical and Fiqh experts have been talking separately about the medical issues that may justify taking advantage of the exemption allowed for being "sick". Preachers depend on the specific personal advice of an "expert Moslem physician" to decide conditions in which fasting may "make disease worse or delay healing" as the guiding principles whereas doctors were using the medical jargon such as indicated and contraindicated with variable opinions. Though most of the research was on healthy volunteers, diabetes was singled out with the lions' share of interest from medical researchers (2, 3).
The recent decree issued at the meeting of the Council of the International Islamic Fiqh Academy of the Organization of Islamic Conference at its nineteenth session held in the

Emirate of Sharjah, UAE between 26th and 30th April 2009 can justifiably be counted as a land mark event. It resulted from the cooperation between the Islamic Organization for Medical Sciences (based in Kuwait) and the International Islamic Fiqh Academy on the basis of the agreement signed between the two bodies. Previously, the *Academy* has commissioned the *Organization* to conduct a study to make recommendations on the issue of "diabetes and fasting of Ramadan". The decree was based on the proceedings of two symposia held by the Organization in November 2007 and April 2008 and additional deliberation in the latest Academy's session (4). It will help set the basis for informed individual decision to be made by the patients supported by the physicians and scholars.

Medical Basis for Fiqh Rulings on Fasting in Diabetes

The Fiqh Academy's decree started by defining the 4 main types of diabetes (type 1, type 2, other types and diabetes of pregnancy) in line with the American Diabetes Association and World Health organization criteria for diagnosis and classification of diabetes (5). When considering who can fast, diabetic patients were classified into four categories medically in line with the expert recommendations published in 2005 (6). The ruling about feasibility to fast or not to fast is given below for each category separately. The four categories are as follows:

Category I

This included patients with **very *high risk of serious complications*** from fasting in patients suffering from certain medical conditions characterized by one pathological situation or more of the following groups: severe hypoglycemia during the three months preceding the month of Ramadan, patients who frequently have hypoglycemia or hyperglycemia, patients with hypoglycemia-unawareness. Patients known to have difficulty in controlling diabetes for long periods, diabetic ketoacidosis or hypoglycemic coma during the three months preceding Ramadan. Patients with other acute illnesses associated with diabetes, those with diabetes who have obligation to undertake hard types of physical labor, patients with diabetes who are on renal dialysis, women with diabetes during pregnancy and all type I diabetes patients were included in this group.

Category II

This includes patients with ***high risk of complications*** as a result of fasting, as thought by their doctors, such as the following: poor glycaemic control such as running high blood glucose levels of 180-300 mg/dL (10.0-16.5 mmol/l) or high blood glycosylated Haemoglobin (A1c greater than 10%), renal impairment, macrovascular disease, those who live alone and are treated with insulin injections or oral insulin secretagogues. In addition, patients who suffer from conditions that add additional risks to them, elderly people with other diseases and patients who are receiving treatments that interfere with their cognitive function were counted in this group.

Category III

These patients have a **medium risk** of complications as a result of fasting such as diabetic patients with stable situations and controlled by the appropriate oral hypoglycaemic agents (insulin secretagogues, such as sulphonylureas).

Category IV

Patients with **low risk** of complications as a result of fasting, including diabetic patients with stable situations and controlled by diet and non-insulin secretagogues (*such as Metformin and Glitazones)*.

To Fast or Not to Fast?

The fiqh rules of categories I and II are different from those for categories III and IV. Ruling in cases of the categories I and II is based on the certainty or the predominance of probability that harm will occur to the patient if he or she fasts based on the assessment of the expert trustworthy doctor. Therefore, the patients with cases contained therein are permitted to break the fast and are indeed prohibited from fasting to ward off harming themselves in accordance with the teachings of the Holy Quran ***"****and let not your own hands throw you into destruction (Sura 2: verse 195) and " and do not destroy one another: for, behold, God is indeed a dispenser of grace unto you* (Sura 4: Verse 29). The physician should explain to them the seriousness of harm from fasting on them, and the enormous potential (high likelihood) for complications which are dangerous to their health or their lives. The doctor must exhaust the appropriate medical procedures that enable the patient to fast without harming themselves. The provisions of fasting in Ramadan to excuse those who have diabetes in the categories I and II above pursuant to the Holy Quran's teaching saying: "*But whoever of you is ill, or on a journey, [shall fast instead for the same] number of other days; and [in such cases] it is incumbent upon those who can afford it to make sacrifice by feeding a needy person****"*** (Sura 2: Verse: 184). The academy has indeed stated that to fast with known risk of harm by fasting

is a "sin" despite the integrity of the process of fast itself.

However, the rule of categories III and IV is completely different. It is not permissible for patients in these 2 categories to break the fast. The medical literature does not indicate any possibility of harmful complications to their health and their lives and many of them may benefit from fasting. Doctors are bound by these provisions to establish the appropriate categorization of each case individually.

Responsibilities of Health Care Professions, Scholars and Organizations

Finally, the Academy recommends the following:

(1)Doctors are required to the briefed with an acceptable knowledge of figh provisions on this subject, and this requires the preparation of this information from relevant agencies and circulated to those concerned (7).

(2)Scholars and preachers are required to instruct patients asking them for religious opinion on the need to consult their doctor who understand the aspects of fasting (both medical & religious) and fear God. There are concerns on whether the physician must be a Muslim physician or not particularly in case of Muslims who lives in non-Muslim communities. This has not been clearly resolved in the decree by the Academy.

(3)Because of the real dangers resulting from the complications of diabetes on the health of patients and their lives, all possible means of guidance and education must be pursued. These include sermons in mosques and the media to educate patients so thus increasing the level of awareness about the diabetes and improve the preparedness to deal with it. These will significantly reduce its negative effects and facilitate making use of the provisions of figh advice and to facilitate accepting medical advice for treatment more comfortably.

(4) The Islamic Organization for Medical Sciences in collaboration with the International Islamic Fiqh Academy committed themselves to issue a handbook on this subject in Arabic and other languages and work on spreading it among doctors, scholars, and will undertake scientific presentation of the material on the website for the attention of patients. Though the decision remains to be made on individual basis in each case by discussion with the treating physician.

(5) Call upon the ministries of health in the Islamic countries to activate the national programs in the area of prevention, treatment and awareness of diabetes.

Final Remarks

In conclusion, the proper clinical management of diabetes during Ramadan fast is a prime example for culturally-sensitive diabetes care. It needs a blend of the fundamental principles of good medical practice with the specific cultural and ethnic needs of communities and individuals. Efforts of the multidisciplinary diabetes care team and outside agencies need to be timely mobilized and masterly orchestrated on an annual basis to guide patients through the fasting and feasting season safely. The recent decree by the fiqh academy helped clarify the general principles in a language that both doctors and scholars can understand and therefore they can sensibly engage in discussions about individual cases.

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