Diabetes and Ramadan: Practical Guidelines

International Diabetes Federation (IDF), in collaboration with the Diabetes and Ramadan (DAR) International Alliance
April 2016
By applying the above to this question, the rulings of fast for diabetics depends on the ways of treatment where each type needs to be treated as per its suitable treatment as detailed above.

If it is confirmed that fast will cause harm to the diabetics, as stated in the first type, the patient should obey the physician and break the fast, otherwise he will be sinner.

If the specialist physicians think that the patient might be harmed, as stated in the second type, then the patient should break the fast and obey the physician, because the doubt should be regarded as the prevailing rule.

If the possibility of injury due to fast is moderate or low, as in the third type, then adopting the permission for breaking the fast will be discretionary matter, where the harm resulting from the fast will be determined by the specialist physician according to the patient’s case and its complications, and by the patient according to his ability and endurance to fast. The physician will estimate the effect of fast on the patient, whether he will be able to fast or not, and the patient will estimate his ability and endurance to fast.

It is worthy to be noted that in all the three types, the patient should follow the physician’s prescription if he finds that he should break the fast and that fast is risky for him.

Allah the Almighty knows best.

Prof. Shawky Ibrahim Allam
signed and sealed (on all Pages)
Mufti of the Arab Republic of Egypt
17/03/2016

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Preface

Ramadan is the ninth month of the Muslim calendar and the daylight fasting that accompanies it is one of the five pillars of Islam. Fasting during Ramadan is compulsory for all healthy adult Muslims, although exemptions exist for people with serious medical conditions, including many with diabetes. Nevertheless, a majority of individuals with diabetes see the fast as a deeply meaningful, spiritual experience, and most will participate, sometimes against medical advice.

The International Diabetes Federation (IDF) has described diabetes as “one of the largest global health emergencies of the 21st century”. This global epidemic includes countries with sizeable Muslim populations, where the comparative prevalence of diabetes is well above the global average. Of further concern, the number of patients with diabetes in these countries is predicted to rise dramatically over the next 25 years.

Ensuring the optimal care of the many patients with diabetes who fast during Ramadan is crucial. The IDF and Diabetes and Ramadan (DAR) International Alliance have therefore come together to deliver comprehensive guidance on this subject. The IDF-DAR Practical Guidelines provide healthcare professionals (HCPs) with relevant background information and practical recommendations to enable them to help patients with diabetes participate in fasting during Ramadan while minimising the risk of complications. The guidelines cover several key topics, including epidemiology, the physiology of fasting, risk stratification, nutrition advice, medication adjustment, and the implementation of recommendations. One of the recurring themes throughout the guidelines is the importance of individualisation and education within a diabetes management plan.

We hope that the comprehensive content presented in the IDF-DAR Practical Guidelines will greatly enhance knowledge surrounding the issue of diabetes and Ramadan fasting, thereby empowering HCPs to give the most up-to-date advice and the best possible support to their patients.

Dr Shaukat Sadikot
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قصّلوا أهل الذكرِ إن كُنتم للاقتصامَ (النحل: 43)

(الحمد لله، وسلمو الله وإليه سلامة المسيح، محمد رسول الله، وعليه وصيّة، ورضى عنه ورحمة الله)

تغطى على الطلبة المُقدمين من مؤسسة دار المُقَدِّم برقم 42 لسنة 2016 م، والمتمئين:

ما حكم الصيام لمرضى السكر على اختلاف درجاتهم، حيث تم تقسيمهم طبيًا إلى ثلاث فئات:

الفئة الأولى: المرضى ذو الاعتدالات الكبيرة جداً للمضاعفات الخطيرة بصورة شبه مؤكدة طبيًا.

وهذه الفئة يقول المنصوصون بضرورة حصول ضرر بالغ عند الصيام.

الفئة الثانية: المرضى ذو الاعتدالات الكبيرة للمضاعفات نتيجة الصيام، وهذه الفئة يطلب على

ظن الأطباء المتخصصين وقوع ضرر بالغ عليهم عند الصيام.

الفئة الثالثة: المرضى ذو الاعتدالات المتوسطة أو المنخفضة للتعرض لمضاعفات نتيجة الصيام.

فما حكم الصوم لهذه الفئات على اختلاف درجاتهم؟

الجواب:

الصوم فرضي من فرض الإسلام أن أُناه نُفّذ بالاستطاعة؛ فإذا لم يستطيع المسلم الصوم

بالمتأنى عن المقتنيات من الطعام والشراب ولهما من الفجر إلى المغرب، فإن له خصمة الإفطار،

بل إذا كان الصوم يصْر سببًا بصحبة يقول الأطباء المتخصصين -فلا يجب عليه أن يفترد فمنهًا على

صحبه; قال تعالى: {وَأَنْقَلِصْ عَلَيْكُمْ فِي الْيَدِينِ مِنْ خَرْجِ} [الحج: 78]. وقال تعالى: {وَلَا تَفْعَلُوا

بِذِيْكَ مِنْ الْيَتَبْكُرُ} [البقرة: 195]. وقال جاهيله في خصوص الصوم: {يْبِيِّذَ اللَّهُ يَكْبُرُ الْيَتَبْكُرْ وَلَا

يْبِيِّذَ يَكْبُرُ الْيَتَبْكُرُ} [البقرة: 165]. وعن النبي ﷺ رضي الله عنه عن النبي صلى الله عليه ورسوله

قال: {وَإِذَا أَرْضَعَكُمْ بَأْمَرُواُيْتُمَا مَا أَسْتَطِعْتُمَا} متفق عليه.

مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً، مَرْحَبَةً
ويقول الله تعالى: "فمن كان منكم مريضًا أو على سفر فعهدًا من أيام أخر وعلي الذين يطوفون فدية طعام يمسكون" [البقرة: 184]، ومعنى: إنه يُرضخ للمسلم المكلف المريض مرضًا يُرجى بؤره ولا يستطيع معه الصوم -والمسافر كذلك- الإفطار في رمضان، ثم عليهما القضاء بعد زوال العذر والتمكين من الصيام.

فإن كان المرض طارئًا فعلى المسلم أن يقضي ما أفطره عندما يزول العارض، أما إذا كان مرضًا مرضًا لا يُرجى شفاؤه -وهو ما يُعَرف بالأمارض المتينة- ولا يُقوى معه على الصيام، أو كان كبيرًا في السن؛ بحيث يعجز عن الصيام وتحلق مشقة شديدة لا تُнтَقب عادة فلا يجب عليه الصيام، وعلى فدية; إطعام مسكين عن كل يوم من الأيام التي يفطرها من رمضان، وقدر هذه الفدية مُدًّ من الطعام.

مرض السكر على اختلاف درجاته هو من الأراض المزمنة، ومعرفة أحكام مرضاه من جهة

الصوم الواجب مبنية على معرفة طرق العلاج المناحة لهم تطبيًا في كل فئة من الفئات المذكورة.

فإن غلب على ظن المريض أنه إن صام حصلت له مشقة، أو صام ثم حصلت له المشقة؛ سواء باشتداد وطأة المرض عليه، أم احتاج إلى تناول الدواء، أم غلبه الجوع أو العطش -وهذا هو حال غالب مرضى السكر - جاز له أن يفطر، بل وجب عليه أن يفطر إذا خشي على نفسه من الهلاك؛ لقول الله تعالى: "ولا تقولوا أئتمسك إن الله كان يكم رجيمًا" [النساء: 29]، وقوله تعالى: "لا تنفقوا بأيديكم إلى الشهلكة" [البقرة: 195].

قال العالِم الخليل الطبري في "منيار المحتاج" (2/199)، ط. دار الكتب العلمية): [وان عاد المرض واحتاج إلى الإفطار أطول، ويجب الفطر إذا خشي الهلاك؛ كما سرح به الغزالي وغيره، وجم زله الأذري، ولم غلبه الجوع أو العطش حكم المريض] إله.

وبناء على ذلك وفي واقعة السؤال: فإن أحكام الصيام لفترة مرض السكر مرتبة على الطرق العلاجية التي يمكن التعامل بما مع كل فئة بما يناسبها على التفصيل المذكور.
إذا تأكدت احتمالات الضرر من الصيام لمريض السكر – كما هو مذكور في الفئة الأولى – وجب على المريض طاعة الطبيب في الإفطار، وبإتمام صام.
وإذا غلب احتمال الضرر على الأطباء المتخصصين – كما هو مذكور في الفئة الثانية – وجب الإفطار وطاعة الطبيب كذلك، لأن المريضة تُنقل منزلة المريض.
أما إذا كان احتمال الضرر من الصوم متوسطًا أو ضعيفًا – كما هي الفئة الثالثة – فإن الأخذ بروحية الإفطار حينئذ يكون أمراً تقديرياً؛ أي أن مراعته في معرفة ضرر الصوم وما قد يجره عليه من أدى هو إلى الطبيب المتخصص من جهة معرفة حالتته ومضاعفاته، وإلى المريض من جهة تأكده وقدرته على الصيام واحتماله له; فيقدّر الطبيب مدى تأثير الصوم على حالة المريض من حيث إمكانية الصوم من عدمه، وينقل المريض مدى قدرته واحتماله للصوم.
مع التنبيه على أنه يجب على المريض في كل من هذه الفئات الثلاث أن يستجب للطبيب إن رأى ضرورة إفطاره وخطرة الصوم عليه.

والله سبحانه وتعالى أعلم.

أ.د/ شوقى إبراهيم علام

مفتى جمهورية مصر العربية

٢٠١٧/٣/٢٠١٤
Translation to summary of the response of Egypt’s Mofty to diabetes and Ramadan risk categories religious ruling

In the Name of Allah, the Most Gracious, the Most Merciful

The Arab Republic of Egypt
Ministry of Justice
Dar Al-Iftaa Al Missriyyah
Mufti’s Office

(If ye realise this not, ask of those who possess the Message) [Al-Nahel: 43]

(All praise is due to Allah, May the peace and blessings of Allah be upon our Prophet Muhammad, his family and companions, and all those who follow them in the righteousness till the Day of Judgment.)

We have reviewed the application submitted by/ DAR Establishment on 08/03/2016 AD

Recorded under No. 92 of 2016, which reads as follows:

What is the ruling “stance of the Shari’ah” on fasting for diabetics of different types, where they are medically categorized as three types;

Type 1: diabetics who are very highly prone to risk of serious complications, as medically confirmed. The specialists say that such category is prone to serious risk in case of fasting.

Type 2: diabetics who are highly prone to complications due to fasting. The specialists think that such category might suffer from serious injury in case of fasting.

Type 3: diabetics who are at moderate or low risk to complications due to fasting.

What is the ruling “stance of the Shari’ah” on fasting of the three types?
**Answer:**

The fast (Sawm) is one of the religious obligations “Pillars” of Islam, which have been ordained by Allah as per ability, if a Muslim could not fast by restraining from eating and drinking and such things from the dawn (Fajr) till sunset (Maghreb), then he is permitted to break the fast. Further, if fast will harm any person, as said by specialist physicians, then he must break the fast in order to save his health. Allah Almighty says “and has imposed no difficulties on you in religion” [Al Hajj: 78], Allah Almighty Says also “and make not your own hands contribute to (your) destruction” [Al Baqara: 195], and with regard to fast (Sawm), Allah Almighty says “Allah intends every facility for you; He does not want to put to difficulties” [Al Baqara: 185]. Moreover, Abu Huraira, May Allah be pleased with him, narrated that the Prophet, May Peace and Mercy be upon him, said “And if I order you to do something, then do of it as much as you can” [agreed upon].

Allah Almighty says “but if any of you is ill, or on a journey, the prescribed number (Should be made up) from days later. For those who can do it (With hardship), is a ransom, the feeding of one that is indigent” [Al Baqara: 184]. This means that an adult Muslim who is suffering from curable disease with which he cannot fast, and the traveler as well, are permitted to break the fast and then they should make up these days after abatement of the excuse and being able to fast.

If this illness is emergent, a Muslim should make up the days at which he broke the fast when such emergency disappears, but if he is suffering from a cureless disease, which are known as chronic diseases, because of which he cannot fast or if he is old and cannot fast as he suffers from unbearable discomfort, then he is not obliged to fast but he should do ransom by feeding one that is indigent for each day he breaks the fast in Ramadan.

Later, if he becomes able to fast, he should not make up these days and he should only do the ransom because he is initially addressed due to his said case.

The diabetes disease, of all its types, is a chronic one. The rulings of fast for diabetics are based on knowing the way of available treatment for each type.

If the patient thinks that if he fasts he will suffer, or if he fasts and suffers, where the illness gets tougher or he needs to take the medications or he becomes very hungry or thirsty, as happens with most of the diabetics, then he is permitted to break the fast. Furthermore, he must break the fast if he is afraid of serious harm, where Allah Almighty says “And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful.” [An-Nissa: 29] and Allah Almighty says “and make not your own hands contribute to (your) destruction” [Al Baqara: 195].
By applying the above to this question, the rulings of fast for diabetics depends on the ways of treatment where each type needs to be treated as per its suitable treatment as detailed above.

If it is confirmed that fast will cause harm to the diabetics, as stated in the first type, the patient should obey the physician and break the fast, otherwise he will be sinner.

If the specialist physicians think that the patient might be harmed, as stated in the second type, then the patient should break the fast and obey the physician, because the doubt should be regarded as the prevailing rule.

If the possibility of injury due to fast is moderate or low, as in the third type, then adopting the permission for breaking the fast will be discretionary matter, where the harm resulting from the fast will be determined by the specialist physician according to the patient’s case and its complications, and by the patient according to his ability and endurance to fast. The physician will estimate the effect of fast on the patient, whether he will be able to fast or not, and the patient will estimate his ability and endurance to fast.

It is worthy to be noted that in all the three types, the patient should follow the physician’s prescription if he finds that he should break the fast and that fast is risky for him.

Allah the Almighty knows best.
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