



Controversial Jurisprudential-Medical Issues of Treatment and Refusal of Treatment in Patients with Premenstrual Syndrome, a Narrative Review Running: Jurisprudential-Medical Issues of Refusal of Treatment in PMS

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Abstract

In the last two decades and as a result of the strengthening of the theory of contractual relationship between doctor and patient, the patient has the right to know the type of disease, the type of treatment and the right to consent to start treatment. Refusal to treat premenstrual syndrome disorder, which is treatable, may be accompanied by physical and mental injuries in some people. The purpose of is investigating the jurisprudential-medical bases of refusing to treat patients with premenstrual syndrome (PMS). **Material and Method:** This research is a descriptive-analytical narrative review. The method of collecting information is library-based and it is done by referring to documents, books and articles. **Results:** Four famous jurisprudential rules, such as the "harmful rule (ḍarar): Harm is not legitimate in Islam", "rule of domination", "autonomy" rule, and taking treatment in accordance with the ruling "La Osr-Haraj (No Hardship Rules)" regarding the treatment or refusal to treat PMS sufferers have been examined. If the patient refuses to allow the treatment, citing evidence of self-control (rule of dominance), the doctor is not allowed to treat. However, according to Islamic principles, a person does not have the right to harm himself, but permission to treat is not considered compulsory. **Conclusion:** In the condition of refusal to treat patients with PMS, the doctor is only required to try her best to dissuade the patient from her decision and not to participate in harming the patient.

Keywords: *Jurisprudence; Medicine; Refusal; Treatment; Premenstrual Syndrome*

1. Introduction

1.1. Overview. Premenstrual Syndrome (PMS)

Premenstrual syndrome is one of the most common disorders in women before menopause (1). Women with severe emotional symptoms are classified as having premenstrual dysphoria (2,3). Premenstrual syndrome was proposed for the first time in 1953 as a broad diagnostic concept, in the form of recurring symptoms during the premenstrual phase or the first days of menstruation, which disappear completely in the postmenstrual phase (4-5). It starts 6-12 days before the monthly bleeding and continues for two days (maximum 4 days) after the bleeding starts (5). It includes the following clinical symptoms: 1- Common psychological symptoms, including weakness and fatigue, irritability and short temper, mood swings, depression, etc. 2- Common physical symptoms such as abdominal bloating, back pain, breast tenderness, etc., depending on the severity of the symptoms, a wide range of disease states from mild to severe (1-2). 3. Social complications: It includes loss of ability to perform usual activities such as absence from school or work, use of medicine, mental, physical disorders, family-social or economic problems, which is the biggest and most unpleasant experience in women with premenstrual syndrome (6-7). In the French study, 12.2% of PMS sufferers are affected by various symptoms of this syndrome. These symptoms are intensified by stressful factors in life and received hormones (8), more symptoms are seen in people who have stressful jobs. 64% of people with depression have severe premenstrual syndrome (9). Premenstrual syndrome prevalence estimates vary depending on the method used to diagnose and classify its types (10). The prevalence of premenstrual syndrome is high due to its different symptoms, such as strong desire for food, abdominal pain, headache, pain, depression, irritability and anxiety (11). Depressed mood, restlessness, tension and anxiety, extreme excitability, open anger and interpersonal conflicts are important psychosomatic symptoms (12). The symptoms in 20-25% of women are enough to require treatment (13-14). 2- **1.2. Prevalence and severity of complications of premenstrual syndrome in Iran and some other countries of the world**

The prevalence of this syndrome varies from 60 to 80% in Asian countries (Turkey, 61.4%, China, 76%, and Malaysia, 63.1%). The American College of Obstetrics and Gynecology has reported this syndrome to be 65.5%, of which only 8.75% of people needed special treatment (15). The prevalence of this syndrome has been reported in Iran as 48%, Europe 41%, Africa 83%, South America 61%, and Asia 46%. (16). The results of Ramzanpour et al.'s study showed that the frequency of premenstrual syndrome was 78.1%. The severity of this condition was severe in 13 students (4.7%), moderate in 34 students (12.8%), and mild in 196 students (72.5%) (17). In another study in Iran, the highest prevalence rate was observed in laboratory science students (66.9%), and among medical students, 54.9% had premenstrual syndrome (18). In another study in Kerman high schools, the prevalence of PMS was estimated at 66.5% and 37.6% had moderate to severe symptoms (19). Oz Goli et al. (2009) conducted a study using ginkgo plant extract to reduce the symptoms of menstrual syndrome in Tehran as a randomized clinical trial. After the intervention, a significant decrease in physical and mental and psychological symptoms was seen in the intervention group (23.68%) compared to the control group (8.74%). In the study by Agha Hosseini et al. in Tehran, it was also stated that the increase of serotonin in the brain by saffron can be effective in reducing the severity of premenstrual syndrome symptoms (21).

1.3. Causes of Premenstrual Syndrome

The exact causes of premenstrual syndrome have not been determined (3), but factors such as hormonal changes, neurotransmitters, prostaglandins, diet, drugs, lifestyle, obesity, abnormal function of the hypothalamus-pituitary-adrenal axis, nutritional problems, and environmental factors have been mentioned (22-25). Premenstrual syndrome causes a disturbance in the quality of life, causes a decrease in job efficiency in working women and increases absenteeism from the workplace, disrupts normal activities, inactivity, lack of motivation and decreases accuracy in doing one's work. Its recurring negative

effects will increase the conflict in the family, reduce the durability of the family, cut off communication between family members and as a result reduce the participation of the family in family and social issues (26). It is associated with cases such as misbehavior in school, weakness in doing work and homework, and if this complication coincides with the time of the exam or interview, it causes approximately 0-12% grade drop.

In addition, more than 150 symptoms are attributed to premenstrual syndrome, which fall into two psychological and physical categories (27-29). Menstruation period during the life of every woman leaves deep effects on her life, and the combination of these physical and hormonal changes with stress intensifies its negative effects (30-31). Stress is still at the top of the factors affecting physical and psychological health. Stress is one of the effective factors in increasing the symptoms of premenstrual syndrome in physical, behavioral, and emotional dimensions, it is closely related to PMS and it also has consequences (32).

1.4. The Challenge of Refusing Treatment and the Necessity of Treating PMS Sufferers

Due to the prevalence of this disorder in Iran and other countries and many complications were reported and its effects on daily life, a small number of women go to the doctor for its treatment.

The need to declare consent before treatment is recognized as one of the natural and legal rights of patients (33). It is the duty of the doctor to provide the patient or his representative with the necessary information about the diagnostic and treatment measures in a clear and precise manner, and to discuss the effects of treatment complications and appropriate treatment methods, mentioning the benefits and risks of each. The doctor should allow the patient to use his judgment while providing the necessary information. In this context, the doctor's explanations should be understandable and without influence and personal recommendations (34-35). It is the responsibility of the service provider to involve the patient in the decision-making process and avoid forcing the patient to agree with the provider. The provider must make a recommendation and provide a rationale for that recommendation (36-38). If the patient is convinced to consent to the treatment, the criminal responsibility is removed from the doctor (Article 495 of the Islamic Penal Code has a provision in this regard). It should be noted that the process of obtaining informed consent is more complicated than obtaining the patient's signature at the end of the medical forms. Silva defines informed consent as "a legal and ethical process that focuses on participation in decision-making between the provider and the recipient of health care" whose goals include the promotion of individual health, respect for autonomy and human choice (39).

There are also cases where the patient does not consent to the necessary treatment, and his health or that of the people around him may be at risk due to the condition of the disease, and in some cases, it may even lead to severe complications. On the other hand, forcing the patient to participate in the treatment is also unethical and in conflict with human rights (40). In Iran, the charter of patients' rights has recognized the right to refuse treatment. In paragraph 3, it is stipulated that "accepting or rejecting suggested treatments after being aware of the possible side effects of accepting or rejecting them, except in cases of suicide or cases where refusing treatment puts another person at serious risk" is one of the patient's rights. The Bill of Rights of the Iranian Patient has been compiled in the form of 5 chapters and 37 articles, including a perspective and an explanatory note (41). Sometimes there is a situation where the patient does not show resistance to the treatment despite his dissatisfaction, but in the case of serious opposition of the patient, under no circumstances, we do not have the right to physically force him/her for the purpose of treatment (except with the intervention of judicial authorities) (42).

1.5. This Research Aims to Investigate These Questions

- Isn't tolerating this syndrome harmful to the self-considering the physical and mental side effects that are repeated monthly?

-Refusal of treatment on the one hand and the necessity of treatment on the other hand is a challenging issue that is being investigated in order to reduce the amount of these conditions and the damages resulting from it and to provide proper enforcement of patients' rights.

- According to the principle of non-dominance over others, what is the doctor's legal duty in these cases? And under what conditions is the doctor allowed to forcefully treat this disorder?

Therefore, the present research was designed to answer two jurisprudential questions, and follows the issue in two parts; In the first part, the extent of its damage and the treatability of this syndrome are discussed. In the second part, with a jurisprudential analysis, the opinions of those who agree and disagree on the necessity of treatment, and finally, the duty of the doctor and the patient to treat this condition is explained.

2. Methods

2.1. Information of Sources

In this review study, the result of examining the evidence published in the field of jurisprudential-medical bases of refusing to treat patients with premenstrual syndrome between 1990 and 2022 in the Persian databases of Magiran, SID, Iranmedex and the English database of Scopus, PubMed, Science Direct, Google Scholar and other jurisprudential texts was searched. To collect data, a search was conducted on articles that contained one of the using keywords in the title or text ;Premenstrual syndrome, jurisprudential foundations, medicine, refusal, treatment, civil law, legislation have been investigated.

2.2. Criteria for Selecting and Evaluating the Quality of Articles

The inclusion criteria include the review of research and review articles published in Persian and English about Treatment or refusal to treat premenstrual syndrome disorder, the full text of which is available and the articles found in the years 1990 to 2022 can be indexed. The exclusion criteria included articles that had content outside of the article, and by removing duplicate articles, 26 articles were reviewed with the inclusion criteria. (Figure 1).

2.3. Study Selection and Data Collection Process

To collect data, first, articles that had one of the above keywords alone or in combination in the title or text were selected alone or in combination. Based on the inclusion criteria, abstracts of articles published in Farsi and English were reviewed. After removing the articles that did not meet the inclusion criteria, the full text of all the articles that met the inclusion criteria was reviewed. Then their results were extracted according to the investigated factor and given to another researcher for review and correction. In general, in this research, out of 42 articles, 26 articles were extracted and analyzed and their results were extracted.

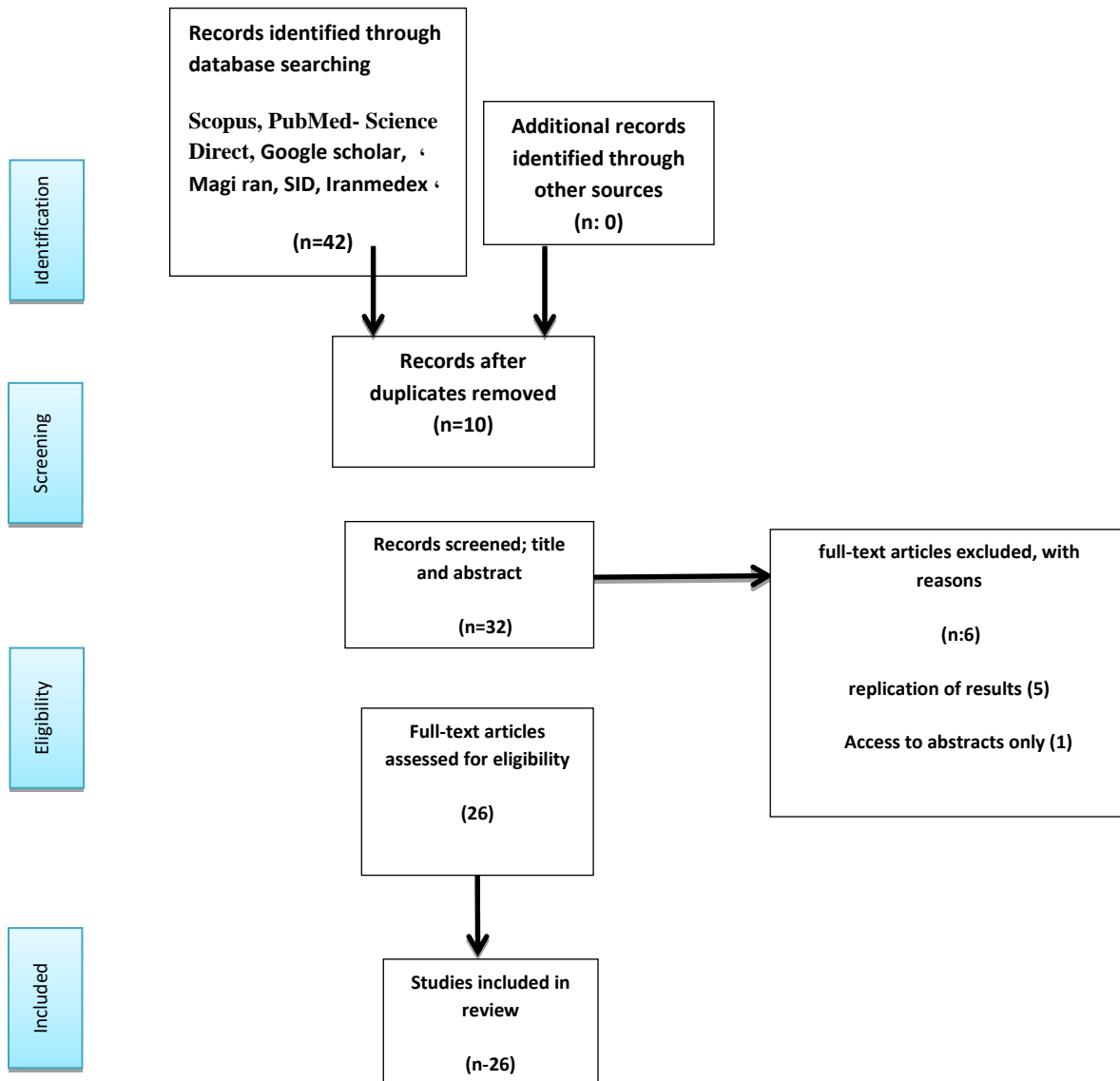


Fig 1: Process of literature review of Jurisprudential principles-medical refusal to treat patients with premenstrual syndrome

2.4. Ethical Considerations

In all stages of writing the present research, while respecting the originality of the texts, honesty and trustworthiness have been observed.

3. Results

Although premenstrual syndrome is not fatal, it affects different aspects of a person's life to such an extent that it may lead to a person's disability and inadequacy.

3.1. Treatability of Premenstrual Syndrome in Iran and Other Places

Women suffering from premenstrual syndrome may face many mental and physical changes. Finding an effective and safe treatment method to treat this syndrome has always been an important concern. Among the common treatments for premenstrual symptoms are antidepressants and selective serotonin reuptake inhibitors (SSRIs), which improve the patient's physical-psychological symptoms (43-44). Some lifestyle changes and other safe interventions such as eliminating caffeine from the diet, quitting smoking, regular exercise, using nutritious diet and regular meals, getting enough sleep and reducing stress are effective in relieving the symptoms of premenstrual syndrome in some sufferers (45). In research, there was a significant inverse relationship between PMS and regular exercise such that women who exercise regularly have less PMS than those who do not exercise or have irregular exercise (25). In another study, it was reported that physical exercise makes a person feel good by reducing stress and tension, and regular exercise reduces menstrual pain and some physical and psychological symptoms before menstruation (46). Treatment studies related to premenstrual disorders are still insufficient. On the other hand, considering the existing concerns related to the inappropriate use of antidepressants and the risk of suicide in young women (early 20s), it might be better to look for non-pharmacological and non-hormonal strategies (47). In recent years, researchers have found the dietary pattern and nutrient deficiencies to be effective in causing menstrual pain (48). Deficiency of minerals such as zinc, magnesium, vitamins A, E, thiamine and especially pyridoxine has been reported in women with premenstrual syndrome (49). Studies have shown that the use of herbal medicines and classical training can be effective in reducing the symptoms of premenstrual syndrome. For example, saffron, primrose oil, tea grass, lemon balm as a serotonin inhibitor, and in China, five-finger plant has been used for moderate and severe symptoms of the syndrome (26,50-53).

3.2. Jurisprudential Views on the Need for Action by Patients and Doctors for Treatment

3.2.1. The Rule of Harming ((Ḍarar)) to Nafs (self)

"Harmless rule" is a jurisprudential rule taken from the text of the prophetic hadith "No Harm and No Harm in Islamic Jurisprudence" (Lā ḍarar wa-lā ḍirār fī al-fiqh al-Islāmī)

Which indicates the negation of harming oneself and others in the religion of Islam. The harmless rule is one of the famous rules of jurisprudence that is used in many aspects of jurisprudence and can be cited in the analysis of some political, social, biological and medical issues. Based on this rule, it can be said in general: Harm is not legitimate in Islam. To check the validity of the rule of harm, the jurists have adhered to the four evidences (Qur'an, Hadith, consensus, and reason) and the way of thinking. Due to the inclusion of the rule of harm, the Imamiyyah jurists are in agreement about the sanctity of harm to other people, and there is no difference of opinion in this regard (54), but there is no consensus regarding the sanctity of harm to the self, harming (ḍarar) to Nafs (self) has different levels.

Sometimes a person does something that leads to the loss of his life or a part of his body. In this case, all jurists agree that these harms are forbidden. The reason for the clarity is verse 195 of Surah Al-Baqarah (*Spend in the way of Allah, and do not cast yourselves with your own hands into destruction; and be virtuous. Indeed, Allah loves the virtuous.*) and verse 29 of Surah Nisa .

On the other hand, according to the jurists, the harm that a person causes to his body or property is not haram if it is not an important harm in the custom of society. According to the jurists, the Qur'anic evidences that indicate "Harmless rule" are: verses 231, 233 and 282 of Surah Al-Baqarah, verse 6 of Surah Talaq, verse 12 of Surah Nisa and verse 107 of Surah Towbah. These verses indicate that any harm to others is forbidden (55-56).

In verse 173 of Surah Al-Baqarah, God is Merciful:

"He has only forbidden to you carrion, blood, the flesh of swine, and what has been sacrificed to other than Allah. But if someone is compelled by necessity - neither driven by desire nor exceeding immediate need - then there is no sin upon him; for Allah is All-Forgiving, Most Merciful".

Imam Sadiq (peace be upon him) said: Dead meat causes weakness of the body and death, and eating blood causes hardness of heart. But a person who does not have any food to save his life can use forbidden food due to emergency, provided that it is not due to rebellion, disobedience or oppression. That is, he should consume only the amount that saves himself from death, not that he wants pleasure. This permission is due to God's kindness and mercy (57). Imam Sadiq (peace be upon him) said: If a person deliberately does not eat forbidden foods in an emergency and dies, then he is a dead infidel (58). The "rule of emergency" does not apply to edibles, and in any case, it relaxes the law. Imam Sadiq (peace be upon him) said: Dead meat causes weakness of the body and death, and eating blood causes hardness of heart.

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They also asked Imam Sadiq (peace be upon him) that if the doctor ordered a patient to rest and sleep, what should he do in prayer? After reciting a verse from the Qur'an, the Imam said: Pray while sleeping. The rules of Islam are based on different interests. Divine bans are not only for medical and sanitary issues, such as the ban on dead meat and blood, but sometimes it is the reason for sanctity, religious, intellectual and educational issues. For example, banning the meat of an animal that is named after other than God, which is for the purpose of eliminating polytheism. Just as sometimes we stay away from someone's food because of his lack of hygiene, but sometimes we stay away from him because of his objection and turning away from him (59-60). Ayatollah Ray Shahri states that what is used in the words of jurists in the past and in the new is that if a person exposes himself to a disease that is obscene in terms of logic (Rule of Obscenity), it is forbidden; But if the harm is not to the extent that the intellect considers it ugly, there is no problem, and this is what Ayatollah Khoui also believes in (61). It has been written by Ayatollah Sobhani that harming ((*darar*)) to Nafs (self) has been divided into seven times: 1- Killing the self, 2- Amputation of a limb, 3- Loss of one of the physical powers or senses of the body, 4- Disease, 5- Waste of property, 6- Humiliation and humiliation of the self, 7- Difficulty and fatigue. There is no dispute that the first, second, and sixth stages are haram, while there is no dispute as to whether the seventh stage is permissible. But in the third, fourth, and fifth order, famous jurists believe that it is forbidden; But on the other hand, Ayatollah Khoui's unique statement is that he considers them permissible. So the famous harming ((*darar*)) to Nafs (self) is considered haram, except in very small losses; But Ayatollah Khoui considers it permissible to harm the soul, except in the case of suicide and amputation (62-63).

3.2.2. The "rule of Domination" and the Requirement of Non-Treatment

One of the certain and important jurisprudential rules is the "rule of dominance". It is the most famous tradition and hadith that is used as the jurisprudential basis of "rule of dominance" by jurists and Islamic scholars and law professors. "People have authority over their lives and property" and no person or government has the right to attack them. People's lives and property are respected as long as they do

not disturb, hinder or create problems for the individual and the society. Therefore, this dominance also spreads to personal situations. Every person's privacy is considered his life and fence, for this reason it must be respected and if it is violated without reason, it will be considered an assault and it will be against the "jurisprudential rule of domination" (64). The reasons for the "rule of dominance" according to Imami jurists are limited to the four sources of the book, tradition, consensus and reason (the explanation of which is outside the article). One of the strongest and most important reasons for this rule is rationality in the sense that it is based on reason from ancient times until now. that the owner has the right to take possession of any kind of property, and without a doubt, such practices have been going on during the time of the infallible imams. Just as a person has the right to reign over his possessions, the right to reign over his soul is also rational (65). This rule stabilizes the pillars of ownership, and in new legislative systems, most of the economic laws are based on this rule and its various branches (66).

One of the results of the right to dominate is that a person has the right to do any action towards himself/herself and others do not have the right to object to him/her. Its practical result is that even a useful and benevolent behavior Like treatment, it should not be done without the consent of the person.

3.2.3. The Field of Patient Autonomy (Possibility of Confronting Patient Autonomy with Its Real Benefits from a Medical Point of View)

One of the examples of human dignity is his autonomy. According to this, man has the power and authority to make decisions in matters related to him. Of course, the requirement of this power of choice and authority is to have the competence and authority to make decisions. In independence and authority, it means that the patient has the final responsibility of making decisions for his treatment. Some bioethicists believe that autonomy is so important that there are cases where patients should be allowed to make their own choices about their treatment, even if the type of treatment is clear to all parties involved (67-69). A doctor cannot impose treatment on a person for any reason - except in cases where the person appears to be incapable of making independent decisions. In other words, autonomy is usually expressed as the right of competent adults to make informed decisions about their own medical care. This principle is the basis of the requirement to obtain the patient's consent or informed consent before performing any examination or treatment. This principle is perhaps strongly seen when patients exercise their autonomy by refusing permanent treatment (70).

The relationship between the patient and the doctor changes when entering the era of autonomy. In this period, respect for the patient's wishes becomes important. So much so that it is even mentioned as one of the four principles of medical ethics.

In this period, the patient's wishes become important in the decision-making process. This issue is more pronounced in situations where there is scientific uncertainty or different ways of treatment are available. In this type of relationship, the patient and the doctor decide together. The patient and his informed consent become very important.

3.2.4. Taking Treatment as Required. Hardship and La-Haraj in Islamic Jurisprudence

The word "harj" is used in the Holy Qur'an in the meaning of distress, narrowness, difficulty and sin; And the word Asr in the Holy Quran means hard, tight, difficult.

This rule means that whenever an obligation has severe hardship and difficulty that is usually difficult for the obligee to bear, that obligation is canceled.

Harj is mentioned in the Qur'an in various surahs, including: Surah Ma'edah/verse 6; Surah An'am/verse 125; Surah Hajj/verse 78; Surah Towbah/verse 91; Surah Fatah/verse 17 and Surah Ahzab/verse 38.

God says in Surah Hajj, verse 78 of the Qur'an:

And wage jihad for the sake of Allah, a jihad which is worthy of Him. He has chosen you and has not placed for you any obstacle in the religion, the faith of your.....

In fact, it means that he/she has not made obligatory what will make you in trouble and difficulty. In the divine religion and Islamic rules, it is established in such a way that there is no difficulty and no bottleneck in them.

The infallible imams (peace be upon them) have argued with this verse in the position of arguing for the negation of Harji rulings.

Or God said in verse 61 of Surah Noor in the Qur'an:

There is no blame upon the blind, nor any blame upon the lame, nor any blame upon the sick, nor upon yourselves

It means the tasks that others have the ability to do, but the people mentioned in the above verse are in trouble and difficult to perform those tasks, Islamic law has given them permission to perform their duties according to their ability and did not want them to be in hardship and difficulty. "

... Allah desires ease for you, and She does not desire hardship for you, and so that you may complete the number and magnify Allah for guiding you, and that you may give thanks (Surah Baqarah, 158).

Finally, according to the basis of a number of jurists, the ruling on taking treatment in the case of premenstrual syndrome is to remove embarrassment, and refusing treatment in these conditions will be the same as what is stated regarding the sanctity of self-harm.

Discussion

In the results, the rule of emergency is mentioned;

1. Just as it is necessary to pay attention to the rights of God (Haqq Allah) and people (Haqq al-Nas), matters that help the physical and mental health of a person should also be taken into account in order to be successful in the path of serving God.

And fulfilling one's right to self is realized by protecting one's self and preventing things that harm one's health. The teachings of Islam are such that it places great value on the soul and body of man, and forbids man from harming his body and soul. In verse 195 of Surah Al-Baqarah, God says that He has indicated the prohibition of their destruction and destruction by Himself:

Spend in the way of Allah, and do not cast yourselves with your own hands into destruction; and be virtuous. Indeed, Allah loves the virtuous. (2:195)

This obligation is not negated even in the case where self-preservation requires the performance of a forbidden act such as eating a dead body or even usurping another's property (71-72). Although this verse is about giving up alms for Islamic Jihad, it has a broad meaning that includes many things. In all these cases, a person should not endanger his life without direction (73). By referring to this verse, murder can be generalized to repulsive and gradual murder, and cases that gradually lead to death or increase the possibility of a person's death are included in it (72). However, many scholars generalize the verse to less

harm than murder. They do not consider it valid. Therefore, for the sanctity of an act whose harm to the body does not reach the level of murder, another reason should be sought.

2. Being responsible for body parts (Surah Esra, verse 36)

“Do not pursue that of which you have no knowledge. Indeed hearing, eyesight, and the heart—all of these are accountable.” (17;36)

Because the ears, eyes, and hearts are all responsible. This verse expresses the responsibility of the eyes, ears, heart, and in general, all the organs and jewels for their performance. It is like this that even the brain that gave the order to wrongfully injure other body parts and the organs that executed the brain's command in this injury should all be held accountable. Also, It is narrated from the Holy Prophet that he said: “Whenever the Day of Judgment comes, a person will be asked about four things: 1. About his life, in what way has he/she destroyed it; 2. About his youth, in what way has he worn out; 3. Where did he get from his job and how did he spend his income? 4. And from our friendship Ahl al-Bayt (74). It is natural that if he harms himself, he will be punished in the above four dimensions.

3. The question of the blessing of the body in the Day of Resurrection (Surah Takhar, verse 8);

Then, on that day, you will surely be questioned regarding the Blessing.

One of the things that God will ask about on the Day of Judgment is how you used your physical strength and energy (75). Naturally, each part of the body is one of God's blessings, and man must be responsible for how to preserve each blessing, and if he harms his body unnecessarily and without reason, it will be considered a kind of blasphemy of blessings. In this regard, health the body is mentioned in traditions as one of the examples of divine blessings (76). Therefore, referring to this rule or its documented narrations, refusing treatment and not taking action to remove the complications of premenstrual syndrome is also considered as one of the examples of actions harmful to the state of the body and soul and considered haram.

In proving the sanctity of self-harm, in addition to the verses and traditions, many jurists consider the sanctity of self-harm to be an intellectual rule and based on the good and bad of reason, they consider the sanctity of self-harm;

“Rational reason”, without a doubt, rationality independently decides to negate harm, and harm to others or to oneself is condemned as intellectual ugliness. If there is no narrative or Shariah reason for the prohibition of harm, Reason alone dictated its prohibition and ugliness. Therefore, reason is one of the strong proofs of the rule of harm in jurisprudence and even its most important proof (78-77, 51).

4. The biography of wisdom; It is also one of the cited cases in Islamic jurisprudence. It is based on reason that in social and civil life, harming others is a bad thing and the causer of the harm is responsible for paying the damage to the harmed person. This principle has been accepted in all legal systems, and there is no prohibition regarding such a building in Sharia, and it has been signed by Sharia (64). Reasoning with reason: It has been argued with reason in two ways to prove the sanctity of harming the body and soul:

- 1) Harm to the self is one of the examples of cruelty, and cruelty is intellectually ugly, so harm to the self is forbidden intellectually and sharia, because "Mulazeme Rule and its Applications" is raised. The rule is as follows: "Whenever the intellect independently considers an action to be good or bad, or considers the present to be expedient and corrupt, we discover that the holy law has a command or prohibition regarding that action."

- 2) Reason alone dictates that a person must stop harming himself, as a result, suffering harm to one's self is an abominable act, according to this, harming one's self is forbidden in Shariah (62). According to what was stated in the discussion of complications of premenstrual syndrome, according to the well-known jurists, this disorder is one of the examples of significant harm that neglecting it and not taking action to treat it does not have a rational purpose, so it seems that refusing The treatment will be subject to the order of sanctity.

The results are argued about the "rule of dominance" and the requirement of non-treatment. The question arises, what will the scope of the "rule of dominance" be? One of the results of the right of domination is that a person has the right to occupy anything and others do not have the right to object to him. This is known as the "objection rule". Its practical result is that even a beneficial and benevolent behavior such as treatment should not be done without the consent of the individual (42). According to the rule of domination, a person has the right to take any possession of his property, including his/her members, but some special cases limit the domination of a person over his/her members, including harming himself/herself: in jurisprudence, individual damages are considered and based on the "rule of jurisprudence Harm" has been denied from a person (79). If there is no "harmless rule". Man does not have the right to cause harm to others. According to the verdict of independent reason, harming the soul is one of the examples of cruelty, and reason condemns such an act. Any action that is sanctioned by reason will not be accepted by Sharia (81-80). The right of human domination does not mean that man has the right to harm his body, but human domination is of the type of trust and stewardship and is not about ability and ownership, the real owner of things is God, and human ownership (whether ownership of property or ownership of Self) is not absolute and exclusive, it is non-original, representative and limited to the limits of God's commands and decrees, for example, in the case of wealth, the owner of wealth cannot use it in forbidden ways (42, 82).

In the results, the territory of the patient's autonomy has also been argued.

Autonomy is a central value in Western medicine and medical ethics, but it seems that exactly what kind of role the physician should give to patients' autonomy is somewhat ambiguous (83). What is the role of the doctor and the patient and the relationship between the two in the new era of medicine? In this case, imagine the situation of the patient who is considering whether to undergo a complex medical procedure or not? Although the patient is entitled to be independent, he is not able to receive all the medical information related to the evaluation of the risks and benefits of the operation, and he/she is able to determine what is best for the patient better than the patient himself. If the doctor is indifferent to his treatment suggestions and waits for the patient's opinion, the treatment decision will be difficult. In this situation, is it possible to confront autonomy with the patient's real benefit or not? When patients disagree with the recommendations of the health care staff, individual autonomy and independence contradicts the principle of beneficence. When the patient's interests' conflict with the patient's well-being and comfort, various societies have widely investigated this conflict. Even in cases where the medical team believes he/she is incapable of self-interest, however, many other societies value beneficence over autonomy. But it seems that some do not accept any limits for the autonomy of patients, when there is no risk of harming others (70). According to the acceptance of the signature and the rationality of the principle of self-possession (the rule of "People are in control of themselves"), it indicates the legitimacy of all actions. For example, possessing the body in the sense of organ donation and removal of organs with the consent of the person is considered permissible (84) or self-sacrifice in Jihad is not considered oppression (85). When self-mastery is accompanied by rational justification and custom does not condemn it, it can even go to the stage of making a decision about life, and the doctor's duty will be determined on this basis if the patient opposes the treatment.

In cases where it is possible to risk one's life to save one's relatives, it is not condemnable and the Sharia has not prohibited this. This way is not dedicated to paying money and the like, but where saving

others is accompanied by accepting risk. Therefore, it can be said: wherever a decision about the self is justified from the point of view of reason, and there is no definite Shariah prohibition, the decision of a person is respected. Some rightists say, "In diseases that require heavy costs and hardships, if the patient opposes the treatment, we do not have sufficient evidence to allow the treatment by the doctor, and Sharia proofs such as the sanctity of self-harm and the prohibition of putting oneself at risk of destruction, these examples does not include This perception is in complete harmony with the appearance of the legal articles that consider the performance of medical operations to be dependent on the patient's permission, and its violation can be considered as a criminal and civil liability for the doctor" (86).

In modern bioethics, the doctor has no other duty towards the patient's refusal. While the benevolent role of the traditional doctor as a provider of good and service is much more favorable than such an attitude (42).

The result is that "when the patient's refusal of the treatment is fatal (either sudden or gradual), according to the laws of Islam, this refusal cannot be considered as one of the patient's rights, and this is a very big difference between the Islamic and secular views. Of course, it is clear that this sanctity is not a license for the forced treatment of the patient, because on the other hand, the patient's refusal cannot simply be considered as an example of self-harm" (42).

In the results, the "law of la-haraj" is mentioned regarding the necessity of treatment

1. Argued in this way, the rule of negation of Hardship and la-haraj covers the cases where the assignment itself is not difficult and la-haraj, how is it, if difficulty is one of the characteristics of the assignment, this rule will eliminate it.
2. Another reason, if this rule is intended to eliminate the tasks that are based on difficulty, why should they be ordered and assigned from the beginning.
3. This rule includes cases where the difficulty is not related to the principle of the task, but the task has become difficult due to a side event, for example, ablution or ghusl is not difficult, but it may be difficult due to severe cold and fear of illness. be against them.
4. It cannot be said that this rule is general and is applicable in all cases of difficulty and embarrassment. If someone is put in a difficult situation to take an honorable life, it is not permissible for him to commit murder in order to save himself. Or if they force a person to give a certain amount of someone else's property, otherwise we will torture you, he cannot give someone else's property to get rid of suffering.

On the other hand, referring to verse 222 of Surah Al-Baqarah in describing the situation of women during menstruation, from the phrase: "*They ask you concerning [intercourse during] menses. Say, 'It is hurtful.' So keep away from wives during the menses.*"

It has been stated: Menstruation is considered a suffering for women due to the concentration of blood, infection and specific burning of this blood, which causes disorders in women's bodies and convulsions of their nerves (87).Therefore, according to the text of the verse, menstruating in women is a kind of discomfort and hardship for women, compared to the priority of premenstrual syndrome, considering its prevalence in teenagers and its physical, psychological and social symptoms, it is embarrassing and difficult. it will be more (88).

Also, many of the old and new jurists consider Harji rulings as harmful rulings. For example

Grand Ayatollah Sheikh Muhammad-Hasan al-Najafi, also known as Sahib al-Jawahir, was a prominent Shiite religious authority and author, The prominent Islamic scholar Shaikh Ja'far Kashef al-

Gheta and some elders like Ayatollah Boroujerdi and Hazrat Ayatollah Imam Khomeini also have the same opinion (89-90).

Finally, according to the basis of a number of jurists, the ruling on taking treatment in the case of premenstrual syndrome is to remove embarrassment, and the ruling on refusing treatment in these conditions will be the same as what was stated regarding the sanctity of self-harm.

Conclusion

Four famous jurisprudential rules such as “rule of harming ((*ḍarar*)) to Nafs (self); “rule of domination” and the requirement of non-treatment; The possibility of confronting the rule of “autonomy” of the patient with its real benefit from the medical point of view and taking treatment in accordance with the ruling “Hardship and *la-haraj*” regarding the treatment or refusal to treat those suffering from premenstrual syndrome has been investigated. Refusal of treatment is one of the logical results of obtaining consent and is considered one of the patients' rights, but based on jurisprudence and medicine, taking into account the complications of premenstrual syndrome, especially in severe cases, which will continue until menopause, it is not permissible for a person to refuse treatment. It can be considered as one of the patient's rights, and this is a very big difference between the Islamic and secular viewpoints.

Therefore, neglecting the treatment is a duty, and in the jurisprudential point of view, while respecting the patient's right to autonomy, any action that causes harm to oneself or another person is illegal and will never be signed by the Shariah.

The meaning of harm includes both personal harm and public harm. Diagnosing and determining harm in important medical matters is one of the subjects of jurisprudence and is the responsibility of experts in this field, and the duty of the jurist is to derive its Shari'ah ruling. In the field of the doctor's duty, even if the patient himself refuses the treatment,

He/she is forbidden from the Shari'ah and legal point of view to take treatment. In spite of the patient's objection, the doctor cannot treat him with his duty, which is to preserve the health and life of the patient (Paragraph 2 of Article 59 of the Civil Code of the Islamic Republic of Iran and Paragraph 3 of the Charter of Patients' Rights approved in 2008 consider obtaining consent necessary for medical procedures). In cases where there is an obligation to treat the patient, the doctor is required to make every effort to convince the patient and to refrain from cooperating with the patient, especially when it comes to stopping the treatment. If the person's life is not in danger and there is a possibility of access to another doctor or hospital, there is no legal problem in not admitting the patient.

Finally, if the patient refuses the treatment, what is the duty of the doctor? He is legally prohibited from taking treatment or is required to treat the patient despite his opposition to his duty, which is to protect the health and life of the patient.

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