**IN THE UNITED STATES DISTRICT COURT**
**FOR THE NORTHERN DISTRICT OF ILLINOIS**

AKBAR M. ALI, M.D.; OMAR S. HUSSAIN, D.O.; UMAR M. SHAKUR, D.O.; ASIM K. BABAR, M.D.,

*Plaintiffs*,

v.

SAMEER VOHRA, in his official capacity as Director of the Illinois Department of Public Health; MARIO TRETO, JR., in his official capacity as Secretary of the Illinois Department of Financial and Professional Regulation; TERRY PRINCE, in his official capacity as the Director of the Illinois Department of Veterans Affairs,

*Defendants*.

Case No. 26-11351

**VERIFIED COMPLAINT**

## NATURE OF THE ACTION

1. Islamic medical tradition goes back over one thousand years. Between the eighth and fifteenth centuries, Muslim societies supported one of the most sophisticated medical traditions in the world. During this time, Muslim physicians and scholars made significant contributions to medical knowledge that have helped to shape the development of modern medicine.

2. For example, the Muslim physician Abu Bakr Muhammad ibn Zakariyya al-Razi was the first person to distinguish measles from smallpox, allowing for distinct diagnoses and treatments to develop. Another Muslim physician and scholar, Ibn Sina, established a school of medicine combining both physical and psychological well-being, more commonly known today as a holistic approach to healing. And the Islamic medical tradition is responsible for the use of alcohol as an antiseptic.[1]

3. That tradition of healing and excellence continues to this day. Inspired both by their belief that life is a blessing granted by Allah and by the Qurʿān's teaching that "whoever saves a life, it will be as if they saved all of humanity," American Muslims continue to enter the healthcare professions at a high rate.

4. Indeed, while Muslims account for just 1% of the U.S. population, by some estimates American Muslims account for nearly 5% of all physicians in the U.S. And more than 10% of American Muslims self-report as physicians or dentists.[2]

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[1] Azeem Majeed, *How Islam Changed Medicine*, 331 BMJ 1486, 1486-87 (2005).

[2] Pew Rsch. Ctr., *Religious Landscape Study: Muslims* (2025), https://perma.cc/T5XH-VTJB (percentage of Muslim adults in the U.S.); Initiative on Islam and Med., *National Survey of Muslim Physician Attitudes towards Religion and Medicine*, https://perma.cc/E2UX-L2P9 (percentage of U.S. physicians who are Muslim).

5. Dr. Akbar Ali, Dr. Omar Hussain, Dr. Umar Shakur, and Dr. Asim Babar are part of this legacy. Each of these doctors carries on the healing tradition of Muslim physicians in their home state of Illinois.

6. These dedicated doctors serve patients of all faiths and none. In their clinical work, they frequently see patients facing crises, life-changing diagnoses, and terrifying uncertainty. In those moments of vulnerability, Plaintiffs seek both to heal their patients and to treat them with dignity and compassion so that they do not fall into despair.

7. This kind of compassionate care is perhaps more important now than ever, with the rate of suicide continuing to rise across the nation, particularly among some of the most vulnerable populations, including the poor and elderly. Increasingly, Plaintiffs feel compelled to combat the lie that some lives are not worth living and that giving up is the only option.

8. Illinois should celebrate these efforts to help its neediest citizens. At the very least, Illinois ought to heed federal law, which bans the use of federal healthcare funds for assisted suicide, and forbids Illinois from discriminating against those who, like Plaintiffs, refuse to participate in assisted suicide.

9. Instead, Illinois has put Plaintiffs and other Muslims providing health care in Illinois to a stark choice: either abandon their religious beliefs that human life is sacred or face significant fines and penalties.

10. Through its euphemistically-named End-of-Life Options for Terminally Ill Patients Act, and the Act's incorporation of burdens imposed by the Health Care

Right of Conscience Act, Illinois has conscripted even religious physicians to participate in the provision of physician-assisted suicide.

11. Beginning September 12, physicians caring for terminally ill Illinois residents must now proactively inform and counsel their patients about their "option" to kill themselves.

12. This "Suicide Counseling Mandate" is far broader than anything required by states like California, Oregon, and Washington. And jurisdictions such as New Zealand and Victoria, Australia, which have also legalized assisted suicide, expressly forbid doctors from raising assisted suicide with their patients. Yet Illinois now requires it.

13. These national and international norms against doctors raising assisted suicide with their dying patients exist for good reason. Public health researchers have extensively documented that an increase in the public discussion of suicide is often followed by an increase in suicide rates.

14. Illinois physicians and mental health professionals now must also participate throughout the multi-step process of qualifying their patients to receive lethal suicide drugs.

15. The many Illinois nurse practitioners, doctors, mental health professionals, pharmacists, hospitals, and care homes with religious or moral objections to participating in assisted suicide have nowhere to go, because Illinois' purported "opt-out" still requires religious physicians like Plaintiffs to directly participate in and materially assist the *same* medicalized suicides to which they object. The Muslim

patients who do not want to be offered the chance to kill themselves at their lowest moment will be left out in the cold.

16. None of this is permitted by the Constitution. Indeed, the First Amendment's protections apply four times over.

17. First, its protection of the free exercise of religion prohibits the government from burdening the sincere religious beliefs of Plaintiffs and the patients they serve unless the state is furthering an interest of the highest order and using the least-restrictive means to do so—an exceedingly high bar Defendants cannot meet.

18. Second, its protections against religious gerrymanders prohibit the government from enacting legal burdens that fall uniquely on religious adherents—such as those who object to providing assisted suicide.

19. Third, its protections against compelled speech prevent the government from forcing Muslim doctors and nurses to speak the government's preferred, supportive message of assisted suicide.

20. And fourth, its protections for freedom of association allow Muslim physicians to serve Muslim patients who seek them out for religiously-compliant care, without being forced to speak messages that undermine their shared religious expression.

21. Illinois claimed that the End-of-Life Options Act was passed to "provide[] an additional end-of-life care option for terminally ill individuals who seek to retain their autonomy and some level of control over the progression of the disease as they near the end of life or to ease unnecessary pain and suffering." 410 ILCS § 22/5(a)(2). Illinois also claimed that it would still respect the "fundamental right [of patients] to

determine their own medical treatment options in accordance with their own values, beliefs, or personal preferences." *Id.* § 22/5(a)(4). But, in passing the Act, Illinois has stripped that very choice away from Plaintiffs and their patients—denying the choice of a dignified death to the many residents of Illinois who, following their sincere religious beliefs, wish to die naturally, secure in the knowledge that they will not be urged by their physicians to consider cutting short their life through suicide.

22. The Court can address these problems by enforcing federal law and the First Amendment and finding that Illinois cannot coerce religious physicians in this way. That approach would leave the End-of-Life Options Act generally in force. Alternatively, the Court could also invalidate the entire End-of-Life Options Act, because it violates the Americans with Disabilities Act, the Equal Protection Clause, and the Supremacy Clause. Either way, Illinois' effort to control religious physicians and their patients is unlawful and cannot stand.

## JURISDICTION AND VENUE

23. This action arises under the Constitution and laws of the United States. The Court has subject-matter jurisdiction under 28 U.S.C. §§ 1331 and 1343.

24. The Court has authority to issue the declaratory and injunctive relief sought under 28 U.S.C. §§ 2201 and 2202.

25. Venue lies in this district under 28 U.S.C. § 1391(b)(1) because Defendants reside in the Northern District of Illinois. Venue also lies in this district under 28 U.S.C. § 1391(b)(2) because a substantial part of the events or omissions giving rise to the claims in this lawsuit occurred in the Northern District of Illinois.

Liability

83. Violating EOLOA has significant consequences. As already described, the Act exposes physicians to both "civil" and "criminal liability" for "[i]ntentional misconduct" and for "coercing or exerting undue influence" on a patient to "not use medication." 410 §§ 22/65(b), 22/95(a).

84. But the consequences do not end there.

85. Physicians can have their license revoked, suspended, or put on probation by the Department of Financial and Professional Regulation under the Medical Practice Act of 1987. *See* 225 ILCS § 60/22(A) (1)-(50). Among other things, punishable conduct includes the use of false or deceptive statements, recording false records, making misleading statements on the "value of" a particular medicine or treatment, and engaging in unethical or unprofessional conduct. *Id.* § 60/22(A)(4), (5), (10), (21), (31).

86. For each violation of the Medical Practice Act, the Department of Financial and Professional Regulation can impose a fine of up to $10,000. *Id.* § 60/22(A).

87. Illinois defines "unethical" and "unprofessional" conduct to include "any … act or omission that breaches the physician's responsibility to a patient according to accepted medical standards of practice" or the failure to "generate medical records for any patient encounter and/or care as specified by accepted medical standards." Ill. Admin. Code tit. 68, § 1285.240(a)(1), (2)(E), (P).

88. If a physician loses his license, Secretary Treto, through the Attorney General, can seek an injunction to stop that person from continuing medical practice. 225 ILCS § 60/61.

89. For its part, the HCRCA permits "[a]ny person" to bring an action and recover either treble damages "including pain and suffering," "the costs of the suit[,] and reasonable attorney's fees," or "$2,500 for each violation in addition to costs of the suit and reasonable attorney's fees," whichever is greater. 745 ILCS § 70/12. "These damage remedies shall be cumulative, and not exclusive of other remedies afforded under any other state or federal law." *Id.*

***Islamic Teachings on Assisted Suicide***

90. Islam rejects assisted suicide.

91. For example, the British Board of Scholars and Imams, a national assembly of Imams and scholars in the United Kingdom, has stated, "[u]nequivocally, euthanasia is prohibited in Islam. This stems from Islam's high regard for the sanctity of human life, viewing life ultimately as a gift from Allah, and even instances of suffering are regarded in a spirit of optimism."[6]

92. The European Council for Fatwa and Research, an umbrella organization representing national Islamic councils throughout Europe, likewise holds that assisted suicide is prohibited, "for according to Shari'ah killing a patient suffering from a terminal illness is not permissible for the physician, the patient's family or the patient himself."[7]

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[6] The Brit. Bd. of Scholars & Imams, *The BBSI's View on the Assisted Dying Bill: The Islamic Perspective*, https://perma.cc/UV6J-5TE5.

[7] Eur. Council for Fatwa And Rsch., *Final Statement: Eleventh Ordinary Session of the European Council for Fatwa & Research*: *Resolution 11/3*, https://perma.cc/BMD3-G6MG.

93. The influential Dar Al-Ifta in Egypt, which offers Islamic legal interpretation worldwide, has ruled that assisted suicide "is considered a major sin, as attested in a mass of Prophetic reports," and counsels that "[i]t is incumbent upon physicians to know that there is no obedience to other people in a matter that constitutes a disobedience to God. Whenever a patient asks this of them, they must not accede, nor [are they to] kill another person without right."[8]

94. Muslim scholars at Darul Qasim College in Illinois have reached the same conclusion.[9] Because human life is considered sacred, "taking one's own life—whether or not one is diagnosed with a terminal illness—is unequivocally prohibited."[10]

95. And because suicide is a sin, "facilitating and assisting in it will itself constitute a sin."[11] Thus, "[p]rescribing life-ending medications—or even referring patients to a prescriber—is not allowed."[12]

96. Beyond that, "facilitating suicide for terminally-ill patients seemingly affirms that such individuals are less valuable," contradicting the belief that there is "beauty, value, and goodness" that comes from those individuals.[13]

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[8] Egypt's Dar Al-Ifta, *What Does Islam State About Euthanasia* (July 25, 2013), https://perma.cc/M29U-9U3W (alteration in original).

[9] Mufti Shaheer Pathan, et al., *Restoring Patients' Lives and Physicians' Conscience: An Islamic Treatment of Deb's Law* 2, Darul Qasim (2026), https://perma.cc/9PFQ-BZYD (hereinafter *Restoring Patients' Lives*).

[10] *Id.*; *see Sūrah an-Nisāʾ* 4:29.

[11] *Restoring Patients' Lives* at 3.

[12] *Id.*

[13] *Id.* at 4.