

Islam, Ethics and Modern Medicine from Theory to Medical Practice: A Narrative Review

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Abstract

Islam arose from the same Semitic soil that gave rise to Judaism and Christianity. As stated in the Declaration of Faith, its most fundamental idea is monotheism. For Muslims, holy law is an all-encompassing entity that concerns every aspect of human life. Many Ulema has concluded that the concept of a "consensus decree" is preferable in the circumstances needing specialist understanding. These consensus panels for medical choices often include a broad and diversified representation. The decision-making process is frequently transparent, allowing members of the greater community to scrutinize the arguments presented. Before providing culturally sensitive treatment, a fundamental level of cultural awareness is essential. We simplified and highlighted key themes in Islamic medical ethics in this study. Despite the fact that this is a preliminary study, we believe the findings will assist physicians in better understanding their Muslim patients.

Keywords: *Islamic education; medicine; bioethics; medical practice.*

Islam, Etika, dan Pengobatan Modern dari Teori hingga Praktek Kedokteran: Sebuah Telaah Naratif

Abstrak

Islam muncul dari tanah Semit yang sama yang memunculkan Yudaisme dan Kristen. Sebagaimana dinyatakan dalam Deklarasi Iman, gagasannya yang paling mendasar adalah Tauhid. Bagi umat Islam, hukum suci adalah entitas yang mencakup semua yang menyangkut setiap aspek kehidupan manusia. Banyak Ulama telah menyimpulkan bahwa konsep "keputusan konsensus" lebih disukai dalam keadaan yang membutuhkan pemahaman khusus. Panel konsensus untuk pilihan medis ini sering kali mencakup representasi yang luas dan beragam. Proses pengambilan keputusan seringkali transparan, memungkinkan anggota komunitas yang lebih besar untuk meneliti argumen yang disajikan. Sebelum memberikan perlakuan yang peka terhadap budaya, tingkat kesadaran budaya yang mendasar sangat penting. Kami menyederhanakan dan menyoroti tema-tema kunci dalam etika kedokteran Islam dalam penelitian ini. Terlepas dari kenyataan bahwa ini adalah studi pendahuluan, kami percaya temuan ini akan membantu dokter lebih memahami pasien Muslim mereka.

Kata kunci: pendidikan Islam, kedokteran, bioetika, praktek medis

INTRODUCTION

Human life is seen as a priceless gift from God in Islam and should therefore be treasured and maintained. This is made clear in a great number of the Qur'an's verses, also known as ayat. One of these ayat states that "If anyone slays a human being, unless it is [in punishment] for murder or spreading corruption on earth, it shall be as though he had slain all mankind; whereas, if anyone saves a life, it shall be as though he had saved the lives of all mankind." (The Qur'an The Table Spread 5:32). It is this passage that has eventually spurred interest in Islamic bioethics because it contains two key concepts that safeguard the sanctity of

human life: it is necessary to save a life. The unjustified taking of a life is considered murder and is therefore prohibited.¹

Though Muslims acknowledge and maintain that Allah is the ultimate source of life (*The Qur'an* The Cow 2:258), the Qur'an demonstrates that God has instilled in their reason, free will, and the capacity to differentiate between actions that are morally acceptable and those that are not acceptable (*The Qur'an* The Sun 91:8), while also providing natural provisions (*The Qur'an* The Crouching 45:13). Muslims are held accountable for preserving health and avoiding disease using these items. In the case of sickness, Muslims are obligated to seek medical care in an Islamically proper and authorized way.² The essential tenet of Islamic bioethics is that all decisions and behaviors must adhere to Islamic law (shari'a) and Islamic ethics.³ Jurists may issue decrees or fatwas addressing the permissibility of the pertinent topic by examining bioethical problems from an ethical and legal stance. Any norm that has not been expressly stated in the holy books or derived from them by jurists is referred to

¹ Jaber Seyvanizad, "WMD under Islamic International Law," *International Journal of Law* 3, no. 1 (2017): 12–16, <http://www.lawjournals.org/archives/2017/vol3/issue1/2-6-36>; M. A. M. H Barry, "Human Rights in Islam and Their Relevance in the Present Time," *Advanced Science Letters* 23, no. 5 (2017): 4856–59, <https://doi.org/10.1166/asl.2017.8927>.

² Margaret A. Miklancie, "Caring for Patients of Diverse Religious Traditions: Islam, a Way of Life for Muslims," *Home Healthcare Now* 25, no. 6 (2007): 413–17, <https://doi.org/10.1097/01.NHH.0000277692.11916.f3>; M. Z. M. Zohdi Amin et al., "Religio-Scientific Integration of Knowledge: A Study of Islam's Prophetic Traditions Related to the Medical Sciences," *Advanced Science Letters* 23, no. 5 (2017): 4605–7, <https://doi.org/10.1166/asl.2017.8932>; F. Rajaei and M. Momeni, "Basics of Health Promotion from the Perspective of the Holy Qur'an and Traditions," *Health Education and Health Promotion* 6, no. 4 (2018): 155–59, <https://doi.org/10.29252/HEHP.6.4.155>.

³ Morgan Clarke, Thomas Eich, and Jenny Schreiber, "The Social Politics of Islamic Bioethics," *Die Welt Des Islams* 55, no. 3/4 (2015): 265–77, <https://www.jstor.org/stable/24893431>; Aasim I. Padela, "Muslim Perspectives on the American Healthcare System: The Discursive Framing of 'Islamic' Bioethical Discourse," *Die Welt Des Islams* 55, no. 3/4 (2015): 413–47, <https://www.jstor.org/stable/24893437>.

be bid'ah (innovation) and is hence haram (impermissible).⁴ As a result, all medical operations and treatments, as well as interactions between patients and medical professionals, must be validated by Islamic legal authorities.

Tom Beauchamp and James F. Childress, both American philosophers and bioethicists, are credited with being the first people in the Western world to define and outline the principles of bioethics. They did so in the book *Principles of Biomedical Ethics*, which they authored together.⁵ Since then, the notion of bioethical principles has been seen as a totally “Western” invention that is missing from the Islamic healthcare system.⁶ These bioethical concepts, which include autonomy, beneficence, nonmaleficence, and justice, have been validated by Muslim jurists as coming within Islamic Law and are also reinforced by Qur'anic verses (*The Qur'an* Family of Imran 3:104, The Bee 16:90, and The Night Journey 17:70). They have since coalesced into the fundamental principle that underpins the Muslim Doctor's Oath, which dictates the conduct that must take place between a Muslim doctor and his or her patient.

Understanding patients' views, perspectives, and conceptual frameworks must be central to ethical debates, particularly medical ethics.⁷ This effort has become more complicated in recent years due

⁴ Dariusch Atighetchi, “Some Aspects of Medical Ethics,” in *Islamic Bioethics: Problems and Perspectives* (Dordrecht: Springer Netherlands, 2007), 31–64, https://doi.org/10.1007/978-1-4020-4962-0_3.

⁵ Arthur L. Caplan, “A New Direction for Medical Ethics,” ed. Tom L. Beauchamp and James F. Childress, *Science, Technology, & Human Values* 5, no. 30 (1980): 53–54, <https://www.jstor.org/stable/689347>; Ezekiel J. Emanuel, “The Beginning of the End of Principlism,” ed. Tom L. Beauchamp and James F. Childress, *The Hastings Center Report* 25, no. 4 (1995): 37–38, <https://doi.org/10.2307/3562161>.

⁶ Dariusch Atighetchi, “Features of Islamic Bioethics,” in *Islamic Bioethics: Problems and Perspectives* (Dordrecht: Springer Netherlands, 2007), 13–29, https://doi.org/10.1007/978-1-4020-4962-0_2.

⁷ Trisha Macnair, “Medical Ethics,” *BMJ* 319, no. 7214 (October 2, 1999): S2, <https://doi.org/10.1136/bmj.319.7214.2>; Peter Greengross, Ken Grant, and Elizabeth Collini, *The*

to the large-scale migration of peoples who adhere to moral and ethical paradigms other than those of Judeo Christianity, which has historically formed British culture.⁸ Some have responded by calling for a Universal Ethical Code that embraces and covers the areas of medicine and bioethics.⁹ Given the well-documented tendency of dominant cultures to influence minority ideas through acculturation, an alternative option, and one that we favor, is to enable ethical plurality to develop.¹⁰ While Western medicine is practiced by doctors of many ethnic and religious backgrounds, its standards depend on the availability of resources. Each doctor's medical ethics are impacted by his or her religious or cultural background or affiliation, and here is where variation exists.

Concerning both Jewish and Christian perspectives on the ethics of medical care, a vast quantity of literature has been produced. Islamic medical ethics has never been considered a separate area of ethics, while specific problems, particularly those affecting sexuality, birth control, and abortions, have received more attention than others.¹¹ The Egyptian fatawa (legal views) offered by eminent

History and Development of the UK National Health Service 1948 - 1999, Second Edition (London, United Kingdom: Department for International Development, 1999), <https://www.gov.uk/research-for-development-outputs/helpdesk-report-the-history-and-development-of-the-uk-national-health-service-1948-1999>; Nancy E. Kass, "An Ethics Framework for Public Health," *American Journal of Public Health* 91, no. 11 (2001): 1776–82, <https://doi.org/10.2105/AJPH.91.11.1776>; Anke Erdmann, Christoph Rehmann-Sutter, and Claudia Bozzaro, "Patients' and Professionals' Views Related to Ethical Issues in Precision Medicine: A Mixed Research Synthesis," *BMC Medical Ethics* 22, no. 1 (2021): 116, <https://doi.org/10.1186/s12910-021-00682-8>.

⁸ Magi Sque, "Book Review: Culture, Religion and Patient Care in a Multi-Ethnic Society: A Handbook for Professionals," *Nursing Ethics* 7, no. 6 (2000): 545–46, <https://doi.org/10.1177/096973300000700616>.

⁹ Peter Singer, *How Are We to Live? Ethics in an Age of Self-Interest* (Amherst, N.Y.: Prometheus Books, 1995).

¹⁰ Helman CG, "Culture, Health and Illness - 1st Edition," Oxford, 1994, <https://www.elsevier.com/books/culture-health-and-illness/helman/978-0-7236-0703-8>.

¹¹ Vardit Rispler-Chaim, "Islamic Medical Ethics in the 20th Century," *Journal of Medical Ethics* 15, no. 4 (December 1, 1989): 203–8, <https://doi.org/10.1136/jme.15.4.203>; Kamyar M.

Muslim thinkers and various doctors would define Islamic medical ethics in the twentieth century. Abortions, organ transplants, artificial insemination, cosmetic surgery, doctor-patient relationships, and other universal concerns are addressed by Islamic medical ethics. Other difficulties are generally Islamic, such as barriers to fasting during Ramadan, sicknesses and physical ailments that cause a violation of the state of purity, alcohol-containing treatments, and so forth. Muslims' attitudes toward both sorts of ethical concerns frequently demonstrate that pragmatism triumphs. The goal is to establish a balance between Islamic legacy and current medical advances, as long as essential Islamic orthodoxy is not broken.

In terms of virtue, medical practitioners today seem rarer and rarer. Several patients and physicians feel that medical practice has failed to meet standards and expectations.¹² In this paper, we share our knowledge of certain principles and practices that may aid clinicians in providing care within an appropriate ethical context for Muslims. The author believes that a Muslim physician who follows the two fundamental sources of Islamic law, the Qur'an and the Sunna, will possess the requisite character attributes of a competent physician. A Muslim physician who follows the Qur'an will live a happy life, be trusted by his or her patients and community, and be in accordance with newly approved Western medical ethics guidelines.

Hedayat and Roya Pirzadeh, "Issues in Islamic Biomedical Ethics: A Primer for the Pediatrician," *Pediatrics* 108, no. 4 (October 1, 2001): 965–71, <https://doi.org/10.1542/peds.108.4.965>.

¹² Nadia N. Sawicki, "Judging Doctors: The Person and the Professional," *AMA Journal of Ethics* 13, no. 10 (October 1, 2011): 718–22, <https://doi.org/10.1001/virtualmentor.2011.13.10.msoc1-1110>; Ben Kotzee, Agnieszka Ignatowicz, and Hywel Thomas, "Virtue in Medical Practice: An Exploratory Study," *HEC Forum* 29, no. 1 (March 1, 2017): 1–19, <https://doi.org/10.1007/s10730-016-9308-x>.

RESEARCH METHOD

The current paper analyzes the ongoing practices in Islam, ethics, and modern medicine. It discusses the opportunities that must be addressed from theory to medical practice. In order to provide adequate support for the arguments made in this narrative review, each relevant and important article that is in the public domain has been highlighted. The search was conducted in the “MEDLINE, PsycINFO, Scopus, Web of Science, and Google Scholar” databases using the following keywords: (“Islamic education”) and (“bioethics”), (“medicine”), (“medical practice”) and (“Islamic fatwa”), in combination with each other and truncated form. These databases were among the leading abstracting and indexing services providing quality research published by reputable international publishers.

RESULTS AND DISCUSSION

Guiding Principles in Islam

In general, Islam has provided a set of broad guiding principles that can be applied to deal with every problem that may arise in life. The first principle determines whether or not a certain action satisfies the core principles that underlie the law. These goals include the (i) protection of religion, (ii) protection of life, (iii) protection of ancestry or parental lineage, (iv) protection of mental and physical health, and (v) protection of property.¹³ The second principle is to ensure that the presence of a potential disadvantage does not jeopardize the

¹³ David Johnston, “Maqāsid Al-Sharī a: Epistemology and Hermeneutics of Muslim Theologies of Human Rights,” *Die Welt Des Islams* 47, no. 2 (2007): 149–87, <https://doi.org/10.1163/157006007781569936>; Felicitas Opwis, “New Trends in Islamic Legal Theory: Maqāsid al-Sharī’a as a New Source of Law?,” *Die Welt Des Islams* 57, no. 1 (2017): 7–32, <https://doi.org/10.1163/15700607-00571p03>.

satisfaction of a benefit or interest. Because of the rapid advancement of science, it is unavoidable that medical professionals will routinely be given access to fresh and constantly updated information as well as one-of-a-kind medical and scientific procedures and methods. These can all be put to either beneficial or harmful, injurious or troublesome use, depending on the circumstances. Every Muslim is obligated to seek information and treatment for ailments because there is a cure for every disease. Narrated Abu Huraira: The Prophet said, "There is no disease that Allah has created, except that He also has created its treatment." (*Sahih Bukhari*, Volume 7, Book 71, Number 582).¹⁴

In the coming years, the technology at our disposal will give huge chances to assist in the prevention of significant health impairments.¹⁵ It is critical that Muslims stay open to novel treatment approaches that might help avert circumstances that could result in permanent incapacity and suffering for the afflicted person and a high cost on immediate family members and the healthcare system. As the illustrious verses of the Qur'an that follow make clear, Islam as a religion does not intend to be the source of any difficulties or to expose its followers to any harm.

"No soul should be compelled beyond capacity, neither the mother made to suffer for the child nor the father for his offspring..." (The Qur'an The Cow 2:233).

¹⁴ Hussain M. Musharraf and M. Saiful Islam Arman, "Prophetic Medicine Is the Cheapest, Safest and the Best Remedy in the Prevention and Treatment of Hypertension (High Blood Pressure) – a Mini Review," *International Journal of Molecular Biology: Open Access* 3, no. 6 (2018): 245–50, <https://doi.org/10.15406/ijmboa.2018.03.00084>.

¹⁵ Harold Thimbleby, "Technology and the Future of Healthcare," *Journal of Public Health Research* 2, no. 3 (December 2013), <https://doi.org/10.4081/jphr.2013.e28>; Peter Lansley, Claudine McCreadie, and Anthea Tinker, "Can Adapting the Homes of Older People and Providing Assistive Technology Pay Its Way?," *Age and Ageing* 33, no. 6 (2004): 571–76, <https://doi.org/10.1093/ageing/afh190>; Neeru Gupta, Carla Castillo-Laborde, and Michel D. Landry, "Health-Related Rehabilitation Services: Assessing the Global Supply of and Need for Human Resources," *BMC Health Services Research* 11, no. 1 (October 17, 2011): 276, <https://doi.org/10.1186/1472-6963-11-276>.

“God does not burden a soul beyond capacity”. (The Qur’an The Cow 2:286).

Islam and Muslims

Islam, which can be traced back to the same Semitic soil that gave birth to Judaism and Christianity, continues to profoundly influence the beliefs, values, and customs of an estimated one-fifth of humanity. Its most fundamental concept is monotheism, as stated in the declaration of faith: “There is no deity except God, and Muhammad is the Messenger of God.”¹⁶ The daily life and body of Muslim communities, including the 1.5–2 billion-strong Muslim community, revolve around this remark, which is nearly invariably whispered into the ear of a newborn or a dying loved one. The objective of life, then, is to realize the Divine, a goal that can be attained only by a conscious dedication to the teachings of Sacred Law. The job of the Emissaries of God, of whom Muhammad ﷺ was. Still, the last link in a line that includes luminaries such as Abraham, Moses, and Jesus of Nazareth, was to transmit and instruct in law matters. For Muslims, sacred law is an all-encompassing entity that addresses all areas of human existence.¹⁷

There are three sources of sacred law; the following are the two primary sources of law. The Qur’an (Koran) – the Holy Text held by Muslims to be God’s direct message, Whether, in word or practice, the Sunnah – the Prophet Muhammad’s ﷺ example is incorporated into Islamic scriptures, And the Ijtihad – the law of deductive logic – is the

¹⁶ Asma Afsaruddin, “Monotheism in Islam,” in *Monotheism and Its Complexities*, ed. Lucinda Mosher and David Marshall, Christian and Muslim Perspectives (Washington, D.C.: Georgetown University Press, 2018), 33–44, <https://doi.org/10.2307/j.ctvbqs51w.9>.

¹⁷ Anthony Parsons, “Living Islam: From Samarkand to Stornoway,” *International Affairs* 69, no. 4 (1993): 763–64, <https://doi.org/10.2307/2620623>.

third source.¹⁸ Before delving into this third source, it is essential to recognize the guiding principles and framework of Islamic philosophy, which aid in resolving various moral and ethical quandaries of today. Because Islam does not acknowledge clergy, the “learned” (Ulema), frequently scholars from Islamic universities, are tasked with interpreting and contextualizing religious teachings for the larger Muslim community.¹⁹

Recent scientific and technical breakthroughs have resulted in a profusion of complicated concerns that have created ethical quandaries for healthcare practitioners, patients, and society. Many Ulema has concluded that, in cases requiring specialized knowledge (such as medical practice judgments), the reasonably innovative concept of a “consensus decree” is desirable in response to this problem.²⁰ For medical decisions, these consensus panels will typically comprise a broad and diverse representation of Ulema and professional physicians from relevant disciplines, with the latter supplying the essential background material. The decision-making process is often transparent, with members of the larger community able to examine the arguments used and the textual content underlying these edicts. Counter-arguments may be made, and it is not uncommon for two or more seemingly opposing viewpoints to

¹⁸ Mohammad Hashim Kamali, “Methodological Issues in Islamic Jurisprudence,” *Arab Law Quarterly* 11, no. 1 (1996): 3–33, <https://doi.org/10.2307/3381731>; Ahmad Hasan, “‘Sunnah’ as a Source of ‘Fiqh,’” *Islamic Studies* 39, no. 1 (2000): 3–53, <http://www.jstor.org/stable/23076090>; L. Ali Khan and Hisham M. Ramadan, “Islamic Constitutionalism,” in *Contemporary Ijtihad, Limits and Controversies* (Edinburgh, United Kingdom: Edinburgh University Press, 2011), 113–45, <http://www.jstor.org/stable/10.3366/j.ctt1r23xt.8>.

¹⁹ Syed Rizwan Zamir, “Rethinking the Academic Study of the ‘Ulamā’ Tradition,” *Islamic Studies* 53, no. 3/4 (2014): 145–74, <http://www.jstor.org/stable/44627375>.

²⁰ Aasim I. Padela and Danish Zaidi, “The Islamic Tradition and Health Inequities: A Preliminary Conceptual Model Based on a Systematic Literature Review of Muslim Health-Care Disparities,” *Avicenna Journal of Medicine* 8, no. 1 (2018): 1–13, https://doi.org/10.4103/ajm.AJM_134_17.

coexist. Individuals are free to pick whichever judgment they find most agreeable in such instances; however, many would prefer to remain loyal to their particular school of thought.²¹

The above-mentioned deductive logic method is known as *Ijtihad*, and it is the third source of Islamic Law. *Ijtihad* gives Sacred Law its dynamism, helping it remain relevant when responding to new difficulties and issues that regularly arise in a Muslim society that values learning and the scientific process.²² One example, and one that is expected to provide significant health benefits to communities globally in the future, is the movement to restrict cigarette smoking on the basis that its harmful effects on health are now well-proven.²³ More culturally conscious British health authorities have responded by framing the “stop smoking” message inside an acceptable religious framework when targeting Muslim communities.

They are often used to convey that each human existence has inherent worth and goodness. On the other hand, humans have the capacity for autonomy and self-determination. They hence have the option of remaining loyal to their intrinsic pure nature or adopting an immoral path. While genetic research and gene therapy can help restore health (and hence integrity), care must ensure that other

²¹ Muh Nur Akhsin Ridho and Evi Martha, “Peran Fatwa Muhammadiyah Tentang Hukum Merokok Dalam Sikap, Norma Subjektif, Dan Kontrol Perilaku Terhadap Perilaku Merokok [The Role of Muhammadiyah Fatwa on Smoking Law in Attitudes, Subjective Norms, and Behavioral Control of Smoking Behavior],” *Jurnal Kesehatan* 11, no. 1 (2020): 133–44, <https://doi.org/10.26630/jk.v11i1.1813>; Aasim I. Padela and Jasser Auda, “The Moral Status of Organ Donation and Transplantation Within Islamic Law: The Fiqh Council of North America’s Position,” *Transplantation Direct* 6, no. 3 (March 2020): e536, <https://doi.org/10.1097/TXD.0000000000000980>; Mansur Ali and Usman Maravia, “Seven Faces of a Fatwa: Organ Transplantation and Islam,” *Religions* 11, no. 2 (February 2020): 99, <https://doi.org/10.3390/rel11020099>.

²² Ahmad S. Dallal, “Science and Muslim Societies. Nasim Butt,” *Isis* 86, no. 4 (1995): 692–692, <https://doi.org/10.1086/357397>.

²³ Nazim Ghouri, Mohammed Atcha, and Aziz Sheikh, “Public Health: Influence Of Islam On Smoking Among Muslims,” *BMJ: British Medical Journal* 332, no. 7536 (2006): 291–94, <https://www.jstor.org/stable/25456050>.

Islamic values are not compromised.²⁴ For example, an accurate and complete understanding of one's pedigree is a fundamental human right; thus, only somatic cell lines should be used in genetic material transplantation because parental integrity is not compromised. There is no risk of hereditary features being affected.

A quick search of medical libraries and ethics catalogs finds Jewish medical ethics, Catholic medical ethics, and so on. There is also a corpus of Islamic medical ethics, which, while sometimes neglected as a distinct area of medical ethics, exists and is gaining prominence in the second part of the twentieth century. Societies differ in their ethical views toward human life and the human body and socio-religious norms. As a result, while the medicine practised by and for Muslims is usually the same medicine used in the West today, the medical ethics differ. This means that the use or non-use of a well-known medical therapy by Muslim doctors will sometimes be influenced more by Islamic law ethics than by simply medical grounds.²⁵ One definition of ethics states that it "teaches us how to assess properly the moral excellence or badness of every human activity". As a result, all ethics, including medical ethics, reflect the most valued ideals and principles of the community that adheres to them.²⁶ The below-listed situations are frequently encountered and are often employed in health and healthcare provision decisions and how such lessons can be applied.

²⁴ Mee Lian Wong et al., "Concerns over Participation in Genetic Research among Malay-Muslims, Chinese and Indians in Singapore: A Focus Group Study," *Community Genetics* 7, no. 1 (2004): 44–54, <https://www.jstor.org/stable/26679394>.

²⁵ Thalia A. Arawi, "The Muslim Physician and the Ethics of Medicine," *Journal of the Islamic Medical Association of North America* 42, no. 3 (2010): 111–16, <https://jima.imana.org/article/view/5403>; Yassar Mustafa, "Islam and the Four Principles of Medical Ethics," *Journal of Medical Ethics* 40, no. 7 (July 1, 2014): 479–83, <https://doi.org/10.1136/medethics-2012-101309>.

²⁶ Rispler-Chaim, "Islamic Medical Ethics in the 20th Century."

Marriage, artificial insemination, adoption

Children have the right to be born from a legal relationship (marriage) and be fully informed about their parentage. Artificial insemination is similar to someone mistakenly approaching a woman for sexual purposes (not by the woman's husband). It is apparent that early Islamic jurists considered indirect impregnation as a possibility. According to Islamic Law, deliberately semination with a stranger's seed is equivalent to adultery, a crime punishable by death. Artificial insemination and in vitro fertilization are thus legal only if the woman's spouse's sperm is utilized.²⁷ Adoption is often frowned upon in Muslim society due to the transfer of parental rights to adopted parents.²⁸ Fostering is, however, recommended because there is no equivalent transfer of paternity. In either instance, the natural father's surname should be kept.

Medical termination of pregnancy and antenatal screening

Many Muslims infer that fetal ensoulment begins 120 days after conception, which is a significant consideration in talks on abortion.²⁹ Advances in therapeutic fetal medicine and first-trimester chorionic villous biopsy (done before ensoulment) may eventually lead to a more considerable readiness to engage in genetic counseling and

²⁷ Mohammed Ali Al-Bar and Hassan Chamsi-Pasha, "Assisted Reproductive Technology: Islamic Perspective," in *Contemporary Bioethics: Islamic Perspective*, ed. Mohammed Ali Al-Bar and Hassan Chamsi-Pasha (Cham: Springer International Publishing, 2015), 173–86, https://doi.org/10.1007/978-3-319-18428-9_11.

²⁸ Faisal Kutty, "Islamic 'Adoptions': Kafalah, Raadah, Istilhaq and the Best Interests of the Child," in *The Intercountry Adoption Debate: Dialogues Across Disciplines*, ed. Robert L. Ballard et al. (Newcastle upon Tyne, United Kingdom: Cambridge Scholars Publishing, 2015), 526–64.

²⁹ Nisreen El-Hashemite, "The Islamic View in Genetic Preventive Procedures," *The Lancet* 350, no. 9072 (1997): 223, [https://doi.org/10.1016/S0140-6736\(05\)62394-X](https://doi.org/10.1016/S0140-6736(05)62394-X); Hamisu Mohammed Salihu, "Genetic Counselling Among Muslims: Questions Remain Unanswered," *The Lancet* 350, no. 9083 (1997): 1035–36, [https://doi.org/10.1016/S0140-6736\(05\)64093-7](https://doi.org/10.1016/S0140-6736(05)64093-7).

prenatal screening. A developed life takes precedence over an existing one, with its duties and ties. If the continuance of the pregnancy jeopardizes a mother's life, all Muslim authorities believe that the pregnancy should be terminated. Termination for any other reason is highly discouraged, especially when ensoulment has happened. When a woman is still breastfeeding, it is permissible to terminate the pregnancy, according to the Qur'an and the Hadith. We can therefore conclude that fertility can be temporarily restricted in general.

Child ill-treatment and sovereignty

The parent-child relationship is the most significant of all human relationships, serving as a model for all other human interactions. Children and parents both have joint rights and duties. The fundamental values underlying this most exceptional of relationships are love and respect. Any sexual, physical, or mental abuse of minors is thus prohibited under Islamic Law. However, Islamic teachings recognize that children may need to be disciplined at times, both for their own sake and for society as a whole. This may include physical punishment on occasion. In such cases, jurists have established that the following conditions must be met: parents must never strike their children in the face or head; limited force should be used, with no bruising resulting; and disciplining should not be undertaken when parents believe they are losing control.³⁰

Age of consent: According to the 1989 Children's Act, the age of consent is when a child reaches the age of sixteen or younger if a doctor believes the kid can comprehend and make decisions. The age of majority (and thus full autonomy) in Islamic Law is determined by

³⁰ A. R. Gatrad and Aziz Sheikh, "Muslim Birth Customs," *Archives of Disease in Childhood - Fetal and Neonatal Edition* 84, no. 1 (2001): F6-8, <https://doi.org/10.1136/fn.84.1.F6>.

physiological maturation, which is defined for males by the first nocturnal emission and females by menarche.³¹

Born pure

According to Islamic teachings, children are born pure, and those who remain faithful to their innate nature and follow the instructions of Sacred Law are deemed entire or healthy. If death is decreed, we tell relatives that as long as their offspring are clean, they will be assured of bliss in the eternal abode of the hereafter and will also be their forerunners in Paradise.

Blood transfusion

Blood transfusions are likewise legal under the maslaha concept, despite the fact that Islamic Law prohibits spilling blood. Donating blood is permissible since it does no damage to the donor, similar to wet-nursing, which is permitted under Islamic Law. When saving a life, it is even permissible to transfuse the blood of a non-Muslim into a Muslim. This is an evident implementation of the maslaha concept.³²

Achieving purity

Concern for physical cleanliness is another characteristic of Islamic Law. Therefore, purification is necessary often - at least five times a day before prayers, throughout Ramadan, and during the pilgrimage to Mecca, to name a few examples. When water is limited, purification is frequently accomplished using sand or dry mud. For example, a lady enquiring about doing ablution while her leg is in a cast is advised to wash all portions of her body save the fractured limb

³¹ Ahmad ibn Lu'lu' Ibn al-Naqib and Noah Ha Mim. Keller, *Reliance of the Traveller: Classic Manual of Islamic Sacred Law* (Amana Publications (revised edition), 1997).

³² Rispler-Chaim, "Islamic Medical Ethics in the 20th Century."

with water. Sand should be used to purify it. Other issues concerning purity include whether female discharges signify the termination of the state of purity and whether a man who loses control of his bladder during prayer is deemed unclean.

Treating patients of the opposite gender

Another point of contention in Islamic medical ethics is the treatment of a patient by a doctor of the opposing gender, particularly the examination of women by male physicians. This issue may be relevant in other faiths where segregation of males and females is encouraged, and intermingling is tolerated only within specified degrees of familial connections. However, when no woman doctor is available and the situation cannot be postponed, the answer is typically pragmatic: male physicians may treat women for physical or psychological disorders. The sole need is that the doctor is reliable as a devoted Muslim.³³

Ending one's life

No one has the authority to intentionally end another person's life, whether it is one's own or that of another human being. Saving lives is promoted, and lowering suffering with analgesia is acceptable, even if it hastens death. This rule is based on the fundamental principle that acts should be judged according to the intentions that underlie them. Because of this, it is against the law to deprive a person of food and water in an effort to hasten their demise.

Medical post-mortem

Some scholars have extrapolated from this Qur'anic scripture that the departed may be able to experience pain, which is one of the

³³ Rispler-Chaim.

reasons for Muslims' overall reluctance to accept post-mortem inspections. Others, however, believe that the scripture obligates the Muslim community to treat fellow human beings humanely, whether in life or death. Nevertheless, post-mortems are still done in contemporary governments for scientific or legal reasons. Many Muslims ask religious authorities whether such tests are permissible under Shari'a law. The retort is frequently that, although these tests violate the deceased's body, the public benefits from the information collected. Where murder is suspected, justice may be served only after the cause of death is determined. In the future, magnetic resonance necropsy could be used instead of a traditional open whole-body post-mortem examination. This kind of innovation is becoming into a standard practice in a growing number of pathology departments across the world.³⁴

Transplantation

The donation of organs is considered as an act of "perpetual" compassion by many people and is actively promoted in a number of Arab Muslim countries. This issue has not been given as much attention by the Muslim community in South Asia, at least in part because it was historically solely of importance to scholars in these nations.³⁵ The sale of human organs is strictly forbidden. Xenotransplantation alternatives are anticipated to expand soon, but Muslim opinion on their acceptability and, if so, the necessary

³⁴ National Confidential Enquiry into Patient Outcome and Death, "Extremes of Age (1999)," HTML, Improving the quality of healthcare, 1999, <https://www.ncepod.org.uk/1999ea.html>.

³⁵ Aziz Sheikh, "Death and Dying—a Muslim Perspective," *Journal of the Royal Society of Medicine* 91, no. 3 (1998): 138–40, <https://doi.org/10.1177/014107689809100307>; A. R. Gatrad and Aziz Sheikh, "Medical Ethics and Islam: Principles and Practice," *Archives of Disease in Childhood* 84, no. 1 (2001): 72–75, <https://doi.org/10.1136/adc.84.1.72>.

conditions (is transplanting organs from pigs okay while pork intake is prohibited?) remains mixed.

CONCLUSION

Although particular concerns addressed by Islamic medical ethics are unique to Islam and only concern Muslims, others are shared by all faiths. These include the legality of abortions, organ transplants, artificial insemination, cosmetic surgery, doctor-patient relationships, and other issues. Islamic medical ethics demonstrate a thorough familiarity with strictly medical information, and they are up to speed on the most current findings. Because medicine is continuously evolving, we can expect Islamic medical ethics to keep up with it and give Muslims the legitimacy they need to embrace or reject each innovation.

A basic amount of cultural awareness is required before providing culturally sensitive care.³⁶ In this work, we simplified and highlighted essential concepts in Islamic medical ethics and investigated their applicability. Even though this is a preliminary study, we believe that the insights gathered will help physicians better understand their Muslim patients and provide respectful care of their values. Overall, like all ethics, medical ethics should always be considered in the context of their time and location. Only fundamental ethics in society or religion remain constant. Others alter with time and place, and it is these that make ethics studies interesting and dynamic.

³⁶ Aziz Sheikh, "Culturally Sensitive Care for the Dying Is a Basic Human Right. Rapid Response to: The Coroner Service," June 21, 1999, <https://www.bmj.com/rapid-response/2011/10/27/culturally-sensitive-care-dying-basic-human-right>; Lydia Yee, Royal College of General Practitioners, and Inner City Task Force, *Breaking Barriers: Towards Culturally Competent General Practice: A Consultation Project for the Rcgp Inner City Task Force* (London: Royal College of General Practitioners, 1997).

REFERENCES

- Afsaruddin, Asma. "Monotheism in Islam." In *Monotheism and Its Complexities*, edited by Lucinda Mosher and David Marshall, 33–44. Christian and Muslim Perspectives. Washington, D.C.: Georgetown University Press, 2018. <https://doi.org/10.2307/j.ctvbqs51w.9>.
- Al-Bar, Mohammed Ali, and Hassan Chamsi-Pasha. "Assisted Reproductive Technology: Islamic Perspective." In *Contemporary Bioethics: Islamic Perspective*, edited by Mohammed Ali Al-Bar and Hassan Chamsi-Pasha, 173–86. Cham: Springer International Publishing, 2015. https://doi.org/10.1007/978-3-319-18428-9_11.
- Ali, Mansur, and Usman Maravia. "Seven Faces of a Fatwa: Organ Transplantation and Islam." *Religions* 11, no. 2 (February 2020): 99. <https://doi.org/10.3390/rel11020099>.
- Amin, M. Z. M. Zohdi, Tazul Islam, Siti Abas, Mohd Yusuf Ismail, A. Irwan Santeri Doll Kawaid, Adnan Mohamed Yusoff, Mesbahul Hoque Chowdhury, et al. "Religio-Scientific Integration of Knowledge: A Study of Islam's Prophetic Traditions Related to the Medical Sciences." *Advanced Science Letters* 23, no. 5 (2017): 4605–7. <https://doi.org/10.1166/asl.2017.8932>.
- Arawi, Thalia A. "The Muslim Physician and the Ethics of Medicine." *Journal of the Islamic Medical Association of North America* 42, no. 3 (2010): 111–16. <https://jima.imana.org/article/view/5403>.
- Atighetchi, Dariusch. "Features of Islamic Bioethics." In *Islamic Bioethics: Problems and Perspectives*, 13–29. Dordrecht: Springer Netherlands, 2007. https://doi.org/10.1007/978-1-4020-4962-0_2.
- — —. "Some Aspects of Medical Ethics." In *Islamic Bioethics: Problems and Perspectives*, 31–64. Dordrecht: Springer Netherlands, 2007. https://doi.org/10.1007/978-1-4020-4962-0_3.

- Barry, M. A. M. H. "Human Rights in Islam and Their Relevance in the Present Time." *Advanced Science Letters* 23, no. 5 (2017): 4856–59. <https://doi.org/10.1166/asl.2017.8927>.
- Caplan, Arthur L. "A New Direction for Medical Ethics." Edited by Tom L. Beauchamp and James F. Childress. *Science, Technology, & Human Values* 5, no. 30 (1980): 53–54. <https://www.jstor.org/stable/689347>.
- Clarke, Morgan, Thomas Eich, and Jenny Schreiber. "The Social Politics of Islamic Bioethics." *Die Welt Des Islams* 55, no. 3/4 (2015): 265–77. <https://www.jstor.org/stable/24893431>.
- Dallal, Ahmad S. "Science and Muslim Societies. Nasim Butt." *Isis* 86, no. 4 (1995): 692–692. <https://doi.org/10.1086/357397>.
- El-Hashemite, Nisreen. "The Islamic View in Genetic Preventive Procedures." *The Lancet* 350, no. 9072 (1997): 223. [https://doi.org/10.1016/S0140-6736\(05\)62394-X](https://doi.org/10.1016/S0140-6736(05)62394-X).
- Emanuel, Ezekiel J. "The Beginning of the End of Principlism." Edited by Tom L. Beauchamp and James F. Childress. *The Hastings Center Report* 25, no. 4 (1995): 37–38. <https://doi.org/10.2307/3562161>.
- Erdmann, Anke, Christoph Rehmann-Sutter, and Claudia Bozzaro. "Patients' and Professionals' Views Related to Ethical Issues in Precision Medicine: A Mixed Research Synthesis." *BMC Medical Ethics* 22, no. 1 (2021): 116. <https://doi.org/10.1186/s12910-021-00682-8>.
- Gatrad, A. R., and Aziz Sheikh. "Medical Ethics and Islam: Principles and Practice." *Archives of Disease in Childhood* 84, no. 1 (2001): 72–75. <https://doi.org/10.1136/ad.84.1.72>.
- — —. "Muslim Birth Customs." *Archives of Disease in Childhood - Fetal and Neonatal Edition* 84, no. 1 (2001): F6–8. <https://doi.org/10.1136/fn.84.1.F6>.
- Ghouri, Nazim, Mohammed Atcha, and Aziz Sheikh. "Public Health: Influence Of Islam On Smoking Among Muslims." *BMJ: British*

- Medical Journal* 332, no. 7536 (2006): 291–94.
<https://www.jstor.org/stable/25456050>.
- Greengross, Peter, Ken Grant, and Elizabeth Collini. *The History and Development of the UK National Health Service 1948 - 1999*. Second Edition. London, United Kingdom: Department for International Development, 1999. <https://www.gov.uk/research-for-development-outputs/helpdesk-report-the-history-and-development-of-the-uk-national-health-service-1948-1999>.
- Gupta, Neeru, Carla Castillo-Laborde, and Michel D. Landry. "Health-Related Rehabilitation Services: Assessing the Global Supply of and Need for Human Resources." *BMC Health Services Research* 11, no. 1 (October 17, 2011): 276. <https://doi.org/10.1186/1472-6963-11-276>.
- Hasan, Ahmad. "'Sunnah' as a Source of 'Fiqh.'" *Islamic Studies* 39, no. 1 (2000): 3–53. <http://www.jstor.org/stable/23076090>.
- Hedayat, Kamyar M., and Roya Pirzadeh. "Issues in Islamic Biomedical Ethics: A Primer for the Pediatrician." *Pediatrics* 108, no. 4 (October 1, 2001): 965–71. <https://doi.org/10.1542/peds.108.4.965>.
- Helman CG. "Culture, Health and Illness - 1st Edition." Oxford, 1994. <https://www.elsevier.com/books/culture-health-and-illness/helman/978-0-7236-0703-8>.
- Ibn al-Naqīb, Aḥmad ibn Lu'lu', and Noah Ha Mim. Keller. *Reliance of the Traveller: Classic Manual of Islamic Sacred Law*. Amana Publications (revised edition), 1997.
- Johnston, David. "Maqāsid Al-Sharī a: Epistemology and Hermeneutics of Muslim Theologies of Human Rights." *Die Welt Des Islams* 47, no. 2 (2007): 149–87. <https://doi.org/10.1163/157006007781569936>.
- Kamali, Mohammad Hashim. "Methodological Issues in Islamic Jurisprudence." *Arab Law Quarterly* 11, no. 1 (1996): 3–33. <https://doi.org/10.2307/3381731>.

- Kass, Nancy E. "An Ethics Framework for Public Health." *American Journal of Public Health* 91, no. 11 (2001): 1776–82. <https://doi.org/10.2105/AJPH.91.11.1776>.
- Khan, L. Ali, and Hisham M. Ramadan. "Islamic Constitutionalism." In *Contemporary Ijtihad*, 113–45. Limits and Controversies. Edinburgh, United Kingdom: Edinburgh University Press, 2011. <http://www.jstor.org/stable/10.3366/j.ctt1r23xt.8>.
- Kotzee, Ben, Agnieszka Ignatowicz, and Hywel Thomas. "Virtue in Medical Practice: An Exploratory Study." *HEC Forum* 29, no. 1 (March 1, 2017): 1–19. <https://doi.org/10.1007/s10730-016-9308-x>.
- Kutty, Faisal. "Islamic 'Adoptions': Kafalah, Raadah, Istilhaq and the Best Interests of the Child." In *The Intercountry Adoption Debate: Dialogues Across Disciplines*, edited by Robert L. Ballard, Naomi H. Goodno, Robert F. Cochran, and Jay A. Milbrandt, 526–64. Newcastle upon Tyne, United Kingdom: Cambridge Scholars Publishing, 2015.
- Lansley, Peter, Claudine McCreddie, and Anthea Tinker. "Can Adapting the Homes of Older People and Providing Assistive Technology Pay Its Way?" *Age and Ageing* 33, no. 6 (2004): 571–76. <https://doi.org/10.1093/ageing/afh190>.
- Macnair, Trisha. "Medical Ethics." *BMJ* 319, no. 7214 (October 2, 1999): S2. <https://doi.org/10.1136/bmj.319.7214.2>.
- Miklancie, Margaret A. "Caring for Patients of Diverse Religious Traditions: Islam, a Way of Life for Muslims." *Home Healthcare Now* 25, no. 6 (2007): 413–17. <https://doi.org/10.1097/01.NHH.0000277692.11916.f3>.
- Musharraf, Hussain M., and M. Saiful Islam Arman. "Prophetic Medicine Is the Cheapest, Safest and the Best Remedy in the Prevention and Treatment of Hypertension (High Blood Pressure) – a Mini Review." *International Journal of Molecular Biology: Open Access* 3, no. 6 (2018): 245–50. <https://doi.org/10.15406/ijmboa.2018.03.00084>.

- Mustafa, Yassar. "Islam and the Four Principles of Medical Ethics." *Journal of Medical Ethics* 40, no. 7 (July 1, 2014): 479–83. <https://doi.org/10.1136/medethics-2012-101309>.
- National Confidential Enquiry into Patient Outcome and Death. "Extremes of Age (1999)." HTML. Improving the quality of healthcare, 1999. <https://www.ncepod.org.uk/1999ea.html>.
- Opwis, Felicitas. "New Trends in Islamic Legal Theory: Maqāṣid al-Sharī'a as a New Source of Law?" *Die Welt Des Islams* 57, no. 1 (2017): 7–32. <https://doi.org/10.1163/15700607-00571p03>.
- Padela, Aasim I. "Muslim Perspectives on the American Healthcare System: The Discursive Framing of 'Islamic' Bioethical Discourse." *Die Welt Des Islams* 55, no. 3/4 (2015): 413–47. <https://www.jstor.org/stable/24893437>.
- Padela, Aasim I., and Jasser Auda. "The Moral Status of Organ Donation and Transplantation Within Islamic Law: The Fiqh Council of North America's Position." *Transplantation Direct* 6, no. 3 (March 2020): e536. <https://doi.org/10.1097/TXD.0000000000000980>.
- Padela, Aasim I., and Danish Zaidi. "The Islamic Tradition and Health Inequities: A Preliminary Conceptual Model Based on a Systematic Literature Review of Muslim Health-Care Disparities." *Avicenna Journal of Medicine* 8, no. 1 (2018): 1–13. https://doi.org/10.4103/ajm.AJM_134_17.
- Parsons, Anthony. "Living Islam: From Samarkand to Stornoway." *International Affairs* 69, no. 4 (1993): 763–64. <https://doi.org/10.2307/2620623>.
- Rajaei, F., and M. Momeni. "Basics of Health Promotion from the Perspective of the Holy Qur'an and Traditions." *Health Education and Health Promotion* 6, no. 4 (2018): 155–59. <https://doi.org/10.29252/HEHP.6.4.155>.
- Ridho, Muh Nur Akhsin, and Evi Martha. "Peran Fatwa Muhammadiyah Tentang Hukum Merokok Dalam Sikap,

- Norma Subjektif, Dan Kontrol Perilaku Terhadap Perilaku Merokok [The Role of Muhammadiyah Fatwa on Smoking Law in Attitudes, Subjective Norms, and Behavioral Control of Smoking Behavior]." *Jurnal Kesehatan* 11, no. 1 (2020): 133–44. <https://doi.org/10.26630/jk.v11i1.1813>.
- Rispler-Chaim, Vardit. "Islamic Medical Ethics in the 20th Century." *Journal of Medical Ethics* 15, no. 4 (December 1, 1989): 203–8. <https://doi.org/10.1136/jme.15.4.203>.
- Salihu, Hamisu Mohammed. "Genetic Counselling Among Muslims: Questions Remain Unanswered." *The Lancet* 350, no. 9083 (1997): 1035–36. [https://doi.org/10.1016/S0140-6736\(05\)64093-7](https://doi.org/10.1016/S0140-6736(05)64093-7).
- Sawicki, Nadia N. "Judging Doctors: The Person and the Professional." *AMA Journal of Ethics* 13, no. 10 (October 1, 2011): 718–22. <https://doi.org/10.1001/virtualmentor.2011.13.10.msoc1-1110>.
- Seyvanizad, Jaber. "WMD under Islamic International Law." *International Journal of Law* 3, no. 1 (2017): 12–16. <http://www.lawjournals.org/archives/2017/vol3/issue1/2-6-36>.
- Sheikh, Aziz. "Culturally Sensitive Care for the Dying Is a Basic Human Right. Rapid Response to: The Coroner Service," June 21, 1999. <https://www.bmj.com/rapid-response/2011/10/27/culturally-sensitive-care-dying-basic-human-right>.
- — —. "Death and Dying – a Muslim Perspective." *Journal of the Royal Society of Medicine* 91, no. 3 (1998): 138–40. <https://doi.org/10.1177/014107689809100307>.
- Singer, Peter. *How Are We to Live? Ethics in an Age of Self-Interest*. Amherst, N.Y: Prometheus Books, 1995.
- Sque, Magi. "Book Review: Culture, Religion and Patient Care in a Multi-Ethnic Society: A Handbook for Professionals." *Nursing*

Ethics 7, no. 6 (2000): 545–46.
<https://doi.org/10.1177/096973300000700616>.

Thimbleby, Harold. "Technology and the Future of Healthcare." *Journal of Public Health Research* 2, no. 3 (December 2013).
<https://doi.org/10.4081/jphr.2013.e28>.

Wong, Mee Lian, Kee Seng Chia, Sharon Wee, Sin Eng Chia, Jeannette Lee, Woon Puay Koh, Han Ming Shen, Julian Thumboo, and Dicky Sofjan. "Concerns over Participation in Genetic Research among Malay-Muslims, Chinese and Indians in Singapore: A Focus Group Study." *Community Genetics* 7, no. 1 (2004): 44–54.
<https://www.jstor.org/stable/26679394>.

Yee, Lydia, Royal College of General Practitioners, and Inner City Task Force. *Breaking Barriers: Towards Culturally Competent General Practice: A Consultation Project for the Rcgp Inner City Task Force*. London: Royal College of General Practitioners, 1997.

Zamir, Syed Rizwan. "Rethinking the Academic Study of the 'Ulamā' Tradition." *Islamic Studies* 53, no. 3/4 (2014): 145–74.
<http://www.jstor.org/stable/44627375>.

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