

The Islamic Tradition

Religious Beliefs and Healthcare Decisions

by Earle H. Waugh

The Islamic tradition began on the Arabian Peninsula with the birth of Muhammad, the Prophet (570?- 632 A.D.), in the midst of interactions between Arab pagan traditions, Jewish tribes, Christian Arab tribes, the Byzantine and Sassanian Empires, and the still-dominant legacy of Hellenistic Greek culture. From the beginning, Islam saw itself as a community created by God in fulfillment of God's promise to send a prophet to every people. Muslims believed that the message from God to the Arabs would be the last and most complete. Both the Prophet Muhammad and the early Islamic community believed that the great prophets of the past, such as Abraham and Moses, were part of its Semitic inheritance. Islam thus saw itself as renewing and/or bringing to completion a message that had previously been given to all other communities throughout world history.

Islam was therefore intricately woven into the cultural fabric within which Judaism and Christianity had flourished. It quickly saw its purpose as bringing God's true message to as many peoples as it could, resulting in the expansion of Islam throughout the then-known world. Within two centuries of the Prophet's death, Muslim empires reached from the Atlantic to the steppes of China.

Faced almost immediately with a schism (circa 656) that has lasted to this day, Islam split into Sunnis and Shiites, both of whom constructed sophisticated spiritual versions of Islam and strove to bring a great diversity of peoples into the Muslim fold. Urged by the Qur'an to tolerate earlier forms of reli-

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giosity, the Islam that settled over the heartland of North Africa, the Middle East, and East Asia accepted diversity and furthered the intellectual resources with which it came in contact. United not only by the impulses of state within various empires, but by the loose control of Muslim ritual and Islamic law, Islam put down deep roots. Religious leadership was shaped according to sect: in Sunnism, the scholarly class, or *ulama*, gradually formed what has become known as traditional Sunni Islam, while in Shiism, the Imams developed religious law, theology and Imamate philosophy. Classical Muslim culture (c.750-950) flourished in the arts, literature, architecture, science and government.

Islam grew exponentially. Various forms of piety flowered, nurtured by a highly literate culture. Piety of the Qur'an, love for the Prophet, and pious attendance to God's everyday requirements as found in the law helped shape Muslim life. Among the most distinctive forms of piety developed, Sufism was an ascetic and mystical movement. Reacting to the worldliness and sophistication of official Islam represented by the courts, Sufism urged a more authentic interaction with God through meditation and prayer. This type of piety constructed its own institutional orders, or *tariqas*, and its own spiritual leaders, known as saints. Through the medium of Sufism, Islam became the vehicle through which a myriad of believers connected to their heartfelt spiritual urges.

Islamic views of health were reflected with similar pluralism. The Islam of the court and of developing Muslim intellectual traditions adopted the medical heritage of Greece, Persia, and India, and immediately began building upon those traditions. In the towns and villages, where access to such training was sparse, Arab folk traditions held sway. These traditions blended quickly with a wealth of popular conceptions attributed to the Prophet. Both systems—intellectual and folk—were eventually absorbed into basic Islamic ideology, with two ends. On one hand, physicians assumed certain moral responsibilities for health, along with a professional

attitude informed by pious Muslim commitment. On the other, the imposing figure of the prophet engendered a perception of good health as the legacy of Muhammad, opening doors for everyone to seek aid to that end. With the growth of Sufism, mystical approaches to health—some of them very old and predating the advent of Islam—came into practice. Saints, for example, were perceived as having transcendent powers by which they could influence the health of believers. These beliefs flowered while resting on an essentially Muslim view of God's presence in ordinary affairs of life.

Islamic culture eventually expanded into India, Indonesia, and Africa. Since classical Islam was the most advanced culture of its day, it attracted interest just by virtue of its sophistication. At the same time Islamic tradition expanded into new areas through trade, scholarly ties, and movements of peoples. By the high Middle Period (1500-1700), Islamic states were dominated by peoples of Turkic ancestry. Following the conversion of the Mongols to Islam and their advances into India, a growing Islamic internationalism linked believers in a common religious ethos that nevertheless fostered distinctive regional characteristics.

By the end of this period, Islam had come into increasing contact with European powers, and the ascendancy of European culture had begun to impact Islam dramatically. Little by little, Islamic hegemony eroded under these pressures until Muslims all over the world saw their dominance fade. The Second World War led to the rise of local Muslim nation-states whose global significance paled compared to earlier glories. Reactions to this state of affairs has contributed significantly to the growth of "Islamism" (Muslim fundamentalism) today.

BELIEFS RELATING TO HEALTH CARE

Islam has no central authority. Unlike other religions, such as Roman Catholicism, a combination of reluctance within Islam to accept human mediatorship and the diversity of the Islamic community has resulted in no one official voice to express a “universal” Islamic opinion. The closest Islam has to such a voice comes from the ulama, who are learned in law and public issues and who may, if called upon, give a fatwa, or opinion/rendering on an issue. However, these opinions are not always accepted by all other authorities.

Since Islam moved across nations almost from its inception, its conception of health was informed by many different perspectives. Not all of these perspectives have been given equal place in the writing of histories of Islamic health care; rather, literary sources have often privileged the more formal system derived from the Greeks over other systems, such as those inherited from Persia and India.

If we begin with the Qur’an, it is clear that health is considered one of God’s blessings, for God created humans both beautifully and in an environment of general well-being. Qur’an 40:64 says explicitly, “He [Allah] formed you and formed you beautifully,” while all humans are recognized as being children of a common ancestor, Adam. Moreover, God created each human as a “package,” that is, each person individually is a creation of God. Human formation is comprised of a process begun in the womb, and incorporating a spiritual essence at some point in the process (23:13-14). Thus an individual is a “whole” person, integrating both

physical and spiritual aspects without dramatic distinctions between the two.

This special creation has moral significance: Through human creation, God set in place his moral domain, making everything in the heavens and on earth subject to humans (31:20; 16:14), and entrusting to humans from pre-eternity (33:72) the well-being of all beings and things on earth (2:29). Unfortunately humans have a very limited perspective on their responsibilities, and they are prone to selfishness (70:19-21). Therefore, a proper relationship with God and concomitant attitudes of gratitude are the ingredients for universal well-being, since it is only God that can assist humans in getting beyond their self-centeredness (17:100).

This ethical-integrative worldview is expanded in several directions in the *hadith*, the texts that record the sayings and actions of the Prophet. These sources regard health as a blessing from God. For example, they set out specific physical and spiritual guidelines for cleaning oneself before prayer, practices believed to help maintain a well-rounded society. In general, the hadith stress that the life God gives is one to enjoy, so long as one lives within moderation. Thus personal well-being is once again elaborated in terms of a well-balanced, upright stance before God. Vigilance becomes an ingredient, then, by which one examines one’s daily experience for evidence of activities and attitudes unacceptable to God. The community is enjoined to embody the same kind of religious vision.

OVERVIEW OF RELIGIOUS MORALITY AND ETHICS

As Islam developed, it took particular care not to form an intermediary between human beings and God. Thus there is no role for a priesthood or a related institutional entity

concerned with the everyday spiritual health of the community. Instead, locally-defined authority systems have evolved. These systems, which rest on Islamic law mediated by the ulama

and/or the imams, embrace norms held to be Islamic either because they bear the imprint of scripture or tradition. As Sufism expanded, it, too, espoused a well-being of the whole person mediated through the saints and emphasizing personal spiritual achievements.

At the same time, distinctive religious authorities could and did argue for the beneficence of

illness, an argument that never became widely accepted but which nevertheless caused some people to inspect their lives when illness or misfortune occurred. This view of illness was held principally by Shiites and Sufis, who evaluated each case personally through an inner process of discovering God, and personal spiritual needs.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Healing is a reflection of the message revealed in the Qur'an: "We have revealed of the Qur'an that which is a healing and a mercy for those who have faith." (17:82) Thus, Muslims see healing as deriving from divine intent, requiring an act of faith in God. Personal healing is a transaction involving the divine domain. The result is that both the caregiver and the patient operate within a conglomerate of ethical values and Islamic expectations. The word for these ideals and behaviors is *adab*. Traditional *adab* involved both explicit norms and implicit criteria arising from social acceptance and discourses on etiquette. In the early years of Islam, when there was much diversity within the community, *adab* was very much in flux. However, by the time of the Classical period, a consensus or *ijma*, reflected what we might call a set of core values which were more or less universally accepted. It is precisely during this time that the great figures of medieval medicine were writing their famous works, and physicians of international stature were discoursing on the role of the doctor in society.

One of the key values of this consensus was an Islamized concept of balance. Originally Greek (*eukrasia*), balance was energized in Islam by Qur'anic ideas of moderation and symmetry. The ummah was a median community (2:143), and humans were created in symmetrical fashion (82:7) so that healing embraced a holistic model. Spiritual dimensions contributed

to the healing project as much as physical ones. Both the patient and the practitioner accepted the spiritual agenda as critical in the healing process.

Such a conception had a direct impact on health care providers. In general, the role of medical practitioners was linked to the general betterment of the ummah, and was understood by them to be a special kind of responsibility placed upon them by God. This spiritual aspect of health care is explicitly stated by the fourteenth-century religious historian Abu 'Abd Allah Muhammad ibn Ahmad al-Dhahabi:

It is obligatory upon every Muslim to seek nearness to God with whatever means possible by way of service to Him and that he try his utmost to carry out God's commands and ordinances. Now, after carrying out specific religious rites and desisting from actions He has prohibited, the most beneficial means and the most helpful service rendered to God is that which benefits man in preserving his health and in curing his illness, since health is something Muslims are asked to pray for even in their ritual prayers.¹

Such views derive from a symbiosis between the work of the medical person and God. Al-Ruhawi, a ninth century author, wrote in his book on medical ethics: "The philosopher can only improve the soul but the virtuous physician can improve both body and soul. The physician

deserves the claim that he is imitating the acts of God the Exalted as much as he can.”²

The patient came to rely on this sense of public welfare in relations with health care specialists. If the patient was poor it was understood that the physician would charge the wealthy. Differential fees, then, would make up for those who could not pay, and the charity involved was considered a responsibility laid upon those who could handle it by God. This sense of a just, charitable community soon expressed itself in the growth of clinics and hospitals, which were endowed by wealthy individuals or by royal patronage as an expression of moral commitment for the benefit of the indigent. The community rewarded these benefactors by according them prestige and broadcasting widely their Muslim piety. Thus, health care evolved out of Islamic values and spawned a distinctive set of moral concerns that led to institutions for the public good. Eventually, these institutions built attached facilities for young medical trainees, along with schools and libraries dedicated to a wide range of medical purposes. In so doing, it ingrained the principle of health service as an expression of Islamic piety that undergirded the whole medical system in Islam.

CLINICAL ISSUES

Self-determination and informed consent

As we have seen, Muslim adab incorporated personal faith directly into the healing process and, since each person was a unique creation, each was held responsible under God for personal health achievements. This meant that every patient had the right to judge the effectiveness of all treatments. Indeed, each person’s spiritual state was to be a factor in choosing treatments. In Classical Islam, the patient had three options: the biomedical physician, whose knowledge was built upon Greek origins; Prophetic medicine, founded upon practices attributed to the Prophet; and special blessings and healing derived from the *baraka* (special beneficences)

of the local Shaykh of the Sufi *tariqa* (mystical order). While tensions existed between these systems, no one was considered superior since each more or less fit within the ethical-integrative bedrock of Islam. Ultimately, then, the onus for any cure did not rest upon the healing profession, but on the patient’s personal choice, and even his or her personal destiny. Thus, patients followed irregular paths when confronted with illness. They might not begin with the physician, but with a local scholar versed in the proscriptions given in the Prophet’s traditions. Or they might begin with the head of the local Sufi group. The decision often depended on where they put the greatest confidence or had the easiest, most affordable access. Physicians accepted this kind of self-determination and worked with it—especially since they accepted that their knowledge was limited. Moreover, classical Islam required that the patient know the specifics of his or her case, since health and well-being were religious issues thought eventually to bring the person into discourse with God. Once the illness became life-threatening, health care became a dialogue between the person and God.

Islam today thus recognizes that the question of destiny militates against the physician interposing his or her views between that of God’s plan for the person and the individual. This principle requires full disclosure, insofar as that is possible. It also recognizes that gaining new knowledge is a command of the Qur’an (“Seek knowledge even unto the ends of the earth”) and that gaining this knowledge will eventually require human experimentation. But there are conditions: one cannot approve experimentation that reduces the individual to less than the basic person that he or she is; one cannot approve experimentation that has no obvious benefit to human life; one cannot approve experimentation that could cut short an individual’s life; one cannot participate in experimentation that blurs the line between humans and animals in any fundamental sense.

Experimentation on Human Embryos

In the Muslim world, an embryo does not become human until ensoulment takes place, considered to occur after completion of the fourth month of pregnancy. The view is expressed by Mahmud Zayid:

With regard to the question of induced abortion, Muslim scholars, both classical and modern, make a distinction between two stages in the pregnancy divided by the end of the fourth month (120 days), with all holding the view that abortion should not take place during the second stage.³

Indeed, there is real question as to whether one can call the object that exists before ensoulment “an embryo.” Since what exists, however, is not considered a person, experimentation is allowed, so long as it takes place before the four-month limit. Some Sunni jurists, notably Abu Hamid Muhammad al-Ghazali, argue that aborting a fetus after the fourth month is a mortal sin equivalent to murder. Claims against the offending party could result in ransom, fines, and/or expiation payments. Some Shiite jurists, however, would hold that aborting a fetus before that date is also subject to expiation payments.

Nevertheless Islamic law would appear to be on the side of experimentation, within the parameters outlined. There is no legal teaching against creating embryos in vitro, nor against testing for scientific purposes. Nor is there any particular method of disposal after abortion, since the fetus is considered equal to other matter. Nevertheless, some jurists would argue against aborting pre-ensouled embryos purely for experimentation, and thus might be more predisposed to testing laboratory-developed fetuses than naturally gestated fetuses. The same position applies to the use of tissue for therapeutic or experimental purposes.

Truth-telling and confidentiality

Muslim perceptions of duty are defined by the Qur’an’s injunction: “May you form a nation of those who summon to blessing, who command

what is good and forbid what is evil.” (3:104) Promoting a just social order is therefore a basic principle that is enshrined in Muslim law. Any ethical theory must ultimately be measured against its ability to promote the true purpose of the community, that is, the fulfillment of *shari’ah*. Ibn Taymiyyah (d.1328) is typical of conservative views on the inter-relationship between duty and *shari’ah*:

In considering the scope of what is good and what is evil the criteria of the Divine Law must be applied. As long as man is able to submit to the texts of the law, he must not deviate from them. If, however, there is no specific text to apply in a particular circumstance, let him carefully compare his opinion with possible analogies and similar cases. It is rare that the texts will be found inadequate, providing the person is well-acquainted with them and with their capacity to guide him to wise judgments.⁴

Truth-telling in Islam has therefore always been linked to the community’s law; one tells the truth because one belongs to God’s community, which promotes the good. In health matters, the onus shifts from truth-telling for its own sake to truth-telling as a command for the good—a significant difference when one is adjudicating “the good” to a person, a family, or the Muslim community. In Islamic legal terms, the focus must be on the community’s good in the largest sense. Thus, one need not tell the individual that she is dying—first because God has control of that fact and, second, because knowing this may not provide a greater good to the community. Indeed, it may provoke much evil. Where good and evil are intermingled, the path with the greatest potential spiritual good to the community is to be followed. The rights of the individual are clearly subservient to that of the community in such a scenario.

Confidentiality, too, must be subject to the same goals. However, the rights of the individual are to be breached in the circumstance where silence will not bring good to the Muslim com-

munity. For example, a person's HIV-positive status should be made known to the community since that community's health will be jeopardized if it remains ignorant of the fact. It is the person's responsibility as a member of the community to disclose the facts in the least problematic way. Normally, the family of the patient will undertake the disclosure in a manner least damaging to the person. In this case, the individual's right to confidentiality is overridden by the rule of commanding the most good.

Proxy decision-making and advance directives

In Islam, proxy is intimately related to authority, and from the standpoint of a person, the most immediately identifiable authority is the family. The family unit, to be further discussed in the next section, has the ultimate warrant of hadith and shari'ah. 'Abd al-'Ati has observed:

Islam seems to insist that the foundation of the family should rest on solid grounds capable of providing assurances of continuity, security and intimacy, and of being, as much as possible, "nat-

ural," mutually binding, and gratifying.

Accordingly Islam recognizes only blood ties and/or marital bonds as the rule foundation of the family. There is no more natural relationship than that of blood.⁵

Such an insistence on the cohesiveness of the blood family means that decision-making must fall upon the family as a unit; that is, no organization outside the family should have the authority to rule on an individual family member's well being. Nor can one person within the unit have the authority to transcend the will of the group. Legally family members can state what another member would want in lieu of that person's opinion. Thus the family has full and legal authority within Islam to provide proxy.

Moreover, since families are complex organizations, one individual cannot be designated to take advance directives, because that vitiates the family to interpret a particular directive. Hence, Muslim advance directives have to be given to the family as a whole if it is to enjoy the force of law within Islam.

FAMILY, SEXUALITY, AND PROCREATION

Islam essentially recognizes sex as a given in the order of things: "We have created everything in pairs," the Qur'an says. Intolerable, however, is sex not set within a framework and controlled for the betterment of society. Thus, where pre-Islamic Arabia allowed the consort of men and women outside of wedlock, the Qur'an curbed these excesses by instituting marriage for all. Thus male-female marriage is the norm expected in Muslim communities, and producing offspring became a critical ingredient in Muslim social order.

Women's needs for sexual fulfillment are fully recognized in the Qur'an. The Prophet granted a divorce to a woman who complained that her

husband was impotent. Moreover, sexuality is considered so important that it continues into the next life, symbolically expressed by the beautiful *houris*, or maidens, who live with the believers in paradise. There are also a significant number of hadith indicating that love-making with one's mate is both pleasant and religiously meritorious. While the Qur'an is written from a male perspective that "Women are a tilth for you, so approach your tilth in whatever way you like"(2:223), the meaning for most commentators is the mutual joys of love-making, that God sees nothing wrong with a robust sex life so long as the reproductive dimension within marriage remains paramount. In addition, sexual equality

for all wives is fully recognized and legally defined within the Holy book.

CLINICAL ISSUES

Contraception

Coitus interruptus was known and practiced at the time of the Prophet, and statements attributed to him indicate that he accepted it. In his evaluation of contradictory hadith on the topic, Fazlur Rahman concluded that contraception could be allowed “if it is called for,” that is, if there are good reasons why it should be practiced. One such reason is if a child is still suckling. Generally speaking, however, there has been some resistance from Muslims in adopting contraception, especially because the Prophet was said to have wanted to be proud of the number of Muslims at the Day of Resurrection: “So reproduce and increase in numbers.”⁶

The Shafi’i school of law allows the husband to use contraception even without his wife’s consent; Zahiri lawyers absolutely forbade it. Ghazali, a great jurist and Sufi theoretician, argued that the pious person who had achieved a special state of trust in God could not use contraception because he enjoyed the highest spiritual state of trust and could thus base his sexual fulfillment on knowing the will of God. However, since few people ever achieved this level of spirituality, they could use contraception. Moreover, Ghazali held that if the birth of children would potentially push the husband to illicit means just to feed them, then contraception would be allowed. Economic arguments similar to this had been used by most Islamic governments to encourage official government policy in family planning, but with the rise of powerful conservative elements, such as the Muslim Brotherhood and Khomeini’s revolution, such contentions face powerful opposition. Since population control is a concept developed in the West, it is widely regarded as a subtle form of Western imperialism and governments have shifted the thrust of the argument toward family pacing and

individual family planning, away from official policy.

Men are ordered in the Qur’an (2:223) to “stay away from” wives during menstruation. This is interpreted to mean refraining from sexual intercourse, but there are no penalties other than repentance for breaking this prohibition. Similarly, masturbation is frowned upon under the law, not for religious reasons but because it was once widely regarded as leading to impotence. Homosexuality is condemned in the Qur’an through the story about the people of Lot, who were destroyed because of it. Still, the Qur’an is not clear about the penalty for infringement of this prohibition. Most legists regard it as equivalent to illicit heterosexual intercourse.

Islam affirms the model of the heterosexual family, regards procreation as the central purpose of that unit, and resists any intervention that would destroy that ability. (The prohibition did not apply to slaves, as the eunuchs in the harems demonstrate). Both male and female sterilization are regarded as contrary to religious requirements. However, if it occurs as a result of life-saving procedures, as in a hysterectomy required to avoid the spread of cancer, the higher principle of life warrants the outcome. Even those who favor the use of contraceptives, however, reject the procedures of tubal ligation and vasectomy as means of population control because of their permanent thwarting of procreation.

NEW REPRODUCTIVE TECHNOLOGIES

Artificial Insemination

Given the central place of the family unit in Islam, artificial insemination is allowed provided that it promotes the family. The procedure should not, however, replace the normal conjugal method of procreation, and should only be used if the male has been injured in some way to render that method impossible.

On the other hand, should the woman be unable to conceive because she cannot produce an egg, Islamic authorities have accepted HIA, or Heterologous Artificial Insemination, as a credible alternative because half of the required elements for generating life comes from one of the married partners. The procedure can take place, because Islam does not hold that the fetus has personhood until ensoulment takes place. Anything of human agency can be performed before that moment to make ensoulment possible. Since ensoulment is God's process for creating a unique human, procedures paving the way for that possibility may be justifiably taken.

However, where both sperm and egg are donor produced, issues of blood line are raised. Claims that a child of such a union is not eligible for the legal benefits attending a "true" child may apply. Such problems do not exist if the insemination is homologous, i.e. from the husband and wife. This issue is somewhat modified by the Islamic law of acknowledgment of parent-hood. A hadith stating that the "child belongs to the matrimonial bed," affirms that all offspring conceived through the cohabitation of husband and wife "belong" to the couple.

Gamete Intrauterine Fallopian Transfer (GIFT)

No official statement is available on this method. However, since this procedure is based on assisting the normal processes of fertilization through stimulation of the ovaries and placing the resulting eggs together with sperm back into the fallopian tubes, it would not appear to contradict religious teaching. The procedure is widely used

in Saudi Arabia, where jurists have supported the birth of test-tube babies to childless parents and recognized the trauma that childless women have faced after their husbands replaced them with fertile mates.⁷

In Vitro Fertilization (IVF)

Since a child is not born unless a fetus becomes ensouled there seems to be no official restriction against IVF. Rather, it is regarded as a positive application of medical understanding to family maintenance. Likewise, no teaching prohibits the disposal of fertilized eggs. However, if the procedure circumvents the Islamic definition of family by, for example, placing the fertilized egg in a single woman, a different set of issues are raised. These have to do with the Islamic sense of honor (*ird*) deriving from pre-Islamic tribal codes. An act which dishonors is regarded as severely punishable, and a woman who carries a child outside of wedlock, unless she is a slave woman, will be harshly punished for dishonoring the Muslim concept of family. The issue is the supposed adultery of the single woman. Hathout contends that while sperm and egg donations cannot be judged adulterous, a number of other legal and social issues militate against such donations—namely, inheritance laws and increased risk of unintended incest within the community.⁸

Surrogate motherhood

Some Muslim jurists decry any attempt to bypass the physical infirmities of either partner by this contractual arrangement, arguing that God is the giver of children, and that human intervention to circumvent physical limitations is tantamount to usurping God's jurisdiction. The Qur'an seems to affirm this when it says: "He bestows both males and females (i.e. children) and He leaves barren whom He will." (42:49-50) Some Islamic scholars have argued vigorously against all fertility intervention on grounds that it destroys the surrogate mother's connection to

parenting responsibilities.⁹ The oft-quoted saying of the Prophet that “paradise is under the feet of your mother” indicates to many Muslims the value the Prophet placed on conventional motherhood.

In addition, surrogate mothers face a legal precedent which holds that any woman who bears a child out of wedlock is immediately subject to an accusation of adultery. Islamic law has established very strong laws against both fornication and adultery, with the penalty for the former being one hundred lashes and the latter stoning to death. Further complicating the situation is the status of the child, since there were many examples of children born to slave women in classical Islam. Slave children did not have the same rights as “children of the matrimonial bed” but instead were regarded as the mother’s children. Islam also forbids formal adoption since the Qur’an insists that children carry their own names. (33:4-5) Clearly, the relationship of the surrogate to the child would also become a factor, since the Qur’an indicates directly that whoever carries the child in her womb is the mother (31:14). In Islamic terms, surrogacy is possible only through marriage, and, since a husband may legally have up to four wives, the problem could be solved with a legal marriage between the surrogate mother and the male donor. The Shiite acceptance of *mut’ā* marriage (marriage contracted for a given length of time) makes this more legally accessible.

Throughout Islamic history, however, another type of surrogacy has been widely accepted: that of a milk-mother. Under this arrangement, the child may be cared for, breast-fed, and even disciplined by someone other than the biological mother. The contractual nature of this practice is sanctioned by the Qur’an, and hence could be the basis for the contractual dimension of surrogacy.

Abortion

Islam does not have a uniform definition of the fetus. Some scholars hold that the word *janin* or “that which is veiled or covered” refers to the

procreated being in the womb (53:32), while others believe that the Qur’an insists on an ensoulment process (23:13) that occurs either forty or 120 gestation days (depending on the school of law) after fertilization.¹⁰ All schools of Islamic law are uniform in their condemnation of abortion once ensoulment has taken place. The lack of clarity on the timing of ensoulment, however, has resulted in severe restrictions on abortion. A number of legal reasons have also contributed to these restrictions.

First, life is considered a sacred gift from God which no human has the right to rescind. (4:93) Second, all schools of Muslim law recognize fetal rights. Thus, if a mother has been sentenced to death, the penalty cannot be carried out until the child she is carrying has been born and properly cared for by a milk-mother. Moreover, the fetus can legally inherit, and the law stipulates that inheritance decisions must wait until after birth. Finally, stillborn or miscarried fetuses must be given burial.¹¹

Prenatal diagnosis and treatment

Modern technology now allows for screening based on processes such as amniocentesis, processes that propose interference with the normal gestation of the fetus. Such interference is subject to the same restrictions as abortion: as long as the procedure takes place before ensoulment, interference is legal though perhaps problematic. Malformed fetuses may thus be legally aborted within the set gestation period; beyond that there are clear legal barriers. Building on these notions, then, in utero surgery would appear to be a legitimate health procedure from an Islamic perspective.

Care of severely handicapped newborns

Islamic commitment to the uniqueness of each individual resists any interference in the normal growth of a person. Where it is obvious that the individual will survive only with extraordinary assistance, the legal issues are not so clear. Islam encompasses a strong sense of destiny, and interference in a person’s natural development

must be tempered by an awareness that life ultimately belongs to God. On the other hand, once born and surviving, the newborn is considered a human being and must be accorded the rights of all humans. Once again, the critical role of the family becomes evident here, for both the amount of intervention and its appropriateness are matters very much in the family's hands. They, too, are acutely aware of the overriding control that God has in matters of life and death. Where resources are scarce these matters seem already decided, since the availability of

technical assistance is seen to be beyond the family's prerogatives, and thus in the hands of God. Islam generally would not promote major 'heroic' intervention in a severely handicapped newborn's life, since this seems to skew the sense of balance essential to the Muslim worldview. On the other hand, it would not promote a regimen designed to terminate the child's life either, for that would violate God's will as expressed in the life processes of the newborn.

GENETICS

As indicated above, contemporary genetics has received positive responses in Muslim legal opinions in Saudi Arabia. Given its focus on improvement of human life, genetics is easily accommodated within Muslim legal and social opinion. Islam has accepted physical limitations as a normal part of the social order: the blind, for example, have been directed into activities of community value, such as Qur'an reciting and storytelling, while those with other disabilities are accepted as recipients of *zakat* (alms) based on Qur'anic dictums. What Islamic legal opinion and religious doctrine stands against is any process that interjects human manipulation into creation. Thus, while Muslim law generally would condone procedures that make human life better able to serve God and community, it would resist those like cloning that cross the line between natural, God-sanctioned activity and human-directed creation/manipulation.

CLINICAL ISSUES

Genetic screening and counseling

In the light of the fact that Muslim marriage is a contract between two parties—a contract that requires the commitment of family resources for

the mutual sustenance of the couple and the long-standing principle of negotiating terms for the union—genetic screening is not necessarily seen as a foreign imposition. Traditionally, one of the many social factors taken into consideration during mate negotiations was the potential to have healthy children. There is thus no serious legal impediment to the adoption of genetic screening in Islam. Where the screening is invasive, however, and interferes with the legitimate right of the couple to have children, Islamic law would reject it. Major concerns about the potential impact of an individual's disease on the community at large, however, would supersede the individual's rights not to be screened. On the other hand, in one hadith, the Prophet explicitly denies a Bedouin the right to reject a child who has been born to his wife because, the Bedouin says, the child is a black boy. The Prophet indicates that since the Bedouin cannot predict the color of his camels, he can hardly predict from which ancient ancestor the child derived his color. We now can recognize gene latency as the possible cause for the child's skin color.¹² The hadith also seems to support the view that screening cannot be done on racial or color bases.

Sex selection

Prenatal diagnosis has no precursor per se in either the Qur'an or the hadith. However, principles taken from these sources seem to militate against sex selection: female children are not to be exposed, as they were in pre-Islamic Arabia, because of their equal value before God. (16:59-61; 17:33) This passage seems to affirm that both sexes have an equal right to life, and that there can be no arbitrary termination of a fetus on the grounds of gender. Of course, local lore about determining the sex of the child abounds in Muslim communities, and some ethnic communities have a clear preference for sons. Officially, however, Islam would reject any manipulation on the basis of gender.

Selective abortion

Outside of the bounds discussed above, abortion may take place only if the mother's life is threatened by carrying the fetus to term. In Islam, an existing human life takes precedence over what is not yet a human life. Case in point: the removal of a cancerous uterus during the gestation period. If the outcome of the operation is in doubt, or if the prognosis for the mother is unclear, the abortion may not take place. On the other hand, the Shafi'i school teaches that if a pregnant woman dies, the fetus should be removed from her body in order to have a chance to survive.

In cases where the fetus was deemed not able to survive birth, where the woman is too small to give birth, or where the fetus is the result of rape, classical Islamic physicians like al-Razi or

Ibn Sina have accepted abortion for medical reasons. Their arguments arise from an awareness of complex situations and reflect a judicious balance of medical wisdom and sensitivity to Islamic doctrine.

Gene therapy

Therapeutic surgery, either intrauterine or shortly after birth, is completely within Islam's mandate of medical interference for positive health reasons. Surgery to alleviate chromosomal diseases before birth would be regarded as equivalent to surgery to repair a blocked artery after birth. Non-therapeutic intervention is warranted as long as its outcome "commands the good." However, regarding the use of gene therapy to produce human-type beings for therapeutic purposes, Islam's affirmation of the individual's uniqueness before God would be a restraint.

Cloning

Cloning has raised critical issues for the Muslim world. On the one hand, cloning creates the potential of a disease-free individual, which would reside within the "commanding the good" parameter. On the other hand, cloning implies human manipulation of the creative process, a manipulation on such a scale that it destroys the line between legitimate medical intervention and God's creative hegemony. While opinion is initially negative on this matter, Muslim researchers and scholars have not yet given the problem an in-depth critical assessment.

ORGAN AND TISSUE TRANSPLANTATION

Organ transplants raise some fundamental questions for Muslims. Because Islam makes no clear distinction between body and soul, or body and mind, the cohesiveness of the person involves retaining the body's configura-

tion as a unity. Thus deliberately giving away part of one's gift from God has significant theological implications. On the other hand, family responsibilities are so significant in Islam that giving a relative a needed organ would be seen

as a duty. Where the gift could make a difference between life and death, one body's cohesion would be considered less important than saving a life. In determining whether a transplant is right or wrong, the operative issue is responsibility to one's family and community. Committing oneself to doing what is right for the community is seen as a powerful vehicle for moral activity.

CLINICAL ISSUES

Issues concerning recipients

The Muslim conception of the inextricable relationship between a whole person and their physical body raises some ethical issues for recipients. How much influence will the donor's organ have in the mental and spiritual development of the recipient? While a recipient may feel real gratitude for the transplant, his or her bodily integrity has been disturbed. Moreover, the recipient becomes socially indebted—and this indebtedness may extend beyond the recipient to his or her family and associates. In 1979, the scholar and jurist Gad al-Haqq of al-Azhar, the famous Egyptian school, gave a fatwa on organ transplants to the effect that they are permissible from a living donor provided the transplant is needed, there is no harm to the donor, and that there is a strong prognosis for success. Al-Haqq also stated that the donor should not receive any funds for the organ.¹³

Issues concerning donors

Muslims participate in the ummah, or the community, most intimately through their family. The giving of an organ, such as a kidney, to a relative is considered a legitimate invasion of one's unity for the larger good of the ummah. The transplanting of hearts, for example raises some basic questions: Will the donor be an integral whole, that is, a complete body and soul, at Judgment Day? What is the relationship between the character of the person and the part that is donated? Is the donor "whole" when she/he stands before God? These problems suggest that Islam wrestles with questions of severing the person from the body more than Western religious traditions do.

Clearly Islam does not condone the taking of organs if it results in the death of the donor individual. Most body parts, however, come from cadavers, and Islam has traditionally insisted on the dignity of the dead and the religious requirement that persons be properly ritually buried. Should there be such a donation, therefore, the family must unequivocally give permission. The theological suggestion that one must be whole before God will thus act as a restraint on the free donation of organs.

Finally, Islam is absolutely opposed to the sale of organs. To do so would be to remove the personhood of the individual from the body, regardless of which part it might be, turning it into a mere physical object. The reduction of the body to such an object is rejected uniformly by all Muslim jurists and medical practitioners.

MENTAL HEALTH

Islam has been a leader in the treatment of the mentally disturbed. Very early in Muslim history, hospitals were established for the express purpose of dealing with the mentally ill; a document from the famous Mansuri (eleventh century) in Egypt explicitly states: "The foremost

attention (in law) is to be paid to those who have suffered loss of mind and hence loss of honor."¹⁴ To such effect, Muslims used therapies such as music far ahead of the rest of the world. Moreover, mental illness seems to have been one area specifically demanding beneficence to

the poor and a measure of a ruler's reflection of God's generosity. Some sanitoriums were housed in palaces and were richly appointed. Thus, Islam has long conceived that persons suffering from mental illness are no less of value than other humans, and must be treated as such. Moreover, Muslim society recognized various kinds of mental illness, including a "madness" associated with love.

CLINICAL ISSUES

Involuntary commitment

Islamic tradition accepts that certain kinds of mental illness will require that a person's freedom be curtailed for the good of the person and for the community, but it also recognizes that this restraint should be subservient to the integrity of the person within society. The Qur'an itself recognizes conditions that transcend the family: "On no soul does Allah place a burden greater than it can bear; it gets every good that it earns and it suffers every ill that it earns." (2:286) Interestingly, facilities that housed the ill along with the family prevailed, so that the social cohesion of life remained intact. Moreover, no treatment was to rob a Muslim's basic legal right to a sound mind.¹⁵ Thus therapies were first subject to the needs of the person, second to the acknowledged participation of the family, and third to the needs of Islamic law. All life, including one's own life, belonged ultimately to God. Persons in authority, such as doctors or scholars, were judged to have the correct perspective on Islamic law and could act as mediators between the individual and the community. Hence the relationship between the health institution, the law, and the individual is different in classical Islam than in the West, or even in Muslim nations today. The very concept of "involuntary" arises from a western notion of separate self. Islam did not propound such a view, and therefore treatment of the mentally ill did not operate with the same set of concerns.

Psychotherapy, behavior modification, and psychopharmacology

In classical Islamic times, all treatments, drugs and food were free at hospitals. All manner of treatments were offered: drugs and chemicals, baths and salves, music and prayers. Both male and female caregivers treated the ill. Hence, the Islamic propensity to use a variety of therapies to cure mental illness has a long and distinguished history. It goes without saying that the head of these hospitals must have had the highest sense of moral purpose, for their service was often paid for by the sultan or caliph as an extension of the ruler's piety, so that a therapy's use would not be manipulated by cost factors. Thus, modern multidimensional therapies have significant antecedents in the medieval Muslim community.

Electroshock and stimulation

The philosophy of Islamic mental treatment was not based on the pragmatism of containment, but on the pious expression of charity to a person considered out of balance; Islam therefore accepted a wide range of techniques for returning the person to wholeness. Modification of the person's present state of illness was accepted as a normal result of medical intervention. Hence, electroshock treatments and the behavior modification attendant upon such occurrences fall within the parameters sketched by classical Islamic medicine. Since families often played a caregiving role in these hospitals, the issue of informed consent was based not on a model of the individual, but a social model. While Islamic mental treatments today have moved toward an individualist model, electroshock would only be used if relatives were aware of the possible outcomes. Such interventions raise issues about personality modification, which many Muslims regard as verging on the creation of another personality. Such intervention would not, therefore, be given high priority in the effort to return the person to balance.

DEATH AND DYING

The Qur'an is forthright about death as a major passage to another life. In Islam, it is not quite true to say that death is the cessation of life, but rather, that the life one receives at birth is preparatory for the life after death. In Qur'an 23:12-16, a description for the development of a new human being is followed immediately by: "After this you will surely die, and on the Day of Resurrection you will surely be raised up." Being born, then, is linked to dying and both are connected to resurrection. Still, the Qur'an does not present a fully constructed plan of creation, death, and afterlife. That elaboration arose when theologians and commentators were required to sketch the details of post-life existence in doctrine. The exegete al-Samarqandi offers this outline for a believer:

1. When the person is about to die, two white-faced angels come to sit on either side, while the Angel of Death arrives immediately before death and takes the soul.
2. The soul is then presented to the two angels who wrap it in a sweet-smelling shroud and take it to the seventh heaven.
3. There the record of the soul is written. . . following which it is returned to the body in the grave. There it undergoes the questioning by the angels Munkar and Nakir.
4. Correct answers trigger a trumpet sound from a messenger who proclaims that the answers indicate a believer and that the blessings and pleasures of the Garden are available to the person in the grave.¹⁶

Traditionally, a Muslim does not die alone, segregated from relatives or friends. Islam is well-known for its revulsion of any form of mediation between God and human, but the emphasis on community means that a support network surrounds the dying at the decisive moment. They can, for example, help the person as she/he recites the required confession of faith: "There is no god but God, and

Muhammad is His messenger." Equally important, if the dying person has done some wrong to anyone, Islam requires that the wrong be forgiven lest the dying not be forgiven by God.

In both the Qur'an and in popular belief, unbelievers are said to face a very bleak death, and that moment of dying can be a portend of future torture in the grave. Because of such implications, Muslims pray earnestly for an "easy" death.

CLINICAL ISSUES

Determining death

Given the need to recite a confession before death, Islam stresses the importance of retaining consciousness until this has been accomplished. The Qur'an is unclear about whether the body "dies" when the soul is removed by the Angel of Death, since it does not favor the Greek-inspired mind-body dualism of the person's makeup. Rather, death is most analogous to sleep; indeed, Rahman contends that "sleep is a sort of lesser death."¹⁷ The Muslim view is thus complicated by the belief that the life principle resides in God's hands and the absence of it cannot be established just through a lack of brain-wave activity.

From a religious point of view, mechanical intervention at the time of death is of limited value, since death is considered a moment of destiny involving supernatural forces. However, in 1986, the International Collective of Islamic Jurists of the Organization of Islamic Conference rendered an opinion in Amman, Jordan, saying that an individual would be considered dead in either of the following situations: 1. If the heart and breath stop completely, and the physicians are convinced that this condition is irreversible; 2. If all the mental functions of the mind have ceased, and the physicians decide such a condition is irreversible. In either of these scenarios, it is legitimate to dis-

engage all machines, even if some parts of the body are still functioning with their assistance. It is also legitimate to stop all medical intervention. While these guidelines carefully define death, they have also validated decisions to maintain people who are brain dead on life support systems, since such sustenance allows the physician to keep the person alive until body parts can be harvested. The justification for this modification of the body's integrity is the "greater good" of the community. Saudi Arabia has become a leader in this field in the Muslim world.¹⁸

As in many traditions, Islam has retained notions of death and dying that cannot be found in any of its sacred sources. Dying while on the pilgrimage to Mecca is considered particularly meritorious, and many severely ill people make every effort to go on pilgrimage in anticipation of death. Dying during Ramadan is also considered more significant than at other times. Such timing can impact directly on Muslim attitudes towards medical interventions.

Pain control and palliative care

According to one hadith, the Prophet said: "I find it strange on the part of a man of faith that he should grieve at his ailment; if he knew what (goodness) is in his illness, he would love to be ill until he meets his Lord."¹⁹ At the same time there is a hadith that implies a different reading: "There are some of God's people whom God carefully saves from being killed and from illness; He causes them to live in health and to die in health and bestows upon them the honor of martyrs."²⁰ Whatever else can be said about illness and pain, Islam interprets it to be part of the interaction between humans and God. Thus, for example, al-Dhahabi holds that prayers can alleviate pains in the heart, stomach and intestines.²¹ In general, the Qur'an insists that people not be required to deal with more than they can bear. Historically, Islam has advocated a system of pain control that does not render one unconscious, in light of the obligations required at death.

We have seen that classical Muslim society regarded the funding of health care as a responsibility of the pious ruler before God. The social fabric of Muslim culture fully supports contemporary palliative movements, provided they continue to encourage the dying person's interaction with family and friends.

Foregoing life-sustaining treatment

The general thrust of Muslim belief is that the community must sustain an individual until it is obvious that the believer must face God. Prolonging that moment will serve no religious purpose. Intravenous feeding for the sole purpose of sustaining the mechanical functions of the body runs counter to Islamic notions of death; likewise, the withdrawal of hydration need not be considered the cause: God determines the moment of death.

Therefore, heroic measures must be tempered by religious awareness. Ultimately Muslims believe medicine cannot change the destiny of the human, and attempts to bypass the inevitable may be interpreted as an obvious lack of trust in God. Rabi'ah al-'Adawiyya, the famous saint, was visited by a friend while she was ill. He urged her to pray that God relieve her suffering. Her reply was: "O Sufyan! do you not know who has willed my suffering? Is it not God? Why do you ask me to pray for what contradicts his will?"²² The fundamental Muslim position is instilled by Qur'an 4:71,102, "Take your guard against peril," a position that adjures the believer to do what one can legitimately do to prevent suffering, and then to exercise trust that God will work out His will. This process was never interpreted to involve heroics, for that vitiated trust in God. Artificially administered nutrition or extraordinary interventions have spiritual ramifications that cannot be ignored by the believer. Medical interventions must be subject to the person's ongoing dialogue with God.

Suicide, assisted suicide, and active voluntary euthanasia

Neither the Qur'an nor the hadith speak about

suicide. However, some see 2:195 of the Qur'an as prohibiting it: "Do not cast yourselves into destruction." Since Islam has stressed the continuity of life beyond the grave and the jurisdiction of God over life and death, inflicting death upon oneself is seen only to compound the problems faced in the next life.

Islam thus strongly resists assisted suicide. Taking a life is deemed tantamount to usurping God's role, and this is a heresy of intense condemnation justified only when one is involved in jihad, "fighting in the path of Allah."

Muslims also strongly resist active voluntary euthanasia. For similar reasons, they believe that God will not burden a person beyond what they can bear. (2:286) However, if a burden does become unbearable, then the community's role is to help alleviate it, but not by killing the individual. A very fine line is walked in this regard.

Autopsy and postmortem

Islam contends that the body belongs to God and should not be mutilated. Upon a person's death, the family is required to wash the dead, wrap the body in a shroud, and immediately prepare to carry the deceased to the grave. None of the elaborate postmortem procedures practiced in the West are accepted in Islam.

Unnecessary invasion of the body is resisted, both because the body will still house the person in the grave and because God "owns" the body. Disfiguring the dead is traditionally taboo, and seen to reflect a kind of madness on the

part of the perpetrator. However, a fatwa by Shaykh al-Azhar, Hasan Ibnul-Muhammad al-'Attar (d.1834), authorized autopsy for medical purposes.²³ Thus, both autopsy and postmortem are acceptable when, from a community perspective, they are seen to "command the good."

Burial and mourning customs

Islam does not accept cremation, since the body contains the person while in the grave. The dead are carried by relatives and friends to the mosque for a final prayer, and are immediately buried. Many local traditions also continue: Pre-Islamic female wailing rites continue today in Muslim societies, even though the practice is said to have been denounced by the Prophet. Recently, some Islamists have criticized these activities, fueling a current debate over "Islamizing" the burial process. Attending a funeral is considered meritorious even if one does not know the deceased. This view has encouraged multiple services so that attendants can participate in more than one celebration of a pious believer. For example, on the third and fortieth days after death, services of remembrance are held featuring Qur'anic recitation and gifts of food to attendees. Though frowned upon, gravesite visits are still a common ingredient in remembrance. The particularly pious deceased are sometimes petitioned to aid the devotee in achieving some benefit, though this practice is not validated in authoritative texts.

SPECIAL CONCERNS

Diet and drugs

Muslim diet is governed by *shari'ah*, a distinctive dietary ideology. Foods and drinks are categorized as pure or impure, lawful or unlawful. Eating pork is strictly unlawful; meat not properly bled is impure. Dietary laws differ based on which Islamic group one belongs to

and also which school one follows, but the rules are held to apply to all Muslims without regard to their social status. Drugs or medicines that contain alcohol are also subject to interdiction by some schools of law. During Ramadan, eating restrictions are observed, except by those who are ill. Muslims consider participation in

Ramadan a minimal standard of Islamic solidarity, and the sick will often try to meet the requirements on these grounds, despite problematic results. Hospitals are normally not subject to Ramadan restrictions.

RELIGIOUS OBSERVANCES

Prayer

Prayer is the fundamental religious expression of Muslims. It carries the same spiritual potency as Christian sacraments. Today, Sunnis normally pray five times each day. In traditional Muslim societies, prayers punctuated daily events. While such regularity cannot be easily sustained in complex urban environments, its authoritative structure and religious cadence continues to carry much weight. It is regarded as therapeutic by many Muslims today.

Qur'an reading

During Ramadan and at other auspicious moments during a Muslim's life, the Qur'an is read. Its power and beauty are not only aesthetically pleasing; its words are regarded as having implicit power. Recitation is an extremely meritorious act that has spawned a whole dimension of piety and therapy in Muslim popular religion. Reciting the Qur'an for the extremely ill can be a calming and uplifting gift. Prophetic medicine even details how believers can write the verses, dissolve the ink in water and then ingest the solution as a means to appropriate their benefit. Some of these acts are closer to folk medicine than others, but they demonstrate the elevated position of the Qur'an's words in everyday piety.

Ramadan

Participating in Ramadan is held to have its own intrinsic merit. Fasting from daybreak to sunset imposes a religious regime on everyday routine, and calls for disruption of normal eating and sleeping patterns. During the fast, many Muslims observe *lailat al-Qudr*, a special night commemorating when the Qur'an is believed to have

been sent down. Many ill people make every effort to observe the skies that night so that they will be blessed with seeing the spiritual descent of the word of God. In classical Islamic times, seeing evidence of this descent was considered a portent of good luck and health.

Islamic law, however, excuses the seriously ill from the dietary rules of Ramadan; indeed, Islam teaches that believers should regard their illness as a benefit from God, in effect substituting the spiritual benefits of illness for those of Ramadan.

In addition to Ramadan, Muslims may make other fasts as part of their own spiritual development. These fasts have certain proscriptions and certain spiritual outcomes, according to Muslim law, which are all directed to the individual's piety.

This pilgrimage is required of every believer at some time during their lifetime. It is a strenuous undertaking, requiring a sound mind and body. Because of its demands, it can have a decided impact on health, especially for those with coronary weaknesses. Despite this, making the hajj at the end of life is a dream many Muslims hold dear, and it plays a role in the general sense of spiritual well-being to which Muslims aspire. Many elderly believers hope to die in or near Mecca, and this wish is often an important motivation for making the hajj when one is old and feeble, or when one's life expectancy is seriously reduced through illness.

Muharram rites

Devotees of the Shi'ite tradition carry out rites, ceremonies, and performances every year on the anniversary of the death of Husain, the son of 'Ali and grandson of the Prophet. These are deeply felt community rites in which believers recall the injustice done to a man, Husain, who the Shi'ite believe should have led the whole Muslim ummah. Instead, Husain was martyred at a desert spot near Karbala, Iraq, in 680 A.D. His death unleashed a powerful religious reaction that was eventually ritualized in acts of penance and sorrow. The death also confirmed

the independent of the Shiite vision of Islamic order. The ceremonies involve a ritual laceration in memory of this betrayal. Shiites see the slaying as a metaphor of the truth's continual battle with evil in the world and as a symbol of com-

mitment in the face of terrible odds. Believers sometimes participate in these rites in the hope of solving a problem or healing a loved one.

CONCLUSION

Like all religious traditions, Islam is challenged by technological advances. This overview indicates that many intellectual and spiritual resources are available to grapple with these changes and that Muslims have developed a system to cope with modern issues of health

care, even as they acknowledge the problems entailed. Since Islam is a living tradition, many of the issues here may be defined differently as technology evolves. Debates about Islam and healthcare decisions will likely occupy the community for the foreseeable future.

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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, health care workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not

substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



THE PARK RIDGE CENTER
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

211 E. Ontario • Suite 800 • Chicago, Illinois 60611-3215
<http://www.parkridgecenter.org>

The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

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