



## Medical ethics within the Islamic tradition and the specific issues in the modern scientific era

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### Abstract

Human life is considered as an invaluable gift from God, and should therefore be respected and protected. This is evident in many verses of the Holy Quran, one of the most important being:

"If anyone slays a human being, unless it be [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." (Holy Qur'an 5:32)

This verse has ultimately fueled the interest in Islamic bioethics and within it exists, the two basic principles which ensure that the sanctity of human life is preserved:

- Saving a life is obligatory.
- Unjustified taking of a life is classified as murder and, thus, forbidden.

Though Muslims recognize and maintain that God is the ultimate source of life (Holy Qur'an 2:258), the Qur'an illustrates that God has instilled in them reason, free will, the ability to distinguish between what is morally acceptable and what is unacceptable (Holy Qur'an 91:8) while also supplying the provisions of nature (Holy Qur'an 45:13). With these things, Muslims are held responsible for maintaining health and preventing illness. In the event that illness occurs, Muslims are obliged to seek medical treatment in a manner which is Islamically appropriate and permissible. Specific issues addressed in the modern scientific era are Genetic Manipulation, Assisted Conception, Adoption, Parental Screening and Termination of Pregnancy, abortion, fertility treatments, family planning, euthanasia, genetic research, cloning, stem cell research, Child Abuse, Disciplining, and Autonomy, Postmortem Examinations and Organ Transplantation, Issues in Boi- Technical Reproduction and many other issues. Therefore, in this paper I have simplified and highlighted certain key teachings in Islamic medical ethics and explored their applications. Though these are introductory, but I hope that the insights gained will aid medical practitioners of Indian society to better understand their Muslim patients and deliver care that pays due respect to their beliefs.

**Keywords:** medical ethics, Islamic tradition, modern scientific era, genetic manipulation, assisted conception, adoption, parental screening, termination of pregnancy, abortion, fertility treatments, family planning, euthanasia, genetic research, cloning, stem cell research, child abuse, disciplining, autonomy, postmortem examinations, organ transplantation, issues in boi-technical reproduction

### Introduction

Islamic medical ethics, (*al-akhlaq al-tibbiyyah*) refers to Islamic guidance on ethical or moral issues relating to medical and scientific fields and are based on the principles of the sanctity of human life and safeguarding its values.

Over time the health care and the science have progressed, and the Muslim population has also increased to over one billion adherents over every continent on the globe, there have been increasingly prevalent circumstances for the evaluation of technological applications and bioethical issues to determine how they fit into the Islamic sphere. As a result, larger bodies of Islamic committees have been formed to address issues at hand. National Committees of Medical Ethics/Bioethics have been formed in many Islamic countries which work together with Muslim Scholars (Ulema) to issue fatwas ensuring that neither the progress of medical science is hindered, nor the Islamic code of bioethics is jeopardized. (1) But there is not a single Medical Committee in our society which would work together with the Muslim Scholars (Ulema) for the issues that

Muslim patients are facing now days. Few of those issues are abortion, fertility treatments, family planning, euthanasia, genetic research, cloning, stem cell research and many other issues.

The importance of Islamic Sacred Law (sharia') is so heavily valued that each issue is looked at independently and subsequently deemed permissible or impermissible.

There are three Sources of Sacred law, the two primary sources of Law are:

- The Qur'an—the Holy Text believed by Muslims to be the direct word of God
- The Sunnah—the example, whether in word or deed, of the Prophet Muhammad (Peace and blessings be upon him) incorporated in Islamic scriptures.

### The third source is

- Ijtihad—the law of deductive logic.

In Sunni sect of Islam, Ijtihad includes Qiyas (analogy), Ijma (consensus), Maslaha (public welfare) and Urf (customary

practice)

In Shi'a sect of Islam it is composed solely of al-'aql (reason)

The guiding principles of Islamic Law are

- Maintenance of life
- Protection of an individual's freedom of belief
- Maintaining the intellect
- Preservation of honour and integrity
- Protection of property

Islam does not believe in prolonging life as everyone has been created for a certain life span. Scientists are to assist, but not replace God in the creation of death of human beings. Islamic morality starts in the womb. Islam places great emphasis on the sanctity of life and the reality of death. There are several verses in Quran:

- *"If anyone killed a person, unless it is for murder or spreading mischief on earth, it would be as if he killed all of mankind. And if anyone saved a life it would be as if he saved the lives of all mankind"* (Holy Quran 5:35).
- *"Every soul shall have a taste of death"* (Holy Quran 2:35).
- *"No soul can die except by God's permission"* (Holy Quran 3:185).

Thus, while Islam gives importance to saving the lives (medical treatment or otherwise) so makes it clear that dying is a part of the contract (with God) and the final decision (of term) is up to God. The quality of life is equally or more important than the duration of living.

Life is one of the greatest gifts and blessings of God and therefore, must be appreciated and protected. About the saving of life, the guiding principle in Islamic medical ethics is mentioned in the Holy Qur'an as,

- *"If anyone has saved a life, it would be as if he has saved the life of the whole of mankind."* (Holy Quran 5:32)

However, now the question that we are faced with, in terms of saving life, is at what cost and what quality. Does the quality of life modify our decision-making process and when resources are limited, who takes precedence, the individual or the community? In addition to the emphasis on preserving life and the quality of life, the principles of biomedical ethics include promoting and restoring health, alleviating suffering, respecting patients' autonomy, doing medical justice, telling the truth, and doing no further harm.

One way of saving lives of people is to treat them when they become sick. It is the mutual responsibility of the sick and the physicians (or society in general). In other words, seeking the treatment is a duty for the sick himself and everybody in the society is obliged to do the needful. The Prophet of Islam (Peace and blessings be upon him) has said:

- *"O servants of Allah, seek treatment, for Allah has not sent down any illness without sending down its treatment."* (Hadith – Muwatta)

Hadith also made treatment mandatory or obligatory when a treatment is definitely available, and also if holding off this treatment would be harmful. But if one is unsure of any benefits from a treatment and any harm is feared, then it is discouraged.

The prophet also said:

- *There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of Allah, the Exalted and Glorious. (Hadith - Sahih Bukhari, Book 25, Number 5466, Narrated Jabir ibn Abdullah)*

This is an example of a set of narrations that makes treatment mandatory when it is available and also prohibits delaying the treatment if doing so is harmful. On the other hand, healing people is considered a sacred job. Indeed, the real healer is God Himself:

- *"And when I am sick, He restores me to health."* (Holy Quran 26: 80)

Recent scientific and technological advances have resulted in a proliferation of a range of complex issues that have produced ethical dilemmas for healthcare professionals, patients, and society at large. Responding to this challenge, many religious scholars (*Ulema*) have concluded that, in situations requiring specialist knowledge (for example, decisions concerning medical practice), the somewhat novel concept of a "consensus edict" is preferable. For rulings pertaining to medicine these consensus groups will typically include a broad and diverse representation of *Ulema* and specialist clinicians from relevant disciplines, the latter responsible for providing the necessary background information. The decision making process is typically transparent with members of the wider community able to scrutinize the arguments employed and the textual material underpinning these edicts. Counter arguments may be presented, and it is not unusual for two or more seemingly contrasting opinions to coexist. In such cases individuals are, in principle, free to choose whichever judgment they find most agreeable, though in practice many will choose to remain loyal to their particular school of thought.

Now let us see what are the Specific issues addressed in the modern scientific era.

- Genetic Manipulation, Assisted Conception, and Adaption.
- Issues in Boi- Technical Reproduction
- Parental Screening and Termination of Pregnancy.
- Abortion
- Child Abuse, Disciplining, and Autonomy.
- End of Life Issues and Brain Death.
- Postmortem Examinations and Organ Transplantation.
- Necessity Allows the Prohibition.
- Aids Patients.

#### **Genetic Manipulation, Assisted Conception, and Adoption**

- *We (God) created Man in the most perfect form. (Holy Quran 95: 4)*

This verse is often used to explain that each human life has its own inherent value and goodness. Humans however also have the capacity for autonomy and self determination and thus have the choice of pursuing a course of action that remains true to their innate pure state or following an immoral path. Whilst genetic research and gene therapy may have positive uses in serving to restore health (and in the process integrity),

care must be taken to ensure that other Islamic principles are not violated. An accurate and complete knowledge of one's pedigree is a fundamental human right; only somatic cell lines should therefore be used in transplantation of genetic material since parental integrity is then not compromised and there is no question of hereditary characteristics being influenced.

Know your genealogy and respect your blood ties. (2) Children have the right to be born through a valid union (marriage) and to know their parentage fully. Artificial insemination and in vitro fertilization are therefore licit only if sperm from the woman's spouse is used.

- *Call the adoptive children by the name of their father. (33:5)*

Adoption is generally frowned on in Muslim culture since the process involves the transfer of parental rights to the adoptive parents. Nurturing is however positively encouraged since no similar transfer of parentage occurs. In either case, the surname of the real father should be preserved.

### Issues in bio-technical reproduction

Infertility and the desire of a couple to have a child of their own is not a new problem. However new techniques to solve this have added a new twist. Now we have successful technology to fertilize an egg outside the uterus which are known as test tube babies and inject sperm into the uterus from the husband or a surrogate male donor, take the ovum of a woman and fertilize it with the sperm of her husband and inject it into the uterus of another woman for incubation.

The questions are:

1. Is marriage a legal contract between a man and a woman or is it a sacred covenant between the two, and God is the witness of such?
2. Was the child born of an intact legal marriage or outside the marriage?
3. In the case of the surrogate father, who is the real father and does the children have the right to know who he is?
4. In case of the surrogate mother, who is the real mother, the one whose ovum is being used, or the one who lets her uterus be used?
5. Is renting a uterus for this purpose allowed or justified?
6. A woman married or single can technically have one child per month if she lets her ovum be fertilized by different sperm incubated each month in a hired uterus. This will save her the pains of pregnancy, labor and lactation. Is this right?

Now let us take the issue by the Islamic Perspective. In Islam the marriage of a man and a woman is not just a financial and physical arrangement of living together but a sacred contract, a gift of God, to enjoy each other and continue the lineage. God Says in Quran

- *"And God has created for you mates from among yourselves, and made for you, out of them, sons and daughters grandchildren. And provided for you sustenance of the best: will they then believe in vain things and be ungrateful to God's favors?" (Holy Quran 16:72).*
- *"Among His signs is that He created mates for you from among yourselves, so that you may find tranquility with them, and He has put love and compassion between you.*

*Verily in this are signs for people who reflect" (Holy Quran 30:21).*

The Prophet (peace and blessings be upon him) has emphasized marriage by saying,

- *"Marriage is my tradition. He who rejects my tradition is not of me."*

In fact he described marriage as half of religion, the other half being God-consciousness. As such introduction of any biomedical technique into this sacred contract of marriage is a violation of Islamic law.

As we Muslims are aware that some of the Prophets were childless and asked God to give them children (Holy Quran 19:2-7 and 21:89-90 for the prayers of Zakariya and 51:28-39 for the story of Ibraheem and Sarah). This means that one may seek parenthood in a legitimate way only, recognizing that God above controls it.

- *"To God belongs the dominion of the heavens and earth. He creates what He wills, He bestows (children) male or female, or He bestows both males and females, and He leaves barren whom He pleases: for He is all knowledgeable, All-powerful" (Holy Quran 42:49-50).*

Biotechnical parenting is, however, permissible if it is within an intact marriage i.e. during the life span of marriage. Artificial insemination using the husband's sperm, fertilized in the uterus of the wife or the test tube is allowed.

Surrogate motherhood in Islam is not acceptable because of two questions:

1. Who is the mother?
2. What will be the child's lineage?

### There are the verses from Holy Quran in which God says

- *"None can be their mother except those who gave them birth (Holy Quran 58:2).*
- *"It is He who created man from water, then has He established the relationship of lineage and marriage, for your Lord has power over all things" (Holy Quran 25:54).*

### Islam recognizes the sacredness of the womb (uterus)

- *"O mankind! Revere your Lord who created you from a single person and created, of like nature, his mate, and from them twain scattered (like seeds) countless men and women. Revere God through whom you demand your mutual rights and (revere) the womb (that bore you), for God ever watches you" (Holy Quran 4:1).*

### Prenatal screening and termination of pregnancy (Abortion)

Currently about 2 million fetuses per year or 4000 per day are aborted in US and recent statistics on abortion in India that will shock you. On 16th May 2016, Times of India reported that the recent BMC data collated from registered medical termination of pregnancies (MTP) centers, 34,790 women underwent medical or surgical abortion in 2015-16. That is a 13% jump from 2014-15 (30,742 abortions were reported that year). The medico-ethical questions are many.

1. Is abortion equal to murder?
2. When is a fetus a living being?

3. What are the rights of the fetus?
4. Who guards those rights?
5. Do both parents have the same rights over the life of the fetus?
6. If life is a gift of God, who are we to take it away?
7. Is killing an infant and the aged and terminally ill the same thing?
8. What is the role of Muslim obstetrician?
9. Is the sale of aborted fetus for transplantation of tissues and organs, or of their delicate skin to make expensive cosmetics, justified?

The Islamic Perspective: Islam considers abortion of a viable fetus an infanticide except when done to save the life of the mother. Even in this situation every attempt should be made to save both lives. The fetus is alive as a cell from the very beginning, with shaping starting at four weeks and movement at four months. That means each of you will have had his created existence brought together in his mother's womb, as a drop (*nutfah*) for forty days, then a leech like clot (*alaqa*) for the same period, then a piece of flesh (*mughda*) for the same period, after which God sends the angel to blow the spirit (*ruh*) into the fetus. This coincides with starting of the baby's first movement. Therefore, on the basis of the above text many Muslims conclude that fetal ensoulment occurs in 120 days after the conception that is an important consideration in discussions regarding termination of pregnancy. First trimester chorionic villous biopsy (performed before ensoulment) and advances in therapeutic fetal medicine may in time lead to a greater willingness to engage in genetic counseling and prenatal screening.

An existing life, with its responsibilities and ties, takes preference over a developing one. If continuation of pregnancy places a mother's life in danger then all Muslim authorities agree that termination of pregnancy is justified. Otherwise termination for any other reason is strongly and consistently discouraged, particularly after ensoulment has occurred. All the schools of *fiqh* are agreed upon that it is Prohibited (*haram*) to abort the drop (*nutfah*).

Their argument is that the process has already started. There is a kind of life, it might not be human yet, but it is growing. Life of vegetation, So, You must not kill any soul that God has forbidden you to kill.

The Quran refers to the prohibition of abortion at many places,

- *"Kill not your children for fear of want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin"* (Holy Quran 17:31).
- *"Kill not your children on a plea of want. We will provide sustenance for you and for them. Come not near shameful deeds whether open or secret. Take not life which God has made sacred except by way of justice and law. Thus He commands you that you may learn wisdom"* (Holy Quran 6:151).
- *"The pledge of the believing women that they shall not kill their children"* (Holy Quran 60:02).
- *"And when the female infant who was buried alive is asked for what crime she was killed?"* (Holy Quran 81:2).

### **Child abuse, disciplining, and autonomy**

The parent-child relationship is considered the most important

of all human relationships, this forming a reference point for all other human encounters. Both children and parents have mutual rights and responsibilities. Love and respect are the guiding principles behind this most special of relationships. Any form of sexual, physical, and emotional abuse of children is thus considered abhorrent within Islamic Law. Islamic teachings, however, do recognize that children may at times need to be disciplined; both in their own interests and also in the interests of the wider society, and this may on occasions involve physical punishment. In such instances, jurists have stipulated that the following conditions must be met: parents must never strike the face or head; minimal force should be used, and in particular, no bruising should result; disciplining should not be performed when parents feel they may lose control.

In order for the children to grow up properly without complexes or depression, to feel compassion, happiness and stability while being among their parents, and to become real men and women who are well prepared to serve others, carry their predecessors' message and protect the dignity of their nation, they need kind and merciful treatment in their childhood. They need to feel stability, relief, and joy while they are with their parents. Such treatment makes a child love his family.

### **There is a verse of Quran which says**

- *"My Lord, have mercy upon them (my parents), as they cared for me in childhood"* (Holy Quran 17: 24)

Autonomy is the first basic principle, in which an individual has the right to decide what he can do or cannot do. In general, everything is up to the patient to decide. A corollary of this principle is that laws should not impede the principle of autonomy.

A very popular slogan is "It's my body; keep your laws away from my body". In Islam, our body is created by God, it is given by God and it belongs to HIM, so we cannot do anything that violates the shariah of God.

### **End of life issues and brain death**

Islam is against euthanasia (mercy killing). Muslim jurists regard euthanasia as an act of murder. Murder can be performed with a gun or with a syringe by a serial killer or by a physician or even by the murdered himself.

By him in whose hand is my soul, the miscarried fetus draws his mother into paradise by his umbilical cord when she seeks reward for his loss from God. Every child dies in the true faith.

Children are born pure according to the teachings of Islam, and those who remain true to their innate nature and abide by the teachings of Sacred Law, are considered whole or healthy. If death is decreed we remind relatives that as children are pure they are assured of bliss in the eternal abode of the hereafter, and furthermore will be their forerunners in Paradise.

- *Whosoever takes a human life, for other than murder or corruption in the earth, it is as if he has taken the life of all of mankind.* (Holy Quran 5:32)

No one is authorised deliberately to end life, whether one's

own or that of another human being.

If we have not created our life and it is just a gift of God for which we are held responsible, it is obvious that we have no absolute power on our lives. Life is a trust of God and we must take care of it to our best. This is the case with all blessings of God, whether they are physical or spiritual. We can benefit from them, but we cannot destroy them or waste them. No one should say I like to burn my property or harm my health or damage my reputation. Our situation in this world is like a guest who is invited to a guesthouse. Whatever there is in the guesthouse was put by the host for the benefit of the guest. However, the guest cannot burn himself inside the house or destroy the guesthouse or the things put there. It seems more interesting when considering our body as a guestroom for the spirit; so we must observe regulations for using this room which set out by God. We must try to please God by preserving life and health, promoting quality of life and alleviating suffering. Saving life is encouraged, and reducing suffering with analgesia is however acceptable, even if, in the process, death is hastened. This rule is based on the central teaching that "actions are to be judged by their intentions". Withdrawal of food and drink to hasten death is therefore not allowed.

In 1987, Rahman, the US based Muslim philosopher expressed the view that relentless artificial prolongation of life is not in keeping with Islamic ethos unless there is evidence that a reasonable quality of life would result. (3) The majority of Muslim authorities will consider "brain stem" death acceptable grounds to discontinue life support therapy; three independent physicians, of whom at least one must be a neurologist, should however make the diagnosis. A minority opinion is that the notion of brain stem death is inappropriate, for it is rooted in the Cartesian dualism that characterizes biomedicine. It is argued that death criteria which remain true to the essence of the Semitic traditions, namely the point at which the soul departs, be identified and used for end of life decisions.

Withdrawing treatment from any patient, such as a child seriously affected by a hereditary neuromuscular disease, or curtailing treatment in a neonate with severe hypoxic encephalopathy, is never easy. This decision is on occasions, however, somewhat easier for Muslim doctors, such as ourselves, when dealing with Muslim families with whom we share a common heritage and world view. In such circumstances, after making clear that the child's interests are our foremost consideration, it is often possible to make use of Islamic teachings in counseling parents regarding the difficult decisions that lie ahead. We remind parents about the Omnipotence of God and the transient nature of our earthly sojourn in contrast to the abiding reality of the hereafter. The exact time of death is a matter of Divine decree over which we as fellow human beings are ultimately bystanders. In these situations we show guarded confidence, yet discuss the real possibility of worse to come, sometimes suddenly and catastrophically. The ensuing "dynamic dialogue" in which we engage is thus rooted in the individual and collective narrative of the family for whom we provide care.

### Postmortem Examinations and Organ Transplantation

- *Breaking the bone of the dead is similar to breaking the*

*bone of the living.*

It was listed by Abu Dawud under the title: Chapter on finding the bones in place of digging, then he mentioned the Hadith with his Sanad, and Al-Muwatta` with his Sanad on the authority of `Aysha (May God be pleased with her) that she said.

- *Breaking the bones of a Muslim when he is dead is like breaking them when he is alive.*

That is equal in the sin committed. The same narration was mentioned by Imam Al-Shafi` in his book titled Al-`Umm under the title: Chapter on what is after burial, on the authority of Imam Malik that he heard that `Aysha (May God be pleased with her) said: (*Breaking the bones of a Muslim when he is dead is like breaking it when he is alive.*) On the basis of this text some scholars have deduced that it may be possible for the dead to feel pain, so one of the reasons for the general unwillingness of Muslims to allow postmortem examinations. Others, however, opine that the text oblige the Muslim community to deal kindly with fellow human beings whether in life or in death.

### Organ Transplantation

These days many diseased organs are being replaced by healthy organs from living donors, cadavers and from animal sources. Successful bone marrow, kidney, liver, cornea, pancreas, heart and nerve cell transplantations have taken place. The incidence is limited only by cost and availability of the organs.

The ethical questions are

1. What are the rights of the living donor, the dead body and the recipient?
2. To prolong a life, does the recipient have a right to take away the organs from the dead?
3. Is the sale of organs justified?
4. Is the taking of animal organs justified?
5. Is accepting organs from aborted fetuses justified?
6. Is the cost of transplantation worth the benefit derived from it?
7. And the basic question is who owns our organs, we, our relatives, or our Creator?

### There are three ways to check the answer.

- a. Animal to Human: If we can kill them for our food and let their meat become our flesh, why can we not use their cornea to give us eyesight?
- b. Living to Living: This is like giving a gift at no cost. The sale is prohibited.
- c. Dead to Living: This is not permitted since it involves the desecration of the dead body.

Organ transplantation is now encouraged in many Arab Muslim countries, and considered by some as an "everlasting" charitable act. This issue has not been as well debated among the South Asian Muslim community, at least in part because until very recently the subject was only one of academic interest in these countries. Sale of bodily organs is categorically prohibited in Islam.

### Necessity Allows the Prohibited

But if one is compelled by necessity, neither craving nor transgressing—there is on him no sin, for indeed God is Clement, Merciful. (Holy Quran 16: 115)

In the case of absolute necessity, where religiously lawful alternatives do not exist, Islamic teaching allows for Sacred Law to be suspended, temporarily if possible. The use of pork insulin and heart valves from pigs has been ruled acceptable by many *Ulema* on the basis of this principle.

### **Aids Patients**

Human Immunodeficiency Virus (HIV), is a retrovirus that attacks and destroys a vital component of the human immune system: its host cells are the CD4 T-lymphocytes, a type of white blood cells. Once the immune system is effectively destroyed, all sorts of infections normally kept at bay (called opportunistic infections) take hold and kill the individual. This final stage, when the immune system is highly compromised, is called AIDS (Acquired Immune Deficiency Syndrome). HIV's only known host is the human, and it survives in the bodily fluids – blood, semen, vaginal secretions, breast milk. It is, therefore, transmitted by physical relations with an infected person, from mother to child at birth or via breast milk, or by contact with infected blood. The latter can occur by transfusion of contaminated blood, use of contaminated needles or surgical instruments, or when sharing needles as by IV drug users. Thus, an inadequate/corrupt/uncaring medical-dental establishment poses a significant risk of infection to all the population irrespective of whether an individual has risky sexual behavior and/or IV drug usage or not. HIV is very fragile outside the human body and is easily destroyed by contact with air, water, soap, etc. Nevertheless there is a tiny risk of infection through use of (i) infected razor blades when visiting barbers, (ii) infected needles when getting tattoo's, (iii) puncturing of skin with infected needles during ear, nose piercing.

As HIV is a very fragile virus, its fast spread in any society is, to a very large extent, facilitated only if there already exists a breakdown in the educational, social, and political infrastructures and not just the medical. Unfortunately, since all four plays a role, stopping the spread will require "fixing" the relevant problems in each.

### **AIDS in Indian society is spreading like a plague.**

#### **(India 2016-2017)**

- 2.1 million people living with HIV.
- 0.3% adult HIV prevalence.
- 80000 new HIV infections.
- 62000AIDS-related deaths.
- 50% adults on antiretroviral treatment.
- 33% children on antiretroviral treatment.

### **There are many questions related to the care of AIDS patients**

- Who will pay for the cost of AIDS cases since insurance companies will not insure them?
- Should AIDS patients be quarantined and forced to change their lifestyle?
- Should HIV drug users be given free clean needles, syringes and drugs?
- Should HIV positive carriers carry an ID card?

- Should someone be tested for HIV without his knowledge and what should be done with positive results?
- Does paying for AIDS cases by the public or the government mean that they endorse the lifestyle of the patients?

The Islamic perspective, though not clearly defined, would be the prevention of the disease and after its occurrence treating it like any other disease, i.e., tuberculosis, syphilis, or small pox. We never question the lifestyle of patients with other common diseases i.e. diabetes, hypertension, coronary heart disease in order to discriminate them or restrict their care. AIDS may be "a wrath of God" because of certain lifestyles, but many "innocent" people are affected by it. Therefore, they should not be penalized. In each community every attempt should be made to prevent the spread of the disease but once it has affected an individual full attention and care must be given to lessen his or her suffering and maintain the dignity and quality of life.

### **Islamic medical and scientific ethics project**

There is a project known as the Islamic Medical and Scientific Ethics (IMSE). This project is a multinational effort to produce a comprehensive collection of Islamic bioethics resources. Project staff members are working at two places Georgetown University libraries, the Bioethics Research Library (Washington) and the School of Foreign Service-Qatar Library (Doha), have already compiled over 1,000 relevant written works into the IMSE Special Collection and have entered them into the searchable IMSE Database. The IMSE Project is funded by the Qatar National Research Fund (QNRF), a member of the Qatar Foundation for Education, Science and Community Development. They (QNRF) awarded a three-year, \$1,050,000 grant to the Bioethics Research Library (BRL) and the School of Foreign Service Qatar Library (SFS-Q) to develop information services on Islamic Medical and Scientific Ethics (IMSE). Since October 2009, the project staff has identified more than 3,000 writings on Islamic perspectives on abortion, death and dying, genetics, health care delivery, human experimentation, organ transplantation, and reproductive technologies, primarily in English and Arabic. Books, journal and newspaper articles, and web documents are some of the many formats collected. Bibliographic citations in the IMSE catalog are usually accompanied by abstracts, extensive subject headings, and/or links to online sources for full text.

### **Conclusion**

Islam emphasizes the importance of maintaining one's health and preventing illness along with prevention, all efforts must be made to restore the health if any illness has affected the health. One way of saving lives of people is to treat them when they become sick. It is a mutual responsibility of the patient and physician to take care and protect health. In other words, seeking the treatment is a duty of the patient himself and everybody in the society is obliged to help the patient in treatment. In medical treatments a lot of the technological advances came from the west and many of the times, the people of the west are the ones who study the ethics of the technology, such as bio-medical ethics often they just study

basic principles in these courses, which are now taught throughout the world as basic bio-medical ethics. But these principles are not derived in the Islamic framework, so they do not or may not adhere to Islamic principles. A minimum level of awareness of religious teachings is a necessary prerequisite for the formulation of bio-medical ethics according to the teachings of Islam that would be culturally sensitive. The Muslim Scholars (Ulema) in the past have not taken care of these issues. But now this is duty (*fard kifayah*) of the entire Muslim Community (*Ummah*) to study these issues and find out what is the guidance from God. If at least some of us do not fulfill this duty, then it is a sin upon the entire Muslim Community (*Ummah*).

In this research paper I have tried to present ethics as it is being practiced as well as it should be according to the teaching of Islam an attempt has been made to give brief accounts of each bio-medical technique as most of the readers, medical or non- medical may have some knowledge in this area. With roughly 172 million Muslims in India and 3.5 lakh Muslim physicians, it is an emerging need that non-Muslim physicians, clergy and law makers along with their Muslim Counterparts become acquainted with the Islamic perspective of medical ethics. It is strongly recommend that each institution dealing with question of life and death may include a local Muslim physician in the medical ethics committee. Further every physician must also treat the patient with respect and compassion. The Oath of the Muslim Doctor includes undertaking "to protect human life in all stages and under all circumstances, doing utmost to rescue it from death, malady, pain and anxiety. To be, an instrument of God's mercy all the way, extending medical care to near and far, virtuous and sinner and friend and enemy" is necessary.

## References

- Atighetchi, Darius Islamic Bioethics: Problems and Perspectives. Springer, 2007, 13-29.
- Ben Hamida F. Islam and bioethics. European Network of Scientific Co-operation on Medicine and Human Rights, The human rights, ethical and moral dimensions of health care. Council of Europe Publishing, Strasbourg, 1998, 84.
- Rahman F. Health and medicine in the Islamic tradition. ABC, Chicago, 1998, 108-109.
- Al-Asqalani AIH, *Bulugh al-Maram*. Dar-us-Salam Publications, Riyadh, 1996.
- Al-Haddad A, The lives of man, Quilliam, London, 1991.
- Al-Hathery, Shabib, Yaqub Khan. The Muslim Doctor: Duties and Responsibilities. Islamic Medical Association Conference. Saudi Arabia, Dammam, Ed. Khan, Y. and H. Bouagada, 2011.
- Ann Elizabeth Mayer. Islam and Human Rights: Tradition and Politics, Westview Press; Fourth Edition edition, 2006.
- Athar, Shahid. AIDS: The 20th Century Plague and What Muslims Should Know About It, Crescent International, Toronto, 1987.
- Atighetchi, Darius. Islamic Bioethics: Problems and Perspectives, Springer, 2007
- Ben Hamida F. Islam and bioethics. European Network of Scientific Co-operation on Medicine and Human Rights. The human rights, ethical and moral dimensions of health care" Council of Europe Publishing, Strasbourg, 1998.
- Bisset R. Magnetic resonance imaging may be an alternative to necropsy, BMJ, 1998.
- Butt N. Science and Muslim societies. Grey Seal, London, 1991.
- Doi AR, Shar'iah: The Islamic Law, Ta Ha, London, 1984.
- Dr. Muhammad ibn Ibraheem Saleh, Tareekh khulafai Ar-Rashideen, Al-Qaseem. Saudi Arabia, 14-28.
- Dr. Muhammad Tahir-ul-Qadri. Islam on human personality, 2006.
- Gatrad AR, Muslim customs surrounding death, bereavement, post-mortem examinations, and organ transplants, BMJ 1994.
- Gaveebo, Hassan. An Islamic Code of Medical Ethics, Journal of Islamic Medical Association, 1988; 20:21-24.
- Hathout, Hassan Islamic. Perspective in Obstetrics and Gynecology, published by Islamic Organization For Medical Sciences. Islamic Medical Association. "Right To Live And Right To Die, Interfaith Symposium, Houston, Texas, 1987.
- Helman CG. Culture, health and illness, Butterworth-Heinemann, Oxford, 1994
- Henley A, Schott J. Culture, religion and patient care in a multi-ethnic society, Age Concern England, London, 1999
- Islamic Medical Association. Bio-Technical Parenting, Interfaith Symposium, Anaheim, CA, 1988.
- Islamic Medical Ethics, special issue of Journal of Islamic Medical Association, 1988.
- Kai J, ed Valuing diversity, RCGP, London, 1999.
- Macnair T. Medical ethics, BMJ Classified, 1999.
- Mohammad Salahuddin Fundamental Rights translated by Sharif Ahmad Khan, Hindustan Publications 2035, Qasimjan Street, Delhi, August, 1996.
- Montgomery W. Muhammad: Prophet and statesman. New York, NY: Oxford University Press, 1974.
- Muhammad Asad, Sahih al bukhari. The Early Years of Islam, Translated from the Arabic with explanatory notes and index, the Arafat Publication, Srinagar, Kashmir, 1935.
- Muhammad Asad. The Message of the Quran, Dar al Andalus, Gibraltar, Dublin, 1980.
- Nadvi, Shah Ma'in al din, Ahad Riyasat WA, Khilafat Rashidah. ma'arif Press Azamgrah, Azamgrah, 1952, 1.
- Philip K Hitti. History of Arabs, Macmillan Publication, New York, 1951.
- Qureshi B. Transcultural medicine. Kluwer, London, 1994.
- Rahman F. Health and medicine in the Islamic tradition, ABC, Chicago, 1998.
- Rahman, Fazlur. Major Themes of the Quran, Bibliotheca Islamica 1989
- Ramadan T. In the footsteps of the Prophet: Lessons from the life of Muhammad, New York, NY: Oxford University Press, 2006.
- Salihu HM. Genetic counseling among Muslims: questions remain unanswered, Lancet, 1997.
- Sahih al Bukhari. Darussalam, Saudi Arabia.
- Sahih al Muslim. Adam Publishers and Distributors, New

Delhi.

38. Scitovsky, Anne A, Dorothy P. Rice Estimates of The Direct And Indirect Costs of AIDS In USA, in 1985, 1986, 1991 Public Health Report, 1987, 102(1).
39. Sheikh A, Gatrads AR, Anwar M. Muslims in Britain: demographic and socio-economic position in Caring for Muslim patients, Radcliffe, Oxford, 2000
40. Sheikh A. Death and dying—a Muslim perspective, JR Soc Med, 1998.
41. Shomali, Mohammad Ali. Islamic Bioethics: A General Scheme, Journal of Medical Ethics and History of Medicine, 2008.
42. Singer P. How are we to live? Oxford University Press, Oxford, 1997.
43. Society for the Right to Die. The Physician and the Hopelessly III Patient, Legal, Medical and Ethical Guidelines, New York.
44. St. Vincent Hospital. Moral and Ethical Issues In Medicine 6th Annual Symposium, Indianapolis, Indiana, 1987.
45. Tarazi N. The child in Islam. ATP, Indiana, 1995.
46. William, Robert H. To Live To Die-When, Why And How, published by Springer-Verlag, New York.
47. Yasien Mohamed, Human Nature in Islam, Publisher, AS. Noordeen, Original from, the University of Michigan. Digitized, 1998-2009.
48. Yusuf Ali A. The Holy Quran, Text, Translation and Commentary, New Revised Edition Islamic Propagation Centre International, Amana Corporation, America, 1978
49. Younis, Huda, Islamic Bioethics, O&G Magazine, 2008.