

Brief report

Muslim voices from the Eastern Mediterranean Region

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Introduction

Muslim voices from the Eastern Mediterranean Region was a panel presentation given 7 August 2006 at the 8th Congress of the International Association of Bioethics (IAB), Beijing, China, 6–9 August, 2006. The presentation was sponsored by the World Health Organization Regional Office for the Eastern Mediterranean (EMRO), Cairo, Egypt, and coordinated by F. Moazam.

Speakers (in order of presentations) and topics

- G.I. Serour, Al-Azhar University, Cairo, Egypt: “Assisted reproductive technologies (ART) in Egypt: cultural, religious and ethical issues;”
- F. Moazam, Centre of Biomedical Ethics and Culture, Karachi, Pakistan: “Live, related kidney donation: cultural, religious, and socioeconomic influences on patient-family-physician dynamics;”
- A. Jafarey, Centre of Biomedical Ethics and Culture, Karachi, Pakistan: “Informed consent revisited: views of Pakistani physicians and public;”
- M. Bouhaimed, Kuwait University, Kuwait: “Cultural and religious dimensions in health research: 25 years of community medicine projects in Kuwait.”

Description of session

Due to the inability of the EMRO representative (Dr Abdel Aziz Saleh) to travel to Beijing for the session, the group suggested that Dr Moazam chair the session. She welcomed the audience, and spoke of the great diversity (in history, traditions, ethnicity, indigenous culture, languages, literacy rates, socioeconomic realities, forms of government, etc.) that can be found among and within the 21 countries that constitute the Eastern Mediterranean Region of the World Health Organization. She noted that Muslims of this Region constitute a preponderance of the populations in these countries and are united by their shared belief in Islam. And yet these countries also present a many hued quilt of cultures, value systems, and ways of life that cannot be seen as uniform or homogenous. In recent debates on the clash of civilizations this fact has sometimes been forgotten, and Muslims and Islam are frequently portrayed as monolithic entities. By focusing on the experiences of speakers from Egypt, Kuwait, and Pakistan, she hoped that the session would highlight the kaleidoscope world of Muslims. She added that these “Muslim voices” would be transmitted to the audience through the medium of four physicians who work and live among the people in these countries

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Dr Moazam then introduced the speakers and stated that each presentation would be followed by 10–15 minutes of discussion, and questions and answers from the audience.

To set the stage, Dr Serour began with a brief overview of the primary and secondary sources of sharia and broad principles of Islamic jurisprudence, and explained how Muslim ulema utilize these in a dynamic fashion to examine and address novel questions that arise with the advent of modern biomedical science and technology. In the second part of his talk, turning to his own experience as an obstetrics/gynaecology specialist, he elaborated on the cultural, religious and ethical issues facing Muslim physicians and patients with the advent of assisted reproductive technologies, and how these are being comprehended, handled and resolved, both within the discourse of Muslim scholars and jurists and by Muslim physicians and patients in Egypt.

In her presentation, Dr Moazam drew on her sociological and ethnographic research conducted in a busy transplantation institute in Karachi in which she focused on genetically-related Muslim kidney donors and recipients, their families, and the healthcare professionals involved in their care. The centrality of the extended family in Pakistani life, and shared cultural beliefs and religious values shape in profound ways the comprehension of what constitutes ethical conduct within healthcare systems. Her study demonstrated that the dominant moral ethos of the institute rests on the sense of duty and obligation of healthcare professionals to patients, and of family members to kin in renal failure, rather than on autonomy and individual rights, and these form the central pillars of contemporary bioethics. She alluded to the potential for distortion in analysing moral systems such as those of the Pakistani institute through the ethical prism of non-Asian societies.

Dr Jafarey presented the results of a quantitative and qualitative research project which he has conducted to assess attitudes of Pakistani physicians and lay public towards the process of sharing medical information and obtaining informed consent in clinical practice. His study highlighted the fact that that, in a society in which several generations of a family live deeply interdependent and family-centred lives, the term “autonomy” takes on a new meaning, different from the accepted meaning of the word in societies in which individual patients are seen as the locus for all decision-making connected to their medical care. He demonstrated that the majority of professionals and lay people interviewed in Karachi believe that families must play a central role both in discussions pertaining to the illness of a family member and in decision-making when therapeutic interventions are indicated.

The final presentation was made by Dr Bouhaimed. She provided an overview of the many community medicine projects conducted by medical students in Kuwait over the last two and a half decades, and analysed how many of these revealed cultural as well as broad religious dimensions and concerns. The themes students explored were diverse and extended from issues of women’s health and reproduction to cosmetic surgery and professional ethics. She noted an increasing interest in bioethics in her country. In the latter half of her talk she detailed two surveys conducted by students on the understanding and attitudes of healthcare professionals in Kuwait, nationals and expatriates, towards the concept of euthanasia for terminally ill patients.

Comments

The general impression of the four speakers is that the session went well. This is based

on the fact that despite 5 sessions occurring at the same time, EMRO's "Muslim voices" session drew a respectable-sized audience, and included participants from Australia, Cambodia, China, Egypt, Malaysia, the Netherlands, Pakistan, and the United States of America. Each presentation was followed by interested and interesting questions from the participants about the talk in particular and aspects of Islam in general. Several people stayed behind following the end of the session to continue the discussion. Informally, some made a point of contacting speakers later to describe the session as having been interesting and informative.

Recommendations

This was the first time that a forum as large as the International Association of Bioethics (800 international delegates) had held a session devoted specifically to medical ethics as comprehended by Muslims, and

in which the dynamic nature of sharia in responding to novel needs, and the rich diversity of Muslim lives was also demonstrated. In addition, we believe that the session served to make the important point that Muslims draw their sense of moral conduct and solutions for ethical dilemmas from a combination of human reason, religious values, and indigenous sociocultural norms. The speakers believe that there is a great need for encouraging similar presentations in future international bioethical conferences to enrich a bioethics discourse that has tended to remain largely secular and philosophical in nature.

Acknowledgements

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