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Islamic code of medical and health ethics

The importance of this subject, to us in general and to WHO in particular, is due to WHO's commitment to offer the highest attainable standard of health to all people, both individuals and communities, in the place they live and at a cost they can afford. This commitment to provide health for all is supported, at least theoretically, by the large and rapid scientific and technological advances, as well as by the interest of communities to gain the benefits of research and discoveries produced by such advances. The reality, however, presents an unexpected surprise and serious challenges. Despite the availability of resources and innovations, health indicators are still low in the developing countries, and income is still below the poverty line in most parts of the world. This is mainly due to lack of ethics and values in all parts of the world.

We all agree that good ethical values flow out from one source, and follow a clear path that extends to every part of the world. These values honour the dignity of man as a human being honoured by God almighty, and maintain man's essential rights, including: life, freedom, preservation of property, health and sufficiency, throughout man's life. Let us always remember that we mean by ethics those positive ethics one maintains freely and commit themselves firmly to. The status of man with regard to these ethics is determined by the following principles:

The first principle is that Man is honoured – "We have honoured the children of Adam" (17:70) – regardless of colour, gender or belief. This honouring implies that he should be kept in full health and well being. It also implies respect for his personality, his private affairs and secrets, his right to receive all the information relevant to any medical procedure he will be subjected to, and his right to be the only person entitled to make any decision that concerns his health affairs, so long as that remains within the framework of these values.

The second principle is that every human being has the right to live; his life is respected and protected. One human soul is equal in value to all human beings. God, the Most Glorious and Sublime, says, "... and if he saves [a life], it is as if he saved the lives of all people" (5:32). Any aggression against the life of a human being, even if it is a foetus or an old or disabled person, is an aggression against all people: "When a person who kills a soul – unless it is [in punishment] for a [murdered] soul or for corruption on earth – it is as if he killed all people" (5:32). It should be noted that this life saving, as seen in Islam, is not only saving a person physically; it goes beyond that to include psychological, spiritual, and social life-saving.

The third principle is **equity**, which is regarded in religion as an essential value, being one of the purposes of messenger missions:

"We have sent our messengers with clear signs and sent down with them the Book and the Scale, so that men may stand in equity" (57:25).

God gives a general order to people to practise equity.

"God enjoins equity and charity" (16:90);

"My Lord enjoins fairness" (7:29);

"And be fair; God loves those who are fair" (49:9).

In His glorious Book, God indicates that equity should be applied in everything:

- in statements: "If you *speak*, be just" (6:152);
- in judgment: "If you *judge* between people, be just in your judgment" (4:58);
- in conciliation: "Make peace between them in equity and justice" (49:9); and
- in guardianship: "Be just in serving as *guardians* of orphans" (4:127).

On the other hand, He warns against all things that may upset a just situation:

"Do not, in following your desires, fail to be just" (4:135); and

"Let not the hatred of some people cause you to fail to be just" (5:8).

The word used for "equity" in the Quran also implies equality; God uses the same Arabic root when He says "... or its **equivalent** in fasting" (5:95). Reference to this meaning is made in The Sheet (the constitution of Medina), which provides for equal treatment and equity for all people who live within the Muslim community, whether they themselves are Muslim or non-Muslims:

"The Jews who follow us will enjoy support and equality, suffer no injustice, and have no united fronts formed against them."

The Arabic word for "equality" signifies similarity in treatment, so when it is said of a person that he is your equal, it means he has a standing similar to yours, and you to his.

It is incontestable then that equity and equality should be realized in providing health care at the individual, societal, and governmental levels. This means the greatest possible degree of equality in the distribution of health resources among society members and in providing them with preventive and therapeutic care, without the slightest discrimination on the basis of gender, race, belief, political affiliation, any social or judicial consideration, or any other factor. This is expressed in the well-known motto of the World Health Organization: "Heath for all."

The fourth principle is **doing well**, one of the fundamental values enjoined by God, the Most Glorious and Sublime, when He says, "God enjoins equity and doing well" (16:90). The Arabic word *ihsaan*, translated here as doing well, has several denotations. First it denotes "quality," as the root of the word that means "good." A derivation of the same root is used in God's promise to his servants "who listen to what is said and follow the **best** of it" (39:18). Such high quality is desired in everything, every single thing. The Prophet, blessing and peace be upon him, says, "God has ordained the doing well of everything." This is the source of the concept of guaranteed quality in providing health care.

The word *ihsaan*, however, also denotes charity and thus implies the *gentle*, *compassionate touch* which has been missing or almost missing in modern medical practice. It implies a giving nature, which makes a person wish for his brother what he wishes for himself and give priority to others over himself, even when he suffers a dire need.

Furthermore, *ihsaan* denotes a *living conscience and mindfulness of God*, the Most Glorious and Sublime in every action and behaviour, as implied by the statement of the Prophet, blessing and peace be upon him: "*Ihsaan* is to worship God as though you are seeing Him."

The fifth principle is "*no harm and no causing harm*." This principle is the text of an inclusive, exclusive tradition of the Prophet, which means that it is unacceptable to bring harm on one's self, or to cause harm to others or to society in any shape or form. The importance of this principle in the field of health is self-evident, particularly in prohibiting any physician or other health professional from exposing a patient to a diagnostic or therapeutic procedure that exposes him to harm or to any hazard.

These principles have been in practice since the early days of this culture to which we belong and of which we are proud. Here are a few examples:

1. Patients are entitled to care to be supplied by society, represented by the state. An example of this entitlement is cited by Al-Blatheri in *Futooh al-buldaan (The conquest of countries)*, where he says:

Omar Ibn Al-Khattab, may God bless him with His favour, passed by a group of Christian lepers at Al-Jabiyah Gate in Damascus. He ordered that they should be given some of the money of charity (that is *zakah*) and that food should be provided to them.

2. A child, any child, is entitled to care to be supplied by society, represented by the state, as in the case mentioned in Ibn Sa'd's *Tabaqaat (Classes)*:

Omar Ibn Al-Khattab, may God bless him with His favour, used to allocate for each newborn child one hundred *dirhams*. As the infant grew, the allocation went up to two hundred *dirhams*. It increased further when he came of age... When a foundling was brought to him, he used to allocate one hundred *dirhams* to it, and also a monthly stipend for its guardian to manage. He renewed the allocation and

stipend year after year. He urged people to be kind to foundlings and paid for their nursing and other expenses from the treasury.

3. A weak, disabled, or aged person is entitled to care to be supplied by society, represented by the State, as stated in the protection contract between Khaled Ibn Al-Waleed, may God bless him with His favour, and the people of Al-Heerah:

I grant them that for any old person who is too weak to work, who suffers any blight, or who has been impoverished after being rich and receives charity from his fellows in religion, (1) the tribute he has to pay will be waived (that is, he will have a tax exemption), and (2) he and his dependents will be supported by the Muslim treasury as long as he resides in the Land of Immigration or the Land of Islam (that is, in the Islamic State).

(Quoted by Imam Abu Yusuf in his book *Al-kharaaj (Tribute)*)

These examples make it clear that entitlement to health is a right of every human being, without any discrimination based on colour, gender, or religion; that the care provided by the Islamic State begins with birth, with the provision of wholesome nursing, and continues to old age, when enough is provided to ensure a healthy life; and that between infancy and old age, no sick, crippled, or injured person is deprived of proper care.

For this reason, the scientists of the Islamic civilization accorded medicine a very high position. Master scholar and scientist Al-'Iz Ibn Abd Al-Salaam goes so far as to say in *Quaa'ed al-ahkaam fi masaaleh al-anaam (The principles of rulings on people's affairs)*: "Medicine is like legislation; it is instituted to bring the benefits of safety and well-being, and ward off the harm of malfunctions and ailments. . . . He Who has instituted legislation has also instituted medicine; each of them is instituted to bring benefits to people and ward off any harm to them".

Accordingly, since the lifetime of the Prophet, ethical controls and principles have been established for medicine to guide physicians' behaviour.

As quoted by Abu Na'eem: the Prophet, blessing and peace be upon him, says, "If a person who practises medicine while he is not known to be medically proficient, causes death or a lesser injury, he is held accountable."

The system of *hisbah* (inspection and control) is one of the genius conceptions introduced by the Islamic nation. It is a system of quality control in its broad and inclusive sense. It was introduced in the age of the early caliphs, and the first inspector (*muhtaseb*) in Islam was a lady called Al-Shifaa, entrusted with supervising the marketplace by Omar Ibn Al-Khattaab, may God bless him with His favour. The system kept on improving and expanding, and one of the most important tasks of inspectors was to supervise physicians and investigate the extent of their compliance with proper and virtuous conduct.

You hardly find a book of medicine that does not cover the ethics of this noble profession. An example is what was written by Salah Al-deen Ibn Yusuf, an ophthalmologist from Hama, seven centuries ago in his book *Noor al-'oyoon wa jame' al-funoon*, a book of ophthalmology. In giving advice to every student of medicine studying under him, he says:

"You should know that this industry is a gift from God, the Most Sublime, given to the person who deserves it, as he becomes the intermediary between the patient and the Most Glorious and Sublime Lord in seeking recovery. When it is achieved through him, he gains the ample respect of people, is glorified by them, gains renown within his industry, wins confidence in the decisions he makes, and receives in the Hereafter a reward from the Lord of Creation. This is because benefit that is extended to God's creatures is something great, particularly when it is a benefit to poor, helpless people. In addition, you acquire a refinement of manners and moral standards, a generous and sympathetic nature. You should, therefore, put on the gown of purity, virtue, innocence, compassion, and mindfulness of God, the Most Sublime, particularly when you deal with female family members. You should keep their secrets, cherish proficiency and religiousness, dedicate yourself to your work in science, renounce physical desires, keep company with scholars and learned people, attend your

patients, feel eager to give them proper treatment, and be resourceful in seeking to cure them. Moreover, if you can assist the weak with your own money, do it."

Some Muslim doctors devoted special books to professional ethics. An example is Al-Razi, who wrote a special book one thousand years ago under the title *Akhlaaq al-tabeeb (Ethics of the physician)*. It is an epistle addressed to some of his students. Here is an excerpt:

"A physician should be gentle with people, refrain from talking ill about them in their absence, and keep their secrets. A person may be afflicted with a disease which he keeps secret from the closest people to him, such as his father, mother, and children. He hides it from those close to him and, out of necessity, reveals it to his doctor. If the physician treats one of a man's women folk, girls, or boys, he should cast down his eyes and not look beyond the afflicted part of the body."

A physician should trust in God when treating a patient and expect the cure to come from Him. No physician should count on his own power and work, nor depend wholly on that in any of his actions.

Why do we go back now to health ethics?

We do because the fast developments in the world during the last two centuries managed to weaken the human relationship between physician and patient. In their pursuit of purely material gain, physicians and other health professionals forget that they deal first and foremost with human beings. Man is turned into a mere number, a mere machine in need of repair and maintenance, a mere object.

Moreover, new strides have been taken through astounding technological progress, and it is natural for medicine and physicians to benefit from that. These include

- organ transplants;
- research that involves human beings as subjects;
- genetic engineering;
- contrived methods of treating sterility; and
- respirators that keep a person alive, only as a vegetable, for several years.

All these are just a few of many developments.

Everybody is aware of the issues, and sometimes moral dilemmas, that these matters bring along:

Do we have the right to:

- remove an organ from a living person?
- purchase it?
- force a person to give up one of his organs?
- take all the organs we want from a dead person?

When do we pronounce a person dead?

When he stops breathing or when his brain stem becomes inactive?

Can we involve a person in research without consulting him or giving him full details of what he may be exposed to?

Can we involve a pregnant woman in research?

Can we involve a foetus?

Can we involve members of a tribe if the tribal chief consents?

What are the limits of the horizons of genetic engineering?

Shall we make it a field open to everybody, with no control, restraint, deterrent, or supervision?

Shall we make part of it permissible and another part forbidden? And what shall we forbid?

Where do we stand on

- artificial insemination?
- test-tube babies?
- womb hiring?
- lineage confusion?

May a physician, who has made an oath to preserve life, take part in terminating a life?

May he assist a patient to commit suicide to end an incurable disease?

Should we allow this kind of killing on the pretext that it is, as we call it, mercy-killing?

Should we remove a respirator when it is prolonging a hopeless life?

Is that a type of mercy killing or is no killing at all is involved and there is nothing wrong with it?

What attitude should we take towards an AIDS patient?

Shall we forsake him, "fail and surrender him"? or "eliminate his feeling of loss and stand behind him" and "relieve his stress," as ordered by the Prophet, ﷺ?

May we get close to him? How close?

Should we inform his (or her) spouse?

Should we or should we not recommend the continuation of normal marital relationship?

On the other hand, shall we give him benefits and rights that we deny to a patient with tuberculosis, malaria, or plague?

Even in the West, these and similar issues have been restoring the common sense of people.

They have been suggesting to people the enormity of the problem and the need to take prompt action before things get out of hand and the hole becomes too wide to be mended.

For that reason, dedicated people from all over the world have been calling on each other to hold meetings, symposia and conferences to discuss these matters. The World Health Organization, UNESCO, and the Council for International Organizations of Medical Sciences (CIOMS) each have had a role to play. Probably the most important role is that of the Islamic Organization of Medical Sciences (IOMS), which, over a period of twenty-five years, has held some thirty conferences in which doctors and religious scholars have participated. IOMS has always selected daily-life problematic issues. The last meeting was devoted to the study of the Islamic International Constitution of Health and Medical Ethics. Several topics were addressed, including: research involving human subjects, within the framework of the International Ethical Guidelines for Biomedical Research involving Human Subjects prepared by CIOMS. The meeting also addressed the relationship between a physician and his colleagues, patients and community. This meeting was held under the auspices of HE Dr Ahmad Nazif, Prime Minister of Egypt, and was attended by more than 200 scholars from different disciplines, including: medicine, Islamic sciences, sociology, law and philosophy from 22 countries as well as from governmental and nongovernmental organizations. The above meeting, held in December 2004, was an example of the close cooperation between IOMS, the Regional Office for the Eastern Mediterranean, and Ajman University Network for Sciences and Technology. The meeting was preceded by Technical consultations with UNAIDS and the Special Programme for Research and Training in Tropical Diseases; it also received contributions from technical advisers from the Finnish and Swiss governments, the Swiss Academy of Medical Sciences, Fogarty International Center of the United States National Institutes of Health, the Medical Research Council in the United Kingdom. A Steering Committee and a Discussion Committee were formed by those advisers.

The participants in the above meeting addressed three main topics. The discussions bore good fruit which will be reviewed briefly. The first topic covered the Islamic view of medical professions' ethics, and the release of the Islamic Code of Medical and Health Ethics which comprises 108 articles in ten chapters. These include ethics of the physician; physicians' obligations towards patients; medical

confidentiality; the physician's obligation towards his/her community, institution and profession; physicians' relationships with their colleagues; physicians' rights; social issues such as HIV/AIDS and other communicable diseases patients, euthanasia, abortion, organ transplantation and violence; and publicity and information.

The second topic covered the International Ethical Guidelines for Biomedical Research involving Human Subjects.

The third topic addressed the Islamic view of some medical developments, such as: mixed human breast-milk banks; control of embryo sex; human, animal and plant cloning; in-vitro babies (in-vitro fertilization and embryo transfer); womb hiring; surgical sterilization; abortion; viewing of the genitals of the opposite sex for examination, treatment or medical education purposes; the start of life in humans and the definition of death that marks the end of a patient's life; offering medical aid to heart arrested people with no brain death; trade secrets; inconsistency between regulations and Islamic law in health-practice; permissible ways of obtaining human organs; transport and transplant of cerebrum and nerve cells; medical use of aborted embryos and the anencephalous; transport of glands and reproductive organs, and changing a person's sex; minimum and maximum duration of pregnancy, menstruation and puerperium; Islamic lifestyles; senility and rights of the elderly; euthanasia, the right to end a patient's life, and deprivation of a patient of intensive care; drug and alcohol dependence; decisions based on discovering HIV/AIDS infection; dermatoplasty and human skin banks; prohibited and impure materials used in food and drugs; contemporary medical practices, other than food and drinks, that may break one's fast; reading the human genome and its legal impact; genetic engineering and its impact on man and food; genetic fingerprinting and its impact on proving kinship; family genetic education; rights and obligations of handicapped and mental patients; and legal adaptation of medical and life sciences.

Finally, each of us must do something. We may introduce medical ethics as a major course in these colleges and institutes, where students learn once again these lofty principles and absorb these great moral values. We also must observe these principles in our health establishments, medical centres, and clinics.