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# Islamic Medical Ethics: A Legacy of Compassionate Care

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## Abstract

**Introduction**

Islamic medical ethics, rooted inthe Qur'an, Hadith and Fiqh, has influenced healthcare for centuries, shaping patient care, professional conduct, and bioethical decision-making [1]. These principles parallel Beauchamp and Childress' Four Principles of Biomedical Ethics – Autonomy, Beneficence, Non-Maleficence and Justice – but are framed within a religious perspective emphasising moral and spiritual responsibilities alongside medical duty [2].

**Historical Contributions**

Islamic scholars pioneered ethical medical practice. Al-Ruhawi (C9th) wrote Adab al-Tabib, a foundational text highlighting physicians' duties to act with integrity, maintain confidentiality, and ensure patient welfare [3]. Ibn Sina (C10th-C11th) explored informed consent and ethical responsibilities in The Canon of Medicine, while Al-Zahrawi (C10th) advanced surgical ethics, stressing patient safety and professional accountability [3], contributions which shaped both Islamic and wider medical traditions, helping shape later developments in bioethics [3].

**Islamic Framing of the Four Principles**

Islamic medical ethics balances Autonomy – Ikhtiyar – with Divine Guidance. While patients may make healthcare decisions, choices are expected to align with religious and moral obligations [4]. Seeking treatment is encouraged when benefit is likely whereas euthanasia and assisted suicide remain prohibited. Beneficence (Ihsan) and Non-Maleficence (La Darar) underpin approaches to medical interventions, including organ donation [4]. Organ transplantation is generally permitted when life-saving, but post-mortem donation remains debated due to bodily preservation concerns [4]. Furthermore, Justice (Adl) ensures fairness in healthcare [5] and was historically embodied by Bimaristans (Islamic Hospitals) which provided free care centuries before modern public health systems [3].

**Contemporary relevance**

Islamic bioethics continues to influence debates on end-of-life care, genetic research, artificial intelligence in medicine, and resource allocation [6]. Institutions such as the Islamic Organisation for Medical Sciences collaborate alongside international bodies to integrate Islamic ethical perspectives into contemporary practice [6]. Recognising this legacy fosters culturally competent healthcare and supports ethically grounded care for diverse patient populations [6].

## 1. Introduction

Islamic medical ethics represents a rich, multifaceted tradition that has guided healthcare practice for over a millennium. Rooted in the Qur'an, Hadith, and scholarly disciplines of Fiqh and adab (conduct) these teachings have shaped how Muslim physicians approach patient care, professional conduct, and medical decision-making. Long before the classification of contemporary biomedical ethics, Muslim scholars, such as Al-Ruhawi, Ibn Sina (Avicenna) , and Al-Zahrawi (Albucasis), engaged deeply with questions of morality, accountability, and patient rights in clinical settings. In Muslim-majority societies and for Muslim patients, ethical decision-making is significantly shaped by Islamic teachings, communal values, and theological concepts such as Ikhtiyar, Amaanah (trust) and Ihsan.

In modern clinical bioethics, Beauchamp and Childress' Four Principles – Autonomy, Beneficence, Non-maleficence, and Justice –have become the dominant framework in Western contexts. While these principles are presented as universally applicable, their interpretation and application often reflect underlying cultural and philosophical assumptions.

This paper aims to explore the parallels and divergences between the Four Principles of biomedical ethics and Islamic ethical traditions. By analysing historical sources, scriptural references, and jurisprudential insights, this paper will demonstrate how Islamic ethics offers a comprehensive and spiritually grounded approach to medical practice. It will also explore the contemporary relevance of these principles, particularly in areas such as end-of-life care, organ donation, and healthcare access.

This inquiry not only deepens our understanding of Islamic medical ethics, but contributes to a more inclusive and culturally competent practice of medicine, especially within multicultural and multi-faith healthcare environments.

## 2. Historical Foundations of Islamic Medical Ethics

Islamic medical ethics originated in the earlycenturies of Islam, particularly the Islamic Golden Age (C8th–C13th), when medicine and physicians' ethical responsibilities were deeply intertwined. Unlike in many early societies, Muslim scholars viewed medicine not solely a science, but a religious duty;a communal obligation to preserve life, reduce suffering, and uphold dignity.

### 2.1 Foundational Texts and Scholars

One of the earliest comprehensive texts on medical ethics in the Islamic world is Adab al-Tabib– Conduct of a Physician – by Al-Ruhawi, written in the C9th. Often referred to as the first Islamic medical ethics manual, this text emphasises the physicians' character, moral responsibility, and accountability before both God and society [7]. Al-Ruhawi introduced mechanisms for peer review, physician licensing, and patient safety, concepts that predate similar developments in the West by centuries.

Later, Ibn Sinaintegrated medical science with ethical philosophy; his prominent text, Canon of Medicine, was taught across Europe for 600 years. His approach, rooted in Aristotelian reasoning and Islamic theology, advocated for moderation, compassion, and the moral integrity of the physician [8]. For Ibn Sina, healing was a God-given trust (amaanah) and the physician served as a caretaker of both body and soul.

Further, Al-Zahrawi, the father of modern surgery, insisted on ethical conduct during operations and emphasised training, humility, and accountability in medical practice [9].

### 2.2 The Role of Islamic Institutions

Bimaristans were early models of inclusive, ethical healthcare. They were publicly funded, offered free treatment regardless of religion, and implemented ethical codes that governed consent, patient confidentiality, and respectful care [3]. Patients with mental illness, for instance, were not only treated medically, but with spiritual and recreational therapies, too – centuries before the deinstitutionalisation movement in the West.

These institutions also trained physicians in both science and ethics, often requiring memorisation of the Hippocratic Oath alongside Qur'anic teachings. They served as physical embodiments of Islamic ethical values such as Adl, Ihsan, and Amaanah.

### 2.3 Ethical Guidelines in Fiqh

The development of Fiqh encouraged ethical conversation, particularly around issues of La Darar, Darurah (necessity), and Maslahah (public benefit ).

Classical scholars like Al-Ghazali and Al-Shatibi articulated a framework known as the *Maqasid al-Shari'ah*– Objectives of Islamic Law – which prioritised the preservation of life, intellect, faith, and lineage – principles still invoked in contemporary bioethical debates[10].

These concepts informed foundational structured responses to medical dilemmas, ranging from infectious disease control to the permissibility of surgical procedures and post-mortem examinations. They also affirm that ethical medical practice in Islam is both a God-conscious and social responsibility.

## 3. Islamic Ethical Concepts and the Four Principles

The Four Principles–Autonomy, Beneficence, Non-maleficence, and Justice – have become a cornerstone of modern bioethics, offering a practical and adaptable framework for clinical decision-making. However, in Islamic contexts, these principles are not applied individually; they are interpreted through the perspectives of the Qur'an, Hadith, and Fiqh. This section explores how Islamic teachings resonate with, or offer distinct interpretations of each principle.

### 3.1 Autonomy and Ikhtiyar

Autonomy, as understood in Western bioethics, emphasises individual freedom and self-determination. While Islam values human agency (Ikhtiyar), it places autonomy within the boundaries of divine guidance and communal welfare [10]. The Qur'an frequently encourages individuals to apply reason to inform moral choices (Qur'an 18:29), with such choices expected to align with principles of Shari'ah and accountability to God.

In practice, a Muslim patient's decision-making rights about their own healthcare is thus recognised, but decisions must consider personal benefit in conjunction with religious duties and societal impact. Autonomy in Islam is relational, embedded in Amaanah and guided by consultation (Shura) – a concept also relevant in family-centred decision-making, particularly around end-of-life care.

A patient, for instance, may choose to continue treatment despite a poor prognosis if they believe it aligns with the Islamic principle of preserving life, even when Western ethical frameworks might support withdrawal of care based on quality-of-life assessments.

### 3.2 Beneficence and Ihsan

Beneficence – the obligation to act in the best interest of the patient – is deeply embedded in the Islamic value of Ihsan, often translated as doing what is beautiful or excellent[12]. The Prophet Muhammad ﷺ said, "Allah has prescribed Ihsan in everything",including care for the sick.

Ihsanis reflected in centuries of Islamic-centred medical practice, where physicians were expected to treat all patients equally and without charge in institutions like in the Bimaristans [10]. Islamic beneficence is not limited to physical care but extends to spiritual and emotional support, holistically viewing the human being as a union of body and soul.

The emphasis on Ihsan encourages not only effective treatment but also kindness, dignity, and emotional sensitivity in the physician-patient relationship, paralleling modern calls for compassionate care and trauma-informed practice.

### 3.3 Non-Maleficence and La Darar

The principle of non-maleficenceis mirrored in the maxim of Islamic legal theory – *"La dararwa la dirar"* – do not harm and do not reciprocate harm. This authentic hadith serves as a basis for medical rulings that weigh risk versus benefit.

For instance, procedures involving high risk may be considered impermissible unless they offer a significant likelihood of benefit. Scholars often invoke Darurah to justify certain medical interventions that would otherwise be forbidden, such as using prohibited substances in life-saving treatments. This principle guides Islamic bioethical positions on issues like experimental treatments, euthanasia, and abortion.

The Qur'an reinforces this idea: "And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful" (Qur'an 4:29) highlighting the intrinsic value of human life and the imperative to avoid harm.

### 3.4 Justice and Adl

Adl is one of the central values in both Islamic theology and bioethics. The Qur'an states, "Indeed, Allah commands justice…( Qur'an 16:90)". In healthcare, this

translates to fair access to resources, fair distribution of care, and protecting vulnerable populations.

Historically, Bimaristans treated people regardless of race, religion, or financial status – a model that prefigured many modern public health systems [3]. Today, Islamic ethics continues to advocate for social justice in healthcare, especially underserved communities and for end-of-life decision-making.

The Maqasid al-Shari'ah also reflects justice in protecting life, intellect, lineage, property, and faith [10]. These objectives help frame discussions around organ transplantation, public health measures, and healthcare rationing.

### 3.5 The Role of Amaanah and Confidentiality

Although confidentiality is not one of the Four Principles per se, it is an essential ethical practice closely related to trust and respect for autonomy. In Islam, Amaanah is a spiritual and ethical obligation. The Prophet Muhammad ﷺ said, "The one who is not trustworthy has no faith."(Musnad Ahmad, 12485).

This is reflected in healthcare with the duty to protect patients' privacy, maintain confidentiality, and disclose information only when medically or legally necessary. Islamic scholars generally agree that breaching confidentiality is only justified in cases where withholding information would result in harm, aligning with the Western principle of justified disclosure [11].

### 3.6 Synthesising Both Ethical Systems

While Beauchamp and Childress's principles are secular in origin, they often overlap significantly with Islamic ethical values. However, the source of moral authority differs in Islam; morality is grounded in divine revelation, whereas in secular bioethics, it is often human-made. Yet the practical outcomes – respecting the patient, reducing harm, doing good, and ensuring fairness – are strikingly similar. The richness of Islamic ethical tradition enhances the Four Principles by offering spiritual, legal, and communal dimensions. Integrating both frameworks may promote more inclusive bioethical models that reflect the diverse moral landscapes of contemporary healthcare.

## 4. Contemporary Applications

As healthcare becomes increasingly globalised and multicultural, understanding how Islamic medical ethics applies contemporarily is crucial. Muslim patients and healthcare professionals navigate ethical dilemmas shaped not only by clinical guidelines but also deeply held religious beliefs. In this context, the relationship between Islamic ethical frameworks and modern bioethics offers a robust foundation for compassionate and principled care.

### 4.1 End-of-Life Care and Do Not Attempt Resuscitation (DNAR)

Decisions regarding end-of-life care often raise ethical tensions between preserving life and alleviating suffering. In Islam, life is sacred (Qur'an 5:32) but death is also seen as a transition, not an end. Physicians are not required to prolong life at all costs, particularly when treatment becomes futile. Islamic rulings permit the withdrawal or withholding of treatment if expert consensus confirms its futility, provided the intention is not to hasten death [13].

For example, Do Not Attempt Resuscitation (DNAR) orders are generally acceptable in Islam if resuscitation is unlikely to be effective and only prolongs suffering. The Islamic principle of La Darar is invoked to justify this decision, while Ikhtiyar supports involving patients and families in these discussions.

### 4.2 Organ Donation and Transplant Ethics

Organ donation is a further area wherein Islamic ethics engages with biomedical ethical principles. While some early scholars prohibited organ transplantation due to concerns over bodily integrity after death, contemporary juristic councils – including the International Islamic Fiqh Academy – have issued *fatwas (*Formal ruling on a point of Islamic law given by a qualified legal scholar in Islamic jurisprudence.) permitting both living and deceased donation under conditions of consent and absence of coercion [14].

This ruling aligns with Beneficence and saving lives (Qur'an 5:32) but is balanced by Amaanah—the belief that the body is entrusted by God, not absolute property. This perspective also influences views on brain death as a criterion for death, which remains debated in Islamic circles.

These cases illustrate the tension between evolving medical definitions and fixed theological principles, requiring ongoing dialogue between medical professionals and scholars.

### 4.3 Reproductive Ethics and Assisted Fertility

Islam strongly encourages procreation within the bounds of marriage but permits assisted reproductive technologies (ART) such as IVF when involving only the husband and wife [15]. The use of donor sperm, eggs, or surrogacy is largely prohibited due to concerns about *nasab (*lineage*)* and preservation of family structures – central goals of Maqasid al-Shari'ah[16].

This framework respects Autonomy and Beneficence but places limits wherein technologies conflict with religious teachings. Muslim couples seeking ART often require counselling that integrates both medical and religious advice, and physicians should be aware of these boundaries to provide culturally sensitive care.

### 4.4 Mental Health and Spiritual Responsibility

Mental health remains under-discussed in many Muslim communities, partly due to stigma and theological misunderstandings. However, Islamic teachings affirm the spiritual and emotional dimensions of well-being; the Prophet Muhammadﷺ exhibited empathy, emotional resilience, and seeking help in times of distress[17].

In contemporary clinical settings, addressing mental health ethically involves recognising the holistic Islamic model of the human being, encompassing mind, body, and soul, ensuring Amaanah, informed consent Ikhtiyar, and therapeutic Ihsan all align with Islamic principles. In some cases, incorporating chaplaincy, Qur'anic therapy, or spiritual counselling can enhance the therapeutic alignment.

### 4.5 Muslim Healthcare Professionals: Ethical Navigation

Muslim healthcare workers often face dual obligations – to their profession and to their faith. For instance, a Muslim doctor maybe asked to participate in abortion services, raising concerns about moral complicity. Islamic ethics allows conscientious objection where participation conflicts with core beliefs, provided patients are not abandoned or harmed[18].

Professional guidelines in the UK (e.g. GMC) support such conscientious objection if referrals are made to non-objecting colleagues. This balance reflects Adl and La Darar which underpin both Islamic and secular ethics.

Healthcare systems must ensure safe environments where Muslim professionals can uphold both ethical and religious commitments without discrimination – fostering inclusion and professional harmony.

### 4.6 Towards a Culturally Competent Bioethics

The integration of Islamic ethics into clinical practice is extraneous to creating separate standards but pertains to enhancing inclusivity and patient-centred care. Recognising that ethical reasoning can be both faith-informed and evidence-based permits Muslim patients and professionals to participate meaningfully in ethical discussions.
Clinicians who understand Islamic moral reasoning – such as the concept of Maslahah or Darurah – can better engage with Muslim patients during consent, end-of-life decisions, or complex care planning. This approach strengthens trust, reduces disparities, and affirms that ethics is not a one-size-fits-all model.

## 5. Conclusion

Islamic medical ethics provides a comprehensive ethical framework that integrates spiritual accountability, communal responsibility, and clinical decision-making. Although modern biomedical ethics is commonly structured around the principles of Autonomy, Beneficence, Non-maleficence, and Justice, Islamic ethical traditions demonstrate that these values have long existed within a faith-based moral framework grounded in the Qur'an, Hadith, and Islamic jurisprudence. The interaction between these approaches highlights both shared ethical priorities and important differences in the understanding of moral authority, patient autonomy, and social responsibility.

Through concepts such as Ikhtiyar, Ihsan, La Darar, and Adl, Islamic ethics accommodates a values-based approach to patient care that respects human dignity, religious belief, and social responsibility. The principle of Amaanah, especially in relation to confidentiality and the sacred trust of the body, reinforces a moral consciousness that transcends the clinical act and engages the caregiver's spiritual accountability.

Contemporary discussions surrounding organ donation, reproductive technologies, mental health, and end-of-life decisions evince Islamic ethics as an evolving tradition, not static or outdated. Jurists and scholars continue to issue fatwas and ethical perspective concerning new medical developments, often through mechanisms like Maslahah and Darurah, ensuring the applicability of Shari'ah in modern clinical contexts.

Importantly, Islamic medical ethics provides a moral compass not only for Muslim patients but also Muslim healthcare professionals, as well as healthcare professionals treating Muslim patients, each of whom must adapt professional duties with faith-based values. As healthcare systems become more culturally diverse, the integration of Islamic ethical perspectives into medical practice, training, and policy is essential for ensuring fair and culturally competent care.

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| Principle | Islamic Concept | Qur'an | Hadith | Fiqh Perspective |
|---|---|---|---|---|
| Autonomy (Ikhtiyar) | Free will in decision-making guided by religious principles | "There is no compulsion in religion…" (Qur'an 2:256) | Prophet Muhammad (PBUH) said, "A person who seeks treatment, Allah provides a cure." (Sunan Abu Dawood 3855) | Patients may refuse treatment, but lifesaving interventions are encouraged unless explicitly forbidden. |
| Beneficence (Ihsan) | Acting in the patient's best interest, kindness in care | "And do good; indeed, Allah loves the doers of good." (Qur'an 2:195) | "The most beloved people to Allah are those who bring the most benefit to others." (Al-Mu'jam Al-Awsat 6192) | Muslim physicians are required to prioritise patient welfare and ethical practice. |
| Non-maleficence (La Darar) | Avoidance of harm to the patient | "And do not kill the soul which Allah has forbidden, except by right." (Qur'an 17:33) | "There should be neither harming nor reciprocating harm." (Sunan Ibn Majah 2340) | Harmful treatments should be avoided unless benefits outweigh risks (e.g., necessity in organ donation). |
| Justice (Adl) | Fair distribution of healthcare and equity in treatment | "Indeed, Allah commands justice and good conduct…" (Qur'an 16:90) | The Prophet (PBUH) established free healthcare in Bimaristans, ensuring justice in medical care[7]. | Healthcare should be available to all, as seen in historical Islamic hospitals (Bimaristans). |